

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 to NACO)**

<b>Name of Team Leader</b>	Yashwinder Singh
<b>Name of Second Program Evaluator</b>	Manpinder Kaur
<b>Name of Finance Evaluator</b>	Vikas Chaudhary
<b>Name of Internal Member &amp; Designation</b>	NA
<b>Name of NGO</b>	Child Survival India
<b>Target Group</b>	Migrants
<b>Target</b>	10000
<b>District</b>	Chandigarh
<b>Date of Visit</b>	14, 16 & 17 <sup>th</sup> June 2025

**Introduction**

**o Background of Project and Organization**

Established in 1991, Child Survival India (CSI) is a rights-based organization committed to improving the lives of underprivileged women and children across both urban and rural communities. Initially focused on child health in urban slums, CSI has since evolved into an integrated community development organization, centering its efforts on health, education, and gender equity.

CSI adopts a gender-transformative approach to empower marginalized individuals and communities. By enhancing knowledge, skills, and capacities, the organization enables better access to essential services and opportunities, aiming to create lasting change.

**Vision:**

To build an equitable, safe, inclusive, sustainable, and healthy world where every individual is empowered and has equal opportunities.

**Mission:**

To empower underserved and marginalized communities through gender-transformative strategies for achieving optimal outcomes in health, education, environment, and development.

**Current Geographic Footprint:**

CSI is actively implementing programs across 11 states in India, including:

- Delhi: North, Central, and Southeast districts
- Chandigarh
- Punjab: Batala (near Amritsar) and Firozpur
- Haryana: Rohtak, Sonapat, Faridabad, Kaithal, and Gurugram
- Tamil Nadu: Sriperumbudur (Kanchipuram) and Tiruvallur



- Maharashtra: Khandala (Satara) and Nashik
- Uttar Pradesh: Kasna (Gautam Budh Nagar) and Kanpur Dehat
- Telangana: Hyderabad (Sangareddy)
- Andhra Pradesh: Amrapali and Visakhapatnam
- Karnataka: Mysuru
- Rajasthan: Kotputli and Khairthal

### Chandigarh Branch

Since April 2017, CSI has been implementing a project in collaboration with Chandigarh State AIDS Control Society (CSACS).

For more information, visit the website. The below information is about CSI TI project with CSACS

- o **Name and address of the Organization:** Child Survivor India

Shop No. 250, Sector 41-D, Badheri, Chandigarh

Contact: +91-172-5098651

Society Registration Act 1860 – S/21828

- o **Chief Functionary:** The Chief Executive (Chief Functionary) of Child Survival India (CSI) is Deepa Bajaj, who leads the organization. She is officially referred to as the Chief Executive and has served in this role for several years. Project Director is Prabhat Kumar.
- o **Year of establishment:** Year and month of project initiation: April 2017
- o **Evaluation team**

Team Leader	Yashwinder Singh	9818095307
Team Member	Manpinder Kaur	7347353580
CA - Finance	Vikas Chaudhary	8847026775
Internal	NA	

- o **Time frame:** April 2023-March 2025 (The triangulation of data is done for FY2024-25)

### Profile of TI

Since 2017, Child Survival India (CSI) has been implementing a focused intervention for migrant populations, reaching around 10,000 migrants annually. The project has transitioned from a 60:40 repeat-to-new beneficiary ratio to prioritizing outreach to new and highly mobile migrants. Services are provided across 11 hotspots and 35 congregation points, including informal settings like pan shops, bidi stalls, and cycle repair shops, with over 50 condom distribution outlets. The team—comprising 7 peer educators, 3 ORWs, M&E officer, counselor, PM, and PD—delivers community-based HIV prevention, testing, and referral services. Activities include group sessions, nukkad nataks, counseling, health camps, and awareness events such as World AIDS Day and Malaria Day. Community-Based Screening (CBS) is conducted using SACS-provided kits, with referrals to ART, STI, TB (DOTS), and



SRL labs (TPHA). The project emphasizes need-based microplanning, adapting outreach for diverse occupational groups like motor mechanics, Bural vendors, and fruit market workers, ensuring one-time, high-impact service delivery tailored to their unique schedules and mobility patterns.

### **Profile of Migrants in Chandigarh**

*More than six out of 10 people in Chandigarh are migrants based on their previous place of residence according to the 2011 census. According to the figures 67.1% of the city's populations are migrants. Over the past decade the migrant population rose by 22.3% while the total population grew by 17.2%. The data says 53.6% of the migrant populations are males while 46.4% are women.*

- o **Target Population Profile: Migrants**
- o **Type of Project: Targeted Intervention (Chandigarh SACS)**
- o **Size of Target Group(s): 10000**

The bridge population is defined as population that has potential exposure with HR group (sexual and injecting) and has a propensity to transmit HIV/STI to the low-risk population/general population.

The bridge populations are primarily identified as migrants, transport workers, and other vulnerable population including clients or partners of male and female sex workers, trans-workers and men who have sex with men. Bridge and Other Vulnerable population (above 18 years of age) to be covered under. Targeted Intervention are broadly covered below.

There are mainly 3 types of migrants:

- A man who moves from his native state to another state alone in search of job lives in jhuggies (alone or in groups of 2-8 men) near factories and goes back to his native state after some time and from time to time.
- A man who comes alone firstly and when he settles down with his job, then he brings his family into the city and keeps on going back to his native state from time to time.
- Some migrants live with their relatives /cousins without their families; they also go back to their native state from time to time.

**Target Area:** Chandigarh City and adjoining areas

**Total No. of Site- Congregation points** 35

**Total No. of Hot-spot-** 11

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

- I. **Organizational support to the programme :- (Interaction with 2-3 office bearers of implementation of NGO to see their vision about project, support to the community, initiation of advocacy activities, monitoring the project.**

The NGO has been implementing a Targeted Intervention (TI) project under the CSI India framework since 2017, with a specific focus on migrant populations. Covering approximately 10,000 migrants across 11 hotspots—including congregation points, migrant profile ranges from motor mechanic hubs, fruit markets, and informal settlements—the intervention is designed to address the health and prevention needs of a highly mobile and often underserved population. The project utilizes a robust outreach structure comprising 7 Peer Educators, 3 Outreach Workers (ORWs), a Program Manager, an M&E Officer, and a Counselor. It delivers a wide range of services, including registration, risk assessments, health education sessions,



HIV testing, STI screening, symptomatic STI treatment using designated STI kits, and referrals to ART, DOTS, and SRL laboratories (TPHA testing). Doctor visits are planned monthly, with schedules shared in advance to ensure service continuity. Community-Based Screening (CBS) is conducted using kits provided by SACS, and health camps are held regularly.

