

Revised Manual for Evaluation of Targeted Interventions 2019-20



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(Disclaimer: This is for evaluation of TI programme only)


05.03.2020.

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EVALUATION OF TARGETED INTERVENTIONS

Background

The end term evaluation carried out by the respective State AIDS Control Societies (SACS) and the National AIDS Control Organization (NACO) aims to assess the quality and performance of Targeted Interventions (TI) projects being implemented by NGOs / CBOs. This process, based on various parameters, will determine the continuation or discontinuation of individual TIs in the state. Earlier TIs were evaluated once in two years, i.e., during 21st or 22nd month. This will be continued as it is. For the newly recruited TIs (base year 2019-20), the first evaluation will be conducted during 32nd or 33rd month of the project period. At the state level, SACS will lead the evaluation process with additional technical inputs from NACO's TI division wherever is applicable.

Objectives of the evaluation

1. To assess the performance of TIs in terms of gaps between planned targets and actual achievement.
2. To assess component-specific quality of TI.
3. To assess the knowledge level, condom use, health seeking behaviors.
4. To assess the component wise expenditure and look for variance.
5. To assess the quality and performance of project staff and peer educators during the review period.
6. To assess various systems (accounts/ finance/human resource/program management) in place at TI NGO/CBO and their effectiveness in the implementation of TIs.
7. To assess the organizational capacity.
8. To assess the community engagements.
9. To assess the innovations if any.

Selection of NGO/CBOs for Annual Evaluation

All the TIs being implemented by NGOs/CBOs, whose contracts are completing at least two/three years for old/new TI NGO/CBO as appropriate, need to be evaluated, using the revised evaluation manual and tools published in 2019-20

Evaluation Tool

The evaluation tool has been divided into three components:

- Organizational Capacity:** This component shall be evaluated first. Each indicator carries “1” mark.
- Finance:** To be evaluated by the Finance Evaluator. Each indicator carries “1” mark.
- Program Delivery:** Separate tools and indicators for Core and Bridge population TIs. Each indicator carries a range from 1 to 3 marks.

Methodology and Indicators in each category for evaluation

The evaluation shall be conducted based on the tool developed by NACO.

Stage I: All TIs will be first assessed on ‘Organizational Capacity’ and ‘Finance component.’

Organizational capacity: The NGO/CBO has to secure at least 79%. This is to be seen in the score sheet.

Finance: The NGO/CBO has to secure at least 67%. This is to be seen in the score sheet.

Stage II: Assessment of Program Delivery

Weightage in program delivery: Program delivery tool has different indicators for core and bridge population TIs. Each of these tools consists of one section for “BASIC SERVICES” with 80% weightage of marks. The indicators under “SUPPORT SERVICES” are given 50% weightage of marks. The components in the tools are detailed below:

Program	Components	No. of indicators covered for Core & BP TIs		
		Core TIs	Migrant TIs	Truckers TIs
BASIC SERVICES	Outreach Component	8	9	5
	Clinic Services	9	5	8
	Commodities	4	3	4
SUPPORT SERVICES	Enabling Environment	2	2	1
	Community Mobilization	2	2	0
	Community Response to the Program Services	5	3	5
	Other Services	2	1	0
Organizational Capacity		14	10	9
Finance		12	12	12

Scoring Pattern for Indicators

Organizational Capacity:

If the TI is fulfilling the criteria of indicator the score should be given “1” otherwise “0”. However, indicators numbered at 1, 8, 9, 10, 11, 13 and 14 (seven indicators) are non-negotiable indicators and TI needs to qualify in these.

Finance:

If the TI is fulfilling the criteria of indicator the score should be given “1” otherwise “0”. Explanations need to be provided by evaluator for giving the score.

Program Delivery:

The score has to be graded as “1” for poor “2” for average and 3 “good” depending on the performance of each of indicator as mentioned in the tool.

Further in this component, there may be some indicators, **which may not be applicable to a particular thematic TI**. The score against such indicators to be marked ‘0’ and ‘Not Applicable’ has to be mentioned in explanation column.

NOTE

If TI does not even fulfill minimum criteria as mentioned for each indicator (i.e. not even eligible for score “1”), then need to give “zero” mark for that particular indicator and specify in the explanation column the reasons for giving zero. No partial achievement will be considered to give a score of “1” – decision has to be taken in consensus with the team members. Supporting documents if any are required as explanation for scoring ‘0’. These documents need to be part of the report.

If the explanation column is not sufficient to note specific observations and areas / activities that need improvement, then same may be recorded in the detailed report with reference.

