**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 to NACO)**

**Introduction**

**Background of Project and Organisation:**

Noble ShikshanSanstha has run Successfully TI Trucker Project in Selected Chandrapur Dist. Under Maharashtra State Aids Control Society, Mumbai. NGO has Creating Mass Awareness against HIV/AIDS/STI/Stigma & Discrimination. As well taking ICTC/STI camp for the care & support

Noble ShikshanSanstha Establish is a developmental organization working on public health issues formalized it’s entity as a nonprofit making secular organisation to combat the situation. As an organisation started with since last 28 years. Society was registered under SR Act Society Registration Act, 1860. NSS is implementing HIV related projects in partnership with MSACS in Chandrapur districts, . The organisation is working with the support of national, state and corporate funding’s.

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| **Name of the Project** | **Funded By** | **Year** | **Working Area** |
| TI AashrayTrukers Project, Chandrapur | MSACS, Mumbai | 2010 | Chandrapur |
| TI F.S.W. Project, Chandrapur | MSACS, Mumbai | 2003 | Chandrapur |
| TI Migrant Project, Chandrapur | MSACS, Mumbai | 2012 | Chandrapur |
| Link Worker Scheme, Wardha | MSACS, Mumbai | 2010 | Wardha, District |
| PPTCT Wardha District | IL&FS Education Technology Services Ltd., Noida | 2010 To End of Project 30-11-2015 | Wardha, District |

**Name and address of the Organization** Snehal Nagar, Wardha (Maharashtra) – 442 001

**Chief Functionary** Mr. Praveen Hiware (Project Director)

**Year of establishment:** 1860

**Year and month of project initiation** September 2010

**Evaluation team:** Ms. SheebaRahman (Team Leader & External Evaluator), Ms.Nida Khan (External Consultant), NaseemaShikh (Accountant DAPCU, Finance Evaluator)

**Time Frame:** 20-22nd April 2016

**Profile of TI**

**Target Population profile**: Trucker’s

**Type of Project**: Bridge Population

**Size of Target Groups**: 10000

**Target Area** : Padoli (MIDC,Kosara,YashwantNagar,Lakhmapur) in

Chandrapur

**Key Findings and recommendations on Various Project Components**

**Organizational support to the programme**

During the visit by the evaluation team, it was observed that the key office bearer of the TI had fair understanding of the project and its implementation. They had a vision about the project, its components and the impact and achievements However, M&E support all the program. The NGO team is clear about networking and advocacy with the community. Monitoring and supervision is also very strong. PD was present at the time of the visit for interaction. The organization has contracted by the MSACS in the month of September 2010and the appointment of staff done immediately by the organization. The project director is attended 12 meetings in the whole project period.Organisation is very supportive towards HRGs, stakeholders’ analyses done at some extent and the project initiated planned.

**Organizational Capacity**

**Human resources**: The staff has positive outlook and the energy levels of the staff is positive so that they become very active in the fields. The overall understanding and commitment towards the project was found very good. But in some area need to improve(LAC constitution,involvement of stakeholders in planning process, increase of outlet and Joint reviews, planning and field visits with SMO/TSG/LAC and POs), The project has 1 Project Manager , 1 counselor and 4 ORWs along with 10 Peer educators. The Project Manager is the key for the project overall planning and implementation. He have very good knowledge and self-motivated person.

One of the ORW are from community (Ex-Trucker) however they have been working with the organization from 2010 all ORWs have very good rapport with the community Project Manager, counselor and accountant are having required academic qualification.

Organisation is supported by MSACS to undertake a TI project and the staffing pattern is as follows

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl No. | **Name of the staff** | **Designation** | **Qualification** | **Working Since with month** |
| 1 | Mr. Pravin K. Hiware | Project Director-TI | B.Com | 01-11-2003 |
| 2 | Roshan P. Akulwar | Project Manager | MSW | 01-01-2011 |
| 3 | Anil P. Uike | Counselor | MSW | 01-01-2013 |
| 4 | Pavan D. Kant | M&E cum Accountant | B.com | 01-09-2014 |
| 5 | Sunny Warkhade | ORW-1 | HSC, DNYS | 06-09-2010 |
| 6 | Sunil S. Khandre | ORW-2 | HSC | 06-09-2010 |
| 7 | Ganesh A. Akulwar | ORW-3 | HSC | 01-12-2011 |
| 8 | AvinashSomnathe | ORW-4 | HSC, D.M.L.T | 01-07-2013 |
| 9 | Dr. PankajYerne | M.O. | B.A.M.S., M.D. | 01-10-2010 |

