Evaluation period : 06 **July to 08 July 2015**

**Evaluation team:**

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

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

External Evaluator (Finance) : Kunal

SACS Representative : **Mr. Rajan**

**Submitted to:**

**Ahmedabad Municipal Corporation Aids Control Society**

**Annexure: B**

**Reporting Format-B**

1. **Introduction**

**Background of Project and Organization**

Prayas NGO is registered trust under 1950 Bombay trust act with registration no Gujrat-979 Panchmahal on 11-11-1997. Organization is working on issues of micro finance and it has specific programs on migrant issues. 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 | Prayas Organization,14 AI shree kodiyar complex, opp.Dena bank,Sarkhej gam  Ahmedabad 382210 |
| 2 | Chief Functionary: | Bhadresh Keshavlal rawal |
| 3 | Year of establishment | 11 NOV 1997 |
| 4 | Year and month of project initiation: | Aprail 2013 |
| 5 | Evaluation team | Mr Mrigank Shekhar Singh-team leader  Dr. Hemant Tiwari-external evaluator Kunal  .-Finance expert |
| 6 | Time frame | 06 July to 08 July 2015 |

1. **Profile of TI :**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | Iscon road, YMCA club,makrab Vejalpur Jodhpur, Mummadpura.thaltej , Juhapura,Sarkhej,Ujala circle and Science city road |

**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 Bhadresh Keshavlal rawal. This Organization is new in health sector and specialized in micro finance. TI appointed a young 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 not 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 no 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 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 01-11-2014. 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. Three MBBS 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 not have inbuilt mechanism of induction training of staff members. 2 ORWS were appointed this year, however, they were not 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 only. Evaluation team did not have access to state level training organizations (STRC/AMCACS), and training materials associated documentation, especially during evaluation process. one training organized by CORT in july 2013 this was induction training and 8 staff members participated in this training. Chetna Training center also organize inducton,TOT and migrant intervention and linked corridor programmme training 2014 and 2015.

3. Infrastructure of the organization

TIP office is situated on 14 AI shree kodiyar complex, opp.Dena bank,Sarkhej gam

Ahmedabad 382211. DIC is not attached with TIP office. Office building is not spacious and no water supply was there. 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 working.

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 total 10385 registration was done and in year 13-14 total 7477 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 project based services. Presently DIC is not working and according to staff it was closed because site of TIP regularly changed during intervention period and it was difficult to invite construction workers to DIC because they live near construction site and not ready to come 3 or 4 KM distant DIC.

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 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:

No PEs are presently working .

6.

7. Documentation of the peer education

Peer educators are not working with TIP, we met with one former PE only , so we are unable to catch skills of PEs.

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

Presently no PE is working so we are unable to catch their skills and messages.

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. 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. 3 MBBS Doctors are providing their services in health camps. 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.

2. Quality of the services-

STI camps were regularly held in different sites of TIP area with support of stakeholders. 3 MBBS doctors regularly provide STI services to migrants. During field visit we find that in health camps confidentiality norms were not properly followed up. STI campss had important equipment which include; 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 documentation was note done at TIP. Referral services were being provided as per the needs but follow up mechanism needs to be there. Referral system was smoothly working in context of ICTC, ART and government hospitals. No linkage with DOTs found during Evaluation process. But in field visit two ICTC counselor disclosed that they refer migrants to Dot center.s

5. Documentation

Documentation of the services was not 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 . 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 they were not 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. During field visit we seen stock out in condom outlet.

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

47920 condoms were distributed through SM channels, and condom depots. Average monthly distribution was over 2000. It was found that migrants had no 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 . Four cases were found positive till 31th Mach 2015 and two 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 3815 migrants referred to ICTC but only2163 were gone through actual HIV tests during contract period and similarly total 735 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 of migrants. This TIP is being implemented since 2013. Evaluation team has found that 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 effective linkages ICTC, ART and government hospitals. However, organization did not have linkage with DOT. Organization did not 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 3815 cases to ICTC as per the size of population. A total of 5319 cases were referred to ICTC out of which 2163 cases were gone with actual HIV test. There was a huge gap in referred and actual ICTC. Project management shared that many migrants were often get shifted to other sites of city. 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 2 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 is MSW. 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, his performance as project manager was satisfactory. He was also providing effective support and guidance to project staff. It was verified that PM visited field on regular basis.

VIII b. ANM/Counselor

Counselor who worked two year in this TIP was not available during evaluation process. Present counselor is MSW and have all the skills required for the post of counselor, there is no counseling room or facility in TIP.

VIII d. ORW

According to PM of TIP Eight ORWs were working under the TIP during previous years and eight resigned during contract period. One after one ORWs left this TIP and one of the reason of this mass exodus is no -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. One female ORW needs training.

VIII e. Peer educators

Twenty in 2013-14 and fifteen in 2014-15 peer educators were linked to TIP, and only one PE was available during evaluation.

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. She also left this TIP.

IX. a. Outreach activity in Migrant TI project

ORWs 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 . 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 not take part in project activities in implementation; however no formal platform has been created for community participation. Project implementation committee was not formed. Issues associated with migrants were addressed in implementation of the project. No evidence was found regarding involving migrants in advocacy.

XII. Commodities

Condoms were distributed to migrants through SM channels. Condom gap analysis was not appropriately done at project level. Most of the migrants contacted during hotspot meetings were not aware of 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.

XV. Best Practices if any