Time frame for evaluation

- The evaluation process should start in 21st or 22nd month of project period as per the evaluation plan shared with NACO. For the first evaluation of the newly recruited TI (base year 2019-20) the process should start in 32nd or 33rd month of project period as per the evaluation plan shared with NACO.

- ☐ Each TI will be evaluated over a period of three consecutive days.
- ☐ A feedback session for the TI staff shall be organized before leaving the TI. The third day is exclusively for report writing preferably sitting in the same TI to ensure that required documents are verified, collected and procedures are completed. However, the finance evaluator shall be required only for one day.

Following are the suggested steps and processes to be followed for evaluation:

- ☐ It is envisaged that the evaluator(s) spend three full days in each TI. ***However, it is strongly recommended that the evaluators should visit the community at appropriate hours for informal interaction (as per the convenience of the community) during the first two days. The third day is exclusively assigned for report writing in the TI project itself.***

At least 10% of the HRG randomly selected from the active line list are to be interviewed by the evaluation team through one to one contact or small group discussions in 10% of the hotspots randomly selected by the evaluator.

The following are the day wise suggested evaluation activities to be carried out the by the evaluation team. The activities mentioned are the bare minimum for the evaluation team to perform. If the evaluation team conducts additional activities, they are subject to approval of SACS.

DAY 1:**Place of interaction:** Project Office and evening field visit**Pre- requisites:**

- o Presence of all the project staffs available in the project
- o Availability of all project related reports and documents

Activities to be undertaken

- o Meeting with the staff and peers and briefing about the evaluation process.
- o Verification of project proposal, peer diaries, peer cards, MIS reports, ORW registers, counselling registers, STI registers and other relevant documents.
- o Review of the work done by Program Manager, Peer Educators, Counsellor / ANM, ORW, M&E cum Accounts Assistant, Doctor and Nurse.
- o Field visit (hotspot / other stakeholders / outlet etc.)
- o Finalization of plan for Day 2 (including the random selection of areas/hotspots for field visit. The selection must include all the sub groups as mentioned in the project proposal.

Role of Finance Consultant:

The finance person in the evaluation team has to verify all the documents related to the project activities and all major findings or observations to be discussed with other evaluation team. Major financial discrepancies, if any, should be reported to the evaluation Team Leader in writing before the debriefing session on the second day. Service of the Finance Evaluator can be limited to one day.

- o The evaluation report including the evaluation tool, executive summary and detailed report shall be submitted on the 3rd day of completion of the evaluation at any TI by email to SACS copied to NACO to the email id: **evaluationreports.naco@gmail.com**
- o Signed copies of the reports and documents also need to be submitted to SACS within 7days of completion of evaluation of any TI.
- o This whole exercise needs to be conducted in a participatory process.
- o For evaluating the TIs, various qualitative and quantitative tools and techniques will be used including focus group discussions, key informant interview and participatory observations.
- o Relevant documents and registers will be verified by the evaluators.
- o The feedback of the key population/community members on the project shall be given priority for final recommendations.
- o The evaluation tools and indicators have been developed based on the expected deliverables by the TIs, which broadly includes the following:
 - (a) NGO/CBO Operational Guidelines
 - (b) Guidelines on Financial & Procurement Systems for NGOs/CBOs
 - (c) MIS system

DAY 2:**Place of interaction: Community settings Hot Spot and DIC****Pre- requisites:**

- ☐ Presence of peers, community members, ORWs of the respective hotspots/areas.
- ☐ A minimum of four hotspots and 2 ORWs shall be reviewed
- ☐ FGD with 50% of the peers of all sub groups in the selected hot spot sites
- ☐ Interview with ORWs
- ☐ Interviews with stakeholders, including PPP or STI care providers, OST/Satellite OST centres, ICTC/FICTC staff, ART/FIART/LAC staff, TB clinic, persons managing outlets for commodities, etc.
- ☐ Availability of demo model, condoms, peer cards, peer diaries, Needle and Syringes.
- ☐ For Finance evaluators: to review each budget item line wise and to check for supporting documents/ proof for the same.
- ☐ The STI clinic may be made available for observation (in case such is proposed in the proposal)
- ☐ There must be availability of support for movement of evaluators to different hotspots in the project area.
- ☐ The doctors of PPP clinic need to be informed in advance.
- ☐ The DICs in case of migrant TIs need to be selected as part of the hotspots.
- ☐ The broker's premises in truckers TIs where satellite clinics are conducted need to be visited by the team.

