

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:**

Indian Institute of Youth Welfare (IIYW) established in 1973 works with a social development perspective within various target groups and the underprivileged section of the society. We have been implementing more than 12 projects currently on the issues such as Environment Protection, Community Development, Tribal Welfare Programme, Panchayat Raj Leaders Training Programme, Anganwadi & Balwadi Training Courses and Vocational Trainings for urban and rural youth with special focus on youth, women & children.

The organisation's work is spread in 4 districts of Vidarbha with infrastructure in form of four training centre at Lonara, Koradi Road, Nagpur, Ralegaon – Yavatmal district, Chandrapur district and Gadchiroli district with accommodation facility, mess and training halls. Our trained & experienced staff has been training youths, women and children in various trades and skills over last few decades.

Name and address of the Organization:

Name:	Indian Institute of Youth Welfare
Established (year):	1973
Registration Details: (Act & reg. number)	F-1639N
Date of Registration:	23/11/1973
Type of Organisation (1)	NGO

Registered Address:	134, Shivaji Nagar Nagpur - 440010
Phone Nos:	0712-2248421

Fax	-
E-mail	iiyw.youthwel@gmail.com
Website	www.iiyw.org
Field Office Address:	Indian Institute of Youth Welfare, Lonara
Phone Nos - (Director) -	09766158505
Fax	0712-2248421

Vision:

To build a just and equitable society by enabling, empowering and strengthening people at the grassroots so that everyone can live with dignity and security.

Mission:

To enhance the capacities of people by generating maximum opportunities for women, youth, children, and the wider society, to enable their active participation in the process of social transformation

Core values:

Integrity, Empowerment, Responsible and Accountable, Social and gender equality, Collaboration and networking.

Objectives:

- Organising capacity building programmes for youth, women, children and the needy to boost up leadership and skills for development.
- Undertaking variety of community development programmes including Education, Nutrition, Health, Water, Sanitation, Environment and Agriculture furthering rural, tribal and urban development.
- Establishing a network with various government and non-government organisations to disseminate knowledge and to utilise local resources for human development.

Geographical working area(s):

Nagpur, Chandrapur, Gadchiroli, Ralegaon, Akola.

Key thematic sectors of operations:

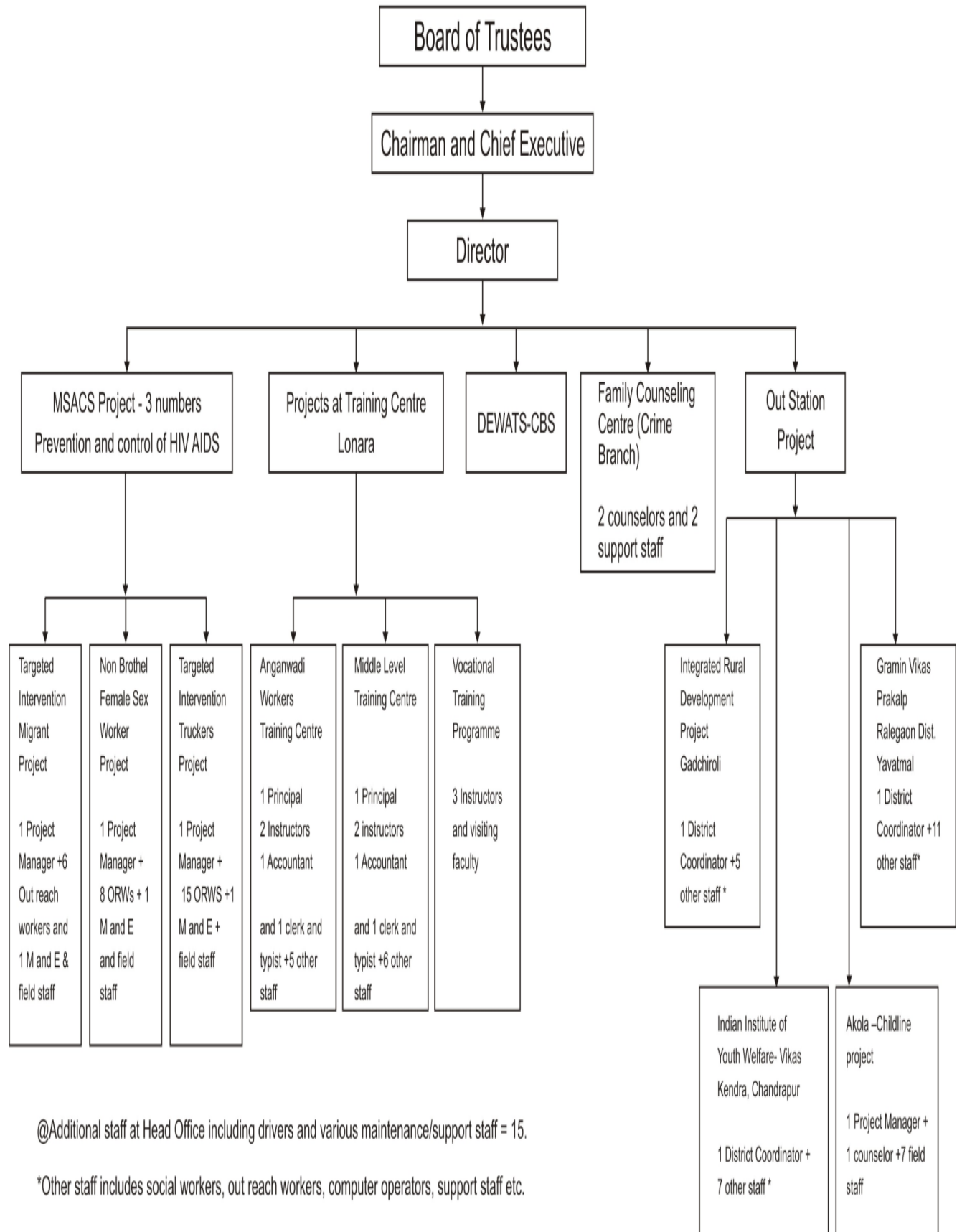
Women empowerment, Youth development, Tribal Development, Child

