**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**

Comprehensive Rural Tribal Development Programme (CRTDP) was founded by Karim David, Vimal Jadhav and S.K. Pillai at Thingna Tehsil,Nagpur in 1987.They got it registered under Society Registration Act 1861 in the same year.The NGO has been working in the field of Health, Education, Water shed Management, Skill Development and Women Empowerment.

**Name and address of the Organization**

**COMPREHENSIVE RURAL TRIBAL DEVELOPMENT PROGRAMME (CRTDP)**

**Address of TI Project –**

Fetri,Kalmeshwar, Nagpur

**Chief Functionary –Ms. Vimal Jadhav —President and Programme Director**

* **Mr. S. K. Pillai ----Secretary**
* **Year of establishment : 1987**

**Year and month of project initiation: October 2007**

* **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 –29th April 2016 to 30th 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** –Nagpur,Mouda, Umrer and Kalmeshwar blocks 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 Mr.S. K. Pillai the Secreratary ofCRTDP and PD of TI project. He told the team that he told that migrants are vulnerable population and should have education on safe sex.The NGO gives advances to the TI staff.It also provided furniture to the TI project. The Secretary who is also the PD visits regularly to TI for project monitoring.

**Organizational Capacity**

1. **Human Resources:** The Project Director is part timer for TI project. The Project Manager is the sole responsible of the TI project activities. The Counselor,Doctor,M&E, accountant, ORWs works in team and responsible for implementation.

The supervision system is supportive.The commitment level of staff is good and they have positive outlook towards their service.

1. **Capacity building :**

The Staff of TI project is trained by SOSVA,Pune and aware about their job responsibility.

The Project Manager Pankaj Shamkure had passed MSW from Nagpur Univesity and joined TI project in December 2006 as ORW,and promoted to Counselor in March 2007 and remained on the post till September 2012. He was promoted to the post of PM in October 2012.He received training for PM and components of TI PROJECTin November 2014 by SOSVA, Pune.

Counselor- One counselor Ajay Rangari had passed MSW from Nagpur University and joined TI project in January 2011. He received basic training of Counseling in December 2015 by SOSVA Pune.

M&E– One M&E Ms Bhagyashree Bodhe (MSW) has been appointed by TI PROJECT in October 2013 and received training by SOSVA,Pune on filling

Formats and CMIS.

Accountant-Mr. Alkosh Khobragade (M.COM.) has been appointed accountant.

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 training and lacked knowledge of TI programme.

Peer Leaders---16 Peer Leaders were sanctioned for the TI project,but only 13 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 were familiar about their nature of jobs.

1. **Infrastructure of the Organization ;**

The Infrastructure is sufficient for running of TI project. Some infrastructure was provided by MSACS and others were given by NGO.

1. **Documentation and Reporting :**

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

**Critical Observations:**

1. Three peer positions are vacant since July’15.It should be filled up as soon as possible.
2. Microplanning tools should be updated after three months. Dates should be mentioned in mapping.
3. Trainings of Peers and ORWs should be held immediately
4. The selection of peers and their involvement should be carefully done
5. The project area was found scattered which is hampering the service delivery. Area mapping should be done for consolidation and better service delivery
6. Peers should be from the source state
7. Peers should be selected from stakeholders
8. Field monitoring should be increased by PM
9. PD should more involve in project monitoring
10. ICTC testing should be increased
11. PMC should be constituted at the project level
12. ORW should attend more sessions of peers for hand holding.
13. Advocacy meetings should be strategically and carefully planned. The number of meetings should be minimized
14. The project should place the requisition from MSACS for registers and IEC.
15. The project should have more control in the operational area, peers and stakeholders should be more involved in project activities
16. Cash payment over Rs.5000 should be avoided.

**Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.Registered-11925(2014-15) and 10293(2015-16)**

**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 4395 4524**

**Registration from DIC 1681 1204**

**Registration from Counseling 4251 3808**

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 made by TI staff and reflected in delivery of services and commodities and documentation.

