

o **Name and address of the Organization:** TCIF

Plot No 25, Transport Area, Sector 26, Chandigarh

Contact: +91-9888208014

- o **Chief Functionary:** The Chief Executive (Chief Functionary) of TCIF India is Munish Chandra, who is PD of TI project. However, the executive powers are transferred (vide letter) to Sukhwinder – PO Chandigarh. Who is lead of the Chandigarh unit.
- o **Year of establishment:** Year and month of project initiation: April 2013
- o **Evaluation team**

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

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

**Profile of TI**

TCI Foundation has been implementing a Targeted Intervention (TI) project in **Chandigarh since 2013**, specifically focused on long-distance truckers, transport workers—a highly mobile and underserved population. The project annually reaches **approximately 40,000 truckers**, with **10,000 truckers receiving clinical services** such as STI management, HIV testing, counseling, and referrals.

Healthcare delivery is facilitated through a **static clinic** and **satellite clinic**, staffed by **2 part-time MBBS/MD doctors**, ensuring accessible and quality services across transport hubs in and around Chandigarh.

This project aligns with the National AIDS Control Programme (NACP) goals and contributes significantly to **HIV prevention, early detection, and health-seeking behavior** among mobile populations, in partnership with Chandigarh SACS.

Since 2013, TCIF has been implementing a focused intervention for trucker populations, reaching around 40,000 cumulative truckers annually, 10000 truckers to be covered under clinical services. The position earmarked 6, PD, PM, Counselor, M&E post, 3 ORW (Health Educator) (1:3000), 7 Peer Leaders (1:1500). Static clinic & satellite clinic human resources – 2 Doctors (MBBS) part time.

**Profile of Truckers in Chandigarh**

*The Targeted Intervention (TI) project implemented by TCI Foundation in Chandigarh primarily focuses on both **long-distance & Local truckers and associated transport workers**. The transport workers include taxi drivers, and TI has recently made outreach to Chandigarh Transport Undertaking (CTU) bus driver.*



- o **Target Population Profile: Trucker**
- o **Type of Project: Targeted Intervention (Chandigarh SACS)**
- o **Size of Target Group(s): 10000**
- o **Target Area: Chandigarh City and adjoining areas**
- o **Total No. of Site- 6 sites (congregation points)**
- o **Total No. of Hot-spot- 26**

### **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.**

TCI Foundation (TCIF), the social responsibility arm of Transport Corporation of India Ltd., has been implementing a Targeted Intervention (TI) project for long-distance truckers in Chandigarh since 2013. The project aims to reach approximately 40,000 truckers annually, out of which 10,000 are to be covered under structured clinical services. Given the high mobility and occupational risks associated with the trucking community, the intervention is designed to ensure access to HIV/STI prevention, care, and treatment services, as well as promote overall health awareness and service linkage.

The intervention is delivered through a static clinic and satellite locations, supported by a dedicated clinical team comprising **two part-time MBBS/MD doctors**. The outreach and service delivery model includes a field team of one Project Director (PD), one Program Manager (PM), one Counselor, one M&E Officer (vacant since March 2025), three Outreach Workers (ORWs), and seven Peer Leaders (PLs). The PL-to-trucker ratio is 1:1,500, while the ORW-to-trucker ratio is 1:3,000, ensuring adequate coverage and follow-up across the target population.

S. No.	Name of Staff	Designation
1	Munish Chandra / Khushwinder	PD
2	Tabussam	PM
3	VACANT	M&E
4	Rejesh Kumari	Counselor
5	Sukhwinder	ORW
6	Jai Singh	ORW
7	Mukesh	ORW

### **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.**

- The Targeted Intervention (TI) project is currently staffed with **1 Program Manager, 1**



**Counselor, 3 Outreach Workers (ORWs), and 7 Peer Leaders (PLs).** The core team members are appropriately qualified in accordance with NACO/SACS guidelines and have been associated with the project for an extended period, reflecting both stability and institutional knowledge.

- The position of **Monitoring and Evaluation (M&E) Officer** has remained vacant since **March 2025**, which might posed some challenges in routine data monitoring. Additionally, staff turnover was observed in the ORW team during the financial year 2024–25. One ORW position remained vacant for over two months, while another position vacated in **December 2024** was **proactively filled in February 2025**, reflecting the organization's commitment to maintaining program continuity.
- All project staff members are issued **appointment letters and clearly defined job descriptions**, which are documented and regularly updated. The organization maintains a comprehensive **staff profile file**, and **annual contracts** are systematically renewed. Identity cards are also issued to all project staff to ensure proper identification and community visibility.
- The **Peer Leader profile file** is maintained as per program norms, documenting their engagement and contributions. PLs are selected from within the community, reinforcing the program's commitment to representation and trust-building.
- Importantly, the organization's office bearers demonstrate a **strong sense of empathy and accountability** toward the community they serve. Their approach to staffing reflects a broader vision of community empowerment—where each team member, particularly Peer Leaders, is seen not merely as implementers but as **change agents and community ambassadors**. The leadership's people-centric and inclusive values are evident in their consistent investment in team development and community-based representation.

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

- The organization places strong emphasis on capacity building as a key component of effective program implementation. Regular in-house training sessions are conducted, including orientation for newly inducted staff and refresher training for existing team members. In addition, staff actively participated in external trainings organized by Chandigarh SACS during the financial year 2024–25.
- A well-maintained training register documents all capacity-building activities, including attendance, topics covered, and frequency. New staff members receive structured orientation and program-specific training upon joining. Regular **POSH (Prevention of Sexual Harassment)** training sessions are also conducted to ensure a safe and informed work environment.
- Capacity building has emerged as a notable strength of the organization. Frequent training sessions for both core team members and peer leaders (PLs) facilitate continuous knowledge sharing and skill enhancement. Interactions during field assessments revealed that both the core team and PLs demonstrated commendable understanding of the TI program components.
- Peer Leaders exhibited sound knowledge of HIV/AIDS basics, STI prevention, and interpersonal communication (IPC). They were also well-informed about common myths and misconceptions regarding condom use. All seven PLs confidently explained the IPC process, and most performed condom demonstrations accurately in alignment with NACO/SACS protocols.
- The organization has developed its own Behaviour Change Communication (BCC) materials, with a strong focus on service promotion—particularly STI services, ICTC referrals, and condom promotion. These materials were visibly available at project sites



during field visits. IPC sessions were also observed in action at key field locations such as Ram Darbar and Hallo Majra, indicating active and structured community engagement.

