**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**

Jalgaon district is known for its advances in horticulture. Its production of bananas and cotton, especially by resorting to drip irrigation, has created a role model for cultivators in other parts of India. Bananas grown in the district are exported outside the State and to other countries also. In Jalgaon district, total there are 3494 Industries. Out of these **63 are Big,** **128 are Medium** and **3303 are Small industries.** Because of this large opportunity of seasonable and perennial employment in the district and due to insufficient local manpower/ labor, the requirement of human resources is high from other states like UP, MP, Bihar and tribal belt of Maharashtra and district. The national high way no 06 passes from district about 140 km. so there is lot of Hotels and Dhabas are established which requires human resources. The organization, Rashtravikas Agro Education Sanstha, Amalner started to work under the migrant TI project in the year August’ 2010 for the migrant population of 10,000. Current TI covers 56 Sites of 13 blocks of Jalgaon District (Maharashtra) having maximum distance of 70 KM (Chalisgaon and Minimum distance 0 KM (MIDC). Present TI has target of 15000 HRG migrants and TI has covered 18622 migrants during the year from 55 sites of 13 blocks of the Jalgaon district.

Rashtravikas Agro Education Sanstha, Amalner is registered in 1997, having its head office in Amalner (Jalgaon) and 5 regional / branch offices in Maharashtra state. The organisation is working on Watershed, Rural employment, Natural resource management, SGSY, Environment and Craft development.

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

Rashtravikas Agro Education Sanstha, Amalner

**Head Office:**

10, “Ramkunj”, Shivparvati Colony,

Near Surabhi Colony, Amalner,

Dist. Jalgaon, Maharashtra, Pin- 425 401.

**TI Project Office :**

Gat No.156/2/2B., Sadoba Nagar,

Behind ST Workshop, Near Hira Pipe Factory,

Vittal Peth, Jalgaon (Maharashtra)

email id: [rashtravikas@yahoo.co.in](mailto:rashtravikas@yahoo.co.in)

Phone No.: 02587-222739, 226287

Mobile No.: 9422618407, 7774055587

* **Chief Functionary :** Tushar Ramkrishna Patil
* **Year of Establishment :** 1997
* **Year of month of project initiation** : August 2010
* **Evaluation Team**

Mr. Dinesh Prajapati - Team Leader

Mr. Shailesh Machhi - Co-Evaluator

Mr. Mahozzin khan - Finance Evaluator

* **Time Frame :** 1st April 2014 to 31st March 2016

**Profile of TI**

* **Target Population Profile:** MIGRANTS
* **Type of Project**: Bridge Population (Destination Migrant TI)
* **Size of Target Group(s) :** 18622 against target of 15000
* **Sub-Groups, their Size and Target area :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | District | Block | No. of Site | Estimated HRG | Covered HRG | Distance from TI Office |
| 1 | Jalgaon | Jalgaon | 10 | 20000 | 7698 | 0 km |
| 2 | Jalgaon | Chopada | 9 | 3800 | 1532 | 60 km |
| 3 | Jalgaon | Dharangaon | 7 | 2400 | 1456 | 35 km |
| 4 | Jalgaon | Erandol | 3 | 800 | 77 | 35 km |
| 5 | Jalgaon | Bhusawal | 7 | 4500 | 1322 | 35 km |
| 6 | Jalgaon | Yawal | 5 | 1500 | 174 | 45 km |
| 7 | Jalgaon | Pachora | 4 | 600 | 388 | 40 km |
| 8 | Jalgaon | Parola | 2 | 1000 | 231 | 38 km |
| 9 | Jalgaon | Amalner | 5 | 1800 | 1112 | 68 km |
| 10 | Jalgaon | Jamner | 4 | 1500 | 362 | 55 km |
| 11 | Jalgaon | Muktaingar | 1 | 500 | 40 | 68 km |
| **Total** | | **11** | **57** | **38400** | **15392** |  |

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

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

Interaction was held with Mr. Tushar Patil (Secretary of the organization and PD of the TI project). As interacted with staff, TI has provided loan to staff during time of Diwali. TI has provided some furniture and infrastructure to TI office from NGO fund. PD of the project is found actively involved in TI activities and advocacy meetings. PD has claimed to participate in monthly review meetings but his presence was not observed in meeting minutes. The organization has provided free accident policy to TI staff from NGO funds, also provide exposure visit to staff.

