

## 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

<b>Name of the Organization</b>	Manav Vikas Bahuudheshiya Gramin Seva Sanstha
<b>Acronym</b>	MVBGSS
<b>Year of Establishment</b>	1998
<b>Legal Status</b>	Non-Government Organization (NGO)
<b>Contact Address</b>	C/o Mr. M.Y. Betawar Plot No: 8A, Sadachar Society, Dattawadi, Nagpur – 23 Maharashtra – India
<b>Chief Functionary</b>	Rajabhau Jodh
<b>Contact Number</b>	08888806555/09960388888
<b>Key Thematic Areas</b>	<ul style="list-style-type: none"> <li>Empowering women, children, adolescent girls, boys and youth</li> <li>Inclusion of people with different disabilities with focus on Deaf Blind and MSI</li> <li>Capacity building of NGO stakeholders</li> <li>Poverty reduction</li> <li>Social Sector Development</li> <li>Halting and reversing HIV &amp; AIDS in Nagpur district by working with primary, secondary and tertiary groups</li> </ul>
<b>Geographic Working Areas</b>	<ul style="list-style-type: none"> <li>Nagpur district</li> </ul>
<b>Target Population</b>	<ul style="list-style-type: none"> <li>Migrant workers</li> <li>Female Sex Workers</li> <li>Deaf Blind and MSI persons</li> </ul>

## Legal Status:

Act	Date of Registration	Place of Registration	Registration Number
1860	05-10-1998	Nagpur	749 – 98
1950	29-04-1999	Nagpur	F – 15192
12A	28-05-2010	Nagpur	CIT-IV/NGP/Tech/19
80G			
FCRA	22-04-2009	New Delhi	083870221
PAN	29-04-1999	New Delhi	AABAM0072A
NGO Partnership Unique ID	20-12-2009	New Delhi	MH-2009-0022824

## Vision

An organization based on legitimate rights, equity, justice, honesty, social sensitivity where the marginalized, vulnerable people have the same rights, entitlements, accesses and opportunities as others.

## Mission

- Enhance organizational capacity to meet the needs of PLHAs, PWDs, CWDs, children and women
- Influence the development of services for the benefit of PLHAs, PWDs, CWDs, children, women and their families
- Encourage improvements in practice and creation of new knowledge by facilitating improved communication and networking

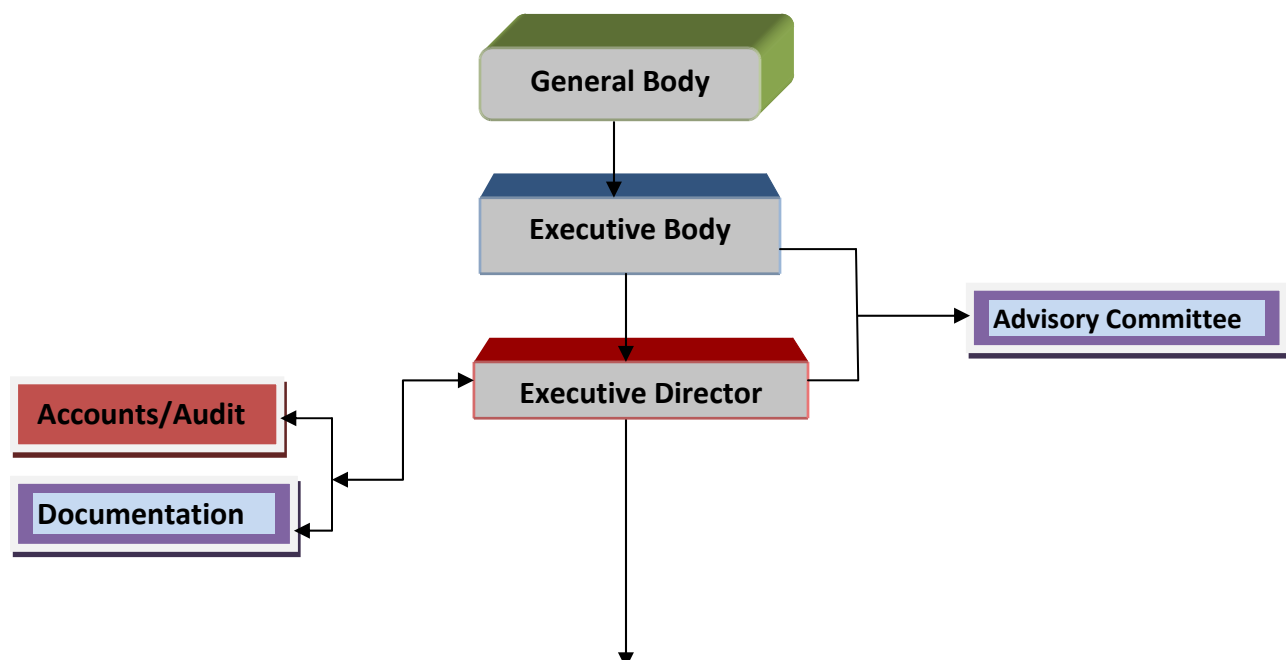
## GOAL

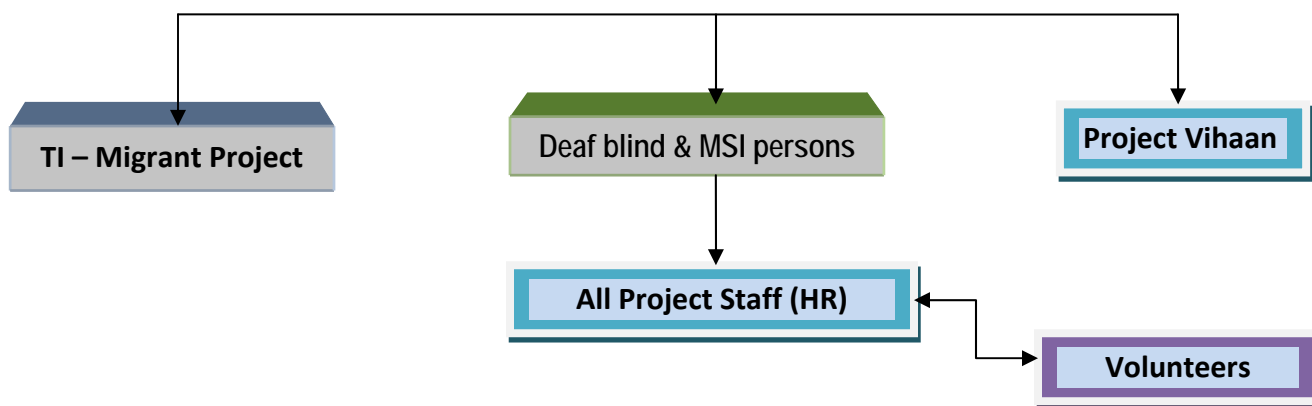
Expanding to help the underprivileged, vulnerable children and the inclusion of people with different type of disabilities to participate in their development process through participatory gender balanced approaches for ensuring their rights and entitlements.

## Objectives

- To include PWDs (persons with disabilities) through major interventions and cross-cutting themes.
- To empower women, children adolescent girls and boys and youth.
- To provide quality education and Health services to the disadvantaged.
- To develop community based leadership.
- To promote agriculture and agri-allied activities and transfer technology to rural farmers.
- To halt and reverse HIV & AIDS, Malaria, Sickle-cell and TB in Nagpur district.

