Evaluation period : 30 **Jun to 02 July 2015**

**Evaluation team:**

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

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

External Evaluator (Finance) : Shalvi

SACS Representative : **Mr. Pawan**

**Submitted to:**

**Ahmedabad Municipal Corporation Aids Control Society**

**Annexure: B**

**Reporting Format-B**

1. **Introduction**

**Background of Project and Organization**

Akhand Jyot charity trust is registered welfare trust under 1950 Bombay trust act with registration noE-3787 on 04-03-1980. Organization is working on issues of women empowerment and children welfare and it has specific programs on health issues. This organization also worked in field of Education and Vocational training. This TIP of destination migrants was initiated in April 2013 with target of 15000 destination migrants with support of AMCACS.

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| S.No. | Heads | Details |
| 1 | Name and address of the Organization | Akhand Jyot, Chandra clinic,opp.pan arcade,near pashupatinath temple kathwada singarwa road  Ahmedabad. |
| 2 | Chief Functionary: | Smt. Nirmala A. patel |
| 3 | Year of establishment | 4 March 1980 |
| 4 | Year and month of project initiation: | Aprail 2013 |
| 5 | Evaluation team | Mr Mrigank Shekhar Singh-team leader  Dr. Hemant Tiwari-external evaluator  .-Finance expert |
| 6 | Time frame | 30 Jun to 02 July 2015 |

1. **Profile of TI :**

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| --- | --- | --- | --- |
| s.no. | Heads | Details | Remarks |
| 1 | Target Population Profile: | Destination Migrants |  |
| 2 | Type of Project: | Migrants |  |
| 3 | Size of Target Group(s) | 15000 Yearly | . |
| 4 | Sub-Groups and their Size | no | no |
| 5 | Target Area | Ahmedabad | Bhagwatinagar,Hudco,Kathwada gidc,Bangani Compny,Maiz Product,Zaveri Estate,Shreeram Estate etc |

**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. Nirmala A. patel. Organization is concerned more about the health related issues, especially regarding women and children as AKHAND jYOT is working extensively with WOMEN workers. 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 project manager. Key members of executive board 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 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 MA with Sociology with prior experience of working under the TIP for last 13 years. Eight ORWs were appointed under the TIP as per the contract with AMCACS. But during evaluations 90% old staff were not working in TIP, they left the job because of non-payment of salary, under the situation we meet with entirely new staff. Counselor was appointed in April 2013 but he also left job and present counselor was appointed on 01-05-2015. 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. One BAMS doctors was also working to provide STI treatment at the health camps.

2. Capacity building:

Trainings were mostly conducted at SACS/STRC level. Organization did have inbuilt mechanism of induction training of staff members. One Counselor and 7 ORWS were appointed this year, however, they go through induction training till evaluation. Although, PM, M&E and counselor had experiences of working in TIP however, all new ORWs were totally new to TIP and working with orientation onlys. 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

Akhan jyot unit -2 TIP office is situated on Singawada road Ahmedabad DIC is also attached with TIP office. Office building is spacious with good water supply and other facilities, electricity, etc. . Office has appropriate furniture required for running the TIP. One computer with printer and internet connection was evaluable in the office. Two field DICs were not in good condition .

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 42 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 47 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 HRG by category:

Area wise line listing was available at TIP. However, in year 2014-15 total11756 registration was done and in year 13-14 total 14828 migrants were registered by TI. It is felt that majority of the registered HRGs have gone through appropriate level of awareness. Updated line list was available and was in use for tracking all the project services. Around 65% of the target reached with counseling, DIC & STI services during contact period. In year 2014-15 STI treatment given to 504 migrants in which 492 persons gone to ICTC and in year 2013-14 similarly 682 migrants given STI treatment and only 418 migrants tested for HIV.

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 to nine outreach divisions and 32 congregation point. Congregation point wise micro plan was 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 11756 registered migrants and therefore the PE: HRG ratio is 1: 756 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

Evaluation team did not meet with majority of actual PEs because they left the job because of non payment of financial dues so it very difficult to capture their skills. Peer educators were from source state. 50% 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. Tea

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

There were 8 ORWs appointed as per the contract with AMCACS. Seven ORW 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. five 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.Sunita Rai is providing her services for last 3 years. SHe has gone through various training on syndromic case management. 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. Complicated cases of STI were of 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.Sunita rai 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 hotspot and DIC meetings and it was found that information entered into it were accurate and updated. Printed referral slips were also available at TIP and clinic.

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

Migrants contacted during hotspot and DIC visits were asked regarding availability, accessibility and adequacy of condoms and it was found that 100% of them were satisfied in this regard. Social marketing of condom was done. Although records of condom distribution were maintained at project level, however, no records were maintained at PE level.

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

402189 condoms were distributed through SM channels, i.e., peer educators and condom depots. Average monthly distribution was over 16758. 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 . Nine cases were found positive till 31th Mach 2015 and all of them were linked to ART. Linkage with STI clinics of government hospital was also established and it need to be improved. However, no evidence of linkage with DOT was available.

9. Referrals and follows up

Total 5319 migrans referred to ICTC but only3142 were gone through actual HIV tests.

Total 5319 migrants referred to ICTC but only3142 were gone through actual HIV tests during contract period and similarly total 1186 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. Even organization did not organize any event on chhuth puja. 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 migrantss, 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 effective linkages ICTC, ART and government hospitals. However, organization did not have linkage with DOT. Organization did have linkages with other TIPs being implemented in Ahmedabad city.

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

TIP should have referred 5319 cases to ICTC as per the size of population. A total of 5319 cases were referred to ICTC out of which 3142 cases were gone with actual HIV test. There was a huge gap in referred and actual ICTC. Project management shared that many migrants were mobile and they often get shifted to other sites of different cities. These migrants often miss to visit ICTC centers for actual HIV testing.

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 3 years the involvement of stakeholders is very low in light of this. Project management committees were also not formed at project or hotspots level. TIP should take this issues very seriously .

**VII. Financial systems and procedures**

1. Systems of planning:

2. Systems of payments-

3. Systems of procurement-

4. Systems of documentation-

**VIII. Competency of the project staff**

VIII a. Project officer

Project manager started his carrier as an ORW in 1999 He was a Post graduate of sociology, having sixteen year experience of working in TIP. Project officer 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, his performance as project manager was satisfactory. He was also providing effective support and guidance to project staff. It was verified that PO visited field on regular basis.

VIII b. ANM/Counselor

Counselor who worked two year in this TIP was available during evaluation process. Old ORW promoted on this post just before evaluations ,so team was mot in position to give any detail about counselor.

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 five 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

This post is filled up having BCA person with technical diploma of one year PG diploma in computer applications. M& E Officer is maintaining all data of migrants and assists Project Manager in updating and analyzing the gaps at various levels. She was able to provide analytical information regarding outreach, service uptake and other issues associated with TIP. She was also able to provide key information about various indicators reported in TIs and STI CMIS 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 were able to explain this. Form 2 was filled by ORWs with the support of counselor and PEs. Master register 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 hotspots and 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 not formed. Issues associated with HRGs were addressed in implementation of the project. No evidence was found regarding involving migrants in advocacy.

XII. Commodities

Condoms were distributed to migrants through SMchannels. Condom gap analysis was appropriately done at project level. condoms were being promoted or distributed. Most of the migrants contacted during hotspot meetings were not aware of female condoms.

XIII. Enabling environment

TIP is being implemented from may 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.

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.

Nothing was being done to link migrants with social protection schemes. During field visit some migrants demanded health insurance schemes for themselves and also demanded support in opening of Bank accounts.

XV. Best Practices if any