

TI-NGO Details

Name of NGO	TCI FOUNDATION
District	LUDHIANA
Month & Year of Project Initiation	April 2013
Evaluation Time Frame	October 2021 to September 2023
Target Group	TRUCKERS
Target & Achievement	Target- 40000 annually, Coverage- 35481
Date of Visit	5 – 7 December 2023

Achievement of Scores

Particulars	Percent of Marks	Status-qualified/not qualified
Organisation Capacity	78.00	Qualified
Finance	92.00	Qualified
Overall Rating based on program delivery scores		
Total Scores obtained (in %)	82.30	
Category	A	
Rating	Very Good	
Recommendation by Evaluators' Team	Recommended for Continuation	

Major Observation in Program Delivery

Strength & Weakness:

Strength-

ORWs are able to demonstrate IPC sessions, Health Games, Condom demonstration, demand generational activities.

Weakness-

Static STI clinic with Khushi/ Suraksha branding

No Peer Leader/ Educator is Trucker/Ex Trucker, Helper/Ex Helper

Scope of work

Static STI clinic to be made operational

Clinic with Khushi branding

All PE be able to do IPC sessions, condom demo

Major Observation in Organisation Capacity

Strength & Weakness

Strength-

In house training conducted frequently

Advocacy is good

Weakness-

No Peer Leader/ Educator is Trucker/Ex Trucker, Helper/Ex Helper

Frequent changes in PE

JD

Scope of work

Job description must be understood by the staff. Given in their known language.

Provision in dual language.

Some PE may be identified who are Ex trucker or Ex Helper

Major Observation in Finance

Strength & Weakness:

Tally is not being used

Scope of work

Use of accounting software tally would be useful and uniformity will be maintained.

Best Practices/Success Stories (if any)

1	Vision eye center has been initiated in the same target area for the same target population

Reporting Format-B

Structure of the Detailed Reporting format

(To be submitted by Evaluators to SACS for each TI evaluated with a copy NACO)

Introduction

- o Name and address of the Organization

TCI Foundation is a voluntary organization established/registered under The Indian Trusts Act, 1882 on 25th September 1995 vide Registration No. 7216/4 at Delhi for working on key issues of education & literacy, health & family welfare, HIV/AIDS, sports, vocational training, differently abled among others. Currently it is working in Punjab, Chandigarh, Uttarakhand, West Bengal, Maharashtra, Uttar Pradesh.

TCI FOUNDATION

Registered Address: 10, Rambagh, Old Rohtak Road, Old Rohtak Road, Delhi-7

Head Office: TCI House, 69, Institutional area, Sector-32, Gurgaon-122207.

TI Address: SCO-3, Transport Nagar, Near SPS Transport, Ludhiana, Punjab.

- o Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.)

Project initiated in April 2013

Category B- Target to cover 40000 truckers in one year.

Cumulative Coverage- 31734 (Oct 21 to Sep 22)

35481 (Oct 22 to Sep 23)

Number of staff approved, current- Trucker- 6. Migrant- 4 (Migrant typology added in the project in June 2023)

Number of staff on board, current- Trucker- 6. Migrant- 4

- o Chief Functionary
Dr. MUNISH CHANDER
- o Year of establishment
September 1995
- o Year and month of project initiation
April 2013

- o Evaluation team
Dr BIRESH PACHISIA, PhD
Ms. MANPINDER KAUR
Ms. HEENA SINGHAL
- o Evaluation Timeframe:
5 - 7 December 2023.

Profile of TI

(Information to be captured)

- o Target Population Profile:
Earlier: Trucker
Currently from June 2023: Trucker and Migrant
- o Type of Project:
Core- Bridge
Core Composite- Bridge (June 2023 onwards)
- o Size of Target Group(s):
To cover 40000 truckers annually. (10000 quarterly)
- o Sub-Groups and their Size: Truckers 40000
- o Target Area: Transport Nagar, Ludhiana

Key Findings and recommendations on Various Project Components

I. Organizational support to the program

Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc.

The team interacted with Mr. Khushwinder Sharma who was representing the project director during the evaluation. He was available for all three days during the evaluation. The officially nominated Project Director Dr Munish Chander was not available during the evaluation except for the virtual debriefing which was done from TI office. The team could not interact with any of the office bearers of the trust. It was also found and observed that GB members of the trust were not involved in the program. One thing has been done by the GB members of the organization that one vision center has been started in the same transport nagar for the same population where free eye check-ups and glasses were given, as per need.