The TI is covering, 11 Hot Spots – Burail, Labour Chowk 44, Attawa (3300Migrants), Dhanas, Sector 56, Maloya, Labour Chowk 40-41 (3400 migrants), Jagatpura, Dadumajra, Kajheri, Sarangpur (3300Migrants).

S. No.	Name of Staff	Designation	Qualification	Date of Joining
1	Prabhat Kumar Singh	PD	MA	1 <sup>st</sup> April 2017
2	Kalyani Singh	PM	BA	1 <sup>st</sup> April 2017
3	JaiShree Sharma	M&E	M.Com	23 <sup>rd</sup> Dec 2020
4	Hamid Ali	Counselor	MSW	1 <sup>st</sup> April 2017
5	Urmila Chawla	ORW	BA	25 <sup>th</sup> April 2022
6	Kanchan Bala	ORW	12 <sup>th</sup>	16 <sup>th</sup> Oct 2017
7	Durgesh Kumar	ORW	BSW	1 <sup>st</sup> June 2022
8	Dr Manjit Kaur	TI Doctor	MBBS	26 <sup>th</sup> Sept 2023

## II. Organizational Capacity

### 1. Human resources: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.

- All the staff & PE positions are filled. However high turnover is noticed among PEs.
- The project has 1 Program Manager , 1 M & E officer, 1 Counselor, 3 ORWs & 7 Pes. The core staff is qualified as per guidelines, the counselor is MSW and 1 ORWs are from community and remaining 2 are female ORWs.
- Appointment letters are issued to the project staff and Job description is also available.
- Staff profile file is available, and it is duly maintained. The fresh contracts issued annually to the project staff. The Identity cards are issued to the project staff.
- PE profile file is maintained but signatures/thumb impressions were found missing in file in some peers.

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

- The staff has attended regular trainings, in house and organized by SACS. The training registers are maintained, however newly joined PE, yet to receive formal training.



- The staff has knowledge on various components of TI including the basics of HIV/AIDS. However, the condom demonstration and STI information needs to be strengthened.
- Some PE has good knowledge. The myths and misconception are also there regarding use of condoms, use of oils, creams and Vaseline. Among four PEs only one Peer was able to do condom demonstration as per guidelines during interaction. The one peer came late, and one peer was not available during evaluation.
- The organization has developed BCC material. The focus is on service delivery e.g. STI, ICTC, and Condom promotion. The same is found available at sites during field visit.

### 3. Infrastructure of the organization

- The organization has established one project office-cum-DIC. The office infrastructure is also complete. There is visual separation maintained for counselor.
- There are 2 Drop-in-centers, Sector 44 and TI office cum DIC. The location of Sec 44 DICs is convenient to the migrant workers, whereas office cum DIC is less frequent for the migrant workers, as per TI staff.
- The organization had 3 DICs till FY 2023-24 but later one DIC has been removed, although CSI maintains it voluntary.

### 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.

- The SACS protocols and guidelines are followed. The formats provided by Chandigarh SACS are in use. The project staff has attended the training on these formats.
- There is understanding of the SOCH indicators among the core staff, which is reflected in the SOCH reports e.g. the outreach data is matching.
- PE use daily diary (it's a basic notebook and it includes name; phone number of contacts made in a day). The PE gets monthly plan printed on the paper which is also attached in Peer Diary.
- The referral slips are available; referral register is maintained. Follow up system is not in place, but few details are available. TI shared that due to frequent mobile nature of the population, it is difficult to establish re-contact with migrant worker once covered under



services.

- There is documentation available for the weekly staff review meetings, including Peer Educator meetings.
- Project Director meetings conducted on regular basis mostly physical and optional online. The data analysis is done and time bound action plans and follow up (updates) are shared.
- Attendance and leave registers are maintained it's also verified by PM. However, there is need to strengthened recording of data e.g. One ORW Kanchan took leave on 12 Nov 2024, Leave is marked in attendance register but no leave record found.
- The asset register is maintained but no coding is given to the assets in the register. However, when physically assets were verified, the assets have coding as per SACS guidelines.
- The DIC registers are available, but it's not duly signed by the Drop-ins. Largely only names of the migrants were written on the DIC register, along with contact number.

### III. Program Deliverables

#### Outreach

1. Line listing of Migrants is updated and used to monitor the project activities like HIV screening etc.
2. The ORW diaries are maintained by the ORW and the data matches with Peer dairy. The movement register is well maintained.
3. Outreach planning is reflected in ORW diary and the same is implemented in the field effectively as per documentation. The weekly planning of the PE is prepared by ORW in general and no specific focus is given on the basis of risk category.
4. The coverage of target population (sub-group wise) is more than 100% against target of 10000 the TI covered 12612 migrants.
5. The outreach planning tools are used. There are maps available in TI made by ORWs, but these are not updated (2023 Year maps used), it was kind of a mixture of hot spot analysis, hot spot map and condom depot map. All these tools in the map are not reflecting any useful information.
6. PEs are doing outreaches according to the weekly planning prepared by ORWs. PE monitoring mechanism is there, and it is used effectively approximately 36% of Peer Meetings attended by ORWs.
7. The condom gap analysis is done but large focus is on seasonality maps, which are used to



organize health camps.

8. The team was able to do FGDs at two sites Labour Chownk Sector 41 and Sector 44 and it has covered around 50 migrants. At both sites migrants gave mixed response to services, some denied taking condoms or other services, some acknowledged access to health camps. At Sector 41 site, there was discomfort expressed by group of migrants, one person came and shouted. They were agitated on the issue of privacy, some direct questions on private life were asked by one of the ORWs. The group of migrants the team met in Sector 41, was not aware of doctor but aware of TI staff.
9. The team during field visits sensed migrant workers un-ease with female ORWs. Some said, "they won't discuss issues Infront of ladies". The organization needs to strengthen the outreach component. The migrant workers were found to be very comfortable with counselor.

1. Line listing of the HRG by category. – NA
2. Shadow Line list of HRGs by category - NA

3. **Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.**

The project has conducted 240 health camps and 32 mid-media activities (including 8 additional by CSACS). Coordination meetings with village bodies, PLHA networks, and stakeholders are regular. Volunteers are active in outreach and follow-up activities.

1. The medicine stock register is maintained as per SACS guidelines. The organization purchase STI kits (Kit 1 and Kit 2).
2. Treatment is provided for general diseases such as cough, fever etc.
3. STI cases are followed up by counselor; and referred for FRU i.e. STI clinics. The organization screened 82 symptomatic cases, and among these 5-syphilis positive put on treatment.
4. The counselling register has been prepared and maintained as per the NACO format, which includes HIV pre-test counselling and STI counselling.
5. The micro plan has been properly created in its designated place and is of good quality, but it has not been documented in detail. In the remarks section, activities being carried out without the plan have not been mentioned.
6. Activities are planned based on demand and requirements, along with monthly review meetings. In the field, in addition to planned activities, need-based activities are also taking place, which are documented.
7. For 12 stakeholder meetings in a month, no plan is mentioned anywhere, but they have been



documented.

