**Annexure: B**

**Reporting Format -B**

**Structure of the Detailed Reporting format**

**(To be submitted by Evaluators to SACS for each TI evaluation with a Copy DAC)**

**Introduction**

* **Background of Project of Organization**

Aborigine Education and Training Bahuddhesiya Sanstha (AETBS) was founded by Madhuri Manohar, Manoj Raut, Deepak Raut and Vinay Trikolwar in 2008, and got it registered in the same year under Society Registration Act 1860 and Bombay Municipal ACT 1950. The NGO has been working in the field of Health (HIV/AIDS and TB).

**Name and address of the Organization**

**ABORIGINE EDUCATION AND TRAINING BAHUDDHESIYA SANSTHA (AETBS)**

**Address of TI Project –**

Ghode Plot no.-1

Near Sai MANDIR

Katol, Nagpur

Pin-440002.

* **Chief Functionary –Mr.Manoj Raut-Chief Executive Officer**
* **Ms. Madhuri Manohar-Secretary**
* **Year of establishment : 2008**

**Year and month of project initiation: August 2013**

**Evaluation team:**

1. Dr. Nand Kishore Sinha (TL)
2. Mr.S.N.Ghosh( Co- evaluator)
3. Mr. Bhushan Ruikar (Member finance)
4. Mrs.Tanuja D.Fale (Observer-MSACS)

* **Time Frame :**

**Date –4th May 2016 to 5th May 2016**

**Profile of TI**

**(Information to be captured)**

* **Target Population Profile : MSM**
* **Type of Project : Core Population**
* **Size of target group :- 500**
* **Sub- groups and their Size-Kothi-324, Panthi-89**

**Double Decker-107, and TG-01**

* **Target Area** – Katol and Narkhed taluka of Nagpur district
* **Key Findings and recommendation on Various Project Components**
* **Component 1.Organisational Support to the Programme**

During the Evaluation, the team met with Ms. Madhuri Manohar, the Secretary of AETBS and PD of TI project. She told that the team wanted to empower the community and stressed on prevention.

SUPPORT- The Secretary provides training to PM, Counselor, ORW, M&E and Peer Educators.

Monitoring the Project-The Secretary of NGO visited regularly to TI project. She conducts Monthly Review Meetings and visits fields. As per the need.

**Advocacy**

The Secretary of AETBS made advocacy meetings with police and Panchayat Samiti.

**Organizational Capacity**

1. **Human Resources: T**he Project Director is overall responsible for project implementation.The Project Manager is responsible for all activities. The Counselor,Doctor,M&E-cum- accountant, ORW work in a team. PEs work with ORWs.

The supervision system in the TI Project is in descending order and reporting system reporting is in ascending order the commitment level of staff is good and they have positive outlook towards their service. Staff turnover witnessed during the evaluation period, PM, counsellor and M&E positions got changed from time to time.

1. **Capacity building :**

The Staff of TI project is trained by SOSVA, Pune and aware about roles and responsibilites.

The Project Manager Sharad Bhimrao Patil had passed MSW Nagpur University had joined TI project in on 15th March 2016.He received no training.

Counselor- One counselor Sanju Narayanrao More was appointed in this project in March 2016.He did not receive any training.

M&E cum-Accountant – One M&E cum- accountant Sunil Mahadeorao Nagage has been appointed.

ORW – Two ORWs have been appointed by the TI project. One ORW-Riaz Bodhar has been appointed by the TI project in Septmber 2013.He received training in Hyderabad.The second ORW Yogesh Kurekar was appointed on 14TH February 2014.He received training by SOSVA, Pune. Both have knowledge of STI symptoms,RMC and ICTC testing and outreach plan.

8 Peer Educators have been appointed for the project and received in-house training .

Training to the staff was given by lectures, demonstration, audio –visuals and Participatory methods. The training of the staff was documented at TI level and PM, Counselor. ORW & Accountant were familiar about job nature.