## ORGANOGRAM





### Details of Committee Members

#	Name	Position	Address	Profession	Qualification	Photo
1	Rajabhau Jodh	President		Social Worker	B.A. & D.N.Y.S	
2	Dilip Dhote	Vice-President		Business and Social Work	B.A.	
3	Priti Pethe	Secretary		Social Worker	M.A.	
4	Nishikant Thape	Joint-Secretary		Medical Practitioner & Social Work	MD	
5	Sudha Shinde	Treasurer		Social Worker	M.A. (Soc)	
6	Charusheela Nagpure	Member		Medical Practitioner & Social Work	B.H.M.S.	
7	Falguni Kawane	Member		Medical Practitioner & Social Work	B.H.M.S.	

### Project Profile:

<b>Name of the Project</b>	Targeted Intervention – Migrants
<b>Project Office</b>	C/o Mr. M.Y. Betawar Plot No: 8A, Sadachar Society, Dattawadi, Nagpur – 23 Maharashtra – India
<b>Project Holder</b>	Rajabhau Jodh
<b>Project Supported by</b>	MSACS – Mumbai, State of Maharashtra – India
<b>Target Group (typology)</b>	Migrants

<b>Start Date of Project</b>	15 – 03 – 2013
<b>Location of the Project</b>	Hingna & Wadiin Nagpur District

- **Name and address of the Organization**

Manav Vikas Bahuudheshiya Gramin Seva Sanstha  
C/o Mr. M.Y. Betawar  
Plot No: 8A, Sadachar Society, Dattawadi, Nagpur – 23  
Maharashtra – India

- **Chief Functionary**

Mr. Rajabhau Jodh

- **Year of Establishment**

1998

- **Year of month of project initiation**

15.03.2013

- **Evaluation Team**

Mr. Rajiv Sarkar (Team Leader)  
Mr. Sanjoy Chowdhury (Programme Evaluator)  
Mr. Bhushan Ruikar (Finance Evaluator)  
Ms. Tanuja D. Fale (DPO-DAPCU as Facilitator)

- **Time Frame**

**Profile of TI in details:**

(Information to be captured)

- Target Population Profile: MIGRANTS
- Type of Project: Bridge Population
- Size of Target Group(s): 14329/15000
- Sub-Groups and their Size

#	Sector	%
1	Construction	56.58%
2	Industrial	17.37%
3	Hamal (loaders)	10.91%

- **Target Area:**

#	Congregation Area	Description
1	Khadgaon	It is our Mining site. There are so many migrants

		who is came from Uttar Pradesh ,Bihar,Madhya Pradesh ,Andhra Pradesh.
2	Lava	It is our construction site, there are so many construction worker available from states like Madhya Pradesh ,UttarPradesh ,Orissa.
3	Bazargaon	There are many companies are available on this site like Solar Co., Paper Mill, Pix(Belt Hoses), Parker , Ramsons Company. Migrants are available from states like Uttar Pradesh ,Chhattisgarh,Andhra Pradesh ,West Bengal ,Maharashtra ,Punjab
4	Wadi-Hingna Road (Left)	It is our Industrial Area , Migrants available from Uttar Pradesh , Maharashtra& from other states also.
5	Wadi-Hingna Road (Right)	It is our Industrial Area, there are so many Industrial worker are available from various states.
6	8 <sup>th</sup> Mile	It is our construction site ,Godown also available , we got Construction worker and Hammallabour. Migrants from states Madhya Pradesh ,Uttar Pradesh ,Andhra Pradesh ,Bihar,CG
7	Davlamethi	There are many Godowns , we observed hammallabour on this site from various states like Madhya Pradesh ,Uttar Pradesh.
8	Sonegaon – Nipani	There are many industrial worker , it is our industrial site migrants available from states like Maharashtra,Madhya Pradesh,Uttar Pradesh.
9	Gondkhairi	It is also our construction site ,labours are available from state like from Madhya Pradesh,Uttar Pradesh,CG.
10	Dattawadi	Construction worker and labour are available from Maharashtra ,Uttar Pradesh,Madhya Pradesh,Andhra Pradesh
11	Waddhamna	It is our construction site , we observed construction worker &Hammallabour from states like Maharashtra ,Madhya Pradesh ,Bihar ,Orissa.
12	Waddhamna MHADA Colony	It is our big construction site, it is the site of B.J.Shirke . There are so many labours available who came from Orissa, Bihar,MadhyaPradesh,UttarPradesh. It is our big achievement that we have started ANGANWADI with the help of Mumbai Mobile Crush, Some migrants has come with their family , so there

		childrens used to stay at Anganwadi.
13	Dabha	There are so many major construction site are available, migrants came from Madhya Pradesh ,UttarPradesh.
14	14 <sup>th</sup> Mile	There are many Godowns , we observed hammallabour on this site from various states like Madhya Pradesh ,Uttar Pradesh.
15	Wadi	It is Godown line area . Transport worker, Hammallabour are available from states like UttarPradesh ,Madhya Pradesh ,Chhattisgarh,Bihar, MH.
16	Suraburdi	It is our construction site ,Construction are available from state like Madhya Pradesh.
17	Defence	It is also construction site , Migrants come here from Andhra Pradesh ,Bihar,Chhattisgarh,Orissa
18	Mondha	There are so many construction site available and many industries has been started , so many migrants are working with them, migrants came from state like Madhya Pradesh ,Uttar Pradesh ,Andhra Pradesh.
19	Wanadongari	It is our construction site there are so many migrants available who came from Uttar Pradesh&Madhya Pradesh.
20	IC Chowk	It is industrial area many migrant came on contract basis from different states like Andhra Pradesh, Chhattisgarh.
21	Mahajanwadi	It is construction site migrant came from Madhya Pradesh ,Maharashtra.
22	Amar Nagar	There are so many construction site available and many industries also , so many migrants are working with them, migrants came from state like Madhya Pradesh ,Uttar Pradesh ,Andhra Pradesh ,Chhattisgarh,Bihar
23	Digdoh	There are so many big companies are available and so many small industries , there are so many industrial worker who came from Madhya Pradesh ,Andhra Pradesh ,Uttar Pradesh.
24	Dhangarpura	There are so many big construction site migrants available from Madhya Pradesh ,Uttar Pradesh ,Chhattisgarh
25	Electronic Zone	There are so many small industries , so we observed there are so many industrial worker, Transport worker, Hammal who are migrant and came from Madhya Pradesh ,Uttar Pradesh ,Andhra Pradesh ,Maharashtra .
26	Nagalwadi	It is construction site many migrant came on

		contract basis from different states like Madhya Pradesh ,Chhattisgarh.
27	Nildoh	There are so many small scale & large scale industries and many construction site are available. There are so many labours came from Uttar Pradesh ,Punjab, West Bengal . Some labour has been working on contract basis.
28	Ekatmata Nagar	It is construction site migrant came from Madhya Pradesh .Maharashtra ,Chhattisgarh.
29	Rajiv Nagar	It is construction site migrant came from Madhya Pradesh,Maharashtra.
30	Shivangaon	It is construction site we observed Construction worker and skilled worker who came from Maharashtra ,Madhya Pradesh, Uttar Pradesh.
31	Essasani	It is our construction site and construction worker has came from Uttar Pradesh ,Orissa, Madhya Pradesh,Maharashtra.
32	Waghdera	It is construction and brick clean site many brickclean workers available as well as construction worker..
33	Raipur	It is construction site and migrant available from Madhya Pradesh ,UttarPradesh.
34	Takli	It is also construction site and migrant came from Madhya Pradesh,Maharashtra,Chhattisgarh.

