

Reporting Format- B

Structure of the Detailed Reporting Format

(To be submitted by evaluators to SACS for each TI evaluated with a copy DAC)

Introduction

- **Background of Project and Organization**

SARATHI Trust is a sexual health organization formed in 2006, located in the centre of the country Nagpur India, to create a safe space for the LGBTQ (Lesbian, Gays, Bisexuals, Transgender, and Queer) Community (MSM/TG) in Vidarbha, Maharashtra. At the beginning we started with “One Thought & Dream” and YMCA (Young Men Christian Association) provided the office space to set up the organisation, today we are in a position to deliver services inclusive of not just physical health concerns, but also psychological and social health aspects to our community. With its own efforts and thanks to support and assistance from donors over the past years, Sarathi Trust has recorded significant achievements in the health of the MSM community in Nagpur District and Part of Vidarbha. However, the Trust is still trying to mark dark footprints within the TG community for their betterment. The Trust has been partnering with ‘MSACS’ for creating HIV/AIDS/STI awareness among the MSM/TG community. However Over a period of the past eight years, and significantly after receiving the CBO budget from AVERT Society and expanded staff, we have an outreach to over 2216 MSMs and have been providing awareness counselling, promoting condom usage, facilitating referrals, follow ups and linkages to the PLHA organization and enabling access to medical care centres.

With the objective to reach out to the MSM/TG in this area, the Sarathi Trust has planned activities from 2012 -2013 to provide comprehensive strategies to increase awareness, provide BCC materials, access to health and care services to MSM / TG frequenting these sites and will intervene with high risk MSM /TG in this area. We also have basic office infrastructure at Civil Lines, from where the intervention field office is proposed.

The MSM/TG community in India has been involved in unsafe sexual practices and the high risk sex trade. The existing scenario is that the mainstream society in India does not accept

Homosexuality, all those practicing MSM behaviour are often, objects of ridicule, mockery and exploitation. The social practice of discrimination coupled with poverty and illiteracy, make limited opportunities of employment and have forced the community on to a path of high-risk behaviour. The MSM/TG community is the invisible sexual community yet ignored and ridiculed by mainstream society, this subjects them to double stigma and discrimination. The combination of high-risk behaviour with limited prevention alternatives has resulted in increased vulnerability of this community to HIV/AIDS and STI infections.

Registration Details (Legal status)

Society/Trust Number and Year	Registration	Registered Under Societies Registration Act of 1860 & Under Bombay Public Trust Act 1950, (Reg. No. NAG-E-1934 Dated 16 January 2006)
Form 12A certificate		CIT-I/12A/S-177/2014-15
Pan Card Number		AAJTS2970C

Vision

To eradicate stigma and discrimination of LGBTQ in the general society.

Mission

To bring into main-streams all sexually diversified communities in the society. To work for the overall development of “Queer” community and fight for the human and legal rights of this community

GOAL

To minimize discrimination towards “Queer “community (because of their sexual and gender orientation) in the society and to provide support, care and treatment for people living with HIV –AIDS & STIs

Objectives

1. For medical reliefs and for establishments, acquisitions, maintenance, support and help of or to the institutions, for the receptions and the treatment of the persons suffering from illness or mental effectiveness or for the receptions and treatment of the persons during covalence or of person requiring medical attention or rehabilitation including dispensaries, clinics, sanitariums, health, homes, sickbed service centers, ambulance and give free services to poor person.

2. To facilitate programmes by way of organizing/ conducting, cause based educational/training programmes, workshop, seminars, group gatherings, exhibitions, shows, consultation, counseling, distributing materials, that are aim at the community by governmental and non-governmental and international agencies towards contributing containment of AIDS and HIV infection free environment and STDs and health education.
3. The trust shall Keep and Maintain regular accounts of the receipts and expenditure and get the same audited. The Accounting year of the trust shall be financial year (i.e. year ended on 31st March). Of such year as may be decide by the trustees.

Name and address of the Organization



Name	Sarathi Trust
Address (Admin):	136, Tent Lines, Mohan Nagar, Nagpur
Address(DIC)	140, YMCA Premises, Lata Mangeshkar Hospital, M.G. Road, Sitabuldi, Nagpur 01

Registered Address:	
Phone Nos:	0712-2560376
E-mail	sarathi.avert@gmail.com
Website	www.sarathitrust.org
Field Office Address:	140, YMCA Premises, Lata Mangeshkar Hospital, M.G. Road, Sitabuldi, Nagpur 01
Phone Nos - (Director) -	9325632795


Key thematic sectors of operations:

Name of the project	Funded by	Date of project initiation	Target group covered
1 Pehchan Project	Humsafar Trust	1/10/2011	MTH
2 VHS-MSA-DIVA Project	VHS-Chennai	2/11/2015	TG

Management Committee Members:

S. N.	Name & Address of the Managing Committee Members – Tel. No.	Designation	Profession	Educational Qualification	Photograph
	Mr. Anand Chnadrani 648, Raghuwanshi Nagar, Gujrati Colony, Near Old Paradi Naka, Nagpur 9325632795	President (Founder of Sarathi Trust)	Project Director of Sarathi Trust	DYNS, B.Sc.	 Mr. Anand Chandrani Founder of Sarathi Trust
	Mr. Rajeev Rath Shyam Kutir, Near Jain Bakery, Old Balaji Mandir Road, Itwari, Nagpur i	Vice-President/ Tresurer	Tailor	B.Com.	 Mr. Rajeev Rath Vice President
	Mr. Imraan Khan	Secretary	Dance Choreographer	B. FD.	
	Mr. Nikunj Joshi	Chief Executive Officer	Programme Manager In Sarathi Trust	B. Sc.	

