

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**
- Sahyadri Gramin Vikas va Bahuuddeshiya Yuvak Kalyan Sanstha is a Non-Government development organization registered in 2002 in Nagpur by a group of professionals who shared a common dream and had come together to work on a people – centric model of development in areas such as issues affecting the urban & rural people, with a special focus on HIV/AIDS, TB, Education etc. Sahyadri is registered under Society Registration Act, 1860 and Trust under the Mumbai Public Trust Act, 1950 on dated March 2002, Income Tax Registration U/S 12 A of IT Act 1961. Donations to Sahyadri are Exempting from Income Tax U/S 80G of IT Act 1961 and FCRA Act 1976. Sahyadri has made significant contributions in the areas like HIV/AIDS, Tuberculosis, Education, Women Empowerment, Agriculture, Youth Welfare, Individual & Group Counseling, Sport, Cancer, Rural and Urban Development, Environment, Slum Development, Rehabilitations of women & child, Farmer's Suicide, Career Guidance and Counseling Centre etc.
- Create young and developed nation wherein every individual enjoys quality.
- We, at Sahyadri, firmly believe that a conducive and productive environment cannot be achieved unless all parameters of the development equation are adequately addressed. We believe and initiate the principle of people's empowerment and strive to organize the economically and socially marginalized communities to ensure their stakes and participation in their personal development and leading to them being empowered and mainstreamed as enshrined in our vision. We facilitate collective decision – making by stakeholders and encourage the evolution of democratic leadership among the people which leads to the formation of people's institutions and furthers the cause of development in those areas. We are recognized at the regional level for empowering the poor through outstanding works done through several of our interventions. The Government of India MoRD has selected us as National Level

Monitors, to monitor their projects in the states of India. As a social service organization, we are intent on providing quality services to our stakeholders to live with dignity. We have a long way to go. Our work is de-centralised to address the multiple dimensions of poverty and development. As an organization, it is seeking to scale – up and replicate its model by partnering with like-minded organization working for change.

• ***The some major key projects are listed below;***

- 1) Night Shelter for Homeless poor people in Nagpur city with Nagpur Municipal Corporation, Nagpur at two places i.e. Sitaburdi & Sakharwadi (Kalamana)
- 2) National Level Monitor (NLM) under Ministry of Rural Development, New Delhi to evaluate govt scheme like MNREGA, SGSY, IAY, NSAP, PMGSY, IWMP, NRDWP, TSC etc.
- 3) TI Migrant Project project with MSACS for migrant workers
- 4) Link Worker Scheme with MSACS in 100 high risk villages in Nagpur District
- 5) 2 schools at Migrant Construction site with technical support of Mumbai Mobile Creche.
- 6) “Tobacco Control Program” & Tobacco Free School Campaign with Salaam Mumbai Foundation, Mumbai and Narotam Sekhsaria Foundation, Mumbai
- 7) “HIV/AIDS Awareness Program” in 136 wards of Nagpur City in association with Nagpur Municipal Corporation, Nagpur
- 8) “Strengthening of HIV – TB Coordination” Project under GFATM-III with mother NGO The Maharashtra State Anti TB Association, Mumbai funded by NACO, New Delhi & Maharashtra State AIDS Control society, Mumbai.
- 9) Mahatma Gandhi National Rural Employment Guarantee Act Scheme (MGNREGA) with District Collector Office
- 10) “Life Skill Education (LSE)” under Ministry of Youth Affairs & Sports, New Delhi
- 11) Early Detection and Screening Camps on Cancer with Equitas Microfinance & Colombia Cancer Hospital
- 12) Revised National Tuberculosis Control Programme (RNTCP) Scheme-I with District Tuberculosis Centre, Nagpur and with Aksheya MAMTA TB Project
- 13) HIV Screening & Testing camps at various places in District with Companies for their Migrant workers like NTPC Mouda, L&T, and Persistent Software etc.
- 14) Psychological Training program to NMC teachers
- 15) “Save the Girl Child” Programme with Nagpur Municipal Corporation
- 16) Livelihood Resource Agency(LRA), Project Training Org (PTO), District Resource Agency (DRO) project with Maharashtra Govt under IWMP
- 17) SGSY with M/s Sunil Hightech for BPL category youth
- 18) Gharkul Yojna with Nagpur Municipal Corporation
- 19) Pattewatap Yojna with Nagpur Municipal Corporation
- 20) Skill Development Program with Equitas Micro-finance for SHGs member.

Registration Details (Legal status)

Act under which registered	Date of Registration	Place of Registration	Registration Number
1860	02 – 03 – 2002	Nagpur	MH – 230
1950	27 – 05 – 2002	Nagpur	F – 19097
12 A	29 – 09 – 2009	Nagpur	321
80 G	26 – 09 – 2010	Nagpur	CIT- IV/NGP/80G/30A/10- 11
FCRA	24 – 06 – 2010	New Delhi	083870231

Vision

Create young and developed nation wherein every individual enjoys quality

Mission

The sole mission of the trust is to provide help in the area of health care, basic education, better living conditions, employment generation activities and poverty alleviation.

GOAL

Its goal is to promote competency among all health care and social providers for implementing and assessing innovative and result-oriented programs and to create awareness in the society about health, education, women empowerment, social justice, career guidance, environment and Rural & Urban Development.

The provision of urgent humanitarian and development aid to populations in developing community, society and countries in Economic & Social.

Objectives

- To halt and reverse the spread of HIV & AIDS in Nagpur district
- Provide education to children from economically and socially backward communities in formal and in-formal settings
- Provide free night shelter to poor homeless travellers not affording lodging in Nagpur city
- Develop community health programs and services
- Promote livelihood programs
- Work towards gender equity and empowerment of women
- Work in the area of environment protection and conservation
- Promote human rights, eradicate poverty, protect the rights of children and women

- To extend help of all kind for enhancing the moral, social, educational level of the society at large.
- To help Natural Calamity affected peoples and society.

