

**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>	<b>Dr. Sukhbir Singh</b>
<b>Name of Second Program Evaluator</b>	<b>Ms. Tabassum</b>
<b>Name of Finance Evaluator</b>	<b>Mr. Variender Choudhary</b>
<b>Name of Internal Member &amp; Designation</b>	<b>Mr. Khuswinder Singh, Program Officer</b>
<b>Name of NGO</b>	<b>TCI Foundation</b>
<b>Target Group</b>	<b>Migrant</b>
<b>Target</b>	<b>15000</b>
<b>District</b>	<b>Chandigarh</b>
<b>Date of Visit</b>	<b>18th, 19th and 20th June, 2025</b>

**Introduction**

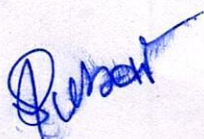
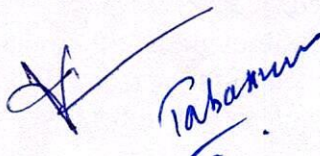
○ **Background of Project and Organization**

The present Targeted Intervention project is being carried for the 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 April 2017 after it was surrendered by them.

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 associated with Government of India, State Governments, Public Service Undertaking and Corporates of repute to deliver 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 a coalition of non government organizations to control HIV/AIDS amongst bridge populations. TCI Foundation has extensive experience of working with the projects on bridge population (truckers & migrants) funded by SACS & Corporates across the country.

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

- **Chief Functionary:** Dr. Munish Chander (*AVP TCIL & Head TCI Foundation*)
- **Year of establishment:** 1995
- **Year and month of project initiation:** April, 2017
- **Evaluation team:**



Team Leader	Dr. Sukhbir Singh	
Team Member	Ms. Tabassum	
CA - Finance	Mr. Variender Choudhary	
Internal	Mr. Khuswinder Singh	

- Time frame: 1<sup>st</sup> April, 2024 to 31<sup>st</sup> March, 2025

- **Profile of TI**

(Information to be captured)

- **Target Population Profile:** Migrants
- **Type of Project:** Bridge Population Targeted Intervention Project
- **Size of Target Group(s):** 15000
- Sub-Groups and their Size: NA
- Target Area: Chandigarh
- Total No. of Site-5 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
- Total No. of Congregation/Hot-spots- 60

## **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.**

- Proper mechanism is formed by the organization to supervise and support the TI project.
- Program officer of the organisation is officially appointed to review TI activities by the project director.
- Program officer attended all the monthly review meetings and gave feedback to the TI staff.
- With the project director and program officer guidance and leadership, the organization is providing support services to the migrant population.

### **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.**

- As per the sanctioned budget, The TI project consists of Project Director (One), Project Manager (One), M&E AA(One), Counselor (One) and Outreach Worker (Five).
- 10 peer educators are associated with the TI project. Initially two positions of peer were vacant, however, positions were filled within two months. One peer educator vacant position was replaced within one month.
- Out of the total 8 TI staff, 7 were continuously working within the project.
- Only one position of M & E was vacant since 19th February, 2025. Advertisement for the same is done, however, no eligible candidate was appointed.
- Commitment of staff in the project is visible through their thorough understanding of the project.
- Appointment letters are properly documented in the personal file of each staff member. Roles and responsibilities are also enclosed in the daily diary of staff members.

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- Attendance register and leave records are properly maintained in the TI office.
2. **Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.**
    - Details of each training are documented in the training register.
    - Induction and refresher training have been imparted by CSACS on various themes-SOCH, P-MPSE, implementation of HIV & AIDS (Prevention & Control) Act 2017, POSH/PSEAH etc.
    - The induction and refresher trainings were conducted for TI staff by the organisation.
  3. **Infrastructure of the organization:**
    - TI project field office is located at an easily accessible place in Daria, Chandigarh.
    - TI field office has 3 rooms (one for project management & one for staff routine work and one is store room).
    - DIC is located at Makhan Majra & Manimajra.
    - The organization has all requisite infrastructure required for the project.
    - Assets in the organization are codified and marked.
  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.**
    - All the monthly reports have been updated to CSACS regularly on the MITR online platform.
    - At TI level, reporting and documentation is reviewed in monthly meetings and field feedback is shared under the supervision of the program officer.

### III. Program Deliverables

#### Outreach

1. **Line listing of the HRG by category.**

Updated line list is available in the TI office which is used for planning and delivering. TI registered 15000 migrants in the TI.