- Trainings conducted include:
  - Orientation on NACP V and program components
  - Basics of HIV/AIDS and STI management
  - IPC tools and communication skills
  - POSH training sessions (Oct 2024 and Mar 2025)
  - SOCH reporting, MPSE, ABHA ID system

### 3. Infrastructure of the organization

- The organization has established a dedicated **project office** with well-developed infrastructure to support the implementation of the Targeted Intervention (TI) project. The office is fully functional and includes a **static clinic**, equipped with the required **medical instruments and supplies** in line with NACO/SACS protocols. Adequate **visual privacy is ensured for the counselor's area**, allowing for confidential and respectful interaction with clients.
- The **office premises are systematically organized**, with clearly marked functional spaces that enhance operational efficiency.
- The organization has implemented an **asset coding system** to maintain transparency and accountability of project infrastructure. Initially, in 2013, an asset register with unique asset codes for TI-specific items was developed. However, over time, this system was revised and a new register was introduced. During the transition, there appears to have been a **missed linkage in the transfer of certain asset codes**, as evidenced by one **examination table bearing two asset codes**—one from the discontinued register and one from the updated system. This indicates the need for a reconciliation process to align the historical and current asset records.
- In addition to the TI project, the organization operates a **Facility-Integrated Counseling and Testing Centre (F-ICTC)** with a **Laboratory Technician (LT)** positioned onsite. This significantly complements the TI project by facilitating **onsite HIV screening**, providing timely services to truckers and transport workers who visit the clinic.
- TCI Foundation has also established an **eye clinic**, offering essential eye care services to the local and mobile community/populations, further enhancing community access to holistic health support.

### 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 organization demonstrates strong adherence to **Chandigarh SACS protocols and guidelines** across various operational and service delivery components. All **standard reporting formats provided by SACS are in active use**, and the project staff has undergone relevant training on their correct application.

The core staff has a sound understanding of **SOCH**, which is evident in the consistency of outreach data reported through the SOCH portal. The alignment between reported data and field

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observations reflects accuracy in both recording and reporting processes.

### **Peer Leader Documentation and Outreach**

**Peer Leaders (PLs) maintain a daily diary**, typically a notebook format, documenting names and contact numbers of community members engaged each day. In addition, they receive a **monthly printed plan**, which is attached to their diaries.

### **Interpersonal Communication (IPC) Sessions**

- **Annual Target:** 720 sessions
- **Completed:** 629 sessions

While the overall progress toward the IPC target is substantial, it falls slightly short of the annual goal. IPC daily reporting formats are in use; however, certain fields—such as **peer signature and referral details**—were found to be inconsistently filled. This highlights the need for improved compliance and monitoring in data entry protocols.

### **Referral and Service Linkages**

Referral slips are available, and a **referral register is maintained**. However, the volume of external referrals—particularly to facilities such as **ICTC Sector 26 (Police Lines)** and **Manimajra**—is limited due to the availability of **onsite screening services** through the F-ICTC and periodic mobile van-based health camps. CBS has also supported the active screening of community. These in-house services have significantly reduced dependency on external referral sites.

### **Internal Reviews and Meetings**

The organization maintains comprehensive documentation of **weekly staff review meetings**, including **Peer Leader review sessions**. Meetings with the **Project Director** are held regularly, mostly in-person. During these meetings, **data analysis is conducted, time-bound action plans are developed**, and progress updates are systematically tracked and shared.

### **The organization maintains following registers:**

- Peer IPC register ,ORW IPC register ,Mid Media Activity Register ,Demand Generation Activity Register , Street Play activity Register , Congregation event report file, Health Camp register, Counseling Register, STI management register – Form F , STI Kit 1 stock register , TB screening register , Advocacy register, Weekly meeting register, Monthly Meeting register, Local Advisory Committee Register , Condom social marketing register, Free condom distribution stock register , General Stock Register , Fixed Assets register , Attendance register , Movement register , CBS stock register , Leave register , Index testing register , Outreach Daily Diary , Stakeholder meeting register , Peer meeting register (ORW peer meeting, Condom outlet register (stock register), CSM register and Dispatch register – all the registers are updated and duly maintained.

## **III. Program Deliverables**

### **Outreach**

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**Annual Outreach Target:** 40,000 truckers  
**Achieved:** 41,168 truckers (103% of target)

The TCI Foundation's TI project in Chandigarh has implemented a comprehensive outreach strategy encompassing multiple community-based activities. The outreach is executed through structured **monthly micro plans, hotspot mapping**, and field-based implementation by **Outreach Workers (ORWs)** and **Peer Leaders (PLs)**. Each PL maintains a **daily diary** with detailed records of community contacts and IPC sessions. ORWs, in turn, compile and supervise weekly plans for effective monitoring.

**Breakdown of Outreach Activities (April 2024 – March 2025)**

Activity	Sessions/Events	Total Coverage
IPC Sessions – ORWs	630	
IPC Sessions – Peer Leaders	2,120	
<b>Total IPC Sessions</b>	<b>2,750</b>	<b>31,101</b>
Health Games	249	5,882
Movie Shows	49	658
Demand Generation Activities	36	804
Congregation Events	8	1,252
Street Plays	30	1,471
<b>Grand Total Reached</b>	<b>—</b>	<b>41,168</b>

The outreach activities were implemented with **active participation from the community and stakeholders**, with **ORWs attending peer field events** for quality monitoring. **Maps** created by ORWs were used to guide planning, although regular updates are recommended for enhanced utility.

