**Annexure: B**

**Reporting Format- B**

**Structure of the Detailed Reporting Format**

**(To be submitted by evaluators to SACS for each TI evaluated with a copy DAC)**

**Introduction**

* **Background of Project and Organization**  **:**

**ISRSD** is a voluntary and grassroots development organization founded in December 2005. The primary goal of the organization is to facilitate sustainable development of grassroots initiatives leading to environmental enrichment and gender justice. Working in line with its mission and objectives the NGO is working for women empowerment, organic movement, agriculture development and community health. Under the community health programme the organization is already running an intervention project for migrants with support from MSACS in Aurangabad district. With assessment and periodic awareness camps the organization has created a strong foundation to run a full fledged Targeted Intervention programme in Aurangabad. With so much of resources and expertise backing up, and now with an opportunity coming from MSACS the organization would like to implement HIV/STI intervention program for Migrants in Aurangabad District. As a part of this TI ISRSD plans to 10,000 migrant’s population. The program will focus on providing safe space, initiating community mobilization activities, addressing legal issues which will lead to enabling environment for sustained behavior change among Migrants.

* **Name and address of the Organization :**

Institute of Social Research and Sustainable Development (ISRSD)

**Postal Address**: Anterwala Post, Kajl Taluk, Aurangabad District - 431203, Maharahtra State.

Mobile Number: 09890731531, 09420226906

E – Mail ID: [isrsda@gmail.com](mailto:isrsda@gmail.com)

* **Chief Functionary :**

Mr. Bhaskar B Padul - President

* **Year of Establishment :**

21st December 2005

* **Year of Month of Project Initiation :**

1 st August 2013

* **Evaluation Team :**

Mr. Ganesh Prasad.K, Mr. Sushil Ahire & Mr. Aniruddha Kale

* **Time Frame :**

29-30 April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile : ~~FSW/MSM/IDU/TG/TRUCKERS/~~**MIGRANTS**
* Type of Project : ~~Core/Core Composite/~~**Bridge Population**
* Size of Target Group(s) : **10,000**
* Sub-Groups and their Size: **Migrants**
* **Target Area :**

1 .Aurgangabad City

2. Chikalthana MIDC

3. Shendra MIDC

**Key findings and recommendation on Various Project Components :**

1. **Organizational support to the programme :**

Interaction with key office bearers like President and Trustee, there is implementing programme activities, support to the community, initiation of advocacy activities, monitoring the project etc…

Interaction of the President Mr. Bhaskar Babasaheb Padul he was working with PD in Migrant Project Aurangabad District.The organization vision and mission is HIV prevention and care services. As a PD he is very much plays an active role in TI activities in the levels of monitoring, reviewing and advocacy and other project programme. He attends review meeting and provides his guidance to the team. PD attended the 9 monthly meeting out of 12 and 13 weekly meetings during the year. In this review meeting we discussion about the project activities and other project issues.

During interaction with one of the trustee member Mr. Appasaheb Ugle, was participate the project activities and mass project programmes

1. **Organizational Capacity :**
2. **Human resource: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.**

* The proposed staffs PM-1, Counsellor-1, ORWs - 5, Accountant cum ME-1 are in place. One PM and Two ORWs have been replaced in the one month All the vacant positions have been filled within one month Since they are implementing many development projects as well, their perspective on community is commendable. PD was attended the 9 monthly meeting out of 12 and 13 weekly meetings during the year. In this review meeting we discussion the project activities and issues and project documents are maintained by the PM and M&E officer.

* Appointment letters were issued to all Key Project staffs with Role & responsibilities and the copies of the

Same were filed in the project. It is observed that authorization signatures as missing on some of the

Appointment letters.

* The Staffs are needs to be trained on documentation and analysis.

1. **Capacity building :**

**Nature of training conducted, contents and quality of training materials used, documentation of**

**training, impact assessment if any:**

* While reviewing the training reports it was observed that 6 staff members were provided the above Mentioned

training conducted by MSAPS Detailed report of this training was not available for the review.Otherwise PSS

conducted 1 day training for new appointed PM and two ORWs and PEs on inductiontraining & HIV and AIDS

information Training.