development, health and sanitation

Target Population:

Women, Youth & Children & Vulnerable group mainly Long distant truck drivers, Migrant labours, FSWs, farmers, slum dwellers, artisans etc.


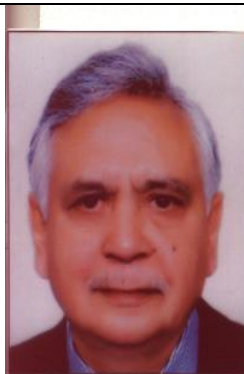
Organogram - Indian Institute of Youth Welfare, Nagpur





@Additional staff at Head Office including drivers and various maintenance/support staff = 15.

*Other staff includes social workers, out reach workers, computer operators, support staff etc.

Management Committee Members:

S. N.	Name & Address of the Managing Committee Members – Tel. No.	Designation	Profession	Educational Qualification	Photograph
1	Dr. M.S. Wasnik 51 “Ambadeep” Hill Road Nagpur:440010 Tel: 0712-2249256 Cell: 9823047541	Managing Trustee	Medical Practitioner – Educationist and Social Worker	M.B.B.S, D.C.H, M.A. , L.L.M., Ex.MLC Maharashtra	
2	Shri C.H. Khisty “Sanjog” 138, New Colony Opp: Mangalwari Park Nagpur: 440 001 Tel No. 0712-2590200 Mobile : 9767319732 Email: rajukhistry@gmail.com khistry@sangamonline.org	Trustee	Retd. Director, Personnel and Industrial relation, Administrator Coal India , Calcutta Hon. C.E.O. Ecumenical Sangam, Nagpur	M.A.(Social Work)L.L.B., Certificate in Advance personnel management from (UK)	

3	<p>Shri N. Tajnekar</p> <p>31, Deotale Lay Out</p> <p>Near Ambazari Garden</p> <p>Nagpur :440033</p> <p>Tel No. 9423959745</p> <p>Email:</p> <p>nareshtajnekar@rediffmial.com</p>	Trustee	<p>Ex. Bank Executive</p> <p>Bank of India,</p> <p>Ex. Administrator, REAP (NGO) at Mumbai</p>	<p>M.A. (sociology),</p> <p>M.S.W</p>	
4	<p>Prof. Y.C. Ganvir</p> <p>Plot No. 11</p> <p>Parampujja Dr. Babasaheb Ambedkar Housing Society</p> <p>New Manakapur</p> <p>Nagpur</p> <p>Mobile:</p> <p>7768839202/9923152504</p>	Trustee	<p>Ex. Principal of PWS College , Nagpur</p>	<p>M.A. (Sociology)</p> <p>M.S.W.</p>	

Chief Functionary

Dr. M.S. Wasnik, 51 "Ambadeep", Hill Road, Nagpur: 440010

Tel: 0712-2249256, Cell: 9823047541

Year of Establishment:

1973

Year of month of project initiation:

March, 2012

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

14th -16th April, 2016.

Profile of TI

(Information to be captured)

- Target Population Profile: FSW Core
- Type of Project: Core
- Size of Target Group(s) Target: 1500/Active Population:1632
- Sub-Groups and their Size:

Sl. No.	Sub Group	Size
1	Street	699
2	Home	566
3	Lodge	341
4	Dhaba	26
	Total	1632

Target Area:

- 1) Koradi
- 2) Kamthi
- 3) Wadi
- 4) Pardi
- 5) Hingna
- 6) Sawner
- 7) Parshivani
- 8) Kalmeshwar
- 9) Katol
- 10) Narkhed

Details of the geographical area covered by TI

- 1) Koradi : Koradi is holistic place and situated is 15 km. North from Nagpur. A well known thermal power station in state in this place. High influx of migrants. 168 FSW, majority home-based sex workers; clients are locals and migrants

