Reporting Format-B

**Evaluation Report of TCI Foundation Chandigarh Migrant Project Daria**

**Date: 27th February to 1st March, 2023**

**Reporting Format-B**

**Descriptive Evaluation Report**

**Introduction**

***Background of the Organisation***: TCI Foundation is a registered organization under the India Trusts Act 1882. The foundation is committed to serve the nation with a motto of equality and better life for all the citizens. The foundation works for all other entities within the ambit of Corporate Social Responsibility (Section 135) and Schedule VII of the Companies Act 2013. TCI Foundation is proudly associate with Government of India, State Governments, Public Service Undertaking and Corporates of repute to deliver the quality controlled project deliveries in India. The Government of India in 2006 integrated the best practices of the project “Kavach” in National AIDS Control Program; and from 2006-12 the Foundation was empaneled as TSG to the National AIDS Control Organization (NACO). Currently TCI Foundation on behalf of State Governments, Public Sector Undertakings and Corporates actively implements the project across twenty four (24) locations in fourteen (14) States of India. The BMGF acknowledged the commendable work and has extended its association with TCI Foundation till the completion of National AIDS Control Program Phase-IV. TCI Foundation in association with fhi360 also capacitated the functionaries of African countries for coalition of nongovernment organizations to control HIV/AIDS amongst bridge population. TCI Foundation having extensive experience of working with the projects on bride population (truckers & migrants) funded by SACS & Corporates across the country.

***Background of the Project***: The present Targeted Intervention project is been carried for Migrant population who are at most risk of contracting HIV and acts as a bridge population. The project was taken over from Ambuja Cement Foundation in year April 2017 after it was surrendered by them.

***Name and address of the Organization***: TCI Foundation, TCI House, 69 Institutional Area, Sector-32, Gurugram (Haryana).

**Chandigarh Office**

***Chief Functionary*:** Dr. Munish Chander *(AVP TCIL & Head TCI Foundation)*

***Year of establishment*:** April 2017

***Year and month of project initiation*:** April 2017

**Evaluation team:**

Programme Evaluator: Dr. Sukhbir Singh

Programme Evaluator: Dr. Nidhi Jaswal

Financial Evaluator: Ms. Bhawna Saini

**Time frame:**

1st September, 2021 to 31st October, 2022.

**Profile of TI**

**Target Population Profile**: Migrants

**Type of Project:** Bridge Population Targeted Intervention Project

**Size of Target Group(s):** As approved - 15,000 Migrants

Reached - 10658 Migrants

**Sub-Groups and their Size: NA**

**Details of Target Area:** The TI is implemented in few selected pockets of Chandigarh City covering 6 areas namely Indira colony, Bapudham, Mauli Jagran, Dariya, Manimajra, Raipur Kalan, Raipur Khurd, Hallomajra, Transport Nagar – Sector 56, Makkhan Majra. Migrant workforce working at industrial area I and industrial area II, Chandigarh, Colony No.5

**Key Findings and recommendations on Various Project Components**

1. **Organizational support to the programme:**
2. It appeared that the organizational support to the program is very much in picture.
3. Project Director is available for 80% of the monthly staff meetings.
4. A review process is in place & the same is reflected in the program delivery.
5. However the organisation should focus on resource mobilization and also provide more support to the project.

**II. Organizational Capacity**

**Human resources:**

1. Staff has been appointed as per the sanctioned post**.**
2. All staff members are old recruits except one ORW.
3. 20% peer leader turnover was witnessed in the project.
4. Appointment letters and job description are provided to the staff.
5. Attendance register is maintained and daily entry is done.
6. Leave application are maintained properly.

**Capacity building:**

1. Training has been provided by the Chandigarh SACS.
2. The capacity of the staff is good, especially with that of ORWs.
3. However, the project is yet to provide quality training to the Project Manager, Counsellor, M&E officer and newly appointed ORW.
4. Similarly, a formal trained is also required for peers. Presently, they are informally trained through in-house trainings.
5. Knowledge level of the peers need to be enhanced and the project should engage itself towards a strategically and innovative approaching order to train the peers.