**Verified the Staff Training Reports:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Type of training** | **Participants details** | **Details of reports** |
| 17/12/2015 | In house training on information of project conducted by ex-PM for ORWs | 5 ORWs | Report the training prepared by counselor which is of very bad quality. |
| 01/02/2016 | In house training on information of project conducted by ex-PM | 1 PM | Report the training prepared by M&E |
| 01/03/2016 | In house induction training on information of project conducted by PM for ORW | 1 ORWs | Report the training prepared by M&E |

1. **Infrastructure of the organization:**

* Organization have their head office at Jalana from organization operates and TI project office cum DIC is located at Plot number 54, Sarthak automobile, Jai Bhavani Chowk Cidco Aurgangabad on rent basis. They have office furniture such as table, chairs, cupboard and computer, printer etc. Project also has 2 DICs (1 at Chikhalthana and 1 at Shendra MIDC which are mainly used by community and the staff for conducting PE review meeting and community events

1. **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.**

* The documents and registers are maintained as per SACS protocol. They maintained registered. Project manager said that during the weekly & monthly meeting ORWs’ reports are reviewed and planned for the coming months. They don’t have any feedback mechanism other than shared during the weekly and monthly meetings. M& E is entering the all collected reports in system. The gap analysis system is practiced. The manager needs to sign in the diaries of ORWs during his field visit.
* ORWs they are preparing their monthly reporting sheet of their work completed. Is submitted to PM who compiles in monthly report. HRG formed are checked by PM but there is no proof of the checking these reports. And no of the formats were checked and signed by PM and PD
* Project Manager is reporting to PD weekly on telephone and during the visits. Monthly and MSACS. Monthly report are marked CC to PD.
* Project documents are maintained by the PM and M&E officer. Organization list of holidays is prepared which is in soft copy but not issued with staff officially.
* Without register leave taken the salary will be deducted. It was done as per the direction by PD
* All the PE reports are compiled by ORWs and the data is reported to PM.
* All ORWs data is compiled at project level which is then submitted to SACS/DAPCU. The PD attended 12 of the 12 monthly review meetings conducted.

1. **Programme Deliverables:**

* **Outreach:**

1. **Line listing of the HRG by category :**

* During the year project registered 10,020 migrants. Male: 9871, Female: 149

1. **Registration of migrants from 3 service sources i.e.STI Clinics, DIC and Counseling.:**

* The team told that registration done through ORWs’ field visits and individual contacts. It has been observed that they have new HRG registration of 1903 through DIC services, STI clinics, counselling and congregation points. Supportive documents are available to confirm the same.

1. **Registration of truckers from 2 service sources i.e.STI Clinics and Counseling :**

* Not applicable

1. **Micro planning in place and the same is reflected in Quality and documentation :**

* Micro planning has been found in place and the same reflected in tracking sheet, diaries (not properly updated) and other service records. PM does not have diary or work plan. He didn’t realize that work plan is necessary for him. It has been informed to start maintaining work plan and diary.

1. **Coverage of target population ((sub-group wise); Target/Regular Contacts only in HRGs :**

* Total 10,000 migrants to be reach at least once in project period at the time of registration or for follow up.
* The target is 10000 but their overall coverage is 10020. The regular contacts received all the services: 1903 = 19%

1. **Outreach planning-quality, documentation and reflection in implementation :**

* Outreach planning is being done periodically and the same is available with all the ORWs and PM. During the staff meeting they are preparing action plans and ORWs have copy of action plans available with them.

1. **PF: HRG ratio, PE: migrants/truckers:**

* Total number of PEs as per the sanctioned project is 14 paid PEs. but project appointed and 14 paid and 1 volunteer PE is appointed. HRG PE ratio for 5PEs with 727 and for 10 PE is 638.
* The volunteer PE support ORW during sessions. Total 10020 migrants reached by registering HRGs.

1. **Regular contacts** **(as contacting the community members by the outreach workers/Peers at least twice a month and providing services as such as condoms and other referral Services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the Community members :**

* Not applicable

1. **Documentation of the peer education.**

* PEs conducted IPC sessions and prepared by ORWs. ORWs are involved in only providing support for conducting sessions. Peer educator and ORWs are not properly maintained the dairy

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

* During the interaction with PEs the met 8 PEs out of 14 were able to tell what they do as peer educators. It was observed that they having knowledge on how HIV spreads through, prevention, STI symptoms, ICTC and condom usage. Condom demonstration skill of PEs is to be improved
* PEs are living in the sites for a long time
* The 5 PEs is from source states, others 5 PEs are Brokers / contractors and Shake holders.

