**Annexure: B**

**Reporting Format -B**

**Structure of the Detailed Reporting format**

**(To be submitted by Evaluators to SACS for each TI evaluation with a Copy DAC)**

**Introduction**

* **Background of Project of Organization**

Indian Institute of Youth Welfare was formed by late Manohar Golpelwar, C.H. Khisty,Dr. Madhukar Rao Wasnik and Mr. Naresh Tajnekar in 1973 and got it registered in the same year under Society Registration Act 1860 and Bombay Public TRUST act 1950. The NGO had started work in 1976.It has been working in the field of Health, Environment, Skill Development, Women Empowerment, Youth Development, Rural and Tribal Development,Upliftment Of Artisans and Weltward programme.

**Name and address of the Organization**

**INDIAN INSTITUTE OF YOUTH WELFARE (IIYW)**

**Address of TI Project –**

134, Shivaji Nagar, Nagpur

PIN-440010.

**Chief Functionary –Ms. Shilpa Mirashi –Director**

* **Year of establishment : 1973**

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

* **Evaluation team :**

1. Dr. Nand Kishore Sinha (TL)
2. Mr. S.N.Ghosh( Co- evaluator)
3. Mr. Bhushan Ruikar (Member finance)
4. Mrs.Tanuja D.Fale (Observer-MSACS)

* **Time Frame :**

**Date –2nd May 2016 to 3rd May 2016**

**Profile of TI**

**(Information to be captured)**

* **Target Population Profile : Migrants**
* **Type of Project : Bridge Population**
* **Size of target group :- 10000**
* **Sub- groups and their Size-NA**
* **Target Area** – Pratap Nagar,Tajbagh,Cotton Marketman Durgawati Nagar,Manewada, Dev Nagar and Jaripatka of Nagpur district.
* **Key Findings and recommendation on Various Project Components**
* **Component 1.Organisational Support to the Programme**

During the Evaluation, the team met with Ms Shilpa Mirashi the Project Director of IIYW and PD of TI project. She told the team that she believes in empowering communities and sustainable development. At the time of fund emergency NGO supports the activities and takes the necessary steps. The PD attended review meetings both at office and field level. Once in two months she sits with all sector heads and two staffs for monitoring the progress.

**Organizational Capacity**

1. **Human Resources:** The Project Director is part timer for TI project. The Project Manager is responsible for all activities. The Counselor, Doctor, M&E, accountant, ORW are accountable to him. PEs are frontline staffs and works under the supervision of ORW.

The supervision system in the TI Project is in descending order and reporting system reporting is in ascending order the commitment level of staff is good and they have positive outlook towards their service. There was no staff turnover during the evaluation period.

1. **Capacity building :**

The Staff of TI project is trained by SOSVA,Pune and know about their job responsibilities well.

The Project Manager Anita Dhudkewar completed MSW from Nagpur University and joined TI project in December 2015 as PM.She received no training but have working knowledge.

Counselor- One counselor Deoman Nikose passed M.A.in Sociology from Nagpur University and joined TI project in June 2011. He received Induction training on basics of Counseling in December 2014 by SOSVA Pune.

M&E-cum-Accountant--- One M&E-cum- Accountant Ms Aarti Nanodkar B.A.and M.Sc and has been appointed by TI Project in February 2013 and received 4 days training by SOSVA,Pune on filling Formats and CMIS.

PPP Doctor—Dr. Vijay Bagade (M.B.B.S.) has been appointed by TI management in June 2013, and he received trainings in 2017,2010, 2013 and 2014.

ORW – Five ORWs have been appointed by the TI project. All ORWs did not receive trainings and needs more knowledge on TI.

Peer Leaders---15 Peer Leaders were sanctioned for the TI project, but 14 Peer Leaders were working. They got in-house training.

Training to the staff was given by lectures, demonstration, audio –visuals and Participatory methods. The training reports was documented at TI office and PM, Counselor. ORW & accountant were familiar about their nature of jobs.

