

## Reporting Format- B

### Structure of the Detailed Reporting Format

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

#### Introduction

- **Background of Project and Organization**

Gramin Samassya Mukti Trust is a registered, non-profit, secular, voluntary organization established in year 1991 and actively working in the field of rural and urban development since past 24 years. It has been established with the specific objectives to solve the livelihood, health and educational issues, which are greatly interlinked. Organization is working with most ignored, socially and economically oppressed communities towards making sustainable development with special emphasizing on women empowerment.

Gramin Samassya Mukti Trust shown interest to work with HRGs in Yavatmal district, because of migration of labors percentage is more in Yavatmal district due to Coal mine, Industrial area and colleges. Naturally HRGs are increasing rapidly in Yavatmal district. Due to that HIV and STI affection is increased. GSMT closely worked on this issue and take survey visited Government hospitals and collected secondary data from other sources. Based on that data GSMT did survey and found very serious problems and increase of HRGs. To overcome HIV and STI problems and to create awareness among HIV and STI affected peoples and others GSMT decided to work with HRGs and submitted proposal to MSACS (Maharashtra State AIDS Control Society).

- **Registration Details (Legal status):**

Sr. No	Registration Under	Registration No	Date of Registration
1	Society registration act 1860	2319	15.12.1990
2	Bombay public trust act 1950	2219	30.03.1991
3	FCRA Registration	084010011	14.07.1996
4	12A	12A/17/9596/G-546	28.09.1995
5	80G	80G/G-9/05/06	8.6.2006
6	PAN	AABTG3295J	2006
7	TAN	NGPG01962D	29.03.2007






## Vision:

*“HEALTHY, SELF RELIANT & SELF GOVERNED COMMUNITY”*

## Mission:

*CAPACITY BUILDING OF PANCHAYATRAJ INSTITUTIONS AND COMMUNITY BASED ORGANIZATIONS FOR SUSTAINABLE DEVELOPMENT REGARDING LIVELIHOOD, HEALTH AND EDUCATION”*

## Objectives :

-  To enhance the capacities of Village Panchayats and community based organizations to accelerate the process of sustainable development.
-  To organize the farming community for secured and sustainable management of agriculture and coordinate with government and other Institutions for the same.
-  To build the capacities of community based organizations to encourage community to be healthy through safe behaviour and safe life style.
-  Mainstreaming underprivileged children from rural, tribal & slum areas in education to make them responsible citizens.
-  To organize and strengthen women to actively participate in development process related to Livelihood, Health and Education