**Outreach Worker-1: Name: Sunny Warkhade**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of PE** | **Age in years** | **Qualification** | **Target** | **Date of Joining** | **Intervening area** |
| 1. | SumeetJumde | 24 Years | HSC | 240 | 01.04.2012 | Kosara Fata |
| 2. | Dinesh Pendre | 25 Years | SSC | 240 | 30.06.2013 | Padoli Square |
| 3. | PravinMahadole | 21 Years | HSC | 240 | 01-06-2013 | Yashwant Nagar |

**Outreach Worker-2: Name: Sunil S. Khandre**

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| **Sl. No** | **Name of PE** | **Age in years** | **Qualification** | **Target** | **Date of Joining** | **Intervening area** |
| 1. | AkashMeshram | 20 Years | HSC | 240 | 01.02.2013 | PadoliChouck |
| 2. | Mahesh Dhole | 25 Years | SSC | 240 | 01.03.2015 | MIDC |

**Outreach Worker-3: Name: Ganesh A. Akulwar**

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| **Sl. No** | **Name of PE** | **Age in years** | **Qualification** | **Target** | **Date of Joining** | **Intervening area** |
| 1. | ShubhamDanao | 22 Years | HSC | 240 | 01-11-2012 | Padoli |
| 2. | Ravi Kale | 25 Years | HSC | 20 | 01-03-2016 | Kosara Fata |

**Outreach Worker-4: Name: AvinashSomnathe**

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| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of PE** | **Age in years** | **Qualification** | **Target** | **Date of Joining** | **Intervening area** |
| 1. | SanketSomnathe | 25 Years | HSC | 240 | 01-07-2013 | Lakhmapur |
| 2. | SatishPonde | 26 Years | HSC | 240 | 02-04-2015 | Lakhmapur |
| 3. | NarendraParate | 24 Years | HSC | 240 | 01-08-2013 | Padoli |

**Capacity building**:

The staff has been provided training by MSACS/NGO. However, they need more

training so as to be technically sound about the project services and their role in it.

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| --- | --- | --- | --- | --- |
| **Sl.No.** | **Name of staff** | **Designation** | **Training**  **given by** | **Content** |
| 1 | Mr. Pravin K. Hiware | PD | MSACS |  |
| 2 | RoshanP. Akulwar | PM | MSACS | Refresher |
| 3 | Anil P. Uike | Counselor | MSACS |  |
| 4 | Pavan D. Kant | M &E cum Accountant | MSACS |  |
| 5 | Sunny M. Warkhade | ORW | MSACS | Refresher |
| 6 | Sunil S. Khandre | ORW | MSACS | Refresher |
| 7 | Ganesh A. Akulwar | ORW | MSACS | Refresher |
| 8 | Avinash J. Somnathe | ORW | MSACS | Refresher |
| 9 | Dr. PankajYerne | M.O. | MSACS |  |

**Infrastructure of the organization:**

The office has threerooms and The office is being run from a rented premise and is

Satisfactory furnished. The visit was undertaken in TI office were one computer was available with Internet dongle was available at the TI office. Other infrastructure were in TI office. The DIC was also in the same premises but DIC footfall is low due to second floor. There is a room for Project Manager,M&E cum Accountant and ORW. One separate room was there for Counselor. There is a working DIC where, IEC –,pictorial/text in Hindi/Marathi language ,confidentially condom ,STI and HIV related IEC etc. DIC was low utilized by the community, Assets’ records were available and duly coded

**Documentation and Reporting**:

All files and records have been maintained as per the guidelines of NACO. Although files and records have been maintained as per the guidelines of NACO. The NGO sends the Report to SACS and TSU as per the timelines and shares the report with PD.All ORW formats and PE formats is filled, Various services need to be the part of plan for tracking the proper service delivery. Documents were available on treatment along with referral (slips) and doctor’s prescriptions. Presently PCM& LOC(Local Advisory Committee) is not continue. Maintenance of STI treatment register, referral slips. The register for ICTC referrals is maintained and found up to date. However the qualitative documentation is properly recorded of HRGs linked to DOT and ART. Meeting register, advocacy register are maintained. ORWs and Peers are clearly aware of how to use the outreach plan of their respective hotspots to increase service uptake.