1. **Infrastructure of the Organization ;**

The Infrastructure is sufficient for running of TI project. Assests purchased by TI project and others are supplied by the MSACS. The list of assests are:

Computer & Accessories,Printer,Book case,chair,computer table,office char plastic,chair executive,LED,DVD player

1. **Documentation and Reporting :**

Documentation and reporting system adhered to the SACS protocol. The documents were available during evaluation. Monthly CIMS sent to MSACS on time. Monthly review meeting were held and reports were disseminated & shared among the TI staff.

**Critical Observations:**

1. Microplanning was not updated and used properly
2. ORWs and Peers need training on basics of HIV/AIDS
3. Training minutes should be detailed
4. Advocacy meetings were mainly need based
5. Stakeholder analysis not done
6. PPP doctor was not trained on STI management
7. PM,counsellor needs training on programming
8. Staff turnover was observed which hampered the project activities

**Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.Registered-521**

**Against target of-500**

**Sub-Groups-Kothi-324, Panthi-89, Double Decker-107 and TG-01.**

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

NA

1. **Registration of truckers from 2 service sources i.e. STI clinics and counseling.-NA**
2. **Micro planning in place and the same is reflected in Quality and documentation.**

Micro-Planning was not made by TI staff.

**Coverage of target population (sub-group wise): Target / regular contacts only in HRGs**

90% coverage of target population is through ORW and PEs . They made regular contacts with HRGs.

1. **Outreach planning – quality, documentation and reflection in implementation** 
   1. Outreach planning is available. The monthly planning is reflected in implementation and documentation
2. **PE: HRG ratio- Ratio** is 1 : 63 almost maintained as per NACO guideline. But during our visit we found only Nine PEs and interacted with them.
3. **Regular contacts ( as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members**
4. **The TI staff made regular contacts with HRGs and provided condoms and services. PEs met HRGs twice in a month and give them condoms and took them for HIV testing,STI and RMC.**
5. **Documentation of the peer education**

Peers conducted awareness programmes and Condom demonstration with HRG community and they were trained on it..

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

Peers have knowledge of HIV/AIDS and condom demo. ORW provided supportive supervision regularly. PEs are in regular contact with HRGs during their leisure time. The PEs documentation knowledge skills are reflected in their working pattern. The quality of peer education needs improvement. All PEs are from the community. They are able to explain the community needs.

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

PM is supervising the activities and service delivery of the TI project. He conducted weekly and monthly review meeting in which all staff present their report to her. She set the target of every staff for the month. ORW supervise the activities of PEs.PD also took active part in supervising the TI programme.PM should take more initiative in supervision and monitoring of the programme.

**IV. Services**

1. **Availability of STI services – mode of delivery, adequacy to the needs of the community.**

The TI management recruited two ppp doctor ( BAMS); one for Katol and another for Narkhed taluka.The evaluation team met only one doctor(Dr. A.R. Bansod of Katol) during the evaluation.

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

The clinic of ppp model doctor was located in main market of Katol taluka, and easily accessible to the community members. The doctors provide STI drugs purchased from revolving fund by TI project. Privacy was maintained.

**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 use of revolving funds**. –NA

1. **Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC,ART, DOTS centre and Community care centers.**

The TI doctors are following syndromic treatment protocol for STI treatment; however there is no follow-up treatment of the STI cases. There were 1096(2014-15) and 1042 (2015-16) cases referred to ICTC and 904 (2014-15) and 992 (2015-16) cases were tested, out of that, 04 found +ve and they were linked with ART centre as per the record.327(2014-15) and 659 (2015-16) cases were referred to STI clinic, and same number were treated. 210(2014-15) and 269 in 2015-16 cases were referred to DOTS centre and 139 (2014-15) and 170 (2015-16) were tested at the Centre. One in 2014-15 and One in 2015-16 was found positive.

1. **Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.**

Document of treatment Registers, referral slips were available. In Govt.hospital, signed copy of referral slip collected by counselor from HRG for HIV testing. Two HRGs linked with ART.

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

The NGO received 45000 condoms (2014-15) and 48000 condoms (2015-16) from MSACS.