8. Condoms buffer stock is maintained. Condom central stock register is maintained as per the guidelines, the expiry date of condoms is not mentioned in register.
9. Condoms are distributed mainly through condom social marketing (CSM) and free distribution. Total distribution - 158900 - Social Marketing 92180 Free - 66720 - The outlets are found to be next to each other - e.g. Sec 44 there were 3 outlets visited which were just shops next to each other. During discussion few migrant workers expressed they are not aware of condom outlets. Perhaps it needs to strengthen, and placement plan of outlet need to rationalize.
10. Camp based approach is mainly used to achieve the HIV testing & RPR targets. CBS is regularly conducted using kits provided by SACS. Health camps, group sessions, and nukkad nataks are held monthly. A total of 3425 HIV referrals were made, with 4826 actual HIV tests done.

4. Registration of truckers from 2 service sources i.e. STI clinics and counseling. - NA

5. **Micro planning in place and the same is reflected in Quality and documentation.**

The micro plan has been properly created in its designated place and is of good quality, but it has not been documented in detail. In the remarks section, activities being carried out without the plan have not been mentioned.

6. **Differentiated Service Delivery Planning in place and the same is reflected in documentation -**

1. Tailored Outreach Models:  
CSI has effectively segmented migrant populations (e.g., single men, families, factory workers, transit migrants) and developed customized outreach plans based on their mobility, work schedules, and living conditions.
2. Use of Non-Traditional Delivery Points:  
Services such as condom distribution and HIV screening are provided through innovative outlets like tea stalls, pan shops, and mobile vans, making services more accessible to hard-to-reach migrants.
3. Community-Based Screening and Peer-Led Engagement:  
Peer educators from within the migrant community play a critical role in mobilizing for HIV testing, conducting awareness sessions, and facilitating linkages to ART/STI services.
4. Dynamic and Need-Based Microplanning:  
Weekly micro plans and hotspot mapping allow for adaptive and responsive service delivery, ensuring coverage even in high-mobility or newly emerging migrant clusters.



5. IEC materials available in local language (Hindi) for migrant workers.

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

NA

8. Outreach Planning- Secondary Distribution of Needle & Syringe

NA

9. **Outreach Planning – Peer Navigation:**

The outreach planning tool has been used for all staff activities, based on which a monthly plan for the entire staff has been created. The ORWs help Peer and share monthly plan, among some peers there is lack of understanding on prioritization of high-risk migrant workers.

10. Outreach Planning – Reaching out to HRGs who are uncovered/hard to reach/hidden population with services including CBS health Camp - NA

11. Outreach Planning –Increasing new and young HRGs registration through strengthened outreach approach model- NA

12. **Outreach planning – quality, documentation and reflection in implementation**

Activities are planned based on demand and requirements, along with monthly review meetings. In the field, in addition to planned activities, need-based activities are also taking place, which are documented. For 12 stakeholder meetings in a month, no plan is mentioned anywhere, but they have been documented. The implementation of activities in the field is clearly visible.

13. **PE: Migrant Ratio is maintained 7 Peer : 10000 migrants**

14. Regular contacts ( as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 8 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members

15. **Documentation of the peer education**

The Peer Educators maintain a daily dairy, which includes outreach details, it also includes number of new migrants reached alongside contact numbers. The monthly plan is also available with Peer Educators.

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

The Peer Educators are fairly aware of HIV AIDS, STIs but condom demonstration needs strengthening.

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

The ORWs conduct regular visits to field and support Peers, there were 36% meetings conducted jointly by Peer and ORWs.

IV. Services



1. Availability of STI services – mode of delivery, adequacy to the needs of the community.  
STI services available from STI clinics and PPP Clinic. – NA
2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc. – NA
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.**

The drugs purchased by organization, and no stock out reported in the FY 2024-25. The drugs Purchased at TI level - Azithromycin 1gram, Cefixime 400mg (Kit1). Kit 2 (Fluconazole 150mg +Metrogel 2gram) - 6 Kit 2, and 78 Kit 1 in 2024-25.

The stocks are maintained at TI. The revolving fund used is 5000INR it used by NGO (which is inherited from previous TI Ambuja Cement)

4. **Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC,ART, DOTS centre and Community care centres.**

The visit was made to ICTC centers at Civil Hospital Sector 45 and Khajeri village. The Doctor prescribes medicines to syndromic patients. There were 7 HIV positive clients found in the period, and 6 are linked to ART. One elderly female client was not linked to ART. The TI reported some resistance from family and eventually it became LFU.

The TI noticed major UD complaints among its population.

The 9 clients linked to DOTS.

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.

The organization maintains a comprehensive and structured system for documentation and tracking of health services in alignment with the requirements outlined in the project proposal and guidelines from NACO/SACS. The organization ensures the availability and proper maintenance of all relevant records, which include:

- Referral Slips and Follow-up Cards: Issued and documented for each case requiring further diagnostic or treatment services, facilitating systematic tracking and ensuring continuity of care.
- Stock Register for Medicines: Regularly updated to reflect the inventory status of essential commodities, including condoms, STI drugs, and CBS test kits, as per the norms.
- Procurement Documentation: CSI follows a transparent and standardized procurement system as endorsed by NACO/SACS, with supporting documentation such as purchase orders, vendor records, distribution logs, and verification slips.

6. **Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.**

Child Survival India (CSI) ensures consistent availability and accessibility of condoms through a combination of Social Marketing and Free Distribution channels, tailored to meet the needs of the migrant population and other key communities.



During the reporting period, a total of 158,900 condoms were distributed across project sites. Of these, 92,180 condoms were made available through social marketing outlets, including pan shops, tea stalls, and general stores strategically located near high-risk hotspots to encourage discreet and easy access. An additional 66,720 condoms were distributed free of cost during outreach activities, health camps, counseling sessions, and through peer educators to ensure accessibility among the migrant workers.

**7. Availability and accessibility of OST- Provision of OST through Govt. OST, Satellite OST, NGO etc. – NA**

**8. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.**

Total 158,900 condoms were distributed across project sites. Of these, 92,180 condoms were made available through social marketing outlets, an additional 66,720 condoms were distributed free of cost during outreach activities, health camps, counseling sessions, and through peer educators.

**9. No. of Needles / Syringes distributed through outreach / DIC. – NA**

**10. Information on linkages for ICTC, DOT, ART, STI clinics.**

The linkages are established at ICTC, DOT, ART and STI clinics.