- 2) Kamptee : Kamptee is town which is situated East of Nagpur city and situated 20 km. from Nagpur. It is an Nagpur to Howrah Rail Track connected. High influx of migrants, military area and college students. 263 FSW, Majority Street based and call girls, clients students, migrants, military men and locals.
- 3) Wadi : Wadi is industrial area of Nagpur City and situated in Nagpur – Mumbai NH 6. Industrial area; 180 FSW; all girls and street based, lodge. Clients; truckers, migrants.
- 4) Pardi : Pardi is industrial area of Nagpur City and situated in Nagpur – Raipur NH. 6. FSW 237; Dhabha based. Clients truckers and locals.
- 5) Hingna : Hingna is industrial area (MIDC area; Industrial area; 221 FSW; slum based; clients; college students, locals and industrial workers.
- 6) Kalmeshwar : Kalmeshwar town situated in North from Nagpur city around 35 km. 208 FSW, home and slum based; Clients-industrial workers, migrants, locals and students.
- 7) Katol : Katol town situated in North from Nagpur city around 55 km ; 147 FSW; Street, home and slum based; Clients are student, locals & migrants.
- 8) Narkhed : Narkhed situated in North from Nagpur city around 90 km. FSW 68 ; home and slum based; Clients are student, locals and migrants.
- 9) Saoner : Saoner town situated in North from Nagpur city around 55 km. FSW 64; Street, home, calling and slum based; Clients are student, migrants, and locals.
- 10) Parshivani : Parshivani town situated in North from Nagpur city around 40 km. FSW 76; Street, home and slum based; Clients are student, locals & migrants.

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...

Management's vision and project monitoring –

Management's Vision - Developing a self – reliant organization by achieving the targets and providing quality services for every target group in respective intervention areas of IIYW

with special reference to women, youth & child development and to specifically empower the under privileged in target areas by enhancing & strengthening skills & knowledge of staff to deliver the required results.

Towards the MSACS projects, IYW envisions to provide best of its services through MSACS to the 3 target groups namely long distant truckers, migrants labours and female sex workers (non-brothel). IYW sticks to the project guidelines and targets but also tries to extend other possible services towards the welfare of the target groups such as social security, health etc. IYW intends to formulate such small proposals for the benefit of the various target groups and seek support from various corporate social responsibility agencies or other private donors etc. IYW believes that the target group will get benefits through such allied activities and interventions.

The Management – Board of IYW has appointed Director as a full time post who looks after every ongoing and new project of IYW along with Administration, HR management and resource mobilization along with its different sections/departments. The Director is in-charge of the projects and guides the Projects Managers and teams on a regular basis for smooth functioning of projects, crisis management and risk management.

Project Monitoring - The FSW project at IYW was started in April 2009 and the project team is rendering services as stated in the MSACS guidelines to the Target groups in Nagpur – Rural areas.

At IYW, PMs are empowered to take community level decisions relating to the project activities whereas the Director intervenes only when some critical policy or finance related matters are concerned. The weekly meetings with the Director as per need of the project are organized at head office mainly with the Project Manager.

The monitoring of all projects is carried out by Director since August 2013. (Since the appointment). The Director attends (sometimes facilitates) monthly meetings of respective teams, facilitates bi-monthly meetings with Project Managers and visits project sites quarterly. There is no separate monitoring officer at IYW but project is monitored by the Administrative Officer and the Project Manager and the Director. This also relates to checking of records, reports, staff related leaves, appointments etc. Staff manager of IYW maintains all the systems related to personal files, leave records, appointments, extensions, induction etc.

Support from Management –

Management has been supporting the 3 MSACS projects since their inception. The relevant or critical issues of all the projects are discussed with the Trustees by the Director.

In emergency cases such as when MSACS funds were not received for 6 - 8 months at IYW (in year 2015-16), the Management of IYW has supported the teams by giving them 1 months' salary. In addition, IYW has supported the teams with purchase of kits for HIV testing through its corpus fund. As also, IYW supported the "community events", "advocacy activities" which are necessary for the smooth functioning of the projects by diverting its other funds to MSACS projects. IYW always offers the conference hall at Head Office at

Shivaji Nagar for MSACS level coordination meetings and networking meetings. (free of cost).

As a part of capacity building efforts, Director facilitates Bi-monthly meeting of all Project Managers in which various inputs towards project development, organisation development, innovation, CSR etc are imparted. This builds up the capacities of project managers to handle all the challenges and risks which are there in their respective projects.

IYWW has been looking for various options towards PPP and also CSR who could support some additional activities for the social security of target groups. Though few agencies have been contacted but there has not been much positive response over the same.

It was concluded after the meeting held with the Project Director that, Management has been supporting the 3 MSACS supported TI projects since their inception. The relevant or critical issues of all the projects are discussed with the Trustees by the Director.

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.

All staffs according to project guideline are placed except few PEs. Staffs have appointment letter and job responsibility clearly written against the post. In last financial year 2 ORWs out of 6 left the organisation and were recruited within a month. Though PM is MSW but lacks the experience background of the development sector.

