**Annexure: B**

**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

Maharashtra Samajik Vikas Trust (MSVT) is a registered non-profit organization working for rural empowerment in Maharashtra. MSVT at present has several projects related to capacity building of other NGOs in the area of water shed management, Nirmal Goan Yojna and TB programme.

MSVT had received the project on HIV/AIDS to work with Migrants in Panvel and Pen Taluka of Raigad district by MSACS in the year 2008. This project is received from MSACS to MSVT in the year 2008 and they cater to hotel, construction, industrial, brick kiln migrants workers for prevention of STI and HIV/AIDS.

* Name and address of the Organization:

Maharsahtra Samajik Vikas Trust

Pen Taluka

Raigad District

* Chief Functionary : Mr. Ghavan
* Year of Establishment: 1998
* Year of month of project initiation: April 2008
* Evaluation Team: Riji Nair

Dr. Dilip Kadam

Ravindra Kadam

* Time Frame: 17th April to 19th April 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile: MIGRANTS
* Size of Target Group(s): 15000 migrant workers
* Sub-Groups and their Size: organized and Unorganized workers
* Target Area: Pen and Panvel

Key findings and recommendation on Various Project Components

1. **Organizational support to the programme -:**

The organization in its own runs several projects apart from HIV/AIDS initiative. Still the project team has not received any internal training on HIV/AIDS by the organization. The management approach towards the project is not seen much as the project director involvement in team building and sustaining is not seen which has impacted the programme deliverables.

1. **Organizational Capacity:**
2. At present the project doesn’t have a project manager from last 5 months and 1 ORW from last quarter. The team is showing effort in maintaining documents but not trying to put effort to document the right activity.
3. Due to lack of training or refresher training the Outreach worker and the peer Educator lacks interpersonal communication skills. They were not able to show condom demonstration to the targeted population on field visit. The Peers fill an activity sheet which even they are not clear but still filling it up. In the sheet they don’t fill the condom distribution data neither the type of activity conducted. It’s just the name of the migrants they mention in the sheet.
4. The project office is set up in a prominent location however the area of intervention is vast. The team has a proper infrastructure to maintain and store documents and enough space to collect blood for testing (PPP FICTC set-up)
5. The team is only focusing on documentation and not wanting to focus on field aspect. The migrants have never seen or met the Peer educator earlier and neither they were able to show the condom demonstration to the audience.
6. **Programme Deliverables**

**Outreach**

1. The project through its IPC and mid media activity has reached to more than 60000 migrant workers through inception of the project. However on monthly basis the team reaches to more than 10000 migrants workers. The data for this is very difficult to be tracked as several documents are maintained and it’s scattered. The ORW diary is not filled properly. It doesn’t how many migrants covered on that day and what services was provided to them.
2. In a year 2464 migrants are reached through DIC. The project has 11 DIC of which 2 are paid and rest are unpaid. However on field the team was unable to show their unpaid DIC. More than 2300 is covered through the counselor in a year. As the area of intervention is vast the counselor is always accompanied by an outreach worker. Through the camp service the team covers more than 6000 new migrants in a year.
3. The outreach worker has made site wise micro plan but it’s not been used by them for monthly planning and assessing the quality and quantity of work. Several documents are maintained but the same is not visible on field.
4. No proper documentation by Peer is maintain which can track their daily activity.
5. The peer educator appointed are still unknown by the migrant workers of that site. They were unable to deliver condom demonstration session and neither perform condom demo to the audience.
6. No proper mechanism or tool is followed to supervise the peer educator field activity.
7. The outreach workers are putting effort in maintaining documents but not showing effort in field. The Peer activity is not supervised by ORW regularly as their field area is vast.
8. In project management committee all staff is involved. But nothing is discussed on upscaling the project services by involving the stakeholders.
9. Several registers are maintained for committees but nothing concrete is the outcome.
10. **Services**
11. It was observed that the project has 2 doctors on board and they only come when camps are conducted. They don’t come to office and neither fill the clinic encounter form. The forms are filled by the project counselor. Of the 2 doctors on board one of the doctor has community health service certificate. Most of the STI observed are cases including herpetic ulcers, fungal infections and they are followed up exactly at 7th day which creates doubt.
12. The migrant we met on one of site have never received any services from the organization in spite of workers being active in that site from last 4 months.
13. The organization has a PPP (FICTC) agreement with DAPCU. The MOU copy was not traceable.
14. ICTC counselor & lab technician are attending the camps in the field. But RPR test is conducted by pvt lab tech who collects sample from NGO. ICTC lab tech would have done the needful.
15. The camps are conducted by doctors but registers are filled by Counselor including diagnosis. All patients are suffering from a typical syndromes repeatedly and followed up at 7th day which is impossible.
16. Average 3 minutes per patient is given which is highly inadequate time for counseling and treatment.
17. The condom outlet data is not updated neither the condom distributed through this source information is not available. The ORWs distribution data is maintained in a separate dairy but nothing is maintained in ORW dairy.
18. There is no information on how many condoms are distributed through DIC or used by Counselor in demo and re demo session or distributed data.
19. Of the linked HIV positive cases, only 40% are followed up who are on ART. Rest 60% are not followed up by the NGO.
20. Not a single symptomatic patient has reached DMC for sputum examination. Referrals are happening on paper only, no efforts are taken by NGO.
21. **Community participation:**
22. No efforts are made by the team to call the Peer Educator at one platform for meeting/planning or involving the targeted audience in project service.