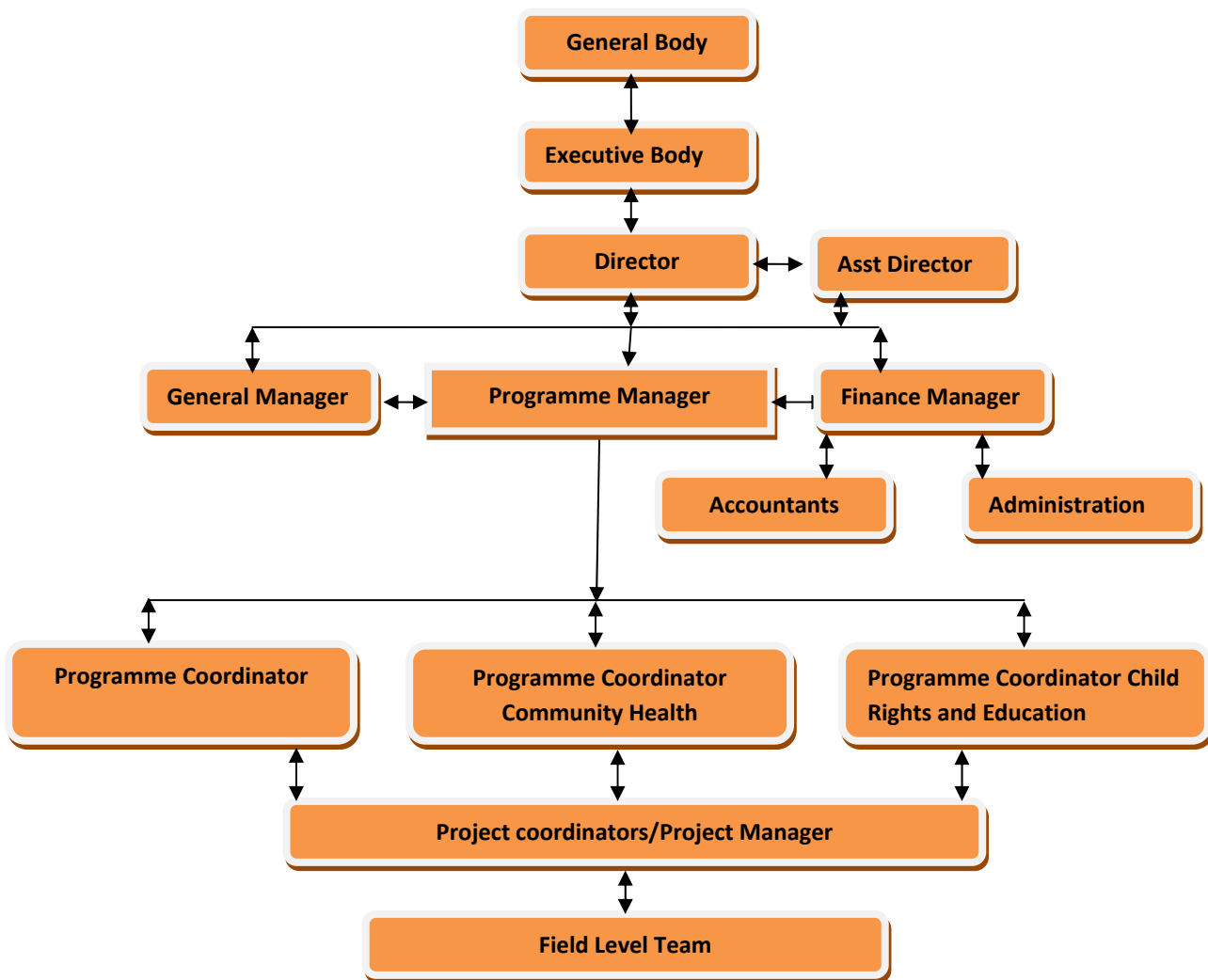
Name of organization	Gramin Samassya Mukti Trust
Address of organization	16 Sadhankarwadi, Wani District Yavatmal, Maharashtra – India. Pin Code – 445 304.
Name of chief functionary	Dr. Kishor Moghe
Year of Establishment	30 <sup>th</sup> March 1991
Contact No.	9422868949
Email ID	<a href="mailto:kishormoghe123@rediffmail.com">kishormoghe123@rediffmail.com</a> <a href="mailto:gsmt.wani@gmail.com">gsmt.wani@gmail.com</a>
Website	<a href="http://www.gsmt.yavatmal.org">www.gsmt.yavatmal.org</a>
Year of month of project initiation	August 2010
TI Migrant Address	16 Sadhankarwadi, Wani District Yavatmal, Maharashtra – India. Pin Code – 445 304.
Name of Project Manager and	Kishor Chandekar ( 7776842835)

contact No.	
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- Executive body details

Sr. No	Name of Trustee	Designation	Address	Contact No
1	Dr. Kishor Moghe	Chairperson	16, Sadhankarwadi, Wani, Dist. Yavatmal 445304	9422868949
2	Dr. Dipak Salve	Vice Chairperson	18, Chakradhar Nagar, Matruchaya Apartment, Ayodhya Nagar, Near post office, Nagpur	9822939968
3	Ms. Archana Kadu	Treasurer	Kiran Plaza, Flat No 61, Jagdish Nagar, Yavatmal. Dist. Yavatmal 445001	9423664785
4	Dr. Anil Lonare	Secretary	Vitthal Mandir Road, Wardha 442101	9850303168
5	Mrs. Sangita Patil	Joint Scretary	Ward No.2, Tiwsa, Tq.Tiwsa, Dist. Amravati 444903	9405652890
6	Dr. Dipak Kedar	Member	Vidyut Colony, Chandurbazar, Dist. Amravati 444704	9860778227
7	Mr.Bhaiyya Gode	Member	Jalka, Tq. Maregaon, Dist.Yavatmal 445303	9970388923
8	Mr. Kuntleshwar Turvile	Member	Gaurkar Layout, Behind Datt Mandir, Wani, Dist.Yavatmal 445304	9921025926
9	Ms.Vijaya Tulshiwar	Member	Istari Nagar, Ghatanji, Dist.Yavatmal 445301	9405433669

## Organogram:



- **Evaluation Team**

Mr. Rajiv Sarkar (Team Leader)

Mr. Sanjoy Chowdhury (Programme Evaluator)

Mr. Ravindra Kolhe (Finance Evaluator)

Ms. Preeti Das (DIS-DAPCU as Facilitator)

- **Time Frame**

29<sup>th</sup> -30<sup>th</sup> April, 2016.

