**Annexure: B**

**Reporting Format-B**

**Introduction**

* **Background of Project and Organization:**

The Pravara Medical Trust was formed in 1972 by Pravara Group which is having 900 bedded tertiary level hospitals, Rural Medical College, School of Nursing, Rural Dental College & Hospital, College of Physiotherapy & Rehab. Centre, Rural Cancer & Research Centre, College of Nursing, Centre for Social Medicine, Centre for Biotechnology, School of Bioscience Management (Nasik), Ayurved College (Shevgaon) and School of Nursing (Shevgaon). The organization is implementing RCH Project, Health Promoting School Project (QUT, Australia) in Ahmednagar district, Running 9 Rural Health Centres, 5 Mobile Clinics, 30 e-health Centres in rural & tribal villages in Ahmednagar. The organization also implements 2 other TIs one in Malegaon and One in Nasik under MSACS.

Target Intervention Project on migrants is incepted in October 2010 with support of Maharashtra State AIDS Control Society. This TI covers areas of 12 KM radios around Malegaon town having 16 sites and 38 sub sites. The TI covers estimated population of 11310 migrants, out of which 52% are from UP, 20% from West Bengal, and 18% from MP.

* **Name and address of the Organization:**

The Pravara Medical Trust

Head Office Address :

At Post: Loni Bk Tal:Rahata

Dist: Ahmadnagar 413736

TI Project Office Address :

Rawalgaon Naka,Somwar Bazar Road

Behind Beniwal Dairy ,

Malegaon (Maharashtra)

Phone/Mobile No: 02422-271391

Email: Soma.Konturi@Pmt.Tims.Org

* **Chief Functionary:** Mr. K.V.Somsudaram
* **Year of establishment:** 1972
* **Year and month of project initiation:** October 2010
* **Evaluation team:**

**Mr. Dinesh Prajapati : Team Leader**

**Ms. Purvi Trivedi : Co-Evaluator**

**Mr. Shailesh Patil : Finance Evaluator**

* **Time frame: 1** April 2014 to 31 March 2016

**Profile of TI**

* **Target Population Profile:** MIGRANTS

Malegaon is hub for plastic and looms unit, Malegaon is the densely populated City. Malegaon mainly has small scale Plastics industries, Loom industries and construction sites. 54% Migrant come from U.P. who works in loom industries, 20.6% comes from W. Bengal for working in gharkul Yojana Construction site, 18% comes from M.P. working at furniture market and hotels. In Malegaon high no. of migrant population reside in Bissi (A hostel like place where migrants reside and have food and pay charges for the same) here more than 40 migrants live in a Small room together in very unhyeiginic conditions. Most of the (75%) migrants are Muslims and have religious dynamics also.

* **Type of Project:** Bridge population
* **Size of Target Groups:** 11310 covered against target of 15000 Migrants.
* **Target Area:** 16 sites and 38 sub sites of Malegaon town are identified and covered .

**Key Findings and recommendations on Various Project Components**

1. **Organizational support to the program**

The evaluation team could not interact with any Governing body members or Project director of the TI programme due to their unavailability. The NGO is reputed organization of Maharashtra and implementing many health related activities and project but the involvement of the organization in this migrant TI project observed minimal and not up to the mark. As per Monthly Review Meeting minutes, the PD of the project has conducted review meetings at the end / beginning of the month. The Organization has set up TI project office at Malegaon which is at little out-side area of the city and far way from most of target areas not convinced for migrants to access services from TI project. TI has set up another 2 DICs which are between target areas but not ideal for TI project and TI needs to shift TI office near to target areas. Secondly, DICs also needs to develop as community favored DICs.

TI requires more support from the organization and involvement of TI PD in monitoring project activities, advocacy activities and addressing community issues needs to be increased.

