**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 Red Cross Society was formed in 1928.The President of India is President of Indian Red Society at national level.It was formed in Nagpur in 1966.The District Collector Mr. Sachin Kurvey is the President of IRCS of Nagpur unit and Dr.Rajesh Pratap Singh is the Secretary.The IRCS has been working for health related programmes and activities,namely Health Check-up camps, educational programmes for STDs,HIV/AIDS,Leprosy and other common health related problems for the students and public at large at various places and times as well.These all were taken up by IRCS with the co- ordination of local NGOs,govt.bodies and social bodies.IRCS received two TIprojects in 2000 from MSACS and working on them since then.

**Name and address of the Organization**

**INDIAN RED CROSS SOCIETY (IRCS) UNIT-2**

**Address of TI Project –**

796,Dobi Maidan,Juni Mangalwadi,

C.A.Road,Nagpur. Pin-440008

* **Chief Functionary –Mr.Sachin Kurve(District Collector)—President**
* **Dr.Rajesh Pratap Singh(MD)— Secretary**
* **Year of establishment : 1966**

**Year and month of project initiation: May 2009**

* **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 –25th April 2016 to 26th April 2016**

**Profile of TI**

**(Information to be captured)**

* **Target Population Profile : FSW**
* **Type of Project : Core Population**
* **Size of target group :- 1000**
* **Sub- groups and their Size-Brothel based-807,Street Based-193**
* **Target Area** –Ganga-Jamuna Red Light Area, Masurkar Road,Nagpur
* **Key Findings and recommendation on Various Project Components**
* **Component 1.Organisational Support to the Programme**

During the Evaluation, the team met with Dr. Rajesh Pratap Singh (MD) the Secretary of IRCS and PD of TI project. He shared Red Cross Society has a vision of ensuring safe, effective and healthy living. He added that sex education in youth is must for a healthy life.He told that Red Cross Society provides additional support to TI project whenever the situation demands.The secretary visits regularly to the TI project for support and supervision

**Advocacy**

The GB members of IRCS made advocacy at all levels.

**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 overall implementation of the programme. The Counselor,Doctor, M&E-cum- accountant, ORW & Peer educators gets guidance and support from him..

The project believes in participatory approach, supportive supervision and gives space to all staff to get the desired result. The commitment level of staff was found very well and they have positive outlook towards their works. Staff turnover was very minimal during the evaluation period.

1. **Capacity building :**

The Staff of TI project was trained by STRC and aware about their job responsibilities.

The Project Manager Alka Mankar joined TI project in April 2009 as ORW. She was promoted to Counselor in October 2010 and remained on the post till July 2013. She was further promoted to the position of PM in the same month.She received induction and refresher trainings for PM in November 2013 by SOSVA, Pune.

Counselor- One counselors was appointed in this project.She was promoted from ORW to counselor but received no training of Counseling till date.

M&E cum-Accountant – One M&E cum- accountant was appointed.He did not receive any training

ORW – Four ORWs have been appointed by the TI project.One ORW did not receive training.

17 Peer Educator were appointed for the project and received in house training .

Training to the staff was given by participative methods. The training of the staff was documented at TI level.PM, Counselor. ORW & Accountant were familiar about their job responsibilities.

1. **Infrastructure of the Organization :**

The Infrastructure is sufficient for running of TI project. Infrastructure was purchased in TI project and others are supplied by the NGO. List of assets attached :