Activities to be undertaken during the second day

- ☐ Field visit (to different hotspots can be selected randomly)
- ☐ FGD with the community members on Outreach, Services and Commodities, Enabling Environment
- ☐ Interview with community members on Linkages, BCC, Community Participation
- ☐ Interview with service providers (STI including PPP,ART,TB,CSC, OST), SHG members, gatekeepers, police personnel in the area and other relevant stakeholders
- ☐ Interview with 50% of all peers and all ORWs in each randomly selected hotspot/sites
- ☐ Verification of STI register, Referral slips, Condom stock register, peer diaries, peer cards, social maps and any other relevant documents.
- ☐ Debriefing of the project staffs along with Project Director and feedback session
- ☐ Collection of all required documents as the case may be, supporting the report.

DAY 3:

Report Writing: TI Project

Report writing should be done in the TI project itself. If evaluators want to verify further information with TI, this can be done on the third day. SACS has to inform TI staff to be available for entire three days of evaluation.

The above schedule has been planned to smoothen the process of evaluation. However, the evaluators in consultation with the project staff and community members may develop required plans. In such cases the evaluators should adhere to the sampling techniques, key questions described to elicit responses.

Evaluation Team

The evaluation team for each TI consists of:

- ☐ 2 external evaluators and one accounts/finance person.
- ☐ Out of the 2 external evaluators one would lead the team to ensure smooth implementation of evaluation process and timely reporting to SACS. The same may be a senior consultant with prior experience of evaluation with SACS/NACO.
- ☐ The external evaluators should be independent consultants and not to be associated directly or indirectly with any TI project of the concerned State/NACO/development partners who are supporting National AIDS Control Programme (NACP).
- ☐ The Evaluators should be sensitive to the target population and have a comprehensive understanding of targeted intervention.
- ☐ **One team should not be assigned to evaluate more than 5 TIs in a State.**

Eligibility criteria, qualification and experience of TI external evaluators.

- ☐ For programme consultants: Post-Graduate in Social Work or other allied Social Sciences / Public Health (MPH), with 5 years of experience in development sector and at least one year in HIV sector.
- ☐ Community members with a graduation and minimum of 2 years of experience in the HIV sector may also be considered
- ☐ For Finance Consultants: Graduation/Post-Graduation in Commerce or a CA or an intern from a CA firm with commerce graduation.

The task for the External evaluators

- ☐ The evaluators must visit the TIs as per schedule and are required to follow the manual developed by NACO to carry out the evaluation of TIs.
- ☐ The research ethics for focus group discussions, interviews and meetings must be adhered during the process of evaluation.
- ☐ The evaluation team is required to submit reports in the standardized reporting format for each TI evaluated. **Incomplete reports either in soft or hard copies would not be acceptable.**
- ☐ All evaluation reports (Annexure A, B, C and the filled in tool) must be written and submitted to SACS on the third day of each TI evaluated by the team. The signed

hard copy of the annexures, supporting documents, filled in tool to be submitted within 7 days of completion of each evaluation.

- ☐ The finance evaluator needs to verify the financial documents in detail, mention observations and fill in the finance tool. The detailed report, score sheet and supporting documents should be submitted before leaving the TI. The soft copy of the same needs to be shared with Evaluation Team Leader and SACS.

Reporting/deliverables for SACS

- ☐ SACS should ensure collection of detailed report and evaluation tool by the 3rd day of the evaluation and signed hard copies by 7th day of completion for each TI.
- ☐ SACS should analyze each report and call out important action points for each TI as well as summarize action points for State.
- ☐ SACS should organize one State level debriefing meeting for all NGOs/CBOs evaluated and the Evaluation Team Leaders would present their observations/ recommendations during this meeting. The date of debriefing to be intimated to NACO in advance.

Consultancy fee

- ☐ The programme evaluators will be engaged for three days in evaluating one TI. The Team Leader will be paid Rs.2500/- per day and the Co-Evaluator will be paid Rs.2000/- per day.
- ☐ The financial evaluator will be engaged for only one day in each TI and he will be paid Rs. 2000/- per day.

Travel and accommodation

Expenditure for the travel, accommodation and other logistics related to evaluation will be met by SACS as per existing norms.

ROLE OF STATE AIDS CONTROL SOCIETIES

Responsibilities of SACS

- ☐ *Send letter to TIs well in advance to ensure all staff, all PEs for Core TIs and 50% PEs of bridge population TIs and all relevant documents both soft and hard copies are available for evaluation.*
- ☐ The SACS will appoint officers from different divisions of SACS and DAPCU, who will be facilitating/coordinating the process during the entire period of TI evaluation. This will be only a facilitative role and will not be part of the evaluation team.