**Program Deliverables**

* Outreach plan and micro plan- ORW activity plan is seen which was understandable by ORWs randomly cross verified.
* Target achieved: All of the project staff having activity plan and properly informed about the target they have achieved.
* ORW and PE coordination:- they have four ORWs&ten PE’s are working on part time basis as they are part of the community. Areas are divided among the PE’s. The monitoring and feedback process of PE’s workis quite satisfactory.
* Interaction with the community:- community interaction with stakeholders and found that they have very good linkages with stakeholders like transporters, medical stores and truckers. They have proper stakeholders list.
* Condom outlets and sale:-Evaluation team found condom outlet(25 NTO )but due to unavailability of SMO or HLFPPT/PSI. Outlet vendor inform that they are purchasing the condom from nearby areas. Total 80outlet is the target and 21 NTO is establish by NSS trucker TI.

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| Demand(2014 to 2016) | Free Distribution( 2014 to December 2016) | CSM |
| 96000 April-15 To Mar-16 | NIL | 3341 |

* Staff- All recruited staff in the project are mass of young population. A good team work and coordination between counselor, accountant and pm is visible. PM is sufficiently skilled as has joined starting of the project and having all required skills for this position. Accountant is sharp and capable of handling most of the data and programme related issues within the project. Counselorhasunderstanding all counseling related skills.
* Registration of truckers from 2 service sources i.e. STI clinics and counseling:
* Outreach planning: though the staff is doing their outreach well, they are quit strengthen in the planning and same gets reflected in their actions. Documentation is satisfactory.
* Documentation of the ORWs During the visits, it was revealed that copy of meeting is being maintained by ORWs.
* Quality of peer education- messages, skills and reflection in the community: Though the peer educators are providing project services to the community, and good oratory and comprehension skills. The messages on significance of safe sex, correct condom usage, STI screening and HIV Testing wascommunicated to HRG regularly. During the interaction with peers, it was found that Peer are very much involved in this project
* Supervision- supervision mechanism is in place. Besides a weekly meeting that takes place at the site office, the monthly meeting is there. The PM hassufficient skills and knowledge to handle the TI project and its services.

**Services**

* Availability of STI services are provided only through health camps. Twenty health camps are being organized in a month. Thetruckers attending the health camp as per NACO norms. Patient registers accessing STI clinics are being maintained by the counselor. Privacy and confidentiality is maintained by his/ her during patient counseling. A Trained doctor (BAMS) is available in the NGO. The health camps used for treatment of general illness, but doctor has trained to identify symptoms of STI and treat. The used as an opportunity to provide information on HIV and other STI

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| --- | --- | --- | --- | --- |
| Sl. No. | Name of the Doctor | Allopath/non-allopath | Received training on Syndromic Management from SACS/TSU | Letter of Understanding (LoU) signed: Yes/No |
| 1. | Dr. PankajYerne | BAMS Allopath | MSACS | Yes |

* In case of truckers and the STI drugs are to be purchased by the target population, but this was initiated by TI but not successful need to re- efforts with appropriate planning.
* Quality of treatment in the service provisioning: Syndromic Treatment protocol is adhered to in order to ensure quality in service provisioning. For HIV testing the HRGs have several options of linked up (Government ART Centers, ICTC etc). The Peer Educator and ORW accompany the patient for testing. Peer Educator and ORW follow up with the patients who drop out from testing or do not collect the report.
* Street plays were found.
* No. of condoms distributed: The calculation and demand for condoms distribution through outlets needs are mention the NGO.
* Information on linkages for ICTC, DOT, ART, STI clinics: linkages have been established with the service providers like HIV testing the HRGs have several options linked up (Government ART Centers). But despite this, the HIV testing has been during the contract period. Similarly TB patient has been identified/ reported in the project area for referral to DOTS Centre

**Linkages**

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics: linkages have been established with the STI clinics and ICTC Centers, but the TI has to make the most out of these.

2. Support system developedwith various stakeholders and involvement of various stakeholders in the project: Through the interactions, the team found that though the stakeholders were aware about the project activities and their role is very satisfactory.Few of them had visited the office, clinic, event or are active in referrals.