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assest List - Unit – II** | | | | | | | | | | |
| **Sr.no** | **Type of item/equipment** | **Name of Company** | **Date of purchase** | **no. of units / items purchased** | **Received from SLP/SACS** | **Batch / serial no.** | **Bill & voucher no. with date** | **Total amount** | **Place where the asset is placed** | **Status of the assets (working/ non working)** |
|  |  |  | dd/mm/yyyy |  |  |  |  |  |  |  |
| **1** | **Computer & peripherals** |  |  |  |  |  |  |  |  |  |
|  | PC | ZENITH | 26-05-2009 | 1 | SACS | IRCS/Avert/01/09 | 499/26-05-09 | 31973 | Office | Working |
|  | Laptop |  |  |  |  |  |  |  |  |
|  | Keyboard | ZENITH | 26-05-2009 | 1 | SACS | IRCS/Avert/01/09 | 499/26-05-09 | Office | Working |
|  | CPU | ZENITH | 26-05-2009 | 1 | SACS | IRCS/Avert/01/09 | 499/26-05-09 | Office | Working |
|  | mouse | TECH-COM | 26-05-2009 | 1 | SACS | IRCS/Avert/01/09 | 499/26-05-09 | Office | Working |
|  | Printer | CANON | 26-05-2009 | 1 | SACS | IRCS/Avert/01/09 | 499/26-05-09 | 6827 | Office | Not Working |
|  | Scanner | CANON | 26-05-2009 | 1 | SACS | IRCS/Avert/01/09 | 499/26-05-09 | Office | Not Working |
|  | Speakers |  |  |  |  |  |  |  |  |  |
|  | Pen drive |  |  |  |  |  |  |  |  |  |
|  | Hard drive |  |  |  |  |  |  |  |  |  |
|  | **Lenovo Computer (Monitor, Keyboard, Mouse, CPU)** | **Lenovo - MSACS** | **30-07-2014** | **1** | **SACS** | **IRCS/MSACS/30-07-14/UNIT-II** | **NA** | **NA** | **Office** | **Working** |
|  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Audio/Visual equipments** |  |  |  |  |  |  |  |  |  |
|  | TV/ LCD | LG | 02-06-2009 | 1 | SACS | IRCS/Avert/03/09 | B/273/02-06-2009 | 7656 | Office | Working |
|  | CD player/DVD | Bajaj | 02-06-2009 | 1 | SACS | IRCS/Avert/05/09 | B/272/02-06-2009 | 3489 | Office | Working |
|  | Audio sysytem |  |  |  |  |  |  |  |  |  |
|  | Camera | Kodak | 02-12-2009 | 1 | SACS | IRCS/Avert/09/09 | 01433/02-12-2009 | 4000 | Office | Working |
|  | Mike/ Loudspeaker | National | 28-11-2009 | 1 | SACS | IRCS/Avert/08/09 | 892/28-11-2009 | 4000 | Office | Working |
|  | Projector |  |  |  |  |  |  |  |  |  |
|  | Any other |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **3** | **Furniture & fixtures** |  |  |  |  |  |  |  |  |  |
|  | Cupboard |  |  |  |  |  |  |  |  |  |
|  | Chair | Prima & Neelkamal | 02/06/09 & 10/03/10 | 19 | SACS | IRCS/Avert/02/09 | 14/02-06-09, 17/10-03-10 | 13030 | Office | Working |
|  | Table | Akash - Wooden Table | 18/07/09, 22/07/09, 10/03/10 | 4 | SACS | IRCS/Avert/06/09, 07/09 | 24/18-07-09, 25/22-07-09, 17/10-03-10 | 10825 | Office | Working |
|  | Almirah |  |  |  |  |  |  |  |  |  |
|  | Storage racks |  |  |  |  |  |  |  |  |  |
|  | Computer unit |  |  |  |  |  |  |  |  |  |
|  | Fan |  |  |  |  |  |  |  |  |  |
|  | Carpets |  |  |  |  |  |  |  |  |  |
|  | Any other |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **4** | **Clinic Equipment** |  |  |  |  |  |  |  |  |  |
|  | Examination Table | Precision Surgical | 10-03-2010 | 3 | SACS |  | 359/10-03-2010 | 48500 | Office | Working |
|  | Stethoscope | Precision Surgical | 10-03-2010 | 2 | SACS |  | 359/10-03-2010 |
|  | Thermometer | Precision Surgical | 10-03-2010 | 2 | SACS |  | 359/10-03-2010 |
|  | Blood pressure Instrument | Precision Surgical | 10-03-2010 | 2 | SACS |  | 359/10-03-2010 |
|  | Weighing machine | Precision Surgical | 10-03-2010 | 2 | SACS |  | 359/10-03-2010 |
|  | Speculums | Precision Surgical | 10-03-2010 | 3 | SACS |  | 359/10-03-2010 |
|  | Protoscopes | Precision Surgical | 10-03-2010 | 2 | SACS |  | 359/10-03-2010 |
|  | Head lamps | Precision Surgical | 10-03-2010 | 1 | SACS |  | 359/10-03-2010 |
|  | Any other |  |  |  |  |  |  |  |  |  |

1. **Documentation and Reporting :**

Documentation and reporting system adhered to the SACS protocol. All the needed documents were available during evaluation. Monthly CIMS sent to MSACS on time. Monthly review meetings were held and findings and learnings shared with all staff.

