**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**---Lotus medical Foundation ,Kolhapur was established with a motto of providing health care services for the needy in Kolhapur district .
* **Name and address of the Organization:-** Lotus Medical Foundation campus ,1654,E—ward Rajarampuri ,Kolhapur --416008
* **Chief Functionary:--**Mr. Sunil Gundale
* **Year of Establishment**:--1999
* **Year of month of project initiation** :-April 2010
* **Evaluation Team**:-- N.Sreenivasa Rao , N.Jagadeesh
* **Time Frame :-** 11 ,12,13 April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile: MIGRANTS
* Size of Target Group(s) :--30,000 during 2014 to 2016
* Target Area:--Kolhapur town and 2- MIDC areas

Key findings and recommendation on Various Project Components

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

The organization trustees have clear vision of the work that is being done and they support the staff by giving guidance to achieve the project goals . Mr. Sunil Gundale ,Project Director and Dr. Kimaya N Shah are main trustees who actively participates in the programme activities. The trust has also supported the project financially to pay the salaries of the staff during non receipt of funds from SACS.

1. **Organizational Capacity:**
2. Human resource:- The project is supported by Project Director , Programme manager, One counselor One ME &CA, 8 ORWS and 20 Peer leaders.
3. Capacity building:- No capacity has been done by SACS or STRC during the evaluation period. The organization reported internal trainings to the new staff recruited, but documentary evidence is not available in the organization.
4. Infrastructure of the organization:--It has good infrastructure but office space is limited.
5. Documentation and Reporting:- The documentation and reporting system needs to be strengthened

1. **Programme Deliverables**

**Outreach**

1. Line listing of the HRG by category**;-- Line listing f HRGS is available and is updated** .
2. Registration of migrants from 3 service sources i.e.STI Clinics, DIC and Counseling.:-- **registration of migrants for 3 services is available**.
3. Micro planning in place and the same is reflected in Quality and documentation.:- **Micro planning is place but is not reflected in quality and documentation**
4. PF: HRG ratio, PE: migrants/truckers.:-- **By and large it is as per norms**
5. Documentation of the peer education:-- **It is informed that the PLs are maintaining session records but no evidence is produced in the field** .
6. Quality of peer education-messages, skills and reflection in the community:-- **It is observed that the most of the PL are qualified, skilled and multilingual and having good communication skills and are able to give messages to fellow migrants . during the field visits ,it is noticed that the reflection of the messages by the PLs is visible in the community** .
7. Supervision-mechanism, process, follow-up in action taken etc. :- **The supportive supervision and the monitoring of the activities needs improvement.**
8. **Services**

Sti services are being provided by conducting health camps in the project area ,STI drugs are not being provided but prescription of drugs is done by the camp doctor and the Migrant worker has to purchase the drug from the market.

All STI cases are screened for HIV in camp but there is no follow up of STI cases being done , linkages need to be established with DOTS

Documentation of STI , TB and PLHIV needs to be improved .

Both free and social marketing Condoms are available . Free condoms are being used for demo and re-demo where as social marketing condoms are made available with PLs and around 150 other nontraditional outlets for sale.

1. **Community participation:**

Community is availing the services being provided by the project

1. **Linkages**
2. STI services are being provided by the project through camp mode. The linkages with DSRC and other government hospitals have to be established as DSRC and Government hospitals are available and accessible in the project area.
3. HIV screening is being done in camp mode by utilizing the services of PPP ICTC and standalone ICTC . Linkages with DOTs need to be established
4. Various stakeholders from the community and the industries providing support for the project activities. The same is noticed during the field visit .
5. **Financial system and procedures**

The NGO is following all financial systems as per NACO/SACS guidelines

All the payments being done as per the guidelines and maintaining required vouching systems and documentation

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

**VII a. Project Manager**

The present Project Manages is recruited in the month of March 2016. He is a B.Com graduate and has about 5 years experiences as M&E and accountant offices in Targeted Intervention. He needs training on Project management.

**VIII b. ANM/Counselor**

The Counselor is graduate in Social work and needs training on counseling practices

**VIII d. ORW**

It is observed that all the 8 ORWs are qualified and have skills to do their work and guide the PL in the field .Knowledge about STI, HIV and condom is up to the mark. Support to the Pl at the field level is provided

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

Many of the PLs are from the source states and the rest are multilingual and are able to perform their activities. They could do condom demonstration and provide support for the Health camps. Have working knowledge on HIV , STIs and TB

**VIII j. M&E Officer**

As on date the M&E officer position is vacant

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

Out of 20 PLs the evaluation team could interact with 11 Pl s and it is observed that they are having good communication skills and knowledge about STI, HIV ,TB etc. It is also observed during the field visit they are able to conduct the session to the migrant community effectively as per the convenience of the community and consent of the stakeholders .

1. **Services**

The migrant community is satisfied by the services of the project. However referral and follow up of STI and PLHIV need improvement.

1. **Community involvement**

The project is doing advocacy with the stakeholder and the community leaders for mobilizing the migrant community to avail the services provided.

1. **Commodities**

Free condoms and Social marketing condoms are available in the project. Social marketing condoms are available with the PLs and around 150 nontraditional outlets.

**XIII. Enabling environment**

It has been informed that the project management committee has been formed but the evaluators could see any of the documents where in the PMC work is reflected. The PMC has not met any time .

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

Not visible.

**XV. Best Practices if any.**

Nil

**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.** |
| **N.Sreenivsa Rao** | **9493519655** |
| **N.Jagadeesh** | **9032131909** |
| **Officials from SACS/TSU (as facilitator)----DPO&DIS** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Lotus Medical Foundation –Migrant project** |
| **Typology of the target population:** | **Migrant** |
| **Total population being covered against target:** | **26826** |
| **Dates of Visit:** | **11,12,13 April 2016** |
| **Place of Visit:** | **Kolhapur & Shiroli** |

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** |
| **61%-80%** |  | **Good** | **Recommended for continuation** |
| **>80%** | **A** | **Very Good** | **Recommended for continuation with specific focus for developing learning sites.** |

**Specific Recommendations:**

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| --- |
| * Staff needs training on priority basis . * STI and PLHIV follow up and documentation needs improvement * Micro planning tool needs to used effectively * Counseling services need to be improved * The PO reports needs to acted upon * Supportive supervision & monitoring needs to be strengthened. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| N.Sreenivasa Rao |  |
| N. Jagadeesh |  |
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