

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**

GAURAV is a registered Non-profitable Community Based Organization committed in serving extensive outreach for vulnerable groups of society like Male Sex Worker (MSW), Male having Sex with Man (MSM) and Transgender (TG) in three high prevalence district of Maharashtra from 2012. GAURAV is also a member of the Astha Parivaar, a federation of 14 Sex workers CBO in Mumbai.

GAURAV is a registered Community Based Organization (CBO) that has been nurtured by The Humsafar Trust and works within its community of MSW (Male Sex Workers) in Mumbai District. The aim is to promote health-seeking behaviour in the community and to reduce STI and stabilize HIV.

The community based organization started with donations from seven committee members because of their passion and drive to improve the lives of their fellow MSWs. GAURAV is a member of Aastha Parivaar which is a federation of sex workers in Mumbai and Thane District.

GAURAV focuses on two main areas of work:

Income Generation:

- Participating in the Aastha Enterprise –Selling of compacts and pancakes.
- Cultural activities - planning/organizing parties.
- Donations from clients
- Fashion designing
- Embroidery

Empowerment Activities:

- Outreach programs with key stakeholders; such as the police and the local leaders
- HIV/AIDS/STI prevention and care & support awareness generation.
- Strategic Behaviour Communication (SBC) sessions to improve health seeking behaviour.
- Counselling sessions with lawyers and doctors via camps.
- Income generating Activities for the MSWs.

There has always been a lack of understanding on issues of MSW and MSW and the construct has always been stigmatized and the communities have faced discrimination by various sections of society. Sexual behaviour of gay men and other Male Sex Worker (MSW) and Male sex worker (MSW) population is of concern since in spite of high levels of knowledge, MSW who have multiple partners practice sex without condoms with both commercial and non-commercial partners. Lack of acceptance from families and society enhances vulnerability and risk taking behaviour.

GAURAV in its course of implementing targeted intervention for Humsafar with male sex workers found several sites of MSW in Mumbai which continue to remain without any services to the community. There are approximately 17 Hotspots in Nagpur district which are in need to immediate and urgent health services.

Registration Details (Legal status)

1. Registration No.: **567/2010/GBBSD** Date: 05/03/2010
Registering Authority: Society Registration Act, 1860
2. Registration No.: **F-41787** Date: 04/07/2011
Registering Authority: Mumbai Public Trust Act, 1950
3. FCR Registration Number - 083781412
4. 12-A Registration Number – 45067 DATED 29/06/2012
5. PAN Number – AABTG5211E
6. 80-G ORDER No. - DIT(E) / MC / 80G / 126 / 2013-14

Vision Self Sustaining, (MSW in sex work and their partners) community continue implementing scaled prevention programme with strong focus on networking & advocacy which will help for project management, skill building and livelihood.

GOAL To halt and reverse the prevalence of HIV/AIDS among the MSM (MSW) population by implementing a comprehensive Targeted Intervention project by providing quality sexual health services with sustainable Behavior Change Communication activities and creating an enabling environment favorable for such behavior change in Mumbai (09 sites).

Objectives

1. To map and enumerate the Men who have Sex with Men (MSM) population.
2. To increase awareness regarding STIs, HIV and AIDS through Behavior Change Communication (BCC).
3. To promote effective usage of condoms and ensure availability and accessibility of the same among the MSM population.
4. To provide early diagnosis, counseling and treatment for STI and referrals for HIV.
5. To build capacity of staff, peer educators, stakeholders and service providers in implementing strategies and sustaining the programs.
6. Community Mobilization through formation of Self Help Groups and CBOs.
7. To create an enabling environment through Advocacy and Networking with stakeholders in the project area

- **Name and address of the Organization**

GAURAV NAGPUR TI PROJECT

Add. – Flat No.002, Baba Laxman Apartment, Awade Babu Chowk, Near Qidwai School, Lashkaribag, Nagpur – 17.

- **Chief Functionary**

Mr. Kumar Shetty (President)

- **Year of Establishment**

March - 2010

- **Year of month of project initiation**

August - 2013

- **Evaluation Team**

Mr. Rajiv Sarkar (Team Leader)

Mr. Sanjoy Chowdhury (Programme Evaluator)

Mr. Bhushan G Ruikar (Finance Evaluator)

Ms. Tanuja D. Fale (DPO-DAPCU as Facilitator)

- **Time Frame**
25th -26th April, 2016

Composition of Executive Committee

S I. N o	Name	Age	Sex	Designati on	Educational Qualificatio ns	Occup ation	Years with the NGO
1	Kumar Raju Shetty	33	Mal e	President	S.Y.Bcom	Social Worker	10 Years
2	Sandeep Dinesh Soni	38	Mal e	Vice President	S.S.C	Social Worker	6 Years
3	Aslam Khan	40	Mal e	Secretary	H.S.C	Social Worker	5 Years
4	Amitgiri Ramnikgiri Goswami	30	Mal e	Treasurer	S.S.C	Social Worker	6 Years
5	Krishna Ram CharitraBalram	28	Mal e	Member	S.S.C	Social Worker	6 Years
6	Mudhukar Patil	28	Mal e	Member	B.SC	Social Worker	5 Years
7	Asif Kadar Shaikh	28	Mal e	Member	S.S.C	Social Worker	5 Years

GAURAV CBO ELECTION PROCESS

THROUGH DEMOCRATIC
ELECTION

7 MANAGING
COMMITTEE
(SELECTED FINALLY AS A MAN.
COMM. OUT OF 25 GOV. BODY)

25 GOVERNING BODY
(SELECTED AS A GOVERNING
BODY OUT OF 85 GEN. BODY)

85 GENERAL BODY
(SHG LEADERS, COMMUNITY
MEMBERS)

Profile of TI

(Information to be captured)

- Target Population Profile: MSM Core
- Type of Project: Core Composite
- Size of Target Group(s): 1000 (900 MSM and 100 TG)/1162 (Active population)
- Sub-Groups and their Size