**Critical Observations:**

1. Form A is well maintained and in order, most of the information of the form is in place. Site code was missing
2. Micro plans are in place and the same is reflected in tracking individual HRGs for service uptake. Planning tools were not displayed and updated in DIC.More IEC materials should be displayed in the office
3. Signage was missing
4. Training register was available but detailed minutes were missing
5. Movement register did not have detailed information
6. Partner’s notification should be encouraged in STI clinics
7. Leave register should be well maintained. Salary calculation should be avoided.
8. Codification should be done keeping in mind the visibility factor
9. Stock register should reflect batch no and expiry
10. Counsellor and M&E needs induction trainings
11. Overaged Peers should be moved out gradually

**Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.Registered-1841**

**Dropout-888, Active HRGs-953 against target of-1000**

**Sub-Groups-Brothel based-760, Street based-193**

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

Micro-Planning done by TI staff and used 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 made regular contacts with HRGs.

1. **Outreach planning – quality, documentation and reflection in implementation** 
   1. Outreach planning was available. The planning is reflected weekly action plan.
2. **PE: HRG ratio- Ratio** is 1 : 59 maintained as per NACO guideline. During our visit we found only Nine 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**
4. **The TI staff made regular contact with HRGs and provided condoms and services. PEs met HRGs twice in a month and give them condoms and took them for HIV testing, STI and RMC.**
5. **Documentation of the peer education**

Peers conducted awareness programmes and Condom demonstration with HRG community and they were trained on peer education.

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

Peers have knowledge on HIV/AIDS and condom demo. ORW provided necessary supportive supervision.. PEs are in regular contact with HRGs during their leisure time. The PEs documentation knowledge skills are reflected in their workings The quality of peer education was good. All PEs are from the community. They were able to explain the needs/challenges of communities.

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

PM supervise the overall implementation which was well documented. She was found active and conducts weekly and monthly review meetings in which all staff presents their reports. She set the target of every staff for the month. ORW supervise the activities of PEs.PD also took active part in programming..

**IV. Services**

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

The TI management recruited six ppp doctor (3 MBBS doctor,2 BAMS doctor and one BHMS doctor) and they were available during the the evaluation. They were well aware about the 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 clinics of six PPP doctors are located near the hotspots i.e.Ganga-Jamuna area. The members of the community told that they visit the doctors as per need. The doctors provide HRGs STI drugs supplied by MSACS. The clinics were well maintained and privacy was found. Register and referral slips were well 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**. –NA

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 doctors are following syndromic treatment protocol for STI treatment; however there is no follow-up treatment of the STI cases. There were 2116(2014-15) and 1396(2015-16) cases referred to ICTC and 1967 (2014-15) and 1339 (2015-16) cases were tested, out of that, 02 found +ve and they were linked with ART centre as per the record.114(2014-15) and 78 (2015-16) cases were referred to STI clinic, and same number were treated. 174 (2014-15) and 144 in 2015-16 cases were referred to DOTS centre and same number of cases were tested in DOTS, but no TB positive was found.

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.**

Clinical service Register, referral slips were available. But signature was missing in a few slips.In Govt.hospital , signed copy of referral slip collected by counselor from HRG for HIV testing. 2 HRGs linked with ART. Stock register was found.

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

The NGO received 590000 condoms (2014-15) and 224155 condoms (2015-16) from MSACS.

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

Demand of condoms-Condom demand was 1338084 in 2014-15 and 649980 in 2015-16. 629271 (free condoms) 27760 (Social Marketing) in 2014-15 and 224155 (free condoms) and 98200 (Social Marketing) in 2015-16 were distributed through PEs and ORW. The Social Marketing was done through 27 outlets (4 Traditional Outlets and 23 Non Traditional outlets).

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

The TI NGO established good linkages with all referral centers.

1. **Referrals and follows up**

3512 cases were referred to ICTC for HIV test in 2014-15 and 2015-16, out of that 3306 actual visit for HIV testing. 02 HIV positives were linked to ART.192 referred to STI clinic and all were given treatment.. Follow up mechanism is 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 was formed. The TI Management is now in the process of forming of C.B.O.**
3. **Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents**

TI project observed World AIDS Day and International Women Day, 339 community members participated in world AIDS Day and 152 participated in International Women Day.Community events like street play,chalta bolta,nimbu chammach,fancy dress competition,poster exhibition and rallieswere organized which was a great success.

**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. Based on the interactions it was found that project staff made regular contacts with ICTC counselor, Lab. technician of Dist. HQ hospitals. The coordination was observed very good. There is good linkages with TB and Social Welfare Department also

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

94 percent of the referrals were tested in ICTC and gap between referred and tested was 06 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 and distribution of condoms. They also manage the field crisis. The stakeholders were pimps, betel shop, auto drivers, govt. doctors, make up man., regular Partner and police. No separate Stakeholders meeting was organized during the review period.