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

* They have appointed 5 PEs from the source states other 9 PEs are Brokers / contractors and Shake holders. During the field visit and interaction with PEs and HRGs, PEs are having knowledge on HIV mode of spread, prevention, STI and ICTC testing. And referral system Condoms are available with PEs however in DIC - IEC enough materials are not found.
* Condom demonstration skill of PEs is to be improved

**IV. Services:**

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

* Total 10-12 Health camps conducted in a month. Frequency of the camp is conducted as per the availability of HRG. Project has 1 PP (Dr. Rajendra Sable - BHMS, Chikhal Thana) More service delivery is done through camps
* STI services are made available through camps and referrals to PPP clinics. However clinic referrals and referrals to Govt. services are very few turned with getting treatment services.
* Total clinic attended during the period 3737, 435 treated and follow up for STI but actual 433 referral slips found.
* During the interaction all the met stakeholders and PEs expressed their satisfaction on clinics.

1. **Quality of the services-infrastructure (clinic, equipment etc), location of the clinic,**

* Locations of the clinics are DICs. They have reportedly made DICs almost in all sites and the visited DICs were found with enough space and privacy for STI check-up and counseling. Since all the locations are inside the sites it is convenient to the community to participate. The doctors we met he told that the number of clinics could be increased.

1. **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 the use of revolving funds.**

* STI drug are to be purchased by target population Verified the 3 quotation but not maintained the purchase committee

1. **Quality of treatment in the service provision-adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC, ART, DOTS centre and community care centers.**

* The clinic the treatment is provided with adherence to syndromic case management protocol. The met doctors Rajendra Sable said that he had received STI cases referred by the TI and provided syndromic treatment. However, they have referred 3777 and tested 435 overall in the last year and most of the tests done at clinics. They had 5 PLHIV are registered with ART. They need to refer the TB suspects to DMCs in near future.

1. **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 officials documents in this regard.**

* Treatment registered is prepared and maintained.
* Referral slips are maintained at project STI symptomatic referral slips are attached with CEF forms and HIV referral slips are maintained separately.
* Referral slip not filled properly

1. **Availability of condoms- Type of distribution channel, accessibility, adequacy etc.**

* Condom distribution is done only by ORWs only no condoms distribution through DIC. Total 25800 condoms sold during the year. Yearly target is 27000 Pisces therefore it was divided month wise. Project also made attempt to calculate HRG wise condom requirement.
* Cash receipts of all condoms sold are not available. Amount is deposited in account in the month of December 2015.

1. **No. of condoms distributed through outreach/DIC.**

* 25800 condom sold/distributed through outreach/DIC

1. No. of Needles/Syringes Distributed through outreach/DIC.

* Not applicable

1. **Information on linkages for ICTC, DOT, ART, STI clinics.**

* Project conducts HIV testing through mobile van. Lab technician and counselor from the civil hospital is present for counseling and blood collection.Total 5 positive found during the year, out of which 1 is drop out but could not be tracked. , they have no contact with ART centres.

1. **Referrals and follows up.**

* There are no other referrals and follow up except STI and ICTC
* Project did not do any follow up of the referred patients

1. **Community participation:**
2. **Collectivization activities: No. of SHGs/Community groups/CBO’s formed since inception, perspectives of these groups towards the project activities.**

* Not done.

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

* Project conducted total 22 street plays in which total 1648 individual HRGs participated. They also conducted 3 events such as Rally, Patta Game and workshop for the social work college students details of the participants were not available for the review.

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

* Linkage with Mobile ICTC is done for HIV testing. No linkage with ART,TB etc.

1. **Percentages of HRGs tested in ICTC and gap between referred and tested.**

* Referred 1868, Tested 1750 They have to try to work for the best result rather than working just for the target.
* (Visited 2 sites), there are possibilities to increase the testing. The project conducted General Health camp &ICTC camp through Mobile camp.
* There is a need to increase the ICTC and improve the contact with DOTS.

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

* The support system developed is through the community participation in advocacy committees and mid media activities.
* Visited 2 sites discussion with Stake holders they have a very good rapport with the site owners and construction companies Factory Manager and security services.