#	Typology	
1	Kothi	585
2	Panthi	90
3	DD	451
4	TG	36
	Total	1162

- **Target Area**

1. Kasturchand Park
2. Railway Station
3. Gaddigodam
4. Teka Naka
5. Sadar
6. Poonam Chambers
7. Morbhawan
8. Maharajbagh
9. Ambazari
10. Wadi Naka
11. Futala
12. Khapari Naka

#	Soliciting points (Hotspots)	Geographical Locations	Description
1.	Kasturchand Park Gate No. 1	Garden	Kothi - 68, Panthi - 15, DD - 46 & TG - 5
2.	Kasturchand Park Gate No. 2	Garden	Kothi - 69, Panthi -16, DD – 41 & TG - 3
3.	Kasturchand Park Minar	Garden	Kothi - 16, Panthi – 4 & DD – 15
4.	Railway Station	Railway Station	Kothi - 11, Panthi – 3 & DD – 14

5.	Gaddigodam	Railway Line	Kothi - 56, Panthi - 1, DD – 10 & TG - 1
6.	Teka Naka	Truckers Point	Kothi - 14, Panthi – 1 & DD – 15
7.	Teka Naka (Maruti Sq.)	Truckers Point	Kothi - 13, Panthi - 1, DD – 13 & TG - 9
8.	Sadar	Loo	Kothi - 48, Panthi - 9, DD – 40 & TG - 1
9.	Poonam Chambers	Bus Stop	Kothi - 16, Panthi – 1 & DD – 14
10.	Morbhawan 1	Bus Stop	Kothi - 60, Panthi - 5, DD – 30 & TG - 4
11.	Maharajbagh	Garden	Kothi - 46, Panthi - 9, DD – 24 & TG - 1
12.	Ambazari	Lake Side	Kothi - 58, Panthi - 10, DD – 38 & TG - 2
13.	Morbhawan 2	Loo	Kothi - 38, Panthi - 6, DD – 33 & TG - 2
14.	Futala	Lake Side	Kothi - 24, Panthi - 1, DD – 37 & TG - 7
15.	Wadi Naka	Truckers Point & MIDC	Kothi - 17, Panthi – 0 & DD - 18
16.	Khapari Naka (Bridge)	Truckers Point	Kothi - 20, Panthi – 0 & DD – 33
17.	Khapari Naka (Railway Line)	Truckers Point	Kothi - 11, Panthi - 6, DD – 30 & TG - 1

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...

Meeting held with the project director, CBO has very positive perception to the programme. NGO has some plans to support the HRGs. Involvement of PD; Monitoring from NGO seems to be strong as we have seen the influence of the PD on project activities, documentation and capacity of TI staff..

PD was present in the TI for all 2 days of the evaluation and well facilitated the process of evaluation, taken every point very seriously and showed his seriousness towards the HRG and project.

Apart from all these, the CBO has Technical Support Team which keeps monitoring the exertion of CBO and good rapport building with other community care centers also.

As part of responsibility and accountability towards project, epidemic, community and government the board members in a quarter will do a surprise field visit on any of the site activities and internal review meetings will help to understand the progress, gaps, challenges and best practices. All the process of supervision and recommendation will be documented and well recorded.

At GAURAV head office at Mumbai, they have Technical Support team to monitor CBO work. They have following staff with their Roles & responsibilities.

Name	Designation	Roles & Responsibility
Amitgiri Goswami	Project Director	Development of the Project Proposal, Team Building, Capacity building of project team, Project review, Preparation of reports, Liaison with MSACS and other organizations, Networking, Overall governance & Recruitment of project staff
Amit Nagrare	Project Manager	Overall administration, recruitment and induction, Correspondence, Preparation of reports, Representing the project in meetings, Liaising the government and other line departments, Coordinating with the field staff, Staff development, Field based advocacy and networking, Team building & Monitoring
Akshay Sawarbandhe	M & E Cum Accountant	Maintenance of books of accounts, Preparation of trial balances, Disbursement of payments, Filing of IT/FC returns, Keeping abreast of project and programmatic activities, Attends trainings and staff meetings, Works in coordination with all the staff, Reports to the Project

		Manager, Monitoring Project Level Data, Reporting & To Evaluate Project level data
Ali Asgar Noor Mohammad Sheikh	Counselor	Conduct intervention on BCC lines – condom usage and promotion, health seeking behaviour, Counsel for STI treatment and provide post treatment counselling, Motivation for VCT (HIV testing), follow up for post test counselling and referrals, Organise Health Education Programmes, Build rapport with PRIMARY STAKE HOLDERS and SSH community, Initiate and reinforce peer education, Catalyse inputs for clinic – viz. STI cases, Attend training and capacity building programs, Convene and attend meetings in the community and in the field, Maintain all pertinent records and documentation & Feed back to the Coordinator and the Programme Manager.
Ashish Kamble	Outreach Worker	Conduct intervention on BCC lines – condom usage and promotion, health seeking behaviour, quality STI treatment, counselling and motivation for VCT (HIV testing), follow up for post test counselling and referrals, Organise education and awareness programmes, Build rapport with PRIMARY STAKE HOLDERS and SSH community, Initiate and reinforce peer education, Monitor peer intervention on day to day basis, Attend training and capacity building programs, Convene and attend meetings in the community
Manish Gumgaonkar	Outreach Worker	
Nitesh Kadu	Outreach Worker	
Rahul Jagtap	Outreach Worker	
Rupesh Puri	Outreach Worker	

		and in the field, Maintain the standard MIS records pertinent to daily & Feed back to the Project Coordinator and the Project Manager
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II. 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.

Staff turnover was found in the organization PM position has reshuffled twice and counselor has also been changed twice 4 out of 5 ORWs been changed once during last one year. Organization had filled the vacant position within 03 days. Thus, the staff retention rate was found to be satisfactory. All five ORWs who have been appointed from the beginning of the last FY, but the understanding about the project deliverables and its proper documentation was found to be average. Day to day support and services for HRG's were found affected due to these.