The **evaluation team directly observed IPC sessions** at transport hubs like **Ram Darbar, Hallo Majra, Timber Market and Transport Area** engaging with community members, stakeholders who expressed **satisfaction with the TI services**. Additionally, **stakeholder interactions** confirmed consistent outreach, STI/HIV awareness, and availability of preventive services.

TCIF has established **50 condom outlets** at strategic locations, functioning 24x7, including during health camps. Condom stock and distribution records were verified and found in order. The **gap analysis** and condom placement strategy appear effective in ensuring sustained supply and access.

**1. Registration of Truckers 2 service sources i.e. STI clinics and Counseling.**

The project has conducted 249 health camps, which covered 5582 truckers. The project has static and satellite clinics operate in two shifts: 10:00 AM to 1:00 PM and 2:00 PM to 5:00 PM. Doctors MBBS and MD and are community friendly. The STI clinic footfall is 10059 in FY 2024-25 and in last three months Jan – March 2025 it is 2411. Among total clinic visits 908 were syndromic cases and in last three months the syndromic cases footfall was 241 against estimated target 249. The total 56 STI reactive cases were found in FY 2024-25, which accounts for 6.16% of total syndromic cases referred to clinic.

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CBS - Dual Kits available from CSACS (16 Jan 2025), CBS - HIV & STI kits. There is shortage of kits, FICTC was shutdown in June 2024 and reopened in Feb 2025 it led to lesser achievement, although its above 90% of the target. The TI was able to mobilize screening kits from other NGOs.

#### 5. CBS and HIV Screening Summary

- CBS screenings (Apr 2024 – Mar 2025): 1,854
- ICTC-based screenings: 2,490
- Total HIV screenings: 4,344
- HIV test kits balance (as of March 2025): 203 kits

**Linkage to ART : 100% target**

**TB screening & diagnostic:** 10000 to be screened for 4S.

The medicine stock register is maintained as per SACS guidelines. The organization purchase STI kits (Kit 1).

Treatment is provided for general diseases such as cough, fever etc. The eye clinic is also in place.

STI cases are followed up by counselor; The counselling register has been prepared and maintained as per the NACO format, which includes HIV pre-test counselling and STI counselling.

Condoms buffer stock is maintained. Condom central stock register is maintained as per the guidelines.

Condoms are distributed mainly through NTO - condom social marketing (CSM) and free distribution in health camps. Against target of 90000, the NTO sold 90907 condoms.

#### 2. 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. All outreach and service activities are **demand-driven** and planned in accordance with field realities and review feedback. Activity registers and movement registers are properly maintained. Unfinished tasks are re-prioritized and executed the following month with due documentation, ensuring **continuity and accountability**.

#### 3. Differentiated Service Delivery Planning in place and the same is reflected in documentation -

##### 1. Tailored Outreach Models

The TI project has effectively segmented the trucker and transport worker population—such as long-haul drivers, local loaders, helpers, and support staff—based on their work patterns, travel schedules, and rest points. Customized outreach plans are developed to align with their mobility, downtime, and location preferences to ensure timely access to information and services.



**2. Use of Non-Traditional Delivery Points**

Essential services like condom distribution, HIV screening, and health education are delivered through accessible and innovative outlets located at *dhabas*, fuel stations, tea stalls, pan shops, CTU bus station and parking hubs. This model ensures high visibility and convenience for truckers, particularly those with limited time at any single location.

**3. Community-Based Screening and Peer-Led Engagement**

Peer Leaders, selected from within the trucking community, serve as key mobilizers. They conduct Interpersonal Communication (IPC) sessions, raise awareness on HIV/STIs, and facilitate referrals for ART, STI, TB, and ICTC services. Their community affiliation enhances trust, uptake, and continuity of care.

**4. Dynamic and Need-Based Microplanning**

Weekly micro plans and hotspot mapping are developed and regularly updated by ORWs to ensure responsive and targeted service delivery. These tools account for seasonal traffic trends, route-based congregation points, and new transport hubs, ensuring that outreach is agile and effective even in dynamic settings.

**5. Culturally Relevant IEC Materials**

Information, Education, and Communication (IEC) materials are available in **Hindi , Punjabi and other regional languages** familiar to truckers. These materials are tailored to their context—focusing on stigma reduction, prevention practices, testing information, and contact details for support services.

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

The outreach planning tool has been used, based on which a monthly plan for the outreach activities staff have been created. The Peer Leaders use have regular meetings with ORWs and Core team and carry out the planned activities in the field. PLs are aware of their roles and responsibilities.

**5. 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.

**6. PE: Trucker Ratio is maintained 7 Peer : 10000 Truckers: 1:1300 truckers**

**7. Documentation of the peer education**

The Peer Leaders maintain a daily dairy, it includes monthly plan. The IPC tool register which contain information of the IPC sessions in details.

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

The Peer Leaders have commendable information of HIV AIDS, and STIs and condom demonstration needs strengthening. However, condom demonstration needs to be strengthened further. The PLs should avoid passing messaging on suggesting alternate use of condoms e.g. lubrication of condom as lip balm or condom rubber for fixing leakage etc. Lip Balm potentially could lead to wastage of condoms.

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



The ORWs conduct regular visits to field and support Peers, there were meetings conducted jointly by Peer and ORWs. The PM ensures supportive supervision visits.

1. **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 stocks are maintained at TI. The revolving fund used is 5000INR it used by NGO.

**The STI management**

- **Current stock:** 10 kits (Kit 1) with one-month buffer
- **Verification:** Records cross-checked with clinic register; STI Form F is duly filled and verified by doctors.
- The protocols being followed, the TI procure drug from **JanAushadi**

2. **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.**

TCI Foundation (TCIF) ensures high standards in the provision of clinical services by strictly adhering to the **syndromic management protocols** outlined by NACO and SACS. The clinical team, including qualified part-time MBBS doctors and trained counselors, consistently implements evidence-based practices for diagnosis and treatment of STIs and related health conditions.