## Key findings and recommendation on Various Project Components

### I. Organizational support to the programme -:

Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc...

The PD (project director) has attended review meetings and MSACS meetings. He has networked with key district officials such as DAPCU, Police, ICTC, ART centers and has ensured the project's financial integrity.

The team of evaluators has met 2 office bearers of Manav Vikas Foundation (MVBGSS) to understand their vision of the project. The organization has clearly defined roles and responsibilities which have been communicated. Inductions, trainings and motivation have been provided to staff and they have been encouraged to perform as best as they can. The PD has conducted advocacy initiatives with Company Management and this has led to permission being given for conducting health camps and other activities at the congregational sites.

### II. Management vision and project monitoring

Manav Vikas Foundation (MVBGSS) strives for the health and development of communities through grassroots programs, trainings and policy advocacy. The organization aims at the holistic development of the individual, family and community and is deeply committed in halting and reversing HIV & AIDS, TB, Malaria in Nagpur district and for the empowerment of the disadvantaged women, children, youth and disabled persons. The organization implements its programs through organizing and mobilizing communities towards self-reliance and sustainability.

Baseline survey, mapping and SNA (situational needs assessment) conducted at the beginning of the project provides a point of reference for comparison and understanding change in the target group. These documents help to distinguish between the different kinds of results generated from the project: output – processes – outcomes- impact – reach. The reports produced are processed and analyzed, critical and unreliable areas are identified and feedback is provided for corrective measures.

Indicators used for project monitoring are:

- Whether the project is running on schedule
- Whether the project is running on planned costs
- Whether the project is receiving adequate funds

### **III. Support of Management**

All members of the Management Committee of Manav Vikas Foundation have supported the project in some way or the other. However a special PMC (project management committee) has been formed comprising of 07 members i.e. PD, PC, one PE and 04 key stakeholders. It is to be noted that at present there is no representation from the migrant community in this PMC, except 01 PE.

They have individually and collectively been a vocal and visible project champion, approved project deliverables, helped resolve issues and policy decisions, provided direction and guidance to the project.

### **IV. Organizational Capacity:**

- I. Human resource: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.

### **V. Organizational Capacity:**

- II. Human resource: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.

Staffing Pattern

- Project Coordinator – 01

- M&E cum Accountant – 01
- Counselor – 01
- ORWs (outreach workers) –08
- PE (peers) – 20

### Staff Details for the Year 2014-16

SR NO	NAME OF THE STAFF	DESIGNATION	EDUCATION	DATE OF JOINING	DATE OF RESIGNATION	REMARKS
1	Ms.Shubhangi Jaronde	Project Co-Ordinator	MSW	01/06/2013		
2	Mr.Ashish Dhote	M&E Cum Accountant	B.COM	01/06/2013	31/07/2015	Personal reason
3	Ms.RoshanaMankawde	Counselor	MSW	15/03/2013	29/11/2014	Personal reason
4	Ms.DeepaliShinganjde	ORW	MSW	01/06/2013	31/12/2014	Promotion to the other project "VIHAN" As a Project Coordinator
5	Ms.ArpanaRangari	ORW	MSW	15/03/2013	30/11/2014	Promotion to the TI-MIGRANT As Counselor
6	Ms.RekhaShiwankar	ORW	MSW	15/03/2013		
7	Ms.KalpanaPillewan	ORW	12 <sup>Th</sup>	01/07/2013	30/06/2015	As per MSACS instruction
8	Ms.RekhaKamble	ORW	12 <sup>th</sup>	01/07/2013	30/04/2014	
9	Mr.AnirudhaMadke	ORW	MSW	15/03/2013		
10	Mr.RoshanLichade	ORW	B.COM	01/01/2014	31/12/2014	
11	Mr.RekhaPocpongle	ORW	12 <sup>th</sup>	01/05/2014		
12	Mr.NitinSaraf	ORW	12 <sup>th</sup>	01/07/2014	31/12/2014	
13	Mr.PravinUikey	ORW	MSW	01/12/2014		
14	Ms.KomalPatankar	ORW	MSW	01/01/2015	31/03/2015	
15	Ms.PallaviUikey	ORW	MSW	01/01/2015		
16	Mr.RahulKamble	ORW	MSW	01/01/2015		
17	Ms.KalyaniGotmare	ORW	BA	01/01/2015	30/06/2015	As per MSACS instruction
18	Ms.KalyaniGotmare	ORW	BA	01/08/2015		
19	Mr.NitinSaraf	ORW	12 <sup>th</sup>	03/08/2015		
20	Mr.SadhanaAree	M&E Cum Accountant	M.COM	07/08/2015		
21	Mr. Parag Kumbhalkar	Peer Leader	12 <sup>th</sup>	10/8/2015		

22	Mr. Krishna Taywade	Peer Leader	12 <sup>th</sup>	02/08/2015		
23	Mr. NamdevKatariya	Peer Leader	8 <sup>th</sup>	02/08/2015		
24	Mr. Ravi Narnavare	Peer Leader		01/01/2015	31/07/2015	Personal reason
25	Mr. SatishMeshram	Peer Leader		01/09/2015	30/06/2015	Personal reason
26	Mr. KhushalSorate	Peer Leader		01/02/2014	30/06/2015	Personal reason
27	Mr. SwapnilKhairkar	Peer Leader		01/07/2013	30/06/2015	Personal reason
28	Mr. SanajayKulasti	Peer Leader		03/02/2014	31/07/2015	Personal reason
29	Mr. GanpatChimulkar	Peer Leader		03/02/2014	31/07/2015	Personal reason
30	Mr. VamanLambat	Peer Leader		01/02/2015	31/07/2015	Personal reason
31	Mr. Dinesh Thakur	Peer Leader	10 <sup>th</sup>	03/08/2015		
32	Mr. ChetanHadke	Peer Leader	12 <sup>th</sup>	03/08/2015		
33	Mr. NamitHadke	Peer Leader	10 <sup>th</sup>	04/08/2015		
34	Mr. ChandanYadav	Peer Leader		12/01/2015	31/07/2015	Personal reason
35	Mr. PavanKamble	Peer Leader	B.A	12/01/2015		
36	Mr. Madan Kale	Peer Leader		13/01/2015	31/07/2015	Personal reason
37	Mr. VipinModak	Peer Leader		12/01/2015	31/07/2015	Personal reason
38	Mr. Jay Dhote	Peer Leader	12 <sup>th</sup>	01/01/2015		
39	Mr. Prashant Urade	Peer Leader		13/01/2015	31/07/2015	Personal reason
40	Mr. Ashish Dahale	Peer Leader		01/04/2015	30/06/2015	Personal reason
41	Mr. NanduGujjar	Peer Leader	10 <sup>th</sup>	07/08/2015		
42	Mr.DashrathNarnavre	Peer Leader	B.SC	01/01/2015		
43	Mr.ShushilLonarkar	Peer Leader	B.Com	02/08/2015		
44	Mr.NarayanBhagat	Peer Leader	10 <sup>th</sup>	07/08/2015		
45	Mr.ArjunPancheshwar	Peer Leader	12th	07/08/2015		
46	Mr.AmolMadavi	Peer Leader	11 <sup>th</sup>	08/08/2015		
47	Mr.AvinashYadav	Peer Leader	8 <sup>th</sup>	08/08/2015		
48	Mr.Prakash Gate	Peer Leader	10 <sup>th</sup>	09/08/2015		
49	Mr.RajeshChopde	Peer Leader		07/08/2015		
50	Mr.AshishPandit	Peer Leader	12th	07/08/2015		
51	Mr.SwapnilShambharkar	Peer Leader	10 <sup>th</sup>	07/08/2015		
52	Mr.SachinChawhan	Peer Leader	10th	10/08/2015		
53	Mr.AnandAnjankar	Peer Leader	12 <sup>th</sup>	10/08/2015		
54	Mr.VishalKachwa	Peer Leader	8th	10/08/2015		
55	Mr.KisnaMusre	Peer Leader	7 <sup>th</sup>	01/01/2015		