## **Profile of TI**

(Information to be captured)

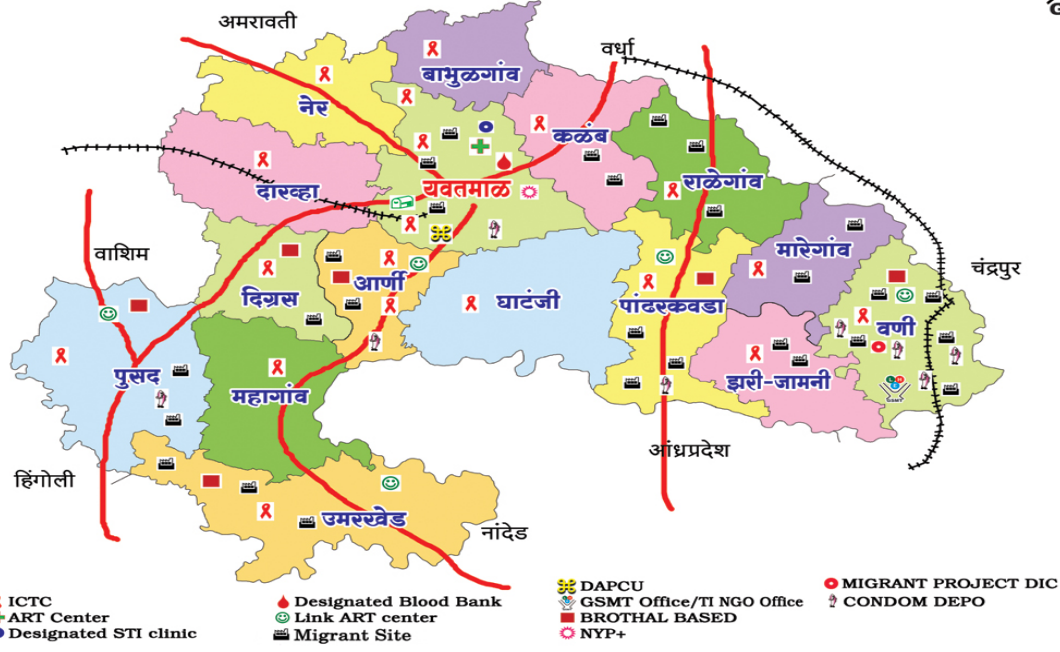
- **Target Population Profile: 10,000**
- **Registered: 10551**
- **Type of Project: core composite – Migrant (Bridge population)**
- **Size of Target Group(s): Sub-Groups and their Size**

## **Background :**

Yavatmal is one of the biggest districts in Amravati division. The boundary line of Andhra Pradesh & Marathwada is closed to Yavatmal district at the same time Nanded, Hingoli & Washim districts boundary line also closed to Yavatmal district.

Coal mines, Lime-kiln, brick-kiln, Agriculture/Farming, Ginning mill, transport line, Industrial area Forest based occupations are main livelihood sources for the people in Yavatmal district. People mainly take cotton, sugar-cane, wheat, Jawar such types of crops from farming. The major population of yavatmal district belongs to tribal community and most of them depend upon nature/rainy season for the Khariff crops. But this tribal community still not psychologically ready for Rabbi Crops.

Today, Yavatmal is developing as a big industrial area. The people from nearby state came here to search the job opportunities. There are 28000 migrant people in all blocks of Yavatmal district. In that some labours came with family and some without family. The migrant site found mainly at Wani, Mohada, Kubharkhani, shindola Maregaon, Rajur, Pandharkawada, Patanbori, Mukutban Shirpur, Bhalar, Karanji, Arni, Pusad, Ralegaon & Yavatmal there is a industrial area such as construction site, Coal washery area, coal mine, lime-kilns, brick-kilns, stone crusher, cotton mills, Hotels, Dhaba, Railway coal siding, Highway construction area of NH 7 from Wadki to Patan Most of the migrant people from Andharpradesh, Madhyapradesh, Rajasthan, Chattisgarh, Zarkhand and Bihar state came here to find the job. Mainly they are involved in casual work. On the construction site, coal mines and all above job places the sex business is also active in the form of brothel based, street based, private based, Dhaba based, Hotel based etc. So all these are comes under the risk population. Most of labours regular visitor to this brothel and above area so all they affected from dangerous diseases like STI, HIV/AIDS. The STI prevalence rate is found in the migrant community. Because there are not proper reference service for prevention