1. **Financial system and procedures :**
2. **System of planning: Existence and adherence to NGO-CBO guidelines/any approved systems endorse by SACS/NACO-supporting officials communication.**

* In ISRD system of planning is as per NGO guidelines send by SACS.

1. **Systems of payments - Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, practice of setting of advances before making further payments.**

* In ISRD Payments endorsed by SACS availability and practice of using printed & serialized voucher, stock & issue register. Some time they are payment made above Rs. 5000/- for peer honarium. One time they paid cash RS. 200 for meeting refreshment but there is no supporting.

1. **Systems 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.**

* In ISRD they call 3 quotation but there is no procurement system and purchases committee.

1. **System of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports.**

* In ISRD they are available separate bank account maintenance by two jointly (Bank a/c in Andhra bank A.C no. 026511100000539) audit report available.

1. **Competency of the project staff.**

**VII 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 program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.**

* Mr. Anil Pandure completed his MSW and immediately joined ISRSD, he worked as PM till Feb 2016. he was not get any training for last one year only get the In house training for conducted by organization side . he is visit the field more then 15 to 20 days a month However he has to improve his risk assessment skills and need training..
* Past PM Mr. Tushar Chine completed MSW (1999) work for 16 years. He was aware about HIV and AIDS but this is first time to work with migrants. He was resigned the organization Jan 2016

**VIII 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 etc.**

* Ms. Ratnamala Wake completed MSW (2007) worked in various NGOs for 11 years. She is working with project as counselor for more than 1 year. She is able to prepared documentation of counseling but more training and handholding. She is not get any training for last one year only get the in house training for conducted by organization she is visit the field for 15 to 20 days a month and making referral and linkages. However he has to improve his risk assessment skills.

**VIII c. ANM/Counselor in IDU TI**

**Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers. 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.**

* Not applicable

**VIII 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 etc**.

* All 5 ORWs were interacted and observed with good commitment towards the work by the way they have explained their roles and responsibilities. The 2 ORWs get the training from MSACS other 3 ORWs are get the training from organization.
* Interaction with the ORWs there are 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 and field visit as per action plan etc..
* Need to improve the documentation and training

**VIII e. Peer educators**

**Prioritization of hotspot, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about services facilities etc**

* Not applicable

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

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

* Not Applicable

**VIII g. Peer educators in Migrant Projects.**

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

* In the project 05 PEs out of 14 PEs represent the source state, and other 5 PEs brokers/Contractor and 4 PEs Stake holder
* Motivating the community to go for ICTC and STI services and providing BCC.
* They reported that they provide condoms regularly
* PEs aware of HIV/AIDS information and knowledge about the services.
* PEs are prepare the documents supported through ORWs
* Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to priorities 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.

**VIII h. Peer educator in Truckers Project**

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

* Not Applicable

**VIII j. M&E Officer**

**Whether the M&E officer (FSW & MSM/TG TIs with more than 800 population and all migrant TIs are eligible for separate M&E officer) 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 CMIS reports.**

* Mr. Pradeep Nikalje is a Post graduate in M.Com joined in the month of Dec 2013 and he was able to provide the required data with the help of PM. he has t attended Training programme conducted by MSACS
* Needs to learn excel and data analysis.

**Ix a. Outreach activity in core TI project**

**Interact with all PEs (FSW, MSM and IDU) interact with all ORW’s 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.**

* Not Applicable

**IX b. 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 services uptake that is whether enough clinic footfall, counseling is 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.**

* IEC activities: project conducted street play, health camps and distribution of IEC material. During the TI distributed 5000 pamphlets, which is reported in the stock register. When it was verified it was found that information about receipt and distribution records were not found.

1. **Services**

**Overall services in the project, quality of services and service delivery, satisfactory level of HRG’s.**

* Services have been delivered to the community members like sessions, distribution of condoms, ICTC, ART, and STI. Community members are happy with the project services. Gaps found and filled in follow-up testing like ICTC and STI. They are providing ICTC and STI services to the HRGs through referrals to govt and PPP clinics and conducted the heath camps.

1. **Community involvement**

**How the TI has positioned the community participation in the TI, role of community in planning implementation, Advocacy, monitoring etc.**

* Community involvement is in all activities like planning, mid media activities and camps found very well. The community members are part of advocacy and Project management committee.(TI calls this as Advisory committee)
* Community members suggested for having generic medicines in the camps. Project accepted their suggested and mobilized medicines from outside. There were no documented evidence found.