It was necessary to re-recruit M&E cum Accountant, Counselor and 08 ORWs. Following are the staff in place at the time of the evaluation:

#	Name	Position	Qualification
1	Shubangi Jaronde	Project Coordinator	M.S.W.
2	SadhanaAree	M&E cum Accountant	M.Com.
3	ArpanaRangari	Counselor	M.S.W.
4	RekhaShivankar	ORW – 1	M.S.W.
5	AnirudhaMadke	ORW – 2	M.S.W.
6	RekhaPocpongale	ORW – 3	H.S.C.
7	PravinUikey	ORW – 4	M.S.W.
8	PallaviUikey	ORW – 5	M.S.W.
9	Rahul Kamble	ORW – 6	M.S.W.
10	NitinSaraf	ORW – 7	H.S.C.
11	KalyaniGotmare	ORW – 8	B.A.
12	ParagKumbalkar	PE – 1	---
13	Krishna Taywade	PE – 2	---
14	NamdevKatariya	PE – 3	---
15	SushilLonarkar	PE – 4	---
16	Narayan Bhagat	PE – 5	---
17	ArjunPancheshwar	PE – 6	---
18	KisnaMusare	PE – 7	---
19	DashrathNarnavre	PE – 8	---
20	Vijay Thakur	PE – 9	---
21	Vishal Kachwa	PE – 10	---
22	Dinesh Thakur	PE – 11	---
23	ChetanHadke	PE – 12	---
24	NamithHadke	PE – 13	---
25	Rajesh Chopde	PE – 14	---
26	PavanKamble	PE – 15	---
27	Jay Dhote	PE – 16	---
28	Ashish Pandit	PE – 17	---
29	Jay Dhote	PE – 18	---
30	AnandAnjankar	PE – 19	---
31	NanduGujjar	PE – 20	---

### **III. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.**

The staff and PEs under the project along with other stakeholders have been trained on a regular basis by the office bearers and MSACS officials both at Mumbai and Nagpur respectively. The capacity building and training has included various topics and themes as per NACO guidelines.

In-house training has covered basic tools in IPC, STI, HIV and AIDS. MSACS has conducted trainings in Project Management for PC, M&E and Counselor.

### Training Details of all Staff

Sr.no	Training Date	Name	Designation	Topic	Organised By & Where (Venue)	Name of Resource person
1	21.01.2014 to 23.01.2014	1.Ms.Shubhangi Jaronde, 2.Mr.Ashish Dhote 3.Ms.Roshana Mankawde 4.Ms.Arpana Rangari 5.Ms.Dipali SInganjude 6.Mr.Anirudha Madke 7.Ms.Rekha Shivankar 8 Ms.RekhaKamble 9 Ms.KalpanaPillewan 10 Ms.RekhaPochpongale 11 Mr.RoshanLichade	PC M&E Coun  ORW ORW ORW ORW ORW ORW ORW ORW	Induction training	MSACS, (Hotel Rahul, Bus stand road, Nagpur)	Mr.Hussain Sheikh ADTI(MSACS), Mr.Neeraj Mahajan Mr.JagdishPatil Mr.RajivBobde
2	7.03.2014	All PEER's and 8 ORW's	Peer & ORW	In House Training (IPC tools)	Manav Vikas , Wadi	Manav Vikas Staff
2	10.11.2014 to 13.11.2014	Ms.Shubhangi Jaronde	Project co-ordinator	Induction training	SOSVA Training and Promotion Institute(STP I)Pune	Mr.NileshShinde Mr.AmarChauhan Ms.DipaliChauhan Mr.ShreeleshNambikar
4	3.12.2014 to 5.12.2014	Ms.ArpanaRangari	Counselor	Induction training	SOSVA Training and Promotion Institute(STP I)Pune	Mr.NileshShinde Mr.AmarChauhan Ms.DipaliChauhan Mr.ShreeleshNambikar
5	23.01.2015	All ORW's	ORW	In house Training (Basic training on HIV, AIDS, STI, IPC tools)	Manav Vikas ,Wadi	Manav Vikas Staff
6	27.01.2015 to 30.01.2015	Ms.Shubhangi Jaronde Mr.Ashish Dhote	PC M&E	Induction training	SOSVA Training and Promotion Institute(STP I)Pune	Mr.NileshShinde Mr.AmarChauhan

					I)Pune	Ms.Dipali Chauhan Mr.Shreelesh Nambikar
7	16.04.2015	All Staff of ShriSatyadev Baba MahilaMandal, Nikunj, Mojari, Teh:Tivsa, Dist-Amravati	PC, M&E, Coun ,OR W	In house Training (Basic training on HIV, AIDS, STI,IPC tools,Documentation)	MVBGSS,Wadi, Nagpur	All staff of Manav Vikas
8	30.07.2015	All staff of TI	PC, M&E, Coun ,OR W	TI-Indicators, BCC, Job Profile of ORW	MVBGSS,Wadi, Nagpur	Mr.Amit Tembhurne (PO)
9	15.08.2015	Ms.Sadhana Aree Ms.Kalyani Gotmare Mr.Nitin Saraf	M&E ORW ORW	In house Training (Basic training on HIV, AIDS, STI,IPC tools,Documentation)	MVBGSS,Wadi, Nagpur	Ms.Shubhangi Jaronde (PC)
10	07.10.2015	All Staff of MVBGSS	All Staff	In House training (Documentation)	MVBGSS,Wadi, Nagpur	Ms.Shubhangi Jaronde (PC)

#### IV. Infrastructure of the organization

Manav Vikas Foundation (MVBGSS) is located off the national highway 06 in Dattawadi – Nagpur. The office is located on the 1<sup>st</sup> floor and covers an area of **1000 Sq.ft.** In this edifice is housed the TI-Migrant office, M&E cum Accountant cabin, Deaf Blind Project office and PD cabin.