**Linkages (for ICTC/VDRL/STI/ART/TB etc.) as being used by the TI:**

1. ICTC/RPR/STI/TB/ART – General Hospital, Chandrapur
2. ICTC/RPR/TB/ – Bhadrawati
3. ICTC/ART– Ballarpur
4. ICTC/RPR/TB – Gadchandur
5. ICTC/RPR/TB – Rajura

**Field visit with stakeholders during evaluation period**

**Date:- 20/04/2016 & 21/04/2016**

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| **SR.NO.** | **NAME OF STAKE HOLDER** | **TRANSPORT NAME** | **SITE NAME** |
|  |  |  |  |
| 1 | Rahul chadda | Chadda transport | Midc, ghugus road |
| 2 | Amjad khan | Fiza transport | Lakhmapur |
| 3 | Yawarhussain | Rounak transport | Wadgaon fata |
| 4 | Dr. Prakashpokharna | Ambuja cement factory | Ambuja transport nagar |
| 5 | Abdul nasim | Jain transport | Ambuja transport nagar |
| 6 | Nitinbhiwapure | Om transport | Ambuja transport nagar |
| 7 | Amar waghmare | Ktc transport | Ambuja transport nagar |
| 8 | Madhavsuryanshi | Pnr transport | Ambuja transport nagar |
| 9 | Rajesh rao | Kft transport | Ambuja transport nagar |
| 10 | Ranjanbhosale | Chadda transport | Ambuja transport nagar |
| 11 | Pankajbonde | Dnr transport | Ambuja transport nagar |
| 12 | Anandrandive | Waheguru transport | Ambuja transport nagar |
| 13 | Vasantmanusmare | Nirbhay transport | Ambuja transport nagar |
| 14 | Shree chaturvedi | Abhishek transport | Ambuja transport nagar |
| 15 | Sudhakarpise | Mahavirdhaba | Lakhmapur |

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| ***Indicator*** | ***Period April 15 to March 16*** |
| Target allocated | 10000 |
| Total registration | 8235 |
| Active population till 2016 | 49003 |
| Date of Project Management Committee (PMC) formulated | Not initiated |
| No. of PMC meetings | NA |
| No. of congregation points proposed | 3 |
| No. of congregation points catered | 3 |
| No. of congregation events in last one year (April 2015 to March 2016) | 3 |
| Mid media events in last one year (April 2015 to March 2016) | 24 |
| No. of condom outlets (traditional/non-traditional) | 21 (Non Traditional) |
| No. of Free condom used only for demo- and re-demo | 4688 |
| No. of outlets | 21 |
| CSM Distribution in last one year | 3587 |
| Condom Balance as on date 31.03.2016 (free)  Exclusively being used for Demo & Re-demo | 0 |
| Condom Balance as on 31stMarch 2016 (CSM)  (N.B.: Popular brand name- “Thrill”) | 81 (Delux) |
| Total No. of PLs | 10 |
| No. of PLs from source district (belonging to UP & Bihar) | 0 |
| No. of sessions conducted by ORWs in last twelve month (April 15 to March 16) | 576 |
| ORW Coverage | 18516 |
| No. of sessions organized by PLs in last twelve month (April 15 to March 16) | 2400 |
| No. of PLs’ sessions supervised by ORWs | 600 |
| PL Coverage | 27302 |
| No. of Counseling Session at Clinic/Site/DIC | 240 |
| Mid-media events in April. 15 to June 15 months | 174 |
| Mid-media events in July 15 to Sept. 15 months | 174 |
| Mid-media events in Oct. 15 to Dec 15 months | 174 |
| Mid-media events in Jan 16 to March16 months | 174 |
| No. of suspected TB cases linked RNTCP | 158 |
| Total STI cases diagnosed during review period | 793 |
| Total STI cases treated during review period | 793 |
| Total STI cases followed-up during review period | 793 |
| No. of STI cases tested ICTC during review period | 793 |
| Total ICTC April 15 to March 16 | 2279 |
| Total No. of HIV positives during April 2015 to March 2016 | 16 |
| Total No. of HIV positives linked to ART during January 2015 to December 2015 | 17 |
| No. of +ves in follow-ups with last CD4 count | 34 |
| Total No. of HIV positives (Cumulative) | 76 |
| No. of +ves migrated and not in reach (cumulative) | 7 |
| Total No. of cumulated HIV positives currently linked to ART | 69 |
| Any other linkage | TB |