1. **Linkages**
2. Not a single symptomatic patient has reached DMC for sputum examination. Referrals are happening on paper only, no efforts are taken by NGO.
3. The project has a PPP (FICTC) agreement with DAPCU on first line HIV testing. The MOU agreement t for the same was not shown.
4. STI screening is done for more than 6000 migrants workers in a year among which 598 are detected. All patients are suffering from a typical syndromes (Herpetic ulcers, fungal infection) repeatedly and followed up at 7th day which is impossible.
5. On an average 5400 migrants are tested for HIV in a year against their denominator 15000 and actual met through in a month is above 6000.
6. Involvement of key stake holders is negligible in this project.
7. **Financial system and procedures**
8. **Systems of Planning :**

Existence & adherence of SACS guidelines & any approved systems endorsed by official communications.

1. **Systems of Payments :**

Printed & Serialized vouchers, approval systems & norms, bills, stock & issue registers practice of setting of advances & then payments.

1. **Systems of Procurement :**

Existence & adherence of systems and mechanism of procurement as endorsed by SACS.

1. **Systems of documentation :**

Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports available, Asset’s register, cash book, bank book, ledger book, payment register is maintain regularly.

1. **Competency of the project staff.**

**VII a. Project Manager**

From Nov 2015, the position for Project Manager is vacant.

**VIII b. ANM/Counselor**

The Counselor in this project has not received proper training from MSACS as still the fmale migrant workers feel uncomfortable to talk on this issue with her. The counselor doesn’t distribute condoms nether emphasize on condom re-demonstration. All the field visit made by the counselor are accompanied by the ORW of that area.

Counseling registers are filled but Average 3 minutes per patient is given by her which is highly inadequate time for counseling and treatment.

**VIII d. ORW**

Of the sanctioned 8 ORWs, only 4 are in place and they are unable to cover all the project sites. The current ORWs lack skill in delivering HIV/AIDS information.

**VIII g. Peer educators in Migrant Projects.**

Of the sanctioned 20, only 12 are in place but register for them is not maintained. Appointment letter or attendance register not maintained. They are still unclear about their ratio and type of activity that need to be conducted. They only support in camps.

**VIII j. M&E Officer**

The M & E appointed in this project is sound and efficient t her work. The data is been maintained at NGO level by her and same is reflecting while cross check, however field reality is different.

**IX b. Outreach activity in Truckers and Migrant Project**

All Peer Educators meeting or training or PE work supervision is not done by the outreach worker.

1. **Services**
2. It was observed that the organization is trying to be in good books by focusing only by maintaining documents and not actually working in field.
3. Of the linked HIV positive cases, only 40% are followed up who are on ART. Rest 60% are not followed up by the NGO.
4. Not a single symptomatic patient has reached DMC for sputum examination. Referrals are happening on paper only, no efforts are taken by NGO.
5. The project has a PPP (FICTC) agreement with DAPCU on first line HIV testing. The MOU agreement t for the same was not shown.
6. STI screening is done for more than 6000 migrants workers in a year among which 598 are detected. All patients are suffering from a typical syndromes (Herpetic ulcers, fungal infection) repeatedly and followed up at 7th day which is impossible.
7. On an average 5400 migrants are tested for HIV in a year against their denominator 15000 and actual met through in a month is above 6000.
8. **Community involvement**

**Nothing is done on these lines**

1. **Commodities**

No condom gap analysis is done in this project as in how many are single male migrant and the source for sexual activity in that area. Only 21000 social marketing condoms are distributed by the team in a year. Condom outlet data is not updated nether the stock of this data is filled properly. The crux of this project in terms of condom demand and supply is very minimal.

**XIII. Enabling environment**

1. Nothing on this line. In project management committee all staff is involved. But nothing is discussed on upscaling the project services by involving the stakeholders.

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

Nothing

**XV. Best Practices if any.**

Nothing

**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.** |
| **Riji Nair** | **7045027752** |
| **DR. Dilip Kadam** |  |
| **Ravindra Kadam** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **MSVT (migarant ) Pen** |
| **Typology of the target population:** |  |
| **Total population being covered against target:** |  |
| **Dates of Visit:** | **17/04/2016 to 19/04/2016** |
| **Place of Visit:** | **PEN, Dist. Raigad** |

Overall Rating based programme delivery score:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **Below 40%** | **D** | **Poor** | **Recommended for non continuation** |
| **41%-60%** | **C** | **Average** | **Recommended for** |
| **61%-80%** | **B** | **Good** | **Recommended for** |
| **>80%** | **A** | **Very Good** | **Recommended for continuation with specific focus for developing learning sites.** |

**Specific Recommendations:**

|  |
| --- |
| The team only focused on documentation and not given importance on feiled activity. I strogly believe the team lacks direction and support and it would be better is this project comes to a closure.  **Finance :-**   * Maintain Separate Interest Ledger A/c. * Maintain Separate Social Marketing Condom Purchasing Rolling Fund A/c. * Maintain Separate Rolling Fund Ledger A/c. |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
|  |  |
| Riji Nair |  |
| Dr. Dilip Kadam |  |
| Mr. Ravindra E. Kadam |  |