**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 is established in the year 1993 with a vision to create awareness on health, women’s development through SHGs and linkages of children with AWCs ensuring development of vulnerable populations.
* **Name and address of the Organization**:-- Yuva Grameen Vikas Samashta,- Gokul Shirgaon, Karveer talauq, Kolhapur district
* **Chief Functionary**:--Atul Nikam
* **Year of Establishment**:--1993
* **Year of month of project initiation:--**2012
* **Evaluation Team** .N.Sreenivasa Rao , N.Jagadeesh
* **Time Frame**:---17,18,19 April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile :-MIGRANTS
* Size of Target Group(s) :--15000+15000=30,000
* Target Area :-- Gokul MIDC , Kagal and Five Star MIDC.

Key findings and recommendation on Various Project Components

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

The team has interacted with Project Director and board member of the organization who is providing the guidance and support to the staff in implementing the project activities and also supporting with financial assistance during the delay in receiving of funds from SACS

1. **Organizational Capacity:**
2. **Human resource**:-- The project is supported by One Programme manager , One MECA, one Counselor ,Eight ORWS and 20 PLs. It is informed by the Project director that the high turnover among the staff and PLs is due to non receipt of funds from SACS on time which is raount 82% among the project staff and 100% among the PLs.
3. **Capacity building:** there are no formal trainings conducted for the staff by either SACS or STRC during the contract period . Though orientation is said to be provided by the project for the newly recruited personnel, they are gaps in knowledge and skills of the staff. Further there is no documentation of the same
4. **Infrastructure of the organization** :-- The project office cum DIC is located in the vicinity of the project area and is accessible but the space is inadequate.
5. **Documentation and Reporting:**--By and large the project is maintaining the necessary documents as prescribed by the SACS but the quality of documentation need improvement . The project is submitting the reports to the concerned on time. The PO-TSU is visiting the project and is giving the feedback with necessary suggestions for improvement but the implementing of the same is not documented or visible.
6. **Programme Deliverables**

**Outreach**

1. Line listing of the HRG by category :-- Line listing of the migrant population is available
2. Registration of migrants from 3 service sources i.e.STI Clinics, DIC and Counseling. :-- Though the project is providing STIC , DIC and Counseling services to the registered population but the quality of registration of Migrants need to be checked
3. Micro planning in place and the same is reflected in Quality and documentation:-- Micro planning is in place but it is not reflected in quality , documentation and implementation
4. Coverage of target population (sub-group wise); Target/Regular Contacts only in HRGs :-  
    The project has registered 31,217 migrants against the target of 30,000.
5. PF: HRG ratio, PE: migrants/truckers:-- On an average the project is maintaining the   
    PL : HRG ration
6. Quality of peer education-messages, skills and reflection in the community:-- Almost all   
    the PLs are qualified ,having working knowledge of HOV , STIs and Condom services   
    with good communication skills and commitment towards the community.
7. Supervision-mechanism, process, follow-up in action taken etc:-- The PO-TSU is visiting   
    regularly and is providing support with inputs for improvement but the   
    implementation of the same is not visible.
8. **Services**
9. Availability of STI services-mode of delivery, adequacy to the needs of the community:-- The STI services are being provided in camp mode but the quality of the diagnosis and treatment need to be looked into . Further STI services provided by the Government clinics or hospitals with in the vicinity is not being utilized , the NGO needs to develop linkages with government DSRC.
10. Quality of the services-infrastructure (clinic, equipment etc), location of the clinic, availability of STI drugs and maintenance of privacy etc. :-- The services are being provided in the medical Camp mode and privacy is maintained . STI drugs are not available.
11. 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.: STI drugs are not purchased during the contract period.
12. Quality , referral and follow up systems need improvement . The project has developed linkages with ICTC and ART but regular visits and follow up will help in ensuring quality service delivery . The project has to develop linkages with RNTCP.
13. Documentation-. The prescribed registers and referral slips are available but not properly maintained . There is no follow up of STI and PLHIV. The NGO has not purchased any drugs during the contract period
14. Availability of condoms- - The Condoms are available in the project i.e. 4661 free condoms 749 Social marketed condoms .
15. No. of condoms distributed through outreach/DIC.:-- Out of 56,560 SM condoms sold during the contract period 21,726 are through DIC and outreach. ( 15760 is by outreach and 5966 is through DIC )
16. **Community participation:**
17. There is no collectivization activity visible .
18. The community is availing the services provided by the project by participating the medical camps and events . The same is documented .
19. **Linkages**
20. The project has established linkages with ICTC and ART center and need to develop the same STI and RNTCP services .
21. Percentages of HRGs tested in ICTC and gap between referred and tested :-- The team could not assess the gap between referred and tested as the testing done in camp mode and referral slips were raised or issued for those who are undergoing testing
22. Support system developed with various stakeholders and involvement of various stakeholders in the project :-- The project had good rapport with all the stakeholders in the project area and well supported. The stakeholders have suggested for conducting sessions regularly for better service uptake and prevention and control of HIV.
23. **Financial system and procedures**

