**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 Pro.ject 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 Bomay Public Trust act 1950. The NGO 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: May 2011**

* **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 –6th May 2016 to 7th May 2016**

**Profile of TI**

**(Information to be captured)**

* **Target Population Profile :Truckers**
* **Type of Project : Bridge Population**
* **Size of target group :- 35000**
* **Sub- groups and their Size-NA**
* **Target Area** – Transport Nagar,Thakre Dhaba,Umiya Estate,Shivam Transport,Wardhamna,Kalamna,HPCL Bridge, HPCL bridge Khapri,Buti bori,MIDC Truckers parking and Mahindra Yard.
* **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 Director of IIYW and PD of TI project. She told the team that she had a vision to make “Long Distance Driver Healthy Driver on Highway.” And to reduce STI infection to 50% in next two years in drivers.

The NGO also provides financial support to TI project whenever TI project does not get fund from MSACS in time. The NGO gives advances to the TI staff.It also provided furniture to the project.She also capacitated the staffs.

Advocacy-The Director takes active part in advocacy.She visited Kalamna Agriculture Market and HPCL for getting support for linkages and increasing the coverage.

Monitor-The Director who is also the PD visited regularly to the TI project for monitoring its activities. She holds review meeting at every two months.

**Organizational Capacity**

1. **Human Resources:** The staffing pattern is on hierarchical basis. The Project Director is part timer for TI project. The Project Manager is responsible for project activities. The Counselor,Doctor,M&E, accountant, ORW works with her and responsible to him. PEs worked under the guidance of ORWs.

The supervision is supportive and participative.The committment level of staff is good and they have positive outlook. There was no staff turnover during the evaluation period.

1. **Capacity building :**

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

The Project Manager Megha Peshkar had passed MSW from Nagpur Univesity and joined TI project in May 2011 as PM.She received induction training in May 2013 and November 2014.She has knowledge of role and responsibility of PM and components of TI Project.

Counselor- One counselor Sangita Kripal had passed M.A.,B.P.Ed.and M.S.A.from Nagpur University and joined TI project in December 2015. She received Induction training on basic Counseling in December 2010 by SOSVA Pune.

M&E- One M&E Ms Aruna Chavhan B.A.and M.Sc. in IT has been appointed by TI Project in APRIL 2014.she received 4 days training by SOSVA,Pune on filling Formats and CMIS.

Accountant-Jayant Dadilwar (M.Com.)has been appointed Accountant in April 2014.

PPP Doctor—Dr. Arjun Kashinath Chopre (M.B.B.S.) has been appointed by TI management in July 2004, and he received training from Govt. Medical College Nagpur in 2010.

ORW –Ten ORWs have been appointed by the TI project.3 ORWs did not receive training but all have knowledge of TI programme.

Peer Leaders---25 Peer Leaders have been appointed by TI Management. During the visit we met Peers. They were given in-house training.

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

1. **Infrastructure of the Organization ;**

The Infrastructure is sufficient for running of TI project. Computers and other furniture provided by MSACS.

1. **Documentation and Reporting :**

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

**Critical Observations:**

1. Trainings of peers and ORWs are pending
2. Meeting minutes,training reports and dairies should have more detailed information
3. Peers need more handholding from seniors
4. Local advisory committee is still not formal
5. Assest register and stock register got mixed up
6. More peers should be from truckers/helpers group
7. More pressure on the doctor
8. Confidentiality norms well displayed in the clinic
9. More session on myths of condom usage is required
10. PMC not formed

111. Program Del**iverables**

**Outreach**

1. **Line listing of the HRG by category.- 35000 (Target for mid-media and IPC session)**

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

1. **Registration of truckers from 2 service sources i.e. STI clinics and counseling.-**

**2014-15 2015-16**

**Registration from STI Clinic- 13241 15225**

**Registration from Counseling- 3380 4513**

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

Micro-Planning was made by TI staff for service delivery.

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

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

1. **Outreach planning – quality, documentation and reflection in implementation** 
   1. Outreach planning is available. The planning is reflected in implementation and documentation
2. **PE: HRG ratio- Ratio** is 1 : 1400 almost maintained as per NACO guideline
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 Condom demonstration with HRG community and they were trained on it by NGO.

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

Peers have knowledge of HIV/AIDS and condom demo. ORW provided supportive supervision regularly. PEs are in regular contact with Truckers during their leisure time. The quality of peer education was good. All PEs are from the community. They are able to explain TI components to the community.

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

PM is supervising the activities and service delivery of the TI project. She conducted weekly and monthly review meeting in which all staff present their report to him. She set the target of every staff for the month.ORW supervise the acvities of Peer Leaders.PD also took active part in supervising the TI programme.

**IV. Services**

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

The TI management recruited one ppp doctor-Dr. Arjun Kashinnath Chopre M.B.B.S. in July 2005 and he was available during the the evaluation.one doctor is not enough for 35000 target population.

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

The 15 Health Camps are organized per month at different halt points of Trukers. He examines STI and other ailments of Truckers Migrants, and provides medicines which are purchased from revolving fund.During the visit of the evaluation team the truckers and stakeholder told the team that health camps were organized and they go to the camp for check-up. TheTI 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 TImanagement purchased STI drugs-Azythromycin,Flucanazole,Cefixime, Doxycycline and Levocet from the revolving fund.The medine are bought in small quantity as per MSACS guideline.

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

The TI doctor is following syndromic treatment protocol for STI treatment.It was observed during visit that ORWs and PEs have telephone numbers of trukers for follow-up. The 3380(2014-15) and 4513(2015-16) cases were referred to ICTC and 2400 (2014-15) and 3305 (2015-16) cases were tested, out of that, 18 found +ve and they were linked with ART centre as per the record.1001(2014-15) and 1343(2015-16) STI cases were treated. 120(2014-15) and 287( 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. 18 Truckers were linked with ART.