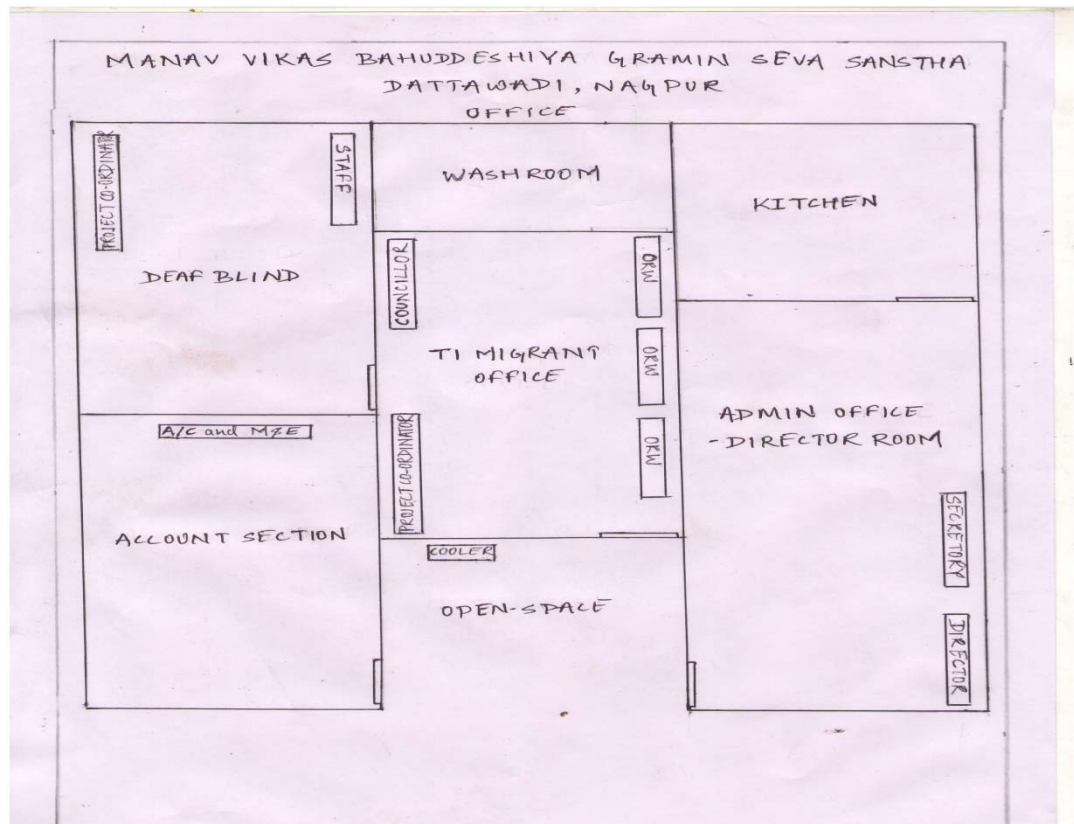
#### Details of Assets

- Computer – 01

- Printer – 01
- UPS – 01
- Computer Table – 01
- Steel Table – 02
- Wheel Chairs – 02
- Plastic Chairs – 04

**Vehicles:** NA

**Own building:** NA/office is rented



**V. Documentation and Reporting: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting and feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.**

The project manager does execute the day-to-day monitoring of the project. She was observed to be good in monitoring whether the daily diaries and other formats are duly filled in by all the staff. The staff along with the PC and PD meets every week and reviews the previous week's work done and plans for the next week as claimed by the team. And the same has been reflected in project planning and execution.

The M&E cum accountant gives the spending pattern on the various activities and informs the budget allocated for each planned activity. The PD also conducts quarterly review meetings. The PC visits the congregation points weekly and provides direction to the team members. The registers are filled by the team on a weekly basis. The M&E cum Accountant maintains the formats, programmatic data and accounts and has submitted TI-CMIS, STI CMIS, partner meeting data and other documents to MSACS through DAPCU every month along with the monthly technical and financial reports.

## **VI. Programme Deliverables**

### **Outreach**

#### **1. Line listing of the HRG by category**

##### **Occupation wise**

1. Construction Worker : 8547
2. Industrial Worker : 2615
3. Hammal /labour : 1638
4. Hotel Worker : 6
5. Mine Worker :383
6. Others : 745
7. Skilled worker :367
- 8.Daily wages : 28

##### **State wise :**

1. Maharashtra :4675
2. Madhya Pradesh :5308
3. Bihar :794
4. Orissa :314
5. Uttar Pradesh :1704
6. Others :111
7. Nepal :3
8. West Bengal :79
9. Chattisgarh : 1043
10. Jharkhand : 79
- 11.Rajasthan : 155
- 12.Tamil Nadu : 7
13. Andhra Pradesh : 56
14. Karnataka : 1

#### **2. Registration of migrants from 3 service sources i.e.STI Clinics, DIC and Counseling.**

a)STI Clinics : 6105 ,b) DIC: 2854 and c) Counseling : 5370

### **3. Micro planning in place and the same is reflected in Quality and documentation.**

All the micro planning tools like broad map, site maps, seasonality map. Service map etc. not in place except area map where the information like condom, congregation sites were depicted, thus there was no reflection of the same in quality and documentation.

### **4. Outreach planning-quality, documentation and reflection in implementation.**

- Outreach planning done on a very basic level.
- Outreach requires mapping out key hot spots especially in destination areas – the places where the migrants congregate and can be accessible for meaningful group sessions.
- Outreach need to identify local sex networks including their size, distribution and mobility.
- Outreach requires developing rapport with the other TIs in the vicinity to avoid duplication of services and provide continuum of services in holistic approach.
- Outreach need to identify key stakeholders and particularly the contractors /agents / unions / contract systems
- BCC information required to be made available through standard activities such as one to one, one to groups, peer education, mid media campaign, information booth at the contractor's office or in the DIC etc.

### **5. PF: HRG ratio, PE: migrants/truckers.**

PF: HRG ratio: ORW -1:2000 population, PL's-1:750 migrants

### **6. Documentation of the peer education.**

- PLs are either literate or semi literate.
- PLs do have basic understanding about the documentation.
- The PLs mostly remember the numbers of commodity distributed and name of the HRGs met which is shared to their respective ORW in charge and thus the team is skeptical about the quality of the document collected.
- ORWs help PLs to complete their documentation upto a certain extent.

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

- PLs are vocal and are articulate while they communicate however, they require more capacity.
- The PLs are a group of literate or semi literate people who require ORWs help to do the documentation.
- Most of the community members are satisfied by the services provided by the PLs.

- Most of the PLs are from the destination and a few among them represent the migrant community of source.
- Some of the PLs knowledge and clarity on the project is found to be low and that can be detrimental to the project.

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

- Supervision is done at two levels first at ORW level and second at PM level.
- The evaluation team is convinced about PM's role in monitoring and supervision.
- Proper documentation for this process is followed by the project.
- Minutes available with the project staff for looking into follow up action taken by the management for any specific task assigned.