Separate files have been maintained for each staff with appointment letters, CV, experience certificates etc. Job descriptions and roles and responsibilities have been clearly described in the appointment letters. The staff is sensitized towards the target groups which they are presently working with. All the TI project staff has experience of the development sector. Overall project staff has average understanding of the HRG groups and on the components of the TI project. Attendance and leave records were properly maintained. The team follows stipulated laid down reporting and supervision structure as given by SACS.

Staffing pattern:

Sr No	Name	Designation	Date Of Joining
1	Amitgiri Goswami	Project Director	01/09/2014
2	Amit Nagrare	Project Manager	01/09/2015
3	Akshay Sawarbandhe	M & E Cum Accountant	01/12/2013

4	Ali Asgar Noor Mohammad Sheikh	Counselor	01/09/2015
5	Ashish Kamble	Outreach Worker	1/12/2015
6	Manish Gumgaonkar	Outreach Worker	01/06/2014
7	Nitesh Kadu	Outreach Worker	01/08/2015
8	Rahul Jagtap	Outreach Worker	01/01/2016
9	Rupesh Puri	Outreach Worker	01/06/2014

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

Trainings have been conducted by the organization at its own level and the documentation for the same has been done. Basic level training materials have been used for the same.

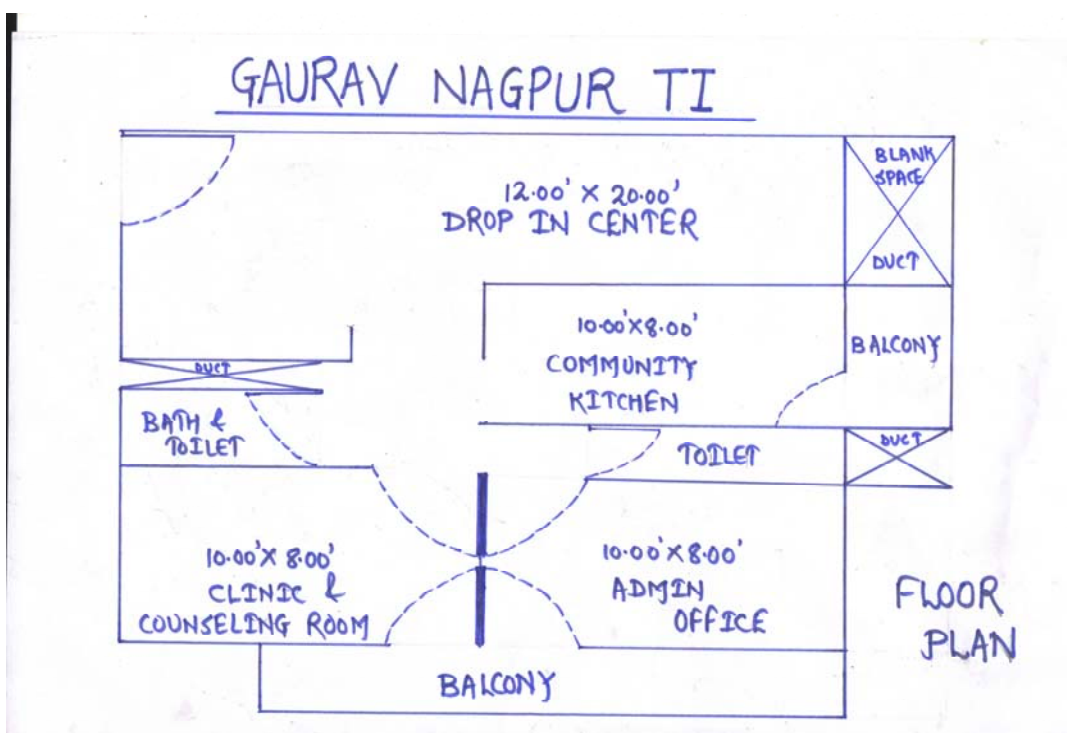
MSACS and other collaborating agencies have conducted a few training programs where all the staff have been trained through the same, the registers have been maintained for the trainings. No impact assessment of trainings has been done by the organization.

Details of training attended by the TI staff

Sr No	Training	Target Group	No of Days
1.	Training on new MIS formats by MSACS	Project staff	1
2.	Shadow Leader Training as per NACO guidelines by TI	Project staff & PEs	1
3.	Induction Training on TI Components by MSACS	Project staff	3
4.	Induction Training for volunteers by TI	Volunteers	5
5.	Refresher Training for Programme Management on Shadow Leaders by TI	Shadow Leaders	2
6.	Induction/Refresher Training on TI Indicators by MSACS	Project staff	3
7.	In house Training on documentation & their roles & responsibilities	Project staff & PEs	1

III. Infrastructure of the organization

The organization has followed the SACS norms for management of infrastructure, coding on the furniture was done. Assets register was also maintained. TI office is located in the hot spot area, separate rooms are allotted for PM, counselor /doctor and for running the DIC.



Details of Assets

A. DIC & ADMIN ASSETS

1. Computer – 1
2. Printer – 1
3. Air Conditioner – 1
4. Refrigerator – 1
5. LCD – 1
6. Music System – 1
7. Diwan – 1
8. Alamari – 3
9. Chairs – 10

B. CLINIC ASSEST

1. Weight Scale Digital - 2
2. Protoscope - 2
3. Examination Table - 1
4. Cheatle Forceps - 1
5. Screenfor Privacy - 1
6. Trays S. S. - 2
7. Sterlizer - 2
8. Autoclave Single Prum - 1
9. Drum S. S. - 2
10. Scissor - 2
11. Ooum Forcep - 2
12. Instrument Trolly M. S. - 1
13. Cotton Holder - 2
14. Utrien Forcep - 1
15. Binocular Microscope - 1
16. Goose Neck Lamp - 1
17. BP Apporator Pisha - 2
18. Stool Examination – 1

