

Descriptive Evaluation Report

Introduction

Introduction to the Organisation:

Mr. Dilip Gunjal started his work in social work at an early age of 20. Being inspired by Bhartratra Mother Teresa & Mahamanv Baba Amate the renowned social workers of Maharashtra, he decided to focus his time in the upliftment of the most neglected sections of the society. It was realised by band of zealous volunteers working with Mr. Dilip Gunjal that the victims of homeless, mentally ill and most neglected women & children are helpless. They are deprived and exploited by people in the society and their lives were no less than slaves. Hence, this group decided to work to rescue homeless people, mentally ill and exploited women and children. Young people started to provide service to rural poor after completion of their Master degree in Social work. Youth volunteers has established the rehabilitation centre and started providing effective services to them.

The group of volunteers established the NGO named Shree Amrutvahini Gramvikas Mandal in 2006 and started to take efforts for rehabilitation and re-union of the people with mentally ill, roadside destitute and orphan children who were also mentally retarded in Ahmednagar District of Maharashtra. Shree Amrutvahini Gramvikas Mandal had registered under Society registration Act 1860 & Bombay Public Trust Act 1950.

Shree Amrutvahini Gramvikas Mandal is working for the Migrant Workers at Pimpri - Chinchwad area and Ahmednagar to create the awareness of HIV/ AIDS & promote the use of condom. They are providing regular service to 450 Thamasha artist in 14 Tamasha theater at Ahmednagar district to reduce the prevalence of HIV among the Key population. HIV-TB project funded by GFATM is also been implementing by Shree Amrutvahini Gramvikas Mandal for the entire Ahmednagar District.

A brief history of the intervention

the Amurtdeep migrant TI project in Ahmednagar district of Maharashtra was started in January, 2013. Ahmednagar is the largest district in Maharashtra, with growing population of 10 Million. It ranks among the top 5 HIV Prevalent cities in the state due to the rapid growth in urbanisation, Industrialisation and infrastructural development.

Ahmednagar has boosted the migration in the district. This growth means a greater demand for labour. Workers from Karnataka, Andhra Pradesh, Chhattisgarh, Jharkhand, Bihar, Rajasthan, Orissa and intra state migratory workers have been coming to Ahmednagar, for getting jobs. This migration has also led to high concentration of predominantly male communities and increased

participation in commercial sex thus creating a large cadre of high risk group. This Migrant Population work as Industrial worker, Construction worker, Daily Wages/Mathadi Kamgaar/ Auto, skilled workers (Loom, Furniture, Jewellery, Zari etc.) Hotel workers, Dairy workers , Hammal / Labour , Farm workers/ Agriculture , Brick kiln workers Hawkers ,Carpenter. They are working in 29 Sites which are Bolhegaon Phata, Sainagar, Savedi, MIDC M,N,L, L&T Colony, Gajanan Colony, Pipeline Road, Wadgaon Gupta, NavNagapur,Nagapur, Vambori, MIDC-Block-A,C,F, Nimblak Supa MIDC, Parner, MIDC Block no.- B,D,E,G,W , Newasa, Pandhri Poul, Shingnapur, Nagar City, Shivajinagar, Nalegaon, Kedgaon MIDC, Nepti,Nagar Aurangabad Road, Bhingar, Burudgaon Road, Kalyan Road, Shendi,Kapurwadi, Bhalawani, Burhanagar.

The Migrant TI Project is been given a target of 10,000 (Ten Thousand) Population to be covered per year & they have achieved 9,242 (Nine thousands two hundred fourty two) with help of 5 ORW. This year HIV testing done for more than 2842 population by project.

Thus Amrutdeep's journey goes on.....

Name and address of the Organisation : Shree Amrutvahini Gramvikas Mandal

Amrutdeep TI Migrant Project

Sai Ro-Banglows, B-4, Anandnagar, Sahyadri Chowk
Behind Wasan Automobiles, Navnagapur MIDC,
Ahmednagar - 414 111. (Maharashtra) India.

Phone No. 024 Office: (0241) 2429942

Mobile: +91 9011772233, +91 9881507650

Emil id : amrutdeepproject@gamil.com

Chief Functionary : Mr. Dilip Vasant Gunjal

Year of establishment : 2006

Year and month of project initiation : 2013

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

**Time frame : 3 days (April to 22 - 24, 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. 9242; Male – 8605, Female – 637)

Sub-Groups and their Size: Nil

Target Area:

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 is motivated to work for the project. The project Manager needs more handholding in managerial skill, conceptual clarity and assertiveness. The project staff has established good rapport with the community. It is observed from the interaction with the Project Manager, Counsellor, ORWs, M&E, the field monitoring and supervision is happening but not with proper plan and regular tracking is needed. PD has attended the monthly review meetings and signature is available but there is no suggestions of PD documented. The Organisation supports the staff whenever there is a crisis.