### Occupation wise population (2015-16)

Sr.No	Occupation	Number	%
1	Industrial worker	5260	49.85%
2	Brick Kiln workers	165	1.56%
3	Hawkers	6	0.05%
4	Mine worker	217	2.05%
5	Construction worker	518	4.90%
6	Daily Wages/Mathadi Kamgaar/ Auto	58	0.54%
7	Sand quarry worker	45	0.42%
8	Skilled workers (Loom, Furniture, Jewellery, Zari etc.)	31	0.29%
9	Hotel worker	11	0.10%
10	Dairy workers	7	0.06%
11	Hammal / Labour	4233	40.11%
	<b>Total</b>	<b>10551</b>	

### State wise population

Sr.No.	State	Number	%
1	Andhra Pradesh	260	2.46%
2	Bihar	54	0.51%
3	Chhattisgarh	1788	16.94%
4	Gujarat	3	0.02%
5	Jharkhand	19	0.18%
6	Madhya Pradesh	1113	10.54%

7	Maharashtra	7169	67.94%
8	Odisha	40	0.37%
9	Punjab	5	0.04%
10	Rajasthan	2	0.01%
11	Uttar Pradesh	92	0.87%
12	West Bengal	6	0.05%
	Total	10551	

Gender wise population			
Sr.No.	Gender	Number	%
1	Female	1839	17.42%
2	Male	8712	82.57%
	Total	10551	

- Target area:

#	Taluka	#	Sites	#	Congregation Point	Description
1	Kalamb	1	Kalamb	1	Vit Bhatti	This site is available cotton processing unit. Brick Kiln and industrial workers is work that place.
				2	Gurudev Ginning	
				3	Mangal Murti Jinning	
				4	Swami Jinning	
2	Marega on	2	Narsala	5	Hemant Stone Crushar	This site covers number of Stone crusher worker
				6	Subhsh Matte Stone Crushar	
				7	Wachhani Stone Crushur Narsada	
				8	Matte Stone Crushar	
				9	Satpute Stone Cresher	
				10	chavan stone crushar	
				11	Arya Stone Crushar	
				12	Pathan stone crushar	
				13	Nisad Stone Crushar	
				14	Ghate Stone	
				15	Umarkar Stone	
		3	Marega on	16	Vinayak ginning	This site covers mainly ginning workers and industrial workers
				17	Lokesh Lime Factory	
		4	Gorada	18	Navade Stone	This site covers number of Stone crusher worker
3	Pandhar kawada	5	Padhar kawada	19	Krishna ginning	This site covers

				20	Shyam ginning	mainly ginning workers and industrial workers
				21	Chawardol ginning	
				22	Ashapura ginning	
		6	Umari	23	Audarya Stone Crusher	This site covers number of Stone crusher worker
		7	Kongar a	24	Shri Ram Stone Creshar	This site covers number of Stone crusher worker
		8	Karanji	25	Soya Oil	This site covers industrial workers ( Soyabean oil factory)
		9	Patanb ori	26	Ganesh Stone Creshar	This site covers number of Stone crusher worker and ginning.
				27	Krishna Stone Creshar	
				28	Warekar Stone Creshar	
				29	Balaji Stone Creshar	
				30	Kiran Stone Creshar	
				31	Yadav Stone Creshar	
				32	Shakti Stone Creshar	
				33	Agrawal Ginning	
				34	Vit Bhatti (4)	
				35	Anil Stone Creshar	
				36	Eshwar Stone	

#	Taluka	#	Sites	#	Congregation Point	Description
4	Ralegaon	10	Ralegaon	37	Maharashtra ginning	This site covers number of Stone crusher worker and ginning.
				38	Vitbhatti (3)	
				39	Rana ginning	
				40	K.K. ginning	
				41	Sahakar ginning	
				42	Singaniya ginning	
				43	Aifaj ginning	
				44	Sidhiivinayak ginning	
				45	H.P. Jinning	
5	Wani	11	Nilapur	46	Ahfaz ginning Nilapur	This site covers number of ginning worker and industrial works and lime factory
				47	Balaji ginning	
				48	Bongirwar Veet Nilapur	
				49	Gulab Prem ginning Nilapur	