**Infrastructure of the organization:**

1. The TI Project has its Office cum DIC at Daria.
2. All the assets in NGO have been codified and marked.

**Documentation and Reporting**:

1. Documentation is maintained as per the formats provided by SACS.
2. It was mostly properly maintained.
3. The organization was found to be sending regular CMIS and SOEs reports.

**III. Program Deliverables**

**Outreach:**

1. A total of 06 outreach workers are dedicatedly working in their respective areas allocated to them.
2. Category wise line listing is available with them. HRG prioritization is not available with them and does not reflect in any document.
3. Quality of outreach planning, documentation and reflection in implementation of the services was not in accordance.
4. IEC/BCC material as per the requirement was available.

**Line listing of the HRG by category:**

1. The line listing of HRGs is not available with the M&E Officer and ORWs
2. The list available with the ORWs is not based on the risk priority of the migrant population.

**Micro planning:**

1. Micro planning is not available at the project level. Only monthly plan is available with the ORWs which is used by the Project Manager and M&E officer.
2. There is no decentralization of work and data

**Coverage of target population (sub-group wise):**

1. TI has managed to register 10658 migrants with the project till date.
2. The new registration of migrants till October ,2022 is reported to be 10658.

**Outreach planning:**

1. At present, no outreach planning is available with the ORWs.
2. A huge confusion between outreach planning and daily visit plan was apparent among them.

**PE: HRG ratio:**

1. The organization maintained Peer Leader: HRG ratio reportedly is 1:625. Currently there are 12 Peer Leaders.

**Documentation of the peer education:**

1. Documents of peer educators were available with ORWs in the form of petty note books which is maintained by the respective ORWs.

**Quality of peer education:**

1. In the field 4 peer educators were met who are also stakeholders.
2. The sessions were taken by ORW and PEs during the field visit.
3. All the ORWs were female and TI is covering the male migrants which hamper the outreach of the TI.

**IV. Services:**

**Availability of STI services**:

1. For STI services heath camps are organized in a month at various sites.
2. One MBBS doctor is associated with the project who is well qualified and provide services during health camps only.
3. The timings of the camps varies from place to place and location to location. The project has organized 20 health camps in last 11 months and 103 migrants have availed the STI services.

**Quality of the services**:

1. 103 cases were diagnosed for STI.
2. STI medicines have been purchased by the project and is being distributed.
3. Some general medicine for general treatment has been also purchased.

**Quality of treatment in the service provisioning**:

1. The doctor has been trained on syndromic treatment protocol.
2. As per the doctor the same is maintained by him.
3. It was observed that the doctor needs to know more about the indicator.
4. Counseling is done for the migrants and no follow up of STI patients’is done.

**Documentation**:

1. A patient sheet/network clinic format is filled by the doctor and the counselor for each migrant visiting the clinic.
2. Daily summary sheet is maintained by the counselor.
3. Counseling register is maintained for all the migrants who have been counselled.
4. Stock registers for general medicine and STI medicines and are maintained.

**Availability of Condoms**:

1. Condoms were distributed through social marketing. 62 non traditional condom out lets have been established at various hotspots.

**No. of condoms distributed**:

1. Condoms are distributed to the condom depot holders as per the requirement.
2. ORWs/Peers are visiting the sites of condom depot holders and provide them with fresh stock of condom and subsequently, payment is received by them.

**Information on linkages for ICTC, DOT, ART, STI clinics:**

1. The Project staffs are aware of the linkages with the ICTC for HIV testing and also with DOTs.
2. However, they appeared to be ignorant about, Community Care Centre and linkages with Govt. STI clinic and also with PPP clinics.
3. 28 HIV positive (alive) migrants are presently taking service from the TI project. All of them are reported to have undergone their periodic CD4 testing.

**Referrals and follows up:**

1. Referrals are done by all ORWs and the counsellor for ICTC.
2. However, it was observed that referral to DOT has also been initiated.
3. The project refers the migrants for HIV testing and also uses the mobile ICTC service.
4. 2580 and 3639 were provided testing services through CBS and ICTC respectively.