**11. Referrals and follows up**

The referrals were made to facilities, the successful 82 syndromic cases referred to higher facilities 5 were tested Syphilis positive and put on treatment. The 9 TB cases were linked to DOTs.

**V. Community participation**

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

1. DIC management committee and Crisis Committees were formed and supporting documents are available. These committees meet on regular basis.

**VI. Linkages**

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

1. Linkages with ICTC are established but camp-based approach is adopted. There are some chances of the RPs getting tested in these camps.
2. 9 KPs were linked to DOT centre.
3. 2025 referred and 1763 were tested for HIV during the year. 256 were tested twice in a year. Out of 7PLHIV 6 were linked to ART centre.
4. The NGO is able to identify the potential stakeholders; however no stakeholder analysis is done and regular meetings are conducted with the stakeholder.



2. Percentages of HRGs tested in ICTC and gap between referred and tested.  
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/ any approved systems endorsed by SACS/NACO- supporting official communication.**

The NGO is adhering to the NGO-CBO Guidelines and other systems endorsed by SACS/NACO.

2. **Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.**

2.1 The NGO is using Tally software Printed, Serialized Vouchers.

2.2 All the payments were approved by the competent authority.

2.3 Payment advice number not written on vouchers.

2.4 NGO is maintaining Stock register, inventory register, Condom Register signed and stamp by authority.

2.5 Three Quotations are invited, and Comparative statement were made.

2.6 NGO is maintaining fixed assets register but not signed by authority.

3. **Systems of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.**

3.1 No fixed purchase during Evaluation period.

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

4.1 A Separate bank Account is maintained by the TI (vide a/c no. 00000041595013017) Bank (SBI) and BRS made by TI on monthly basis.

4.2 Last Audit report was available with TI and compliance was done.

4.3 TDS deducted from Doctor Fee and Mid Media.

## **VIII. Competency of the project staff :**

**VIII a. Project Manager:** The Project Manager has been associated with the project since the inception 2017 . Her knowledge, perception, and understanding of the program are strong. She provides complete support and supervision to the staff and all activities. PM's understanding should be utilized further in the TI (Targeted Intervention) to enhance the program's progress with the entire staff.

**VIII b. Counselor :** The Counselor has been associated with the program since 2017 and holds an MSW qualification. They have a good understanding of their roles and responsibilities and are effectively



performing them, both in the field and in the office. Their counseling skills should be utilized further in the TI to help peers and ORWs (Outreach Workers) strengthen their grasp of the program.

#### **VIII c. ANM/Counselor in IDU TI - NA**

##### **VIII d. ORW :**

Kanchan Bala: Joined in October 2017. Her educational qualification is 10+2. She has good knowledge and understanding of the program. However, she needs to build more confidence in communication and learn the steps of the condom demonstration in a better and more effective way.

Urmila: Has been part of the program since March 25, 2022. She is a graduate. She needs to deepen her understanding of HIV, STIs, and condoms and practice communicating this information accurately. She also needs to improve her awareness regarding maintaining the privacy of community interactions in the field. More effort is required to build rapport with the community, and she should work on better mastering the steps of the condom demonstration. Improvement in rapport-building with peers and community members is needed.

Durgesh: Joined the program on June 4, 2022, and holds a BSW degree. His understanding of the program is satisfactory, but he needs to strengthen his knowledge and grip on STIs and condom-related aspects. He also needs to better understand and learn all steps involved in condom demonstration.

Overall team observed a gap in communication of ORWs with migrant workers, the workers at hot spots were reluctant to talk to female persons and some of them have openly admitted it.

**VIII g. Peer Educators in Migrant Projects:** Meetings were held with four peer educators. Three were experienced, and one had joined recently in June and has not yet received training. The peer educators have satisfactory knowledge of the program. However, during discussions, they did not display full confidence when talking about condoms or demonstrating their use. All peer educators need to enhance their understanding of STIs.

They are well-informed about the planned activities for the month and have documentation. However, there is a need for all peer educators to further improve their accurate knowledge of the program and services. While they have a good understanding of HIV testing, they still need to upgrade their knowledge regarding ICTC (Integrated Counseling and Testing Centre) service centers.

The condom depot holders and services in the field are satisfactory. Peer educators have a reasonably good understanding of delivering services based on the priority of hotspots.

However it is noticed that peer turn over is significant, and during field visit the peer educator was not available in Sector 44 Labour Chowk DIC and hot spot, one Peer Educator was on leave. The TI staff shared the earlier peers were also terminated due to non-availability.

##### **VIII i. M&E officer:**

The M&E officer is graduate and have knowledge about project and M&E framework . She is able to provide analytical information about the gaps. She is able to share information on M&E reporting templates online platforms such as SOCH.

#### **X. b. Outreach activity in Truckers and Migrant Project**

##### **XI. Services**

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

##### **XII. Community involvement**



How the TI has positioned the community participation in the TI, role of community in planning, implementation, Advocacy, monitoring etc: The role of community is limited in planning but it is visible in implementation.

### **XIII. Commodities**

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

### **XIV. Enabling environment**

Systematic plan for advocacy, involvement of 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 and they are aware of their role, whether they are engaging in the programme.-

The 24 advocacy activities conducted with relevant stakeholders.

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

As part of its holistic and rights-based approach to community empowerment, Child Survival India (CSI) has actively facilitated access to essential social welfare entitlements and strengthened community engagement, especially among vulnerable and underserved groups.

#### **Facilitation of Government Entitlements:**

- ABHA IDs Generated: 1,000 individuals
- Ayushman Bharat Health Cards Issued: 304 beneficiaries
- PAN Cards Facilitated: 76 individuals
- E-Shram Cards Registered: 1,500 workers

These efforts aim to improve access to healthcare, social security, and financial inclusion for migrant and marginalized populations.

#### **Winter Relief Support:**

In collaboration with Goonj, CSI distributed 1,500 winter kits, ensuring seasonal protection for vulnerable families during harsh climatic conditions.