	Mr. Amit Nagrare	Asst. Chief Executive Officer	Program Manager in Gourav Foundation	Diploma in Interior Designing	 <p>Mr. Amit Nagrare Asst. CEO</p>
	Mr. Akash Nikode	Finance Manager	Accountant in Sarathi Trust	MBA-Final	 <p>Mr. Akash Nikode Finance officer</p>
	Mr. Umesh Jalgaonkar	Administrati on Officer	ORW in Sarathi Trust	12 th	 <p>Mr. Umesh Jalgaonkar Administrative officer</p>
	Mr. Kunal Maind	Advocacy Officer	ORW in Sarathi Trust	10 th	 <p>Mr. Kunal Maind Advocacy Officer</p>
	Mr. Tanmay Giri	Technical Officer	Counselor in Sarathi Trust	Diploma in Fire Engg.	 <p>Mr. Tanmay Giri Technical Officer</p>

	Avi Ganvir	Public Relation Officer	Govt. Employee	12th	 Avi Ganveer PRO
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Chief Functionary

Mr. Anand Chandrani, President of Sarathi Trust

Year of Establishment

16th January 2006

Year of month of project initiation

1st March 2012

Evaluation Team

Mr. Rajiv Sarkar (Team Leader)
Mr. Sanjoy Chowdhury (Programme Evaluator)
Mr. Bhushan G.Ruikar (Finance Evaluator)
Ms. Tanuja D. Fale (DPO-DAPCU as Facilitator)

Time Frame

23rd -24th April, 2016.

Profile of TI

(Information to be captured)

- Target Population Profile: MSM/TG Core
- Type of Project: Core Composite
- Size of Target Group(s) Target: 1500
- Sub-Groups and their Size:

Sl. No.	Sub Group	Size
1	Kothi	804
2	Panthi	423
3	DD	233
4	TG	54
	Total	1514

Target Area:

Nagpur City

23 sites and 74 Hot spots.

Details of the geographical area covered by TI

Site	Hotspot		
Area	Place	MSM	TG
Janki	TOILET	44	1
	SCHOOL	20	1
	MODI N03	25	1
	Talkies	26	2
Gandhisagar	GARDEN	48	0
	HALL	10	0
	Stairs	10	0
	TATA Parshi Road	13	0
Ganeshpeth Bus Stand	BUS STOP	64	0
	LOO-1	35	1
	LOO-2	23	0
Reshimbag	GROUND	21	1
	FRONT GATE	16	0
	BINZANI	16	0
	NALA	22	0
Medical	GROUND	23	1
	LOO	30	1
	TANKI	26	1
Gandhibag-01	LOO 1	73	3
	GARDEN	34	1
	Loo-2	28	1
Gandhibag-02	Loo-1	84	1
	Loo-2	12	0
	BUS STOP	9	0
Paradi	TOILET	136	0
	GROUND IN	15	3
	GROUND OUT	12	0
	Mandir	28	0
	GARDEN	10	0
Itwari	STATION	230	0
	BRIDGE	24	0
	GODAM	15	0
Panchpaoli	GARDEN	19	1
	LOO	12	0
	RLY Line	17	36

YASHWANT STADIUM	TOILET	28	0
	Ground	14	0
	Stadium	15	0
	Nala	11	0
VIJAY CINEMA	TALKIJ	34	0
	Ghat Road	10	0
	NALA	22	0
KRISHNA CINEMA	TALKIJ	25	0
	Market	26	0
	CINEMA LOO	28	0
SAKKARDARA	GARDEN	20	0
	FOOT STEPS	23	0
	ROAD HIGHWAY	24	0
EMPRESS CITY	TOILET	20	0
	MAIN GATE	20	0
	ROAD	21	0
KALMNA MARKET	GATE 1	16	0
	GATE -2	17	0
	Market	18	0
	Loo	13	0

Key findings and recommendation on Various Project Components

I. Organizational support to the programme -:

Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc...

Management's vision and project monitoring –

Management's Vision

Vision: To eradicate stigma and discrimination of LGBTQ in the general society by implementing health and human rights related project (TI, Pehchan, DIVA Project)

The Management

- All the board members belong to MSM community and actively involved in all project activities on regular basis.
- The management represents primary stake holders and manages responsibilities and reporting to stake holders.
- Also develop and implement long term plans to ensure that the organization mission remains responsive the changes in the environmental context and organizational

realities.

- The management ensures good financial health of the organization and also sufficient and appropriate human resources.

Project Monitoring

The monitoring done by Project Director and Project Manager on regular basis. Organization also conducts In-House training for the staff & also motivates the best performing staff on regular basis.

Monitoring is also done to set and maintain a framework of delegation and internal controls.

Support from Management –

Management help to get exposure visit to other CBOs for the improvement of the staff to learn innovative things. Also Management negotiates with MSACS on regular basis for the smooth functioning of the project.

