**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 programmes and activities,like Health Check-up,health camps, educational programmes for STDs,HIV/AIDS,Leprosy etc for students and public..These all were taken up by IRCS in coordination with local NGOs and govermnt departments.IRCS running TI project from 2000 from MSACS,another TI added from 2010.

**Name and address of the Organization**

**INDIAN RED CROSS SOCIETY (IRCS) UNIT-1**

**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: April 2003**

* **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 –23th April 2016 to 24th April 2016**

**Profile of TI**

**(Information to be captured)**

* **Target Population Profile : FSW**
* **Type of Project : Core Population**
* **Size of target group :- 1400**
* **Sub- groups and their Size-Brothel based-1400**
* **Target Area** –Ganga-Jamuna Red Light Area,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 Secreratary 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 govt. and local level.

**Organizational Capacity**

1. **Human Resources:** The staffing pattern :The Project Director is part timer for TI project. The Project Manager is the sole responsible for implementation of project activities. The Counselor, PPP Doctor, M&E-cum- accountant, ORW associated with the project.PEs are frontline staff.

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 very good and they have positive outlook towards their works. There was no staff turnover during the evaluation period.

1. **Capacity building :**

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

The Project Manager Hemlata Lohave has joined TI project in 2009.She received Induction Training for PM in 2012, and training for role and responsibility of PM in 2014Counselor- One counselors was appointed in this project.He was promoted from ORW to counselor but received no trainings in Counseling.

M&E cum-Accountant – One M&E cum- accountant was in position.

ORW – Six ORWs were appointed by the TI project.Three out of Six did not receive any trainings.

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

Training to the staff given by Participatory methods. The training of the staff was documented at TI level. PM, Counselor. ORW & Accountant were able to explain their job rtesponsibilitie.

1. **Infrastructure of the Organization ;**

The Infrastructure is sufficient for running the TI project. Assests were purchased in TI project.

List of assets is enclosed.

1. **Documentation and Reporting :**Documentation and reporting system adhered to the SACS protocol. The documents were available during evaluation. Monthly CIMS sent to MSACS on time. Monthly review meetings were held and reports were disseminated & shared among TI staff.

**Critical Observations:**

1. Micro planning tools not found displayed and updated in the office
2. ORW diaries and movement register was found mismatch. Movement was not detailed in the register
3. Signage was missing in the office
4. Only 2 peers were found under 30 years. Rest peers were found above 30
5. Form A is well maintained and in order, most of the information was in place.
6. The field was facing problems due to frequent police raids and it also affected the service uptake
7. Three ORWs knowledge level needs improvement, they did not receive any trainings
8. Coordination with ICTC was found good but project should mention the units during referral
9. PPP doctor’s signature was missing in a few referral slips. Partner’s notification should be encouraged
10. Community based activities resulted in establishing good rapport with communities
11. CBO formation process is a good initiative for this the required networking, visits and cross learnings already started by the project

**Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.Registered-1996**

**Dropout-548,Active HRGs-1448 against the target of-1400**

**Sub-Groups-Brothel based-1448**

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 Tools used by TI staff and the same reflected in service uptake.

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

100% coverage of target population by the project.They 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: 60 almost maintained as per NACO guideline. During our visits we interacted with seven PEs.
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 contacts with HRGs and provide condoms and other services. PEs met HRGs twice in a month and give them condoms and took them for HIV testing, STI and RMC.

1. **Documentation of the peer education**

Peers conducted hot spot meetings and Condom demonstration with HRGs, they got trained on TI.

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

Peers had knowledge of HIV/AIDS and condom demo. ORW provided supportive supervision regularly. PEs are in regular contact with HRGs. The PEs 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 of communities. **We had the interaction with clients also, they got correct messages on condom usage.**

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

PM is supervising the activities and service delivery of TI project. She conducted weekly and monthly review meetings in which all staff present their report. She set the target of every staff for the month after consultation. PM maintained her visit reports nicely.ORW supervised activities of PEs. 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 recruited six ppp doctors (3 MBBS doctor, 2 BAMS doctor and one BHMS doctor) and they were 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 clinics of six PPP doctors are located near to the hotspots i.e.Ganga-Jamuna area. The doctors provide treatment to HRGs. Registers and referral slips were found. Partner’s notification should be encouraged. The clinics 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**. –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 centers.**

The TI doctors are following syndromic treatment protocol for STI treatment; however there is no follow-up treatment of the STI cases. There were 26139(2014-15) and 2129(2015-16) cases referred to ICTC and 2129(2014-15) and 2049 (2014-15) cases were tested, out of that, 08 found +ve and they were linked with ART centre as per the record.152(2014-15) and 98 (2015-16) cases were referred to STI clinic, and same number were treated. 271(2014-15) and 0 in 2015-16 cases were referred to DOTS centre and same number of cases were linked with DOTS..