Name and address of the Organization

1	Name of the Organization	Sahyadri Gramin Vikas Va Bahuudheshiya Yuvak Kalyan Sanstha
2	English Translation	Sahyadri Rural Development and Multi-purpose Youth Welfare Society
3	Acronym	Sahyadri Foundation
4	Domain	Maharashtra
5	Registered Address	'Indraprastha', 987, Ward No: 4, Opp. N.P. School, Peth Vibhag, Ta.Narkhed, District Nagpur – 441 304 State of Maharashtra, INDIA
6	Consulting Head Office	NMC Buty School Campus Temple Bazar Road, Sitabuldi, Nagpur – 440 015 State of Maharashtra, INDIA
7	Migrant Office	Sahyadri, C/o Shree Tyres, Khapri Naka, Wardha Road, MIHAN Area, Nagpur, State of Maharashtra, INDIA
8	Contact Details	+91 9371040777, 07122743995 sahyadri.india@gmail.com
9	Website	www.sahyadrifoundation.org

Chief Functionary

Mr. Vijay A. Kshirsagar (President) +91 9860998971, +91 9860998972

Year of Establishment

2002

Year of month of project initiation

15/03/2013

Evaluation Team

Mr. Rajiv Sarkar (Team Leader)

Mr. Sanjoy Chowdhury (Programme Evaluator)

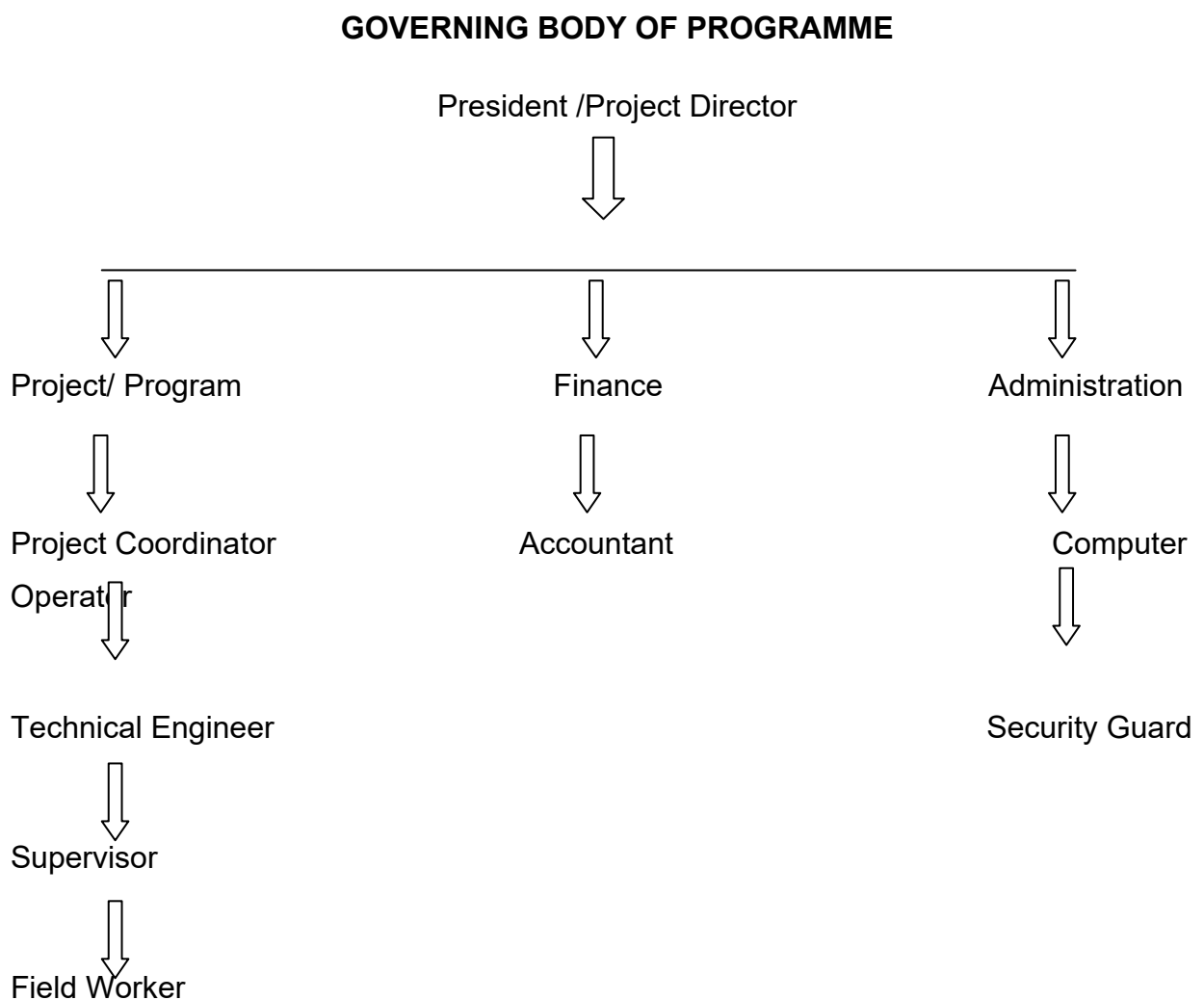
Mr. Bhushan Ruikar (Finance Evaluator)

Ms. Tanuja D. Fale (DPO-DAPCU as Facilitator)