1. **Infrastructure of the Organization ;**

The Infrastructure is sufficient for running of TI project. MSAS provided computers and a few peripherals

1. **Documentation and Reporting :**

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

**Critical Observations:**

1. DIC was closed from January’ 16 due to fund crisis which hindered registration and service delivery
2. Microplanning tools were not properly used for service delivery, tools should be updated from time to time and dates must be mentioned.
3. Training of ORWs and peers are pending, induction and refresher trainings will help them to update learnings
4. Traditional and human outlets also seen in the project
5. Peers monthly meetings held in the office helped the project to establish better rapport with peers
6. ORWs should provide more handholding to peers for conducting sessions
7. More peers should be selected from the source state and more peers should also play the role of stakeholders
8. Follow ups with ART patients needs to be increased
9. Documentation was found good and files well maintained
10. Training minutes should have more detailed information
11. Daily movement register should be included for field staff
12. PMC should be formed and made functional

111. Program Del**iverables**

**Outreach**

1. **Line listing of the HRG by category.Registered-10860(2014-15) and 10095(2015-16)**

**Against target of-10000**

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

**2014-15 2015-16**

**Registration from STI Clinic 5159 4848**

**Registration from DIC 2061 993**

**Registration from Counseling 3640 4254**

1. **Registration of truckers from 2 service sources i.e. STI clinics and counseling.-NA**
2. **Micro planning in place and the same is reflected in Quality and documentation.**

Micro-Planning was made by TI staff and reflected in delivery of services and commodities and documentation.

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

100% coverage of target population is through ORW and PEs. They made contacts with key population.

1. **Outreach planning – quality, documentation and reflection in implementation** 
   1. Outreach planning is available. The planning is reflected in implementation and documentation
2. **PE: HRG ratio- Ratio** is 1: 750 almost maintained as per NACO guideline. During our visit we found eight PEs and interacted with them.
3. **Regular contacts ( as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members**

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

1. **Documentation of the peer education**

Peers conducted awareness activities and do the Condom demonstration with HRGs they were trained.

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

Peers were found active and have good knowledge of HIV/AIDS and condom demo. ORWs provided supportive supervision regularly. PEs are in regular contact with Migrants. The quality of peer education was very good. All PEs are from the community. They are able to explain TI components well.

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

PM is supervising the activities and service delivery. She conducted monthly and bi monthly review meetings. PM provides necessary handling to all staffs.Team coordination was good.ORW supervise the activities of Peer Leaders.PD also took active part in supervising the TI programmes in the field.

**IV. Services**

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

The TI management recruited one ppp doctor-Dr. Vijay Bagade M.B.B.S. in June 2013 and he was available during the evaluation.

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

The 10 Health Camps were organized per month at different sites of Migrants. He examines STI and other ailments of Migrants, and provides medicines which are purchased from revolving fund. During the visit of the evaluation team the migrants and stakeholder told the team that health camps were organized and they go to the camp for health check-up. The TI project have adequate infrastructure facility and privacy was maintained.

**In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds**. –The TI purchased STI drugs like Azythromycin, Flucanazole,Cefixime, Doxycycline and Levocet from the revolving fund. The medicine are bought timely and buffer stock got maintained.

1. **Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC,ART, DOTS centre and Community care centres.**

The TI doctor is following syndromic treatment protocol for STI treatment; however there is no follow-up treatment of the STI cases. The 3553(2014-15) and 2297(2015-16) cases were referred to ICTC and 3031 (2014-15) and 2247 (2015-16) cases were tested, out of that, 08 found +ve and they were linked with ART centre as per the record.1228 (2014-15) and 667(2015-16) cases were treated. 151(2014-15) and 224(2015-16) cases were referred to DOTS centre and no one found TB positive.

1. **Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.**

Document of treatment Registers, referral slips were available. In Govt.hospital, signed copy of referral slip collected by counselor from HRG for HIV testing. Eight migrants was linked with ART.