2. **Shadow Line list of HRGs by category : NA**

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

Counseling: 5900

DIC: 5833

STI: 45

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.**

- ORW and PE prepared the weekly plan every month. Monthly plan is available with the ORWs which is used by the Project Manager and M&E officer.

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6. **Differentiated Service Delivery Planning in place and the same is reflected in documentation -**
  - TI is providing the services as per the needs of the migrants. IEC material is provided in the local (Hindi) language. Condom and STI services are also being provided through condom outlets and CBS health camps.
7. **Coverage of target population (sub-group wise): Target / regular contacts only in HRGs**
  - TI reached the 15000 migrants
8. **Outreach Planning- Secondary Distribution of Needle & Syringe**  
NA
9. **Outreach Planning – Peer Navigation:**
10. **Outreach Planning – Reaching out to HRGs who are uncovered/hard to reach/hidden population with services including CBS health Camp**
  - TI has registered 2018 migrants through CBS health camps
11. **Outreach Planning –Increasing new and young HRGs registration through strengthened outreach approach model:**  
NA
12. **Outreach planning – quality, documentation and reflection in implementation**
  - Outreach planning is available with the ORWs. Clarity between outreach planning and daily visit plan was apparent among them.
13. **PE: HRG Ratio**
  - There were 10 peer educator in the project and the PE: HRG ratio is 1: 1500
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**  
NA
15. **Documentation of the peer education**
  - Documents of peer educators were available with ORWs in the form of notebooks which are maintained by the respective peer educators.
16. **Quality of peer education- messages, skills and reflection in the community.**
  - In the field 4 peer educators were met who are also stakeholders.
  - The sessions were taken by ORW and PEs during the field visit.
17. **Supervision- mechanism, process, follow-up in action taken etc**

Every month PD of the project review the project activities against the target approved by the CSACS. Action taken report has been prepared by the

#### 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.

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- For STI services health camps are organized in a month at various sites. One MBBS doctor is associated with the project who is well qualified and provides services during health camps only.
- The timings of the camps vary from place to place and location to location. The project has organized 240 health camps in the last 12 months and 45 migrants have availed the STI services.

**2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.**

- STI medicines have been purchased by the project and are being distributed.
- Some general medicine for general treatment has been also purchased

**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.**

- Medicines were purchased through JanAushadi Kender

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

**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.**

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

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

- Condoms were distributed through social marketing.
- 70 non-traditional condom outlets have been established at various hotspots. Condoms are distributed to the condom depot holders as per the requirement. ORWs/Peers are visiting the sites of condom depot holders and providing them with fresh stock of condom and subsequently, payment is received by them.

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

NA

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

- 100820 social marketing condoms were distributed through various condom outlets. Condom outlets are easily accessible to the migrants.

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

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

- The Project staff are aware of the linkages with the ICTC for HIV testing and also with DOTs. 278 HIV positive (alive) migrants are presently taking service from the TI project.

11. **Referrals and follows up**

- Referrals are done by all ORWs and the counsellor for F-ICTC and ICTC. The project refers the migrants for HIV testing and also uses the mobile ICTC & F-ICTC service. 2108 and 3484 were provided testing services through CBS and ICTC respectively.

#### **V. Community participation**

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

No CBO/SHG has been formed

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

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.

3. **Community member participate in various community meetings and are part of various committees, which is well reflected in the documentation available.**

- Participation of community members in the meeting is limited. 1 member in crisis management and 1 member in PMC actively participated in the meetings.

#### **VI. Linkages**

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

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

2. **Percentages of HRGs tested in ICTC and gap between referred and tested.**

- 3484 have been referred and same has been tested

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

- 41 Stakeholders have been identified in the project.
- The project needs to do stakeholders analysis.
- 24 Advocacy meetings have been conducted.

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## **VII. Financial systems and procedures**

### **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.

The NGO is using Manual accounting.

2.2 All payments were approved by the competent authority.

2.3 All vouchers were supported with appropriate evidence.

2.4 NGO is maintaining Stock register.

2.5. Three Quotations are invited towards Inverted, Office expenses and Events and Comparative statement were made.

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 Three Quotations are invited towards Inverted, Office expenses and Events and Comparative statement were made.

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 NGO.

5. Lapses in internal control-

During the time of Evaluation, we were found following observation.

In the beginning Nos of pages not certified in Cash book and Ledger Book.