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

The NGO purchased 140450 condoms (2014-15) and 131235 condoms(2015-16) from Market.

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

The TI project distributed 136350 condoms against demand of 144000 in 2014-15 by its 50 NTO outlets and 115310 against demand of27000 in 2015-16 by its 94 non-traditional outlets under Social Marketing.

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

The TI NGO established linkage with referral centers.

1. **Referrals and follows up**

7893 cases were referred to ICTC for HIV test in 2014-15 and 2015-16, out of that

5705 actual visit for HIV testing. 18 HIV positive were linked to ART. 2344 Truckers were referred to STI clinic and all were given treatment in 2014-15 and 2015-16. Follow up mechanism was 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.**

1. **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 TI project.It had organized 6 Congregation eventsin 2014-15 and 6 congregation events in 2015-16 in which 300-450 community members participated.

**VI. Linkages**

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

Established linkages with the various service providers like ICTC, it was found during verified referrals slip at project office. As per interaction with the ICTC counselor, Lab. technician of Dist. HQ hospitals, TI made contact with them on regular basis. There is linkage with DOTS Centre.

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

72 percent of the referrals were tested in ICTC and gap between referred and tested was 28 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 Transport company,Dhaba owners,Dharmkanta owners and offials of HPCL AND M&M. They held stake holder meetings with them.

**VII. Financial Systems and Procedures**

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

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

1. **Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.**

Examination of records on test check basis reveals that the payments are being generally made in accordance with the laid down system, i.e.,

* NGO is using manually serialized vouchers.
* Most of the payments has been paid by cheque and cash.
* Separate bank account has been opened for project in the project site.
* All payments are made in accordance with the approved by action plan.
* All payments are approved by the Project Manager.
* All PEs received payment in cash.

1. **Systems of procurement - Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.**

* During evaluation, it has been observed that no drugs has been purchased during this time , for purchasing drugs was not follow and purchasing committee was not constituted.
* Stock register of medicine was not updated.

1. **Systems of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports.**

* Bank Reconciliation Statements (BRS) have been prepared till 21th November 2015.
* NGO has maintained a separate & jointly operated (PD and project coordinator) bank account at local nationalized bank.
* SOE has been submitted on time in specified format provided by the WBSACS.
* Utilisation certificate is attached with the report.
* Independent Audit report is attached with the report

**VIII. Competency of the project staff**

**VIII a. Project Manager**

Program Manager Megha Peshkar has passed M.S.W.from Nagpur University. She joined TI Project in May 2015. She received induction training in 2013 and 2014.She has knowledge of TI programme. Her has 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-Sangita Kripal. She had passed M.A.,B.P. Ed. And M.S.A.from Nagpur University. She joined TI project in December 2015. She received training of basic Counseling in 2010 by SOSVA, Pune.

The counselor have knowledge of STI counseling, BCC and basic counseling and HIV. She 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.**

10 ORWs have been appointed by TI project (against the sanctioned post of 14). The ORWs received training by MSACS and in-house training. They have good rapport with the Truckers. The ORWs have clarity and knowledge of IPC session, Mid media activities, 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 -NA**

**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**

The TI management has 25 Peer Leaders.During our visit we met 9 peers. They have knowledge of HIV/AIDS,Body Mapping and KP drawing and mid media activities.

**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 Aruna Chavhan has been appointed by the NGO.She has passed M.Sc.in IT and joined TI project in April 2014. She received 4days training by SOSVA,Pune in January 2015 on MSDS .She has knowledge of filling different formats and maintaining documents 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 hot spots and met with HRGs. They provide condoms and take them to Health camps for check-up.The ORW and PEs have knowledge of IPC Session and Mid- Media activities and large number of Truckers come to the Health camp for check-up and Counseling. Timing of the outreach session is convenient for the truckers.

**X. Services**

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

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

**XI. Community involvement**

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

* + Community participation in the TI activities is good with respect to planning, implementation, and advocacy and monitoring.

**XII. Commodities:**

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

**XIII. Enabling environment**

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

* + The TI project has tried to make a cordial environment for providing commodities and services to the community.The PM,ORWand Counselor identified stakeholders-Transport association, Transport owners, officials of HPCL, M&M and Dharmkanta. 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 and innovative method was adopted by the TI Management.

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

**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

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

**Profile of evaluator(S):**

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

|  |  |
| --- | --- |
| **Name of the NGO:** | Indian Institute Of Youth Welfare |
| **Typology of the target population:** | Truckers |
| **Total Population being covered against target:** | 35000 |
| **Date of Visit:** | 6th May- 2016 to 7th Mayl-2016 |
| **Place of Visit:** | Transport Nagar,Thakre Dhaba,Umiya estate,wardhamna,Kalamna ,HPCLbridge, Khapri and Butybori 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 |
| 61%-80% | B | Good | Recommended for continuation |
| 83.7% | A | Very Good | Recommended for continuation with specific focus for developing learning sites |

**Specific Recommendations:**

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| --- |
| * PE & ORW diary should be maintained properly with detailed information * Trainings and visit reports should have detailed information * Review meetings should clearly mention the discussion points,action points and follow up action * LAC should be made formal * PMC should be constituted * More doctors are needed, huge pressure on one doctor * Peers handholding is required for conducting sessions * Myths on condom usage should get more focus * Assest register should be separately maintained * Daily movement register should be maintained for all field staff |

**Name of the evaluators Signature**

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