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| **Sr. No.** | **UID** | **Date of HIV Test** | **Name of ICTC** | **PID No** | **Date of Pre ART registration** | **Baseline CD 4 test data** | **Baseline CD 4 Count** | **Whether put on ART or not** | **Reason for not getting ART** |
| 1 | TRU/66/25/10/2010/540 | 27/10/2010 | G.H.Chandrapur | CH/001/10/6610 | 02/11/2010 | 02/11/2010 | 689 | On Art |  |
| 2 | TRU/66/09/11/2010/235 | 11/11/2010 | G.H.Chandrapur | ch/001/10/6909 |  |  |  | - | Not Link |
| 3 | TRU/66/26/12/2010/633 | 28/12/2010 | G.H.Chandrapur | ch/001/10/8232 | 04/01/2011 | 04/01/2011 | 361 | - |  |
| 4 | TRU/66/26/12/2010/640 | 28/12/2010 | G.H.Chandrapur | ch/001/10/8309 | 08/01/2011 | 08/01/2011 | 111 | On Art |  |
| 5 | TRU/66/26/12/2010/648 | 28/12/2010 | G.H.Chandrapur | ch/001/10/8288 | 14/01/2011 | 14/01/2011 | 146 | - |  |
| 6 | TRU/66/23/001/2011/585 | 28/01/2011 | R.H. BhadrawatiR.H.Bhadrawati | CH/202/11/0185 | 31/01/2011 | 31/01/2011 | 295 | - |  |
| 7 | TRU/66/27/01/2011/612 | 28/01/2011 | G.H.Chandrapur | ch/001/10/686 | 29/01/2011 | 29/01/2011 | 241 | On Art |  |
| 8 | TRU/66/11/11/2010/0312 | 11/11/2010 | G.H.Chandrapur | ch/001/10/6913 | 31/01/2011 | 31/01/2011 | 470 | - |  |
| 9 | TRU/66/16/02/2011/356 | 17/02/2011 | G.H.Chandrapur | ch/001/11/1242 | 21/02/2011 | 21/02/2011 | 201 | On Art |  |
| 10 | TRU/66/23/02/2011/516 | 24/02/2011 | R.H. Bhadrawati R.H.Bhadrawati | ch/202/11/0681 | 24/02/2011 | 24/02/2011 | 232 | On Art |  |
| 11 | TRU/66/23/02/2011/519 | 24/02/2011 | R.H. Bhadrawati R.H.Bhadrawati | ch/202/11/0689 | 24/02/2011 | 24/02/2011 | 843 | - |  |
| 12 | TRU/66/23/02/2011/522 | 24/02/2011 | R.H. Bhadrawati R.H.Bhadrawati | ch/202/11/0668 | 24/02/2011 | 24/02/2011 | 305 | On Art |  |
| 13 | TRU/66/20/02/2011/428 | 22/02/2011 | R.H. Bhadrawati R.H.Bhadrawati | ch/202/11/0604 | 28/02/2011 | 28/02/2011 | 187 | - |  |
| 14 | TRU/66/11/02/2011/217 | 12/02/2011 | G.H.Chandrapur | ch/001/11/1071 |  |  |  | - | Not Link |
| 15 | TRU/66/15/06/2011/432 | 15/06/2011 | G.H.Chandrapur | ch/001/11/4252 | 15/06/2011 | 15/06/2011 | 572 | - |  |
| 16 | TRU/66/12/08/2011/378 | 13/08/2011 | G.H.Chandrapur | ch/001/11/5572 |  |  |  | - | Not Link |
| 17 | TRU/66/07/09/2011/197 | 09/09/2011 | G.H.Chandrapur | ch/001/11/6145 |  |  |  | - | Not Link |
| 18 | TRU/66/12/10/2011/378 | 14/10/2011 | G.H.Chandrapur | ch/001/11/7034 | 14/10/2011 | 14/10/2011 | 368 | - |  |
| 19 | TRU/66/12/10/2011/384 | 14/10/2011 | G.H.Chandrapur | ch/001/11/7060 | 14/10/2011 | 14/10/2011 | 114 | - |  |
| 20 | TRU/66/20/11/2011/547 | 21/11/2011 | G.H.Chandrapur | ch/001/11/4798 | 23/11/2011 | 23/11/2011 | 321 | - |  |
| 21 | TRU/66/26/12/2011/748 | 28/12/2011 |  |  |  |  |  | - | Not Link |
| 22 | TRU/66/23/01/2012/689 | 24/01/2012 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/12/0262 | 25/01/2012 | 25/01/2012 | 349 | On Art |  |
| 23 | TRU/66/23/01/2012/692 | 24/01/2012 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/12/0273 | 27/01/2012 | 27/01/2012 | 91 | On Art |  |
| 24 | TRU/66/06/02/2012/112 | 08/02/2012 | G.H.Chandrapur | CH/001/12/953 | 10/02/2012 | 10/02/2012 | 955 | - |  |