				50	Indira ginning Nilapur	and stone crusher.
				51	Nagarvala ginning	
				52	Reddy ginning	
				53	Sai krupa ginning	
				54	Vaibhav ginning	
				55	Manjet ginning	
		12	Wanjari	56	Dayal ginning	
				57	Rasoya Factory	
		13	Lalpuliya	58	Coal Depo	
		14	MIDC Wani	59	Purohit Cement	
				60	Potdar Laim MIDC	
		15	MOHADA	61	Vaishnovi Metal Mohada	
				62	Vairagade Stone Crushar	
				63	Thakur Stone Creshar	
				64	Tayani metol mohada	
				65	Shivshakti metol	
				66	Zabak Stone Creshar	
				67	Sai Minerals	
				68	R.K. Minaral Mohada	
				69	Prashant Stone Creshar	
				70	K.B. Khan Stone Cruishar	
				71	Jay Jagdamba Stone Creshar	
				72	Gowardipe Stone creshar	
				73	Ganesh Metal Mohada	
				74	Chandankhede Stone cresure	
				75	Shankurwar Stone Cresher	
				76	Balaji Metal Mohada	
				77	Agraval Stone Crushar	

#	Taluka	#	Sites	#	Congregation Point	Description
		16	Sindola	78	Shaliwana Power Plant Pathari	This site covers industrial workers.
				79	ACC Mine Shindola	
		17	Ghonsa	80	Open Mine Kumbharkhani	This site covers mine workers.
		18	Dahegaon	81	Dahegov open mine	This site covers mine workers.
		19	Chargaon	82	IVR Plot	This site covers industrial workers.
		20	Aabai	83	Om Sai Jining Aabai	This site covers

		21	Sonegaon	84	Patel Jining Sonegaon	ginning workers.
		22	MIDC Wani	85	Gajanan Farnichar	This site covers industrial workers.
		23	Bhandewada	86	Patel Vit Bhatti	This site covers brick workers.
		24	Niljai	87	Open Mine Pimpalgov	This site covers mine workers
		25	Rajur	88	Bardiya Lime Factory	This site covers lime workers
				89	Ishant Gold Lime Factory	
				90	Bhusari Lime	
				91	Farukh Lime	
				92	Hindustan Lime Factory	
				93	Jayshri Lime Factory Rajur	
				94	Nurani Lime Rajur	
				95	Roshan Lime Rajur	
				96	Swstik Laim rajur	
				97	Taj Mahal Lime Factory	
		26	Bhandewada	98	Prashant Viet Bhatti Bhandewada	This site covers brick workers.
				99	Waghamare veit bhatti	
6	Yavatmal	27	Kalam Road Pardi	100	Radha Krishana Jinnig	This site covers ginning workers.
				101	Sutgirani	
		28	Dhamangaon Road	102	Vit Bhatti	This site covers brick and stone crusher workers.
				103	Stone Creshar	
				104	Sara Sinter	
		29	Dhamangaon Road	105	Sagar Jinning Presing Mil	This site covers ginning workers.
		30	MIDC Yavatmal	106	Joshi Stone Creshar	This site covers stone crusher workers.
				107	Chiddalwar Stone Creshar	
				108	Gayatri Jinnig Presing Mil	This site covers ginning, bricks and stone workers.
				109	Rana Jinning	
				110	Rana Cotex, Kalamb road	
				111	Priydarshani	
				112	Parvati Ginning MIDC	
				11	Dekkan Sugar factory	

				3		
				11	Sai stone crusher	
				4		
				11	Gurulaxmi Cotex	
				5		
				11	Parva Ston Crusher	
				6		
				11	Jirapure Bricks	
				7		
				11	Remand Factory	
				8		

#	Taluka	#	Sites	#	Congregation Point	Description
7	Zari Zamani	32	Adegaon	11	Eshan minirals Stone	This site covers stone workers.
				9	Aaushi minaral Adegao	
		33	Mukutban	12	Swastik Jinning	This site covers ginning, bricks and lime stone workers.
				1	Sai Jinning	
				12	Balaji Gining	
				2	Mahure Vithbhati Khadakdoh	
				12	Reddy Jinning	
				3	Kothari ginning	
				12	Vinayak Factory	
				4	Dilite Lime	

## 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...**

Organization vision is "HEALTHY, SELF RELIANT & SELF GOVERNED COMMUNITY" based on that organization always like to support programme on each thematic area like community health, education, advocacy, sustainability. We had meeting with various allied systems like collector, DWCD (District women and Child development office), Tahasil office and health department for advocacy purpose and got good success in terms of schemes like