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

### **VIII a. Project Manager**

● Project manager has been appointed in December, 2021. She has done a masters in economics. She has complete knowledge of her roles and responsibilities. She has attended training conducted by CSACS and organisation.

### **VIII b. Counselor**

● She has been working with the TI project since January, 2020. She has been promoted to counselor in 2021. She has done her Masters in Social Work. She has prior experience of working with TI projects.

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

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

- 4 ORWs are appointed for the TI project. ORWs have detailed understanding and knowledge of roles and responsibilities. All ORWs educational qualification is 12th. ORWs have a clear understanding of the target areas.

#### **VIII 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.**

- Proper prioritization of hotspots are done by peers in supervision of ORWs.
- Peers have knowledge of services provided to the community.
- Group sessions with migrants are conducted by peer educators.

#### **VIII f. Peer educators in IDU TI -NA**

#### **VIII g. Peer Educators in Migrant Projects-**

- 10 Peer educators are associated with the project during evaluation timeframe.
- Peer educators have understanding of HIV/AIDS, STIs and peer form B.
- Peer educators conduct 20 sessions in target areas each month and the same is reflected in their peer diary.

#### **VIII h. Peer Educators in Truckers Project -NA**

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

**Whether the M&E officer (FSW & MSM/TG TIs with more than 800 population and all migrant TIs are eligible for separate M&E officer) 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 CMIS reports**

- M& E officer joined organisation in November,2023. He has done B.Com.

#### **IX. a. Outreach activity in Core TI project- NA**

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

- Sessions were conducted by the ORW in the field with the help of the PE. One ORW conducted 20 sessions in a month. In the session migrants were given information about HIV/AIDS, ICTC testing, STI medicines.

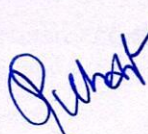
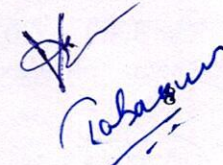
#### **XI. Services**

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

- During the FGD with the community it was observed that more or less migrants were satisfied with the services being provided to them. They are satisfied with the condom and health camps services.

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

**How the TI has positioned the community participation in the TI, role of community in planning, implementation, Advocacy, monitoring etc**



- Role of migrants is limited in planning and execution of the TI programme. Very few members were part of the programme.

### **XIII. Commodities**

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

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

### **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.**

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

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

- 1150 ABHA cards were made.
- 3 PLHIV and 2 children were supported to avail pension schemes.
- Cancer awareness and eyes check up camp was organised for migrants.

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

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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):**

Dr. Sukhbir Singh	Team Leader
Ms. Tabassum	Team member
Mr. Variender Choudhary	Finance Consultant

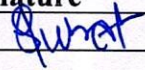

Name of the NGO:	TCI foundation
Typology of the target population:	Migrants
Total population being covered against target:	15000
Dates of Visit:	18 <sup>th</sup> to 20 <sup>th</sup> June, 2025
Place of Visit:	Chandigarh (Daria, Phase-2 Industrial Area and Manimajra)

**Overall Rating based programme delivery score:**

Total Score Obtained (in %)	Category	Rating	Recommendations
86.7	A	Very Good	Recommendation for continuation with specific focus for developing learning sites

**Specific Recommendations:**

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Name of the evaluators	Signature
Dr. Sukhbir Singh	
Ms. Tabassum	
Mr. Variender Choudhary	

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**TI Evaluation Tool ( Destination Migrant Interventions) 2024-25**

Organisational Capacity					District: Chandigarh	
Name of the TI NGO-TCIF					State: Chandigarh	
SLNo.	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.)	All TI staff was recruited as per the sanctioned budget.		
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".	Only 1 position of M & E was vacant since 19th February, 2025.		
3	Peer Educator turnover witnessed in the project during the contract period	1	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".	10 peers are associated with TI. Initially two positions of peer were vacant, however, positions were filled within two months. One peer educator vacant position was replaced		
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	Team interacted with 8 PE and all are from source state. ratio of PE is 1500.		
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	ORWs are aware of their roles & responsibilities and sessions are performed by PE under their supervision.		