II. Organizational Capacity: “Sarathi Trust” is a community based organization their best strength is that all the staff, members & board members are from MSM/TG Community. This supports us to understand the need of the community and help us to provide better services.

III. Human resource: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.

Staff turnover was found in the organization. PM, Counsellor's position has not been reshuffled since inception, 2 out of 6 ORW have been changed once and Accountant has also been changed once in the last one year. Organization had filled the vacant position within 3 working days. Thus, the staff retention rate was found to be satisfactory. One of the six ORWs is working since last two years, but the understanding about the project deliverables and its proper documentation was found to be below average. Whereas day to day support and services for HRG's were found to be sufficient.

Separate file has been maintained for each staff with appointment letters, CV, experience certificates etc. Job descriptions and roles and responsibilities have been clearly described in the appointment letters. The staff is sensitized towards the target groups which they are presently working with. All the TI project staff has experience of the development sector. Overall project staff has good understanding of the HRG groups but average understanding on the components of the TI project. Attendance and leave records were properly maintained. The team follows stipulated reporting and supervision structure as laid down by MSACS.

Please find below the staffing pattern in details:

Sr. No.	Designation	Name of the Staff	Date of Joining	Qualification	Yrs of experience in HIV field	Date of Resignation
1	Project Director	Mr. Anand Chandrani	1/3/2012	DYNS, B.Sc.	10	
2	Program Manager	Mr. Nikunj Joshi	1/3/2012	B. Sc.	7	
3	Counselor	Mr. Tanmay Giri	1/1/2015	Diploma in Fire Engg.	5	
4	M & E / Accountant	Mr. Akash Nikode	1/3/2012	MBA	7	
6	Out Reach Worker					
	1	Mr. Irshad Khan	1/2/2014	10 th	9	
	2	Mr. Kunal Maind	1/11/2015	10 th	9	
	3	Mr. Umesh Jalgaonkar	1/12/2012	12 th	9	
	4	Mr. Akash Ninawe	1/11/2012	12 th	5	
	5	Mr. Shyamlal Shahu	1/10/2015	12 th Appeared	7	
	6	Mr. Amit Sangode	1/3/2012	12 th Appeared	5	

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

Internal Training system is not sufficiently focused on TI components and neither structured enough. The organization is dependent on trainings from STRC / MSACS. Staff turnover is also a reason for being unable to conduct internal trainings.

MSACS and other collaborating agencies have conducted training programs where all the staffs have been trained through the same. The registers have been maintained for the trainings. No impact assessment of trainings has been done by the organization.

Date	Designation	No. of the Staff	Training (Yes/No)	Type of Training	Organized by
20/4/15	PM, Counselor, M&E Cum Acc, & Peers	24	Yes	Refresher & New Skills	PD, Sarathi Trust
6/7/2015	All Staff	10	Yes	Refresher & New Skills	PD & PM, Sarathi Trust
23/9/2015	Counselor	1	Yes	Refresher & New Skills	PM, Sarathi Trust
15/10/2015	ORW & PE	27	Yes	Refresher & New Skills	PM & Counselor, Sarathi Trust
2/11/2015	M&E Cum Acc.	1	Yes	Refresher & New Skills	PD & PM, Sarathi Trust
5/12/2015	Volunteers	12	Yes	Refresher & New Skills	PM, Sarathi Trust
22/12/2015 to 23/12/2015	M&E Cum Accountant Project Manager	2	Yes	New Skills	MSACS (Under DIVA Project)
21/12/2015 to 22/12/2015	Counselor	1	Yes	New Skills	MSACS (Under DIVA Project)
13/2/2016	All Staff	28	Yes	Refresher & New Skills	PM, Sarathi Trust
7/3/2016	PPP & All Staff	14	Yes	Refresher & New Skills	PM & PD, Sarathi Trust

V. Infrastructure of the organization

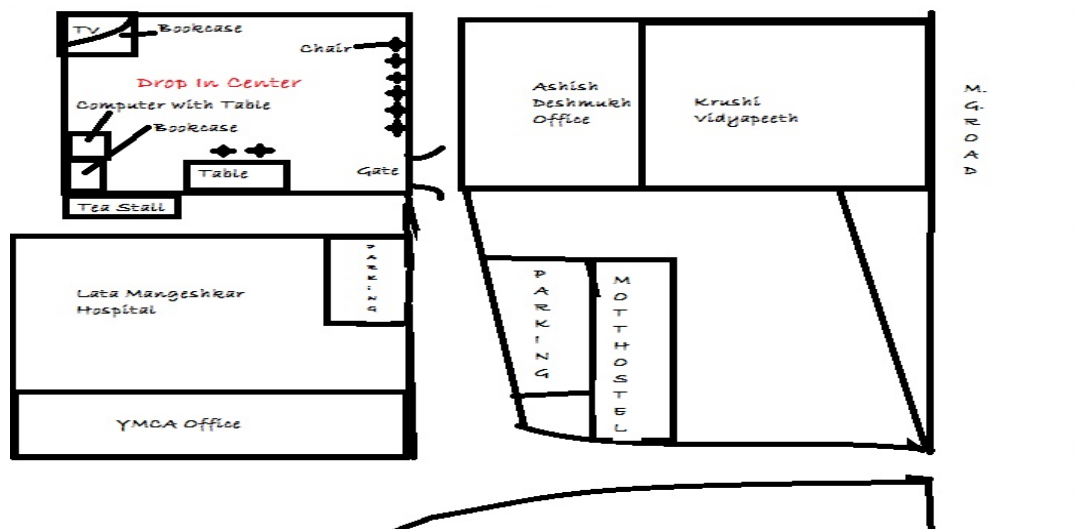
The organization has followed the MSACS norms for management of infrastructure, coding on the furniture was done. Assets register was also maintained. Rented TI office is located in the hot spot area, separate rooms are allotted for PM, counselor. DIC is been managed by the TI in YMCA/Lata Mangeshkar Hospital premises.