### **VII. Services**

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

- STI service is delivered through linkages with PPP model.
- The TI has appointed 2 doctors (1-MD Ayurveda, 1 BHMS) to provide services and the doctors have been found to deliver an average of 62 hrs per month of their services in the health camps organized.
- Medical checkups were done with the HRGs.
- All medical checkups are done by the doctors in medical camps.
- The clinics conducted are in the form of health camps and the team was doubtful about the screening of genital area as the project lacks infrastructure in that form.

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

- The STI services are provided through PPP and the clinic of which is accessible by the community.
- STI drugs were made available to the community.
- There is little privacy in the health camps conducted and most treatments are based on symptoms shared by the MLs visiting.
- Medicine stock is distributed by the TI staffs in the health camps.
- It was understood that the clinic service address general health issues focusing little on sexual health unless anyone visits with such complaints.
- There should be opportunity for recreational facility within the centres which will attract the migrant to drop in and access services. Migrants required to be given a resource kit that will broadly cover the information on HIV/AIDS/STI and Condom packs.

#### **Other clinical equipments available:**

- Vaginal speculum
- Retractor
- B.P. Apparatus

- Stethoscope
- Spunge Forcet
- Tray
- Hand gloves
- Antiseptic lotion
- Cotton
- Gauge
- Mask
- Torch

### **3. Quality of treatment in the service provision-adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC, ART, DOTS centre and community care centers.**

- It was understood that the treatment of STI is done adhering to syndromic treatment protocol.
- The doctors also offer treatment for general health issues..
- Medical checkups are evidently been done but no internal examination or screening for STI.
- There are referrals to ICTC and STD clinic in Govt. set up for RPR and HIV testing and the project refer to the ICTC as well. And they have referred all HIV positive clients to the ART centre and adherence was evident while visiting the ART center.
- Medicines are distributed from clinic and stock register for the same maintained. The Peer Leaders are not trained to provide counselling related to management and prevention of STIs.

### **4. 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 officials documents in this regard.**

- Documents and record keeping is above average with the TI and the necessary documents have not maintained properly.
- Documents are maintained as per NACO- SACS guidelines, lack of understanding for the same is found with the project staff.
- Referral slips are found to be properly filled up.
- Follow up cards were found filled properly.
- Central stock registers are maintained but not to the perfection.
- The TI is not maintaining any accounts book of the CSM.

### **5. Availability of condoms- Type of distribution channel, accessibility, adequacy etc.**

- Sustainable system for monitoring condom outlet to be developed.

- Condoms are sold through non-traditional condom outlets and the project has managed to sell off very few of the commodity.
- Identifying and prioritizing spots for initiating condom outlets required to be done by the TI where CSM and free condom required to be made available.
- The TI has indulged itself to CSM only and has never put effort in linking the population to the facilities where free condoms are available.
- The CSM stock register not found with the organization which evidentially shows that the TI has procured any condoms and the same has been distributed among the ORWs, PLs and outlets. It doesn't even reflect accounts of trade i.e. money collected back from respective field workers and outlet for further purchase.

#### **6. No. of condoms distributed through outreach/DIC.**

Condom distribution through DIC- 3840

Condom distribution through Outreach -2850

#### **7. Information on linkages for ICTC, DOT, ART, STI clinics.**

- Project has good linkages with the existing govt. infrastructure for STI and allied services.
- A good rapport with the local Govt hospital and its STI centre, DOT and ART centers has been maintained.
- It was not evident that the TI is referring MLs to the Govt. STI clinic. However, the MLs have been referred to PPPs and the records of the same maintained properly.

#### **8. Referrals and follows up**

- As the project does have strong linkages with the govt. health systems referrals have been made at ease with this project.
- Lack of Conceptual clarity within the field team and uneven planning might have a direct impact on the follow up part of the STI care component of the project, thus the follow-up of clients for the service was found to be average..
- While designing the social welfare and social security schemes, the TI require to ensure linkages with program of women and child welfare department that has lot of scheme for women.

ICTC -2559

DOT-231

ART-2

STI Clinics -6105

#### **9. Referrals and follows up.**

Referrals -6728

STI Follow-up within 15 days - 278

## **VIII. Community participation:**

### **1. Collectivization activities: No. of SHGs/Community groups/CBO's formed since inception, perspectives of these groups towards the project activities.**

- No SHGs have been formed.
- There is no initiation from the TI in including the migrant in the project or linking them with services for a holistically approach of service delivery.

### **2. Community participation in project activities-level and extent of participation, reflection of the same in the activities and documents.**

- Community involvement in the TI is limited to services and events organized.
- No project personnel are from the community and they have different committees where there is very little participation of the community.
- Documents reflect the participation of the community members in events organized by the project team.
- It was understood that very few HRGs avail the DIC service.

## **IX. Linkages**

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

- It was found that large group of HRGs are brought in the facility i.e. Mobile van based ICTC. .
- Linkages with local youth clubs, trade union associations, community leaders and other key stakeholders to be made to provide useful information and access to these migrants groups which would facilitate easier access.
- Awareness to be generated on various schemes available with the government that the migrant can access.

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

The TI could not be able to develop required support system with various stakeholders due to absence of proper advocacy planning and stakeholders analysis. However the TI has the potential to tap resources of at different levels to add value to the project.

- Community involvement limited to service provision and community events at project level only.
- Much work needs to be channelized on crisis management and advocacy efforts.

## **X. Financial system and procedures**

### **FINANCIAL EVALUATION REPORT**

The Financial Evaluation has been conducted as per the scope of the appointment and guidelines provided by MSACS/NACO to the NGO for implementation of the Targeted Intervention Project (TI) of the partner NGO “Manav Vikas Bahuddeshiya Gramin Sewa Sanstha, Wadi, Nagpur” for the period from 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016.

As per the reviews of various records, Register, supporting and other related document, voucher and reports etc. in line with the scope of appointment, Details point wise report are as below;

<b>SI No</b>	<b>Particulars</b>	<b>Details</b>	<b>Observations</b>	<b>Ref to Evaluation Tool (score sheet)</b>
<b>1</b>	<b>Project and Budget</b>	<b>TI project of FSW with target HRG of 1500</b>	<p>The total budget was Rs.22,22,900 for the project period April 2015 to March 2016.</p> <p>During the period from 1<sup>st</sup> April 2015 to 30<sup>th</sup> Sept 2016, an amount of Rs. 11,25,991 have been released and there was last year opening balance of unspent balance as per the audit report of Rs.10,459/-</p> <p>The SOE submitted by the NGO upto Sept 2015 reported total expenditure of Rs.10,64,370/- &amp; Unspent balance Rs.61,621/-</p> <p>Hence, the percentage of utilization to funds released comes to 94.52 %.</p>	<b>SI No 1 (Budget Utilisation)</b>
<b>2</b>	<b>Financial system and</b>	<b>2.0 Systems of Planning</b>	Financial guidelines have been prescribed	

	<b>procedures</b>		<p>by NACO, which has been provided to the NGO for adherence to/implementation of effective financial management.</p> <p>Annual action plan is not divided into monthly breakup on which the team carries out the planned activities and being reviewed at the monthly meetings.</p> <p>Annual Action plan has not done.</p> <p>However, there is no system of taking prior approval from the Project Director before carrying out the activities.</p>	
		<b>2.1 Cash Management</b>	<p>Considering the requirements of expenses, cash is withdrawn from bank. But there is justification/estimate of expenses for each withdrawal from bank.</p> <p>It is further observed that the guidelines with respect to limiting closing cash in hand has been generally complied with.</p> <p>No cases of payment in bearer cheques has come to notice on verification process.</p>	<b>SI No.12 (Cash in Hand)</b>
<b>3</b>	<b>Systems of payments</b>	<b>3.0 Use of printed serialized vouchers</b>	<p>It was observed the project has followed the financial guidelines with regards to using pre printed and machine serialized</p>	<b>SI No.6 (System of payment-Record Keeping)</b>