No TSU staff shall be involved in the evaluation process for any purpose.

- ☐ The appointed officer from SACS or DAPCU will not interfere in the evaluation processes and will ensure the logistics support to the evaluators in conducting the evaluation smoothly.
- ☐ The JD/DD/AD TI must share the copies of the following documents with the evaluation team:
 - *Project contract with SACS including the targets and deliverables of the NGOs/CBOs*
 - *Breakup of the Sanctioned Budget of the NGO/CBO for the current contract period.*
 - *SIMS / monthly performance reports for last 20 or 30 months as appropriate for old or new TI.*
 - *Monthly Indicator of TI Reporting (MITR) for last 20 or 30 months as appropriate for old or new TI.*
 - *List of updated project staff at the TI NGO/CBO level.*
 - *Details of the funds released during the year.*
 - *List of training conducted by SACS for the TIs.*
 - *Share the last audit report by SACS and compliance report submitted by NGO/CBO.*
 - *Share the formats for outreach tools (format A, B, B_1, C, D) and sample copy of micro plan.*
 - *Share all the relevant formats that are applied for capturing any other data with respective to the State.*
 - *Provide the information related to the innovations taken up by the State/TI.*
- ☐ The JD/DD/AD TI shall also prepare the state evaluation plan and share with NACO well in advance.
- ☐ JD /DD/AD TI shall organize a one day orientation meeting of the evaluation team to explain about the process of evaluation and evaluation tool.
- ☐ JD/DD/AD TI shall organize debriefing meeting at the end of evaluation process under the chairmanship of the Project Director SACS and partner TIs.
- ☐ SACS has to share a copy of the evaluation report to TI after finalizing the report.

Qualitative Tools

Focus Group Discussion:

1. Participants should be made comfortable, they should sit in such a fashion that everyone including evaluators can see each other.
2. Introduce everyone and explain the purpose of the focus group, the duration of discussion, and the expected feedback.
3. Explain that what the participants say will be confidential
4. Identify and brief the moderators from respondents/observers and evaluators so that each respondent gets equal opportunity to participate in the discussion.
5. Use the sampling frame as mentioned above and in the tool
6. Use the key questions mentioned in the tool to continue the discussion
7. Start the discussion, with broad questions at the start, to get the feel of the group, and to contextualize later and get more specific responses.
8. Questions need to be open ended and relevant to the evaluation
9. Documentation –writing/recording

Interview:

1. Introduce and brief about the purpose of interview
2. Ask key questions as mentioned in the tool
3. Listen and learn, sensitively.
4. Avoid close-ended and leading questions.
5. Probe for more information and triangulate with documents, FGD information.

Code of Ethics:

The **Code** summarizes broad ethical principles that reflect the evaluator's core values and establishes a set of specific ethical standards that should be used to guide the assignment. The following set of guidelines shall be adhered to for proper completion of the assignment:

1. The evaluator should ensure that in no way he/she undermines the dignity of any person concerned with the project including the community members and other stakeholders.
2. The evaluator should refrain from making or implying any commitments to any organizational staff and/or any community member during the process of evaluation.

3. The evaluator should not reveal the final result of the evaluation to any of the TIs or any member of SACS, NACO or TSU under any circumstances, unless such request/order has been made through proper official procedure.
4. The evaluator should try to reflect the perspectives of different stakeholder in the project area and should give necessary recommendations based on the above.
5. The evaluator should also refrain from giving work time to other areas of need related/unrelated or relevant/irrelevant to the project concerned, even if requested by the partner organization.
6. The evaluator is expected to focus on priorities as expected in the job assigned.
7. The evaluator should try to apply fair means and follow pre-determined process and tools provided in carrying out the assignment.
8. While taking photographs or pictures the evaluator should always ask for permission/consent wherever possible from the subject.
9. The evaluator is also expected to refrain from any sort of manipulation of reports out of personal relationship/dynamics with the organization or any of its members.
10. The evaluator should neither support nor initiate any sort of activities which shows disrespect to the community.
11. Evaluator should always try to maintain confidentiality regarding issues between the partner organizations, SACS.
12. The evaluator should strive to remain fair and professional in dealing with matters related to payment of bills and memos out of the expenses made during the assignment given.
13. The evaluator should always avoid receiving any sort of favors from the organization

Operational definition of the terms used in Evaluation tool

The following are the definitions used for the key terms used during evaluation process. These terms are used very frequently in the project and the evaluator should have clear understanding of the terms used at the project level before visiting a TI. The evaluator to have further clarification on the terms defined or used should contact the SACS/TSU officials.