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. Signed copy of referral slip collected by counselor from HRG for HIV testing. Eight HRGs linked with ART.

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

The NGO received 630000 condoms (2014-15) and 281400 condoms (2015-16) from MSACS.

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

Demand of condoms-1271916 in 2014-15 and 996948 in 2015-16` against which 714454 in 2014-15 and 286480 in 2015-16 were distributed through PEs and ORW.

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

The TI NGO established very good linkages with all referral units.

1. **Referrals and follows up**

4742 cases were referred to ICTC for HIV test in 2014-15 and 2015-16, out of that 4525 actual visit for HIV testing. 08 HIV positive were linked to ART.250 reffered 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-**The TI project has formed three SHG groups which are not functional now due to crisis in the operational area. The TI Management is now in the process of forming 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 has organized World AIDS Day, International Women Day, World Red Cross Day and World Health Day.350 community members participated in world AIDS Day and 100-150 participated in other community events.46 community events were organized during the review period in which 2286 HRGs 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, DOTS and ART.

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

95 percent of the referrals were tested in ICTC and gaps between referred and tested was 05 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. The project made rapport with pimps, betel shop, auto drivers, vendors,grocery shop owners, govt.doctors, make up man and police.They held advocacy meetings with them. Field level support system also created with the help of stakeholders and 69 cases of crisis sorted out at field level.

**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 payment made by cheque, 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 Hemlata Lohave passed M.A. and M.S.W.from Nagpur University She joined TI Project in 2004 as ORW and promoted toCounselor in 2007, and to PM in 2009. She received training for role and responsibility of PM in 2014. 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 –Pawan Vivek Atey.He passed B..A,M.S.W.and PGDMLT. He joined TI project in May 2009 as ORW, and promoted to Counselor in September 2013.He received no training of Counselor.

The counselor needs improvement in knowledge of basics counselling.

**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 six ORWs appointed by TI project. Three out of six ORWs received no trainings. They had good rapport with the HRGs. The ORWs have less 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**

There are 23 peer educators appointed by the projects who are covering the 1400 of target population. During our visit we met only 7 PEs. They received in-house training onTI program. They have good rapport with HRGs and has knowledge of their workings.

**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-Accounted Jina Mangla Khadve has been appointed by the NGO.She has passed B.A. and M.S.W. She received trainings. She has knowledge of maintaining CMIS reports and maintaining needed docu ments.

**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 ICTC for testing.The ORWs visited to PEs and HRGs as per weekly and monthly plan.

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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. 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. hospital and doctors appointed by the 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 in the TI activities is good and they are involved in planning, implementation, 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 based on recall method. Both free and social marketing of condoms got distributed. During the review period erratic supply of condoms were observed.

**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-auto- drivers, local leaders and pimps and betel shop owners, and hold meetings with them. They also did advocacy with police department.

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

The NGO made rapport with various government department and provided Ration Cards, Aadhaar Cards, Voter Cards and opened Bank accounts and PAN number for the HRGs. The TI Management has associated 55 HIV positives with Sanjay Gandhi Yojana for providing financial assistance to them.15 HRGs got the BPL ration card, 69 HRGs received Aadhaar card, 8 HRGs has the bank account, 164 HRGs got the Voter IDs and 13 HRGs got the PAN card.

X**V. Best Practices if any-Preparatory works initiated for CBO formation which can be learnings for other Tis.**

**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(Finance person) | 9175181013 |
| Officials from SACS/TSU (as Facilitator) | Ms. Tanuja D.Fale |

|  |  |
| --- | --- |
| **Name of the NGO:** | Indian Red Cross Society(unit-1) |
| **Typology of the target population:** | FSW |
| **Total Population being covered against target:** | 1400 |
| **Date of Visit:** | 23th April- 2016 to 24th April-2016 |
| **Place of Visit:** | Ganga-Jamuna Red Light Area, 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 for developing learning sites** |

**Specific Recommendations:**

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| --- |
| * The TI faced crisis in the field from two years due to frequent police raids. Fear, despair, anger was visible in the field during visits. In spite of that the project carried out all responsibilities with positive frame of mind and put the best efforts for delivering the services to key population. It has been observed that TI team has a very soothing effect on the key population. The project team was found excellent with all essential qualities. The energy, courage and enthusiasm among staff is praiseworthy. The project did a good work to initiate the process of CBO formation. For this they already explored linkages with other NGOs, activists and network people. Cross learnings for key population also got organized in Pune.The project should march forward with same interest, energy, courage and dynamism so that they can protect the rights of key population and a new heights can be achieved. |

**Name of the evaluators Signature**

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