Please find below the staffing pattern in details:

Sr. No.	Designation	Name of the Staff	Date of Joining	Qualification	Yrs of experience in HIV field	Date of Resignation
1	Project Director	Shilpa Mirashi	1/8/2013	B.Arch. MURP		
2	Program Manager	Varsha Pagale	1/4/2009	MSW, M.Phil	14 Years	
3	ORW	Aruna Sonsal	12/7/2012	M.Com, MSW		12/7/2012
3	Counselor	Aruna Sonsal	1/7/2014	M.Com, MSW	3 Years	
4	M & E / Accountant	Aruna Chavan	4/1/2010	BA Graduation, MSCIT	6 Years	

6	Out Reach Worker					
	1	Nisha Somkule	6/12/2012	MSW, MA	4 Years	
	2	Kavita Fulke	15/7/2014	BA	2 Years	
	3	Malti Tidke	1/4/2013	MSW, MA	3 Years	
	4	Shubham Waghmare	1/3/2013	MSW	3 Years	
	5	Kavidas Yeskar		MSW		
	6	Kapil Wade	4/12/2014	MSW	2 Years	
	7	Harsh Pandagale				21/6/2014
	8	Nitin Umate				31/10/2014
	9	Lokesh Rane				12/9/2014

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

Details of training and capacity building:

Date	Designation	No. of the Staff	Training (Yes/No)	Type of Training	Organised by
7/3/2014	ORW	1	Yes	Induction Training	IYW Orient Hall
18/4/2014	ORW	3	Yes	Refresher Training	IYW Orient Hall
8/7/2014	Counsellor	1	Yes	Induction (Counselling)	IYW Orient Hall
11/7/2014	Counsellor	1	Yes	Refresher Training	IYW Orient Hall
8/7/2014	ORW	1	Yes	Induction Training	IYW Orient Hall
21/8/2014	ORW	1	Yes	Refresher Training	IYW Orient Hall
26/8/2014	Peer Educators	17	Yes	HIV	IYW Orient Hall
5/9/2014	Peer Educators	20	Yes	STI	IYW Orient Hall
1/10/2014	ORW	1	Yes	Induction Training	IYW Orient Hall
3/11/2014	PM	1	Yes	Induction	STRC Pune
20/12/2014	Peer Educators	22	Yes	Meeting / Training	IYW Orient Hall
9/1/2015	Peer Educators	21	Yes	Meeting / Training	IYW Orient Hall
7/2/2015	Peer Educators	20	Yes	Meeting / Training	IYW Orient Hall
17/3/2015	Peer Educators	20	Yes	Meeting / Training	IYW Orient Hall

24/4/2015	Peer Educators	22	Yes	Refresher	IIFYW Orient Hall
20/5/2015	Peer Educators	23	Yes	HIV	IIFYW Orient Hall
15/6/2016	Peer Educators	19	Yes	STI	IIFYW Orient Hall
7/8/2015	Peer Educators	22	Yes	STI/HIV	IIFYW Orient Hall
9/9/2015	Peer Educators	22	Yes	Refresher	IIFYW Orient Hall
30/12/2015	Peer Educators	21	Yes	Meeting / Training	IIFYW Orient Hall
20/2/2016	Peer Educators	21	Yes	Meeting / Training	IIFYW Orient Hall
30/3/2016	Peer Educators	20	Yes	Meeting / Training	IIFYW Orient Hall
12/4/2016	Peer Educators	22	Yes	Meeting / Training	IIFYW Orient Hall

There was no Training need assessment and Training Impact Assessment conducted at the organizational level.

III. Infrastructure of the organization

No budgetary provision was provided by MSACS for the assets. The organisation has its own/funded by other projects decent infrastructure to carry out various activities.

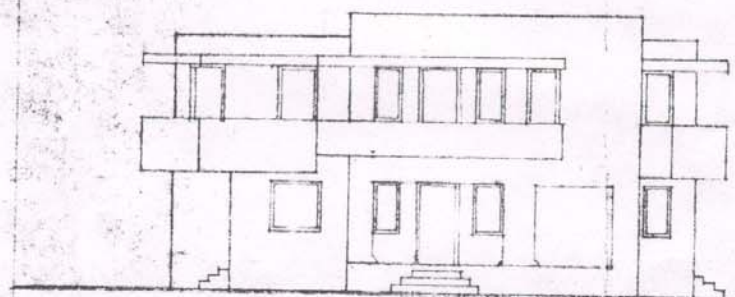
The PD and PM and M and E and accountant of FSW project are stationed at the head office of Shivaji Nagar and the project teams are placed at various project sites of FSW projects. The location map of the FSW team and all related staff of FSW project is shown in the two floor plans as below.