All symptomatic clients are provided **syndromic treatment** using standard STI Kits. The **STI Form F** is diligently filled by doctors for each case, and treatment records are verified regularly during clinic audits. The clinic infrastructure supports **confidential and respectful service delivery**, particularly at the static clinic. However, satellite clinics face some challenges in maintaining confidentiality due to their location and environmental constraints.

A structured **follow-up mechanism** is in place, led by counselors and ORWs, to ensure adherence to treatment and continuity of care. Clients who require advanced or specialized care are referred to appropriate facilities, including:

- **ICTCs/VCTCs** for confirmatory HIV testing
- **ART centres** for HIV-positive individuals
- **DOTS centres** for TB diagnosis and treatment

Although the screening number of last two years show the HIV positivity is 0.09% (only 4 tested reactive to HIV, among 4344 tested last year). The organization perhaps can develop strategy to focus on the high-risk vulnerable truckers.

3. **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: Peer IPC register, ORW IPC register, Mid Media Activity Register, Demand Generation Activity Register, Street Play activity Register, Congregation event report file, Health Camp register, Counseling Register, STI management register – Form F, STI Kit 1 stock register, TB screening register, Advocacy register, Weekly meeting register, Monthly Meeting register, Local Advisory Committee Register, Condom social marketing register, Free condom distribution stock register, General Stock Register, Fixed Assets register, Attendance register, Movement register, CBS stock register, Leave register, Index testing register, Outreach Daily Diary, Stakeholder meeting register, Peer meeting register (ORW peer meeting, Condom outlet register (stock register), CSM register and Dispatch register – all the registers are updated and duly maintained.

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

TCI Foundation (TCIF) ensures reliable availability and accessibility of condoms through a dual-channel approach comprising **Social Marketing** and **Free Distribution**, specifically tailored to address the needs of truckers and transport workers—a population often on the move and at increased risk for HIV/STIs.

During the reporting period, a total of **90,907 condoms** were distributed through **social marketing outlets** located at dhabas, pan shops, tea stalls, and transport logistics companies strategically situated near trucker halt points and transit hubs to encourage discreet and convenient access.

In addition, **63210 free condoms were distributed** during targeted outreach activities, including health camps, counseling sessions, and peer-led interventions. This multi-pronged strategy ensures that condoms remain readily available, particularly for high-risk individuals who may face barriers in purchasing or accessing them through conventional channels.

TCIF's focus on **24x7 functional outlets** and proactive restocking, along with its commitment to awareness and correct condom usage, reinforces its efforts in promoting safe sexual practices among the mobile population.

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

Total **154180** condoms - **90907** condoms were distributed using NTOs among 50 condom outlets and **63210 free distribution**.

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

The linkages are established at F-ICTC 2490, DOTS -20, ART 4 and STI clinic - 56. The 1854 CBS used is for HIV screening.



## **7. Referrals and follows up**

The referrals were made to facilities, the successful 908 syndromic cases referred to higher facilities 56 were tested positive and put on treatment.

## **V. Community participation**

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

The community engagement is ensured with support from stakeholders. The TI organize daily to weekly and monthly events as per micro plan. The most stakeholders are gate keepers, stakeholders engagement is maximum.

## **VI. Linkages**

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

1. Linkages with ICTC are less, but more suitable is with F-ICTC. Total 4344 HIV screening done via FICTC 2490 and CBS 1854.
2. TB screening 1059, 20 KPs were linked to DOT centre.
3. 4344 were tested for HIV during the year. 4 tested positive and linked to linked to ART centre.

### **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.**

The organization uses in house F-ICTC and ICTC mobile vans, and covers screening thus referral to ICTCs is minimal.

## **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.**

22.1 The NGO is using 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 and 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 Inverter and water Dispenser (fixed assets) purchase during Evaluation period.

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

4.1. TI has bank account (vide a/c no. 00000041751914684) 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.

4.4. M&E cum accountant post vacant from March-25 to till date.

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

**VIII a. Project Manager: Program Manager – Tabassum**

Tabassum brings strong leadership to the TI project. Her academic qualifications and professional experience align well with her responsibilities. She demonstrates excellent programmatic understanding, effective supervision, and strong coordination with both field staff and the SACS. Her leadership is a key asset to the team, and her proactive approach is widely acknowledged. Her engagement with stakeholder is reasonable.

**VIII b. Counselor :** The Counselor – Rajesh Kumari has been associated with the program, she has a good understanding of her roles and responsibilities and are effectively performing them, both in the field and in the office. She has good command of the field and keeps continuous engagement and interaction with stakeholders.

**VIII d. ORW :**

**Outreach Worker – Sukhwinder Singh**

Associated with the program since **September 2018**, Sukhwinder holds a **10+2 qualification**. He possesses deep knowledge of HIV, STIs, condom promotion, and TI protocols. His field leadership and coordination with peers are commendable and positively influence the overall program performance.





### Outreach Worker – Jai Singh

Jai rejoined the project in **November 2024** with prior experience at the same TI. His knowledge is satisfactory; however, his **documentation skills need improvement** in terms of detail and specificity. He maintains a good rapport with his peers and contributes to team cohesion.

### Outreach Worker – Shubham

Shubham joined the team in **February 2025** and is still in the learning phase. While his basic understanding of HIV, STIs, and condoms is acceptable, he needs **focused mentoring** to enhance his documentation practices and deepen his engagement in programmatic responsibilities.

**VIII g. Peer Leaders in Trucker Projects:** Discussions were held with 7 peer leaders who have been associated with the program since before 2021. Their continued engagement with the program and regular service delivery itself reflect a good practice. The peer leaders have a strong understanding and grasp of the program. They are well-informed about HIV/STIs and condoms.