Sanjay Gandhi Niradhar Yojana, successfully organized camps for basic documents like Aadhar card, voting card. As per organization policy it's mandatory to conduct review of each programme for better improvement and monitoring of programme for better implementation. As part of support to programme Organization conducted monthly, quarterly and yearly review and planning meeting to understand progress and problems faced during implementation of project. Based on the planning and review meeting organization organized capacity building training for staff and ORW. Advocacy is key part in whole process for that we have visited government and non government organization for linkage development. Participated in state and national level networking programs organized by government and non government organization for advocacy purpose. Awareness programs conducted in project area for creating awareness among the migrant people and others.

## **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.**

The TI Staff possess varied understanding on TI perspectives of things at this moment, but they appeared to be sincere in their approach to the TI activities. The Management and office Bearers seemed slightly committed, thus, more support from them is required for the TI team to develop its potentiality. The TI has witnessed staff turnover, due to some Staff (Counsellor and Accountant cum M&E once) resigning for better employment. Those staff that left TI their resignation letter was not available in the office.

Separate file has been maintained for each staff with appointment letters, CV, experience certificates etc. Job descriptions and roles and responsibilities have been clearly described in the appointment letters. The staff is sensitized towards the target groups which they are presently working with. All the TI project staff has experience of the development sector. Overall project staff has average 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 SACS.

#### **Project staff structure :**

<b>Sr.No.</b>	<b>Post</b>	<b>No.</b>
<b>1</b>	<b>Project Director</b>	<b>1</b>
<b>2</b>	<b>Project Manager</b>	<b>1</b>
<b>3</b>	<b>Counselor</b>	<b>1</b>
<b>4</b>	<b>M&amp;E cum Accountant</b>	<b>1</b>

<b>5</b>	<b>Out Reach Workers (ORW)</b>	<b>5</b>
<b>6</b>	<b>Peer Educator (PL)</b>	<b>14</b>

**Staffing pattern with turnover of staff:**

<b>SN</b>	<b>Name of Employees</b>	<b>Designation</b>	<b>Education</b>	<b>Joining Date</b>	<b>Status: Continue or Discontinue</b>	<b>Resignation Date</b>	<b>Remarks</b>
<b>1</b>	Kishor M Moghe	PD	B.H.M.S.,MD	1-Dec-10	Continue		
<b>2</b>	Kishor Chandekar	PM	BSW	1/8/2011	Continue		
<b>3</b>	Gunvant Kale	M&E	B.A.	1/4/2015	Continue		
<b>4</b>	Ganesh Manusmare	Counselor	MSW	4/5/2015	Continue		
<b>5</b>	Mangesh Mule	ORW	B.A.	1/6/2011	Continue		
<b>6</b>	Sunil Meshram	ORW	12 <sup>th</sup>	1/9/2014	Continue		
<b>7</b>	Sumedh Dhopte	ORW	M.A.	1/6/2012	Continue		
<b>8</b>	Amol Jilladwar	ORW	B.A	1/4/2014	Continue		
<b>9</b>	Rahul Mangurkar	ORW	B.A.	1/4/2015	Continue		
<b>10</b>	Savita Gaikwad	M & E	B.Com, M.Lib	1/6/2014	discontinue	31/03/2015	
<b>11</b>	Rupesh Satbhai	M & E	B.A	1/4/2014	discontinue	31/05/2014	
<b>12</b>	Tulshidas Gurnule	ORW	12 <sup>th</sup>	1/4/2014	discontinue	31/08/2014	
<b>13</b>	Vishal Sapate	ORW	B.A	1/4/2014	discontinue	31/3/2015	
<b>14</b>	Mr. Vicky Choure	Peer Leader	12 th	1/8/2015	Continue		
<b>15</b>	Mr. Jagdish Khapare	Peer Leader	12 th	1/4/2015	Continue		
<b>16</b>	Mr. Dyneshvar Dadnje	Peer Leader	12 th	1/4/2015	Continue		
<b>17</b>	Mr. Shankar Vasekar	Peer Leader	12 th	1/4/2015	Continue		
<b>18</b>	Mr. Rajkumar Patel	Peer Leader	10 th	1/4/2013	Continue		
<b>19</b>	Mr. Hemant Mahakulkar	Peer Leader	Bsc	1/6/2013	Continue		
<b>20</b>	Mr. Balu Gedam	Peer Leader	10 th	1/4/2015	Continue		
<b>21</b>	Mr.Balu Davas	Peer Leader	12 th	1/7/2014	Continue		
<b>22</b>	Mr.Rahul Dongare	Peer Leader	12 th	1/7/2014	Continue		
<b>23</b>	Mr. Nilesh Rajurkar	Peer Leader	BA	1/7/2014	Continue		
<b>24</b>	Mr. Gopal Rapillervar	Peer Leader	12 th	1/7/2014	Continue		
<b>25</b>	Mr. Vishal Bangar	Peer Leader	BA	1/7/2014	Continue		
<b>26</b>	Mr. Sunil Modak	Peer Leader	12 th	1/9/2014	Continue		
<b>27</b>	Mr.Sanjay Khatre	Peer Leader	12 th	1/11/2015	Continue		