1. **Organizational Capacity**
2. **Human resources:**

At the time of evaluation, all project staff was present. All the staffs have got the appointment letters. Job description in written was provided and project team mentioned that their job description was discussed during an appointment. Evaluation team could met Mr. Arun Borse (PM), Mr Rafik Pinjari (Counselor), Ms. Chitra (MEA), and other 7 ORWs. 70% of the project team was senior and more than 1 year old. 2 ORWs and a Counselor joined TI in last 12 months but all have clear conceptual understanding of the project. The project staff is trained and aware about the vision of the project, project indicators and project activities. However, TI team needs training on STI management and clinical services.

The evaluation team noticed a limited turnover of the staffs during the last one year but high turnover in Peer Educators.

The project staff, in general, is enthusiastic, hardworking and committed. All project team including peer educators requires training on the project indicators, STIs, and Community Mobilization.

1. **Capacity building:**

The evaluation team observed that various trainings have been provided to the staffs of the present TI-project. Total 7 trainings were conducted to staff and Peer Educators on Induction training, Orientation, Accounting, Peer Education and Social Marketing by MSACS, DPO NASIK, TSU and TI NGO.

The project team requires orientation and on-field training. The project team should be train on Advocacy, Networking, Community Mobilization and clinical services.

1. **Infrastructure of the organization:**

The project has one program office and two DICs. The infrastructure of the organization was found to be adequate and spacious. All necessary facilities like electricity, computer, printer, furniture were available and coded. There was a separate meeting room. The asset file/ record book were available for review.

TI needs to shift TI office between middle of target areas from where migrants can easily reach to TI office to access project services, additionally, TI needs to develop DIC as community favored DICs adding enough space, IECs, posters, TV, proper seating arrangement for migrant visiting DICs, equipments for entertainments etc.

1. **Documentation and Reporting:**

The documentation system of the TI project was adequate. Documents were understood by the project team and therefore maintained as per the NACO guideline. Unique Identification Number was mentioned in the Master Sheet of ORWs. Health camp registers were maintained but bifurcation of different STI was not available as per the protocol of syndromic management. PID number was found to be missing on the referral slips. IPC forms and register of ORWs are maintained and updated regularly.

Tracking of HRGs accessing clinical services specially for STI treatment was neither done nor captured in Counselor’s records. Due to the average documentation and reporting at Counselor level, it was difficult to assess the various linkages i.e. referred & tested to ICTC, no. of migrants who had STI & had done their testing at ICTC. The project needs to establish adequate documentation and record keeping system at Counseling and clinic level. . The project team requires training on documentation and skills maintain it.

1. **Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.**

Line listing of registered migrant population was available for the review. In the line-list, each member was provided the Unique Identification Number (UID) and the same list was updated. The TI team has registered 11310 migrants as per data reported by TI team against target of 15000.

It is observed that TI is not able to cover given target and it is suggested to decrease target from 15000 to 10000. It became also difficult for PM, M&E and Counselor to reach 15000 migrants and to handle team of 8 ORWs and 20 Peer Leaders.

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

Total 11310 migrants were registered. Registration was done through three service sources i.e. counseling, STI health camps and DICs. The project has provisioned two DIC in two areas. Total 6372 migrants visited the DICs (including so called non paid DIC, which is against the NACO guideline) and availed DIC service.3076 were registered by providing Counseling service, and 1862 were registered by health camps. The most visited migrants were new migrants and uptake of DIC services by newly registered migrants was poor.

1. **Micro planning**

Micro planning was available in the project.Area wise map of each ORW was available where PEs, Stakeholders, condom depot & ICTC were depicted in the map. Outreach plan is in place but not for each congregation point. The project team lack common understanding of outreach plan. Congregation points were not available in the ORWs map.

Further to note, the TI project has maintained daily movement register. The project team, as mentioned during an interaction with them, maintained daily diary which was linked with monthly activity plan such as PE supervision or health camp, or ICTC camp or IPC session or FGDs or congregation events, counseling session, follow up and so.

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

The TI project has a target population of 15000 which has to be covered from 16 identified high risk areas. Out of 15000 the TI project has registered 11310 HRB migrants till March 2016.