| 25 | TRU/66/21/02/2012/493 | 23/02/2012 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/12/0600 | 27/02/2012 | 27/02/2012 | 97 | On Art |  |
| 26 | TRU/66/15/03/2012/423 | 17/03/2012 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/12/1081 | 26/03/2012 | 26/03/2012 | 661 | - |  |
| 27 | TRU/66/24/03/2012/632 | 26/03/2012 | G.H.Chandrapur | CH/001/12/2043 | 27/03/2012 | 27/03/2012 | 173 | - |  |
| 28 | TRU/66/18/09/2012/529 | 20/09/2012 | G.H.Chandrapur | CH/001/12/4464 | 21/09/2012 | 21/09/2012 | 520 | - |  |
| 29 | TRU/66/25/09/2012/745 | 28/09/2012 | G.H.Chandrapur | CH/001/12/4749 | 01/10/2012 | 01/10/2012 | 374 | On Art |  |
| 30 | TRU/66/11/10/2012/411 | 15/10/2012 |  |  |  |  |  |  | Not Link |
| 31 | TRU/66/27/01/2013/815 | 30/01/2013 | R.H. Rajura | CH/005/13/509 | 31/01/2013 | 31/01/2013 | 211 | On Art |  |
| 32 | TRU/66/27/01/2013/817 | 30/01/2013 | R.H. Rajura | CH/005/13/510 | 31/01/2013 | 31/01/2013 | 351 |  |  |
| 33 | TRU/66/03/03/2013/076 | 04/03/2013 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/13/780 | 05/03/2013 | 05/03/2013 | 147 | On Art |  |
| 34 | TRU/66/25/03/2013/782 | 28/03/2013 | G.H.Chandrapur | CH/001/13/2850 | 31/03/2013 | 31/03/2013 | 368 |  |  |
| 35 | TRU/66/01/04/2013/047 | 02/04/2013 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/13/1222 | 10/04/2013 | 10/04/2013 | 252 | On Art |  |
| 36 | TRU/66/24/04/2013/589 | 26/04/2013 | R.H. Rajura | CH/005/13/1417 | 26/04/2013 | 26/04/2013 | 349 | On Art |  |
| 37 | TRU/66/01/05/2013/039 | 02/05/2013 | R.H. Gadchandur | CH/204/13/1285 | 02/05/2013 | 02/05/2013 | 528 |  |  |
| 38 | TRU/66/15/05/2013/0422 | 17/05/2013 | G.H.Chandrapur | CH/001/13/4966 | 17/05/2013 | 17/05/2013 | 146 | On Art |  |
| 39 | TRU/66/16/06/2013/517 | 18/06/2013 | G.H.Chandrapur | CH/001/13/6077 | 18/06/2013 | 18/06/2013 | 287 | On Art |  |
| 40 | TRU/66/22/09/2013/0635 | 24/09/2013 | G.H.Chandrapur | CH/001/13/9748 | 25/09/2013 | 25/09/2013 | 394 |  |  |
| 41 | TRU/66/22/09/2013/0641 | 24/09/2013 | G.H.Chandrapur | CH/001/13/9749 | 25/09/2013 | 25/09/2013 | 621 |  |  |
| 42 | TRU/66/20/10/2013/0577 | 25/10/2013 | G.H.Chandrapur | CH/001/13/11225 | 25/10/2013 | 25/10/2013 | 157 | On Art |  |
| 43 | TRU/66/22/10/2013/0622 | 25/10/2013 | G.H.Chandrapur | CH/001/13/11226 | 25/10/2013 | 25/10/2013 | 298 | On Art |  |
| 44 | TRU/66/24/10/2013/689 | 25/10/2013 | G.H.Chandrapur | CH/001/13/11229 | 25/10/2013 | 25/10/2013 | 396 |  |  |
| 45 | TRU/66/08/12/2013/189 | 10/12/2013 | R.H. Ballarsha | CH/205/13/5047 |  |  |  |  | Not Link |
| 46 | TRU/66/11/01/2014/0244 | 13/01/2014 | G.H.Chandrapur | CH/001/14/0199 | 13/01/2014 | 13/01/2014 | 639 |  |  |
| 47 | TRU/66/23/02/2014/0574 | 25/02/2014 | G.H.Chandrapur | CH/001/14/2527 | 25/02/2014 | 25/02/2014 | 281 | On Art |  |
| 48 | TRU/66/18/03/2014/458 | 20/03/2014 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/14/1036 | 20/03/2014 | 20/03/2014 | 333 |  |  |
| 49 | TRU/66/19/03/2014/497 | 20/03/2014 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/14/1038 | 20/03/2014 | 20/03/2014 | 410 |  |  |
| 50 | TRU/66/25/04/2014/001 | 25/04/2014 | G.H.Chandrapur | CH/001/14/4157 | 25/04/2014 | 25/04/2014 | 399 |  |  |
| 51 | TRU/66/05/06/2014/009 | 05/06/2014 | G.H.Chandrapur | CH/001/14/5530 | 05/06/2014 | 05/06/2014 | 51 | On Art |  |