Details of Assets

Sr. No.	Description of Commodities / Equipment for eg.	Qty.	Serial No. of commodities, if any	Vendor's name	Date of purchase
1	MICROTEK HOME UPS	1	Tax Invoice No. 1449	New Nupur Enterprises	29/1/2009

2	OKAYAMA HT 6030"Digiturbo"	1	Tax Invoice No. 1448	New Nupur Enterprises	29/1/2009
3	SAMSUNG CTV,MOSERBAER DVD,INTEX HOME THEATER(4000W)	1	Invoice No. 1220	Rutika Enterprises	31/1/2009
4	NIKON COOLPIX	1	Bill No. 4281	HIRA PHOTO LAB	7/2/2009
5	Computer Table 2x4 Keyboard with Drop, Exe. High Back Chair Karishma, Almirah Office Type 6'1/4 Half Locker.	1	Bill No. C-293	SHAH COOLERS PVT. LTD.	12/2/2009
6	Moulded Chair 3102	20			
7	Computer with Dual Core2.2 GHz Processor, Mother Board31 DG, RAM 1 GB, HD 160 GB, DVD RW 20X(SONY), ATX Cabinet(I Ball), 17"TFT SAMSUNG, Logitech combo, UPS(600VT).	1	Bill No. 108	ADITYA GROUP OF SERVICES	14/2/2009
8	TV Wall Mounting Stand 21"	1	Invoice No. 1229	Rutika Enterprises	25/2/2009
9	Computer Table Towar	1	Invoice No. 141	POLY World Furniture	25/2/2009
10	Celling Fan & Wall Fan	1	Bill No. 26094	Deepak Electric Stores	16/3/2009
11	Lenovo Desktop	1	NA (Sent By MSACS)	MSACS	28/7/2014.

Floor plan:



VI. Documentation and Reporting: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting and feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.

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

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

- Documents have been maintained by the project staff but not been updated regularly and gaps have been found in the same.
 - Micro planning was not properly done at the office level but the same can be done for target population on field.
 - Prioritization of risk and vulnerability was not done properly.
 - Documentation of Group meetings done but the conceptual clarity for the same was found to be missing.
 - The staffs try their best to build capacity of PEs but that's still not strong, as PE level orientation training need to be given for the betterment of programme.
 - The documentation of PEs was not up to the mark.
- Overall staff documentation is average, and quality is not maintained TI need in depth training on documentation and record keeping.

VII. Programme Deliverables

Outreach

1. Line listing of the HRG by category

Yes all line listing of HRG is maintained by the field staff (ORW, PE and counselor), also the soft copy maintains by the M&E Officer.

Target population: 1450 MSM/50 TG

Line listing: Total-2818, 2717 MSM/101TG

Active population: 1514, 1460 MSM/54 TG

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

A very basic level plan was in place, but quarterly up gradation of micro plan was missing, the team's capacity has not yet built for the same. Thus, the same is not reflecting in Quality and documentation.

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

Sl. No.	Sub Group	Size
1	Kothi	804
2	Panthi	423
3	DD	233
4	TG	54
	Total	1514

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

- Majority of the implementation was done in the service provision component of the project which has been reflected in the condom distribution along with referral activities of the organization. But, these activities have to be undertaken in a more planned and structured manner on a regular interval.
- Outreach planning practice and documentation is a must.

Outreach planning presently was limited to only hot spot meetings; it does not reflect elements of PE management, field planning and time management. The team presently follows a very basic outreach plan system which has to be made and designed more inclusive of the above mentioned elements.

5. PE:HRG Ratio

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

Sr No.	PE Code	Site Name				
				Active Pop.		
			Peer Educator Name	MSM	TG	Total
1	A1	Gandhibagh 1	Kunwar Chouhan	58	2	60
2	A2	Gandhibagh 2	Manoj Pounikar	57	2	59
3	A3	Gandhibagh 3	Ashwini Naik (TG)	73	1	74
4	A4	Panchpaoli	Vidya Kamble(TG)	38	36	74
5	B1	Janki 1	Sumit Shelare	57	3	60
6	B2	Janki 2	Rajdeep Ghodeshwar	49	2	51
7	B3	Yashwant Stadium	Vikram Khirekar	68	0	68
8	B4	Vijay Cinema	Mohit Bhaisare	66	0	66
9	C1	Bus Stand 1	Pramod Pillare	60	0	60
10	C2	Bus Stand 2	Runal Somkuwar	56	1	57
11	C3	Empress City	Augustin Felix	61	0	61
12	C4	Mominpura	Akshay Shende	60	0	60