1. **Outreach planning**

ORWs have developed their day to day plan which mention the date, place and time of the field activities of each ORW. They also have their area map. However the day to day plan should also reflect the activity they are going to perform i.e. organizing event, 1-1 interaction, 1-group interaction, health camps, street play etc. This would help in better planning & further focusing on the activity to be performed in the field. The TI should also attempt analysis on various indicators i.e. hotspot wise HRGs analysis, condom demand analysis.

1. **PE: Migrants**

PE: Migrant ratio is: 1:565 only which is quite low. The project has at present 20 PEs against the coverage of 11310.

1. **Regular contacts**

While interaction with migrants, stakeholders & PEs, it was noted that the ORWs are visiting their respective outreach area on a regular basis for providing different services like condoms, 1-1 interaction, congregation events. However, the contacts made by ORW and PEs were not reflected in the service uptake. The service component such as STI, ICTC and condom distribution (SM), RPR test was weak in terms of their overall achievement.

1. **Documentation of the peer education**

The project has recorded all the information from the field in PE’s format by the ORWs. It is observed that PEs formats are not recorded daily. Peer Educators are lacking capacity in documentation.

**Peer Educators should be trained to maintain documentation of their project activities.**

1. **Quality of peer education**

The project has stable and senior peers working since last many years with this project; therefore, the quality and skills of PEs was reflected in sustainable service uptake and PEs documentation. Present PEs had basic knowledge on the issues of HIV/AIDS i.e. route of transmission, importance of testing. However, PEs was unaware about the term of ICTC, STI symptoms, confidentiality norms of blood testing for HIV. Further, PEs had limited awareness on the issues related to STI, importance of follow up of STI and HIV positive & linked ART Centre. Peer Educators were aware of various types of IPC and were performing various IPC in their respective field area.

While interaction, PEs reported that many PEs themselves had not availed project services (such as condoms, STI, ICTC referral and so) regularly. PEs themselves were lacking concern for self-protection. But Overall, PEs have good skills on behavior change communication.

1. **Supervision**

The project has laid out supervision mechanisms and systems. Evaluators observed that the project director has participated in monthly review meetings. The overall project was supervised by the Project Director. The project organizes regularly monthly meeting at office premises, review the data, preparation of monthly plans and action points are discussed in the meetings. Presence of PD has been reflected in the documents but not in field activities.

1. **Services**
2. **Availability of STI services**

The present TI project does not have any separate STI clinic. However, regular health camps are being organized to screen the patients for STI. One Medial Officers from the Private Hospital has been involved by the NGO. However, Health camps are organized at various congregation points, the hours dedicated by Doctor for health camps goes to 3 o 5 hours per health camps, which needs to be replan in such a way that all sites are covered twice in a month.

1. **Quality of treatment in the service provisioning**

Total 513 STI patients identified under the TI project during the last one year. Out of total STI cases, all cases had been tested for HIV, but only 175 (34%) clients have been followed up and TI has no evidence based data that how many has completed treatment. Drugs were not provided at TI level to any STI patients.

Therefore, it is observed that Counseling, follow up and RPR / HIV testing of STI patient is very low at TI level.

1. **Documentation**

Various documents like referral slips, stock register, master register were made available for review at the time of an evaluation. Apart from these, format of IPC, ORW diary and indicator sheets were also developed at TI level. The project also maintains PE’s profile, training register. Further, all documents were complete and updated except some ORW records have blank column which was not filled up completely.

1. **Availability of Condoms**

Condoms were found to be adequately available for the TI project. Buffer stock of condoms was not available throughout the year at TI level. ORWs, during their field visit, ensure that condoms are available at different outlets. Peer Educators also refill condom outlets and distribute condom on one-on-one basis. 200 Condom out lets were established by the TI team in different target areas.

1. **No. of condoms distributed**

A total 41680 condoms were distributed by the TI project in a period of 12 months. As reported only deluxe brand is promoted as social marketing brand despite there is demand of other brands of condoms. Condoms are being distributed through 200 outlets. Further, it is noted that condom were sold through outlets only and no other distribution channel such as VPL, volunteer, ORWs, DIC and doctors are used for social marketing of condoms.

