**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 :-- The organization was established with a vision to solve basic problems related to transport profession in Kolhapur district.
* Name and address of the Organization :-- **Shirol Taluka Motor Malak Sanghatana**
* Chief Functionary :-- Mr. Rajandra Gangaram Daingde ,Project Director and secretary of the organization
* Year of Establishment :--1992
* Year of month of project initiation :--2009
* Evaluation Team :-- N.Sreenivasa Rao , N. Jagadeesh
* Time Frame :-- 20,21,22 April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile: TRUCKERS
* Target Area :-- in and around Kolhapur town—5 hotspots namely 1) Halondi 2) Sangli pathak 3) Nagaon 4) Market yard 5) Walu market.

Key findings and recommendation on Various Project Components

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

In spite of efforts made by the evaluation team and DPO –DAPCU ,Kolhapur the team could not interact with the Project director and other committee members and it is observed that their contribution to the programme activities is minimal .

1. **Organizational Capacity:**
2. The project is supported by Project director , One Programme manager , One Doctor ,One MECA, One counselor , Two ORWS and two Peer educators (Sanctioned positions of PEs is Five ). The commitment of the staff towards the project is not visible and role clarity is not found .
3. Only the Counselor informed that he was trained by STRC for which there is no documentation and evidence. No other trainings were conducted for the remaining staff either by STRC or by SACS during the contract period .
4. **Infrastructure of the organization** :-- The office is located on the main road with in the vicinity of the working area admeasuring about 400 sq.ft. There is no sign board /name board /or branding as per NACO guidelines to located the office and clinic . It is insufficient to provide counseling and clinic services with privacy for visiting truckers. The static clinic is not equipped with proper systems/amenities.
5. Documentation and Reporting:- Documentations and reporting systems need improvement
6. **Programme Deliverables**

**Outreach**

1. Line listing of the HRG by category :-- Master register is not filled properly.
2. Registration of truckers from 2 service sources i.e.STI Clinics and Counseling :-- The NGO has registered 4435 truckers in the year 2014-15 and 4306 in the year 2015-16 against the target of 5000 per year . The identification and registration is done on contact basis .
3. Micro planning in place and the same is reflected in Quality and documentation :-- Micro plans are in place with out any logical frame work
4. HRG ratio, PE: migrants/truckers :-- By and large the PE ratio is maintained .
5. Quality of peer education-messages, skills and reflection in the community :-- The   
    quality of messages and skills of Peer Educators and it its reflection in the community is   
    seen.
6. Supervision-mechanism, process, follow-up in action taken etc. :-- Supportive   
    supervision mechanism by SACS/TSU is in place but the recommendations made by the   
    POs is not acted upon.
7. **Services**
8. **Availability of STI services**-mode of delivery, adequacy to the needs of the community :-- STI services are in place . The services are made available in the camp mode in the hotspots. The Doctor is available at the project office after the satellite clinic hours.
9. **Quality of the services**- Quality of services is maintained . There is lack of infrastructure such as Testing table , curtains for privacy .
10. It is observed in the field visit that the NGO has distributed general medicines free of cost at the camp clinic and STI drugs are being provided at minimal cost that were purchased with revolving fund .
11. Quality of treatment in the service provision- - The Doctor is trained and is following SCM protocols.
12. Documentation- Treatment registers is in place, referrals and follow up need to be strengthened . Drug stock registers were not available.
13. **Availability of condoms**--- Free and social marketing condoms are available with the NGO . free condoms are utilized for demo and re demo and distribution through 4 condom boxes and SM condoms are made available at Five traditional and forty nontraditional outlets in the working area.
14. No. of condoms distributed through outreach/DIC. :-- there is no documentation of condoms distributed through different channels except for nontraditional outlets .
15. Information on linkages for ICTC, DOT, ART, STI clinics:-- the NGO has not made any efforts to avail the STI services in the government clinics, Linkages with ICTC and ART need improvement , whereas linkages with DOTS need to be established .
16. Referrals and follows up:--- The Systems need improvement
17. **Community participation:**

The community of truckers is availing the project services.

1. **Linkages**
2. The NGO has not made any efforts to avail the STI services in the government clinics, Linkages with ICTC and ART need improvement , whereas linkages with DOTS need to be established
3. Percentages of HRGs tested in ICTC and gap between referred and tested:-- The NGO is not maintaining the referral slips for assessing the gap but it reported that there is a gap of 17% between referred and tested i.e. out of 4031 referrals 3343 were tested.
4. Support system developed with various stakeholders needs to be established.
5. **Financial system and procedures**

The Financial systems are being followed as per SACS financial guidelines . The bank reconciliation is not done for the 2015-16 . Payment of 22,800 /- towards TA vide voucher number 1306 from April to September 15 is not shown in the cash book .

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

**VII a. Project Manager**

The project manager is well qualified but trained by SACS or STRC. She has clarity on project activities and her role but not able to manage the team . She is poor at planning and ,implementation , monitoring and review.

**VIII b. ANM/Counselor**

He is MSW graduate and has counseling skills and knowledge about the programme .

**VIII d. ORW**

There are two ORWs and both of them are graduates and have been working for two and half years , having good communication skills and knowledge about the project activities. They have been contributing to the programme in achieving the targets.

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

The project ahas sanction for five peer educators . It is informed that five are on board but the team could meet only two on both the days. It is also observed that these two peer educators are covering all the five hotspots. They are from stakeholders and have communication skills and working knowledge of the project. Their efforts are reflective in uptake of services,. The project could do better if all the five PEs are on board.

**VIII j. M&E Officer**

Whether the MECA on board has resigned on 31 March 2016 and the position is filled immediately with commerce graduate. The present M&E has know working knowledge of the project. He needs to be trained.

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

It is observed that the NGO is organizing about 20to 25 medical camps with affixed day wise schedule at different hotspots. The entire project staff is participating in conducting the medical camp. Hence the ORWs and PEs are unable to conduct the sessions as per the planned targets but are reporting to have done the sessions. SACS/TSU may ensure to support and monitor the outreach activities to provide quality services to the truckers.

1. **Services**

The community is availing the services and expressed their satisfaction.

1. **Community involvement**

The stakeholders are supporting the project and the community is utilizing the services.

1. **Commodities**

Condoms are available and sold 26340 condoms through 40 nontraditional outlets and also through five traditional outlets but the sales figure is not recorded.

**XIII. Enabling environment**

Local advisory committee is not formed and no record of advocacy is seen .

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

Nil

**XV. Best Practices if any.**

**Nil**

**Annexure 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) Ms. Deepa ,DPO and Ms. Manisha ,Accountant** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Shirol Taluka Motor Malak Sanghatana** |
| **Typology of the target population:** | **Truckers** |
| **Total population being covered against target:** | **8711 out of 10000 for 2 years** |
| **Dates of Visit:** | **20,21,22 april 2016** |
| **Place of Visit:** | **Shirol project office , 3 hotspots and ICTC &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:**

|  |
| --- |
| 1. The contract may be renewed with specific instructions to the organization 2. The SACS/TSU may provided constant support and monitoring to the project 3. Three peer educators may be placed on board immediately 4. All the staff need to be trained on respective modules on a priority basis. 5. Master register needs to be updated 6. Planning , implementation, monitoring and review mechanisms need to be strengthened. 7. Ensure proper referral and follow-up of STIs and PLHIVs. 8. Documentation and reporting need improvement. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| N.Sreenivsa Rao |  |
| N.Jagdeesh |  |
| Ms. Maneesha L Mane |  |
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