| 52 | TRU/66/20/06/2014/033 | 20/06/2014 | G.H.Chandrapur | CH/001/14/5945 | 21/06/2014 | 21/06/2014 | 287 | On Art |  |
| 53 | TRU/66/20/06/2014/032 | 20/06/2014 | G.H.Chandrapur | CH/001/14/5946 | 21/06/2014 | 21/06/2014 | 389 |  |  |
| 54 | TRU/66/11/07/2014/012 | 11/07/2014 | G.H.Chandrapur | CH/001/14/6959 | 11/07/2014 | 11/07/2014 | 501 |  |  |
| 55 | TRU/66/07/07/2014/025 | 07/07/2014 | R.H. Bhadrawati R.H.Bhadrawati | CH/202/14/2504 | 10/07/2014 | 10/07/2014 |  |  |  |
| 56 | TRU/66/19/11/2014/117 | 19/11/2014 | G.H.Chandrapur | CH/001/14/11395 | 20/11/2014 | 20/11/2014 | 6 | On Art |  |
| 57 | TRU/66/15/12/2014/535 | 15/12/2014 | G.H.Chandrapur | CH/001/14/12947 | 15/12/2014 | 15/12/2014 | 138 | On Art |  |
| 58 | TRU/66/22/01/2015/703 | 22/01/2015 | G.H.Chandrapur | CH/001/15/0875 | 22/01/2015 | 22/01/2015 | 34 | On Art |  |
| 59 | TRU/66/24/01/2015/740 | 29/01/2015 | G.H.Chandrapur | CH/001/15/1301 | 30/01/2015 | 30/01/2015 | 284 | On Art |  |
| 60 | TRU/66/24/01/2015/741 | 29/01/2015 | G.H.Chandrapur | CH/001/15/1305 | 30/01/2015 | 30/01/2015 | 307 | On Art |  |
| 61 | TRU/66/07/04/2015/168 | 07/04/2015 | G.H.Chandrapur | CH/001/15/3516 | 09/04/2015 | 09/04/2015 | 114 | On Art |  |
| 62 | TRU/66/05/05/2015/70 | 05/05/2015 | G.H.Chandrapur | SA/ICTC/MH/CPR00215/04897 | 06/05/2015 | 06/05/2015 | 81 | On Art |  |
| 63 | TRU/66/06/05/2015/108 | 11/05/2015 | R.H. Bhadrawati | SA/ICTC/MH/CPR004/15/01679 | 12/05/2015 | 12/05/2015 | 133 | On Art |  |
| 64 | TRU/66/06/05/2015/109 | 12/05/2015 | R.H. Bhadrawati | SA/ICTC/MH/CPR004/15/01710 | 13/05/2015 | 13/05/2015 | 277 | On Art |  |
| 65 | TRU/66/04/06/2015/95 | 04/06/2015 | G.H.Chandrapur | SA/ICTC/MH/CPR00215/06426 | 05/06/2015 | 05/06/2015 | 48 | On Art |  |
| 66 | TRU/66/02/07/2015/47 | 03/07/2015 | G.H.Chandrapur | SA/ICTC/MH/CPR00215/07780 | 03/07/2015 | 03/07/2015 | 242 |  |  |
| 67 | TRU/66/06/08/2015/98 | 06/08/2015 | R.H. Gadchandur | SA/ICTC/MH/CPR00515/01817 | 06/08/2015 | 06/08/2015 | 262 | On Art |  |
| 68 | TRU/66/13/08/2015/245 | 19/08/2015 | G.H.Chandrapur | SA/ICTC/MH/CPR00215/09581 | 20/08/2015 | 20/08/2015 | 31 | On Art |  |
| 69 | TRU/66/07/09/2015/210 | 07/09/2015 | G.H.Chandrapur | GCSA/ICTC/MH/CPR00215 | 08/09/2015 | 08/09/2015 | 207 | On Art |  |
| 70 | TRU/66/09/09/2015/258 | 09/09/2015 | G.H.Chandrapur | GCSA/ICTC/MH/CPR00215/10518 | 10/09/2015 | 10/09/2015 | 536 |  |  |
| 71 | TRU/66/05/10/2015/101 | 05/10/2015 | G.H.Chandrapur | GCSA/ICTC/MH/CPR00215/11427 | 05/10/2015 | 05/10/2015 | 512 |  |  |
| 72 | TRU/66/09/10/2015/241 | 09/10/2015 | R.H. Bhadrawati | SA/ICTC/MH/CPR/004/15/04251 | 14/10/2015 | 14/10/2015 | 515 |  |  |
| 73 | TRU/66/06/11/2015/190 | 06/11/2015 | R.H. Gadchandur | SA/ICTC/MH/CPR/003/15/04138 | 06/11/2015 | 06/11/2015 | 345 |  |  |
| 74 | TRU/66/06/11/2015/171 | 06/11/2015 | G.H.Chandrapur | SA/ICTC/MH/CPR/002/15/12638 | 06/11/2015 | 06/11/2015 | 420 |  |  |
| 75 | TRU/66/21/03/2016/537 | 31/03/2016 | G.H.Chandrapur | SA/ICTC/MH/CPR/001/16/04445 | 31/03/2016 | 31/03/2016 | 223 |  |  |
| 76 | TRU/66/21/03/2016/503 | 31/03/2016 | G.H.Chandrapur | SA/ICTC/MH/CPR/001/16/04444 | 31/03/2016 | 31/03/2016 | 242 |  |  |

