Evaluation period : 0**3 to 05 July 2015**

**Evaluation team:**

Team Leader : **Mr. Mrigank Shekhar Singh**

External Evaluator (Program) : **Dr. Hemant Tiwari**

External Evaluator (Finance) :

SACS Representative : **Jignasha Panchal**

**Submitted to:**

**Ahmedabad Municipal Corporation Aids Control Society**

**Annexure: B**

**Reporting Format-B**

1. **Introduction**

**Background of Project and Organization**

Dinbandhu was formed in 26 feb 1997 and registered on same date under Indian trust Act 1860. Organization was working for last ten years in Ahmedabad and surrounding areas with the marginalized and vulnerable communities such as Migrants. Dinbandhu has experience of running TIP and this is unit of Ahmedabad. This TIP of Migrants was initiated in first March 2013 with target of 15000 migrants with support of AMCACS.

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| S.No. | Heads | Details |
| 1 | Name and address of the Organization | Dinbandhu welfare trust,34/1 jyoti compound near vjay estate pitru group road odhav Ahmedabad 382415 |
| 2 | Chief Functionary: | Aswin S Amrania |
| 3 | Year of establishment | 26 feb 1997 |
| 4 | Year and month of project initiation: | MARCH 2013 |
| 5 | Evaluation team | Mr Mrigank Shekhar Singh-team leader  Dr. Hemant Tiwari-external evaluator  .-Finance expert |
| 6 | Time frame | 03/05-07- 2015 |

1. **Profile of TI :**

Dinbandhu youth welfare trust is presently running this TIP of destination migrants. Most of migrants were from Uttar Pradesh ,Bihar ,MP and Rajasthan and majority of them were young and single migrants living in vulnerable conditions . TIP had covered 17463 migrants in year 2013-14 and in 2014-15 TIP had covered 13534 migrants and provided TIP related services to them.

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

**I. Organizational support to the programme**

Evaluation team interacted with 1 members of executive board of the organization. This member is Smt Jyoti Thaker. Organization is working with migrant labors in Ahmedabad and also associated with child and women empowerment issues TIP has been provided sufficient support in context of infrastructure and logistics from the organization. Organization has appointed a very senior and experienced person as PD. Project director of TIP regularly monitor the activities of TIP and participate in review meetings. However, reflection from field visits, carried out during the second day of the evaluation, pointed towards the fact that TIP has not being appropriately supported by organization in context of creating enabling environment and advocacy on project objectives.

**II. Organizational Capacity**

1. Human resources:

All the appointments of project staff were made. Project director having experience in health sector is involved in staff meetings. Project manager was MSW with prior experience of working under the TIP for last 3 years. Eight ORWs are appointed under the TIP as per the contract with AMCACS. Huge turn over witness during contract period and we feel that non payment of financial grant is one of the reason. Part time Accountant was working since 2013. One M/E officer was also appointed as per contract. Each project staff was given the job description. A reporting and supervision system has been maintained in which project manager plays central role in decision making regarding project activities. However, project director too play some role at various levels in decision making and meetings. Effective supervision of project activities was done by project manager. All the project staff members were sensitized towards the issues associated with Migrants and TIP. Three BAMS doctors were also working to provide STI treatment at the health camps.

2. Capacity building:

Trainings were mostly conducted at SACS/STRC level. Organization have mechanism of induction training of staff members. New staff appointed this year, however, they did not go through induction training till evaluation. Although, PM and counselor had experiences of working in TIP however, all new ORWs were totally new to TIP and working without orientation. Evaluation team did not have access to state level training organizations (STRC/AMCACS), and training materials associated documentation, especially during evaluation process.

3. Infrastructure of the organization

Dinbandhu TIP office is situated on Joti compound near vijay estate Ahmedabad DIC is also attached with TIP office. Office building is spacious with good water supply and other facilities, electricity, etc. Situation of sanitation in office and all DICs are not satisfactory. Two field DICs are situated in factory compounds and fall under factory management so we feel that organization shall close these DICs and search appropriate place for DIC so migrant can easily go to DICs . Office has appropriate furniture required for running the TIP. One computer with printer and internet connection was evaluable in the office.