①

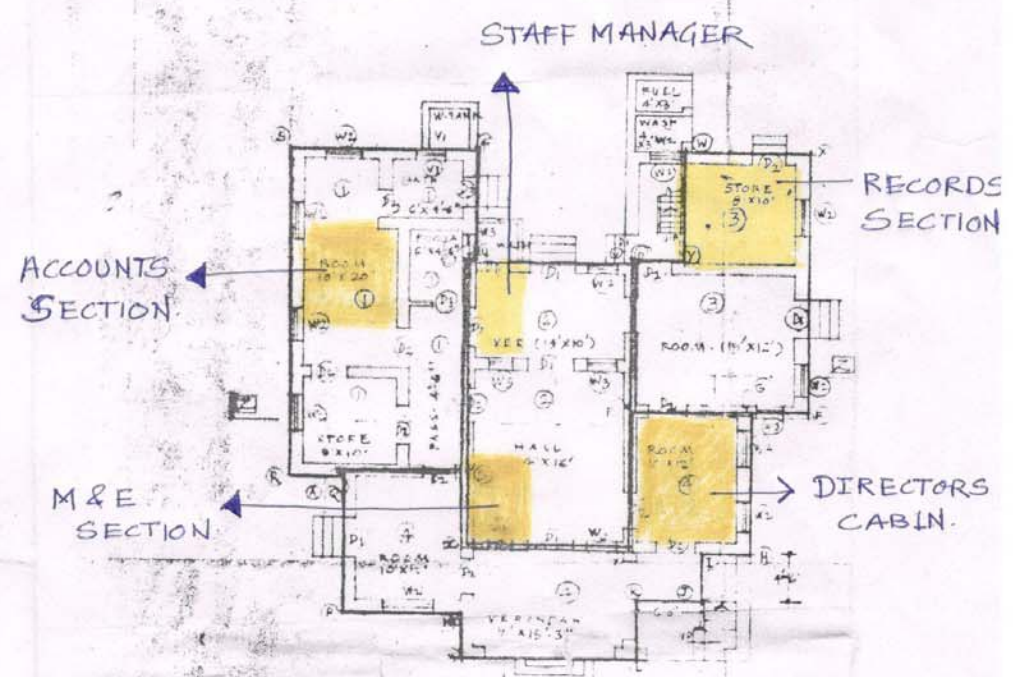
IIYW Head office.

134, Shivaji Nagar.
Nagpur- 440010.

→ www.iiyw.org.



FRONT ELEVATION



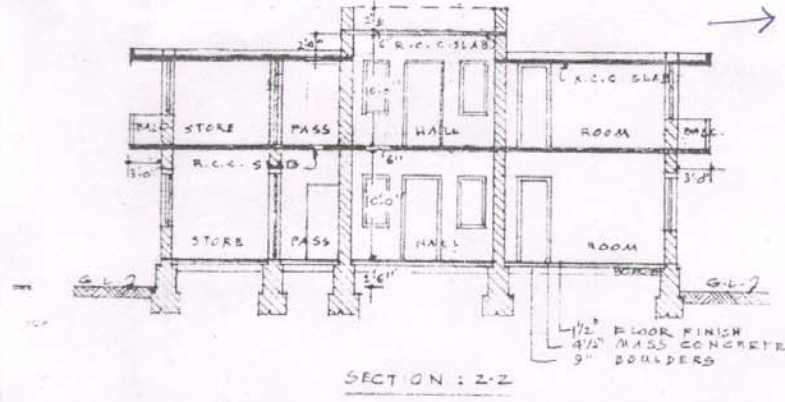
Ground Floor.

FSW PROJECT STAFF
LOCATION MAP.

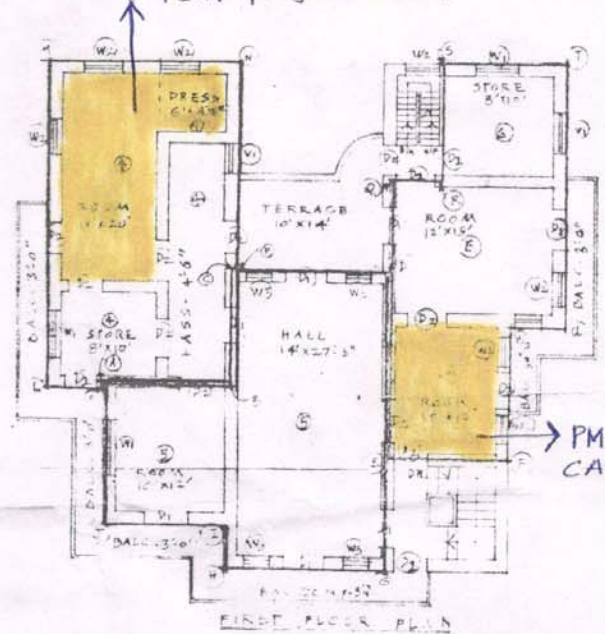
11YW Head office (2)

134, Shingaji Nagar,
Nagpur - 440010.

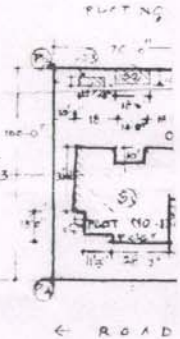
→ www.iiyw.org.



FSW PROJECT TEAM.



→ PMS CABIN



LAND & STRUCTURE ON PLOT NO. 134, DHARAMPETH LAYOUT.

FIRST FLOOR.