### **XVI. Best Practices if any**





### **Outreach to Vulnerable Institutions and Groups:**

#### **CSI extended awareness and support services to several institutional settings:**

- Senior Citizens (Savera): 38 individuals
- Nari Niketan (Women in Distress): 35 residents
- Shakti Sadan (Destitute Women): 11 residents
- Asha Kiran (Adolescent Boys): 12 boys

#### **Health Observations and Targeted Screening:**

- Sector 25: 57 individuals identified as Hepatitis C positive
- Snehalaya, Maloya: 59 screened
- Ashiana (Girls' Home): 15 girls screened

#### **School-based Health and Awareness Lectures:**

To promote preventive health education among adolescents, CSI conducted interactive sessions on HIV awareness across several schools:

- Government Model High School, Sector 12: 55 students
- Sector 41: 70 students
- Sector 43: 61 students
- Sector 42: 158 students
- Sant Anni Convent School, Sector 32: 200 students
- AKSIP School, Sector 41: 162 students
- SGGSS School, Sector 35B: 130 students
- Government Model High School, Sector 47: 132 students

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Annexure C

Confidential

**Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**  
**(Submitted to SACS for each TI evaluated)**

Profile of the evaluator(s):

Main Evaluator	Yashwinder Singh
Co-Evaluator	Manpinder Kaur
Finance Evaluator	Vikas Chaudhary

Name of the NGO:	Child Survival India
Typology of the target population:	Migrants - 10000
Total population being covered against target:	12612
Dates of Visit:	14, 16 & 17 <sup>th</sup> June 2025
Place of Visit:	Sector 41 D , Chandigarh

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
81%	A	Very Good	Recommended for continuation

**Child Survival India (CSI) – TI Project for Migrants | Annual Evaluation June 2025**

**Strengths**

- Experienced and stable core staff with full-time Project Director, Counselor, and M&E officer.
- Structured outreach covering over 12,600 migrants against a target of 10,000.
- Functional Drop-In Centers (DICs) and outreach points near high-risk hotspots.
- CBS implemented with SACS kits; 4826 HIV tests conducted,
- Documentation systems in place – referral registers, condom stocks, SOCH entries.
- Good linkage with health systems (ART, STI, DOTS, ICTC).

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### Weaknesses

- High turnover of Peer Educators (PEs), and inconsistent training among newly recruited PEs.
- Limited ability to demonstrate condom use among peers; myths and misinformation persist.
- Follow-up systems for referrals weak; limited ability to trace migrants after first contact.
- Limited stakeholder analysis and engagement, affecting sustainability.
- Gaps in DIC documentation; no signature recording from migrants using services.
- Outreach plans not fully based on updated hotspot maps or risk categories.

### Opportunities

- Scope to improve service uptake by strengthening PE training and engage more male workforce.
- Expand linkages to include mental health, gender-based violence, and nutrition services.
- Leverage digital tools for community building, follow-up and reminder systems (e.g., WhatsApp-based tracking).
- Promote visibility of TI services through IEC innovations and advocacy with factory owners.
- Strengthened field services and field presence

### Threats

- High mobility of migrant population limits repeat engagement and follow-up.
- Stigma and discomfort in discussing health issues with female staff.

### Specific Recommendations:

1. Strengthen training and handholding support for all PEs; prioritize condom demo skill and myth-busting.
2. Deploy additional male workforce to increase outreach comfort and disclosure among male migrants.
3. Strengthen the microplanning tools and build understanding in staff why it is required and update hotspot maps annually.
4. Enhance stakeholder engagement with formal quarterly meetings and needs assessments. Engage stakeholders in strengthen field presence and service delivery.
6. Improve DIC documentation by adding signature and consent mechanisms.
7. Maintain a consistent monitoring and feedback loop through monthly review meetings.
8. Advocate for refresher STI , HIV training for all field staff, it has to be an ongoing activity.
9. Develop a community feedback mechanism to address issues of privacy and sensitivity in outreach.
10. Develop IEC (interactive tools) with participation from community members.
11. Cross verify the registers to mitigate data entry errors and avoid cross cutting.

Name of the evaluators

Signature

Yashwinder Singh	
Manpinder Kaur	
Vikas	



# TI Evaluation Tool (Destination Migrant Interventions) 2019-20

## Program Delivery

Name of the TI NGO:						State:		Score Resulted	Remarks	
District:						Assessment Scores				
Sl. No.	Indicators	Target	Achievement	Key Questions	Methodology to be adopted	1	2	3		
SECTION 1: BASIC SERVICES										
OUT REACH										
1	Listing of registered high risk migrants (that is migrants who have been registered in DIC register, who have been counseled, who have been treated for STI/Accessed services in the health camps) are available and individual tracking is in place for services. It is expected that the project will reach out 5,000/10,000 (as the case may be) individual migrants in a project year (in 12 months) as proposed in the proposal	10,000 in 12 months	12612 (2024-25)	Whether the M&E officer cum Accountant is able to give an analysis of registered migrants?	Verify the master register, link the entries with DIC, Counseling and STI treatment / Clinic service record register and tracking systems.	Updated line list is available at the TI level but not used for tracking project services.	Updated line list is available and used for tracking outreach level services only.	Updated line list is available and used for tracking all the project level services (includes ICTC referrals, ART uptake, source States).	3	Ever reached since 2017 - 79875, and during the assessment period the target reached is 12612 against 10000.
2	Out reach plan in place at project level and Micro plan available for each congregation point/hotspots of the peer educator. The volume, timing and day of out reach activities are clear to the team.	8 No. of congregation points mentioned in the proposal or quarterly microplan prepared by the TI	9 congregation	Verification of outreach plan and micro plan.	Interview with ORWs and PEs. Verification of micro plans and outreach plans. Check at least 50% of the planned sites - whether the out reach activities, health camps, street plays are organised as per the plan during last 2 months	Outreach and micro plan is not in place / or if in place but not in use.	Outreach and micro plan in place and the same is used by ORW only.	Outreach and micro plan in place and the same is used by ORW, counselor / ANM and PE.	2	Congregations done as per plan - May 1, June 2, Aug 1, Oct 1, Nov 1, Jan 2, Mar 1, however there is need to strengthen it with
3	Percent of targeted high risk migrants reached by the project (As per contract)	10,000 in 12 months	12612 (126%)	Number of high risk migrants covered during the last 1 year. The same need to be evaluated against the target of 5000/10000/12000 high risk migrants	Verification of project proposal, Peer monthly reports, ORW field diaries, master register/ other related documents.	At least 30% of target reached with counseling, DIC & STI services during the contract period	31-60% of target reached with counseling, DIC & STI services during the contract period	Above 60% of target reached with counseling, DIC & STI services during the contract period	3	The target is over achieved
4	Follow up of migrants tested HIV positive/ linked ART (100% is expected to be linked to ART among the positives ever detected by the project)	No. of migrants tested positive	7 PLHIV identified	No. of Migrants who were tested positive/ on ART contacted at least once in 3 months - take average of last 3 months.	Peer Diaries and peer monthly reports, ORW field diary/ICTC and master registers	At least 30% are contacted regularly and provided program services	31-60% are contacted regularly and provided program services	More than 60% are contacted regularly and provided program services.	3	one patient a woman could not be linked to ART. The follow up is
5	Migrants covered in the DIC. It is expected that in addition to office cum DIC one more DIC for 5000 TI and 2 more DIC for 10000 DIC are functional and activities are conducted in the DIC.	No. of DIC as per the budget are functional and activities are conducted	1870 in two DICs & one office cum DIC	Every month PE/ORW /Counselor should conduct outreach session/ meetings/ counselling at the DIC with the migrants, hold health camps and registering them.	DIC level meeting registers, PE / ORW diaries, Verify last three month registers. Meet at least 5 stakeholders and write details of their observations in all DIC sites in the qualitative reports	DIC are established as per target.	DIC are established but not functional as per norms.	DIC are established and all are functional as per norms.	2	The organization had 3 DICs in 2023-24, Jagtupur DIC and Burali DIC and office cum DIC 41 B. DIC targets abolished in

