**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**

Bharatiya Adim Jati Sewak Sangh was formed in 1948. Its Nagpur Unit was constituted in 1981 by Mr.M.M.Wakhare, Dr. More, Mr.Bhushanwar and Mr,Rajesh Kumar Malviya. They got it registered under Society Registration Act 1861 in 1981 and under Bombay Public Trust Act 1950 in 1982.BAJSS has been working in the area of Health, Education, Rehabilitation, Child Development and Old Age Home. BAJSS received TI project in 2004 from MSACS and working on it since then.

**Name and address of the Organization**

**BHARTIYA ADIM JATI SEVAK SANGH (BAJSS)**

**Address of TI Project –**

Kamptee, Nagpur

**Chief Functionary –Mr. Rajesh Kumar Malviya—President**

* **Mr. Pramod Kharade----Secretary**
* **Year of establishment : 1981**

**Year and month of project initiation: April- 2004**

* **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 –27th April 2016 to 28th April 2016**

**Profile of TI**

**(Information to be captured)**

* **Target Population Profile : Migrants**
* **Type of Project : Bridge Population**
* **Size of target group :- 12000**
* **Sub- groups and their Size-NA**
* **Target Area** –Kamptee, Saoner and Parshivni of Nagpur
* **Key Findings and recommendation on Various Project Components**
* **Component 1.Organisational Support to the Programme**

During the Evaluation, the team met with Mr. Pramod Kharade the Secretary of BAJSS and PD of TI project. He told the team is working to create awareness on HIV/AIDS among Migrants and ensuring that everybody go for safe sex.

The NGO also provides financial support to TI project whenever the staffs are in need. The Secretary who is also the PD visits regularly to the TI project for monitoring its activities.

**Advocacy**

Mr. Vijay Shende Treasurer and member of the GB of BAJSS made advocacy at govt. and local level.

**Organizational Capacity**

1. **Human Resources: T**he Project Director is part timer for TI project. The Project Manager is responsible for implementation of project activities. The Counselor, Doctor, M&E-cum- accountant, ORW and Pes works in the project for delivering services.
2. The supervision system in the TI Project is supportive and participative approach is adopted for workings. The commitment level of staff is good and they have positive outlook towards their work. There was no staff turnover during the evaluation period.
3. **Capacity building :**

The Staff of TI project is trained and they are aware about their responsibilities.

The Project Manager Ajay Singh had joined TI project in November 2006 as ORW. He was promoted to Counselor in June 2009 and remained on the post till November 2013. He was promoted to the post of PM in the same month.He got trainings for PM and MSDS formats in November 2014 by SOSVA, Pune. .

Counselor- One counselor Raj Kumar Mohalle was appointed in this project in November 2013. First, he joined TI project as ORW in August 2010, and promoted to Counselor in November 2013. He received basic training on Counseling in December 2014 by SOSVA Pune.

M&E cum-Accountant – One M&E cum- accountant Mr. Sanjay Menjoge B. Com. was appointed in October 2012.He did not receive any training, but have knowledge of maintaining accounts and formats used in TI.

PPP Doctor—Dr. Vivek Vairagade (B.A.M.S.) has been appointed by TI management in 2008, and he received training in 2012, 2013 and 2015.

ORW – Six ORWs have been appointed by the TI project. Five ORWs did not receive any trainings by MSACS, but got in-house training.

Peer Leaders---16 Peer Leaders were sanctioned for the TI project, but only 14 Peer Leaders were working. They were given 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 familiar about their nature of jobs.

1. **Infrastructure of the Organization ;**

The office is in a rented buiding.The Infrastructure is sufficient for running of TI project. Assests like computer, CPU, keyboard and mouse. The NGO provided necessary items like printer, chair, table, Almirah, fan, cool keg, files etc to run the project.

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 TI staff.

**Critical Observations:**

1. Two peer positions vacated for more than three months which hampering the project activities.
2. Project staff needs more clarity on budget activities especially on congregation and Mid-Media Activities
3. Project Management Committee should be formed.
4. ORWs should involve more to monitor the peer sessions
5. Area map, site monitoring sheet, seasonality map should be displayed in the office and updated from time to time.
6. Training minutes should be detailed
7. ORWs & PEs trainings are pending, they need orientation so that they can carry out the responsibilities well.
8. ORWs diaries should be more detailed.
9. Buffer stock should be maintained to avoid supply gap.
10. Codification should be done properly.

**Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.Registered-15673**

**Against target of-12000**

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

**2014-15 2015-16**

**Registration from STI Clinic 5328 4829**

**Registration from DIC 1513 1339**

**Registration from Counseling 3731 3367**

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 tools were not available, monthly activity was planned to deliver the services.

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

100% 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 planning is reflected in implementation and documentation
2. **PE: HRG ratio- Ratio** is 1: 750 maintained as per NACO guideline. During our visits we interacted with Seven PEs.
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 contact with HRGs and provided condoms and other 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 activities through IPC sessions. Condom demonstration done with key population focusing the steps of condom use.

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

Peers have knowledge of HIV/AIDS and condom use. ORW provided supportive supervision. PEs are in regular contact with Migrants. The PEs documentation knowledge skills are reflected in their working pattern. The quality of peer education was good. All PEs are from the community. They are able to explain the needs of communities and understand the challenges.

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

PM is supervises the implementation and tracks service delivery. He conducted weekly and monthly review meeting in which all staff present their reports. He set the target of every staff for the month. ORW supervise the activities of Peer Leaders. PD also took active part in supervising the TI programme.PM should more supervise ORWs.