**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 almost maintained as per NACO guideline. But during our visit we found two 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**

**The TI staff made regular contact with Migrants and provided condoms and services. ORW PEs conducted IPC session and mid media on the sites regularly**

1. **Documentation of the peer education**

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

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 Migrants during their leisure time. The quality of peer education was good. All PEs are from the community.

**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 him. 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 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 one ppp doctor-Dr. Om Prakash Shendawar B.A.M.S. in 2010 and 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 are organized per month at different sites of Migrants. The examines STI and other ailments of Migrants, and provides medicines which are purchased from revolving fund. During the visit of the evaluation team the migrants and stakeholder told the team that health camps were organized and they go to the camp for check-up. The TI project have adequate infrastructure facility and 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**. –The TI purchased STI drugs-Azithromycin, Flucanazole, Cefixime, Doxycycline and Levocet from the revolving fund. The medicine are bought in small quantity 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 6420(2014-15) and 6425(2015-16) cases referred to ICTC and 3943 (2014-15) and 2838 (2015-16) cases were tested, out of that, 08 found +ve and they were linked with ART centre as per the record.928(2014-15) and 728 (2015-16) cases were referred to STI clinic, and same number were treated. 400 (2014-15) and 510( 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 collected by counselor from HRG for HIV testing. Eight migrants was linked with ART.

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

The NGO purchased 31600 condoms (2014-15) and 13170 condoms (2015-16) from Market.

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

The TI project distributed 14069 condoms in 2014-15 and 20920 in 2015-16 by its 160 non traditional 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 linkage with referral centers.

1. **Referrals and follows up**

12845 cases were referred to ICTC for HIV test in 2014-15 and 2015-16, out of that 6781 actual visit for HIV testing. 08 HIV positive were linked to ART. 910 migrants were 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 250-300 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 linkages with DOTS Centre.

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

53 percent of the referrals were tested in ICTC and gap between referred and tested was 47 percent. The gap was due to non-availability of testing kits, distance of ICTC centre and mobile van lacked necessary equipment for some time.

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 Industry owner, Engineer, LABOUR Contractor,Manager,Supervisor,Security Guards, Safety Manager and HR Manager. They held advocacy meetings with them.

**VII. Financial Systems and Procedures**

1. **Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/NACO- supporting official communication:**

During verification of records, it was observed that the guidelines issued by the SACS/ NACO have generally been followed by the NGO.

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| --- | --- | --- |
| **II** | **Cash Book** |  |
| 1 | Whether Cash Book is maintained:-  a) In prescribed format  b) Daily Entry  c) Daily Closing | Maintained in Tally and back up with Printout as monthly basis Daily Entry  Daily Closing |
| 2 | Whether Separate Bank Account is maintained with 2 signatories. | Yes |
| 3 | Whether Bank Book is maintained | Yes, |
| 4 | Whether bank reconciliation is prepared monthly | Yes monthly basis |
| 5 | Whether TA&DA payments are made by following guidelines of SACS. | Yes, as per the SACS, seen travel claim sheet |
| 6 | Whether cash transactions above Rs.2000/- are made. | yes, some transaction found in cash payment |
| 7 | Whether Bills/Vouchers files are maintained properly & serially numbered /printed voucher | Yes, Seen |
| 8 | Whether Vouchers authorised by Project Director/Programme Manager | Yes |
| 9 | Whether Bills/Vouchers are stamped (Paid & Cancelled) after payment | Yes |
| **III** | **Procurement & Store** |  |
| 1 | Whether Procurement is done as per NACO Norms. | No, Procurement has not done. |
| 2 | Whether entry of stock book is taken on bills before payment | Yes |
| 3 | Whether Stock Register is maintained | Yes |
| 4 | Whether yearly stock verification report is maintained | Yes |
| 5 | Whether following registers are maintained: -  a) Appointment Register  b) Attendance Register  c) Activity Register  d) Meeting Register  e) Patient Follow-up Registers. | Yes,  Maintained  1. Appointment register  2. Attendance register  3. Activity Register  4. Meeting register  5. Patient follow up Register seen |
| 6 | Whether NGO is holding more than One Project from MSACS. | No. |
| 7 | Whether separate Accounts is maintained for each Project. | Yes |
| 8 | Whether any complaint relating to Non-Payment of Salary received from Staff. | No |
| 9 | Whether Internal Auditor shown any discrepancies relating to accounts. | No |
| 10 | Whether Asset register is being maintained | Yes |
| 11 | Whether all assets are codified and recorded in the asset register | Yes, |
| 12 | Whether assests have been procured as per the NACO guidelines | Yes, As per NACO guideline |
| 13 | Whether Compliance is made by NGO with respect to observation of internal audit. | Yes |
| 14 | Whether C.A. audited SOE/UC submitted in time. | Audit till not done by H. S. Hasabnis & Co. |
| 15 | Whether TDS/Professional Tax is deducted | Professional Tax has deducted, TDS not Applicable. |
| **IV** | **Other Observations** | Staff Insurance has not done. |
| 1 |  | Advance taken from Director/Organisation in cash & paid also in cash |
| 2 |  | There is no system of taking prior approval before incurrence of the expenditure. |