		<b>Book Keeping</b>	<p>voucher numbers for all vouchers passed during the review period.</p> <p>Cash Book and Ledgers are maintained. Cash was updated upto 31.03.2016 and ledger updated upto 31.03.2016.</p>	<b>SI No.7 (System of Book keeping)</b>
		<b>3.1 Approval system and norms/Authorisation of expenditure</b>	All payments were found to be prepared by the accountant and verified and passed by the Program Manager and approved by project director. However, there is no system of taking prior approval before incurrence of the expenditure.	<b>(SI No. 2) Pattern of expenditure</b>
		<b>3.2 Practice of settling advance</b>	The accounts were found to be maintained on cash basis. Expenditure has been booked on receipt of the bills. No advance payment and settlement system is followed.	
<b>4</b>	<b>System of Documentation</b>	<b>4.0 Bank Account</b>	<p>Saving Bank Account with Union Bank of india (A/c.No.583302010001373) is maintained in the name of "Manav vikas Bahuddeshiya Gramin Sewa Sanstha Branch Wadi. The bank account is jointly operated by Manage in Project Director &amp; Secretary Two Trusty, MVBGSS.</p> <p>No other money was found to be parked in this account.</p>	<b>SI No. 3 (Bank Account)</b>

		<b>4.1 Bank Reconciliation statement</b>	<p>Verified the Bank reconciliation statements prepared at end of each month with respect to the above bank account which was found to be kept on record systematically upto end Mar 2016.</p> <p>It was noticed from the bank reconciliation statement prepared on 31.03.2016 that no cheques issued in the month of Mar-16 are still to be cleared in the bank till the date of our visit.</p>	
		<b>4.2 Statement of Expenses and other MIS reports</b>	<p>As discussed, and checked in the files maintained in the office, monthly Statement of Expenditure has been submitted to SACS</p> <p>No cases of discrepancies in Financial and physical progress report was found which has been submitted to MSACS.</p>	<b>SI No.8 &amp; 9 (Financial Reporting-Submission of SOEs)</b>
		<b>4.4 Loan from General Fund(NGO)</b>	Loan/ Advance is not taken.	
		<b>Compliance to SACS directions/Audit observations</b>	<p>Verified the Internal audit report submitted by M/s. TACS, Chartered Accountants for the period from April to Sept 2015.</p> <p>There are no such specific observations in the audit report which needs compliance.</p> <p>The audit report has been forwarded by MSACS and it was found that the</p>	<b>SI No. 11(Compliance to SACS directions)</b>

			compliance report has been submitted to MSACS till our visit.	
5	Human Resource	5.0 recruitment, positioning payment procedures	Staff and The staff turnover during the project period was analysed and verified with related records and registers. Detail observations are noted below; 1. Ms. Kalpana Pillewan was working as ORW in the project from 1 July 2013 upto 30 <sup>th</sup> June 2015 (as seen on attendance register). The signed resignation letter is kept in the file dated 31.05.2015 from the PM. Salary has been paid upto 30 June 2015. This is to be noted here that as per the appointment letter to the staff, there was provisions for serving 1 month notice period before leaving. No any corrections and over writings were found on the salary register.	
6	System of Procurement/ Cash Disbursement	6.0 Rent of Office Cum DIC	Rent agreement with landlord is on record. The house is taken on rent from Mr.M.Y.Betawar for office Rs.8,000/- & Two DIC with monthly rental of Rs.5,000/- (each DIC) from 1) Mr Sanjay Taile. 2) Mr. Shrawan Kshirsagar	SI No.4 (System of payment-Verification of Bills and Vouchers)  SI No.5 (System of payment-Mode of payments)

			<p>The agreement is made backdated for the period from April 2015 to March 2016 as the non judicial stamp paper on which agreement is done</p> <p>All payments were found to be made in cheque against which rent receipts has not found.</p>	
		<b>6.1 Computer peripherals, Furnitures and Equipments</b>	<b>No budget has been allocated for the period under evaluation</b>	<b>SI No 13 (Procurement System)</b>
		<b>6.2 Office Expenses</b>	Expenditure includes charges, Internet, telephone expenses, stationeries and other admin expenses etc. Few observations on checking of bills/vouchers and supporting documents are available.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>6.3 Insurance of staff</b>	There was budget of Rs.5,500 for insurance of project staff against which expenditure incurred till the date of visit. <b>Insurance of staff is done.</b>	
		<b>6.4 Travel cost for admin purpose and program</b>	<p>Exact amount of travel budget for all the project staff are being paid on monthly basis on production of tour statement in which, date, places mode of travel and amount claimed is recorded. There is no information relating to distance covered.</p> <p>It is further observed that verification done if any by the accountant with relevant records in</p>	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>

			<p>support of travel claim is evident from records.</p> <p>All travel expenses have been paid via Cheque.</p> <p>the person who traveled, person incurring such expenses or payee's details/signature are available on record except a debit voucher prepared and paid which was found to be prepared by the accountant and approved by Project director.</p>	
		<b>6.5 Annual Maintenance Contract(AMC)</b>	AMC of computer and peripherals has not been done.	
<b>7</b>	<b>Program Delivery</b>	<b>7.0 Honorarium to PEs</b>	<p>Honorarium to all PEs are made through account payee cheques.</p> <p>Signatures have been taken on acquaintance register.</p>	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>7.1 Consultation fees for Doctor for referral</b>	<p>Dr. Narayan Bhende is appointed as consulting physician for the period from 15 Mar 2015 to Till date.</p> <p>Dr. Avinash Pimpalkar is appointed as consulting physician for the period from 1 Sept 2014 to Till date. No credentials of doctors such as copy of certificate of practice etc. are on record.</p> <p>Verified the payments made to doctors, which</p>	<p><b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b></p> <p><b>SI No.5 (System of payment-Mode of payments)</b></p>

			were found to be made in account payee cheques.	
		<b>7.2 DIC level Meeting</b>	186 nos of DIC level meeting happened upto Mar 2016, has not utilized fund for DIC meeting.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>7.3 Demand Generation Activities</b>	22 meetings have been recorded in different hotspots from April 2015 to Mar 2016. All expenditures are supported by handwritten slips/snacks bills approved by PD.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>7.4 Advocacy Activities</b>	There was budget for advocacy activities with health care provider, other power structure, religious leader, community leader, govt dept. etc with an amount of budget of Rs.4,000 for conducting at least 5 such activities in the project period (once in a quarter). 24 Advocacy meeting done by MVBGSS Rs. 2,345/- Utilized.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>7.5 Community Events</b>	<p>One community event was conducted and as against budget of Rs.8,000, an amount of Rs.1,970 is reported as spent.</p> <p>The expenditure were supported by bills and hand written slips approved by PD.</p>	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>