Sl. No.	Terms used in the tool	Definitions of the terms used in the Evaluation tool
1	Target	Number of HRG/migrants/truckers approved in the project proposal.
2	Registration	HRGs registered in the TI project using Form A Migrants registered in STI clinics, Counseling and DIC services.
3	HRGs Contacted	Number of HRGs contacted once in every month during the project period.
4	Line Listed HRGs(Active)	Number of HRGs reflected in Peer Form B (in case of IDU Form B 1)
4 (a)	Shadow/ Dynamic Line Listed HRGs	Number of HRGs moved from active line list to shadow/dynamic line list for the provision of Differentiated Prevention Service Delivery
5	Regular contact	Number 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.,
6	Active population	Total HRGs availing service during last six months. That is no. of HRGs registered minus total drop outs. Drop outs are HRGs who are not availing any services as indicated above for last 6 months but they may be available in the project area.
7	New HRG	New HRG identified and first time registered by the project during last one year and have availed services.
8	STI services	In case of HRG TIs with less than 800 population (FSW and MSM) the TIs can have clinics linked with private preferred providers. In this case, Rs.75/- is paid as consultation fee. In case of HRG TIs with more than 800 population (FSW and MSM) the TIs would have project based clinics. In addition to this TI can have preferred providers clinic. In case of IDU & HTG TIs, the TIs would have a clinic in all category of projects. In case of migrants, the clinic services are provided through health camps of 24-40 hours per month. In case of truckers, the clinic services are provided through static/satellite clinics.
9	RMC	Regular Medical Check-up is only applicable for FSW, MSM & HTG target group. All HRGs are expected to undergo RMC minimum 2 times in a six-month period

10	PT	Presumptive Treatment is only applicable for FSW, MSM & HTG target group. All newly registered asymptomatic HRGs are expected to receive presumptive treatment. Those who have reported STI, would undergo treatment. Old HRGs not availed STI/RMC services for last 6 months are expected to receive PT if they are asymptomatic.
11	Syphilis Screening	50% of the targeted HRGs are expected to undergo 2 times screening either arranged by the TI or in the Govt. STI clinic/ICTC in a year.
12	ICTC testing	Each HRG registered under core TI projects are expected to undergo 2 times HIV testing in ICTC or through Community Based Screening (CBS) during a year. In Migrants and Truckers TIs – 100% of the STI cases treated by the project are expected to undergo testing at ICTC or through CBS.
13	Quality of services	Availability of services to the community through available systems and trained clinical staff in place. Accessibility and acceptability of services by the community along with regular coordination with Outreach/peer education
14	Satisfaction level	The community members are satisfied by the service delivery of TI NGO and attitude of the staff clinic. The feedback collected from the community by SACS/TSU using the “Community Score Card” should be referred.
15	Referral	Formal referral mechanism in place for quality STI care, HIV testing, counseling, care and support, TB, ART, OST and de-addiction centres with properly maintained referral directory and documents. There is a triplicate referral slip issued by all types of TIs to the clients for availing ICTC services. These referral slips are further signed/stamped by the ICTC and are reconciled by the Project Staffs.
16	Follow up of referrals	Each STI referral follow up after one week and regular follow up of ICTC and Periodic follow up of ART, OST, TB, Opportunity Infections
17	Stock outs of commodities	Any stock outs (of various commodities) during last one year and time taken to replenish (may be supply from SACS/local arrangement) from health department.
18	One to One contact	Number of one to one contact sessions done by each peer/ORW
19	One to Group contact	Number of group sessions done by the peers/ORW on various issues relevant to the community
20	Peer Educator (core TIs)	Peer Educator is a person from HRG specifically from (the sub-typology) who works with his/her colleagues to influence and behaviour change
20 A	Peer Leader (bridge population)	In Migrant TIs, 40% of the TIs are selected from the source States, 40% are from the stakeholders like labour contractors, brokers etc. In Truckers TIs, the Peer Leaders are ex-truckers, current truckers, brokers, helpers, etc.
20 B	Navigator	Navigator is a person who is associated with the TIs and designated with the mandate to ensure linkages for ART

