

## **Descriptive Evaluation Report**

### **Introduction**

#### **Background of the Project:**

##### **Introduction:**

Pravara Institute of Medical Sciences (PIMS), Loni has been implementing TI- Migrant Project Ahmednagar since January 2013. Rapid Survey of Migrant Worker conducted prior to Project implementation in 2012 in 35 Sites in Six Talukas - Rahata, Kopargaon, Sangamner, Rahuri, Newasa, Shrirampur in Ahmednagar District has estimated about 53,000 Migrant Population were engaged in various jobs which included round the year and seasonal in nature. The six talukas of Ahmednagar District are relatively developed in all fronts - Agriculture Industrial, Commercial, and Educational. Hence, these talukas attract a large number of Migrant population from within the State and outside in search of gainful employment.

As many as 48000 Migrants Workers are, usually engaged in Sugar cane harvesting in nine sugar factories located in the target area (six talukas) of the district. They live in their temporary make shift hutments near their respective sugar factory for about 6 to 7 month (Oct to Apr/May) every year. The roots of these migrant sugar cane harvest workers are traced from drought-prone districts of Marathwada and Vidharbha region of Maharashtra like Beed, Jalna, Aurangabad, Chalisgaon, Jalgaon, Dhule, Buldhana, Nashik, Solapur, etc. The PIMS has already been providing general health care services to some of these migratory harvest workers through its own Health Centers and Mobile Clinics. The TI Migrant Project sanctioned by MSACS has augmented our efforts to reach them fully and also focus on prevention of STI & HIV/AIDS. Besides as many as 6000 migrant workers from other typology are employed in industrial houses/factories (manufacturing, packaging, motor rewinding, panting, Milk processing, plywood) in the MIDCs of Shrirampur & Sangamner, and Construction industry (roads & buildings) service industry like hotels / road side restaurants, Hawkers etc in the six talukas of the district. These workers mainly hail from outside the states like Andhra Pradesh, Madhya Pradesh, Rajasthan, Bihar, Uttar Pradesh, Chhattisgarh, Gujarat, Jarkhand, Kerala etc.

PIMS through its work in the area for the last 30 years in the field of providing medical services and education, has been able to succeed in developing good rapport with this hard-to-reach workers including stakeholders and actual migrant population in the right earnest. The Project is therefore, today, well positioned to take this work forward to create increased access to STI/HIV services for its marginalised population and provide strengthened referrals through its own ART Centre, VCTC centers etc. PIMS has been able to achieve all the targets through this interventional project, except

condom promotion through social marketing and STI follow-up, HIV Screening and Syphilis screening. Under the proposed project, PIMS would try and scale up these activities to reach out the maximum community who are high risk groups.

At present the target of the project is 10, 000 Migrant and they have registered about 10422 migrants to give services. They work in the areas of Shrirampur, Kopargaon, Rahata, Rahuri, and Sangamner to deliver the services.

**Thus Pravara's journey goes on.....**

**Name and address of the Organisation :** Pravara Institute of Medical Science(PIMS)- Migrant TI  
Nagar Manmad Road, Shribara Complex,  
Behind Indria Ice cream,  
Sakuri. Tal- Rahata Dist.  
Ahmednagar.  
Ph: 09822479395  
E-Mail: [pims.migrant@gmail.com](mailto:pims.migrant@gmail.com)

**Chief Functionary** : Prof. K.V.Somasundaram

**Year of establishment** : September, 2003

**Year and month of project initiation** : January, 2013

**Evaluation team** : Mariyamma Paul (Evaluator 1)  
Praveen Namdeo (Evaluator 2)  
Radhakrishnan Patole (Finance Evaluator)

**Time frame** : 3 days (April to 19 - 21, 2016 inclusive  
of report writing).

### **Profile of TI**

**Target Population Profile:** Migrants

**Type of Project:** Bridge population

**Size of Target Group(s):** 10, 000 ( Reg . 10422; Male – 7611 & Female – 2811)

**Sub-Groups and their Size:** Nil

**Target Area:** Rahata, Kopargaon, Sangamner, Rahuri, Newasa and Shrirampur

# Key findings and recommendations on Various Project Components

## I.Organisational support to the programme

They have been working for the Migrants for more than 3 years. The Project Director with his passion for the work motivates the staff to run the programme. There is no Project manager currently .The project staff has established rapport with the target but not to the expected level. It is observed from the interaction with the Counsellor, ORWs, M&E, the field monitoring and supervision is not planned and carried. Project need to take meticulous efforts to train the staff with conceptual clarity and make them understand their roles and responsibilities specifically. There is abundance resources available with the Trust which is under used by the project.