**IV. Services**

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

The TI management recruited one PPP doctor-Dr. Vivek Vairagade B.A.M.S. He was available 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 10 Health Camps organized per month at different sites of Migrants. The doctor examines STI and other ailments of Migrants, and provides medicines which are purchased from revolving fund. During the visits the migrants and stakeholder told the team that health camps were organized and they visit the camp for check-up. Sufficient space for camps was there in the field and privacy was well 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**. –The TI management purchased STI drugs-Azithromycin, Flucanazole, Cefixime, Doxycycline and Levocet from the revolving fund. The medicines are bought as per MSACS guideline.

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 4664(2014-15) and 3961(2015-16) cases referred to ICTC and 3543 (2014-15) and 3091 (2015-16) cases were tested, out of that, 05 found +ve and they were linked with ART centre as per the record.789(2014-15) and 525 (2015-16) cases were referred to STI clinic, and same number were treated. 130 (2014-15) and 135 in 2015-16 cases were referred to DOTS centre and no one found TB 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 got collected by project staff Five migrants linked with ART in two years.

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

The NGO purchased 30354 condoms (2014-15) and 30750 condoms (2015-16) from Market.

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

The TI project distributed 23904 condoms in 2014-15 and 26700 in 2015-16 by its 131 nontraditional outlets under Social Marketing. `

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

The TI NGO established good linkages with referral centers.

1. **Referrals and follows up**

8625 cases were referred to ICTC for HIV test in 2014-15 and 2015-16, out of that 6634 actual visit for HIV testing. 05 HIV positive were linked to ART.1314 referred to STI clinic and all were given treatment.. 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 and 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 had organized World AIDS Day in 2014 and 2015 in which sufficient number of 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, referral slips were found during visits and they were well maintained As per interaction with the ICTC counselor, Lab. technician of Dist. HQ hospitals, TI made contacts with them on a regular basis. Linkage with DOTS Centre was made

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

77 percent of the referrals were tested in ICTC and gap between referred and tested was 23 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 communities. They contacted with Munshi, Labor Contractor, Security Guards, and Manager, site Supervisors, site In charge and Owners. They held 23 advocacy meetings with them.

**VII. Financial Systems and Procedures**

1. System of planning: Existence and adherence to NGO-CBO guidelines/any approved systems endorse by SACS/NACO-supporting officials communication
2. Systems of payments :- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, practice of setting of advances before making further payments.
3. Systems of procurement: – Procurement has not done.
4. System of documentation: - Availability of bank accounts (maintained jointly, reconciliation made monthly basis), all payment made by cheque, very few payments are made in cash.
5. In audit observation we have found Professional Tax has not paid.

**VIII. Competency of the project staff**

**VIII a. Project Manager**

Program Manager Ajay Singh has passed M.Com. and M.S.W.from Nagpur University. He joined TI Project in November 2006 as ORW and remained on the post till 2009.He was promoted to the post of Counselor in June 2009. In November 2013, he was promoted to the post of PM. He received training in 2014 and 2015 on documentation and MSDS format by SOSVA, Pune.The knowledge level is up to mark 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 had appointed one counselor-Raj Kumar Mohalle. He passed M.S.W. from Nagpur University and joined TI project in August 2010 and promoted to the post of Counselor in November 2013.He received basic training of Counseling..

The counselor have knowledge of STI counseling, basics of HIV He maintains and update counselling register.

**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 are six ORWs appointed by TI project. Five ORWs received no training. They have good rapport with the Migrants. 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 -NA**

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

**VIII g. Peer Educators in Migrant Projects -** The TI management has 14 Peer Leaders against 16 PLs.Two posts are vacant. During our visit we met with seven peers. They have knowledge of HIV/AIDS, Body Mapping and KP drawing.

**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 Sanjay Menjoge, he has been appointed by the NGO.He has passed B.com. And joined TI project in October 2012. He received no trainings, but have knowledge of filling different formats.. He has knowledge of maintaining accounts and filling CMIS reports and maintaining individual tracking sheet.

**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 ORWs visits to PEs and HRGs as per monthly 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.** The PEs and ORW visited regularly to hot spots and met with HRGs. They provide condoms and take them to Health camps for check-up. The ORW and PEs have knowledge of IPC Session and a large number of migrants come to Health camp and for treatment and Counseling. Timing of the outreach session is convenient for the migrants.

**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 Health camp.

**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 activities is very good with respect to planning, implementation, advocacy and support.

**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,ORW and Counselor identified stakeholders they are -Owner, Manager, Site In charge, Site Supervisors, Munshi AND Labor Contractor, guard & holds meetings with them .They cooperate with TI staff in implementing various project activities

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

The NGO took no initiative to link migrants with social protection schemes.

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 |

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| **Name of the NGO:** | BHARTIYA ADIM JATI SEWA SANGH |
| **Typology of the target population:** | Migrants |
| **Total Population being covered against target:** | 12000 |
| **Date of Visit:** | 27th April- 2016 to 28th April-2016 |
| **Place of Visit:** | Kamttee,Saoner and Parshiveni |

**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% | 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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| * Micro plan should be well documented and displayed * Two Pes position should immediately get filled up & ORW diary should be maintained properly. It should cover the detailed information * ORWs should involve themselves more in supervising the IPC sessions done by peers * Counsellor should maintain the register properly capturing all the services * IEC materials should be placed more in fields. * Cards and other gaming activities should get more place in DIC * The project should utilize the field time very carefully because key population has very limited time for interaction. Visit timings should match with the timings of communities rest time. |

**Name of the evaluators Signature**

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