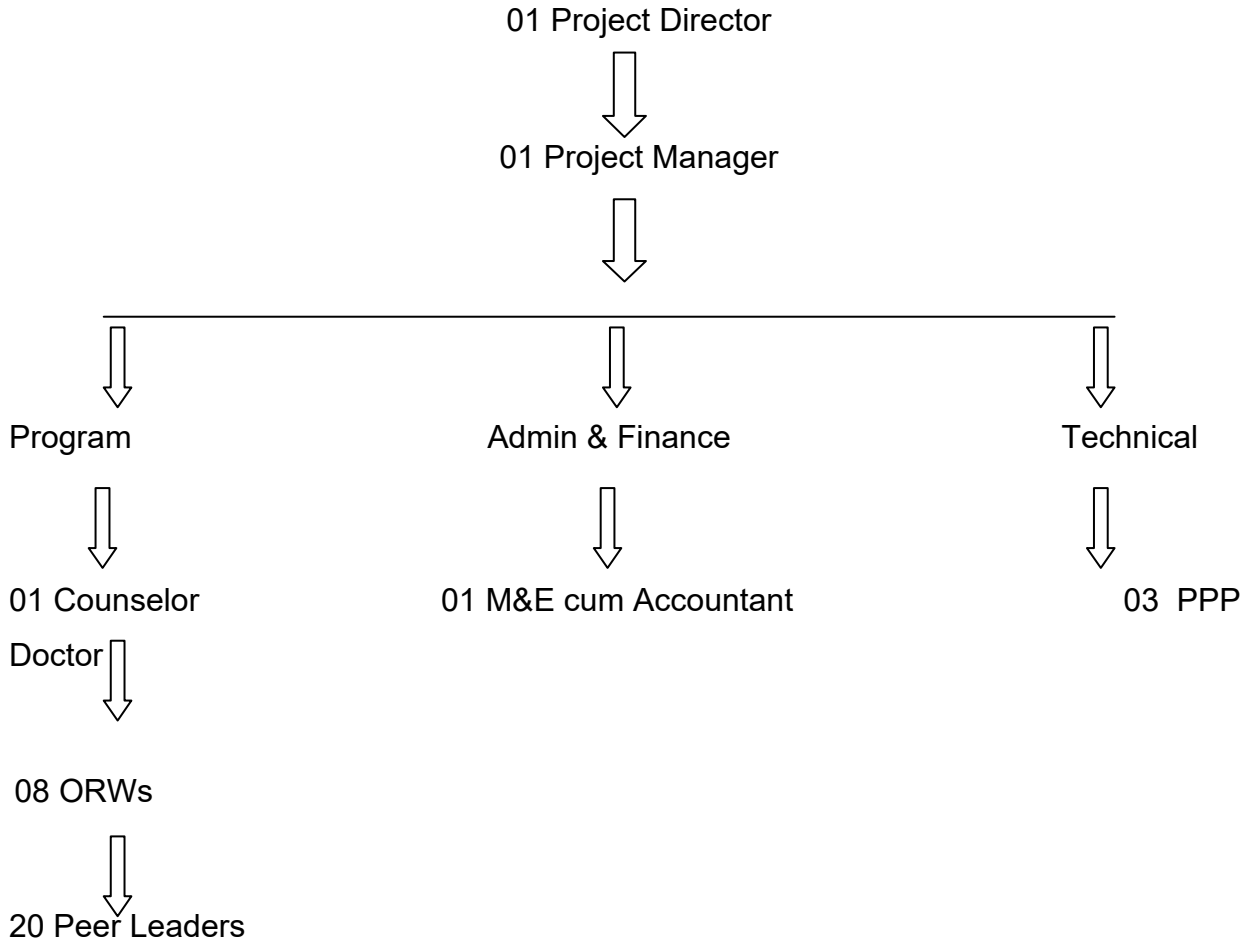
Time Frame

20th -22nd April, 2016


Organogram







TI MIGRANTS EXECUTIVE BODY



Details of the Existing Members of Executive/Governing Body

Sl. No.	Name#	Position	Address with Telephone Numbers	Profession	Qualification	Photo
1.	Mr. Vijay Kshirsagar	President	Ward no. 4, Narkhed 09860998971	Social Work	MBA (Sustainable Rural Development), DME, MBA	

2.	Mr. Narendra Rewatkar	Vice President	Ward no. 5, Narkhed 09371703969	Service	M.Com	
3.	Mr. Prashant Tiwari	Secretary	Ward no. 1, Narkhed 09860998972	Service	M.A.	
4.	Mr. Sachin Patil	Joint Secretary	Ward no. 3, Narkhed 07105-232572	Service	M.A.	
5.	Mr. Devendra Kshirsagar	Treasurer	Ward no. 4, Narkhed 9371040777	Service & Social Work	M.S.W., B.E., DBM	
6.	Mohd. Shaheba z Siddiqi	Executive Member	Ward no. 1, Narkhed 07105-232572	Business	B.Sc.	
7.	Mr. Deepak Waghale	Executive Member	Ward no. 5, Narkhed 07105-232572	Service	B.A.	
8.	Mr. Hemanta Kalambe	Executive Member	Ward no. 3, Narkhed 07105-232572	Service	B.A.	
9.	Mr. Vikas Milmile	Executive Member	Ward no. 4, Narkhed 09146880678	Service	B.Com, MBA	
10.	Mr. Harihar Nakhale	Executive Member	Ward no. 4, Narkhed 07105-232572	Business	B.A.	
11.	Mr. Pankaj Gurmule	Executive Member	Ward no. 3, Narkhed 07105-232572	Business	B.A.	

Profile of TI

(Information to be captured)

Target Population Profile:

Nagpur is one of the districts in Maharashtra with a high prevalence of HIV and the numbers of HIV Positive individuals detected are increasing day by day from the general community, Clients and partners of FSWs and amongst youth. Yet a large population is undetected as they maybe in the window period or may not have undergone HIV testing.

HIV positivity rate of Nagpur District is 2% of HRGs and ANC prevalence rate is 0.24 %. (As per DAPCU Data)

There are around 6500 FSWs existing in Nagpur District which includes non-brothel based, Brothel based, and Home based and floating FSWs. The educational level of FSWs is low. Many people migrate to Nagpur Industrial area in search of work. The MIDC Butibori is a largest with 5star MIDC. In this MIDC Indorama, Sharda Ispat, Gaman, Charbhuja (Larsen) and more big companies are working. In MIHAN, TCS, Mahindra Lifespaces, Vrundavan, Prozon Palm, Nagpur Metro Project etc renowned companies are working. Nagpur district is located in the centre of the state & houses many tourist spots like DikshaBhumi, Ramtek, Khindsi Lake etc. In & out migration of people makes it more vulnerable to transmission of HIV/AIDS.

The number of slum areas in the Nagpur district as well as in the Taluka is very high due to migration. Majority of the slum inhabitants indulge in high-risk behavior due to various factors like illiteracy, addiction and pre/post marital exposures. Poverty & unemployment forces vulnerable women like widows to resort to sex trade.

The total population of the district according to 2011 census is 4,653,570 which are 4.14% of the total population of Maharashtra. The total no. of Rural Population is 1474811 and urban population is 3178759.

49 Primary Health Centers (PHC), 365 Sub-centers, 22 ICTCs, 3 ART centers, LART Centers 7 and Two VIHHAAN are available in the district.

- Type of Project: Destination Migrant Intervention (Bridge population)
- Size of Target Group(s): Sub-Groups and their Size

#	Sub groups	%
1	Construction	64.51%
2	Industrial	32.03%
3	Others	3.46%

- Target Area:

Sl. No.	Congregation Area	Description
1	Indorama Company/ Spentex/ Nicco Group/ Acc Thiyya	This is cotton synthetic industry having site Workers Industrial & Daily Wages & Source State ratio -MP,UP,Bihar,CG,MH
2	Morarji Textile Company/ Bajaj Steel Const./ Eros Industry	This Site Workers Industrial & Construction Workers Source State ratio -MP,UP,Bihar,CG
3	Tembhari Migrant Vasti	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG
4	Reliance Power/ Reliance Cement/ Anand Mine Tools	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG
5	Sanvijay Steel Company/ Meeraj Honda/ D.I.L. Company	This Site Workers Industrial Workers Source State ratio MP,UP,Bihar,CG,MH
6	KEC Company/ Uniworth Co. Barister Wankhede Co. / Vistar Construction.	This Site Workers Industrial & Construction Workers Source State ratio -MP,UP,Bihar,CG
7	Purti Industry/ Bhavna Const. / PRG Recoeh/ Centre India Polystic	This Site Workers Industrial & Construction Workers Source State ratio -MP,UP,Bihar,CG
8	Ghodeghat Migrant Vasti	This Site Workers Industrial & Dailly Wages & Construction Workers Source State ratio -MP,UP,Bihar,CG,MH
9	Star Circlip/ Johnson Company/ Supreme Co./ Bangori Co./ Triveni Const.	This Site Workers Industrial & Dailly Wages & Construction Workers Source State ratio -MP,UP,Bihar,CG
10	Rasoya Product/ Soya Ruchi Co.	This Site Workers Industrial Workers Source State ratio -MP,UP,Bihar,CG
11	Shree Murli Co./ SKG Co.	This Site Workers Industrial Workers Source State ratio -MP,UP,Bihar,CG
12	Kamal Packaging/ Sintex Co./ Northon Grandwheel Co./ Bela Power Palnt	This Site Workers Industrial & Dailly Wages Workers Source State ratio -MP,UP,Bihar,CG
13	Sharda Ispat Co./ SKG Co./ Steel Authority	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG
14	Invetise Co.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG
15	GIPL Const.	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG,WB
16	Gammon Co./ Larsen	This Site Workers Industrial & Dailly Wages