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# TI Evaluation Tool (Destination Migrant Interventions) 2019-20

## Program Delivery

Program Delivery										
Name of the TI NGO:				State:	District:	Assessment Scores			Score	Remarks
Sl.	Indicators	Target	Achievement	Key Questions	Methodology to be	Assessment Scores			Score	Remarks
6	Field visit by ORWs (Each ORW is expected to attend 50% of the out reach sessions of the peer educators under them). The ORWs are expected to record their observations, provide support to Peers. <b>If the records maintained by 3 ORWs is not updated, mark '0' (Zero)</b>	50% of the outreach sessions of all peer educators are to be supervised by the respective ORW - 2100	756	ORW visiting the fields minimum 5 days in a week and providing supportive supervision to all the PEs of his/her areas for effective delivery of project services by PEs. Ensuring all the PEs have enough skills. Also check similarly regarding all ORWs.	ORW diaries, weekly staff meeting minutes, ORW movement plan/register	Atleast 30% of sessions planned by peers are attended by ORWs	Atleast 40% of sessions planned by peers are attended by ORWs	Atleast 50% of sessions planned by peers are attended by ORWs	1	36% peer sessions are attended by ORW
7	Number of mid-media activities conducted during last 3 months (3 activities in case of TIs for 5000 migrants and 6 activity in case of TIs for 10,000 migrants). The contents of the mid-media activity conducted by TI/IEC division should focus on issues related to migration and HIV, should include stakeholders in planning process.	6 activity in case of TIs for 10,000 migrants)	7 activities done	Whether the mid-media activities conducted by TI NGO/IEC division has included stakeholders in the planning and migrants/stakeholders are able to provide feedback. In case no mid-media planning score is '0'	Mid-Media register/report, ORW planning sheet, financial documents related to mid-media activities available with NGO	Stakeholders are not part of the planning process/ reports are not available/ financial documents are not tallying / not available	Stakeholders are part of the planning process/ reports are not available or reports are available but no financial documents are not tallying /not available	Stakeholders are part of the planning process, reports and financial documents tally as well as the feedback from the stakeholders corroborate the same.	3	Jan 25 - 3 activities Feb - 2 activities Mar 2 activities = 7. The stakeholders are part of the meetings, but the feedback from stakeholders
8	Congregation events are organised by the project (One time per quarter for migrant TIs covering 5,000 and 2 times per quarter for migrant TI covering 10000 migrants). These events should be in line with festivals organised by the migrants/ employers and discusses issues related to migration and HIV	One time per quarter for migrant TIs covering 5,000 and 2 times per quarter for migrant TI covering 10000 migrants	9 events done	Whether the congregation events are organised by the project are well planned, stakeholders and migrants have been part of the events	Event reports, related financial documents, discussion with stakeholders	Congregation events were organised but those were not part of the festivals/events of the employers/migrants	Congregation events reports / related financial documents are not available.	Both event reports and financial documents are available. Stakeholder and migrants feedback corroborate with the event details and issues.	3	May 1, June 2, Aug 1, Oct 1, Nov 1, Jan 2, Mar 1 (There are 35 congregation points)
9	Number of sessions organised by the ORWs/Peer Educators during last 3 months (average to be taken for last 3 months). Per month each Peer is expected to conduct 20 sessions and ORW is expected to conduct 10 sessions. Each project should ensure that at least 80% of the planned sessions are actually conducted and 50% of them are linked with services of either DIC/Clinic/Counseling	20 sessions by each Peer Educators and 10 sessions by each ORW - 1680 PE sessions and 360 ORW sessions.	1806 Peer Session 515 ORW - Total 2321	Whether the outreach plan of existing Peers and ORWs during last 3 months indicate that the team is able to achieve 80% of their planned sessions and 50% of these sessions were linked with services	Outreach plan, outreach diaries, honorarium sheet of the Peers ( peers are expected to be paid Rs.50/- per session they have conducted), service registers for DIC/Clinic/Counseling. Below 60% the score should be '0'	At least 60% of the out reach planned are actually conducted by the team. If 50% of these sessions are not linked to service, the score should be '0'	At least 70% of the out reach planned are actually conducted by the team. If 50% of these sessions are not linked to service, the score should be '0'	At least 80% of the out reach planned are actually conducted by the team. If 50% of these sessions are not linked to service, the score should be '0'	3	No of participants 38547 (ORW 7637 and 30910 Peer Educator)

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Ref: [Signature]



# TI Evaluation Tool (Destination Migrant Interventions) 2019-20

## Program Delivery

Name of the TI NGO:

Sl.	Indicators	Target	Achievement	Key Questions	Methodology to be	State: District:	Assessment Scores	Score	Remarks
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### CLINIC SERVICES