C. CBO Assets

1. Office Table - 5
2. Computer Table - 2
3. Chairs - 4
4. Table - 4
5. Cooler - 3
6. Notice Board - 2
7. White Board - 1
8. Camera - 1

Vehicles

NA

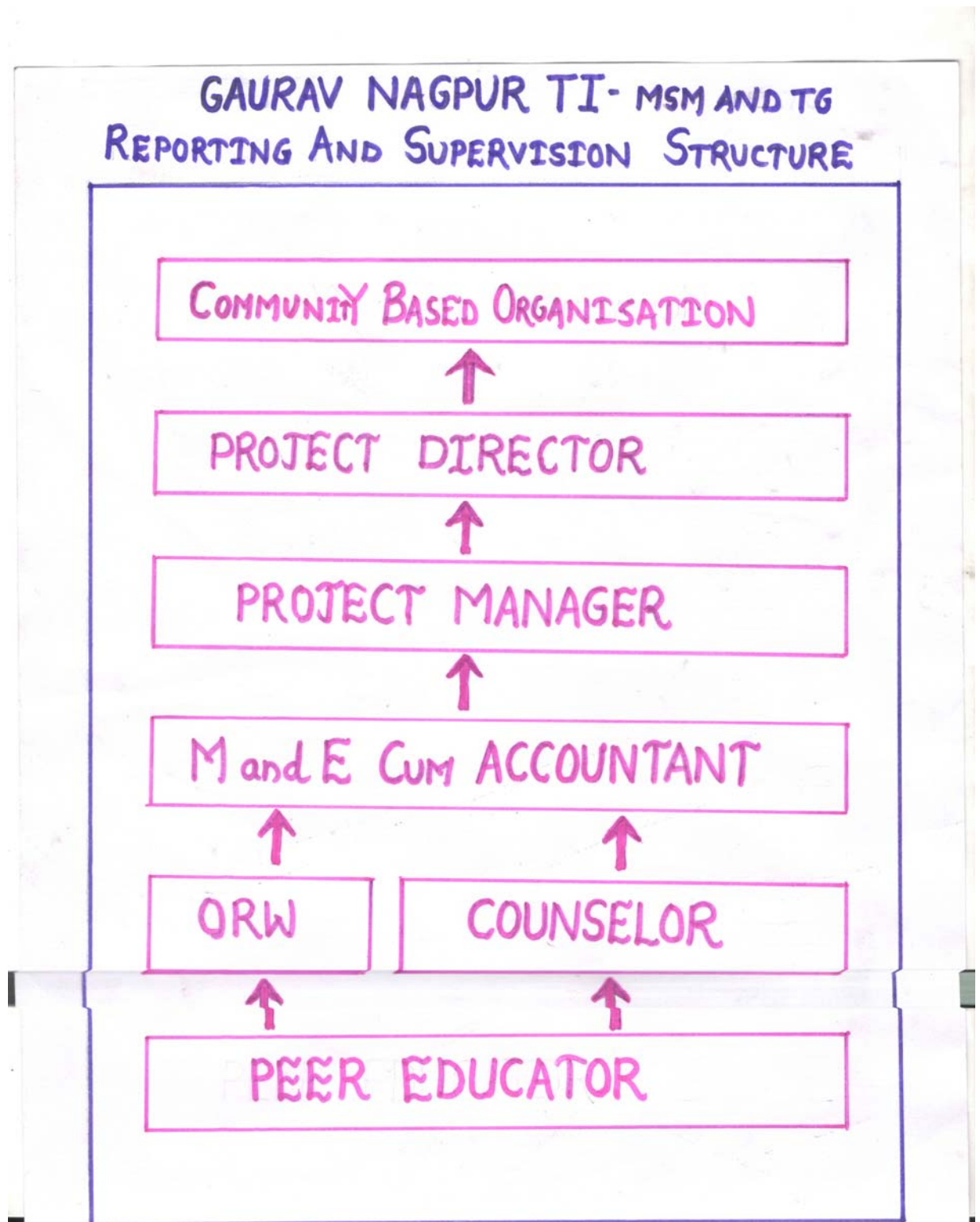
Own building: NA/office is rented

Office is rented.

IV. 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 team largely follows MSACS prescribed documents and formats. Mostly all the documents were available and most of them were updated regularly and properly. Staff review meetings are held four times a month is in place which is properly documented.

The documentation system is good and the project staff should be provided more functional trainings from various agencies.



- Documents have been maintained by the project staff updated regularly with minor gaps have been found in the same.
 - Micro planning was not properly done at the office level but the same can be done for target population on field.
 - The documents related to screening and referrals of STIs and Syphilis in particular has been maintained properly.
 - Documentation of Group meetings done but the conceptual clarity for the same was found to be missing.
 - The staffs try their best to build capacity of PEs but that's still not strong, as PE level orientation training need to be given for the betterment of programme.
 - The documentation of PEs was not up to the mark.
- Overall staff documentation is good, but quality is not maintained TI need in depth training on documentation and record keeping.

III. Programme Deliverables

Outreach

1. Line listing of the HRG by category

Kothi	697
Panthi	99
Double Decker	522
TG	44
Total	1362

2. Coverage of target population (sub-group wise); Target/Regular Contacts only in HRGs

Kothi	506
Panthi	84
Double Decker	427
TG	42
Total	1059

3. Outreach planning-quality, documentation and reflection in implementation.

A very basic level plan was in place, but proper micro plan was missing, the team's capacity has not yet built for the same.

- Majority of the implementation was done in the service provision component of the project which has been reflected in the condom distribution along with referral activities of the organization. But, these activities have to be undertaken in a more planned and structured manner on a regular interval.
- Outreach planning practice and documentation is a must.

Outreach plan presently was limited to only outreach and hot spot meetings; it does not reflect elements of PE management, field planning and time management. The team presently follows a very basic outreach plan system which has to be made and designed more inclusive of the above mentioned elements.