1. **No. of condoms distributed - No. of condoms distributed through different channels/regular contacts.**

Demand of condoms-55084 in 2014-15 and 75076 in 2015-16` against which 45240 (free condoms in 2014-15) and 37573 (free condoms in2015-16) were distributed through PEs and ORW.

1. **No. of Needles / Syringes distributed through outreach / DIC. – NA**
2. **Information on linkages for ICTC, DOT, ART, STI clinics.**

The TI NGO established linkage with referral centers.

1. **Referrals and follows up**

2138 cases were referred to ICTC for HIV test in 2014-15 and 2015-16, out of that 1896 actual visit for HIV testing. 02 HIV positive were linked to ART.327 in 2014-15 and 659 in 2015-16 were referred to STI clinic and all were given treatment.39 in 2014-15 and 21 in 2015-16 were found STI positive. Follow up mechanism are in place.

1. **Community participation**
2. **Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities- No SHG/CBO was formed.**
3. **Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents**

TI project has organized World AIDS WEEK during which several competition namely –Dance Competition, Fashion Show,Rangoli Competition, Game Showering Show and Chalta bolta competition were held. In these competition 50-80 community members participated.

**VI. Linkages**

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

Established linkages with the various service providers like ICTC, it was found during verified referrals slip at project office. As per interaction with the ICTC counselor, Lab. technician of Dist. HQ hospitals, TI made contact with them on regular basis. There is linkage with TB clinic and Social Welfare Department.

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

89 percent of the referrals were tested in ICTC and gap between referred and tested was 11 percent..

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

Stake holders have been identified and they are engaged in spreading the awareness among the community. They contacted with Betel Shop Owner, Fruit seller, Tea Shop Owner, barber, Xerox shop Police and members Panchayat samiti. The NGO hold 10 meetings with them.

**VII. Financial Systems and Procedures**

1. System of planning : Existence and adherence to NGO-CBO guidelines/any approved systems endorse by MSACS/NACO-supporting officials communication
2. Systems of payments :- Existence and adherence of payments endorsed by MSACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, advance not given or taken.
3. Systems of procurement : – Procurement has not done, no other purchase in financial year
4. System of documentation: - Availability of bank accounts (maintained jointly, reconciliation made monthly basis), all payment made by cheque, payments are not made in cash above Rs.1000/- .
5. In audit observation we have found Staff Insurance has not done, Professional Tax not paid..

**VIII. Competency of the project staff**

**VIII a. Project Manager**

Program Manager Sharad Bhimrao Patil has passed MSW from Nagpur University. He joined TI Project on 15th March 2016. Earlier Vishal Gajbhiye worked from Sep. 2013 to Aug.2015. Then, PD Madhuri Manohar hold the post from September 2015 to March14, 2016. He did not receive any training and lacked knowledge about Program Management, financial management, computerization and management of data. Knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, monitoring and field visit & advocacy initiatives etc.

**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.**

* The NGO appointed one counselor-Sanjay Narayan Rao More. He passed MSW feom Nagpur University and joined TI project in March 2016.He did not receive training. The counselor needs to improve knowledge of STI counseling, BCC and basic counseling and HIV. She maintains registers and update data.

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

**Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers. Working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments. N/A**

**VIII d. ORW**

**Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings etc. Support plan needed for weak performance Peer.**

There were two ORWs appointed by TI project. Both ORWs received training. They have knowledge about various indicators for their PEs. They have good rapport with the HRGs. The ORWs have clarity and knowledge of documentation and various aspects of the target indicators define for the monthly action plan for the outreach,STI and ICTC.

**VIII e. Peer educators**

There were 8 peer educators appointed by the projects who are covering the 500 of target population. During our visit we met only 7 PEs. They received in-house training onTI program they have good rapport with HRGs.They have knowledge of their work.