1. **Information on linkages for ICTC, DOT, ART,STI clinics**

The TI project has established linkages with ICTC, and STI screening is being done through health camps at various congregation points of TI area. The linkages with DOT is yet to be established and linkages with other services found to be weak for instance, Quality of STI treatment services and counseling need to be improved.

1. **Referrals and follows up**

Referrals of migrants to ICTC centre are being done on a regular basis. Until March 2016, only 3792 migrants were referred for ICTC testing. Follow up of STI patient is neglected at TI level as 513 STI patients have been identified and only 175 (34%) were treated and followed. Evidence based records and documentation was not available at TI level for treatment of STIs and follow up.

1. **Community participation**
2. **Community participation in project activities**

Community participation in congregation activities was found to be minimal. In last One year,

6 congregation events were organized. DIC meetings, mid-media activities, street plays at congregation point events were also conducted.   
However, Good number of mid media activities were conducted, target group was not consulted while planning and conducting advocacy meetings, organizing events and mid-media activities.

Community participation should be increased. It is suggested to increase migrants’ participation in planning and conducting advocacy, events and mid-media activities.

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

Linkages were established with various services providers like STI and ICTC. No linkages were developed for DOT (for TB). Due to poor documentation, linkages could not be verified with existing documentation and office keeping. The same was verified during field visit and interaction with peers, stakeholders & community member. The project under-perform various components of TI specially STI, care & support and condom promotion.

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

The project needs to strengthen the ICTC component. 3792 referred to ICTC and tested for HIV. Most of the HRGs were tested approaching field testing along with health camps. TI needs to motive migrants to go to ICTC centre for HIV testing.

It is recommended to use ICTC centre for HIV testing. Maximum number of testing must be done at ICTC centre not at health camps.

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

During the field visit and interaction with various stakeholders such as unit owners, Watchmen, Security Guards was done, it was found that stakeholders were aware about the project but not involved in the project planning and monitoring. They provide spaces for organizing the health camps. Advocacy meetings were also held by the TI project to develop the support system. It is recommended that advocacy meeting with the big recycling units, doctors of Government hospitals and local leaders should also be attempted.

**VII. Financial systems and procedures**

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

Budget guideline is available issued by MSACS Mumbai. Expenditure Payment are made as per budget sheet

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

* Printed voucher is available but not in tally software and written by manually.
* Stock registers available for condom and stationary.
* Mostly Vouchers were not sign by authority.
* No pass for payment stamps on bills or PD sign on vouchers
* Supportive document were not attach properly
* Authority approval note sheet or document is not shown

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

No medicine is purchased in F.Y. 2015-2016

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

* Bank accounts separately available
* maintained by jointly signatories
* Bank reconciliation is maintain
* Audit Reports are available last 3 years
* F.Y. 2014-2015 Audit compliance report is submitted by NGO to the MSACS
* Condom Registers in not maintain properly ( like as received from company name, bills no., No signature on registers by authority
* Ledger Prints out is not available

1. **Competency of the project staff**

**VIIIa. Project Manager**

The present Project Manager is recruited as per the norm. He has completed post graduation and has vide experience of TIs. He has joined this TI in September 2011. He has good knowledge about HIV and project indicators. As per the records, PM has conducted review meetings with staff. PM should review the progress of each indicator and suggests the team to take necessary action and extend support on need basis. PM needs to develop strategies for community participation in the project.

**VIIIb. ANM/Counselor**

The project has recruited counselor is promoted from ORW to Counselor, but he is not qualified and has done post graduation in Hindi. He has very low level of understanding regarding Counseling and TI components. Counselors’ presence in the field is not felt. Counselor is working with this TI since July 2015 and having inadequate knowledge of counseling skills, and STIs. Performance of counselor in-terms of achievement of counseling targets is average. Documentation of counseling activities needs to be strengthened.