II.Organisational Capacity

1. Human resources: The project team consists of one Project Manager, one Counsellor, one ME & A, five Outreach workers, and 15 Peer Educators. But as per verification of PL records 13 new PLs were appointed in the month of March, 2016. Appointment letters are handed over to the all core staff. But appointment of 13 PL are suspicious, no proper payment of PL found on the records. As per record 15 PL appointed for the period of April, 2015 to February, 2016 and for the month of March it is found that 13 PL left the job and new appointment of PLs have been done in month of March, 2016. While tracking of PL attendance it is not recorded in any register. As per financial document verification of PL honorarium, it did not match with appointment and payment sheet.

PEs involvement in the project implementation is not found satisfactory too and was able to meet to only 2 PL during the process of evaluation. The records also revealed that PEs involvement in project implementation is nil. It is suggested that the programme staff should take strenuous effort in implementing the targeted intervention among migrants.

2. Capacity building: The TI has organised 16 trainings on induction, Programme Management and it is documented. In house Peer Leaders/ORW training is also

conducted regularly but understanding of ORWs on project and subject is found average. Because of high turnover of PLs, impact of untrained staff is clearly visible in the field. PE and even PL are just moderately aware of the issues and have no adequate knowledge of STI, and HIV / AIDS. To build capacity to implement dialogue based IPC and also to strengthen capacity of TI doctors in clinical STI management to be noted.

- 3. Infrastructure of the Organisation:** Amrithadeep -TI has established a separate office for TI project. This office and STI clinic are located in a well-constructed row house in Ananad Nagar, Sahyadri chowk in Ahmad Nagar District. The office has 3 rooms, and there is necessary furniture such as cupboards, tables, chairs, computer, printer and telephone facility. Internet facility is also available at project office. The office has 2 DIC at Bolegoan fata and Kedgoan with all necessary facility. However there is no separate space for counselling to maintain privacy and confidentiality. The Office cum DIC needs to be shifted to a more accessible for the migrants to make use of it.
- 4. Documentation and Reporting:** As per SACS protocol documentation and reporting system in place. The organisation was found to be sending regular CMIS and SOE reports. Descriptive reports are not available for almost all the activities. Sessions details needs to be recorded especially for counselling. Regular monitoring and action plan is needed. There is gap between plan and execution. They don't have any system of reviewing records.

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 could show only 2 PEs in the field although as per record they claim that they have 15 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.
- 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 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. Stringent monitoring is inevitable to achieve the target. 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

- On an average 30 hours of health camp is done for clinical services in a month.
- 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 community members admitted that the camps are organized by the NGOs. But they also mentioned that the medicines are not provided by the project. Basic equipment's are available in the clinic.
- They adhere to the syndromic treatment protocol. The project has to give thrust for improved ICTC screening among its target group members. Out of total 5 HIV positive 100% were linked for TB. 9 suspected were also linked with TB but none of them positive.
- 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.
- 5 positive were identified and 4 were linked to ART. Which accounts to 80%.The follow-up mechanism of the Project needs quality enhancement.
- Conceptual clarity of staff members on referrals and follow-up should be enhanced. Develop the network of more referral institutions. Prepare the list/index of such institutions for the easy perusal of staff members/PE.

V. Community participation

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. Mid media and congregation activities have been conducted but there is not proper documentation to support the same. More involvement of the migrants along with the stakeholders could be done with innovative strategies.

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.

Amrutdeep 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 and is Authorized by PD and PM. As per NACO's guidelines TI do not make cash transactions above Rs.5000/- . The Limit for cash in hand is Rs.2000/- A separate bank account is in nationalized Bank i.e. State Bank of India branch Premdan Chowk which is in project area as per NACO guidelines. Vouchers & bills are properly maintained and authorized by PM and PD of Project. Payment of Peer Leaders is through cash. PLs doesn't have bank account.

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 condoms (Deluxe) with revolving fund as per guideline of NACO .and purchased Assets by calling 3 quotations and kept in project Office.

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 regularly and 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 to maintain BRS and they are maintaining BRS on Quarterly basis. But TI is not deducting the TDS from the payment of Doctor.

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.1807614/-

Expenditure for Apr 2014- Mar 2015 Rs.1826034/- i.e.101%

2- In the year 2015-16 : Grant received for Apr 2015 to Sept 2015 Rs.931106/-

Expenditure for Apr to Sept 2015 Rs.926702/- i.e.99% Total 12 out of 13 score.