**VIII. Competency of the project staff**

**VIII a. Project Manager**

Program Manager Pankaj Shamkure has passed M.S.W.from Nagpur University. He joined TI Project in December 2006 as ORW and remained on the post till March 2007.He was promoted to the post of Counselor in April 2007. In October 2012, he was promoted to the post of PM.He received 4days training in November 2014 onTI components, documentation and MSDS format by SOSVA,Pune.His 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-Ajay Rangari .He passed M.S.W. from Nagpur University and joined TI project in January 2011. He received basic training of Counseling in December 2015 by SOSVA, Pune.

The counselor has knowledge of STI counseling, BCC and basic counseling and HIV. He 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 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 13 Peer Leaders against 16 PLs.Three posts are vacant. During our visit we met two 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 Bhagyashree Bodhe has been appointed by the NGO.She has passed MSW and joined TI project in October 2013. She received 2days training by SOSVA,Pune,and have knowledge of filling different formats of TI project. Accountant-Mr.Alkosh Khobragade (M.Com.) has been appointed as Accountant. He has knowledge of maintaining accounts.

**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.-NA**

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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 codoms and take them to Health camps for check-up.The ORW and PEs have knowledge of IPC Session and large number of migrants come to the Health camp and for 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 the TI activities is very good 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,ORW and Counselor identified stakeholders-Owner,Manager,Site charge,Supervisors,Engineers,Security guards, Safety Managers and Labour Contractor. The TI Staff hold meetings with them. They cooperate with TI staff in implementing TI programme.

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

The NGO CRTDP had organized and carried rehabilitation centre for wards of PLHIV with the help of Swiss fund from 2012 to 2014.In centre the wards were given technical knowledge of Nursing, Electrical works and scooter repairing. But it was closed due to non-availability of fund from Switzerland in 2014.

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:** | Comprehensive Rural Tribal Development Programme |
| **Typology of the target population:** | Migrants |
| **Total Population being covered against target:** | 12000 |
| **Date of Visit:** | 29th April- 2016 to 30th April-2016 |
| **Place of Visit:** | Nagpur,Mouda,Umrer and Kalmeshwar blocks 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 |
| **68.8 %** | **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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| --- |
| * Three peer positions are vacant since July’15.It should be filled up as soon as possible. * Microplanning tools should be updated after three months. Dates should be mentioned in mapping. * Trainings of Peers and ORWs should be held immediately * The project area was found scattered which is hampering the service delivery. Area mapping should be done for consolidation and better service delivery * Peers should be from the source state & they should be selected from stakeholders * Monitoring and supervision of PM & PD should be increased * PMC should be constituted at the project level for better outcome * The project should place the requisition before MSACS for registers and IEC. * The project should have more control in the operational area, peers and stakeholders should be more involved in project activities |

**Name of the evaluators Signature**

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