28	Pravin Bankar	Peer Leader	12 th	1/4/2015	Discontinue	30/12/2015	
29	Pravin Kodape	Peer Leader	12 th	1/4/2015	Discontinue	29/6/2015	

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

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

MSACS and other collaborating agencies have conducted training programs where all the 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

Sr · N o.	Date	Organi ze by	Type of Particip ant	No. of Particip ant	Durati on	Topic	Description
1	26-27 Decemb er 2014	STAPI Pune	Counsel or	2	2 Days	<b>TOT for Coun selors on Peer Educa tor Traini ng</b>	<ul style="list-style-type: none"> <li>✓ Capacity building about project activity</li> <li>✓ Counseling</li> <li>✓ How to capacity building of peer educator</li> <li>✓ Aware about TI services</li> <li>✓ (HIV test, syphilis, HRG</li> <li>✓ new registration, condom demand )</li> <li>✓</li> </ul>
3	27-30 January 2015	STAPI Pune	Project Manager and M & E cum Account ant	2	4 days	Induct ion Traini ng	HRG registration form <ul style="list-style-type: none"> <li>✓ How to feel of project related various form</li> <li>✓ Referral form</li> <li>✓ Recompilati</li> </ul>

							on sheet
4	15/05/2012	Gramin Gramu pyogi Vihyan Kendra, Dattapur, Wardha	ORW	04	04 day	Induction	✓ Demonstration on (how to repo building with ) Repo with stockholder How to work with HGR (Migrant ) Details of services and on work Social scheme awareness

### 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 seen but was not separate for TI. TI office is located near the congregation spots/area; offices infrastructure is good, office is very much spacious,

#### Details of Assets

IV. The organisation has infrastructure in Wani, Yavatmal, Chandrapur, Jalka and Darara. We have well established training hall with residential facilities at Jalka, Wani and Yavatmal.

Sr. No	Details of infrastructure	Quantity (Nos)
1	Equipped training hall with capacity of 50 participants with residential facility. Also Drop in centre office established in Yavatmal district head quarter.	1
2	Training hall with capacity of 50 participants with residential facility at Jalka village	1
3	Residential crèches for FSWs children's at Jalka, Wani and Chandrapur with residential facility and playing ground for 90	3

	children's	
4	Organization has 11 acres of Agriculture land at Darara and Jalka villages for various entrepreneurship and agri related demonstration.	
5	Organization has project offices in Wani, Yavatmal, Chandrapur, Pusad, Arni, jalka and Darara.	7
6	Plots	21500 Sq.fit
10	Computer	9
11	Camera	7
13	Cooler	9
14	DVD	3
15	Cycle	10
16	Fan	36
17	Freeze 1	4
18	Generator	2
19	Inverter	3
20	Inverter Battery	4
21	Laptop	4
22	Tab	10
23	LCD	2
24	TV	2
25	TV with DVD	2
26	Vehicle (Two wheeler)	8
27	Four Wheeler	2

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

The team largely follows MSACS prescribed documents and formats. Mostly all the documents were available but most of them were not updated regularly and properly.

Staff review meetings are held four times a month is in place which is properly documented.