Suggestions:-

- 1- Balance cash should be deposited in bank at the end of year.*
- 2- To deduct the TDS from the payment of Doctor per month.*
- 3- Honorarium to PL should be through cheque or Bank.*

VIII. Competency of the project staff

VIII a. Project Manager

The Project Manager is an MSW. He has two years of experience in the Project. Conceptual clarity is further required. His encouragement and support to the staff to implement the programme is a must. He has to prove his efficiency in implementing the targeted intervention among migrants.

VIII b. ANM/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

Outreach services both quantitatively and qualitatively has been found to be average 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 not following the weekly schedule as planned.

VIII e. Peer educators **Nil**

VIII f. Peer educators in IDU TI

Not applicable

VIII g. Peer Educators in Migrant Projects

As per document verification most of the peers from source state. It has been ascertained through Interviews with 2 PES, one to one and verification of documents that lack of understanding is there regarding the issue of HIV/AIDS among the project staff.

VIII h. Peer Educators in Truckers Project

Not applicable

VIII i. M&E Officer

The M & E Officer has completed his MBA and is been with the project since inception. He is able to do his work and do report on time. However field visit need to be done.

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 with plan. There is no micro plan and the outreach plan is vague. The support given to the PEs from the end of the ORWs need to improve. The skills of the PEs need to be supported. Women migrants need to be concentrated and supported. A separate strategy need to be framed for them. Also regular contact of the project staff with the community members needs to be significantly increased.

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. Since they have a good hold at the stakeholders they could also do fund raising programme for the sustainability of the project activities at the field level.

XI. Community involvement

4 stakeholders, 13 Migrants, 2 Non tradition outlets and DIC have been visited during the field visit. As discussed with the target community and stake holders they are satisfied with the project services. The community involvement at the field level is good. They have done many programmes for the migrants like events, celebrations, games and shows etc. CBO has not been formed. CBO needs to be formed further to shape up the project activities and get it strengthened. Beyond this the participation of the community in project planning and monitoring is invisible.

XII. Commodities

The demand of condom is not done scientifically and there is no mechanism for tacking the same. Social marketing is managed by the TI of its own without any fund support from MSACS. 40% sale of condom through non tradition out lets (total 10806 condom sale by TI during the year). As per verification of document 60% out lets are NTO (Out of 102 out lets only 61 are active NTO). A study could be taken to understand the demand of the commodity and the usage/ brands preferred.

XIII. Enabling environment

Advocacy activity conducted without plan and follow up. Programme Management committee is formed but not active or no meetings has happened. They have no project committee formed not documented. However they have good hold at the stakeholders level. They have established rapport with various agencies and departments. The NGO Management and governing body members have made some contact at the local level.

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

- Nil

XV. Best Practices if any

▪ Donation Box

During the Health Camp the Project is keeping donation Box instead of collecting money to purchase STI and General medicines. Some of the Industrial owners also support the project for the clinic establishment.

▪ Free Clinic Services

One of the stakeholders Mr. Ajay Barskar (Maharaj) has availed free of cost the place to set up the clinic. The clinic was started to help the needy and vulnerable people by providing free clinical services.

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):

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

Name of the NGO:	Shree Amrutvahini Gramvikas Mandal
Typology of the target population:	Bridge Population – Migrant Project
Total population being covered against target:	9242
Dates of Visit:	April 22- 24, 2016
Place of Visit:	Navnagpur , Ahmednagar

Overall Rating:

Total Score Obtained (in %)	Category	Rating	Recommendations
Below 40%	D	Poor	
41%-60%	C	Average	
61%-80%	B	Good	Recommended for continuation

>80%	A	Very Good	
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Specific Recommendations:

- To build capacity to implement dialogue based IPC and also to strengthen capacity of TI doctors in clinical STI management.
- To strengthen capacity to mobilise HRGs for HIV prevention and protection and promotion of their rights.
- Specific risk and vulnerability factors of HRGs to be identified.
- Qualified, trained and supervised staff (MBBS physician) and counsellors to provide monthly STI screening and clinical services.
- Establishment of formal referral mechanism to quality HIV testing and counselling. HIV testing and counselling referral facility should be sensitive to FSWs/MSM/TG special issues and have a strong referral mechanism to HIV treatment, care and support and other related services. If referral mechanism is not present, clinic to establish its own.
- Suggested to review and restructure the review & monitoring system of the project.
- Knowledge and skill of the Counsellor has to be improved on Risk assessment, Risk reduction, STI Counseling has to be improved.
- PEs to be appointed soon and change the set back.
- In house training to be done periodically.
- All the monthly staff meeting to be attended by the PD and the suggestions of the PD to be documented with signature.

Name of the evaluators	Signature
Ms. Mariyamma Paul	
Mr. Praveen Namdeo	
Mr. Radhakrishnan Patole	