**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** :-- MSPSS has been implementing the migrant TI program from 1st Aug 2010 under the name Ashiyana project. The organization was established in 1983 with a mission for working for social awakening of Muslim community in and around Kolhapur district of Maharashtra.
* **Name and address of the Organization** :--Muslim Samaj Prabodhan va Shikshan Sanstha , Near Rani bagh , Ichalkaranji, Kolhapur district .
* **Chief Functionary :--**Eknath Relekar is the President and Mr. G.N.Salati is Vice President and Project Director .
* **Year of Establishment**:-- 1983
* **Year of month of project initiation** :- Aug 2010
* **Evaluation Team**:-- N.Sreenivasa Rao and N. Jagadeesh
* Time Frame:---14,15,16 April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile: MIGRANTS
* Size of Target Group(s):--20,000.
* Target Area;-- Shirol and Hathkanagale of Kolhapur district

Key findings and recommendation on Various Project Components

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

The team has interacted with the President , Vice president/ Project director and trust members to find out their vision and involvement in the project activities . The evaluation team has noticed that the trustees have clear vision about the project activities and is providing necessary support to the project staff to implement the project.

1. **Organizational Capacity:**
2. The project is supported by one Project Director, one Programme Manager, one Counselor , one M&E cum accountant, 10 ORWs, 26 Peer leaders and PP Doctors . The staff is reporting to the organization , district and state teams . The PO of the TSU and SACS teams have been proving supportive supervision for the project and is supported by DAPCU.
3. Training is done for PM , M&E and Counselor during sep 2014 by STRC. And there were no other trainings organized by SACS or STRC. The trained PM has resigned and the present PM is untrained.
4. The organization has sufficient infrastructure in terms of space and material to run the programme effectively .
5. Documentation and Reporting: SACS protocol are being followed but documentation needs improvement.
6. **Programme Deliverables**

**Outreach**

1. Line listing of the HRG by category :-- Line listing is in place but the same is not used in micro planning and other activities.
2. Registration of migrants from 3 service sources i.e.STI Clinics, DIC and Counseling.:--36724 migrants registered during the contract period( STI clinics -14618 , DIC-8088 and counselling-14018)
3. Micro planning in place and the same is reflected in Quality and documentation.-- Micro planning is in place but not used for quality services.
4. Outreach planning-quality, documentation and reflection in implementation.-- proper planning should be in place for quality service delivery.
5. PE HRG ratio, PE: migrants:-- The ratio is being maintained as per SACS norms .

1. Quality of peer education-messages, skills and reflection in the community:-- The team could interact with 8 peer Leaders in field and it is observed that the PLs are having good working knowledge of the subject of HIV and rapport with the migrant population.
2. Supervision-mechanism at the project level needs to be strengthened . The Programme manager needs to supervise the ORWs , M&E and the Counselors work .
3. **Services**
4. Availability of STI services-mode of delivery, adequacy to the needs of the community; -- **The project is providing quality STI services through Medical camp mode by trained Doctors . The project is also providing general medicines which are being sponsored by donors. The project is also trying to meet the requirements of the community other than the project services .**
5. Quality of the services-infrastructure (clinic, equipment etc), location of the clinic, availability of STI drugs and maintenance of privacy etc.:-- **The medical camps are organized with in the vicinity of migrant population ensuring privacy with the support of 9 PP trained doctors .**
6. STI drugs were not purchased by the project during the contract period.
7. **All the 9 PP doctors are trained on SCM module by SACS and they are adhering to the treatment protocols . Linkages with ICTC and ART are in place but linkages with DOTS need improvement and documented**.
8. Documentation- All the prescribed registers and referral slips are in place and stock register is maintained for the general drugs purchased with the support of donors . Follow up cards are not in place and follow up activity needs improvement.
9. Availability of condoms- Condoms are being made available at 57 traditional outlets and 77 Non –traditional outlets in the project area.70728 condoms were socially marketed during the contract period
10. **Community participation:**
11. Community participation in project activities- The community is availing all the services provided by the project as per their need .
12. **Linkages**
13. The project has developed linkages with ICTC and ART centers but need to develop linkages with DSRC and RNTCP though the services are accessible .
14. **Financial system and procedures**
15. All financial guidelines issued by SACS and NACO are being followed.
16. **Competency of the project staff.**

**VII a. Project Manager**

The Programme Manager is pursuing his MSW degree and was promoted to this position in November 2015. He has soft skills and have working knowledge of the project . He can do better with proper training on project management and review systems .

**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.

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

Counselor is MSW qualified and has attended one training organized by STRC and is managing his roles. He needs to be trained on counseling skills through the counseling module

**VIII d. ORW**

All the ORWs are qualified but only 2 of them were trained by SACS . They have knowledge on HIV and STIs and are able to to demonstrate the use of condom and are supporting the PLs in the field. Theit documentation skills need improvement.

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

13 out of 26 Peer leaders are from the source states and three of them are contractors. Many of them are above 10th standard qualification. The peer leaders from the same state are multilingual and are able to communicate to different migrant populations. During the interaction the team has observed that they are working with the intention of doing some social services to their fellow migrants /coworkers . They also have good communication skills and working knowledge of HIV and STIs . They are aware of the services available in the government sector and proving support in utilizing the same

**VIII j. M&E Officer**

The M&E offices is a qualified and is able to do the necessary MIS and data analysis and is supporting the project besides preparing the CMIS and submitting on time . .

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

The team has interacted with the ORWs and the peer leaders in the office and in the field and it is observed that 16933 sessions were conducted during the contract period reaching 185917 migrants and provided clinic services to 17611 migrants .

1. **Services**

The community has expressed its satisfaction towards the services provided by the project, however follow services need improvement..

1. **Community involvement**

Stakeholders participation in planning and implementation of Health camps is visible.

**XIII. Enabling environment**

In case of migrants (project management committee) is in place but its involvement in giving direction and support to various activies of project needs to be strengthened and documented . Advocacy meetings with the stakeholders is being done as per the need.

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

**Nill available**

**XV. Best Practices if any.**

Not visible

**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.Sreenivasa Rao** | **9493519655** |
| **N. Jagadeesh** | **9032131909** |
| **Officials from SACS/TSU (as facilitator) Niranajan** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **MSPSS-Aashiyana Migrant project** |
| **Typology of the target population:** | **Migrant** |
| **Total population being covered against target:** | **36,724 against 40,000** |
| **Dates of Visit:** | **14,15,16 April 2016** |
| **Place of Visit:** | **Ichalkaranji,Kanjeri, Tikaliwadi, (project office , field and ICTC and ART centers )** |

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

**Specific Recommendations:**

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| --- |
| 1. The project need to improve the micro planning and impliemnt the same for effective delivery of services 2. The staff need to trained on respective works 3. Documentation needs improvement 4. STI follow ups needs to be strengthened. 5. Necessary linkages with RNCP needs to be done |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| N.Sreenivsa Rao |  |
| N.Jagadeesh |  |
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