	Charbhuja/ Shilpa Steel/ Karamtara Co./ Kapricon/SSP Co.	Source State ratio -MP,UP,CG
17	Paramhari Engg./ Sharnak Co./ Crush Oil Co.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG
18	Abhijit Power Plant/ Mahindra Tractor/ Surjit Automobile	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
19	L&T Boeing	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG,
20	TCS Mihan	This Site Workers Construction Workers Source State ratio -MP,UP,Bihar,CG
21	Rai Const.	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG
22	Mahindra Life Space	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG
23	D.V.P.L. Const.	This Site Workers Construction Source State ratio -MP,UP,Bihar,CG
24	Bramhakumaries Const.	This Site Workers Construction Source State ratio -MP,UP,Bihar,CG
25	Shivam Buildcom	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG
26	Om Shivam	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG
27	RMC Plant	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
28	Infosys Const.	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG,WB
29	Tata Aviation Ltd. (TATA Group)	This Site Workers Industrial Source State ratio -MP,UP,Bihar,CG,MH
30	Khapri Village/ Khapri Naka	This Site Workers Construction & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH,PJ,RJ,HR
31	Sonegaw Vasti/ HPCL/ Galaxy Township	This Site Workers Construction & Dailly Wages & Industrial Source State ratio -MP,UP,Bihar,CG,MH
32	Indian Oil Corp.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
33	Gumgao Migrant Vasti	This Site Workers Industrial & Dailly Wages Source State ratio - MP,UP,Bihar,CG,MH
34	Vrundavan City	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB,
35	Buland Const.	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG
36	Orange City Construction	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,MH
37	Water Filter Plant	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,MH
38	NCC Nagpur Metro Const.	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB,RJ,JH
39	Green City	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,,MH

40	Kasturi Park	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,RJ
41	Logestic Park	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,
42	A one Life Star	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB
43	SPCL Const.	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB,JH
44	UPTL Co.	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB,RJ,JH
45	Pyramid City	This Site Workers Construction Worker Source State-MP,UP,Bihar,CG
46	Sahara City	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,JH
47	Prozon Palm Const.	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB,JH
48	Royal Palm Const.	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,JH
49	Ashtavinayak Const	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,JH
50	Ensara Metro City	This Site Workers Construction Worker Source State-MP,UP,Bihar,CG,WB,JH
51	CEAT Tyre RPG Group	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB,JH
52	Givika Co.	This Site Workers Industrial & Dailly Wages Source State-MP,UP,Bihar,CG,MH
53	Imperior Const.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,WB
54	Q3 Const.	This Site Workers Construction Worker Source State ratio -MP,UP,Bihar,CG,WB,JH
55	Bharat Gas Migrant Vasti	This Site Workers Construction & Industrial & Dailly Wages Source State ratio - MP,UP,Bihar,CG,MH
56	Mhada Colony	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
57	Dinshaw Icecream Factory.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
58	Sunil Hightech	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
59	Dandekar Pvt. Ltd Co.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
60	SS Patil Const.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,WB
61	Ganeshpur Migrant Vasti	This Site Workers Industrial & Dailly Wages & Construcuion Workers Source State ratio - MP,UP,Bihar,CG,MH
62	Ajit Company	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
63	Tarang Co.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH
64	Cidco Colony	This Site Workers Industrial & Dailly Wages &

		Construction Source State ratio - MP,UP,Bihar,CG,MH
65	Indigo Denim Co.	This Site Workers Industrial & Dailly Wages Source State ratio -MP,UP,Bihar,CG,MH

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...

Meeting held with the chief functionaries' -Secretary and Project Director, organization has very positive perception to the programme as they are running one more project i.e. Link Workers Scheme (LWS) in the same area. Monitoring from NGO seems strong as we have seen the influence of the PD on project activities, documentation and TI staff. NGO personnel are also involved in the community related major issues like crisis management, advocacy in context of power support and influence on other stake holders.

II. Organizational Capacity:

I. 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.

No major staff turnover was found in the organization only one accountant is left the project and organization had filled the vacant position within 15 days. Thus, the staff retention rate was found to be satisfactory. Counsellor has been appointed since inception of the project, and his understanding about the project deliverables and its proper documentation was found to be excellent. Day to day support and services for HRG's were found reflected through his efficiency.

Separate file has been maintained for each staff which has 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 understanding of the HRG groups and on the components of the TI project.

Attendance and leave records were properly maintained.

The team follows stipulated laid down reporting and supervision structure as given by MSACS/TSU and DAPCU.

Staff Structure:

- Project Director : 1
- Project Manager : 1
- Counselor : 1
- M & E cum Account Assistance : 1
- ORW : 8
- Peer Educator : 20

Following are the staff in place at the time of the evaluation:

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

Trainings have been conducted by the organization at its own level at ORW and PE level and the documentation for the same has been done. Basic level training materials have been used for the same.

MSACS/SOSVA and other collaborating agencies have conducted a few training programs where all the staff 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.

The following is the details of the training and capacity building:

S R. N O.	TRAINING DATE	TYPE OF PARTICIPANT S	NUMBER OF PARTICIPANTS	TOPIC	ORGANIZED BY	VENUE	NAME OF RESOURCES PERSON
1	13/4/2013	PD, PM, DR, M&E & ORW	14	TI-MIGRANT ORIENTATION	SAHYADRI SANSTHA	SITABURDI OFFICE NAGPUR	MRS.MAMTA MAHESHWARI (IIYW- SANSTHA NAGPUR)
2	23/09/13	PM, COUNSELLOR ,ORW	13	STI INFORMATION	IIYW SANSTHA NAGPUR	IIYW SANSTHA NAGPUR	DR. VIMAL SING