1. **Organizational Capacity:**
2. **Human resource:**

TI has 1 PM, 1 Counselor, 1 M&E officer cum Account assistant, 8 ORWs and 20 Peer Educators. Most the staff is senior and TI has witnessed limited staff turn owner. TI NGO and PD has created good work culture and in result of which, despite delay in salary (due to delay in grant from SACS), no high staff turnover found during the year. TI NGO has GPS system for monitoring staff movement and it is monitored from head office through mobile devices.

The project staff, in general, is enthusiastic, hardworking and committed BUT LITTLE OVER CONFIDENCED. All project team including peer educators requires training on the various tools of planning, monitoring and outreach.

1. **Capacity building:**

During current project period, 3 trainings were conducted at TI level. Out of which One was conducted by DAPCU and rest Two were conducted at TI level as In-House training for ORWs. TI has stable team and senior staff members were provided training in previous years. TI has 11 staff members and only 5 have undergone for training. Rest is yet to be trained.

1. **Infrastructure of the organization**

TI has set up project office within target area MIDC, Jalgaon. DIC is also attached with project office and having all needed equipments and infrastructure. DIC cum project office is spacious and easy for HRGs to access services from the project office. TI has set up in Jamner block of the same district. All assets are codified as per Assets register. Apart from TI grant NGO has provided some chairs, table, water purifier and cupboard to TI office from its own funds.

1. **Documentation and Reporting:**

TI maintains all records as per SACS protocols. Training register, Fixed assets register, Counseling register, Master list of all register HRGs are available. TI has conducted 9 review meetings at TI office and 3 review meetings at NGO head office. Out of 12, PD has participated in 7 Review meetings (58%).

1. **Programme Deliverables**

**Outreach**

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

Total 18622 migrants are registered against target of 15000.

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

979 - DIC services,

11660 - Health camps,

5983 - Counseling service.

Total 18622 migrants are registered against indicator of 15000 (old +new)

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

Not Applicable for Migrant TI

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

Monthly action planned was prepared by TI team but not used at field level. Planning was at ORW and staff level only and no micro planning observed at peer educator level. During the field visit; it was observed that PE does not have required material to conduct IPC sessions. TI team members prepare daily planning for next day’s work schedule. Social maps, area map, peer list, service directory, stake holder list, and geographical maps were prepared for each site.

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

TI has covered new 15392 migrants during the year, and 3230 old migrants were also provided services during the year. 18622 total migrants were provided services during the year

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

Outreach planning was missing at TI level, especially at field implementation level. During the field visit, it was not possible to observe Peer Leader’s IPC sessions due to lack of planning. TI has good rapport with stake holders and company owners but that could not be result in good intervention with migrants. While conducting Focused Group Discussion with migrants, it was known that migrants were not aware of the basic HIV issues; they were not aware of confidentiality norms.

1. **PE: migrant :**

20 Peer Educators are appointed to reach target of 15000 as per SACS sanction, TI is covering 18622 migrants till march 2016.

1. **Regular contacts :**

Not Applicable for Migrant TI

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

However, interacted Peer Educators have developed good rapport among their community members and are able to get support of stake holders, documentation of their efforts are not captured in good manners. During field visit it was observed that Peer Educators do not have IPC format (Filled). One site, IPC formats of old months were seen with Peer Educators instead of TI office.

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

Peer educators interacted, have good knowledge about HIV/AIDS and STI. They are also familiar with various services provided to HRGs through the TI project. Peer Educators have good rapport with stake holders and company owners. But these all positive things do not result in increase awareness level of HRGs.