13	D1	Gandhisagar	Mahesh Rao	74	0	74
14	D2	Medical	Kaushik Meshram/ Nilesh Kohale	79	3	82
15	D3	Reshimbagh	Manish Pradhan	68	1	69
16	D4	Sakkardara	Abhishek Badoniya	67	0	67
17	E1	Itwari 1	Chetan Gotaphode	76	0	76
18	E2	Itwari 2	Prashant Ghan	65	0	65
19	E3	Krishna Cinema	Manoj Sonkusare/ Sameep Balbudhe	79	0	79
20	F1	Pardi 1	Shashank Khobragade	65	2	67
21	F2	Pardi 2	Avinash Bhujade	60	0	60
22	F3	Pardi 3	Manmantho Sarkar	60	1	61
23	F4	Kalamana	Rahul Mohankar	64	0	64
		Total		1460	54	1514

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

- Total registered population with the organization: 2818
- Total Reached population against target: 2818
- Total Regular Contact with the organization:1514

7. Documentation of the peer education.

PEs don't have a good potential in community mobilization and they also have an average understanding about the TI documentation. Some of the Peer Educators can be trained and properly nurtured for better documentation. Average PE documentation was in place, peer educators were aware about the tracking sheets and services patterns in the project, filling up the sheets but with the help of ORWs.

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

PEs have to be trained properly on TI-components and other basic technicalities of I.P.C/condom use and HIV/AIDS awareness and prevention. Capacity building of PEs has to be done on the above mentioned topics.

All the PEs were not aware of the basic essence of the project and information/messages related to proper use of condom and prevention of STI/ HIV. They even don't have a proper understanding of the services provided by the organization.

Suggested trainings for PEs Capacity building are as follows:

- a) Inter Personal Communication.
- b) STI treatment (RMC)
- c) Condom negotiation skills
- d) STI, RMC, PT & TB Linkage.
- e) SHG formation.
- f) Positive prevention

The peers require further training and development of skills.

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

The team uses the SACS prescribed documents for its internal supervision. No organization specific supervision systems followed by the project team.

- Monthly and weekly meetings, records and the needed documentation need to be triangulated for supervision and follow up action by the team.
- As there is no regularly updated outreach plan in place, the supervision process becomes difficult to follow.

VIII. Services

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

- The organization is following PPP service model for STI, the project has 3 Homeopath & 1 Allopath doctors involved with them through PPP model clinic systems. The team refers a substantial number of clients to the PPP Clinics.
- TI is also treating STIs through health camps.
- Availability of STIs drugs were there in clinic according to the stock register, the stock keeping mechanism seems to be poor. Entry of received STI Kits & disbursement was not updated.

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

The team visited one PPP clinic (out of the four) managed by the organization in partnership with Pvt. Doctor, This clinic does have adequate infrastructure and privacy according to protocols.

- The project has referred all MSM clients for RMC. A total number 1514 HRGs were conducted RMC twice in last year.
- The VDRL test was done for 1229 twice last year.

3. Quality of treatment in the service provision-adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC, ART, DOTS centre and community care centers.

Yes, it is found that the quality of treatment in the service provision-adherence to syndrome treatment protocol, follow up mechanism and adherence, referrals to ICTC, ART, DOTS center and community care centers.

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

All the above mentioned documents except patient card & stock registers were present and updated regularly by the team members as team need some more guidance on the maintaining the same according to NACO/SACS protocols.

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

Yes, the condom distributed through peer educator, outlets and stake holders was found adequate.

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

Demand of condoms: Total 165324

Distribution: Free- 106997 and CSM: 2530

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

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

The outreach team of the organization has an average rapport with ICTC and ART centers, Individuals have been tested for HIV and surprisingly only one HIV positive case has been detected, almost all individual HRGs have been brought to the clinic by the team for STI related services. A total 1229 VDRL tests done in the clinic, none were found to be syphilis positive.

8. Referrals and follows up.

Clients have been followed up for STI treatment and HIV/VDRL testing. Proper documentation of referral slips and registers is in place with the organization. But

follow up mechanism is not in place, ORWs and counsellor need to do some more coordination and need some guidance as well.

IX. Community participation:

- 1. Collectivization activities: No. of SHGs/Community groups/CBO's formed since inception, perspectives of these groups towards the project activities.**

Total 1 SHG and 7 Community groups and 1 Transgender CBOs (Kinnar Sarv Ekta Samaj Samiti) formed since inception.

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

Community participation in project activities is poor, though the activities mentioned by the PD during conversation with him reflected substantial amount of participation of the community and stakeholders, which were not documented due to lack of training and guidance.

Community is not aware about the DIC activities and types of service delivery. DIC is near to few hotspots whereas far from the others. Presently the level of community participation has not been reflected strongly in the project activities but this could be increased by the way of giving community ownership through community participation for the project related activities. Resources for the DIC should be utilized especially TV, music system, carom etc.

X. Linkages

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

Yes, TI successfully established linkages with the various service providers like STI, ICTC, TB, Clinics, etc.

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

Percentage of HRGs tested in ICTC is 87.46%

Total Referred for ICTC is 2954 & Total Tested is 2624 and Gap is 330

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

Community is not aware about the TI and hotspots. During a conversation in a hotspot with few community members it was found that no resistance is there from the community towards the HRGs and the project activities.