**V. Community participation:**

Few of the community members are involved in the project. It can be due to the nature of the project where most of the migrants are involved in their daily routine work.

**VI. Linkages**

**Assess the linkages established with like STI, ICTC, TB clinics:**

1. Good linkages have been established by the TI project with ICTC and also with the DOT centre.

**Percentages of HRGs tested in ICTC and gap between referred and tested:**

1. A Total of 6219 migrants tested for HIV through ICTC and the mobile ICTC in last 11 months.

**Support system developed with various stakeholders and involvement of various stakeholders in the project:**

1. Stakeholders have been identified in the project, however the project area has many important stakeholders and need to initiated dialogue with them.
2. The project need to do stakeholders analysis.
3. 20 Advocacy meetings have been conducted.

**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. The position of Accountant was vacant for few months in 2022-23 and the present Accountant has joined the TI 2 months back So, There is need of training of Accountant to understand the accounting principles.
3. It is observed that PF/ ESI is deducted from employee’s part only.

1. **Systems of Payments:** Existence and Adherence of payments 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.

It is observed that all the vouchers are machine printed and all the payments to vendors done through PFMS with approvals of Project Manager and Project Director.

1. Stock register of consumables and fixed assets are properly maintained.
2. There is ledger book maintained but there was voucher no. mentioned instead of Cash Book Folio no.
3. All vouchers / bills are not even in serial order but there are double vouchers are against 1 particular bill.
4. Ledger book, Cash book, SOE & BRS should be signed by Accountant as well.
5. **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 is observed that 1. TI is maintaining fixed assets register properly and coding on items is present there.

Quotations from 3 different vendors collected to purchase any items above Rs.2000 and comparative statement is in place.

1. **Systems of documentation**: Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports
2. Accountant is maintaining BRS and SOE and submitting the same to CSACS on monthly basis.
3. A separate account was in State bank of India, Daria branch but still CNA account is in process.

**VIII. Competency of the project staff**

1. **Project Manager:** Project manager has joined the TI 15th December 2022. She is able to handle the project work with diligence since she has already worked as Outreach in a core TI project and is well verse with the documentation requirements. However, she is not having appropriate knowledge about the project work due to lack of training in this ambit of Migrants Targeted Intervention Project.

1. **Counsellor:** The counsellor has joined in the month of 1st June, 2021 and undergone a training under CSACS. Through, he is managing the field of counselling with whims and fancies but proper training is required for quality counselling. The documents prepared by counsellor are as per the NACO guidelines.
2. **ORWs:** The project is presently having a total of 06 ORWs and all were females. All of them are having appropriate knowledge about their field. However, monthly micro planning is not available with them without which it is difficult to reach to the target population who are at most risk.
3. **Peer leaders in Migrant Projects:** A total of 15 peer leaders are working with the project. However, only 01 peer leader was interacted during the field visit to MauliJagra.
4. **M&E officer:** M&E officer is handling the entire data for the project and all the computerized documents are updated by her. She is also able to manage all finance related documents in support with the Project Manager. Since her joining, she has not undergone any training under CSACS.

**IX. Outreach activity:**

Outreach is been carried out as per the requirement. Field visits are conducted by outreach workers as per their daily visit plan at their respective hotspots.

**X. Services:**

Services are provided to migrant population as per their need. However, it is pertinent to mention here that regular sex partners of the migrants are not considered for counselling and other health related information/ health check-ups.

**XI. Community involvement:**

Few of the community members are involved in the project. It can be due to that nature of the project where most of the migrants are involved in their daily routine work.

**XII. Commodities:**

1. Social marketing condoms are provided to the migrants as per their requirement.
2. STI drugs are available with the project and being used during camps.
3. Some General medicines are available for providing treatment for general aliments.

**XIII. Enabling environment:**

1. Advocacy meetings have been conducted by the project with relevant stakeholder without any need assessment.
2. The project shall focus on more advocacies with relevant stakeholders and try for resource mobilization.

**XIV. Social protection schemes / innovation**

-Nothing specific to report-

**XV. Best Practices if any**

-Nothing specific to report-

**-End of the Report-**