21	Collectivization	Number of groups organized and in place to address issues important to community (e.g. violence, financial, security, education, advocacy, welfare, cultural ownership building etc.) and are able to take the ownership of the programme.
22	Stakeholders	Stakeholders are people like the Brokers, Madam, Spa owners/staff, sex work network operators and law enforcement personnel including State Police, Prison Officials etc. who influence the HRGs/bridge population either directly, indirectly, positively or negatively.
23	Condom Gap Analysis	In case of HRG TIs, the difference between condom demand and supply to be analyzed by the project. Demand estimate for condom should be calculated for each individual HRGs (FSW, MSM, HTG and IDUs) based on their client load and requirement of condom.
24	Needle and Syringe Gap Analysis	In case of IDU TIs, the difference between required number of needles/syringes or both and supply met by the TIs. The demand would depend on the number of injecting frequency and number of injecting days.
25	Crisis Management	Crisis committee is to be formed at TI level and functional. Regular quarterly meeting needs to be conducted. Engagement of trained and committed staff members/community members who are willing to be "on call" 24 hours a day and to respond immediately when a crisis happens.
26	Adequate Supply	Supply of the commodities is always available as per the estimated demand for the project.
27	Abscess Management	IDUs reported with abscess/wounds are to be provided with required clinical services by the project.
28	Counseling	BCC tool to avert the risk profile of HRG, assess the bottlenecks to practice safe behavior and tool of risk reduction with documents. In case of STI services in PPP, evaluators have to see the counseling happened at doctor's level.

The following are four sets of checklist which should be used as a guide on the key areas / information to be asked / probed while conducting the FGD with the community as well as with the project staff respectively.

Checklist for FGD with Community

1. Activities carried by the project staff in the community
2. Ever attended any group meetings, frequency of group meeting, issues covered during group meetings
3. Type of services provided by the project to the community
4. Utilization of project services such as DIC, OST, HIV and STI services
5. Regular supply of condom/lubricants/needle & syringes/STI medicines
6. Satisfaction of community about the quality and regularity of service provided by project
7. Attitude of project staff, sensitiveness on the issues, adherence of confidentiality and privacy etc.
8. Information about HIV and STI services, counselling, condom usage ,safe injection practices, Testing, treatment, care & support, navigation and linkages
9. Involvement of community and key stakeholders in programme planning, monitoring and assessment
10. Response provided by the project staff during crisis/need

Checklist for In-depth discussion with service providers and Stakeholders

1. Perception of various stakeholders about the project and the role they can play towards the prevention of HIV/AIDS.
2. Linkages established with various service providers and uptake of services by target population.
3. Services: Condom promotion, social marketing of condoms, regular health check-up, STI treatment, referrals and linkages (schemes and institutions- ART, DOTS, STI clinic, ICTC), Abscess management, supply of needle and syringe, STI drugs, etc.
4. Involvement of various stakeholders in the project activities.

Checklist for In-depth discussion with project staff

1. Understanding about the role of each cadre of project staff, attitude and sensitiveness towards HRG, practices for ensuring confidentiality and privacy etc.
2. Understanding of project staff about line listing of HRG, outreach micro planning, knowledge about TI programme including TI revamping strategies, identification of "most at risk HRG" and condom gap analysis, active and dynamic population.
3. Services: Condom promotion, social marketing of condoms, regular health check-up, STI treatment, referrals and linkages (schemes and institutions- ART, DOT, STI clinic, ICTC), Abscess management, supply of needle and syringe, STI drugs etc.
4. Understanding about maintenance of buffer stock of STI drugs, condoms, needle and syringe and other consumables
5. Monthly and weekly planning, monthly and weekly meetings, supportive monitoring/field visits and record maintenance.
6. Technical support from SACS and TSU
7. Quality of Training and skill development and its reflection in the service delivery by project staff

Checklist for Clinic Component

1. Check for the number of Individual HRGs visited clinic, in one year against the target.
2. Check for the number of individual HRGs who visited the clinic in last one year, identified and treated for STI
3. Check for the number of individual HRGs/migrants/truckers, who attended for follow up after the STI treatment had been given (from above number).
4. Check for number of new HRGs out of total number of HRG who were given presumptive treatment.
5. Check for number of HRGs who have not visited the clinic even once in the last 6 months.
6. Check for number of HRGs who had repeated STI infection during the last quarter (Check the network clinic card for documentation of symptomatic cure in follow up visit, in all repeat STI infection cases).
7. Check whether the TI made any effort to treat / refer the partners for treatment in all cases of repeat STI infections.

Reporting Formats

The following evaluation reports are to be submitted after evaluating the TIs by each Evaluation Team Leader to the SACS. The following table gives brief description of the reports to be submitted.