But stakeholders' list or stakeholder analysis was not available in the TI. Though the activities mentioned by the PD and the other staff/s during meeting with them reflected substantial amount of participation of the community and stakeholders, which were not documented due to lack of training and guidance.

XI. Financial system and procedures

FINANCIAL EVALUATION REPORT

Financial Evaluation has been conducted as per the scope of the appointment and guidelines provided by MSACS/NACO to the NGO for implementation of the Targeted Intervention Project (TI) of the partner NGO "SARATHI TRUST, Nagpur" for the period from 1st April 2015 to 31st March 2016.

As per the reviews of various records, Register, supporting and other related document, voucher and reports etc. in line with the scope of appointment, Details point wise report are as below;

SI No	Particulars	Details	Observations	Ref to Evaluation Tool (score sheet)
1	Project and Budget	TI project of Core Composite MSM/TG with target HRG of 1500	<p>The total budget was Rs.31,43,100 for the project period April 2015 to March 2016.</p> <p>During the period from 1st April 2015 to 30th Sept 2016, an amount of Rs. 13,06,137 have been released and there was last year opening balance of unspent balance as per the audit report of Rs.2,49,163/-</p> <p>The SOE submitted by the NGO upto 31st Mar 2016 reported total expenditure of Rs.27,10,266/- &</p>	SI No 1 (Budget Utilisation)

			<p>Unspent balance Rs.0/-</p> <p>Hence, the percentage of utilization to funds released comes to 86.22 %.</p>	
2	Financial system and procedures	2.0 Systems of Planning	<p>Financial guidelines have been prescribed by NACO, which has been provided to the NGO for adherence to/implementation of effective financial management.</p> <p>Annual action plan has not divided into monthly breakup on which the team carries out the planned activities and being reviewed at the monthly meetings.</p> <p>However, there is no proper system of taking prior approval from the Project Director before carrying out the activities.</p>	
		2.1 Cash Management	<p>Considering the requirements of expenses, cash is withdrawn from bank. But there is justification/estimate of expenses for each withdrawal from bank.</p> <p>It is further observed that the guidelines with respect to limiting closing cash in hand has been generally complied with.</p> <p>No cases of payment in bearer cheques has come to notice on verification process.</p>	SI No.12 (Cash in Hand)

3	Systems of payments	<p>3.0 Use of printed serialized vouchers</p> <p>Book Keeping</p>	<p>It was observed the project has followed the financial guidelines with regards to using pre printed and machine serialized voucher numbers for all vouchers passed during the review period.</p> <p>Cash Book and Ledgers are maintained in Tally Cash was updated upto 31.03.2016 and ledger updated upto 31.03.2016.</p>	<p>SI No.6 (System of payment-Record Keeping)</p> <p>SI No.7 (System of Book keeping)</p>
		3.1 Approval system and norms/Authorisation of expenditure	<p>All payments were found to be prepared by the accountant and verified and passed by the Program Manager and approved by project director. However, there were no system of taking prior approval before incurrence of the expenditure.</p>	(SI No. 2) Pattern of expenditure
		3.2 Practice of settling advance	<p>The accounts were found to be maintained on cash basis. Expenditure has been booked on receipt of the bills. No advance payment and settlement system is followed.</p>	
4	System of Documentation	4.0 Bank Account	<p>Saving Bank Account with Union Bank of india (A/c.No.442402010903587) is maintained in the name of "SARATHI TRUST Branch Civil Line. The bank account is jointly operated by Manage in Project Director &</p>	SI No. 3 (Bank Account)

			<p>Tresurer/Project Manager anyTwo, SARATHI</p> <p>No other money was found to be parked in this account.</p>	
		4.1 Bank Reconciliation statement	<p>Verified the Bank reconciliation statements prepared at end of each month with respect to the above bank account which was found to be kept on record systematically upto end Mar 2016.</p> <p>It was noticed from the bank reconciliation statement prepared on 31.03.2016 that no cheques issued in the month of Mar-16 are still to be cleared in the bank till the date of our visit.</p>	
		4.2 Statement of Expenses and other MIS reports	<p>As discussed, and checked in the files maintained in the office, monthly Statement of Expenditure has been submitted to SACS. Some cases of discrepancies in Financial and physical progress report was found which has been submitted to MSACS. Voucher No.179 Dated:29.12.15 Rs.22,000/- For Syphilis testing Bills not found with payment voucher.</p>	SI No.8 & 9 (Financial Reporting-Submission of SOEs)
		4.4 Loan from General Fund(NGO)	Loan/ Advance not found	
		Compliance to SACS	Verified the Internal audit report submitted	SI No. 11(Compliance)

		directions/Audit observations	by M/s. TACS, Chartered Accountants for the period from April to Sept 2015. There are no such specific observations in the audit report which needs compliance. The audit report has been forwarded by MSACS and it was found that the compliance report has been submitted to MSACS till our visit.	e to SACS directions)
5	Human Resource	5.0 recruitment, positioning payment procedures	Staff and	<p>The staff turnover during the project period was analysed and verified with related records and registers. Detail observations are noted below;</p> <p>1. Mr. Rahul Puri was working as ORW in the project from 1 Nov 2014 upto 30th June 2015,</p> <p>2) Mr. Mangesh Raut was working as a ORW in the project from 1 April 2015 to 30 June-2015 (as seen on attendance register). As per msacs email of suspended & curtailing of Staff for interim period. as per msacs office order the file dated 31.05.2015 from the PM. Salary has been paid upto 30June 2015.</p> <p>This is to be noted here that as per the appointment letter to the staff, there was provisions for serving 1 month notice period before leaving.</p>