## II .Organisational Capacity

**1. Human resources:** Proper staff is appointed as mentioned in the proposal. Organisation is following proper reporting system as per NACO protocol. There are 8 staff members in the TI NGO out of that only two member (Project Manager) left on 30/08/2015 and new appointed on the month of 01st Of Oct 2015. At present Project Manager left the TI on 31st March 2016 hence PM position is vacant now. Staff understanding towards the project is low and project. The project team consists of one Counsellor, one ME & A, five Outreach workers, and 14 Peer Educators. However the PEs involvement in project implementation is not found satisfactory. As the BAMS Doctor who is giving service is male, there are limitations in checking female migrant STI cases. Doctor is not trained by either NGO or M-SACS. It is observed that the programme staff could do much better in implement the targeted intervention among migrants.

**2. Capacity building:** TI organised induction trainings and one training in Programme Management and it is documented. In house training for Peer Leaders/ORW training is also conducted regularly but understanding on project and subject below average. The project team needs training inputs in system development, outreach planning and implementation, BCC interventions, STI management, condom requirement analyses, advocacy planning, establishing networks and linkages, ensuring the quality of referrals, etc.

**3. Infrastructure of the Organisation:** PIMS has a separate Office for TI project RAHTA. This Office and STI clinic are located in a well-constructed. The office has 1 hall with 2 rooms for STI clinic & DIC, and need to improve necessary furniture such as cupboards, fans, tables and other facility. They also have two other DICs in Sangamner and Rahuri.

**4. Documentation and Reporting:** Documentation system of the project should be improved. The existing system is incapable in tracking the HRG Migrants. The staff member has been issued with job descriptions. PIMS is sending narrative reports [CMIS] along with reports in MIS format in time. All documents [related with training, STI clinic, condom

distribution, review meetings, reports of community events etc.] were made available to the evaluation team. But need to improve for next year planning. Review is done on every Saturday.

### **III. Program Deliverables Outreach**

- Line listing of HRG has been done but weekly updating of the line listing and master register by the M & E is doubtful.
- ORWs register the migrant site wise through health camps and counselling.
- The project has developed an outreach plan but they do not have a micro plan.
- The Project is lacking in the quality of outreach planning and documentation. There is no scientific plan in the hands of the Project for outreaching.
- The project has developed 14 PEs in the field. The evaluation team could meet a few PEs.
- It is impossible to pick the exact number of migrants contacted at least once in three month from the existing documents in the project. The project claims that they have covered 10422 migrants. It is felt that they should have conducted AV shows if possible followed by group discussions.
- Outreach workers are maintaining their diaries and other documents. They have to improve their documentation skills.
- The system of supervision and field support from the former Project Manager is weak at all levels. There is no feedback mechanism and data validation system in place.
- The ORWs visited field to monitor the work, but found insufficient. The support provided by ORW on programme front was not reflected. The NGO has also failed in monitoring the performance of the project team in achieving the targets specified in the sanctioned project. Strict monitoring is inevitable to achieve the target and to discourage fabricated documentation in various TI components. Ultimately better services delivery was not found. It is also suggested to spend a whole day in every week for staff meetings, so that they can complete their reports, prepare plans, detail and discuss their achievements, challenges, required support, etc. before the authority.

### **IV. Services**

- As per NACO Guideline, PPP model of STI Services is recommended for the TI Programme among migrants and the same is not yet initiated by the project. The

Project is conducting general health check-up camps for all migrants without any preliminary filtering of HRGs.