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

**VIII g. Peer Educators in Migrant Projects -** NA

**VIII h. Peer Educators in Truckers Project**

**Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.-NA**

**VIII i. M&E officer**

**Whether the M&E officer (FSW and MSM/TG TIs with more than 800 population and all migrant TIs are eligible for separate M&E officer) is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI CMIS reports.**

One M&E-cum-Accountant Sunil Mahadeorao Nagrale has been appointed by the NGO.She has passed B.com. and joined TI project in June 2015. He received no training by MSACS, but given in-house training PD Madhuri Manohar. He has knowledge of maintaining accounts and filling CMIS reports and maintaining documents.

**IX. a. Outreach activity in Core TI project**

**Interact with all PEs (FSW, MSM and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.-**The PEs visited regularly to hot spots and met with HRGs. They provide condoms and take them to hospital for check-up. The orw also visited to PEs and HRGs as per Micro plan.

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

**Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake that is whether enough clinic footfalls, Counseling is happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc. NA**

**X. Services**

**Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs,**

* + The service uptake is good in the project. ORW and PEs visited to the HRGs and provide them condoms and services. For testing and STI they go to the govt. hospital and doctor appointed by the TI management. The service uptake in the project is good.

**XI. Community involvement**

How the TI has positioned the community participation in the TI, role of community in planning, implementation, Advocacy, monitoring etc

* + Community participation in the TI activities is very less with respect to planning, implementation, advocacy and monitoring.

**XII. Commodities:**

Hotspot / project level planning for condoms, needles and syringes. Method of demand calculation, Female condom programme if any,-TI distributed condoms to the HRGs hotspot wise. They calculated the demand of condoms as per requirement of the HRGs.

**XIII. Enabling environment**

Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services etc. **In case of migrants (project management committee) and truckers (local advisory committee) are formed and they are aware of their role, whether they are engaging in the programme.**

* + The TI project has tried to make a cordial environment for providing commodities and services to the community. The PM,ORWand Counselor identified stakeholders-betel shop, Fruit Seller, Tea shop owner,Barbar shop, Xerox shop and held meetings with them. They held advocacy meetings with Police, rural hospital, govt. hospital and Panchayat samiti.
  + **XIV. Social protection schemes / innovation at project level HRG availed welfare schemes, social entitlements etc.**

The NGO associated one HIV positive to SANJAY GANDHI NIRADHAR YOJANA for monthly financial assistance of Rs. 600/-.

X**V. Best Practices if any-No best practice was observed.**

**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 evaluator(S):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone No.** |
| Dr.Nand Kishore Sinha(TL) | 09431705895 |
| Mr. S. N. Ghosh(Co-evaluator) | 9431359361 |
| Mr.Bhushan Ruikar(Finanace person) | 9175181013 |
| Officials from SACS/TSU (as Facilitator) | Mrs. Tanuja D.Fale |

|  |  |
| --- | --- |
| **Name of the NGO:** | Aborigine Education and Training Bahuddeshiya Sanstha |
| **Typology of the target population:** | MSM |
| **Total Population being covered against target:** | 500 |
| **Date of Visit:** | 4th May- 2016 to 5th May-2016 |
| **Place of Visit:** | Katol and Narkhed taluka of Nagpur district |

**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 |
| **71.3** | **B** | **Good** | **Recommended for continuation** |
| >80% | A | Very Good | Recommended for continuation with specific focus for developing learning sites |

**Specific Recommendations:**

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| --- |
| * Microplanning tools should be made and used * Pencil entry should be avoided in form B/C * ORWs and Peers need training on Basics of HIV * Documentation should be improved (training reports, diaries, visit reports need elaboration) * PPP doctors need training. Partners notification should be encouraged * Stakeholder analysis should be done and they should be involved in the programme more strategically * Regular advocacy meetings should be organized at the project level * Counsellor should increase more visits in the field with quality counselling * Condom outlets should be proven * More community mobilization activities are required still HRGs are unaware about the targeted interventions |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Dr. Nand Kishore Sinha (TL)** |  |
| **Mr. S.N.Ghosh** |  |
| **Mr. Bhushan Ruikar** |  |