**Financial systems and procedures**

Linkages

**Systems of planning:**

The received fund utilized equal or below as per the budget approved. All expenditure approved through concern authority.

**Systems of payments**-

From our verification of books of accounts and other related document we found that, all payments are made through account payee/RTGS method. All supporting documents approved by concern authority also. Found the cash payment below of Rs. 5000/- on the basis urgency.

**Systems of procurement**-

Insurance for staff.

AMC computers.

Group Insurance for employees are done. AMC of Computers also done. As per no need of any procurement process during the April 2015 to March 2016.

**Systems of documentation**-

A separate Bank account is operated for said project with two signatory

Authority at branch Chandrapur of Central Bank of India. All Bank Reconciliation Statement available. No query at Audit reports. All SOE & UC submitted. Bills and vouchers have been examined and found in order which is subsequently recorded in tally software version 7.2**.**

**Competency of the project staff**

**Project Manager**

Project Manager RoshanAkulwar Joined from was promoted from counselor in January 2011 as PM

Modular training received by him in 21.02.2011PM’s qualification was as per norm having MSW , He is well versed with the project’s protocol he knew the proposal contents. He had understands managing program well. he has versed with many programme performance indicators.Review meetings being convened regularly. There was also reflection of his field visits (PM diary ,large number of advocacy initiatives were undertaken which could have been in the line of needs of the community as PEs/HRGs.

**ANM/Counselor**

Counselor/ANM Anil Uike joined in October 2013 and trained by MSCS on STI /HIV/Counsellingfound to be knowledgeable and trained person.

**ORW**

There are FourORWs in the project, Saniverkhade,AvinashSomlatha,SunilKhandre,GaneshAkulwar ORWs havegone through the training and having Knowledge about target on various indicators for their PEs.

Two ORWs(Sunny Warkhade, AvinashSomnathe) is very capable and smart and also having very good communication skills and good IPC skill.

**Peer educators**

There are 10PEs in the project .Evaluation team is able to meet 8 out of 10. . PEs level of knowledge as accessed during interaction session is sufficient to deliver the services to the HRGs.

**M&E cum Accountant**

M&E cum AccountantPawan Kant trained in M&E and accounting and has a sound knowledge of the project activities and he was able to provide analytical information about the gaps in outreach, service uptake to the project staff. he provided information on various indicators in TI and STI reports.

**Enabling environment**

**Services**

While interacting with approx..40truckers it was found that’s they are happy and satisfied with the knowledge given by the TI staffs.

It was observed though GD/FGD with the truckers at different area and hotspot the involvement of the truckers in project planning, implementation, advocacy and monitoring is seen.

**Best Practices if any**

Very good linked between Ambuja cement factory & transporters and NSS-TI joint efforts for health,beneficial schemes done for all truckers and also initiated to issuing a health card to each truck drivers, which contains information of truck driver and medical checkup data. And this health card is mandatory to each driver. This helped NSS to deliver satisfactory services like awareness, health checkupetc and also truckers they get information of their health too this will be planned for all sites.