3	28/10/13	ALL TI-NGO STAFF	25	TB ORIENTATIO N	AKSHAY PROJECT NAGPUR	YMCA SANST HA NAGPU R	MR. GANESH PARATE(PRO GRAMM OFFICER AKSHAY PROJECT)
4	06/03/14	PM, M&E, COUNSELLOR & ORW	11	INFORMATIO N ABOUT SCHEME OF HIV POSITIVE COMMUNITY	EFICOR SANSTHA NAGPUR	MURE MEMO RIAL HOSPI TAL PREMI SES NAGPU R	MR. A.K. NANDA(PROJE CT CO ORDINATOR EFICO)
5	17/05/20 14	PM & M&E	2	NGO NETWORKIN G MEETING	IYW SANSTHA NAGPUR	IYW SANST HA NAGPU R	MR.AB SING(ADMIN OFFICER IYW NAGPUR)
6	25/07/14	PM & COUNSELLOR	2	ADOCACY & NETWORKIN G MEETING	GAURAV SANSTHA NAGPUR	BANQU IT HALL BURDI NAGPU R	MRS. TANUJA D. FALE(DPO- DAPCU NAGPUR)
7	10/11/20 14 To 13/11/20 14	PM	1	CAPACITY BUILDING- MSACS INDUCTION TRAINNING	SOSVA TRAINNIN G INSTITUT E, PUNE	SOSVA TRAIN NING INSTIT UTE, PUNE	MR. NILESH SHINDE(TRAIN NING OFFICER SOSVA TRAINNING INSTITUTE, PUNE)
8	02/12/20 14 To 06/12/20 14	COUNSELLOR	1	CAPACITY BUILDING- MSACS INDUCTION TRAINNING	SOSVA TRAINNIN G INSTITUT E, PUNE	SOSVA TRAIN NING INSTIT UTE, PUNE	MR. NILESH SHINDE(TRAIN NING OFFICER SOSVA TRAINNING INSTITUTE, PUNE)
9	20/01/15	PM &	2	ADOCACY &	SAHYAD	SAHYA	MR.AMIT

		COUNSELLOR		NETWORKING MEETING	RI SANSTHA NAGPUR	DRI SANSTHA NAGPUR	TEMBURNE(P ROGRAMM OFFICER-TSU MSACS)
10	27/01/2015	PM & M&E	2	MSDS FORMAT TRAINING	SOSVA TRAINING INSTITUTE, PUNE	SOSVA TRAINING INSTITUTE, PUNE	MR. NILESH SHINDE(TRAINING OFFICER SOSVA TRAINING INSTITUTE, PUNE)
11	20/07/15	PM, COUNSELLOR , ORW & PEER	31	INFORMATION ABOUT PROJECT (BCC INDICATOR)	SAHYADRI SANSTHA NAGPUR	SAHYADRI SANSTHA NAGPUR	MR.AMIT TEMBURNE(P ROGRAMM OFFICER-TSU MSACS)
12	05/10/15	M&E, COUNSELLOR & ORW	10	INFORMATION ABOUT HIV/AIDS, STI & IPC SESSION	SAHYADRI SANSTHA NAGPUR	SAHYADRI SANSTHA NAGPUR	MR. RAJESH KUMAR(PROJECT MANAGER SAHYADRI SANSTHA NAGPUR)
13	19/03/16	ORW, PL & COUNSELLOR	29	INFORMATION ABOUT HIV/AIDS, STI & IPC SESSION, TI-COMPONENTS	SAHYADRI SANSTHA NAGPUR	SAHYADRI SANSTHA NAGPUR	MR. RAJESH KUMAR(PROJECT MANAGER SAHYADRI SANSTHA NAGPUR)

III. Infrastructure of the organization

The organization has followed the SACS norms for management of infrastructure, coding on the furniture was done. Assets register was also maintained. TI office is located near to Nagpur SEZ, separate rooms are allotted for PM, counsellor /doctor and for running the DIC, and however, the condition of office was found to be average.

Details of Assets

DATE OF PROCURE MENT	PARTICULA RS	PARTICUL ARS OF SUPPLIERS		COST OF THE ASSET	LOCAT ION OF ASSET	QTY	FUNCTIONA L STATUS (Working / Not Working)
		NAME & ADDRESS	BILL NO. & DATE OF PURCHA SE				
31.03.2013	Computer, UPS & Printer	Kumar Computer System, Itwari, Nagpur	1053 Dt. 31.03.20 13	40,000/-	Khapri Site Office	1 each	Working
31.03.2013	Table	Furniture Centre,Gan dhibagh, Nagpur	1655 Dt. 31.03.20 13	6,000/-	2 at Khapri Site Office & 1at DIC	3	Working
31.03.2013	Chair	Furniture Centre, Nagpur	1655 Dt. 31.03.20 13	9,000/-	6 at Khapri Site Office	6	Working
31.03.2013	Dari/ Carpet	Shree Narayan Bhandar, Sitaburdi, Nagpur	3440 Dt. 31.03.20 13	1,600/-	1 at Khapri Site Office & 1 at DIC	2	Working
24.08.2013	B.P. Apparatus Digital(CH4)	Friends Surgical & Pharma Distributors , Nr. Jaslin Hospital,Na gpur	SB- 02995 24.08.20 13	1,799.5/-	Khapri Site Office	1	Working

24.08.2013	Stethoscope	Friends Surgical & Pharma Distrubuters , Nr. Jaslin Hospital,Na gpur	SB-02995 24.08.2013	309,75/-	Khapri Site Office	1	Working
24.08.2013	Weightinng Machine	Friends Surgical & Pharma Distrubuters , Nr. Jaslin Hospital,Na gpur	SB-02995 24.08.2013	850.5/-	Khapri Site Office	1	Working
24.08.2013	Sims Speculum	Friends Surgical & Pharma Distrubuters , Nr. Jaslin Hospital,Na gpur	SB-02995 24.08.2013	190.05/-	Khapri Site Office	1	Working
24.08.2013	Protoscope	Friends Surgical & Pharma Distrubuters , Nr. Jaslin Hospital,Na gpur	SB-02995 24.08.2013	340.2/-	Khapri Site Office	1	Working
24.08.2013	Onetouch Select Simple Me	Friends Surgical & Pharma Distrubuters , Nr. Jaslin Hospital,Na gpur	SB-02995 24.08.2013	1040/-	Khapri Site Office	1	Working
31.01.2015	Clinical Examination Table With Single Foot Table	Bunty Furniture & Rehabilitation Aids, Mayo Road,Nagpu r	127 DT. 31.01.2015	9000/-	Khapri Office Cum DIC	1	Working

24.02.2015	DIC Table	M/S Sagar Furniture, CA Road, Nagpur	855 DT. 24.02.2015	2925/-	1 each DIC	2	Working
24.02.2015	Fibre Chair	M/S Sagar Furniture, CA Road, Nagpur	855 DT. 24.02.2015		1 each DIC	2	Working

Vehicles: NGO owns a Maruti Omni Van for Ambulance donated by New Vision IAS Academy

Own building: NA, office is rented

IV. 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 SACS prescribed documents and formats. Mostly all the documents were available and updated regularly all the registers were maintained properly. Staff review meetings are held twice a month is in place which is properly documented.