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

The NGO purchased 30940 condoms (2014-15) and 27800 condoms (2015-16) from Market.

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

The TI project distributed 27460 condoms against demand of 27000 in 2014-15 by its 138 NTO outlets and 27080 against demand of27000 in 2015-16 by its 146 non-traditional outlets under Social Marketing. The target of establishing NTO was 150.

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

The TI NGO established linkage with referral centers.

1. **Referrals and follows up**

5850 cases were referred to ICTC for HIV test in 2014-15 and 2015-16, out of that 5278 actual visit for HIV testing. 08 HIV positive were linked to ART. 910 migrants were referred to STI clinic and all were given treatment.. Follow up mechanism are in place.

1. **Community participation**
2. **Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities- No SHG and CBO was formed.**
3. **Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents**

No Project Management Committee was formed. It had organized World AIDS Day in 2014 and 2015 in which 700-800 community members participated. The TI project also celebrated GANPATI MAHOTSAV in 2014 and 2016 in which 500-600 community members participated.

**VI. Linkages**

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

Established linkages with the various service providers like ICTC, ART.Referral slips were seen in the office and ICTC centre at project office. Interaction with ICTC counselor, Lab. technician of Dist. HQ hospitals told that TI made contacts with them on a regular basis. There is linkages with DOTS Centre.

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

90 percent of the referrals were tested in ICTC and gap between referred and tested was 10 percent.

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

Stake holders have been identified and they are engaged in spreading the awareness among the community. They contacted with Labour Contractor, Manager, Supervisor, Security Guards, Safety Manager, HR Manager betel shop, barber shop and cycle store owner. They met and took meetings with them.

**VII. Financial Systems and Procedures**

1. System of planning : Existence and adherence to NGO-CBO guidelines/any approved systems endorse by MSACS/NACO-supporting officials communication
2. Systems of payments :- Existence and adherence of payments endorsed by MSACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, advance not given or taken.
3. Systems of procurement : – Procurement has not done, no other purchase in financial year
4. System of documentation: - Availability of bank accounts (maintained jointly, reconciliation made monthly basis), all payment made by cheque, payments are not made in cash above Rs.2000/- .
5. In audit observation we have found Staff Insurance has not done, social marketing condom purchased stock book maintained properly (there were no revolving fund given by MSACS.)

**VIII. Competency of the project staff**

**VIII a. Project Manager**

Program Manager Anita Dhudkewar has passed M.S.W.from Nagpur University. She joined TI Project in December 2015. She received no training, she had worked in other TI project and have knowledge of TI programme. Her knowledge level is up to mark about Program Management, financial management, computerization and management of data. Knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, monitoring and field visit & advocacy initiatives etc.

**VIII b. ANM/Counselor**

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

* The NGO had appointed one counselor-Deomanya Nikose. He had passed M.A. in (Sociology) M.S.W. from Nagpur University. He joined TI project in June 2011. He received training of basic Counseling in December 2014 by SOSVA, Pune and Refresher training in2012 by the same Institute.

The counselor have knowledge of STI counseling, BCC and basic counseling and HIV. He maintains registers and update data.

**VIII c. ANM/Counselor in IDU TI**

**Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers. Working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments. N/A**

**VIII d. ORW**

**Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings etc. Support plan needed for weak performance Peer.**

There are five ORWs appointed by TI project. All ORWs received in-house training. They have good rapport with the Migrants. The ORWs have clarity and knowledge of documentation and various aspects of the target indicators define for the monthly action plan for the outreach, STI and ICTC.

**VIII e. Peer educators -NA**

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

**VIII g. Peer Educators in Migrant Projects -** The TI management has 14 Peer Leaders against 15 PLs.One position was vacant. During our visit we met eight peers. They have good knowledge of HIV/AIDS, Body Mapping and KP drawing and mid media activities.