FOR TECHN

नागपूर महानगर पालीका द्वारा
माहिती अधिकार अधिनियम अंतर्गत प्रत

FSW PROJECT STAFF
LOCATION MAP.

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 does not follow SACS prescribed documents and formats. Mostly all the documents were available but most of them were not updated regularly and properly. Staff review meetings are held four times a month is in place which is properly documented.

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

- Documents have been maintained by the project staff but not been updated regularly and lots of gaps have been found in the same.
- Micro planning was not properly done at the TI 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 not 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.
- The following gaps were found in micro level planning:
 - Due/over- due not been marked
 - Most of the Due/over- due were pencil marked
 - ICTC referred/tested were not reflected in Form B

Overall staff documentation is average, and quality is not been maintained TI needs in depth training on documentation and record keeping.

III. Programme Deliverables

Outreach

1. Line listing of the HRG by category

Line listing of the 1632 FSWs has been done by the ORW's; however, the same has not been properly documented. There should be proper UID nos. on the registration form-FORM-A. The TI is still continuing the Avert UID nos. This should be immediately changed and NACO prescribed UID nos should be written on the existing Form-A.

2. Micro planning in place and the same is reflected in Quality and documentation.

A very basic level plan(only area map) was in place, but other important micro planning tools were missing, the team's capacity has not yet built for the same.

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

Sl. No.	Sub Group	Size
1	Street	699
2	Home	566
3	Lodge	341
4	Dhaba	26
	Total	1632

1513 HRGs were contacted regularly during the reference period.

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

- 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 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.

5. PE:HRG ratio

The PE: HRG ratio is maintained by the project team which is 1: 60.

6. Regular contacts (as contacting the community members by the outreach workers/Peers at least twice a month and providing services as such as condoms and other referral Services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the Community members.

The staff has a basic understanding about the concept of regular contacts, but overall understanding is still missing for the same.

- Total registered population with the organization: 1632
- Total Reached population against target: 1500

- Total Regular Contact with the organization: 1513
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.

7. 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.

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

PEs have to be trained properly on TI component and other basic technicalities of I.P.C/condom use, micro planning, and HIV/AIDS awareness and prevention. Capacity building of PEs has to be done on regular basis.

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. Referral and linkages
 4. Micro planning tools
 5. Condom negotiation skills
 6. Condom Demonstration.
 7. SHG formation.
- The peers require further training and development of skills.

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

The TI team does not use/follow the SACS prescribed documents for its internal supervision. No 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 no outreach plan in place the supervision process becomes more difficult to follow.
- The PD monitors/supervises the project on Bi-monthly basis.

PM should develop her own monitoring mechanism for better implementation and provide supportive supervision on regular basis, it should be properly documented.

IV. Services

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

- The organization is following PPP service model for STI, the project has 3 doctors involved with them through PPP model clinic systems. The team refers a substantial number of clients to the government hospital for ICTC and other related services.
- Presently the organization is referring its clients to its PPP clinic or the PPP doctor come to DIC on every Tuesday.
- Availability of STI drugs was there in clinic but the drugs should be maintained properly. The Medicine Stock Register should also be maintained properly.
- TI has been positively observed that the ORW's share an excellent rapport with the concerned govt. departments (ICTC and ART center).

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

The team visited one PPP clinic managed by the organization with partnership with Pvt. Doctor, this clinic don't have adequate infrastructure according to protocols and in the area is in some specific geographical areas. There was not just enough privacy which is needed for a doctor patient interaction.

- The follow up mechanism is a bit tricky issue for the project as micro planning and outreach plan is not satisfactory.
- The project has referred a total of 1632 HRGs (over all for RMC) clients to Government hospitals and PPP clinic, whereas, 1360 clients referred to ICTC for HIV testing.
- 44 clients have been referred to the DOTS.
- The VDRL test was done for 570 FSW HRGs at Government hospital referred by the TI project staff.
- 02 HIV positive HRG is referred to ART by the project.

Clinical Equipment

- Stethoscope
- Sphygmomanometer
- Seizer
- Speculum
- Curtain
- Patient Table
- Light (Torch)
- Dustbin
- Hand gloves

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.

The all doctor for PPP model clinics is trained by the SACS, however no doctor was met at the time of evaluation as they were unavailable on those days. Although, it has been observed that only two HIV positive cases has been detected till date.

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.

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.

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

Condoms were available and accessible to the target population through PEs, ORWs, and DIC; organisation is involved in social marketing of condoms. The TI is also providing social marketing condoms to HRG as based on the need of HRGs. However, Free condoms were not available to the TIs for a considerable period in last year.

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

Demand of condoms: Total 199124

Distribution: Free-61786, and SM: 23197

The TI has done demand analysis for only free condoms. Distribution of social marketing condoms is need based.

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

The outreach team of the organization has rapport with ICTC and ART centers, 1360 individuals have been tested for HIV and surprisingly only two HIV positive case has been detected, total of 658 individuals have been brought to the Government hospital/clinic by the team for STI related services. A total of 570 VDRL tests were done in Government hospitals.