The documentation system is good and however, 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 few gaps have been found in the same.
 - Micro planning was not properly done at the office level but the same was done for target population on field.
 - The documents related to screening and referrals of STIs in particular have been maintained properly.
 - Documentation of IPC sessions were done but the conceptual clarity for the same was found to be missing.
 - The staffs were found to try their best to build capacity of PLs for their own documentation which is a good practice for the longer run.
 - The documentation of PLs was not up to the mark.
- Overall staff documentation is good, but quality is not maintained to the perfection. TI need in depth training on documentation and record keeping

III. Programme Deliverables

Outreach

1. Line listing of the HRG by category

TYPOLOGY	REGISTRATION
INDUSTRIAL	4939
CONSTRUCTION	9951
DAILY WAGES	534

2. Registration of migrants from 3 service sources i.e.STI Clinics, DIC and Counseling.

COUNSELLING	5946
CLINIC	6428
DIC	3050

<i>Indicators</i>	<i>April 2015 – March 2016</i>
<i>New Registration (High Risk)</i>	<i>15424</i>
<i>Total Registration (High Risk)</i>	<i>15424</i>
<i>Registration through DIC</i>	<i>3050</i>
<i>Registration through Camp</i>	<i>6428</i>
<i>Registration through</i>	<i>5946</i>

SOURCE STATE WISE DATA

NAME OF STATE	REGISTERED POPULATION
UP	1231
Bihar	935
MP	6059
RJ	1276
WB	817
Karnataka	5
Tamilnadu	0
AP	69
JH	622
CH	774
Oddisha	108
MH	3480
Assam	1
Nepal	2
Others(Delhi,Goa,Gujrat, Hariyana,HP,Hyderabad, Kerala,Punjab & Uttarakhand)	45
TOTAL	15424

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

A very basic level plan was in place, with proper micro plan was missing, the team's capacity has not yet built for the same.

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 micro planning component 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 plan presently was limited to only IPC sessions; it does not reflect elements of PL 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. PF: HRG ratio, PE: migrants

01 ORW: 2000 HRG.POPULATION

01 PEER LEADER: 750 HRG POPULATIONS

6. Documentation of the peer education.

PLs have a good potential and they also have an average understanding about the TI documentation. Some of the Peer Leaders can be polished and properly nurtured. Average PL documentation was in place, PLs were aware about the tracking sheets and services patterns in the project, filling up the sheets but with the help of ORWs.

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

PLs have to be trained properly on component and other basic technicalities of conducting IPC sessions and HIV/AIDS awareness and prevention programmes. Capacities building of PLs have to be done on the above mentioned topics.

All the PLs were aware of the basic essence of the project and information/messages related to proper use of condom and prevention of HIV. They have a proper understanding of the services provided by the organization.

- **Suggested trainings for PLs Capacity building are as follows:**

1. Inter Personal Communication.
2. Infection control
3. STI management
4. Condom Demonstration.
5. Linkage with social entitlements.

- **A couple of PLs from all is very strong and helpful to the project.** These PLs require further training and development of skills. They can be the potential assets for the organization.

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

The team uses the SACS prescribed documents for its internal supervision.

Organization specific supervision systems is also been 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 a basic outreach plan in place the supervision process becomes more difficult to follow.

IV. 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 a few doctors involved with them through Health camps and PPP model clinic systems. Additionally the team also refers a substantial number of clients to the mobile based clinic for ICTC and other related services.
- Presently the organization is referring its clients to its PPP clinics.
- Availability of STI drugs was there in clinics.
- TI has been positively observed that the ORW's share an excellent rapport with the concerned Govt. departments (ICTC and ART center).

<i>Indicators</i>	<i>April 2015- March 2016</i>
<i>Health Camps Conducted</i>	<i>122</i>
<i>Target</i>	<i>6000</i>
<i>Clinic Attendance</i>	<i>6428</i>
<i>No. of exit interviews done (Attendance)</i>	<i>2081</i>
<i>No. of physical examination done</i>	<i>42</i>

<i>STI Treated</i>	<i>883</i>
<i>Referral to DOTS</i>	<i>149</i>

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

The team could not met three PPP clinics managed by the organization with partnership with Pvt Doctors, these clinics have adequate infrastructure according to protocols and in the area is in some specific geographical areas. There has been just enough privacy needed for a doctor patient interaction.

- The follow up mechanism is a bit tricky issue for the project as micro planning and outreach plan is not up to the perfection.
- The project has referred and treated a total of 883 clients to STI clinic in health camps.
- 150 clients have been referred and linked to the DOTS and RNTCP..
- 05 HIV positive HRG were referred and linked to ART and Community Care Centers by the project.

3. 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 the use of revolving funds.

The TI is utilizing the revolving fund been provided by MSACS for the procurement and availability of STI drugs.

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

Only one out of three doctors have been trained by MSACS, however, none could be met, but, it was understood during the evaluation process that the doctors lack in STI related skills ,and was not having clear understanding on syndromic case management and infection control guidelines. Although, it has been observed that only five HIV positive cases has been detected till date.

5. 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 were present and updated regularly by the team members, however, team needs some more guidance on the maintaining the same according to NACO/SACS protocols.

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

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

<i>Indicators</i>	<i>April 2013-March 2014</i>	<i>April 2014-March 2015</i>	<i>April 2015-March 2016</i>
<i>Condom Demand</i>	<i>27000</i>	<i>27000</i>	<i>40500</i>
<i>Condom Distribution</i>	<i>19270</i>	<i>29200</i>	<i>43150</i>
<i>Free Distribution</i>	<i>9500</i>	<i>14650</i>	<i>5450</i>
<i>Social Marketing</i>	<i>9770</i>	<i>29200</i>	<i>43150</i>
<i>Social Marketing Condom Depots</i>	<i>125</i>	<i>128</i>	<i>192</i>

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

<i>Indicators</i>	<i>April 2013-March 2014</i>	<i>April 2014-March 2015</i>	<i>April 2015-March 2016</i>
<i>Target</i>	<i>2970</i>	<i>4440</i>	<i>5319</i>
<i>Tested for HIV</i>	<i>2430</i>	<i>3021</i>	<i>4085</i>
<i>HIV Reactive</i>	<i>13</i>	<i>8</i>	<i>5</i>
<i>Pre ART Registered</i>	<i>13</i>	<i>8</i>	<i>5</i>

<i>On ART Treatment</i>	<i>10</i>	<i>3</i>	<i>1</i>
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<i>Indicators</i>	<i>April 2013- March 2014</i>	<i>April 2014- March 2015</i>	<i>April 2015- March 2016</i>
<i>Health Camps Conducted</i>	<i>51</i>	<i>113</i>	<i>122</i>
<i>Target</i>	<i>10500</i>	<i>6000</i>	<i>6000</i>
<i>Clinic Attendance</i>	<i>8737</i>	<i>6859</i>	<i>6428</i>
<i>No. of exit interviews done (Attendance)</i>	<i>758</i>	<i>2431</i>	<i>2081</i>
<i>No. of physical examination done</i>	<i>571</i>	<i>96</i>	<i>42</i>
<i>STI Treated</i>	<i>1385</i>	<i>1800</i>	<i>883</i>
<i>Referral to DOTS</i>	<i>41</i>	<i>63</i>	<i>149</i>

9. Referrals and follows up.

Migrants have been followed up for STI treatment. Proper documentation of referral slips and registers is in place with the organization. But follow up mechanism was not up to the perfection, ORWs and counsellor need to do some more coordination and need some guidance as well.