They are mentally and emotionally connected to the peer program, which shows their dedication and loyalty to the work. They possess a sound understanding of micro-planning and are effectively delivering field services based on identified priorities and within the framework of the action plan.

Each planned activity reflects their deep understanding of high-risk behaviors and their consistent efforts in delivering TI (Targeted Intervention) services in the field. All peers are translating their understanding and unity into field activities, which is also visible through documentation within the TI program.

Their enthusiasm is clearly evident in the way they communicate, their command over activities, and in the quality of service delivery.

**VIII i. M&E officer:** The M&E officer position was lying vacant due to sad demise of M&E officer in March 2025. It can significantly pose challenges and burn out exiting staff.

### X. b. Outreach activity in Truckers Project

#### Breakdown of Outreach Activities (April 2024 – March 2025)

Activity	Sessions/Events	Total Coverage
IPC Sessions – ORWs	630	
IPC Sessions – Peer Leaders	2,120	
<b>Total IPC Sessions</b>	<b>2,750</b>	<b>31,101</b>
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<b>Grand Total Reached</b>	<b>—</b>	<b>41,168</b>

### XI. Services

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

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## **XII. Community involvement**

The role of community is very mobile, and engagement of stakeholder is ensured in community involvement.

## **XIII. Commodities**

Condom outlets available 50 as per target all are NTOs.

## **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. There are total 42 stakeholders mapped by project. The Local Advisory Committee was established, it meets on regular basis and members participate actively.

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

The TCIF organization from its own resources, started an Eye Clinic in TI premises. The clinic provide services to the truck drivers. The clinic is helpful for the community.

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

F-ICTC is best practice, it enhances the screening of TI project and its beneficial for transport area community.

Review: raf

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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:	TCIF
Typology of the target population:	Truckers- 10000
Total population being covered against target:	10059
Dates of Visit:	18, 19 & 20 <sup>th</sup> June 2025
Place of Visit:	Plot No 25, Transport Area , Chandigarh

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
87.3%	A	Very Good	<b>Recommended to develop as Learning Site</b>

**Strengths**

**1. Strong Institutional Backing:**

- o Backed by the TCI Group with a stable legacy and national presence.
- o Proven experience in managing TI projects since 2013.

**2. Well-Structured Service Delivery:**

- o Dual clinics (static & satellite) and a Facility-Integrated Counseling & Testing Centre (F-ICTC).
- o 103% achievement in outreach and 100% ART linkages.

**3. Human Resource Capacity:**

- o Stable leadership (PD, PM, Counselor), structured hierarchy.
- o Peer Leaders selected from the community ensure credibility and are highly competitive.

**4. Innovative Practices:**

- o F-ICTC and Eye Clinic within premises.
- o Differentiated service delivery (Transport workers (taxi stands) CTU bus depots, pan shops).

**Areas of improvement**

**1. Human Resource Management:**

- o Position remained vacant since March 2025 due to demise; affects data quality monitoring and reporting.

**2. Strengthen Condom Demonstration Skills:**



- o The all Peer Leaders to do condom demonstration, accurately. Avoid advocating non-sexual use of condoms e.g. as lip balm (form condom lubricant), and others. It may lead to wastage of condoms.
- 3. **Limited External Linkages:**
  - o Overdependence on in-house services (F-ICTC); minimal ICTC referrals.
- 4. **Procurement Gaps:**
  - o Asset register mismatch; the linkage/transfer from old register to new one, and updated coding.

### Opportunities

1. **Strengthen as Learning Site:**
  - o Rated "A" with 87% performance score; recommended as a learning site for other TIs.
2. **Partnership Expansion:**
  - o Strengthen linkages with tertiary hospitals, ICTC centers, social welfare departments.
3. **Expanding to Other Mobile Populations:**
  - o Build linkages with local taxi drivers, loaders, and CTU drivers as per pilot outreach.

### Threats

1. **High Mobility of Target Group:**
  - o Difficulty in retention and follow-up due to truckers' irregular schedules and routes.
2. **Burnout Risk:**
  - o Vacancies (e.g., M&E) burden existing staff and may affect service quality over time.

### Specific Recommendations:

#### Key Strategic Recommendations

#### Short-Term (0–3 months)

- **Immediately recruit M&E Officer** with support from CSACS or through fast-track internal promotion.
- **Conduct refresher training for Peer Leaders** on condom demo, and STI awareness.
- **Reconcile asset registers** to eliminate dual coding. Transfer or establish link between old and new assets register.

#### Mid-Term (3–6 months)

- **Scale up differentiated outreach models** based on transport workers schedules, mapping new hotspots such as taxi drivers or uber ola Rapido.
- **Collaboration with other NGOs** – working on road safety
- **Intersectionality** - Focus on linking the drug user truck drivers to PWID TIs.

#### Long-Term (6–12 Months)

- **Position TCIF Chandigarh as a regional knowledge hub/learning site** with SACS/NACO endorsement.
- **Formalize social protection linkages** (driving license renewal camps).
- **Develop a transport sector health coalition** involving CTU, transporters' unions, depot owners.
- **Expand Eye Clinic model** to offer broader occupational health services like diabetes, hypertension, and vision support.