1. **Commodities**

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

* During the monthly review meeting they plan for condom requirement and procure is calculated. However demand calculation is not there as they feel not feasible to do with migrants.

**XIII. Enabling environment**

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

* During the year TI conducted advocacy meetings with local stake holders such as factory owner and HR manager and other key persons for the preparation of Health camp and ICTC camps only.
* Advocacy meeting details are available in prescribed format with plan. PM, PD and ORWs have clarity on advocacy

.

* The community members are involved in advocacy activities and other linkages.

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

* According to project staff they worked for the welfare schemes and social entitlements. but project did not maintain documentation.

**XV. Best Practices if any.**

1. **SAPSIDI (snake Ladder game):**

* Actually when ever meeting is there only one way discussion happened but In this Sapsidi game workshop we made every one to be open and ask any thing they want to say. We maide the environment freely there.whatever question raised by Migrant ORW given the answer to the migrant.
* In this SAPSIDI game most of important issued were discussed. How to create free environment in the migrant. Details about STI, STD, Use of Condom, What is HIV, How spared the HIV, Safe sex, Like this issues discussed in this game. In this game our intation was to migrant should speaks freely and with ought any problem. That’s why we chosen this game. So every one free to talk in this game.





1. **PATTA CARD GAME :**

* We have organized PATTA CARD gam e in Narmada Traders Brijwadi area in Chikalthana MIDC. In this time we organized meeting with migrant in this area and we discussed in this group on HIV-AIDS. In group meeting we had open group discussion. Migrant asked questions about, HIV-AIDS, TB, Garmi(STI).
* We have organized Patta Lupachupi game. In this game there is card. On this card there is four option on one card and four answer on another card. On one card there is four question related HIV/AIDS, STI, STD and another card there is four option. Through this game they gets proper information on HIV/AIDS and STD. They speeks freely without fear and any tension. In this game there is 30 questions. But the answer will be make confused when they see it. So the person who involved and he is searching to find answer. And who gives proper and more anwers he gets prise also. So they involved in this game and get detail information on HIV/AIDS STI, STD etc. Through this game we select one group leader and he will facilitate the group and give more facility to their group.



**Session:**

We have conducted session for the migrant.

Details about STI, STD,Use of Condom, What is HIV,How spared the HIV,Safe sex .

Migrant asked question while session was conducted.



**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated with a copy to DAC)**

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

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **Mr. Ganesh Prasad.K** | [**Kush.kesh@gmail.com**](mailto:Kush.kesh@gmail.com)  **9845531231** |
| **Mr. Sushil Ahire** | [**Sushils303@yahoo.com**](mailto:Sushils303@yahoo.com)  **9421457062** |
| **Mr. Aniruddha Kale** | [**Aniruddha.kale475@gmail.com**](mailto:Aniruddha.kale475@gmail.com)  **9850568267** |
| **Officials from SACS/TSU (as facilitator)** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Institute of Social Research and Sustainable Development (ISRSD)** |
| **Typology of the target population:** | **Migrants** |
| **Total population being covered against target:** | Covered 10,020 active population against 10,000 Target |
| **Dates of Visit:** | **29-30th April 2016** |
| **Place of Visit:** | **Migrant TI office, Aurangabad** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **Below 40%** | **D** | **Poor** | **Recommended for** |
| **41%-60%** | **C** | **Average** | **Recommended for another review after 3 month** |
| **61%-80%** | **B** | **Good** | **Recommended for** |
| **>80%** | **A** | **Very Good** | **Recommended for continuation with specific focus for developing learning sites.** |

**Specific Recommendations:**

|  |
| --- |
| **During the evaluation it was observed that NGO is implementing many programs and only president is taking care of many projects due to which TI team could not get proper guidance and technical support from the NGO. NGO need to work towards building capacities of the project staff and provide them opportunity to work achieve project deliverables effectively. Considering the issue related to human resource, administration and program implementation it is recommended that the NGO should be given extension of three months for proving their capabilities of running this TI.** |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| **Mr. Ganesh Prasad.K** |  |
| **Mr. Sushil Ahire** |  |
| **Mr. Aniruddha Kale** |  |