V. Community participation:

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

The organization has yet not started the collectivization activities like formation of SHGs.

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

Community was found to be aware about the DIC activities and types of service delivery, DIC and its concept should be marketed by the project team. 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 etc. The PPP model is appreciated and recommended in the project.

FINANCIAL EVALUATION REPORT

The 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 “Sahyadri Gramin Vikas Va Bahuddeshiya Yuwak Kalyan Sanstha, 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 Migrant with target HRG of 15000	<p>The total budget was Rs.22,22,900 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. 11,18,749 have been released and there was last year opening balance of unspent balance as per the audit report of Rs.7,275/-</p> <p>The SOE submitted by the NGO upto 31st Mar 2016 reported total expenditure of Rs.21,26,523/- & Unspent balance Rs.0/-</p> <p>Hence, the percentage of utilization to funds released comes to</p>	SI No 1 (Budget Utilisation)

			95.67 %.	
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 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 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. 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	3.0 Use of printed serialized vouchers	It was observed the project has followed the financial guidelines with regards to using pre printed and machine serialized voucher numbers for	SI No.6 (System of payment-Record Keeping)

		Book Keeping	<p>all vouchers passed during the review period.</p> <p>Cash Book and Ledgers are maintained. Cash was updated upto 31.03.2016 and ledger updated upto 31.03.2016.</p>	SI No.7 (System of Book keeping)
		3.1 Approval system and norms/Authorisation of expenditure	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 was system of taking prior approval before incurrence of the expenditure.	(SI No. 2) Pattern of expenditure
		3.2 Practice of settling advance	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.	
4	System of Documentation	4.0 Bank Account	<p>Saving Bank Account with Bank of India (A/c.No.875510110000171) is maintained in the name of "Sahyadri Gramin Vikas Va Bahuddeshiya Yuwak Kalyan Sanstha Branch Besa. The bank account is jointly operated by Manager in Project Director & Treasurer/Project Manager anyTwo, SGBYKS</p> <p>No other money was found to be parked in this account.</p>	SI No. 3 (Bank Account)

		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</p> <p>No cases of discrepancies in Financial and physical progress report was found which has been submitted to MSACS.</p>	SI No.8 & 9 (Financial Reporting-Submission of SOEs)
		4.4 Loan from General Fund(NGO)	Loan/ Advance is taken from SGBYKS Rs.20,000/- by cheque	
		Compliance to SACS directions/Audit observations	<p>Verified the Internal audit report submitted by M/s. TACS, Chartered Accountants for the period from April to Sept 2015.</p> <p>There are no such specific observations in the audit report which needs compliance. The audit report has been forwarded by MSACS and it was</p>	SI No. 11(Compliance to SACS directions)

			found that the compliance report has been submitted to MSACS till our visit.	
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. Ms.Malti Batho was working as ORW in the project from 1 June 2013 upto 30th June 2015 (as seen on attendance register). As per msacs email of suspended & curtailing of Staff for interim period. Similar Staff Mrs. Poornima Bagde She joined from 16 sept2014 upto 30 june 2015 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> <p>No any corrections and over writings were found on the salary register.</p>	
6	System of Procurement/ Cash Disbursement	6.0 Rent of Office Cum DIC	Rent agreement with landlord is on record. The house is taken on rent from Mr.Umesh Kalmbe for office Rs.8,000/- & Two DIC with	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5</p>

			<p>monthly rental of Rs.5,000/- (each DIC) from 1) Mr Deepak Pasarkar . 2) Mr. Gitesh Katre</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 not found.</p>	(System of payment- Mode of payments)
		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.5,500 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	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	SI No.4 (System of payment- Verification of Bills and Vouchers)

			<p>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>	
		6.5 Annual Maintenance Contract(AMC)	AMC of computer and peripherals has been done.	
7	Program Delivery	7.0 Honorarium to PEs	Honorarium to all PEs are made through account payee cheques. Signatures have been taken on acquaintance register.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.1 Consultation fees for Doctor for referral	<p>Dr. Ritesh Mankar is appointed as consulting physician for the period from 15 Mar 2013 to Till date.</p> <p>Dr. Om Shendaware is appointed as consulting physician for the period from 1 Sept 2014 to Till date.</p>	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5 (System of payment-</p>

			<p>Dr. Vijay Bagade is appointed as consulting physician for the period from 1 Sept 2014 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>	Mode of payments)
		7.2 DIC level Meeting	149 nos of DIC level meeting happened upto Mar 2016, No budget for DIC Meetings so not utilized fund for DIC meeting.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.3 Demand Generation Activities	<p>23 meetings have been recorded in different hotspots from April 2015 to Mar 2016. Budget release from Msacs of Rs.12000/-(Rs.500per meeting)</p> <p>Fund utilized of Rs.11,120/- All expenditures are supported by handwritten slips/snacks bills approved by PD.</p>	SI No.4 (System of payment-Verification of 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.4,800 for conducting at least 6 such activities in the project period (once in a quarter). 33	SI No.4 (System of payment-Verification of Bills and Vouchers)

			Advocacy meeting done by SGBYKS Rs. 4,345/- Utilized.	
		7.5 Community Events	8 nos community event was conducted and as against budget of Rs.8,000, an amount of Rs.7,760 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	No budget utilize for crises response.	SI No.4 (System of payment-Verification of Bills and Vouchers)
8	Service Related Expenses	8.0 Health Camps & Street Play	122 Health camps undertaken during the project period upto the date of visit. No other budget given for Health camp. 22 Street Play undertaken during the project period upto the date of visit. As against the budget of Rs.36,000, an amount of Rs.36,000 is reported as spent for activity.	
		8.1 Abscess Prevention	Not Applicable.	SI No.10 & 13 (Purchase of drugs)
		8.2 Syphilis Testing	Not Applicable	
		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.0 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 condoms stock book is maintained properly.	

VI. 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 PM has a very good rapport with the HRGs and other staff/s including PEs. However, more thrust should be given on monitoring of documentation by the PM.

VIII b. Counsellor

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.

He possesses good knowledge on STI, basic counseling and HIV etc. He has also maintained all the necessary registers. However, more care should be taken for proper maintenance of documents.

VIII c. 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.

The ORWs have knowledge on the HIV and STI related issues but have less knowledge about the micro planning tools. There were no such tools available with her except site load map.

VIII d. Peer educators in Migrant Projects.

Whether the peers represent the source States from where maximum migrants of the area belong to, whether they are able to priorities the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condom, able to plan their outreach, able to manage the DIC's/health camps, working knowledge about symptoms of STI, issues related to treatment of TB, service in ICTC & ART.

The PLs are however clear about STI, RMC, ICTC and the service delivery facilities. They have the condom demonstration skills also. But they have no understanding on micro planning tools.

VIII e. Accountant 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.