II. Organizational Capacity

1. Human resources: Staffing pattern, reporting and supervision structure

and adherence to the structure, staff role and commitment to the project, perspective of the office bearers towards the community and staff turnover

All staff positions were in place at the time of evaluation as Project Director, Project manager, 3 ORWs for truckers and 3 for migrants, Counsellor-2 (one each in truckers and migrants), and M&E officer cum Accountant. All the staff have been given appointment letter with job descriptions. It has been observed during interaction that the staffs have basic understanding of their roles and responsibilities. The attendance register was found to be in place. The PEs were found to be supporting the HRGs with services supervised by ORWs but improvement needed in this sphere. The PM supervised and supported the ORWs. The commitment of the all the staffs were found positive and were apparent the way they discussed during interaction and explained their roles and responsibilities.

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

Induction training conducted at TI level but report not made and available. Training conducted by SACS has been mentioned in the said register but no reports available for the same.

3. Infrastructure of the organization

The project has satisfactory infrastructure with rooms for Project Manager cum M&E Accountant, ORWs, clinic, etc. Washroom is there for the staff. There are office equipment's like computer, Elmira, tables, chairs etc. Clinic setup was not as per guidelines and is not operational.

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.

IPC session register, Health game register, DGA register, street play register, outlet register, Peer meeting register and Daily dairy is maintained by all ORWs (Truckers). Project manager maintains review meeting register, advocacy meeting register, condom stock register. Counsellor maintains STI medicine stock register, counselling register, Satellite camp, etc. The PM is reporting to SACS every month and whenever required.

III. Program Deliverable

1. Line listing of the HRG by category.
Line Listing of the HRGs is not done.
2. Shadow line list of HRGs by category.
NA
3. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.
NA
4. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
STI clinic/satellite camp- 8110 (October 2021 to September 2022)
STI clinic/satellite camp- 8363 (October 2022 to September 2023)
5. Micro planning in place and the same is translated in field and documented.
Monthly outreach plan of ORW is only referred as Micro plan. Outreach is done according to the outreach plan only.
6. Differentiated Service Delivery planning in place and the same is reflected in documentation.
NA
7. Coverage of target population (sub-group wise): Target / regular contacts only in core group

Total Coverage Yearly- 35481 (October 2022 to September 2023)
Total Coverage Yearly- 31734 (October 2021 to September 2022)
8. Outreach planning – Secondary distribution of Needles and Syringes
Not Applicable
9. Outreach planning – Peer Navigation
Not Applicable
10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.

Maximum of the truckers are covered through IPC sessions. STI static clinic is not functional. No outreach planning for hidden population.
11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model

NA

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

During the field visits it has been observed that rapport of the ORWs is satisfactory. Rapport of Peer Education was seen to be satisfactory in the field but lot more improvement needs to be there. Some of the target populations were not aware of condom outlets. ORWs and Peer Educators were able to do IPC sessions, condom demo, DGA activity, health game.

13. PE: HRG ratio, PE: migrants/truckers ratio.

7 Peer Educators positions for target to cover 10000 truckers quarterly. Positions as sanctioned by SACS.

14. Regular contacts The no. of HRGs contacted as per the Differentiated Prevention Service Delivery model – The frequency of visit and the commodities/medicine distribution such as OST, STI care, PT, RMC, condom, lubes, syringe and needles, abscess treatment, etc., should be referred with SACS.

Not Applicable

15. Documentation of the PEs & ORWs

IPC session register, Health game register, DGA register, street play register, outlet register, Peer meeting register and Daily dairy is maintained by all ORWs (Truckers). Peer Educators maintain their plan and IPC details.

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

The team was able to meet 5 among 7 peer educator positions. 1 PE position was vacant at the time of evaluation and 1 Peer Educator was not available during the period of evaluation. Among 5 met in FGD, one of the PE was not able to demonstrate IPC sessions or correct condom demo. It was reflected in the FGD that the peer educators have basic knowledge about the project services. They were aware of the STI symptoms but proper information must be disseminated at regular intervals with them.

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

Project Manager is supervising all ORWs and Peer Educators. Project Director was also found to be involved in the project. ORWs are providing support to the PEs. TI is conducting regular weekly & monthly staff

meetings.