**VII. Financial Systems and Procedures**

1. System of planning: Existence and adherence to NGO-CBO guidelines/any approved systems endorse by SACS/NACO-supporting officials communication
2. Systems of payments :- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, practice of setting of advances before making further payments.
3. Systems of procurement: – Procurement has not done.
4. System of documentation: - Availability of bank accounts (maintained jointly, reconciliation made monthly basis), all payments made by cheque system, very few payments are made in cash.
5. In audit observation we have found Project Director Honorarium has been paid by cash.

**VIII. Competency of the project staff**

**VIII a. Project Manager**

Program Manager Alka Mankar passed M.A. and M.S.W.from Nagpur University She joined TI Project in April 2009 as ORW and promoted to Counselor in October 2010 and remained on the till July 2013.She was promoted to PM in July 2013. She received trainings for role and responsibility of PM in November 2013 by SOSVA, Pune, and again received 3 days induction training in April 2014 by same institution. 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-Madhuri Ramteke. She passed M.S.W. from Nagpur University and joined TI project in November 2012 as ORW.On 26th December 2015 she was promoted to Counselor. She received no training so far.

The counselor needs knowledge on basics of counselling. She well maintains registers and updates data accordingly.

**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 four ORWs appointed by TI project. One ORW received no training. The other three ORWs received training and have knowledge about various indicators for their PEs. They have good rapport with the HRGs. The ORWs have clarity and knowledge of programming.

**VIII e. Peer educators**

There are 17 peer educators appointed by the projects who are covering the 1000 of target population. During our visit we met only 7 PEs. They received in house training onTI components. They have good rapport with HRGs. And good working knowledge.

**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**

**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-cum-Accountant Vinod Umredkar has been appointed by the NGO. He has passed B.com. and joined TI project in September 2012. He received no training, but have good knowledge of filling different formats. He has knowledge of maintaining accounts and filling CMIS reports.

**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.-**The PEs visited regularly to hot spots and met with HRGs. They provide condoms and take them to hospital for check-up.The ORW also visited to PEs and HRGs as per action plan .

.

**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. NA**

**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 govt. hospitals and doctors appointed by TI The service uptake in the project is good.

**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 is good for advocacy.They should more involve in planning 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 established a congenial atmosphere for service uptake. The PM, ORW and Counselor identified stakeholders-auto- drivers , local leaders and pimps, regular partners and betel shop owners and held meetings with them. They did advocacy with police, administration and media.

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

The NGO provided 46 BPL Ration Cards, 161 Aadhaar Cards, 32 Voter Cards and opened 23 Bank accounts and 4 PAN number for the HRGs. The TI Management has associated 58 community members with PMJJBY.

X**V. Best Practices if any-Initiated the CBO formation process**

**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 Red Cross Society(unit-2) |
| **Typology of the target population:** | FSW |
| **Total Population being covered against target:** | 953 active population against 1000 target population |
| **Date of Visit:** | 25th April- 2016 to 26th April-2016 |
| **Place of Visit:** | Ganga-Jamuna Red Light Area,Masurkar Road, NAGPUR |

**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 |
| **>80%** | **A** | **Very Good** | **Recommended for continuation with specific focus on CBO formation** |

**Specific Recommendations:**

|  |
| --- |
| **The TI is facing severe crisis in the field from two years due to frequent police raids. Police in connivance with Builder’s lobby wants to vacate the place without proper rehabilitation plan. In spite of that the TI did not count the problems and decided to go ahead. They planned well for delivering the services. Supply gap of condoms was minimized by pulling condoms from other sources. The project tried out their best to link the HRGs with Aadhaar, ration card and Voter’s ID card.They also supported them to open the bank account.**  **The project has a very good control and coordination with communities and stakeholders. The peers opined that they get the necessary information, guidance and support from project staff. Even the regular clients acknowledged the successful efforts made by the project.**  **The project did a good work to initiate the process of CBO formation to protect the interests of the communities. For this they already explored linkages with other NGOs, activists and network people. Exposure visit of communities for Cross learnings was organized by the project. The activists also consulted the administration and other key persons for solving the concerns of HRGs.The project already had valuable learnings from this upheaval and should move with same zeal & energy so that they can do larger things for communities.** |

**Name of the evaluators Signature**

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