She is more a data manager than a M&E officer. Her understanding on TI component is average. Her understanding on component wise indicator is also average. Her analytical skill requires development

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 services uptake

that is whether enough clinic footfall, counseling is happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient/appropriate for the truckers/migrants when they can be approached etc.

- The PLs and ORWs conduct regular session with the MLs and it is evident that the population is indeed going to the facilities.
- Service uptake is yet to be spontaneous and most of them are referred to the facilities being accompanied to avail the services.
- Most of the congregation points are dispersed so outreach is not possible at every point of time. They need to plan outreach keeping in lieu the distance and availability issues.
- Outreach monitoring needs to be more frequent.

VII. Services

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

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

- Overall the community seems to be satisfied by the services provided by the project team.
- The PPP doctor was not met during the visit so the quality of service catered could not be assessed.

VIII. Community involvement

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

- Community involvement limited to service provision and community events at project level only.
- Much work needs to be channelized on crisis management and advocacy efforts.

IX. Commodities

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

- The TI has got functional condom outlets which are non-traditional but those condom outlets do not seem to be popular among the community.

- The TI sold substantial number of condoms through CSM mode but the TI has not maintained accounts book of the same to evidentially authenticate. They have not documented the best practices of scaling such a big achievement though they are in challenge from the free distribution from mapped/available sex network where the MLs mostly go for sex.
- The TI has not linked the project with village health service providers or with the existing TI to create a supply for free condoms for these MLs.

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.

- Conceptual clarity for advocacy component needs to be imbibed in the project team as well as organizational management.
- The plan for advocacy in place.
- Crisis committee in place but participation of different stakeholder in the same is not ensured.
- Linkages and networking with the Govt. facilities and other organizations are evidently there.

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

- The organization has formed no SHG and has not initiated the process of CBO formation.
- There is no effort from the organization to avail the HRGs with welfare schemes or social entitlements.

XV. Best Practices if any.

❖ Nagpur Metro Project:-

Nagpur Metro Project just started in 2015 in construction phase and we, Sahyadri TI Migrant did advocay with IAS level Project Director, Nagpur Metro, given details of project and services and provided MSACS TI Migrant project services to 600 migrant workers at their onstructin site of Nagpur Metro Project. As per advocacy he was

agreed to organize Health Camp, Awareness Event, IPC sessions, one to one session etc.



TI-Migrant, Sahyadri Sanstha, Nagpur organized Health Camp at Nagpur Metro Construction site

❖ ***ELM AT INDORAMA:-***

We advocate with Indorama Company for ELM, as per advocacy Indorama Company agreed and confirmed for ELM. MOU already signed with MSACS & Indorama.

❖ ***2 VOLUNTARY DIC:-***

*As per project guideline we have established 2 paid DIC for Migrant population. But as per our work and services we got 2 more Voluntary DIC for better inhouse services to Migrant workers. We advocate with **Vrundavan City construction** and **Mahindra Lifespaces** about place for better counseling and services to Migrant workers.*

❖ ***LABOUR INFORMATION CENTRE AT ONE DIC to attract Migrants & their family for transportation facility at their seasonal holidays to over to source state.***

All India Railway and Bus services chart fixed on wall of DIC with updated schedule of transportation facility.

❖ ***2 SCHOOLS FOR MIGRANT CHILD:-***

TI-Migrant, Sahyadri Sanstha, Nagpur and Mumbai Cheche Center, Mumbai jointly initiated Education for labor child. We advocate with **Vrundavan City construction and Mahindra Lifespaces** about education for labor child and they provided place for School.

❖ **FIRST AID TRAINING:-**

TI-Migrant, Sahyadri Sanstha, Nagpur organized First Aid Training Migrant Workers for better safety of them. In this we were conducted First Aid Training at Companies and Construction sites with the help of Doctors.

❖ **PLHIV Fund:-**

Staffs Committee established by initiatives of Project staffs itself to help PLHIV of Sahyadri project. Every month staffs collected Rs.50/- as per their availability and support to PLHIV for their travelling to ICTC and ART. The positive output of this fund is all our PLHIV link with ICTC and ART and some transfer ART by Sahyadri staffs.

❖ **BEST WORK AWARD ON HIV BY NAGPUR MAYOR** given to Sahyadri on World AIDS Day.

❖ **APPRECIATION POLICY:-**

Staff appreciation policy established by Sahyadri to motivate staffs with memento and small cash prize.

- ❖ Staff salary advance policy separately established from NGO core fund so that only needy staffs apply for advance which result sustainability of project and not suffered project target due to fund shortage from MSACS.
- ❖ ORW TOOL KIT BAG established for keeping all migrant service tools & kit at one places. Other benefits of this bag to aware migrants by explaining display IEC
- ❖ Providing free residential facility to poor homeless peoples at our Sitaburdi Night Shelter having facility of 40 bedded by instant call facility if anyone found.
- ❖ Advocacy meeting with Factory Incharge, HR Managers, Safety Officers, village level PRIs and CBOs (Youth club, SHGs, Mahila Mandal, Grampanchayat and VHSDs)
- ❖ Advocacy meeting with DAPCU, TI NGOs, ICTC Counselors and Technicians.
- ❖ Conducted District level meeting of Peer Educators in every month.
- ❖ Organize different type of Camps with renowned institution like Wockhart, Vasan Eye Care, Kalmegh Dental College like Full body general check up, Eye Checkup, Blood Donation, First Aid Training, ECG, Dental Checkup, etc along with our STI services to strengthen capacity building with stakeholders of Migrant project.

- ❖ *Daily and monthly and peer compiled excel sheet reporting format are developed which help to complete monthly MTR in one days as previously it took 3 days for reporting.*
- ❖ *Conducted need based training of staff.*
- ❖ *Conducted problem solving training*
- ❖ *MIS and management supportive monitoring system is good.*
- ❖ *Strategy for monitoring and Evaluation.*

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 the evaluator(s):

Name of the evaluators	Contact Details with phone no.
Mr. Rajiv Sarkar(Team Leader)	rajiv@rajivsarkargroup.com
	+91 9831011179/9748901046
Mr. Sanjoy Chowdhury(Co Evaluator)	sanjoychowdhury74@gmail.com
	+91 9051783048
Mr. Bhushan Ruikar (Finance Evaluator) from DAPCU	dponagpur@mahasacs.org
	+91 7775868020
Mrs. Tanuja D Fale (Official from DAPCU as facilitator)	dponagpur@mahasacs.org
	+91 9422331475

Name of the NGO:	Sahyadri Rural Development and Multi-purpose Youth Welfare Society
Typology of the target population:	Migrant
Total population being covered against target:	15000/15424
Dates of Visit:	20 th to 22 nd 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-100% Programme Delivery-80.3%	A	Very Good	Recommended for Continuation

Specific Recommendations:

- The capacity of field workers i.e. the PLs require to be enhanced
- The documents should be evidence based.
- The TI requires performing appraisal for PLs 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 corporate congregation 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	