Name of the Report	What the report contains	When to submit	Whom to submit
Reporting format A	The report contains the details of scoring done in each of the component for each TI evaluated.	• Soft copy to be sent through e-mail by SACS to NACO (evaluationreports.naco@gmail.com) on completion of all TIs assigned to the team. • Hard copies of the same is to be signed by the PD, SACS and the same to be submitted to NACO within 7 days after completion of all evaluation/ after each phase of evaluation.	SACS to submit NACO
Reporting Format B	The report contains qualitative information for each TI evaluated. The information is based on the observations made during the evaluation process.	• Soft copy to be sent through e-mail to SACS and NACO (evaluationreports.naco@gmail.com) on 3rd day of each TI evaluated. • Signed hard copies of the same to be submitted to SACS within 7 days after completing the evaluation for all the assigned TIs to the team.	Each team leader has to submit a detailed report for each TI evaluated and submit to JD, TI SACS and copy to NACO. Before submitting, each team leader has to discuss with other team members and take their inputs
Reporting Format C	Contains executive summary of each TI evaluated. It contains critical observations made and recommendation suggested by the evaluation team	• Soft copy to be sent through e-mail to SACS and NACO (evaluationreports.naco@gmail.com) on 3rd day of each TI evaluated. • Signed hard copies of the same to be submitted to SACS within 7 days after completing the evaluation for all the assigned TIs to the team.	Each team leader has to compile the summary for each TI evaluated and submit to JD, TI SACS with a copy to NACO.

Confidential

Date of Reporting:

[illegible]

Project Director

Annexure: B

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
- o Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.)
- o Chief Functionary
- o Year of establishment
- o Year and month of project initiation
- o Evaluation team
- o Evaluation Timeframe

Profile of TI

(Information to be captured)

- o Target Population Profile: FSW / MSM / IDU / HTG/TRUCKERS /MIGRANTS
- o Type of Project: Core/ Core Composite / Bridge population
- o Size of Target Group(s)
- o Sub-Groups and their Size
- o Target Area

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.

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

III. Program Deliverable

1. Line listing of the HRG by category.
2. Shadow line list of HRGs by category.
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.
6. Differentiated Service Delivery planning in place and the same is reflected in documentation.
7. Coverage of target population (sub-group wise): Target / regular contacts only in core group
8. Outreach planning – Secondary distribution of Needles and Syringes
9. Outreach planning – Peer Navigation
10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.
11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model
12. Outreach planning – quality, documentation and reflection in implementation
13. PE: HRG ratio, PE: migrants/truckers ratio.
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.
15. Documentation of the PEs & ORWs
16. Quality of peer education- messages, skills and reflection in the community
17. Supervision- mechanism, process, follow-up in action taken, etc.

IV. Services

1. Availability of STI services – mode of delivery, adequacy to the needs of the community.
2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc.
3. In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds.
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.
5. Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.
6. Availability of Condoms- Type of distribution channel, accessibility, adequacy, etc.
7. Availability and Accessibility of OST – Provision of OST through NGO/CBO / Public Health facilities / Satellite OST centres.
8. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.
9. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.
10. Information on linkages for ICTC, DOT, ART, STI clinics.
11. Referrals and follow up.

V. Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since

- inception, perspectives of these groups towards the project activities.
2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics, etc.
2. Percentages of HRGs tested in ICTC and gap between referred and tested.
3. Support system developed with various stakeholders and involvement of various stakeholders in the project.

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

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.

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.

c) ANM/Counselor in IDU TI

In addition to the other requirements of a counselor as mentioned above the ANM/counselor of IDU TI needs working knowledge about local drug abuse scenario,

drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments. For ANM, adequate abscess management skills will also be evaluated.

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.

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.

f) Navigator

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

g) Peer Educators in IDU TI

Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities, etc.

h) Peer Leaders in Migrant Projects

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

i) Peer Educators in Truckers Project

Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.

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.

IX. Outreach activity in Core TI project

Interact with all PEs (FSW, MSM, HTG and IDU), interact with all ORWs. Outreach activities

should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

X. Outreach activity in Truckers and Migrant Project

Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake, that is whether enough Counseling and clinic footfalls are happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.

XI. Services

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

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.

XIII. Commodities

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

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.