4. Documentation and Reporting:

Essential documents regarding project activities and program delivery were maintained and made available at project level. Organization was maintaining a total of 50 documents and registers as per the instructions of the SACS which included; monthly meeting register, attendance register, condom stock register, medicine stock register and Fix assets register. Documents regarding organizational activities were also maintained. CMIS reports were sent regularly to SACS. Documentation and reporting related mechanisms are appropriately in place. Organizational, administrative and program related documents were available at TIP office. A total of 50 registers were maintained at project office which included; attendance & leave registers, stock registers, condom register and medicine register. Program related formats and registers were also maintained appropriately.

**III. Program Deliverables**

Outreach

1. Line listing of the Migrants by category:

Area wise line listing was available at TIP. However, in year 2014-15 total13534 registration was done and in year 13-14 total 17463 migrants were registered by TI. It is felt that majority of the registered HRGs have gone through appropriate level of awareness. Around 30% of the target reached with counseling, DIC & STI services during contact period. 5800 persons were provided three services.

2. Micro planning:

Micro planning was in place and the same is not reflected in the quality of documentation. Entire intervention area was divided into eight outreach divisions and 32 congregation point. Congregation point wise micro plan was not available. Micro planning was not done appropriately and format 2 was maintained by ORWs. IPC, ICTC, STI management and condom distribution are among the major areas of micro planning. It was found that many Migrants were not tracked appropriately.

3.

4. Outreach planning – quality, documentation and reflection in implementation

Outreach planning was done appropriately. Format 2 was properly maintained and reviewed at project level. Review meetings are held every week in which outreach planning for the same next period was discussed. All format was maintained on the basis of data collected by ORW. Weekly review meetings were conducted in which outreach planning for the next week was done. It was shared by TIP staff members that project director also participate in most of the weekly meetings in which outreach planning were done. Documentation of the outreach planning was appropriately done at TIP level. Various, documents, formats, registers associated with outreach planning and activities were appropriately maintained at various levels.

5. PE: HRG ratio:

15 PEs were involved against 13534 registered migrants and therefore the PE: HRG ratio is 1: 902 was maintained. This ratio was well under the norms of NACO.

6.

7. Documentation of the peer education

Peer educators were not maintaining any format or documents. Peer educators were not maintaining peer diaries. Filled formats were complied at TIP on weekly basis. Interaction with PEs suggested that over 90% of them had good understanding of the HIV and AIDS, however many of them were not literate and they required help of ORWs/counselor to fill data. During evaluations most of PEs who worked in year 2013 to31-03-2015 left their job because of non payment of dues . We meet with only four PEs who worked in above noted period and we feel that they have good understanding of issues related to HIV/AIDS and they had have skills required for PEs in migrant TIP.

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

Peer educators were from source state. 40% of PES had good skills of communication. Fifty percent of the PEs had good condom demonstration skills. Migrants contacted during the evaluation were satisfied with the information and services provided by the peers. Evaluation team had found that behavior change regarding use of condoms have been taken place among migrants. Majority of them have also reflected higher level of awareness regarding HIV/AIDS and STI.

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

There were 8 ORWs appointed as per the contract with AMCACS. Two ORWs were newly appointed due to staff turnover. It seems that two out of 8 ORWs had good understanding of their roles and responsibilities under the TIP. Two newly appointed ORWs did not receive any training at formal level, however, one out of two was properly oriented at project office. It was evident that ORWs were visiting field on regular basis and provided supportive supervision to peer education at appropriate levels. Evidences suggest that ORWs visiting field 6 days a week.