- STI services are availed through health camps. ORWs refer the migrants to the STI camp. The STI cases are linked to the ICTC. Health camps are conducted at the work sites and the doctor gives STI treatment. The Project does not procure any drugs and get the needed number from the Government STI clinics.
- Basic supply of medicines and equipment's are available in the clinic. Three sites, which are far away from the project office, are reached through occasional medical camps or PPP doctors.
- They adhere to the syndromic treatment protocol. The project has to give thrust for improved ICTC screening among its target group members. No TB cases were detected during the reporting year. In fact, they have not given much attention to identify TB patients.
- Referral slips are available and maintained as NACO's guideline for referring the persons to referral services like STI Clinic, ICTC, etc. Condom stock register is available but it is insufficient to track the actual beneficiaries.
- There is no scientific gap analysis done by the project. Indiscrete distribution of condom is being carried out in the project by the ORW and no individual approach as per requirement on the basis of risk analysis. Project team was unable to submit the number of High Risk migrants who received condoms from the Project. There is no distribution register to track the HRG Migrant who received condom from the project.
- Based on the verification of documents and the Stock register it has been observed that social marketing distribution of condoms is being done. Regularity needs to be maintained. The project claims that they have 141 outlets but all of them are not functional except 25% of them.
- The project has rapport with the ICTC and ART for availing services. However, the project has to work more for tapping their resources for the benefit of the Migrant population. They are at more advantage as they have their own medical institution and transport facilities like ambulance/van etc.
- Qualities of referral linkages are at satisfactory level. Linkages with ICTC, Health Department, health camp. However there is a lot of scope for improvement in the area of STI treatment and referral system.
- Referral follow-up to be strengthened for increasing accessibility. PLHIV follow-up requires improvement in quality of recording and reporting. Counsellor is not able to record their day-to-day activities. Confidentiality needs to be ensured.

## **V. Community participation**

- No community group /CBOs were formed by TI organisation.
- Total 27 mid media activities conducted is 20 Street play plus 7 congregation events for the migrants. Needs improvement in quality of recording and reporting.
- Involvement of the community in project activities is inadequate. It reflects in inconsistency of PEs in the project and affects the service uptake and regular contacts.
- There is a need to organise more events exclusively for community members to bring them at a common platform. The participation of the community in the affairs of the project in general is not observed.

## VI. Linkages

- The linkages established by the project with various service providers need improvement both in quality and quantity. Need more concentrated efforts from the part of project to establish functional linkages with various service providers to achieve the goals and objectives of the project.

## 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.

*PIMS TI Migrant Project is adhering the guidelines and approved 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.

*There is cash & bank (Cheque) payment system, cash book & bank Book are maintained in tally software and kept hard copy in place but not Authorised by PD or PM for the year 2015-16. As per NACO's guidelines TI should not make cash transactions above Rs.5000/- but TI has paid AMC charges Rs.6000/-to the party by cash on 31.3.2016 (voucher No-152). Limit for cash in hand is above Rs.5000/-i.e.Date 30.5.2015 Cash in hand was Rs.6200/- and Date 31.5.2016 cash in hand was Rs.7200/- A separate bank account is in nationalized Bank i.e. Central Bank of India branch Loni which is not in project area as per NACO guidelines. Vouchers & bills are properly maintained but not authorised by PM or PD of Project.*

**3. Systems of procurement:** Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO.

*TI follows the adherence of system and mechanism of Procurement as endorsed by MSACS/NACO.*

*TI had purchased medicines for clinic and condoms (Zaroor) with revolving fund as per guideline of NACO by calling 3 quotations but not presented at the time of evaluation.*

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

*It is observed that the books of accounts are maintained in tally package software system. Cash/ Bank books, receipt vouchers, cash payment vouchers, cheque payment vouchers, required ledgers & Trial balance are properly maintained. SOE's are submitted irregular but it was in a prescribed format. The NGO have produced Audit Report for 2014-15 for reference. According to Audit observations TI had to follow the system for payment through Cheque for the amount Rs.5000/- and they followed.*

### **5. General:-**

*The Expenditure made is as per approved Budget. The NGO have deducted the profession tax from the salaries of concern staff and recovered amount is sent Head to head office for onward remittance to GOM treasury.*