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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.	Project staff has good understanding of the target given. The job description is enclosed in their daily dairy.
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 and leave record are well maintained.
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	Trainings conducted by CSACS & organisation were documented in the register.
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	Program officer attended all the monthly meetings and reviewed project activities.
10	Assets purchased under project is codified/marked	1	Assets register and purchase voucher (All the assets purchased under the project)	Assesst are codified.
Total Score		10		

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Program Delivery

Name of the TI NGO:TCIF									
State: Chandigarh District:									
Sl. No.	Indicators	Target	Achievement	Key Questions	Methodology to be adopted	Assessment Scores			Remarks
						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. <b>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</b>	5,000/10,000 in 12 months	15000	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).	Updated line list is available and used for providing ICTC, ART etc services
2	Out reach plan in place at project level and Micro plan available for each congregation point/hotspots of the peer educator. <b>The volume, timing and day of out reach activities are clear to the team.</b>	No. of congregation points mentioned in the proposal or quarterly microplan prepared by the TI		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, counsellor / ANM and PE.	Out reach and micro plan is in place and same is used by the ORW for the out reach activity
3	Percent of targeted high risk migrants reached by the project (As per contract)	5,000/10,000 in 12 months	5900	Number of high risk migrants covered during the last 1 year. The same need to be evaluated against	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	Out of the 15000 , the 5900 (39.5%) were reached through counselling, DIC and STI services
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	77/30	No. of Migrants who were tested positive/ on ART contacted at least once in 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.	out of the 77 HIV positive 29 on ART , 1 transfer, 39 LFU, 3 Migrants, 5 death
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	2	Every month PE/ORW /Counsellor should conduct outreach session/ meetings/ counselling at the	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 <b>qualitative reports</b>	DIC are established as per target.	DIC are established but not functionals as per norms.	DIC are established and all are functional as per norms.	2 DIC are established one in Daria and 2nd in manimajra. Both the DIC are established as per

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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	20 session by peer educators	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	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	2	On an average 48 % of the sessions planned by the peer educators were attended by the ORWs.
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.	3 activities in case of TIs for 5000 migrants and 6 activity in case of TIs for 10,000 migrants)	52	Whether the mid-media activities conducted by TI/NGO/IEC division has included stakeholders in the planning and migrants/stakeholders are able to	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.	1	52 mid media activities were conducted from 1 April, 2024 to 31 March 2025. During the planning the role of stakeholders were not visible.
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	8	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	8 congregation events were organised from 1 April, 2024 to 31st March, 2025. These events were the part of the festivals of the migrants.
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	313 session by the 5 ORWs and 758 by 10	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	Outreach plan, outreach diaries, honorarium sheet of the Peers (Rs.50/- per session they have conducted), service registers for DIC/Clinic/Counseling. <b>Below 60% the score should be '0'</b>	At least 60% of the out reach planned are actually conducted by the team. If 50% of these sessions are not linked to service, <b>the score should be</b>	At least 70% of the out reach planned are actually conducted by the team. If 50% of these sessions are not linked to service, <b>the score</b>	At least 80% of the out reach planned are actually conducted by the team. If 50% of these sessions are not linked to service, <b>the score should be '0'</b>	3	In the last three months (Jan to March, 2025) 313 sessions by the 5 ORWs and 758 by 10 peers educators were conducted and all are linked

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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.	25 health camps per month or 60 hours of health per month conducted	240	25 Health camp or 60 hours of health camps conducted per month, linkages with government and PP clinics developed over the	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	3	In last one year 240 health camps were organised by the TI and 6476 migrants attended the health camps.
11	Migrants who had STI have been followed up	100% of STI cases need to be followed up	45	Percent of STI cases have to be followed up. The ANM/Counselor to ensure that the follow up are	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	45 STI cases has been reported in the last one year and all are followed up.
12	Percent of migrants screened/tested for HIV through CBS/ICTC	30% of annual target for HIV	5502	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	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	36.68 % of the HRG has been tested for the HIV
13	Migrants counselled by counsellor /ANM	All cases referred to ICTC for HIV testing are counselled by the counsellor	5900	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	39.33 % of the HRG counselled by the counsellor
14	Identified HIV positive cases from HRG were linked to ART during the contract period	100% of HIV positive migrants identified by the project	77	No. of migrants identified as HIV positive linked to ART centre during	Verification of registers, general treatment register, referral slips/register	Out of total atleast 40% were linked to ART.	Out of total atleast 41-50% were linked to ART.	More than 50% were linked to ART	3	Out of the 77 HIV positive 29 on ART, 1 transfer, 39 LFU, 3
COMMODITIES										
15	Condom outlets established by TI (the out lets 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	72	Number of outlets established (30 outlet for <10000 target & 50 outlet for ≥10000 target) of which 50% are non-traditional	Verify the condom stock register, make visit to at least 20% of the out lets 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.	3	70 non traditional outlets have been formed by the TI
16	Availability of STI drugs, with a buffer stock management in place.	No stock out for STI drug should happen		No. of times STI drugs, have been purchased during the contract period. Was there any stock-out of commodities	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	No stock-out of commodities during last one year reported and buffer stock is being maintained.