10	Established health camp approach and any other linkages developed with government clinic and PP doctors. Verify the registers of PP doctors/ govt. STI services whether migrants are accessing services.	20 health camps per month or 60 hours of health per month conducted	240 health camps and completed.	25 Health camp or 60 hours of health camps conducted per month, linkages with government and PP clinics developed over the last 3 months. Take the average of last three months.	Observations based on NACO guidelines, Clinic, PPP registers and payment registers to be verified. Payment is given only for doctors engaged in health camps and not for PP doctors	At least 40% of total health camps or 24 hours of health camps conducted	At least 41-60% of total health camps or 25-36 hours of health camps conducted	More than 60% of total health camps or 36 hours of health camps conducted	2 5036 migrants were covered. The duration of health camps is lesser in hours. Thus TI is awarded 2, integrating field level inputs
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11	Migrants who had STI have been followed up	100% of STI cases need to be followed up	81 symptomatic cases, referred to PCI and Sec 16-5 syphilis	Percent of STI cases have to be followed up. The ANM/Counselor to ensure that the follow up are happening through the ORWs/ Peer Educators	MIS reports, Referral / clinic / STI registers, referral slips, Daily dairies of PE / ORW	At least 35% of STI cases have been followed up.	36-50% of STI cases have been followed up.	Above 50% of STI cases have been followed up.	3 81 symptomatic cases, referred to PCI and Sec 16-5 syphilis
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12	Percent of migrants screened/tested for HIV through CBS/CTC	5000	4826 (96%)	No. of registered migrants tested for HIV	Referral registers, referral slips and PE dairies and ICTC data. Reconcile with existing ICTC where referrals are made from TI. If it is mobile ICTC check the date of camp and reconcile with SACS	At least 20% of the migrants tested for HIV	At least 21-30% of the migrants tested for HIV	Above 30% of the migrants tested for HIV.	3 Annual target is 5000 - total testing 4826 (including CBS-1488) & 7 PL HIV 6 put on ART
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13	Migrants counselled by counsellor / ANM	All cases referred to ICTC for HIV testing are counselled by the counsellor	5000 target - 50% percent in health camp and counselling 50%, - health camp 5521 and counselling	All migrants referred for HIV testing needs to be counselled.	Counseling registers , Master register & referral register	At least 20% of registered as reflected in master register counselled by counsellor / ANM	21-30% of registered as reflected in master register counselled by counsellor / ANM	At least more than 30% of registered as reflected in master register counselled by counsellor / ANM	3 5000 target - 50% percent in health camp and counselling 50%, - health camp 5521 and counselling
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14	Identified HIV positive cases from HRG were linked to ART during the contract period	100% of HIV positive migrants identified by the project	6 linked to ART one remaining case has become L.F.U.	No. of migrants identified as HIV positive linked to ART centre during the contract period.	Verification of registers, general treatment register, referral slips/register	Out of total at least 40% were linked to ART.	Out of total at least 41-50% were linked to ART.	More than 50% were linked to ART	3 one PL HIV became L.F.U
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15	Condom outlets established by TI (the outlets are expected to be identified by the project and further the same need to be managed by SMO in case the same is a SMO district. In case the district is not covered by SMO, the activities are to be done by TI from the revolving funds)	Minimum 30 outlets for TI less than 10000 target and minimum 50 outlets for Tis with 10000 of above targets	50 functional outlets	Number of outlets established (30 outlet for <10000 target & 50 outlet for ≥10000 target) of which 50% are non-traditional outlets.	Verify the condom stock register, make visit to at least 20% of the outlets through random sampling. These outlets should have visibility, accessible by the migrants.	20% are non traditional outlets	30% are non traditional outlets.	50% are non traditional outlets.	2 Total distribution - 158900 - Social Marketing 92180 Free - 66720 - The outlets are found to be next to each other - e.g. Sec 44 there were 3 outlets visited
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### COMMODITIES

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# **TI Evaluation Tool ( Destination Migrant Interventions) 2019-20**

**Program Delivery**

Name of the TI NGO:									
Sl.	Indicators	Target	Achievement	Key Questions	Methodology to be	State:	District:	Assessment Scores	
								Score	Remarks
16	Availability of STI drugs with a buffer stock management in place.	No stock out for STI drug should happen	No stockout reported.	No. of times STI drugs have been purchased during the contract period. Was there any stock-out of commodities reported during contract period.	Verification of stock & distribution register and vouchers.	Stock out of commodities were witnessed more than once during contract period.	No stock out was reported. But no buffer stock are maintained as part of tracking the stock.	No stock-out of commodities during last one year reported and buffer stock is being maintained.	3 Purchased at TI level - Azithromycin 1gram, Cefixime 400mg (Kit1), Kit 2 (Flucon

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**TI Evaluation Tool (Destination Migrant Interventions) 2019-20**  
Program Delivery

Name of the TI NGO:									
State:									
District:									
Sl	Indicators	Target	Achievement	Key Questions	Methodology to be	Assessment Scores			Score
SECTION 2: SUPPORT SERVICES									
17	Identified cases from migrants were linked for TB to DOT centre (NTEP) during the contract period. It is expected that all migrants who have been detected positive need to be linked to TB programme or migrants who come with suspected TB symptoms of weight loss, evening rise of fever, cough more than 2 weeks etc.	100% of the migrants with suspected TB symptoms need to be linked to RNTCP	(9) linked to DOT	No. of migrants linked to DOT centre during the contract period, detected for TB.	Verification of registers, general treatment register, referral slips/register	Out of total identified migrants with suspected TB symptoms/ with HIV positive detected atleast 60% were linked to TB programme.	Out of total identified migrants with suspected TB symptoms/ with HIV positive detected atleast 80% were linked to TB programme	Out of total identified migrants with suspected TB symptoms/ with HIV positive detected all were linked to TB programme	3
									9 TB reactive clients were linked to DOTs. The client is verified during facility visit.
ENABLING ENVIRONMENT									
18	Advocacy meeting with key stakeholders (employers, contractors, supervisors, mess managers, brokers, migrant leaders etc. who are related to migrants and their employment)			Advocacy meeting held with key stakeholders at various level with plan.	Verification of minutes, meeting registers and MIS reports	Advocacy meeting are conducted without plan	Advocacy meeting conducted at all levels as per plan without proper documentation and follow up	Advocacy meeting regularly conducted as per plan at all levels with proper documentation and follow-up	2
									24 stakeholder meetings - 191 stakeholders reached, documentation is available but
COMMUNITY MOBILISATION									
19	Number of Peers from Source States (expected 40% of 14 peers (where target is 10000) and of 7 peers (where target is 5000) are from source states	5 in case of Tis with 10,000 migrants, 3 in case of 5,000 migrants	Yes all are from source states	Verify the records and peer outreach plans. These peers are expected to be at least more than 6 months with the project	Interview with peers to understand whether they are part of the programme since more than 6 months	At least 60% of the peers from the source States are more than 3 months	61-80% of the peers from the source States are more than 3 months	More than 80% of the peers are from the source States are more than 3 months	2
									There is high attrition rate among Peers, thus awarded score 2, vacant position is considered disruption in
20	Number of stakeholders (labour contractors, brokers, gatekeepers) are part of peer profile (Expected 30% of total peer and these are other than peers from the source states). Atleast 5 peers (where target is 10,000), 2 (where target is 5000) are from stakeholders.	4 in case of Tis with 10,000 migrants, 2 in case of 5,000 migrants	Partly			At least 60% of the peers from the Stakeholders are more than 6 months	61-80% of the peers from the source Stakeholders are more than 6 months	More than 80% of the peers are from the Stakeholders are more than 6 months	1
									There is a peer who is working in formal sector (white collar job)- in an institute, like wise the component needs
Community response to the Program Services									
21	Project is adhering to confidentiality norms.			Privacy in the clinic and information shared in the counseling sessions are maintained and not shared.	FGD with the 10-15 community members (suggested to conduct at the field).	Participants are not sure of confidentiality norms being adhered at the project level	Atleast 75% of the participants are satisfied with privacy and confidentiality at the project level.	More than 75% of the participants are satisfied with privacy and confidentiality at the project level.	1
									During field visits to Labour Chowk Sector 44 and Labour Chowk Sector 41, focused