*The evaluation period is 2014-2015 and 2015-2016*

*1- In the year 2014-15 : Grant received for April 2014 - March 2015 Rs.1718337/-*

*Expenditure for Apr 2014- Mar 2015 Rs.1697983/- i.e.98%*

*2- In the year 2015-16 : Grant received for Apr 2015 to Sept 2015 Rs.898846/-*

*Expenditure for Apr to Dec 2015 Rs.601335/- i.e.66% i.e. out of 13 score.*

### **Suggestions:-**

*1- Balance cash should be deposited in bank at the end of year.*

*2- To refund the balance amount from the grant to SACS.*

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

### **VIII a. Project Manager**

The Project Manager's position is vacant in the TI.

#### **VIII b. ANM/Counsellor**

The Counsellor has an MSW back ground. He was promoted from an ORW to Counsellor. Based on the interviews, documents made available and the reports and registers it was found that the Counsellor was not quite trained about the Project which was reflected in the Reports of the project and the output of the programme.

#### **VIII d. ORW**

There are currently 5 Outreach workers. Outreach services both quantitatively and qualitatively has been found to be very weak which needs to be immediately improved for achieving desired results. Outreach plan is prepared in advance by the ORWs. It was found that the quality of outreach planning is not adequate and the ORWs do not follow the weekly schedule as planned. The support given by them to the Peer educators are also not sufficient.

#### **VIII e. Peer educators**

Not applicable.

#### **VIII f. Peer educators in IDU TI**

Not applicable

#### **VIII g. Peer Educators in Migrant Projects**

As per document verification most of the peers are from source state. It has been ascertained through interviews that 4 PEs who were met have less involvement with the project. One to one and verification of documents revealed that there is lack of understanding regarding the issues of HIV/AIDS among the project staff. This was reflected among the community members during Interviews and one to one with the target community. Also regular contact of the project staff with the community members needs to be significantly increased which was evident from the flow of patients to the STI clinic and treatment being provided to them. Peer Educators are doing a shallow job like talking about HIV AIDS and STI. But apart from that they are not able to do any documentation task.

#### **VIII h. Peer Educators in Truckers Project**

Not applicable

### **VIII i. M&E Officer**

The M&E is not able to provide analytical information about the gaps in outreach, service uptake to the project staff. She is able to provide key information about various indicators reported in TI and STI CMIS reports. She has to be further trained with regard to systems and procedures.

#### **IX. a. Outreach activity in Core TI project**

Not applicable

#### **IX. b. Outreach activity in Truckers and Migrant Project**

Interaction with the ORWs shows that the outreach sessions conducted are not sufficient. More number of counselling sessions required. Five ORW's are currently with the project and they need to be further trained with more inputs.

### **X. Services**

The project team did not pursue the consistency in availing services though tracking systems. The quantity has been concentrated more rather than the quality of the Programme. The main service delivery is through medical camps and group meetings. Minimal services like counselling, referral to ICTC etc. has been done. But there is a gap between the referred and the tested. The gap is because they have not filtered the High risk people. Accompanied referral system is recommended and also suggested that gap analysis could be done for scaling up the programme. Advocacy meetings are conducted as evidenced from documents but were found to be intermittent and not exactly need based. Social welfare scheme are not availed for the Migrants.

### **XI. Community involvement**

Project has minimum knowledge on community progression concept, so it has to improve by posting more community members in community advocate and ORWs in the programme. There is no CBO formed and once formed the CBO need to be further shaped up and strengthened. Beyond this the participation of the community in project planning and monitoring is not invisible highly. The brand of facility of the Pravara Medical trust need to be used to make more worthy plans and participation for the community to showcase a holistic approach.

## **XII. Commodities**

The demand of condom is been done based on a rough calculation and there is no system used to track the usage of condom. The project as been social marketing but the Depots need to be made functional.