4. PE: HRG ratio

All PE: HRG ratio is 1:60 as per the NACO guideline.

Sr. No	NAME OF PE	HOTSPOT	Current Population (Typology Wise)
1	Akshay Kakkad	Kasturchand Park Gate 1	Kothi - 68, Panthi - 15, DD - 46 & TG - 5
2	Dhiraj Waitage	Kasturchand Park Gate 2	Kothi - 69, Panthi -16, DD – 41 & TG - 3
3	Harshwardhan Pachare	Kasturchand Park Minar	Kothi - 16, Panthi – 4 & DD – 15
4	Rushabh Sawsakade	Railway Station	Kothi - 11, Panthi – 3 & DD – 14
5	Umesh Lakhekar	Gaddigodam	Kothi - 56, Panthi - 1, DD – 10 & TG - 1
6	Rupesh Kale	Teka Naka (Maruti Co.)	Kothi - 14, Panthi – 1 & DD – 15

7	Nishant Kolhe	Teka Naka	Kothi - 13, Panthi - 1, DD - 13 & TG - 9
8	Sandip Roy	Sadar	Kothi - 48, Panthi - 9, DD - 40 & TG - 1
9	Vikas Bhagat	Poonam Chambers	Kothi - 16, Panthi - 1 & DD - 14
10	Suraj Waghmare	Morbhawan 1	Kothi - 60, Panthi - 5, DD - 30 & TG - 4
11	Muzzaffar Sheikh	Maharajbagh	Kothi - 46, Panthi - 9, DD - 24 & TG - 1
12	Pranay Khobragade	Ambazari	Kothi - 57, Panthi - 10, DD - 37 & TG - 2
13	Sagar Kondekar	Morbhawan 2	Kothi - 38, Panthi - 6, DD - 33 & TG - 2
14	Gaurav Asole	Futala	Kothi - 24, Panthi - 1, DD - 37 & TG - 7
15	Prabhakar Yewale	Wadi Naka	Kothi - 17, Panthi - 0 & DD - 18
16	Ganesh Mishra	Khapari Naka 1	Kothi - 20, Panthi - 2 & DD - 33
17	Manoj Bhiwgade	Khapari Naka 2	Kothi - 11, Panthi - 6, DD - 30 & TG - 1

5. Regular contacts (as contacting the community members by the outreach

There were 1059 regular contacts during the reference period.

The documentation related to regular contacts reflects a good picture about the services reached to the community. Positive community response for all the services related to HIV test RMC, Condoms, and DIC etc.

6. Documentation of the peer education.

PEs has a good potential and they also have an average understanding about the TI documentation. Some of the Peer Educators can be polished and properly nurtured. Average PE documentation was in place, peer educators were aware about the tracking sheets and services patterns in the project, filling up the sheets but with the help of ORWs.

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

PEs have to be trained properly on component and other basic technicalities of I.P.C/condom use and HIV/AIDS awareness and prevention. Capacity building of PEs has to be done on the above mentioned topics.

All the PEs were aware of the basic essence of the project and information/messages related to proper use of condom and prevention of STI/ HIV. They have a proper understanding of the services provided by the organization.

- **Suggested trainings for PEs Capacity building are as follows:**
 1. Inter Personal Communication.
 2. STI treatment (RMC)
 3. Condom negotiation skills
 4. Condom Demonstration.
 5. SHG formation.

The peers require further training and development of skills.

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

The team uses the SACS prescribed documents for its internal supervision. There is an organization specific supervision systems followed by the project team.

- Monthly and weekly meetings, records and the needed documentation need to be triangulated for supervision and follow up action by the team.
- As there is a basic level outreach plan is in place, thus supervision process becomes more difficult to follow.

IV. Services

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

As per doctor's requirement for treatment of STI, HRGs are getting Kit-1, Kit-4, Kit-5 and Kit-7, if shortage of Kit's, doctors are requested or same is prescribed for the community members.

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

The clinic is attached to Drop in Center & Admin Office and the referrals to PPP's are made from nearby hotspot of KP's through Peer or ORW. PPP's have been guided and trained with quality approach under STI/RTI Management Training from MSACS to deliver prompt & smooth services to HRG's. The PPP's are also from the Community Members.

PM & TI Counselor is responsible for STI drugs maintenance. PPP's are provided with the same from counselor & Marking of this has been made in Medicine Stock Register at TI Clinic Room. PPP's provide the same to needy HRG's and a list of that Patient Wise Drug Distribution made by PPP's for TI reference so that TI can Calculate the exact quantity of Drugs available at them.

CLINIC ASSEST

- 1. Weight Scale Digital - 2**
- 2. Protoscope - 2**
- 3. Examination Table - 1**
- 4. Cheatle Forceps - 1**
- 5. Screenfor Privacy - 1**
- 6. Trays S. S. - 2**
- 7. Sterlizer - 2**
- 8. Autoclave Single Prum - 1**
- 9. Drum S. S. - 2**
- 10. Scissor - 2**
- 11. Ooum Forcep - 2**
- 12. Instrument Trolly M. S. - 1**
- 13. Cotton Holder - 2**
- 14. Utrien Forcep - 1**
- 15. Binocular Microscope - 1**
- 16. Goose Neck Lamp - 1**
- 17. BP Apporator Pisha - 2**
- 18. Stool Examination – 1**

- 1. 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.

The all doctor for PPP model clinics is trained by the SACS, the doctors visited by the team was lacking technical issues of STI related knowledge ,and was not having clear understanding on syndromic case management guidelines. Although, it has been observed that 26 HIV positive cases has been detected till date since inception.

2. 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.

All the above mentioned documents including patient card were present and updated regularly by the team members as team need some more guidance on the maintaining the same according to NACO/SACS protocols.

3. Availability of condoms- Type of distribution channel, accessibility, adequacy etc.

Getting NIRODH condoms from MSACS free of cost. Same are distributed in community as per their needs by Peer Educator and Outreach Workers. They are also involved in Social Marketing of Condoms of Brand name "ZAROOR". However they have started the social marketing recently from their own funds.