Financial guidelines need to be adhered. All the payments of more than Rs 2000/- paid through cheque , printed vouchers with machine numbers are used . The purchase of fixed assets and others . Cash and book and ledger are maintained, there is no issue register. Bank book is not maintained properly and bank reconciliation is not being done, further advance amount of Rs 1,80,000/- given by the NGO is not recorded in the bank book .

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

**VII a. Project Manager**

The Project Manager is qualified and has been working for two years in the project and is having seven years of experience in the area of HIV prevention . His capacities may be utilized optimally by providing necessary trainings .

**VIII b. ANM/Counselor**

The Counselors is qualified and has been working with the NGO for about two years with prior experience of one year and is not trained. He has no clarity on risk assessment and risk reduction, and no knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages , hence he may be trained on priority basis .

**VIII d. ORW**

Most of the ORWs are well qualified with good communication skills and Knowledge about target on various indicators for their PLs. There are gaps in outreach plan, and ICTC Testing. They are visiting the field and supporting the PLs in conducting the sessions .

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

Out of 20 PLs 16 are from source states . All the PLs are qualified with good communication skills , knowledge on HIV and STI services and are committed for the welfare of their community. All the PLs are from the migrant community .

**VIII j. M&E Officer**

The M&E officer is qualified and has been working with the NGO for about one and half years with one year prior experience . He has soft skills but lacking in analysis of data and in giving feedback . He needs training on priority basis ensuring quality documentation and service delivery .

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

The evaluation team has interacted with all the project staff and some of the stakeholders and beneficiaries in the field, it is observed that the sessions are being conducted by PLs and ORWs on regular basis with the consent and support of stakeholders followed by conducting a medical camp for HIV testing and STI services .

1. **Services**

During the interactions with the migrant community the community has expressed satisfaction of the project services.

1. **Community involvement**

The community is availing the services being provided by the project

1. **Commodities**

Free and social marketed condoms are available with the NGO. Free condoms are being utilized for demo and re demo in the field. Social marketing of condoms are being made available in 225 outlets( 18 traditional outlets and 207 nontraditional outlets) . 56,560 condoms are socially marketed during the contract period. 4661 free condoms and 749 SM condoms are in stock in the NGO .

**XIII. Enabling environment**

It is reported that 195 advocacy meetings were conducted during the contract period and the presences of Project Management committee . The outcome of the advocacy and the activity of the PMC is not visible or documented .

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

It is informed the project is supporting the migrant community in availing the government schemes , but the same is not documented.

**XV. Best Practices if any.**

Nill

**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). Mr. Niranjan Deshpande and Ms.Manisha from DAPCU –Kolhapur** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **YUVA Gramin Vikas Sanstha** |
| **Typology of the target population:** | **Migrant** |
| **Total population being covered against target:** | **31217 against 30,000** |
| **Dates of Visit:** | **17,18,19 April 2016** |
| **Place of Visit:** | Gokul Shirgaon,Gokul MIDC , Kagal, Five Star MIDC and ICTC&ART centers Kolhapur |

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. Need of trainings to all the staff on priority basis on respective modules 2. Quality registration of migrant population needs to be looked into 3. Micro planning with prioritized activities need improvement 4. Supportive supervision with regard to the documentation and services provision need to be strengthened 5. Quality monthly meetings need to be conducted on regular basis . 6. Syphilis testing may be initiated and linkages with RNTCP is to be established. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| N.Sreenivsa rao |  |
| N. Jagadeesh |  |
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