HRGs interacted during the field visit were not aware about HIV/AIDS/STI and project services. It looks that TI is implemented on “AWARENESS MODE” not in “Target Intervention mode”,

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

The project has laid out supervision mechanisms and systems. Evaluators observed that the project director shown interest in project monitoring. The overall project was supervised by the Project Director. The project organizes regularly monthly meeting at office premises, review the data, preparation of monthly plans and action points are discussed in the meetings. Presence of PD has been reflected in the documents as well in the field. PD needs to be present in all monthly meetings for review and supervision. There is urgent need to look at planning level.

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

The present TI project does not have any separate STI clinic. However, regular health camps are being organized to screen the patients for STI. TI has 5 Doctors panelist for health camps and clinical services. None of them are MBBS and all are untrained on syndromic management. TI needs to provide syndromic management training to doctors.

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

TI is covering 11 blocks and 57 sites of the Jalgaon District, covering distance of 0-58 KMs, but Doctor for clinical services is available at 6 Blocks only. All Doctors are NON MBBS and untrained on syndromic management.

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.**

TI has not procured drugs for STI, and referred migrants with STI complaint to government hospital. STI patients treated at PPP doctor’s clinic / camps were not provided to HRGs. No procurement of drug was observed.

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.**

815 STIs were detected and treated, from which 432 migrants were followed. i.e. 53% migrants with STIs were followed. 11 HRGs had been tested for HIV, and None of them was contacted in last three months for follow up. Therefore, It is observed that Counseling, follow up and RPR / HIV testing of STI patient is very low at TI level.

1. **Documentation-**

Various documents like referral slips, stock register, and master register were made available for review at the time of an evaluation. Apart from these, format of IPC, ORW diary and indicator sheets were also developed at TI level. The project also maintains PE’s profile, training register. Further, all documents were completed but needs to synchronize with each others.

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

Condoms were distributed through DIC, Peer Leaders and stake holders but 21900 pcs condom were sold against target of 40500. (54%)

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

85 condom outlets are in function as on March 2016, 57 (67%) are nontraditional outlets. 21900 pcs condom were sold against target of 40500. (54%).

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

Not Applicable for Migrant TI

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

Linkages with 13 ICTCs were done by TI for HIV testing. Linkages also found sound with DOT, ART and government STI clinics.

1. **Referrals and follows up.**

Follow up against referral is very weak especially in case of STI and PLHIV. Only 53% HRGs treated with STIs were followed and No PLHIV were followed in last three months.

1. **Community participation:**
2. **Collectivization activities :**

Project Management Committee (PMC) is formed and it was migrant project SHGs / CBOs concept was not implemented.

1. **Community participation :**

PMC is formed and 4 meeting in a year was conducted and members are actively involved in providing resources for TI activities. 24 Mid media activities were done in a year and stake holder was part of planning process. Financial documents were available. Photographs were also available but report of mid media activity was not prepared.

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

Linkages with were done with MIDC, ICTC, ART, DOT, DAPCU and Corporate houses.

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

Total 4771 migrants were tested for HIV, and all STI cases were tested for HIV at ICTC.

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

TI has developed good rapport with stake holders specially factory owners. List of stake holder was prepared and posted at Project office. All types of Stake holders were identified and stake holder analysis was done. Stake holders were observed as participated in events, health camps and mid media activities.

1. **Financial system and procedures**
2. **System of planning:**

Budget guideline is available as issued by MSACS Mumbai. Expenditure Payment is made as per budget sheet .

1. **Systems of payments -**

Printed voucher is available & serialized. Stock book available for condom and stationary. Bill are approved by PM with stamps on bills & signed by PM and PD on vouchers. Supportive document were attached properly. Authority approval note sheet is available.

IT is recommended to pay staff TA by Cheque and need to pay Staff PTX as per Govt Norms.

1. **Systems of procurement –**

NGO has not purchased any Medicines during financial year.

1. **System of documentation-**

Bank accounts separately available maintained by jointly signatories. Bank reconciliation is maintained. Audit Reports are available last 3 years. Audit compliance report is submitted by NGO to the MSACS. Ledger Prints out is available.