**IV. Services**

1. Availability of STI services –

STI treatment to majority of migrants was being provided to migrants though health camps, STI treatment to migrants is being provided through health camp government STI clinics. Dr. Piyush Shah is providing his services for last 3 years. He has gone through various training on syndromic case management. Two doctors were also associated with TIP and all were not trend in syndromic case management. Referral services were also being provided under TIP. Counselor was providing her services to migrants and STI patients. Camps were appropriately functioning with all the necessary equipments and facilities. Important drugs were also given to STI patients; however, drugs was purchased from market according to GMP guidelines. Evaluation team interacted with migrants gone through STI treatment and found that most of them were satisfied with that. Some migrants were referred to government hospitals for STI services.

2. Quality of the services-

STI camps were regularly held in different sites of TIP area with support of stakeholders Dr.Piyush shah regularly provide STI services to migrants. STI clinic established at doctors chamber were properly functioning. During field visit we find that in health camps confidentiality norms were not properly followed up. STI clinic had important equipment which include; examination table, stools, chairs, first aid kit, and important drugs. STI patients contacted during hotspots visit were also satisfied with treatment provided to them. Important drugs for STI treatment were available during evaluation process .

3. Quality of treatment in the service provisioning-

Evidences collected during the evaluation process suggested that treatment of STI was adhered to syndromic case management as per the NACO guidelines. Follow ups were conducted wherever it was required in comprehensive STI management, however, in some cases improvement were required. Referral services were being provided as per the needs but follow up mechanism needs improvement. Referral system was smoothly working in context of ICTC, ART and government hospitals. No linkage with DOTs found during Evaluation process.

5. Documentation

Documentation of the services was appropriately done at required levels. STI register, counseling register, printed referral slips were available at TIP. STI register was maintained with appropriate information. Counseling register was also verified during DIC meetings and it was found that information entered into it were accurate and updated. Printed referral slips were also available at TIP. Medicine stock register was maintained and buffer stock of three months are in stock of TIP.

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

Organization is working on concept of social marketing of condom with support of ten thousand rupee revolving fund from AMCACS. Organization is not making any profit from social marketing of condoms and in other hand also not loosing revolving funds. Total 50 condom outlets were in operation in whole TIP area and one outlet was traditional and rest were non traditional . Out lets were situated in barber shops, tea shops, grocery stores and pan ki dukan and so on. These outlets were easily accessible to migrants and no stock out seen during field visit.

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

203265 condoms were distributed through SM channels, i.e., peer educators and condom depots. Average monthly distribution was over 8470. It was found that migrants had effective access to availability of condoms

8. Information on linkages for ICTC, DOT, ART, STI clinics.

Linkage with ICTC and ART was developed appropriately. migrants were referred to ICTC centers .Ten cases were found positive till 31th Mach 2015 and six of them were linked to ART. Linkage with STI clinics of government hospital was also established but it need to be improved. However, no evidence of linkage with DOT was available.

9. Referrals and follows up

Total 11553 migrants referred to ICTC but only2577 were gone through actual HIV tests during contract period and similarly total1391 migrants treated for STI but we find no clear evidence of STI follow up.

Referral and follow up system especially in context of ICTC and STI management was not appropriately established at project level. Printed referral cards were available at project office and clinic.

**V. Community participation**

1. Collectivization activities:

2. Community participation in project activities-

Target community was not involved into project implementation, monitoring, and advocacy at any level. Organization organize event on world AIDS day. This TIP is being implemented since 2013. Evaluation team has found that strong linkages have been developed between TIP and target migrants. It was also felt and witnessed that the TIP has been successful in bringing the required behavior change among the registered migrants, however, it seems that organization lacks the vision to appropriately involve them into project activities. No effort was made to form project implementation committee and involving migrants into this.

**VI. Linkages**

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

TIP has developed linkages ICTC, ART and government hospitals. However, organization did not have linkage with DOT. Organization did not have any linkages with other TIPs being implemented in Ahmedabad cityt.