## **XIII. Enabling environment**

Various advocacy meetings have been conducted by the project with the government officials (ICTC Counsellor) for smooth service delivery of the programme. However, it appeared that the advocacy have been conducted without proper planning and follow up. A Project Management committee is not formed by the TI. The NGO Management and governing body members have made some contact in the locality. But given the horizon of the Medical Trust the TI should be able to extensive work and make an enabling environment for the community. Many more plans could be envisage together and implemented.

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

- Nil

## **XV. Best Practices if any**

- Nil

**Confidential****Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**  
**(Submitted to SACS for each TI evaluated with a copy to NACO)**

**Profile of the evaluator(s):**

<b>Name of the evaluators</b>	<b>Contact Details with phone no.</b>
<b>Mariyamma Paul</b>	<b>Plot No. 5, S1 - Perfect Paradise, Bharathiyar Salai, Madipakkam, Chennai – 600 091. Ph: 09941933353 <a href="mailto:mariyapaul@gmail.com">mariyapaul@gmail.com</a></b>
<b>Praveen Namdeo</b>	<b>Ph: 09893550114 <a href="mailto:praveennamdeo@rediffmail.com">praveennamdeo@rediffmail.com</a></b>
<b>Radhakrishnan Patole</b>	<b>Ph: 09970777815 <a href="mailto:rypatole@gmail.com">rypatole@gmail.com</a></b>
<b>Shivaji Jadhav DPO – DAPCU, Ahmednagar</b>	<b>Ph: 9881401312 <a href="mailto:dpoahmednagar@mahasacs.org">dpoahmednagar@mahasacs.org</a></b>

<b>Name of the NGO:</b>	<b>Pravara Institute of Medical Sciences – Migrant Project</b>
<b>Typology of the target population:</b>	<b>Bridge Population - Migrant</b>
<b>Total population being covered against target:</b>	<b>10422</b>
<b>Dates of Visit:</b>	<b>April to 19 - 21, 2016</b>
<b>Place of Visit:</b>	<b>Rahata, Ahmednagar</b>

**Overall Rating:**

<b>Total Score Obtained (in %)</b>	<b>Category</b>	<b>Rating</b>	<b>Recommendations</b>
<b>Below 40%</b>	<b>D</b>	<b>Poor</b>	
<b>41%-60%</b>	<b>C</b>	<b>Average</b>	

<b>61%-80%</b>	<b>B</b>	<b>Good</b>	<b>Recommended for continuation</b>
<b>&gt;80%</b>	<b>A</b>	<b>Very Good</b>	

### **Specific Recommendations:**

- Tracking of services & separate means for male & female migrants.
- May conduct regular training exercises to improve the knowledge, skill and capacity of staff on various topics and improve their presentation skills- during weekly staff meetings, at least one session.
- Field Diaries: all staff maintains field diaries with details of work done. Project Manager may verify the field diaries on Daily/weekly basis and authorise.
- The ORWs supervision of PEs to be improved. ORWs should play mentoring role in communicating messages and knowledge to the PEs.
- M & E may be asked to make field visits to validate, cross check data submitted by ORWs and PEs.
- Effort needs to be put forth for documentation by giving more importance to qualitative report. The entire team needs training on documentation.
- Expertise of the senior staff and technical support personnel's of the Organisation needs to be used by the staff.
- Suggested to review and restructure the review & monitoring system of the project.
- Micro plan with more clarity for the outreach work, need to be in place.
- Sensitising key stakeholders, including healthcare providers and law enforcement agencies, to improve access to quality HIV prevention and care services.
- Knowledge and skill of the Counsellor has to be improved. The knowledge on Risk assessment, Risk reduction, STI Counseling has to be improved. Session details need to be done for at least STI and HIV positive cases.
- Project Manager needs to do strict monitoring of the staff and frequent surprise field visits to be made.
- Changes in training pedagogy such as inclusion of audio-visual medium, documentary films, case studies, discussion, interactive sessions, group work etc may be adopted as a strategy.
- All the documents need to correlate with one another.
- The vast experience and facility of the Trust need to be utilised at all levels.

### **Name of the evaluators**

### **Signature**

<b>Ms. Mariyamma Paul</b>	
<b>Mr. Praveen Namdeo</b>	
<b>Mr. Radhakrishnan Patole</b>	