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

**VII a. Project Manager**

The present Project Manager is BA (Psychology) and B. Ed (Physical Education), and not qualified as per norms but PM has vide experience of TIs from ORW (1 year) to Counselor (1.5 year) and having experience of 16 years in HIV/AIDS project. He has joined this Ti in August 2010 from the inception of the project. He has good knowledge about HIV and project indicators. As per the records, PM has conducted review meetings with staff. PM should review the progress of each indicator and suggests the team to take necessary action and extend support on need basis. PM needs to develop strategies for community participation and outreach planning at the project level.

**VIII b. ANM/Counselor**

The project has recruited counselor is qualified and has done post graduation (MSW). He has good understanding regarding Counseling and TI components but Counselors’ presence in the field is not felt. Counselor is working with this TI since June 2014. Performance of counselor in-terms of achievement of counseling targets is average. Documentation of counseling activities needs to be strengthened. It is suggested to counselor to track PLHIV migrants and migrants who have treated for STI and develop list of clients require follow-up services. Counselors also need to prioritize clients based on high-risk behaviors of migrants.

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

Not Applicable for Migrant TI

**VIII d. ORW**

TI has 8 ORWs, 6 are more than Two year old and 2 are working since last 2-6 months. ORWs were aware on the issues of outreach activities, STI, importance of ICTC testing. ORWs have good understanding of hotspot analysis and condom gap analysis. All ORWs including newly joined Two are found since and committed for project activities.

**VIII e. Peer educators**

Not Applicable for Migrant TI

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

Not Applicable for Migrant TI

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

Total 20 Peer Educators are appointed to reach 18622 migrants, 7 out of 20 Peer Educators are from source state (35%). Ratio is 1 PE: 750 migrants. Interacted Peer Educators are able to priorities the networks locations where migrants work. All Peer have tool kits including Demo model and peers are able to 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.

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

Not Applicable for Migrant TI

**VIII j. M&E Officer**

M&E officer is associated with this TI since January 2015 and has passed Master in Commerce (N.Com). He has sound knowledge of monitoring and Evaluation tools and able to provide analytical information about the gaps in outreach, service uptake to the project staff. He is well versed with various indicators reported in TI and STI CMIS reports. He is also maintaining accounts and finance of the project with support of NGO’s own Account Officer.

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

Not Applicable for Migrant TI

**IX b. Outreach activity in Migrant Project**

Outreach activity is performed by the ORWs & PEs both. PEs mainly performs the IPC sessions with the migrants. They were found to be aware of various IPC tools & the same was being carried out at the field the outreach activities performed are FGDs, exhibition shows, and social marketing of condoms. The project team carries out outreach activities regularly; however, documentation of outreach activities is very poor. The awareness level in the community regarding the HIV/AIDS/STI and ICTC is low. Average 20 IPC sessions per month were conducted by PE and Average 15 Sessions were conducted by ORWs. Average 20 IPCs was done by Peers, and 4 IPCs (20%) were monitored by ORWs.

1. **Services**

Overall service uptake in the project is good. At present the evaluation team feels that the TI project is mainly involved in awareness generation activities, but the same should be shifted and linked to different services components on daily basis leaving coverage of wide areas (3-68 KMs); TI should focused on areas where migrants are more vulnerable and available in bulk; so that integrated services can be provided. The uptake of DIC and Counseling services need to be strengthening.

1. **Community involvement**

Community involvement is just initiated and Migrants, Managers of units, Owner of company, MIDC association members, stake holders and Peer Educators were involved in project activities mainly in events, mid media activities, and advocacy meetings. KPs were aware of the various activities of the TI like adequate supply of condoms, STI screening health camps, various events. Stake holders involved in planning, implementation, monitoring and advocacy of the TI project.

1. **Commodities**

Condom demand was calculated but demand was not reached through Social Marketing of condoms as only 21900 pcs condom were sold against target of 40500. TI has 85 non-traditional outlets.