4. No. of condoms distributed through outreach/DIC.

Total 100189 Condoms were distributed by the Outreach staff throughout the year of which 99973 were free & 216 were social marketing condoms.

The gap between demand & supply were due to the shortage of stock. From the Month of Sept 15 to Jan 16 there was no Nirodh stock available at TI.

5. Information on linkages for ICTC, DOT, ART, STI clinics.

The outreach team of the organization has an excellent rapport with ICTC and ART centers, 401 individuals have been tested for HIV and surprisingly no HIV positive case has been detected during last year, total of 55 individuals have been brought to the clinic by the team for STI related services. A total of

419 VDRL test done twice in the government hospitals and none was found to be positive.

The Details of ICTC referral and linkage:

Sr No	ICTC Name	ICTC Address
1	Matru Sewa Sangh (MSS),	Sitabuldi
2	Indira Gandhi Rugnalaya (IGR),	Gandhi Nagar
3	Indira Gandhi Medical College (IGMC),	CA Road
4	Government Medical College (GMC),	Medical Square
5	Government Ayurvedic College (GAC),	Sakkardara
6	Daga Hospital,	Gandhibagh
7	Lata Mangeshkar Hospital,	Wana-Dongari Hingana Road
8	SARATHI PPP ICTC	Mohan Nagar
9	Gramin Rugnalay Hingana	Hingana (Gramin)
10	ICTC Mobile Van	Flexible

6. Referrals and follows up.

Clients have been followed up for STI treatment and HIV/VDRL testing. Proper documentation of referral slips and registers is in place with the organization. Follow up mechanism is in place, ORWs and counselor need to do some more coordination and need some guidance as well.

V. Community participation:

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

Community engagement: The project from the beginning will ensure a participatory approach and will engage the community members in the mapping and the needs assessment study. Slowly in the FGD and the events it will identify the potential community leaders and influencers to form various committees to facilitate the project activities and also engage the community members.

Following committees will be strengthened further for community engagement;

- Project Advisory Committee
- Clinic Advisory Committee
- DIC Committee
- Advocacy committee
- Crisis Management Committee

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

In next phase the community members will actively participate in the project activities through the various committees formed and will actively fulfill their roles. During this process the members who are active and show potential will be identified which will also have community consensus to form an informal Self Help Group.

This SHG will further can plan for saving activities or involve in income generation activities. But the major role of this SHG will be to monitor the various committees formed and lead the community mobilization process.

Community participation is a proven approach to addressing health care issues and has been long utilized in HIV prevention.

- **Huge participation of community members in events and Workshop:** community members share their knowledge to create new understanding and work together.
- **GAURAV mega event:** All the community members attended at annual mega show of GAURAV organisation.
- **AIDS rally:** Participation of community members in huge amount.
- **Mobilization:** Older community members mobilize new members into DIC and help for creating enabling environment.

- **Membership Drive:** Large number of members became part of organisation by giving membership fees and helping organisation for financial support.

VI. Linkages

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

Referral services established are:

Sr No	ICTC, STI & DOTS	Address
1	Matru Sewa Sangh (MSS)	Sitabuldi
2	Indira Gandhi Rugnalaya (IGR)	Gandhi Nagar
3	Indira Gandhi Medical College (IGMC)	CA Road
4	Government Medical College (GMC)	Medical Square
5	Government Ayurvedic College (GAC)	Sakkardara
6	Daga Hospital	Gandhibagh
7	Lata Mangeshkar Hospital	Wana-Dongari Hingana Road
8	SARATHI PPP ICTC	Mohan Nagar
9	Gramin Rugnalay Hingana	Hingana (Gramin)
10	ICTC Mobile Van	Flexible
11	NMC DOT Centre	Sadar
12	NMC DOT Centre	Panchpaoli
13	NMC DOT Centre	Golibar Chowk
14	LATA Clinic	Nari-Nara Road
15	Bagade Clinic	Ganeshpeth
16	Indira Gandhi Medical College (IGMC)	CA Road

	DSRC	
17	Government Medical College (GMC) DSRC	Medical Square
18	Daga Hospital DSRC	Gandhibagh

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

Referred	Tested	Gap %
2651	2414	8.94

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

Project conducts meetings of stakeholders in the community to create enabling environment and sensitize them on the issues of STI/HIV/AIDS.

Secondary stakeholders are the partners in the project who helps to plan the community mobilization activities, conduct events etc. Police, local leaders, and other stakeholders will be included in these meetings.

GAURAV plans to actively participate in organizing rallies aimed at sensitizing the general public. We plan to conduct sensitization meetings with local municipal corporations for social entitlements (ration card, pan card, etc.) for the MSM/TG population.

Building linkages with various stakeholders like the Police Department, RPs, banks etc., has been an important advocacy activity of the project. The project will organise need-based sensitization programs and meetings with the police and other stakeholders.

GAURAV focusing mainly on those police stations where incidences of target group harassment are higher and will hold at least one meeting per month with the police. The members of the advocacy committees will be part of sensitization meetings whenever required.