IV. Services

1. Availability of STI services – mode of delivery, adequacy to the needs of the community.

STI static clinic is not functional. Space for clinic, examination is there but clinic is not functional and clinic is not branded for Khushi in various colors.

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

STI static clinic is not functional.

3. In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds.

There is a system developed for procurement. Availability of drugs is done with revolving funds.

4. Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to ICTC, ART, DOTS centre and Community care centres.

Referral system to ICTC and ART. No follow up mechanism.

5. Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.

Documentation is being done. Medicine stock register and condom stock register, peer IPC registers are available. Documentation of the meetings with the stakeholders/LAC is available.

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

(October 21 to September 22)

Condom demand- 40800

Condom sold- 33480

(October 22 to September 23)

Condom demand- 40800
Condom sold- 35800

The TI has condom outlets and clinic as the channel of condom distribution.

7. Availability and Accessibility of OST – Provision of OST through NGO/CBO / Public Health facilities / Satellite OST centres.
Not Applicable

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

(October 22 to September 23)
Condom demand- 40800
Condom sold- 35800

9. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.
Not Applicable

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

ICTC linkages:
Civil Hospital, Ludhiana

DOTS linkages:
Civil Hospital, Ludhiana

ART linkages:
Civil Hospital, Ludhiana

11. Referrals and follow up.

October 2021 to September 2022
ICTC referred- 544
ICTC tested- 544

October 2022 to September 2023
ICTC referred-544
ICTC tested- 102

V. Community participation

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

activities.

No SHG or CBO initiated

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

Community participation is very less in committees. This needs to be increased. Community participation must be ensured in all project activities.

VI. Linkages

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

Linkages has been established. But no referral slip has been maintained for TB, STI. In case of ICTC only those who are tested in the Camps of ICTC are shown as referred to ICTC.

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

October 2021 to September 2022

ICTC referred- 544

ICTC tested- 544

Gap- 0

October 2022 to September 2023

ICTC referred- 102

ICTC tested- 102

Gap- 0

Those who are tested in the ICTC camp are shown as referred to ICTC. Hence it is 100 percent.

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

Various stakeholders have been involved in the project. The team could meet five stakeholders and found them to be involved with the program.

VII. Financial systems and procedures

1. Systems of planning: Existence and adherence to NGO-CBO guidelines or any approved accounting principles endorsed by SACS/NACO, supporting official communication form NACO/SACS for any deviance needs to be presented.

Comment: Guidelines of NACO not followed in proper/complete manner. On review of subsidiary books of accounts, it observed that Stock register (of medicine & SCM) maintained by NGO. Fixed assets register has been maintained but not as per GFR format.

2. Systems of payments- Existence and adherence of system of payment endorsed by SACS/NACO, adherence to PFMS, availability and practice of using printed and numbered vouchers, approval systems and norms, verification of all documents related to payments, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments and adherence to other general accounting principles.

Comment: As we mentioned in score sheet, quotations has been obtained but there was no purchase order as PM said that NGO gives order to vendor through email. Mail found on record.

Further petty expenses have been made through payment transfer into PM account

3. System 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.

Comment: The procurement is a combined procedure which include requirement, quotations, comparison, purchase order, receipt of goods and properly enter in to stock register. In reference to purchase procedure, quotations obtained but NGO gives purchase order through email to vendor however the same shall be in form of printout and kept in record.

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

Comments: Bank accounts maintained properly and reconciliation also maintained till applicability. Further audit report of financials of year 2022-23 not produced to us. Further, Project Manager and M&E told that the audit was audited but never no such report/observations shared to NGO.

The tally software is not used by organization as PO told that the software subscription has been ended before 2 years ago and it is not included in budget so they are managing manually. The same should be renewed form office expenses/AMC head with approval of SACS.

VIII. Competency of the project staff

a) Project Manager

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about TI programme including TI revamped strategies, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

Ms. Pushpa Arora (Preeti Arora) is the project manager. She joined the project in May 2021. She has done Bachelors in Sociology. She has experience of working in targeted interventions and related programs of approximately 12 years. She has basic knowledge about the program indicators but more clarity is needed.

b) ANM/Counselor

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages, clarity on risk assessment and risk reduction, symptoms of STIs, maintenance and updating of data and registers etc.