Name of the evaluators

Signature

Yashwinder Singh	YK
Manpinder Kaur	Manpinder Kaur
Vikas	Vikas

Manpinder Kaur

Vikas

YK



TI Evaluation Tool for Truckers 2019-20									
Programme Delivery									
Name of the TI NGO: TCIF - Trucker TI ( Chandigarh)				Intervention Category: A/B/C (please circle the required one)			District:		
SI No	Indicators	Target	Achievement	Key Questions	Methodology to be adopted	Assessment Scores	Scores Result	Remarks	
<b>Outreach</b>									
1	Monthly outreach plan in place at project level available for each truckers halting point within the project area. i.e. one project area may have separate truck halting points and each require separate plan.	12	12	Verification of outreach plan	Interview with ORWs and Pes whether they are able to explain the plan and its use. Mark 0 if outreach plan is not there for past 3 months	1 (Poor) Outreach plan in place but ORW not able to explain 2 (Average) Outreach plan in place able to explain but not fully used by Team. 3 (Good) Clinic functional with Khushi/Suraksha branding (wall colours and logos)	3	The outreach plan is available for each site and ORWs aware of the plan and same has been used. The	
2	Percent of target truckers contacted by the project through IPC sessions (as per intervention wise contract per year)	40,000 for B category	2750 (IPC sessions) + 249 (Health games conducted) + Movie show conducted 49 + Demand Generation	Number of estimated truckers contacted through IPC sessions conducted by Pes and ORWs at least once in a quarter during contract year as per contract agreement. 1,20,000 for A category, 40,000 for B category, 20,000 for C category.	Verification of project proposal, performance indicators, Peer monthly reports, ORW field diaries/ other related documents. (Verification by CMIS/Monthly report, Outreach registers)	41-59% of target truckers contacted through IPC sessions in a quarter during the contract period. More than 60% of target truckers contacted through IPC sessions in a quarter during the contract period.	3	IPC sessions conducted by ORW - 630 Session, PL IPC sessions 2120 (Session) Total coverage 31101. Health games coverage 5882. Movie Show Coverage - 658 + Demand Generation activity 804, Congregation Events 1252, Street Play Coverage 1471. <b>Total persons reached 41168</b>	
3	Field Visit by ORWs	5 days a week and 2 days for supervision for each ORW	5 days a week by ORWs but for three and half month ORW position lying vacant in lat	ORW visiting the field minimum 5 days in a week and providing 2 day supportive supervision to all the PEs of his/her areas for effective delivery of project services by PEs to truckers. 60% ORWs are able to demonstrate IPC sessions/Health games.	At least 40% among the ORWs are able to demonstrate IPC sessions/Health games At least 50% among the ORWs are able to demonstrate IPC sessions/Health game	All ORWs are able to demonstrate IPC sessions/Health game	2	It is verified from the ORW diary, the IPC sessions verified from documentation. It would be good to also record cumulative data at the end of month in ORW diary. There is an newly recruited ORW in Feb 2025. He is learning it fastly, he needs to strengthened it. The marking 2 is provided as in 12 months almost three	
4	Theme based street plays	24 Annual (6 events quarterly)	24+ 6	Number of street plays organised against plan during last three months. 30/permonth for A category, 10/month for B category, 5/month for C category	Review of Daily report (ORW), Mid-media /IPC report, BCC material distribution register, Monthly report (Qualitative and Quantitative), Review of	At least 51-80% street play organised against planned 80% and above street play organised against planned	3	Godwin education society (per play 1500 FY 2024-25) revised contract is 3000. In FY 2024-25, 24 plays were done by TCIF, and 6 plays were conducted by CSACS. Thus total is 30. The thematic play register is maintained but all minutes are stating similar activities.	
5	Quality of peer education by the Peers			Observation of atleast 2 IPC sessions and interaction with the peers	Review of IPC Charts, Personal observations and interactions with Peers	41-59% PEs interacted are able to demonstrate right way of conducting IPC sessions and condom demonstration 60% and above Pes interacted are able to demonstrate right way of conducting IPC sessions and condom demonstration.	3	Excellent demonstration of IPC session during field visit. Rapport building is good. The knowledge level very good. Peer Leaders communication skills are commendable.	
<b>Clinic and other Services</b>									

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6	Established static clinic and operates at flexible timings with required manpower/ infrastructure and equipment/instruments	Set up of a static clinic (may also be of flexible timings) as per NACO guidelines (Doctor, Counselor/staff nurse), timings of at least 3 hours a day, space for examination available, STI drugs availability.	Clinic observations based on NACO guidelines/ checklist. Observation and interaction with Doctor, counselor/Staff nurse.	Static clinic set up without proper clinical equipment, non availability of STI drugs.	Static clinic set up with proper clinical equipment but non availability of STI drugs as per guidelines.	Static clinic set up with proper clinical equipment, Availability of STI drugs with proper stock keeping	3	Static and Satellite clinic timings 10-1 and 2-5 pm. The Doctor is very community friendly. The medicines stock is available and verified during with stock register during the process.
7	Quality of clinical services provided by the static/satellite clinics	Clinical services provided with confidentiality, patients are counseled on condom use, follow up plan is discussed.	Observations of the services, feedback from the truckers and stakeholders.	Confidentiality is not maintained, follow up plan is not discussed	Confidentiality is maintained, other factors are compromised.	All basic requirements are met.	2	There is confidentiality maintained in static clinic but satellite clinic is remains a challenge due to location, surroundings etc, especially in crowded areas. MO expressed if it can be taken care. The
8	Operates satellite clinics, as extension of static clinics around neighbouring establishments accessible by truckers	Operates satellite clinic (as per NACO guidelines) around neighbouring establishments. 3-6 satellite locations in A category site, 3 satellite locations in B category, Not applicable in C category site.	Clinic observations based on NACO guidelines/ checklist. Clinic schedules prominently displayed at transporters/brokers premises.	Satellite clinic non operational	Satellite Clinic operational but less than 3 locations	Satellite clinic operational and in 3-6 locations.	3	All sites (Timber Market, Transport Area Sec 26, Manimajra Motot Market, Daryia Transport Area, Ind Area Phase I & II, and Hallomajra.
9	Truckers screened/tested for HIV through CBS/CTC	100% of STI cases need to be tested for HIV (5000)	4344	Below 30% of referred to ICTC have actually tested in ICTC	31-39% of referred to ICTC have actually tested in ICTC	Above 40% of referred to ICTC have actually tested in ICTC	3	CBS - Dual Kits available from CSACS (16 Jan 2025). CBS - HIV & STI kits. There is shortage of kits, FICTC was shutdown in June 2024 and reopened in Feb 2025 it led to lesser achievement, although its above
10	STI counselling sessions	100% of STI cases need to be counseled	3310 STI counselling 56 (STI reactive case counseling)	Below 50% of the STI clients are exposed to STI counseling	50-80% STI clients in the clinic are exposed to STI counseling	80% and above STI clients are exposed to STI counseling. Counselor adheres to all steps	3	100% STI clients are given STI counseling sessions.
11	Co-Branding of Suraksha clinics and IEC/BCC materials			Clinic not functional	Clinic functional without Khushi/Suraksha Branding (Wall colours and logos)	Clinic functional with Khushi/Suraksha branding (wall colours and logos)	2	The clinic is functional, branding of Khushi is available but prescribed wall colour is not available. The clinic branding needs more strengthening.
12	Clinic footfalls in the clinics (15% of coverage for A category and 25% of coverage for B&C category of the outreach coverage - Indicator no.2)	25% of coverage for B&C category of the outreach coverage - indicator no.2) - 10000	10059 (Total in FY 2024-25) in last three months 2411.	Less than 15% in A, 25% in B & C	15% in A, 25% in B&C	More than the benchmark	2	April - June (2724), Jul-Sept (2495), Oct - Dec (2429) & Jan Mar 25 (2411). The 23.96% is the footfall in Q Jan to March 2025 of FY 2024-25.