VII. 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 "Gaurav, Nagpur" for the period from 1st April 2015 to 31st 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;

SI No	Particulars	Details	Observations	Ref to Evaluation Tool (score sheet)
1	Project and Budget	TI project of MSM with target HRG of 1000(MSM 900, TG 100)	<p>The total budget was Rs.26,25,800 for the project period April 2015 to March 2016.</p> <p>During the period from 1st April 2015 to 30th Sept 2016, an amount of Rs. 12,97,400 have been released and there was last year opening balance of unspent balance as per the audit report of Rs.0/-</p> <p>The SOE submitted by the NGO upto 31st Mar 2016 reported total expenditure of Rs.25,04,627/- & Unspent balance Rs.0/-</p> <p>Hence, the percentage of utilization to funds released comes to 95.38 %.</p>	SI No 1 (Budget Utilisation)
2	Financial system and procedures	2.0 Systems of Planning	Financial guidelines have been prescribed by NACO, which has been provided to the NGO for adherence to/implementation of	

			<p>effective financial management.</p> <p>Annual action plan has not divided into monthly breakup on which the team carries out the planned activities and being reviewed at the monthly meetings.</p> <p>However, there is system of taking prior approval from the Project Director before carrying out the activities.</p>	
		<p>2.1 Cash Management</p>	<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. No cases of payment in bearer cheques has come to notice on verification process.</p>	<p>SI No.12 (Cash in Hand)</p>
3	Systems of payments	<p>3.0 Use of printed serialized vouchers</p> <p>Book Keeping</p>	<p>It was observed the project has followed the financial guidelines with regards to has not using pre printed and machine serialized voucher numbers for all vouchers passed during the review period.</p>	<p>SI No.6 (System of payment-Record Keeping)</p> <p>SI No.7</p>

			Cash Book and Ledgers are maintained. Cash was updated upto 31.03.2016 and ledger updated upto 31.03.2016.	(System of Book keeping)
		3.1 Approval system and norms/Authorisation of expenditure	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 has not system of taking prior approval before incurrence of the expenditure.	(SI No. 2) Pattern of expenditure
		3.2 Practice of settling advance	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.	
4	System of Documentation	4.0 Bank Account	<p>Saving Bank Account with Bank of Baroda (A/c.No.43670100016727) is maintained in the name of "Gaurav Nagpur TI Project Branch Rani Durgavati Chowk. The bank account is jointly operated by Manage in President & Tresurer/Project Director Manager anyTwo, Gaurav.</p> <p>No other money was found to be parked in this account.</p>	SI No. 3 (Bank Account)
		4.1 Bank Reconciliation	The Bank reconciliation	

		statement	<p>statements has not prepared at end of each month.</p> <p>with respect to the above bank account which were found to be kept on record systematically upto end Mar 2016.</p> <p>It was noticed from the bank reconciliation statement not prepared on 31.03.2016 but no cheques issued in the month of Mar-16 are still to be cleared in the bank till the date of our visit.</p>	
		4.2 Statement of Expenses and other MIS reports	<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>	SI No.8 & 9 (Financial Reporting-Submission of SOEs)
		4.4 Loan from General Fund(NGO)	Loan/ Advance has not taken	
		Compliance to SACS directions/Audit observations	<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>	SI No. 11(Compliance to SACS directions)

			compliance report has been submitted to MSACS till our visit.	
5	Human Resource	5.0 recruitment, positioning payment procedures	Staff and	<p>The staff turnover during the project period was analysed and verified with related records and registers. Detail observations are noted below;</p> <p>1. Mohan Sutar was working as PM in the project from 1 July 2015 upto 31st Aug 2015 (as seen on attendance register).</p> <p>2. Anup Gajbhiye was working as Counselor in the project from 1 July 2015 upto 31st Aug 2015</p> <p>As per msacs email of suspended & curtailing of Staff for interim period. Similar Staff Mr. Sagar Siraskar was working as ORW in he joined from 1 April 2015 upto 30 June 2015</p> <p>Mr.Akshay Sawarbandhe was working as MEA he joined from 1 Dec 2013 upto 30 June 2015 as per msacs office order the file dated 31.05.2015 from the PM. Salary has been paid upto 30 June 2015. He was rejoined on dated 1 Aug 2015</p> <p>This is to be noted here that as per the</p>

			<p>appointment letter to the staff, there was provisions for serving 1 month notice period before leaving.</p> <p>No any corrections and over writings were found on the salary register.</p>	
6	System of Procurement/ Cash Disbursement	6.0 Rent of Office Cum DIC	<p>Rent agreement with landlord is on record. The house is taken on rent from Mr.LP Moshra for office cum DIC Rs.15,000/-</p> <p>The agreement is not made backdated for the period from April 2015 to March 2016 as the non judicial stamp paper on which agreement is not done</p> <p>All payments were found to be made in cheque against which rent receipts has not found.</p>	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5 (System of payment-Mode of payments)</p>
		6.1 Computer peripherals, Furnitures and Equipments	No budget has been allocated for the period under evaluation	SI No 13 (Procurement System)
		6.2 Office Expenses	<p>Expenditure includes charges, Internet, telephone expenses, stationeries and other admin expenses etc. Few observations on checking of bills/vouchers and supporting documents are available.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)
		6.3 Insurance of staff	<p>There was budget of Rs.4,000 for insurance of project staff against which expenditure</p>	

			incurred till the date of visit. Insurance of staff is not done.	
		6.4 Travel cost for admin purpose and program	<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 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>	SI No.4 (System of payment-Verification of Bills and Vouchers)
		6.5 Annual Maintenance Contract(AMC)	AMC of computer and peripherals has not done.	
7	Program Delivery	7.0 Honorarium to PEs	Honorarium to all PEs are made through account payee cheques.	SI No.4 (System of payment-Verification of

			Signatures have been taken on acquaintance register.	Bills and Vouchers)
		7.1 Consultation fees for Doctor for referral	<p>Dr. Prashant Borkar is appointed as consulting physician for the period from 01 Nov 2013 to Till date.</p> <p>Dr. Vijay Bagade is appointed as consulting physician for the period from 1 April 2014 to Till date.</p> <p>No credentials of doctors such as copy of certificate of practice etc. are on record.</p> <p>Verified the payments made to doctors, which were found to be made in account payee cheques.</p>	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5 (System of payment-Mode of payments)</p>
		7.2 DIC level Meeting	36 nos of DIC level meeting happened upto Mar 2016, Rs.10,800 budget for DIC Meetings so Rs.9,180 utilized fund for DIC meeting.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.3 Demand Generation Activities	<p>131 meetings have been recorded in different hotspots from April 2015 to Mar 2016. Budget release from Msacs of Rs.21,000/-(Rs.250per meeting)</p> <p>Fund utilized of Rs.22,040/- All expenditures are supported by handwritten slips/snacks bills approved by PD.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.4 Advocacy	There was budget for	SI No.4