It is suggested to counselor to track each client who is accessing project services, develop a list of clients require specific services, and develop list of clients require follow-up services. Counselors also need to prioritize clients based on high-risk behaviors of migrants.

**VIIId. ORWs**

The project has 8 ORWs, 2 ORWs joined the team in last Ten months. ORWs were aware on the issues of outreach activities, importance of ICTC testing. ORWs have good understanding of outreach tools and outreach activities. All ORWs needs training on STI Management, community mobilization and advocacy activities. It is suggested to train outreach team on basics of HIV/AIDS and STIs, advocacy and care and support of PLHIV.

**VIIIg. Peer educators in Migrant Projects**

The present TI project has 20 Peer Educators. All Twenty PEs were from Source State and mostly from UP and MP and West Bengal. PEs has basic knowledge about HIV but lacked knowledge about STIs, IPCs and project services. The project witnessed high PE turn over. During the 2 days Evaluation period, only 7 out of 20 peers were available for interaction. PE needs to be sustained and trained on basics of HIV and conducting various IPC sessions.

VIII i. M&E officer

The present M&E Officer working with this TI since January 2013 and has received training on M&E. she has prepared a master sheet for all the HRGs indicating the UID No. Analytical information on various aspects like gaps in services, nature of migrants, drop-out migrants was also available. She is familiar with all monitoring tools and financial records.

IXb. **Outreach activity in Migrant Project**

Outreach activity is performed by the ORWs & PEs both. PEs mainly performs the IPC sessions with the migrants. They were found to be aware of various IPC tools & the same was being carried out at the field level. The other outreach activities performed are FGDs, exhibition shows, and social marketing of condoms. The project team carries out outreach activities regularly; however, documentation of outreach activities is very poor. The awareness level in the community regarding the counseling & confidentiality of ICTC is low.

**X. Services**

Overall service uptake in the project is an Average. The project needs to ensure quality service uptake despite the intimidating working conditions that exist in migrant area. At present the evaluation team feels that the TI project is mainly involved in awareness generation activities, but the same should be shifted and linked to different services components.

**Present TI project looks like blood testing programme, and not target intervention project**. Migrants interacted during health camp were not familiar with “Why their blood is being tested and for which test”. Similarly, migrants were not known about important and objectives of health camps.

Total referred to ICTC is 3792. Total migrants visited STI clinic during health camps were 513, and only 175 were provided STI treatment, for which evidence based records were not available at TI level.

The uptakes of DIC services need to be strengthen. Total 6372 migrants were reached through DIC. However, it is claimed to register 6372 migrants through DIC but **Non-paid DIC concept is being implemented at TI level which is against the NACO guideline. This non paid DIC is actually not DIC but stake holders home/ shop / unit, and TI registered migrants from these places.** Further, there was no mechanism to track migrants visited DIC. New migrants’ presence at DIC is very minimal. Further, activities at DIC are not adequately planned documented.

**TI needs to develop outreach mechanism to encourage newly identified KPs also avail DIC services. The TI project team needs to develop outreach strategies to improve uptake of project services.**

1. **Community involvement**

Community involvement is minimal. At present community is involved in the form of PEs only. Community is mainly involved as the beneficiaries in project where they receive various services in the from the TI project. KPs were aware of the various activities of the TI like adequate supply of condoms, STI screening health camps, various events. Community is not involved in planning, implementation, monitoring or advocacy of the TI project.

**It is suggested to increase community involvement in project planning.**

1. **Commodities**

TI has 200 non-traditional outlets. Total 41680 socially marketed condoms were distributed. Documentation of amount received from the selling of condoms was not reflected in account and finance records. Stock of drugs with expired date was found during the evaluation period.

1. **Enabling environment**

The present TI project has formed a formal Project Management Committee to monitor project activities. PMC is having 9 members including staff and 3 stake holders. Regular meeting of PMC was conducted on quarterly basis. 22 Advocacy meetings are conducted as per project’s monthly plan. Stake holder analysis was done and good numbers of meetings with stake holders were conducted by TI staff.