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**TI Evaluation Tool (Destination Migrant Interventions) 2019-20**  
Program Delivery

Name of the TI NGO:									
State:									
District:									
Sl.	Indicators	Target	Achievement	Key Questions	Methodology to be	Assessment Scores	Score		
22	Community perception on project services			Are the community members satisfied with the available services and services offered meet their demands.	FGD with 10-15 community members (suggested to conduct at the filed level).	Atleast 50% of the participants are convinced with the project services	51% 75% participants are satisfied with the project services.	More than 75% or of the participants are satisfied with the project services.	1 During field-level interactions at Labour Chowk Sector 44 and Sec 41, the migrant community exhibited a marked reluctance to discuss sexual health services, including condom use. Several members of the group explicitly
23	Involvement of key stakeholders in programme monitoring			Ability of the project to involve stakeholders like police, civic officials, social development sector officials in addressing the issues relating to project services	One to one interaction with atleast 6 stakeholders of the project. (suggested to conduct at the filed).	Three stake holders participated in addressing the issues relating to project services	Four stake holders have said S/he has involved in addressing the issues relating to project services.	All the three stake holders have said that they involved in addressing the issues relating to project services.	2 The team interacted with 5 stakeholders. The organization needs to engage stakeholders meaningful in
SECTION 1: BASIC SERVICES									
SECTION 2: SUPPORT SERVICES									
SECTION 1: TOTAL MARKS OBTAINED							42		
SECTION 2: TOTAL MARKS OBTAINED							12		
TOTAL SCORE							54		

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**TI Evaluation Tool ( Destination Migrant Interventions) 2019-20**  
**Organisation Capacity**

Name of the TI NGO:			State:	District:
Sl.No	Indicators	Score Resulted "0" for No "1" for Yes	Mean of verification/observations	Remarks
1	All project staff and PE positions have been filled as per project proposal	1	All NGOs contracted has to appoint the staff within three months from signing/ renewal 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.)	Core staff is old, and 3 peer educators also have long association with the project
2	Staff turnover witnessed in the project during the contract period.	1	Attendance sheets /appointment letters. ( If there is more than 40% of project staff 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".	The staff turnover is minimal
3	Peer Educator turnover witnessed in the project during the contract period	0	Payment slips/PE diaries/ORW diaries ( If there is more than 20% PEs 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".	Yes there was peer turnover witnessed in peer educators
4	Ratio of peer educators ( A total 15 peer educators in case of interventions targeting 10,000-12,000 migrants and 8 peer educators in case of interventions targeting 5,000-10,000 migrants). At least 40% of the peer educators should be from the source States, 30% are from the contractors, brokers.	1	These peer educator ratio is maintained for at least 6 months. The evaluation team should meet at least 50% of the peer educators in the field and verify their engagement with the project for more than 6 months. If the ratio is either not being maintained by the project, or if the ratio is there but the peer educators are less than 6 months - GIVE '0' mark in this indicator	1428migrants one peer , total 7 peers allowed after 2023-24
5	Ratio of ORWs A total 5 ORWs in case of interventions targeting 10,000-12,000 migrants and 2 ORWs in case of interventions targeting 5,000-10,000 migrants).	1	These ORWs are aware of their roles and responsibilities. The ORWs are given geographic responsibilities. Their records maintain that they supervise 50% of the sessions performed by the peer educators under them during field visits. If either of these indicators are not available, GIVE '0' mark in this indicator	3300 migrant per ORW , 2023-24

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6	Job description given to each project staff	1	All project staff do have written job description or available at NGO level. Interview one from each group of staffs and peer educators whether they have a workplan aligning with their job description and the project targets. Whether the staffs during interview are able to provide details of these workplan, what they have achieved and what are the challenges.	Verified from staff personal file
7	Attendance/leave register maintained for the project staff	1	Examine the attendance register is in use /leave register available. Whether the number of leaves are in accordance with job description.	Attendance register
8	Induction training to PE and other staff has been completed by the project with support from SACS/TSU/STRC	1	Training registers/ induction training report	CSI 10 training (Peer & TI staff) & 12 by CSACS (TI program)
9	The project Director attended atleast 80% all the monthly meetings of the TI project during the year.	1	Attendance of meeting registers and minutes of the meeting	Yes, the assests are consistent meetings with PD
10	Assets purchased under project is codified/marked	0	Assets register and purchase voucher (All the assets purchased under the project)	Yes, the assests are coded for CSACS
Total Score		8		

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**TI - ANNUAL EVALUATION (Destination Migrants) -2015**

Name of the NGO:

District:

**Evaluation Tool for Finance**

Sl.No	Indicators	Key Questions	Methodology to be adopted	Score		Score Result d "0" for No "1" for Yes	Explanation for score	Remarks
				1	0			
1	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 60% or above against the release of fund from SACS	Less than 60% of the released fund	1	94.4% Utilization of grant.	
2	Pattern 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.	1	As per the approved budget.	
3	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	Separate bank account in place for TI project in the project area.	Bank SBI A/c No.0000 0041595 013017 Branch: Chandiga

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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.	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	Vouchers and bills are properly maintained and are all with approval.	Book keeping is done by software, but month wise print out taken.
5	Systems of Payment-Mode of payments	Mode of payment-cash payment 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	All payment are made through PFMS portal.	
6	Systems of Payment-Record keeping	All vouchers are printed and machine numbered Whether the ledger is maintained for vouchers	Verification of vouchers Verification of ledger	Vouchers are printed and machine numbered. Ledgers are maintained properly.	Not in place.	1	TI use tally software all vouchers maintain in tally and serial number by software, ledger are maintain properly.	
7	Systems 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	1	Cash book maintained properly and updated.	

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8	Financial reporting-SOEs submitted as per operational guideline	Whether SOEs are submitted to SACS on time in the prescribed format. (refer Operational Guidelines for NGO/CBO PART-II-Annexure 'A' and 'B')	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	SOEs are submitted on time and records for the same is available.	
9	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	1	Nil or Negligible mismatch	
10	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	1	NGO has given adequate attention to audit recommendations and actions were taken	
11	The 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	All payment are made through PFMS portal.	

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12	Procurement system in place	What is the procurement system for purchase of drugs/needles and syringes/fixd assets	Three quotations to be collected	Quotations are in place from three different parties and assessed.	No system in place.	1	Quotations are in place from three different parties and assessed.	
	Total Score					12		