**XIII. Enabling environment**

**The present TI project has formed a formal Project Management Committee to uptake the advocacy meetings and** 20 Advocacy were done covering at all level, reports were available but follow up action is not initiated. PMC is formed and 4 meeting in a year was conducted and members are actively involved in providing resources for TI activities. All three Stake holder interacted were involved in addressing the issues relating to project services. 24 Mid media activities were done in a year and stake holder was part of planning process. Financial documents were available. Photographs were also available but report of Mid media activity was not prepared. 4 congregation events were conducted in a year (with planning of One per quarter), Reports and financial documents are available with TI.

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

TI NGO facilitates migrants for Adhar card, Voting card and PAN card.

**XV. Best Practices if any.**

TI NGO is monitoring staff movement via android GPS system from its head office and this is innovative idea implemented at TI especially when TI is covering wide areas and big TI team.

**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. Dinesh Prajapati (Team Leader)** | 721-722, Kanan Society, Rajan Nagar, Valsad Pardi Road, Abrama, Valsad – 396001, Gujarat – India  M : +91 9408333476  **Email:** [dinesh\_bsw@yahoo.com](mailto:dinesh_bsw@yahoo.com) |
| **Mr. Shailesh Machhi (Co-evaluator)** | A-16, Vasanji Park,Dharmpur Road,Abrama,Valsad-396001.  Mo:+91 94294 50535  **Email:** profshai@yahoo.co.in |
| **Mr. Mahozzim khan (Finance Evaluator)** | +91 8007084900 |
| **Officials from SACS/TSU (as facilitator)** | Mr. Sanjay Pahurkar  (DAPCU Jalgaon) |

|  |  |
| --- | --- |
| **Name of the NGO:** | Rashtravikas Agro Education Sanstha, Amalner |
| **Typology of the target population:** | Migrants |
| **Total population being covered against target:** | 18622 against target of 15000 |
| **Dates of Visit:** | 02/05/2016 to 03/05/2016 |
| **Place of Visit:** | Jalgaon (Maharashtra) |

Overall Rating based programme delivery score:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **61%-80%**  **(65%)** | **B** | **Good** | **Recommended for continuation with suggested changes in target areas.** |

|  |
| --- |
| * **Specific Recommendations:**   TI is covering wide areas starting from 3 to maximum 68 KM’s distance and having 1500 to 40 migrant coverage, In fact, Jalgaon itself has estimated 20000 migrants and nearby Bhusaval (4500), Chopda (3800) and Dharangaon (2400). It is strongly recommended to cover nearby limited areas where vulnerable population is possible to track along with their sexual network. Areas Jalgaon (20000), Bhusaval (4500), Chopda (3800) and Dharangaon (2400) only need to be focused from next year.   * TI needs to focus on planning and micro-planning, especially at field implementation level. * TI has 5 Doctors panelist for health camps and clinical services. TI needs to identify MBBS doctor and/or provide syndromic management training to doctors who are not MBBS. * 51 PLHIV identified and 33 were LFU, 18 are in contact and out of 18; none was contacted in last 3 months. It is suggested to reach all PLHIV migrants regularly. * In last 3 months, total 3482 HRGs were registered and out of which 265 were (only 7%) registered through DIC. Registration by providing DIC needs to increase as per guideline. * TI has not procured drugs for STI, It is suggested to procure drugs as per STI guideline and provide treatment during health camps. * TI has good rapport with company owners but rapport with migrants and workers and interaction with migrants are seen limited which needs to be increased. * 2453 (15%) migrants were counseled and registered by providing counseling service. TI needs to increase registration by providing counseling service. * TI needs to recruit Peer Educators as per migrant population, more than 40% Peer Educators shall be from source state and maximum shall be from stake holders. * Only 20% sessions of Peed Educators were monitored by ORWs, which is less than guideline, TI needs to monitor 50% IPC sessions of PEs by ORWs. * Advocacy meetings conducted shall be results in follow up actions. * TI can set up PE selection criteria to decrease PE turnover. * IT is suggested to set up DIC as per guideline. * Reports of mid media activities needs to be prepared. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| **Mr. Dinesh Prajapati** |  |
| **Mr. Shailesh Machhi** |  |
| **Mr. Mahozzim khan** |  |