		<b>7.6 Crises Response</b>	No budget utilize for crises response.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
<b>8</b>	<b>Service Related Expenses</b>	<b>8.0 Health Camps &amp; Street Play</b>	<p>122 Health camps undertaken during the project period upto the date of visit. No other budget given for Health camp.</p> <p>22 Street Play undertaken during the project period upto the date of visit. As against the budget of Rs.36,000, an amount of Rs.18,000 is reported as spent for activity.</p>	
		<b>8.1 Abscess Prevention</b>	Not Applicable.	<b>SI No.10 &amp; 13 (Purchase of drugs)</b>
		<b>8.2 Syphilis Testing</b>	Not Applicable	
		<b>8.3 Disposal of Bio-waste</b>	No expenditure incurred from the budget. As explained to us, the disposal of bio waste are done at Private hospital at free of cost.	
<b>9</b>	<b>Commodities</b>	<b>9.0 Needle &amp; Syringes</b>	Not Applicable	<b>SI No.10 &amp; 13 (Purchase of drugs)</b>
<b>10</b>	<b>Documentation</b>	<b>10.0 Documentation Cost/BCC Materials</b>	There was budget provision of Rs.4,000/- towards cost of documentation including development of BCC materials. Rs.0 is expenditure incurred till date.	<b>(System of payment-Verification of Bills and Vouchers)</b>
		<b>10.1 Need Assessment</b>	<b>No budget allocated for the current project period</b>	

11	<b>Assets.</b>	<b>11.Assets Resgister</b>	Physical Assets Verified.	
12	Stock	Condoms	Checked physical stock of social marketing condoms stock book is maintained properly.	

## **XI. Competency of the project staff.**

### **VII a. Project Manager**

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

- She has got good understanding on the indicators of the TI components.
- She is good in field work but technical knowledge requires development.
- Technical inputs recommended are: management of data, knowledge about program performance indicators, mentoring and field visit & advocacy initiatives etc.
- She require monitoring the project activity and analyze data and authenticate the validity of the same
- She has got number of training and hence her capacity is substantially good.

### **VIII b. Counsellor**

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.

- She is new to the project and got an induction training
- She has got an average understanding about the basics of counseling.
- Her understanding about the basics of HIV/AIDs and STI is clear though.
- The counselor is popular among the stakeholders.
- Her clarity about counseling and the six TI components is average

### **VIII c. 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.

- No ORWs are from the community.
- The ORW are found to be vocal and their skills of communication are good.
- Most of them are young in the TI and they have not been provided with proper induction.
- Few ORWs are gem to the project and their popularity among the MLs and stakeholder is praise worthy. It seems that the ORWs are leaders of the community in real term.
- They share a good rapport with their PLs.
- ORWs are aware and confident about field level situation which is a great sign.

### **VIII d. Peer educators in Migrant Projects.**

Whether the peers represent the source States from where maximum migrants of the area belong to, whether they are able to priorities the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condom, able to plan their outreach, able to manage the DIC's/health camps, working knowledge about symptoms of STI, issues related to treatment of TB, service in ICTC & ART.

### **VIII e. M&E Officer**

Whether the M&E officer (FSW & 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.

- She is more a data manager than a M&E officer.
- Her understanding on TI component is average.
- His understanding on component wise indicator is average.
- Her analytical skill requires development

## **XII. Services**

Overall services in the project, quality of services and service delivery, satisfactory level of HRG's.

- STI service is delivered through linkages with PPP Doctors of the project.
- The TI has appointed doctors to provide services and the doctors have been found to deliver an average of 62 hrs of their services in the health camps organized.
- Medical checkups were done with the HRGs.
- All medical checkups are done by the doctors in medical camps.
- The MLS are not linked to Govt STI clinic.
- The clinics conducted are in the form of health camps and the team was doubtful about the screening of genital area as the project lacks infrastructure in that form.
- Overall the community seems to be satisfied by the services provided by the project team.
- 1 out of 2 PPP doctors could not be met during the visit so the quality of service catered could not be assessed completely.

### **XIII. Community involvement**

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

- Community involvement limited to service provision and community events at project level only.
- Much work needs to be channelized on crisis management and advocacy efforts.

### **XIV. Commodities**

Hotspot/project level planning for condoms, needles and syringes. Method of demand calculation Female condom programme if any.

- The TI has got functional condom outlets which are non-traditional but those condom outlets do not seem to be popular among the community.
- The TI has not linked the project with village health service providers or with the existing TI to create a supply for free condoms for these MLs.

### **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.

- Conceptual clarity for advocacy component needs to be imbibed in the project team as well as organizational management.

- No plan for advocacy in place.
- Crisis committee in place but participation of different stakeholder in the same is not ensured.
- Linkages and networking with the Govt. facilities and other organizations are evidently there.

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

- The organization has formed no SHG groups and has not initiated the process of CBO formation.
- There is no effort from the organization to avail the HRGs with welfare schemes or social entitlements.

**XVI. Best Practices if any.**

**The organization has ensured entry to the number of corporate in Nagpur through advocacy with NDMC.**

## 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.
Mr. Rajiv Sarkar(Team Leader)	<a href="mailto:rajiv@rajivsarkargroup.com">rajiv@rajivsarkargroup.com</a>
	+91 9831011179/9748901046
Mr. Sanjoy Chowdhury(Co Evaluator)	<a href="mailto:sanjoychowdhury74@gmail.com">sanjoychowdhury74@gmail.com</a>
	+91 9051783048
Mr. Bhushan Ruikar (Finance Evaluator) from DAPCU	<a href="mailto:dponagpur@mahasacs.org">dponagpur@mahasacs.org</a>
	+91 7775868020
Mrs. Tanuja D Fale (Official from DAPCUas facilitator)	<a href="mailto:dponagpur@mahasacs.org">dponagpur@mahasacs.org</a>
	+91 9422331475

Name of the NGO:	Manav Vikas Bahuudheshiya Gramin Seva Sanstha
Typology of the target population:	Migrant
Total population being covered against target:	15000/14329
Dates of Visit:	17 <sup>th</sup> to 19 <sup>th</sup> April, 2016
Place of Visit:	Nagpur, Maharashtra

##### Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Organizational Capacity- 100% Finance-92.3% Programme Delivery-67%	B	Good	Recommended for Continuation

**Specific Recommendations:**

- The capacity of field workers i.e. the PLs require to be enhanced
- The documents should be evidence based.
- The TI requires performing appraisal for PLs.
- The accounts book for CSM required to be maintained with proper documentation.
- The TI requires/may engaging its own capacity and resources and use local resource person to increase staff capacity.
- The TI requires documenting best practices.
- The TI requires supplementary linkages with PPP and Govt. STI clinic.
- The TI requires a formal clinic set up to offer decent STI services to the population.

<b>Name of the Evaluators</b>	<b>s</b>	<b>Signature</b>
<b>Mr. Rajiv Sarkar(Team Leader)</b>		
<b>Mr. Sanjoy Chowdhury (Programme Evaluator)</b>		
<b>Mr. Bhushan G Ruikar (Finance Evaluator) from DAPCU</b>		
<b>Ms. Tanuja D Fale from DAPCU as Facilitator</b>		