8. Referrals and follows up.

Clients have been followed up for STI treatment and HIV/VDRL testing. Proper documentation of referral slips and registers are in place with the organization. However, proper follow up mechanism is not in place, ORWs and counsellor need to do some more coordination among themselves 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.

Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, of these groups towards the project activities.

The organization has started the collectivization activities for formation of SHGs, four groups have been formed in the HRG, and approximately 150 HRG are associated with this group, which is documented in the project office but not perfectly documented due to lack of guidance.

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

Community is not much aware about the DIC activities and types of service delivery, DIC and its concept should be marketed by the project team. DIC is far from the other hot spots, Presently the level of community participation has not been reflected strongly in the project activities but this could be increased by the way of giving community ownership through community participation for the project related activities. Resources for the DIC should be utilized especially TV, music system etc.

VI. Linkages

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

A good rapport system is established between TI and the service providers like STI, ICTC, TB, etc. The HRGs tested in ICTC was 1360 and 526 HRGs were referred to government STI facility while 132 HRGs were referred to private clinics for STI treatment. Total 44 cases were referred to DOTs.

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

Total 1360 HRGs were tested in ICTC while the total Active population was 1632.

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

At the time of field visit, it was seen that the project has rapport with several stakeholders, but while interacting with them, it was revealed that they have little or no knowledge about the project and they have no involvement in planning of activities. There was no list or analysis of stakeholders found with the TI.

VII. Financial system and procedures

FINANCIAL EVALUATION REPORT

I have conducted the Financial Evaluation 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 "INDIAN INSTITUTE OF YOUTH WELFARE" 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 FSW with target HRG of 1500	<p>The total budget was Rs.29,41,500 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. 14,52,750 have been released and there was opening balance of unspent balance as per the audit report of Rs.0/-</p> <p>The SOE submitted by the NGO upto March 2016 reported total expenditure of Rs.27,65,714/-.</p>	SI No 1 (Budget Utilisation)

			Hence, the percentage of utilization to funds released comes to 94 %.	
2	Financial system and procedures	2.0 Systems of Planning	<p>Financial guidelines have been prescribed by NACO, which has been provided to the NGO for adherence to/implementation of effective financial management.</p> <p>Annual action plan is 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>	
		2.1 Cash Management	<p>Considering the requirements of expenses, cash is withdrawn from bank. But there is no 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>	SI No.12 (Cash in Hand)
3	Systems of payments	3.0 Use of printed serialized vouchers	It was observed the project has followed	SI No.6 (System of

		Book Keeping	<p>the financial guidelines with regards to using pre printed and machine serialized 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>	<p>payment-Record Keeping)</p> <p>SI No.7 (System of Book keeping)</p>
		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 is no 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 Canara Bank (A/c.No.0265101016903) is maintained in the name of "Indian Institute of Youth Welfare Branch Gandhinagar. The bank account is jointly operated by Manage in Trusty & Other Two Trusty, IIYW.</p> <p>No other money was</p>	SI No. 3 (Bank Account)

			found to be parked in this account.	
		4.1 Bank Reconciliation statement	<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 1 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 from IYW Rs.27000/- only	
		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</p>	SI No. 11(Compliance to SACS directions)

			MSACS on 4 th March 2016 and it was found that the compliance report has been submitted to MSACS till our visit.	
5	Human Resource	5.0 recruitment, positioning and payment procedures	<p>The staff turnover during the project period was analysed and verified with related records and registers. Detail observations are noted below;</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 IIYW Trust for office Rs.14,000/- & One DIC with monthly rental of Rs.1,000/- from Mrs. Mayatai Pakhidde</p> <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 have been collected.</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,Furnitu res and Equipments	No budget has been allocated for the period under evaluation	SI No 13(Procurement System)
		6.2 Office Expenses	Expenditure includes charges, Internet, telephone expenses, stationeries and other admin expenses etc. Few observations on	SI No.4 (System of payment-Verification of Bills and

			checking of bills/vouchers and supporting documents are available.	Vouchers)
		6.3 Insurance of staff	There was budget of Rs.4500 for insurance of project staff against which expenditure 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	AMC of computer and	

		Maintenance Contract(AMC)	peripherals has been done.	
7	Program Delivery	7.0 Honorarium to PEs	Honorarium to all PEs are made through account payee cheques. Signatures have been taken on acquaintance register.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.1 Consultation fees for Doctor for referral	<p>Dr. Sandip Bhende is appointed as consulting physician for the period from 1 April 2004 to Till date.</p> <p>Dr. Omprakash Shendawale is appointed as consulting physician for the period from 1 April 2013 to Till date.</p> <p>Dr. Vijay Bagade is appointed as consulting physician for the period from 1 April 2004 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	30 nos of DIC level meeting happened upto Mar 2016, has not utilized fund for DIC meeting.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.3 Demand Generation Activities	10 meetings have been recorded in different hotspots from April 2015 to Mar 2016. All expenditures	SI No.4 (System of payment-Verification of Bills and