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

None

1. **Best Practices if any**

None to record

**Annexure C**

**Confidential**

**Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**Profile of the evaluator(s):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **Mr. Dinesh Prajapati** | 721-722, Kanan Society, Rajan Nagar,  Valsad Pardi Road, Abrama,  Valsad – 396145, Gujarat – India  M : +91 9408333476  **Email:** [dinesh\_bsw@yahoo.com](mailto:dinesh_bsw@yahoo.com) |
| **Ms. Pruvi Trivedi** | 52-‘SUJATA’, Vastu Park Society,  Jachak nagar, Jai Bhavani Road,  Nashik Road, Nashik- 422101, Maharastra  +91 9420694488 |
| **Mr. Shailesh Patil** | **+91 7028381187** |
| **SACS representative** | Mr Yogesh Pardeshi (SACS Facilitator)  **M: +91-9922327487** |

|  |  |
| --- | --- |
| **Name of the NGO:** | The Pravara Medical Trust |
| **Typology of the target population:** | Migrants |
| **Total population being covered against target:** | 11310/15000 |
| **Dates of Visit**: | **12th April to 14th April, 2016** |
| **Place of Visit:** | **Malegaon, Dist : Nasik (Maharashtra)** |

**Overall Rating:**

|  |  |  |
| --- | --- | --- |
| **Total Score Obtained (in %)** | **Rating** | **Recommendations** |
| **61.7%** | **Good** | **Recommended for continuation with specific recommendations** |
| **Specific Recommendations:**   * It is observed that TI is not able to cover 15000 target and it’s become difficult for PM and NGO to monitor and handle 8 ORWs, quality of services is affected due to high target. It is recommended to decrease target to 10,000 migrants from present 15000. * TI needs to focus on registration of migrants as coverage in current evaluation period is only 75%. * TI project team requires to develop outreach strategies to identify new migrants who are at-risk and link them to project services in spite of registering migrants who are living from more than decade. * Counselor is not qualified as per NACO guideline and also seen not fit and capable for this technical post. It is suggested to replace Counselor and person with required qualification and experience needs to be appointed. * Involvement of PD of the project is seen not up to the mark and there is need of involvement of one or more GB members of the organization for monitoring project activities and addressing advocacy and community level issues. * TI data needs develop analysis mechanism. M&E Officer should conduct TI Data analysis regularly. This will provide specific inputs on outreach activities that will strengthen the effective implementation of TI. Tracking of HRGs for clinical services is not done properly which needs to be tracked and strengthen. * The TI NGO requires establishing internal project monitoring and review mechanism. * Advocacy meeting needs to re-strategize and conducted with Managers (of industries), contractors as per SACS/NACO protocol. * Activities at DIC should be planned as per community needs and DIC needs to developed as migrant preferred safe place. Participation in DIC services by new HRGs needs to be increased. * Condom should be procured in buffer stock; at-least availability of commodities must be for 3 months demand. Funds must be rolled out and receipt cash of condoms must reflect in Account system at TI level. * Presently TI team is neglecting treatment of STIs, they just referred migrants to government hospitals for which records are not available. Only % STIs (175 out of 513 identified) was treated and followed up. Since last one year, not a single patient was provided STI drugs from TI project. Despite no issue of drugs, actual drugs stock does not match with drug stock register and some expired date drugs were also found. TSU PO and NGO Management should look into matter and proper implementation for clinical services as per STI guideline must be done. * Along with clinical services, counseling part of the TI is too weak. Only risk reduction and risk assessment counseling is being done. Pre HIV, Post HIV, and Pre post STI Counseling is not done at Level. * Along with Follow up of STIs, Follow up of PLHIV is also not done. Out of 29 active PLHIV migrants, only 7 were contacted by Counselor, that’s also without planning. TI needs to track all PLHIV and STI treated migrants, PLHIV must be contacted once in each quarter and provided support and services available in a project. | | | |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Mr. Dinesh Prajapati** |  |
| **Ms. Purvi Trivedi** | **`** |
| **Mr. Shailesh Patil** |  |