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

XVI. Details of Best Practices if any

Annexure C

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 with phone no.
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	
Typology of the target population:	
Total population being covered against target:	
Dates of Visit:	
Place of Visit:	

Overall Rating based programme delivery score:

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

Specific Recommendations:

Name of the evaluators	Signature

Terms of Reference for Evaluators

The end term evaluation carried out by the respective State AIDS control societies (SACS) and the National AIDS Control Organization (NACO) aims to assess the quality and performance of targeted interventions projects implementing by NGOs/CBOs. This process, based on various parameters, will determine the continuation or discontinuation of individual TIs in the state. As part of this regular process, Earlier TIs have been evaluated once in two years, i.e., during 21st or 22nd month. This will be continued as it is. For the newly recruited TIs (base year 2019-20), the first evaluation will be conducted during 32nd or 33rd month of the project period. At the state level, SACS will lead the evaluation process with additional technical inputs from NACO's TI division wherever applicable.

I. Objectives of the evaluation

1. To assess the performance of TIs in terms of gaps between planned targets and actual achievement.
2. To assess component-specific quality of TI.
3. To assess the knowledge level, condom use and health seeking behaviour.
4. To assess the expenditure component wise and look for variance.
5. To assess the quality and performance of project staff and peer educators during the review period.
6. To assess various systems (accounts/ finance/human resource/program management) in place at NGO/CBO level and their effectiveness in the implementation of TIs.
7. To assess the organization capacity
8. To assess the community participation
9. To assess the innovations

II. Qualification and Experience of the Evaluators

- i. 5 years of experience in developmental sector and preferably at least 1 year in HIV/AIDS prevention programmes.
- ii. Post graduate in any Social Work, Public Health (MPH) and other allied Social Sciences.
- iii. Community members with minimum qualification of graduation in Social Sciences and at least 2 years of experience in HIV/AIDS prevention programme are also eligible to apply.
- iv. For Finance Evaluators, the minimum qualification is a degree in Commerce or an intern from a CA firm with degree in commerce. SACS internal auditor should not be engaged in

TI evaluation due to possible conflict of interest. The desired candidate profile to be “any person who is a chartered accountant or a post graduate in commerce with at least 2 years’ experience with any accounting & auditing firm but should not be involved in internal audit of SACS”

- v. Preference shall be given to candidates, who have prior experience evaluating development programmes.
- vi. Sensitive towards issues relating to HRG communities and PLHIVs.
- vii. Willing to undertake extensive field visits to intervention sites.
- viii. Well versed in reporting and documentation.
- ix. Conversant with local language in addition to English.
- x. She/he shall have experience in conducting FGDs/In-depth interviews with HRGs and Bridge populations.

III. Selection Process of Evaluators

The methodology for engaging is under process. The approved selection process will be intimated at a later stage through a separate communication.

IV. Orientation to Evaluators

- i. Revised Evaluators manual should be used to provide orientation to Evaluators.
- ii. Divisional head / any other persons nominated by Project Director, SACS will provide orientation about the ongoing TI programme under NACP.
- iii. Designated officer from NACO may also participate in the orientation programme based on the need.

V. Field Visit to TIs for Evaluation

- i. Evaluators should spend three full days in each TI.
- ii. It is recommended that the evaluators should visit the community at appropriate hours for informal interaction as per the convenience of the community.
- iii. At least 10% of the HRG randomly selected and are to be contacted by the evaluation team through one to contact or small group discussions in 10% of the hotspots randomly selected by the evaluator / DIC etc. SACS will reimburse the travel and stay for the period of evaluation as well as honorarium as per NACO norms.
- iv. Refer Revised Evaluators Manual (2019) for more details.

VI. Submission of Reports

- i. The Evaluation report including soft copy of the evaluation tool, and detailed report shall be submitted on the 3rd day of completion of the evaluation at any TI to SACS/NACO.
- ii. The overall report should be shared within 7 days after completing the evaluation of any TI.
- iii. The final signed evaluation report should be submitted by email to SACS.

VII. Debriefing Meeting

- i. A debriefing and feedback session is conducted at the end of the second day by the Team leader to present the observations/recommendations.
- ii. Evaluation team is expected to participate in the State level debriefing meeting for all NGOs/CBOs evaluated organized by SACS.

VIII. Conflict of Interest

- i. Evaluators should not be currently associated with any TI projects / development partners who are supporting NACP both at National or State level.
- ii. The new applicants may be asked to provide undertaking/declaration with regards to conflict of interest & confidentiality.
- iii. Evaluators are liable to legal prosecution for submission of fraudulent documents.

IX. Review of Evaluators

Review of evaluators (for timely submission of reports, attitude, and comfort level with the community etc.) will be conducted periodically and the Committee at NACO will decide on the continuation of the evaluators.