			are supported by handwritten slips/snacks bills approved by PD.	Vouchers)
		7.4 Advocacy Activities	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.10,000 for conducting at least 5 such activities in the project period (once in a quarter). 104 Advocacy meeting done by IYW 7288/- Rs. Utilized.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.5 Community Events	One community event was conducted and as against budget of Rs.20,000, an amount of Rs.7,244 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	No budget utilize for crises response.	SI No.4 (System of payment-Verification of Bills and Vouchers)
8	Service Related Expenses	8.0 Health Camps	1 health camps undertaken during the project period upto the date of visit. As against the budget of Rs.5000, an amount of Rs.3,275 is reported as spent for purchase of medicines.	
		8.1 Abscess Prevention	Not Applicable.	SI No.10 & 13 (Purchase of drugs)

		8.2 Syphilis Testing	No expenditure is booked under this head. The entire budget (Rs.54000) is lying unspent. As explained to us the testing is done at govt. hospitals with no cost.	
		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.4000/- towards cost of documentation including development of BCC materials. Rs.2510 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 Register	Physical Assets Verified, Assets Register is not Authorised by competent authority,	
	Stock	Condoms & Drugs	Checked physical stock of social marketing condoms & STI drugs 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 PM has done MSW and she has sufficient knowledge regarding the proposal, programme performance indicators and budget. She has conducted regular monthly review meetings, field visits. But she needs to develop knowledge about micro planning tools, NACO prescribed formats, and data analysis. She also needs to conduct supportive supervision at field level in more comprehensive way. A thorough monitoring is also necessary from her end.

VIII b. ANM/Counselor

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages etc.

The counselor is working since 2014 and received trainings. Though she has maintained documents, but it needs more perfection. She has knowledge on STI, HIV/AIDS and basics of counseling. She also needs to regulate the referral and linkages properly. The PEs are giving referral slips to the HRGs without informing her. She also should have adequate knowledge about the overall programme.

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 efficient and has good knowledge about the programme. But they have little idea about the micro planning tools, risk prioritization of HRGs, volume etc. They have developed area wise map long ago and no updated planning tool was found at the TI level. The due/overdue should be ticked properly and all the NACO prescribed formats should be in place. They have maintained monthly work plan and field visit diaries, but movement register should have proper entries of the same. However they have adequate knowledge about the STI symptoms, HIV/AIDS, and indicators. They also conduct review and DIC level meetings.

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.

The peer educators have good knowledge about the RMC, ICTC, symptoms of STI and basics of HIV/AIDS. They are also clear about the steps of condom demonstration and other service facilities. However, regular orientation and training is required for their skill and knowledge development. At field, they need to supervise properly by the ORWs.

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 was present only on the first day of evaluation. Though she is maintaining all the data, still she needs to understand the field level realities. She ticks the due/overdue part of Form-B. But she should check the same before putting the tick.

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 plan is there but not as per the NACO prescribed format. There is no hot spot wise Micro planning tool available at the TI. However, ORWs and PEs have clarity on the TI related issues.

IX. Services

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

The HRGs are however satisfied with the service provided by the TI. But regular supply of Condom needs to be ensured. HRGs prefer Free condom instead of Social one as they have to pay for the social condom. There is no outlet with the TI. Regarding the quality of service uptake, the TI should give more emphasis on coordination of PPP clinics, referral and linkages and the govt. facilities. The Counselor need to focus more on referral system.

X. Community involvement

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

The organization has helped to form several SHGs among the HRGs. Community participation in the groups are evident, but more community involvement is required in planning , implementation and overall monitoring of the TI programme. Community Involvement is also required in advocacy.

XI. Commodities

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

The demand calculation of condom is in place. Individual condom requirement per week is considered. Only male condoms are provided, no female condom is available with he TI.

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 done on need based. No plan of advocacy was found at the TI. Community members have less involvement in the advocacy programme. There is no stakeholder list or stakeholder analysis with the TI.

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

The TI has helped the HRGs to get Ration card, Voter card, Adhar card etc.

XV. Best Practices if any.

No best practice was found at the TI.

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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Name of the NGO:	Indian Institute of Youth Welfare
Typology of the target population:	FSW
Total population being covered against target:	1500/1632
Dates of Visit:	14 th to 16 th April, 2016
Place of Visit:	Nagpur, Maharashtra

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Organizational Capacity- 85.7% Finance-92.3% Programme Delivery-63.5%	B	Good	Recommended for Continuation

Specific Recommendations:

- There should be proper monitoring and supportive supervision system from the TI management on regular basis.
- Capacity building of staff at regular interval
- Special emphasis should be given on documentation specifically, micro planning.
- Registration No./UID nos. of HRGs should be made as per NACO norm.
- There should be consistent supportive supervision and monitoring from MSACS, TSU and DAPCU.

Name of the Evaluators	Signature
Mr. Rajiv Sarkar(Team Leader)	
Mr. Sanjoy Chowdhury (Programme Evaluator)	
Mr. Bhushan Ruikar (Finance Evaluator) from DAPCU	