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13	STI footfalls among the clinic footfalls (10% of the foot falls - indicator 12)	10% of the foot falls - indicator 12	908 Total and 241 clinic footfall in Jan - Mar 2025	The STI footfalls observed during last 3 months (average of 3 months) to be taken	Verification of clinic cards, patient register, medicine dispensing register, cash book	Less than 10% of the above indicator	10% of the above indicator	More than 10% of the above indicator	1	241 syndromic patients visited clinic in Jan-March 2025 against target is 249. It is less than 10% of indicator 12.
<b>Condom Management</b>										
14	Coordination with the SMO to provide information on condom availability, demand, availability and display of IEC on condoms. In case of non-SMO districts the NGOs are expected to manage social marketing			Joint planning, field visits and reviews held with SMO	Meeting minutes and joint visit reports with SMO. Feedback from the out let holders, SMO supervisors of the area.	Joint reviews, planning and field visits with SMO/ TSG POs done for less than 6 months	For 6-10 months, joint reviews, planning and field visits with SMO/ TSG POs done for more than 10 months	Joint reviews, planning and field visits with SMO/ TSG POs done for more than 10 months	3	No SMO - CSM done by NGO at NTO.
15	Traditional and non-traditional outlets for condom social marketing	At least 80% of the out lets should be non-traditional	50 outlets (NTO)	Percent of traditional and non-traditional outlets for condom social marketing in the operational area	Daily dairies, Weekly and monthly reports, SM Condom register	Below 50% of the functional TO and NTO available as per the target	Between 50-80% functional TO and NTO available as per the target	80% and above functional TO and NTO available as per the target	3	The CSM NTO are functional during the grant period.
16	Condoms sales through the TO and NTO	At least 80% of the condom sales through outlets - 90000	90907 (NTO)	Percent of condoms sold through the TO and NTO in the operational area	Daily dairies, Weekly and monthly reports, SM Condom register	Below 50% condom sale recorded as per the target	Between 50-80% condom sale recorded as per the target	80% and above condom sale recorded as per the target	3	Over achievement
17	STI Drugs -commodity-drug management, availability, stock out.			Whether NGO purchases drugs using 3 competitive quotations, medicines dispensed to the truckers at no-profit basis, receipts are maintained.	Medicine stock register, Cash Book, bills, receipts. In case of stock outs and no procurement score is '0'	Medicines procured with out quotations/ no receipts maintained for dispensing	Medicines procured with proper quotations but no receipts maintained for dispensing	Medicines procured with proper quotations and receipts maintained for dispensing	3	Jan Aushadi Kendra - procurement initiated in May 2024. (KIT 1 supplied by CSACS in 11 June 2024).
<b>SECTION 2: SUPPORT SERVICES</b>										
<b>Enabling Environment</b>										
18	Involvement of different stakeholders in the project activities through constitution of Local Advisory Committee (A committee comprised of members from brokers, associations, owners, other stakeholders of the project area)				Verification of the LAC Register and interaction with LAC members (Byelaw if available). LAC not constituted, then score is '0'.	LAC constituted but meetings not held in last 6 months.	LAC constituted meetings are held but members are not aware of their role.	LAC constituted and members updated on the project activities in the meetings in last 3 months	3	The regular meetings are happening.
<b>Community response to the Program Services</b>										
19	Project is adhering to confidentiality norms			Confidentiality is maintained for the counseling sessions	FGD with the 10-15 truckers (suggested to conduct at the field).	Participants are not sure of confidentiality norms being adhered at the project level	Atleast 50% of the participants are satisfied with privacy and confidentiality at the project level	More than 50% of the participants are satisfied with privacy and confidentiality at the project level.	2	The privacy is maintained during the sessions, as much as possible but in field it is sometimes difficult to provide idle, isolated, private space. Some trucker try to skip considering it. The counselor tries her best to bring the clients at ease.