		Activities	advocacy activities with health care provider, other power structure, religious leader, community leader, govt dept. etc with an amount of budget of Rs.10,000/- for conducting at least 5 such activities in the project period (once in a quarter). 5 Advocacy meeting done by Gaurav Rs. 2860/- Utilized.	(System of payment-Verification of Bills and Vouchers)
		7.5 Community Events	8 nos community event was conducted and as against budget of Rs.20,000, an amount of Rs.11960 is reported as spent. The expenditure were supported by bills and hand written slips approved by PD.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.6 Crises Response	43 nos community event was conducted and as against budget of Rs.48,000, an amount of Rs.15670 is reported as spent.	SI No.4 (System of payment-Verification of Bills and Vouchers)
8	Service Related Expenses	8.0 Health Camps & Street Play	20 Health camps undertaken during the project period upto the date of visit. As against the budget of Rs.5,000, an amount of Rs.6,540 is reported as spent for activity. Exceed of budget	
		8.1 Abscess Prevention	Not Applicable.	SI No.10 & 13 (Purchase of drugs)
		8.2 Syphilis Testing	Syphilis Testing for purchase Drugs as	

			against budget of Rs.36,000, an amount of Rs.33,720 is reported as spent.	
		8.3 Disposal of Bio-waste	No expenditure incurred from the budget. As explained to us, the disposal of bio waste are done at Private hospital at free of cost.	
9	Commodities	9.0 Needle & Syringes	Not Applicable	SI No.10 & 13 (Purchase of drugs)
10	Documentation	10.0 Documentation Cost/BCC Materials	There was budget provision of Rs.4,000/- towards cost of documentation including development of BCC materials. Rs.0 is expenditure incurred till date.	(System of payment-Verification of Bills and Vouchers)
		10.1 Need Assessment	No budget allocated for the current project period	
11	Assets.	11.Assets Resgister	Physical Assets Verified.	
12	Stock	Condoms	Checked physical stock of social marketing & Free condoms stock book is maintained properly.	

VIII. 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.

The project Manager's qualification is as per norm and his knowledge about proposal, STI and HIV/AIDS, financial management, performance indicators etc. are very clear. He has maintained quarterly and monthly plan on regular basis. He also conducts review meetings and action is taken based on the minutes. He has regularly visited field.

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.

Counsellor has clear knowledge on risk assessment and risk reduction counseling, basics of HIV/AIDS. He is also maintaining and updating data and registers. He also conducts field visits and do counseling over there. He also has good rapport with the ICTC counselor and other stakeholders.

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.

The ORWs are clear about outreach indicators and they have maintained detail plan of action for their outreach activities. However, micro planning tools need to be developed and updated. They have clear understanding of STI symptoms, RMC and ICTC testing. However, they provide support to PEs on regular basis at the field.

VIII e. Peer educators

Prioritization of hotspot, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about services facilities etc.

PEs are clear about the service related issues but not so clear about the regular contact and other outreach related issues. They need to develop capacities on regular basis. However, they have knowledge on STI and service facilities.

VIII j. 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.

The M&E is maintaining the data and has clear understanding of several indicators. He is maintaining the master register, and service tracking sheet. He is also able to analyse gaps in outreach and service uptake. He is maintaining CMIS.

Ix a. Outreach activity in core TI project

Interact with all PEs (FSW, MSM and IDU) interact with all ORW's 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 outreach team(ORW and PE) have outreach plan and monitoring mechanism. But they don't have hot spot wise micro plan. The outreach team is also maintaining daily basis plan and at the end of the month, the target and achievements are discussed in staff meeting.

IX. Services

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

Overall service uptake of the project is good and the quality of the service is maintained. HRGs are however, satisfied with the service.

X. Community involvement

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

The TI is a CBO and hence, good community participation is observed.

Community members have are part of several committees and they take active part in the planning and decision making.

XI. Commodities

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

Condom demand calculation is in place and condoms are provided to the HRGs. The TI is distributing only Free condoms, they have recently started the social marketing from their own fund.

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.

Advocacy is conducted on need based and no such advocacy plan was found at the project level. However, community members were part of the advocacy team.

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

The CBO has developed several committees and SHGs for the community. But they should take more initiative so that the community can avail various social protection schemes, welfare schemes etc.

XV. Best Practices if any.

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.
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Mrs. Tanuja D Fale (Official from DAPCU as facilitator)	dponagpur@mahasacs.org
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Name of the NGO:	GAURAV TRUST
Typology of the target population:	MSM/TG Core composite
Total population being covered against target:	1000/1162
Dates of Visit:	25 th and 26 th April, 2016
Place of Visit:	Nagpur, Maharashtra

Overall Rating based on programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Organizational Capacity- 100% Finance-92.3% Programme Delivery-75%	B	Good	Recommended for Continuation

Specific Recommendations:

- Knowledge management systems to be in place so as to manage the learning from the project and implement it in the work.
- Direct communication between the management and staff should be there and systems for the same should be in place.
- Capacity building workshops on field planning, management and PE management and documentation
- Suggested trainings for PEs :
Interpersonal communication,

Gap analysis of Lubes and condom

Community groups Formation

Condom promotion and its demonstration.

- MSM population prefers a more separate DIC at their hot spot.
- Doctor of PPP should be MBBS and need a quality training as well.
- It should be made sure that required drugs for STI and kits should be made available at the extended hours.
- Organization should initiate a coordination meeting between the all stake holders in district like: ICTC/STI clinic/ART/PPTCT/DAPCU personnel and Nodal officer for better coordination.
- DIC should be made more attractive and fruitful.
- Storage of condoms should be in proper way.
- Condom outlets should be made more visible.
- The organization should evolve a community participative model of management which will solve issues related to transparency on both management and field levels.
- More Community members should be encouraged to be taken as staff members.
-

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