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**SECTION 2: SUPPORT SERVICES**

17	Identified cases from migrants were linked for TB to DOT centre (NTEF) 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	2	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	Out of total identified migrants with suspected TB symptoms/ with HIV positive detected atleast	Out of total identified migrants with suspected TB symptoms/ with HIV positive detected all were linked to TB programme	3	2 suspected TB cases have been reported to DOT centre and both were negative.
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**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	Advocacy meeting regularly conducted as per plan at all levels with proper documentation and	2	Advocacy meetings were held without any plan. No proper documentation
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**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	10	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	More than 80% of the peers are from the source States are more than 3 months	3	All the peers are from the source state are more than 3 months
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	4			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	More than 80% of the peers are from the Stakeholders are more than 6 months	0	out of the 10 peer educators only 4 are the stakeholders

**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	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	More than 75% of the participants are satisfied with privacy and confidentiality at the project level.	2	During the field visits, it was observed that there are issues of the confidentiality
22	Community perception on project services			Are the community members satisfied with the available services and	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.	3	HRG are getting the services and they are satisfied with the project
23	Involvement of key stakeholders in programme monitoring			Ability of the project to involve stakeholders like police, civic officials, social development sector	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.	3	Team met the three stakeholders and it was observed that their involvement in the project is very

**SECTION 1: BASIC SERVICES**

**SECTION 2: SUPPORT SERVICES**

<b>SECTION 1: TOTAL MARKS OBTAINED</b>									43	
<b>SECTION 2: TOTAL MARKS OBTAINED</b>									16	
<b>TOTAL SCORE</b>									59	

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TI - ANNUAL EVALUATION (Destination Migrants) -2015								
Name of the NGO:TCIF			District:Chandigarh		Chandigarh			
Evaluation Tool for Finance								
Sl.No.	Indicators	Key Questions	Methodology to be adopted	Score		Score Resulted "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 or above 60% against the release of fund from SACS	Less than 60% of the released fund	1	More Than 95 %Utilization of grant.	
2	Pattern of expenditure	Whether the expenditure	Verification of vouchers,	As per the approved	No as per the	1	As per the	
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.	

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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 TL.	1	Vouchers and bills are properly maintained and are all with approval.	Book keeping is done manual.
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-	All vouchers are printed	Verification of vouchers	Vouchers are	Not in place.	1	TI use tally	
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.	
8	Financial reporting-SOEs	Whether SOEs are	Verification of SOEs and	SOEs are submitted	Irregular in	1	SOEs are	

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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 recommend ations 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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Chairman



Procurement system in place	What is the procurement system for purchase of drugs/needles and syringes/fixe d 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.	
12					12		
Total Score							

*P. Patel*

*Signature*



Scoring sheet for Migrant						
Name of the TI NGO:TCIF			State: Chandigarh		District:Chandigarh	
Calculation of score for stage 1						
S. No.	Particulars	Maximum no. of indicators	Max. Score	Qualifying Marks	Qualifying Percentage	
Stage1						
1	Organisational Capacity	10	10	8	80	
2	Finance	12	12	8	67	
Actual Marks (calculated automatically from the evaluation sheet)						
S. No.	Particulars	Max. Score	Actual Marks Obtained	Percent of Marks	Status-Qualified/ not Qualified	Remarks
1	Organisational Capacity	10	10	100	Qualified	
2	Finance	12	12	100	Qualified	

Calculation of score for stage 2					
Weightage Score from Program Delivery (calculated automatically from the evaluation sheet)					
S.No.	Particulars	No. of indicators Applicable for this TI	Max. Score	Weighted Max. Score	Actual Score Obtained
1	BASIC SERVICES	16	48	38.4	43
2	SUPPORT SERVICES	7	21	10.5	16
Total		23	69	48.9	59
Name of the Evaluator		Dr. Sukhbir Singh, Ms. Tabassu and Mr. Variender Choudhary			
Extra Comment					