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20	Community perception on project services	Are the truckers satisfied with the available services and services meet their demands.	FGD with 5-10% brokers/transporters/truckers (suggested to conduct at the field level).	At least 40% of the truckers are convinced with the project services	41%- 60% truckers are satisfied with the project services.	More than 60% of the truckers are satisfied with the project services.	3	Transporters, truckers during field visit, shared that most of the service are available. The innovative services like eye checkup etc is very useful.
21	Adequate supply of commodities (Condoms)	Condoms through Social Marketing provided by the Project	FGD with 10-15 community members (suggested to conduct at the field)	at least 50 % respondents reported that they are getting the condoms as and when they demand.	51-75% respondents reported that they are getting the condoms as and when they demand.	More than 80% of the respondents reported that they are getting the condoms as and when they demand.	2	The team met mix group of truckers, the NTO was available in the premises. The regular truckers largely agreed onto the availability of condoms, while new truckers might not be that not aware.
22	Involvement of key stakeholders in program monitoring	Ability of the project to involve key stakeholders in addressing the issues relating to project activities and providing support to the project team	One to one interaction with at least 3 stakeholders of the project. (suggested to conduct at the field).	At least 1 stake holders participated and provided support in project activities	At least 2stake holders participated and provided support in project activities	More than 2 stake holders participated and provided support in project activities	3	The stakeholders participate in project activities on regular basis. The organization can strengthened the engagement towards reaching a sustainable goal.
23	Involvement of Counselor	The counselor should be sensitive while addressing issues relating to truckers.	FGD with the 10-15 community members (suggested to conduct at the field level).	At least 50% respondents reported that they are satisfied with the counselor/ANM	51 to 75% respondents reported that they are satisfied with the counselor/ANM	More than 75% of the respondents reported that they are satisfied with the counselor/ANM	2	The team met a mixed group of truckers, helpers, it included new truckers and largely old truckers. Good number of respondents are satisfied with services of counselor. However there were few who havent availed. services yet (probably new or first time visitors)
SECTION 1: BASIC SERVICES								45
SECTION 2: SUPPORT SERVICES								15
TOTAL SCORE								60
Name of the Evaluator								Yashwinder & Manpinder

*Yashwinder*

*Manpinder*

*SV*




TI-Evaluation Tool Truckers				
Name of the TI NGO: TCIF			Organisational Capacity	
Intervention Category: A/B/C (please circle the required one)			State: Chandigarh District: Chandigarh	
Sl. No.	Indicators	Score Resulted "0" for No "1" for Yes	Mean of verification/observations	Remarks
1	All project staff and 70%PE positions have been filled as per project proposal	0	All NGOs contracted has to appoint the staff within three months from signing of contract. Project proposal, 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.)	The ORW position lying vacant for more than 2 months. The M&E position is currently lying vacant since March 2025
2	Staff turnover witnessed in the project during the contract period.	1	Attendance sheets /appointment letters. ( If there is more than 50% of project staff(except PEs) 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".	Staff turnover is witnessed but its within less than 50% limit.
3	Peer Educator turnover witnessed in the project during the contract period	1	Attendance sheets /appointment letters. ( 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".	Frequent changes of PLs observed
4	Job description given to each project staff	1	All project staff do have written job description or available at NGO level	Continuation letter includes the JD as well
5	Peer Profile	1	More than 20% of all the Pes are truckers /ex truckers, helpers /ex helpers	1 Ex trucker, 1 Truck Mechanic, 1 Electrician

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6	Attendance/leave register maintained for the project staff	1	Examine the attendance register is in use /leave register available	Attendance register maintained, leave application filed in personal file of each staff
7	Orientation to PE and other staff has been completed	1	Training registers/ orientation training/PO visit report completed within 3 months of joining	The following trainings conducted -
8	The project Director attended atleast 60% all the monthly meetings of the TI project during the year.	1	Attendance of meeting registers and minutes of the meeting	All monthly meetings are chaired by PD TI, duly verified with Meeting Register
9	Assets purchased under project is codified/marked	0	Assets register and purchase voucher (All the assets purchased under the project)	Coding is done but there is mismatch in register - treatment bed. It has two codes mentioned on same asset.
Total Score		7		
Name of the Evaluator		Yashwinder		

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TI - ANNUAL EVALUATION									
Evaluation Tool for Finance									
		Intervention Category: A/B/C (please circle the required one)			State: District:				
Sl. No.	Indicators	Key Questions*	Methodology to be adopted	Score	Score	Score Resulted "0" for No "1" for Yes	Explanation for score	Remarks	
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..	1	0	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	TI Bank account SBI A/c No.000000417 51914684 Branch:	
4	Systems of Payment- Verification of Bills and Vouchers ( in case of book keeping is done by software, and ledger 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.		
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	Vouchers are printed and machine numbered. Ledgers are maintained properly.	Payment advice no. not mention on vouchers as well as cash	

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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 is updated	
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	No such variance could be observed	
10	Purchase of drugs for STD treatment (only in cases where the purchase has been approved by SACS)	Whether the guidelines on GMP followed?	Verify the drugs and guidelines for GMP/ purchased under Jan Ausadhi Yojana	As per GMP	Not followed and no genuine explanation for the relapse	1	STI drugs are procured from SACS and other medicines are GMP	
11	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	All audit recommendations are complied and shared with TI Division	
12	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 transactions	1	Updated, till last day	
13	Procurement system in place	What is the procurement system for purchase of drugs/needles and syringes/fixed 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						13		

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Name of the Evaluator

Vikas Chaudhary

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Scoring Sheet Truckers						
Name of the TI NGO:		TCIF	State:	Chandigarh	District:	Chandigarh
Calculation of score for stage 1						
	Particulars	Maximum no. of indicators	Max. Score	Qualifying Marks	Qualifying Percentage	
Stage 1						
1	Organisational Capacity	9	9	7	78	
2	Finance	13	13	9	69	
Actual Marks (calculated automatically from the evaluation sheet)						
	Particulars	Max. Score	Actual Marks Obtained	Percent of Marks	Qualified/Not Qualified	Remarks
1	Organisational Capacity	9	7	78	Qualified	
2	Finance	13	13	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	Maximum Score	Maximum weighted Score	Score obtained	Weighted score obtained
1	Basic services	17	51	40.8	45	36.0
2	Support services	6	18	9.0	15	7.5
Total Marks		23	69	49.8	60	43.5
Name of the Evaluator						
Extra Comments						

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