			No any corrections and over writings were found on the salary register.	
6	System of Procurement/ Cash Disbursement	6.0 Rent of Office Cum DIC	<p>Rent agreement with landlord is on record. The house is taken on rent from Manohar Roy for office Rs.6,600/- & One DIC with monthly rental of Rs.6,000/- (each DIC) from 1) Mr. Niraj Singh YMCA</p> <p>The agreement is made backdated for the period from April 2015 to March 2016 as the non judicial stamp paper on which agreement is done</p> <p>All payments were found to be made in cheque against which rent receipts has found.</p>	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5 (System of payment-Mode of payments)</p>
		6.1 Computer peripherals, Furnitures and Equipments	No budget has been allocated for the period under evaluation	SI No 13(Procurement System)
		6.2 Office Expenses	Expenditure includes charges, Internet, telephone expenses, stationeries and other admin expenses etc. Few observations on checking of bills/vouchers and supporting documents are available.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		6.3 Insurance of staff	There was budget of Rs.4,500 for insurance of project staff against which expenditure incurred till the date of	

			visit. Insurance of staff is not done.	
		6.4 Travel cost for admin purpose and program	<p>Exact amount of travel budget for all the project staff are being paid on monthly basis on production of tour statement in which, date, places mode of travel and amount claimed is recorded. There is no information relating to distance covered.</p> <p>It is further observed that verification done if any by the accountant with relevant records in support of travel claim is evident from records.</p> <p>All travel expenses have been paid via Cheque.</p> <p>the person who traveled, person incurring such expenses or payee's details/signature are available on record except a debit voucher prepared and paid which was found to be prepared by the accountant and approved by Project director.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)
		6.5 Annual Maintenace Contract(AMC)	AMC of computer and peripherals has not done.	
7	Program Delivery	7.0 Honorarium to PEs	<p>Honorarium to all PEs are made through account payee cheques. Signatures have been taken on acquaintance register.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)

		7.1 Consultation fees for Doctor for referral	<p>Dr. Omprakash Shendawale is appointed as consulting physician for the period from 1 April 2012 to Till date.</p> <p>Dr. Prashant Borkar is appointed as consulting physician for the period from 1 April 2012 to Till date.</p> <p>Dr. Vijay Bagade is appointed as consulting physician for the period from 1 April 2012 to Till date.</p> <p>Dr. Manohar Mahajan is appointed as consulting physician for the period from 27 Junel 2013 to Till date.</p> <p>No credentials of doctors such as copy of certificate of practice etc. are on record.</p> <p>Verified the payments made to doctors, which were found to be made in account payee cheques.</p> <p>Payment of Consultation fees for ppp Doctors has not matched with collected testing form</p>	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5 (System of payment-Mode of payments)</p>
		7.2 DIC level Meeting	10 nos of DIC level meeting happened upto Mar 2016, Rs.7200/- budget for DIC Meetings so Rs.1631/- utilized fund for DIC meeting.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.3 Demand Generation Activities	6 meetings have been recorded in different hotspots from April 2015 to Mar 2016.	SI No.4 (System of payment-Verification of

			Budget release from Msacs of Rs.24,000/- (Rs.250per meeting) Fund utilized of Rs.818/- All expenditures are supported by handwritten slips/snacks bills approved by PD.	Bills and Vouchers)
		7.4 Advocacy Activities	There was budget for advocacy activities with health care provider, other power structure, religious leader, community leader, govt dept. etc with an amount of budget of Rs.10,000/- for conducting at least 5 such activities in the project period (once in a quarter). 6 Advocacy meeting done by SARATHI Rs. 5,604/- Utilized.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.5 Community Events	2 nos community event was conducted and as against budget of Rs.20,000, an amount of Rs.19,760 is reported as spent. The expenditure were supported by bills and hand written slips approved by PD.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.6 Crises Response	budget of Rs.24,000, an amount of Rs.5,070/- is reported as spent for 10 Crises response conducted in F.Y.2015-16.	SI No.4 (System of payment-Verification of Bills and Vouchers)
8	Service Related Expenses	8.0 Health Camps & Street Play	81 Health camps undertaken during the project period upto the date of visit. budget given for Health camp of Rs.5,000, an	

			amount of Rs.0 is reported as spent for activity.	
		8.1 Abscess Prevention	Not Applicable.	SI No.10 & 13 (Purchase of drugs)
		8.2 Syphilis Testing	2743 Syphilis Testing undertaken during the project period upto the date of visit. budget given for Rs.54,000, an amount of Rs.37,000 is reported as spent for activity. Procurement procedure has not followed.	
		8.3 Disposal of Bio-waste	No expenditure incurred from the budget. As explained to us, the disposal of bio waste are done at Private hospital at free of cost.	
9	Commodities	9.0 Needle & Syringes	Not Applicable	SI No.10 & 13 (Purchase of drugs)
10	Documentation	10.0 Documentation Cost/BCC Materials	There was budget provision of Rs.4,000/- towards cost of documentation including development of BCC materials. Rs.4,000 is expenditure incurred till date.	(System of payment-Verification of Bills and Vouchers)
		10.1 Need Assessment	No budget allocated for the current project period	
11	Assets.	11.Assets Resgister	Physical Assets Verified.	
12	Stock	Condoms	Checked physical stock of social marketing & Free condoms stock book is maintained properly.	