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

TIP should have referred 11553 cases to ICTC as per the size of population. A total of 11553 cases were referred to ICTC out of which 2577 cases were gone with actual HIV test. There was a huge gap in referred and actual ICTC. Project management shared that many migrants had problem of distance and they are trying for mobile vans.

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

Stakeholders meetings were conducted and advocacy with them was carried out. However, since the project is being implemented for over 2 years the involvement of stakeholders is very low in light of this project management committees were also only formed on paper at project level.TIP should take this issues very seriously.

**VII. Financial systems and procedures**

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.

No Deviations Recorded.

1. 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 cash register is not manually maintained. Also voucher number does not tally with data.

1. 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.

SOE was not submitted within the prescribed time limit .

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

Audit Report For the year 2014-15 not yet finalized as their Queries are to be solved and process is going on for the same.

**VIII. Competency of the project staff**

VIII a. Project manager

Project manager started his carrier as an ORW in 2009 He was a MSW, having 3 year experience of working in TIP. Project manager had good managerial and communication skills. He was aware of his role under TIP and project proposal and quarterly and monthly plans. He also has good computer related skills. He go through training on project management; however, we have no meeting with this gentlemen because he left the organization on 31-08-2014.

VIII b. ANM/Counselor

Counselor is MSW with a good skill in counseling. Total three counselor worked during contract period and all were MSW. Present counselor was appointed as a ORW and he has experience of 3years under TIP. He visits field 3 days a week and provided appropriate support to ORWs and PEs. He has good understanding about his role and responsibilities in TIP, as well as about symptoms of STIs. He was equally trained at maintaining the important documents, i.e., counseling register, STI register, etc., as well as in documentation.

VIII d. ORW

Eight ORWs were working under the TIP and eight resigned during contract period. One after one ORWs left this TIP and one of the reason of this mass exodus is non payment of salary to the ORWs. Presently working all ORWs are highly qualified and have communication skills required for post of ORW. ORWs are doing good documentation .

VIII e. Peer educators

Twenty in 2013-14 and fifteen in 2014-15 peer educators were linked to TIP, and only four PEs were available during evaluation. Majority of PEs were new and they were not well skilled in context of IPC, condom demonstration and peer education. Majority of the PEs had knowledge about services and related facilities. However, it was found that most of the peer educators were from source state.

VIII i. M&E officer

Presently new person is holding this post and we have no meeting with the persons worked as M and E officer. So we can not catch their skills in this qualitative report.

IX. a. Outreach activity in Migrant TI project

ORWs and PEs were interviewed on the first day of evaluation. Micro plans were available at TIP and ORWs and were able to explain them. Form 2 was filled by ORWs with the support of counselor and PEs. master was consolidated on the basis of format 2 on monthly basis. Outreach activities are reviewed on weekly basis during review meetings. Micro plans included IPC, STI management and referral to ICTC, etc.

X. Services

Systems of service delivery are well in place. STI treatment, ICTC, and referral systems are well in place along with the condom distribution. Quality of services delivery is also good, especially in the context of STI management and ICTC. Overwhelming majority of migrants contacted during DIC meetings were satisfied with the services.

XI. Community involvement

Community participation in implementation and monitoring of the activities is low. Many migrants take active part in project activities and support PEs and ORWs in implementation, however no formal platform has been created for community participation. Project implementation committee was formed on paper only. Issues associated with migrants were not addressed in implementation of the project. No evidence was found regarding involving communitys in advocacy. Organization did organize congregation event on chhuth puja and on Ganesh chaturthi.

XII. Commodities

Condoms were distributed to migrants through social marketing channels. Condom gap analysis was not appropriately done at project level.

XIII. Enabling environment

TIP is being implemented from Aprail 2013 onwards. Stakeholders were identified and sensitized. Many advocacy meetings have been conducted during this period. It seems that appropriate level of enabling environment has already been created. For migrants of Bihar and eastern UP chhuth puja was organized as congregation event.

Nothing extra ordinary was evident regarding networking, and linkage development in context of other services.

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

XV. Best Practices if any