**VIII h. Peer Educators in Truckers Project**

**Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.-NA**

**VIII i. M&E officer**

**Whether the M&E officer (FSW and MSM/TG TIs with more than 800 population and all migrant TIs are eligible for separate M&E officer) is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI CMIS reports.** One M&E Aarti Nanodkar has been appointed by the NGO.She has passed M.Sc.in IT and joined TI project in February 2013. She received 4days training by SOSVA, Pune in January 2015 on MSDS and Accounts. She has knowledge of filling different formats and maintaining accounts of TI project.

**IX. a. Outreach activity in Core TI project**

**Interact with all PEs (FSW, MSM and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.-NA**

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**IX. b. Outreach activity in Truckers and Migrant Project**

**Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake that is whether enough clinic footfalls, Counseling is happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.** The PEs and ORW visited regularly to sites and met with HRGs. They provide condoms and take them to Health camps for check-up. The ORW and PEs have knowledge of IPC Sessions and large number of migrants come to the Health camp and for Counseling. Timings of the outreach session is convenient for the migrants.

**X. Services**

**Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs,**

* + The service uptake is good in the project. ORW and PEs visited to the HRGs and provide them condoms and services. For testing and STI they go to the Health camp.

**XI. Community involvement**

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

* + Community participation in the activities is very good and planning, implementation, advocacy and monitoring up to the mark

**XII. Commodities:**

Hotspot / project level planning for condoms, needles and syringes. Method of demand calculation, Female condom programme if any,-TI distributed condoms to the HRGs hotspot wise. They calculated the demand of condoms as per requirement of the HRGs.

**XIII. Enabling environment**

Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services etc. **In case of migrants (project management committee) and truckers (local advisory committee) are formed and they are aware of their role, whether they are engaging in the programme.**

* + The TI project has tried to make a cordial environment for providing commodities and services to the community. The PM,ORW and Counselor identified stakeholders-Manager, Site Incharge,Supervisors,Engineers,Security guards, Safety Managers, Labour Contractor, Tea shop,Barbar shop and betel shop. The TI Staff hold meetings with them. They cooperate with TI staff in implementing TI programme.

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

No Social Protection scheme was adopted however the project started crèche to support the child of migrants in collaboration with stakeholders. As the site was closed so the facility was no more. However the project is trying to coordinate with other stakeholders for the same activity.

X**V. Best Practices if any-No best practice was observed with proper documentation.**

**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated with a copy to DAC)**

**Profile of evaluator(S):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone No.** |
| Dr.Nand Kishore Sinha(TL) | 09431705895 |
| Mr. S. N. Ghosh(Co-evaluator) | 9431359361 |
| Mr.Bhushan Ruikar(Finanace person) | 9175181013 |
| Officials from SACS/TSU (as Facilitator) | Mrs. Tanuja D.Fale |

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| --- | --- |
| **Name of the NGO:** | Indian Institute Of Youth Welfare |
| **Typology of the target population:** | Migrant |
| **Total Population being covered against target:** | 10000 |
| **Date of Visit:** | 2nd May- 2016 to 3rd Mayl-2016 |
| **Place of Visit:** | Pratap Nagar,Tajbagh,Cotton Market,Manewada, Devnagar and Jaripatka of Nagpur district |

**Overall Rating Based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in%)** | **Category** | **Rating** | **Recommendations** |
| Below 40% | D | Poor | Recommended for |
| 41%-60% | C | Average | Recommended for |
| **78.2 %** | **B** | **Good** | **Recommended for continuation** |
| >80% | A | Very Good | Recommended for continuation with specific focus for developing learning sites |

**Specific Recommendations:**

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| --- |
| * DIC should be opened immediately which hampering the registration process and service delivery * Microplanning should be updated from time to time and dates should be mentioned in the mapping. * More peers should be from the source state * More peers should be taken from stakeholders * STI/ICTC testing needs to be increased * ORWs should do more support to peers in conducting sessions. * Trainings of peers and ORWs are necessary which will help them to keep motivated and updated. * Training minutes and daily dairy should have more detailed information with all the learnings (challenges faced, problems solved etc) |

**Name of the evaluators Signature**

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