XII. Competency of the project staff.

VII a. Project Manager

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

The project Manager has done Bachelor of Science and not from social science background, though he is aware about the proposal. He has monthly work plan, and average idea on data management. He conducts the staff review meetings and takes advocacy initiatives. He needs to develop monitoring capacity for better programme implementation.

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 counsellor needs to develop his counseling related skills and more emphasis should be given on STI counseling and follow up. The HRGs having STI, needs to be counseled and referred to ICTC as early as possible. However, he has basic knowledge of counseling, risk assessment, risk reduction counseling, symptoms of STI, maintenance of data and registers.

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.

ORWs have more or less clarity on target indicators, outreach, STI symptoms, importance of RMC and ICTC etc. But they need to develop micro planning tools, hot spot analysis, spot wise outreach plan and support PEs on regular basis in the field.

VIII e. Peer educators

Prioritization of hotspot, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about services facilities etc.

PEs are from the community, but they have limited knowledge on outreach and various terminologies used in TI. However, they have understanding on RMC,

ICTC and service facilities. They need to develop knowledge on STI, HIV/AIDS and outreach activities.

VIII j. M&E Officer

Whether the M&E officer (FSW & MSM/TG TIs with more than 800 population and all migrant TIs are eligible for separate M&E officer) is able to provide analytical information about the gaps in outreach, service uptake to the project staff.

Whether able to provide key information about various indicators reported in TI and STI CMIS reports.

M&E officer is maintaining the data, but he needs to develop a lot for analyzing the field reality. Target and achievement gap should be analyzed on regular basis and intimated at review meetings. However, he needs proper training on the same.

IX a. Outreach activity in core TI project

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

The ORW and PEs need to have clear understanding on outreach plan and prioritization of HRGs. They should develop outreach micro planning tools, hotspot wise micro plans.

XIII. Services

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

HRGs were moderately satisfied with the project related services, however, availability of medicines and condoms were there at project.

XIV. Community involvement

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

As the TI is a CBO, community participation was there. Community members were there in planning, monitoring and overall implementation of the project.

XV. Commodities

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

Hotspot level planning was found at ORW level, Condom demand analysis was also done.

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.

There was no advocacy plan at TI level, however, advocacy was conducted mainly from November 15 to March, 16. But all the advocacy done was need based. Community members were involved in the advocacy programme.

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

Few social welfare schemes were available to the HRGs through the CBO and formation of SHGs.

XVI. Best Practices if any.

- a) Social Entitlement Service camp for TG (Like Aadhar Card, Sanjay Gandhi Niradhar Yojna, etc
- b) Formation of new CBO for transgender.
- c) Implemented Pehchan project for MSM/ TG and Hijda community supported by Alliance India and global fund.
- d) Currently working On DIVA project supported by VHS, Chennai and UNDP.
- e) Self help group managed by community for the sustainability.
- f) 1st Pride Walk in Nagpur organized by Sarathi Trust
- g) Satyamev Jayate Screening to decrease stigma in general society.
- h) EK Madhavbaug Show to create awareness among the parents to understand the sexual minorities,
- i) Networking with India Peace Center, Lawyers collective, NCCI, all major police station and ART centers for the smooth functioning of the project.
- j) Advocacy with Care Hospital to get better health services from established hospitals.
- k) Excellent repo with print & electronic Media.
- l) Effective involvement with citizen forum “Nagrik Abhiyan” to address issues of general public like water privatization and sanitation for women.

Confidential

Reporting form C

EXECUTIVE SUMMARY OF THE EVALUATION
(Submitted to SACS for each TI evaluated with a copy to DAC)

Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
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Name of the NGO:	Sarathi Trust
Typology of the target population:	MSM/TG Core composite
Total population being covered against target:	1500/1514
Dates of Visit:	23rd and 24th April, 2016
Place of Visit:	Nagpur, Maharashtra

Overall Rating based on programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Organizational Capacity- 100% Finance-84.6% Programme Delivery-61.9%	B	Good	Recommended for Continuation

Specific Recommendations:

- The capacity of field workers i.e. the PEs require to be enhanced
- The documents should be evidence based.
- The TI requires performing appraisal for PEs too.
- The accounts book for CSM required to be maintained with proper documentation.
- The TI requires/may engaging its own capacity and resources and use local resource person to increase staff capacity.
- The TI requires documenting best practices in an innovative way.
- The TI requires supplementary linkages with PPP and Govt. STI clinic.
- The TI requires a formal clinic set up at the hot spot solicitation sites to offer decent STI services to the population.

Name of the Evaluators	Signature
Mr. Rajiv Sarkar(Team Leader)	
Mr. Sanjoy Chowdhury (Programme Evaluator)	
Mr. Bhushan G Ruikar (Finance Evaluator) from DAPCU	
Ms. Tanuja D Fale from DAPCU as Facilitator	