Ms. Rajnish Kumari is the counsellor in the project. She joined in October 2020. She has done Graduation. She has working experience of 3 years. She has basic knowledge of the basic counseling and HIV, STI, etc.

c) ANM/Counselor in IDU TI

In addition to the other requirements of a counselor as mentioned above the ANM/counselor of IDU TI needs working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments. For ANM, adequate abscess management skills will also be evaluated.

Not Applicable

d) ORW

Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings, knowledge about TI programme including TI revamping strategies, etc.

Mr. Rinku Singh, Mr. Shubham, Mr. Monu are the ORWs for the trucker intervention. They all have basic knowledge about the program indicators.

e) Peer Educators

Prioritization of hotspots, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.

Not Applicable

f) Navigator

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc.

NA

g) Peer Educators in IDU TI

Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities, etc.

NA

h) Peer Leaders in Migrant Projects

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

Not Applicable

i) Peer Educators in Truckers Project

Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.

Seven Peer Educators positions are sanctioned by SACS for trucker component. One position is currently vacant, The team could meet 5 PE for FGD and found that 4 of them were having satisfactory knowledge about ICTC, ART, condom demonstration skill,

j) M&E cum Accounts Assistant

Whether the M&E cum Accounts Assistant is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI SIMS reports.

Mr. Tanveet Singh is the M&E cum accountant. He has done B.Com. He has joined the project just two months before, hence no project clarity is there.

IX. Outreach activity in Core TI project

Interact with all PEs (FSW, MSM, HTG and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

NA

X. Outreach activity in Truckers and Migrant Project

Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake, that is whether enough Counseling and clinic footfalls are happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.

The monthly outreach plan for the ORWs is prepared. The team could meet 5 stakeholders. Timings of the outreach sessions are convenient for the truckers. Clinic footfall and counseling is satisfactory as per records but clinic is not done as per guidelines. STI clinic is not functional. The team interacted with Peers, ORW, and stakeholders to know their understanding of the outgoing activities.

XI. Services

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

Quality of services and services delivery was found to be satisfactory.

XII. Community involvement

How the TI has positioned the community participation in the TI, role of community in planning, implementation, advocacy, monitoring and providing periodic feedback about the prevention service delivery, etc.

Community participation needs to be increased.

XIII. Commodities

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

Condom demand calculation is being done at project level.

XIV. Enabling environment

Systematic plan for advocacy, involvement of stakeholders and 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 whether they are aware of their role, whether they are engaging in the program.

Advocacy is done on regular basis with follow-up.

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

No HRG have been linked to any social protection scheme in the period.

XVI. Details of Best Practices if any

Eye center has been started in the same Transport Nagar for the same population where free eye check-ups and glasses were provided, as per need, to the truckers.

Confidential Report**EXECUTIVE SUMMARY OF THE EVALUATION
(Submitted to SACS for each TI evaluated with a copy to NACO)****Profile of the evaluator(s):**

Name of the evaluators	Contact Details with phone no.
Dr. BIRESH PACHISIA, PhD	bpcare@yahoo.com, +91-9811531550
Ms. MANPINDER KAUR	manpinder72@gmail.com, 7347353580
Ms. HEENA SINGHAL	geetu2904@gmail.com, 9810353201
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	TCI FOUNDATION
Typology of the target population:	Truckers (till May 2023) Truckers and Migrants (June 2023 onwards)
Total population being covered against target:	31734 cumulative coverage against target of 40000 during October 21 to September 22 35481 cumulative coverage against target of 40000 during October 22 to September 23
Dates of Visit:	5th to 7th December 2023
Place of Visit:	LUDHIANA

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
82.3%	A	Very Good	Recommended for continuation with specific recommendations mentioned below.

Specific Recommendations:

- **Static STI Clinic must immediately be made operational with Khushi branding (wall colors and logos) as per the guidelines.**

- **Some of the Peer Leaders/Educators must be Helper/Ex helper/Trucker/Ex trucker.**
- **Job Description given to staff must be in the language known to them.**
- **As a best practice initiative, Vision eye center has been initiated in the same target area for the same target population. It is recommended to inform each of the target population visiting the eye center about the Suraksha Clinic and services.**

Name of the evaluators	Signature
Dr. BIRESH PACHISIA, PhD	
Ms. MANPINDER KAUR	
Ms. HEENA SINGHAL	