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

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

### **III. Programme Deliverables**

#### **Outreach**

1. Line listing of the HRG by category

<b>New Registration</b>			
<b>Sr. No.</b>	<b>Type of registration</b>	<b>Number</b>	<b>%</b>
<b>1</b>	<b>DIC</b>	<b>939</b>	<b>8.89%</b>
<b>2</b>	<b>Health Camps (STI Clinic)</b>	<b>4627</b>	<b>43.85%</b>
<b>3</b>	<b>Counseling</b>	<b>4985</b>	<b>47.24%</b>
	<b>Total</b>	<b>10551</b>	

State wise registration			
Sr.No.	State	Number	%
1	Andhra Pradesh	260	2.46%
2	Bihar	54	0.51%
3	Chhattisgarh	1788	16.94%
4	Gujarat	3	0.02%
5	Jharkhand	19	0.18%
6	Madhya Pradesh	1113	10.54%
7	Maharashtra	7169	67.94%
8	Odisha	40	0.37%
9	Punjab	5	0.04%
10	Rajasthan	2	0.01%
11	Uttar Pradesh	92	0.87%
12	West Bengal	6	0.05%
	<b>Total</b>	<b>10551</b>	

Occupation wise registration (2015-16)			
Sr.No	Occupation	Number	%
1	Industrial worker	5260	49.85%
2	Brick Kiln workers	165	1.56%
3	Hawkers	6	0.05%
4	Mine worker	217	2.05%
5	Construction worker	518	4.90%
6	Daily Wages/Mathadi Kamgaar/ Auto	58	0.54%
7	Sand quarry worker	45	0.42%
8	Skilled workers (Loom, Furniture, Jewellery, Zari etc.)	31	0.29%
9	Hotel worker	11	0.10%
10	Dairy workers	7	0.06%
11	Hammal / Labour	4233	40.11%
	<b>Total</b>	<b>10551</b>	

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

New Registration			
Sr. No.	Type of registration	Number	%
1	DIC	939	8.89%
2	Health Camp (STI Clinic)	4627	43.85%
3	Counseling	4985	47.24%
	Total	10551	

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

- Micro planning in place but followed unevenly by the project staff and the PLs.
- The project staff has their plans in place, but ORWs are the ones who follow micro planning.
- Micro-planning in place and it reflects in quality and documentation but the same require improvement and to be reviewed after a given period.

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

- Outreach planning done on a very basic level.
- Outreach requires mapping out key congregation points especially in destination areas – the places where the migrants congregate and can be accessible for meaningful group sessions.
- Outreach need to identify local sex networks including their size, distribution and mobility.
- Outreach requires developing rapport with the other organisations in the vicinity to avoid duplication of services and provide continuum of services in holistic approach.
- Outreach need to identify key stakeholders and particularly the contractors /agents / unions / contract systems
- BCC information required to be made available through standard activities such as one to one, one to groups, peer education, mid media campaign, information booth at the contractor's office or in the DIC etc.

## 5. PL: HRG Ratio:

Sr. No	Name of ORW	Name Of Peer leader	Population
1	Sunil Meshram	Shankar Wasekar	640
		Dyaneshawar Dadanje	457
		Hemant Mahakulkar	429
2	Sumedh Dhopate	Balkrushan Gedam	1014
		Balu Dhawas	763
3	Mangesh Mule	Rajkumar Patel	987
		Sunil Modak	1093
4	Rahul Mangulakar	Vikki Choure	254
		Gopal Rapelliwar	248
		Sanjay Khatre	254
5	Amol Jilladwar	Nilesh Rajurkar	987
		Rahul Dongare	973
		Jagdish Khapare	980
		Vishal Bangar	1472

## 6. Documentation of the peer education.

- PLs are either semi literate or illiterate.
- PLs do not have basic understanding about the documentation.
- The PLs mostly remember the numbers of commodity distributed and name of the HRGs met which is shared to their respective ORW in charge and thus the team is skeptical about the quality of the document collected.
- ORWs help PLs to complete their documentation.

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

- PLs are not very vocal and are timid while they communicate and they require more capacity.
- The PLs are a group of illiterate or semi literate people who require ORWs help to do the documentation.
- Most of the community members are satisfied by the services provided by the PLs.

- Most of the PLs are from the destination and a few among them represent the migrant community of source.
- Some of the PLs knowledge and clarity on the project is very low and that can be detrimental to the project.

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

- Supervision is done at two levels first at ORW level and second at PM level.
- The evaluation team is skeptical about PM's role in monitoring and supervision.
- Proper documentation for this process is not followed by the project.
- No minutes available with the project staff for looking into follow up action taken by the management for any specific task assigned.

### **IV. Services**

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

- STI service is delivered through linkages with Govt. hospital examination.
- The TI has appointed doctors to provide services and the doctors have been found to deliver an average of 60 hrs of their services in the health camps organized.
- Medical checkups were done with the HRGs.
- All medical checkups are done by the doctors in medical camps.
- The MLS are not linked to PPP or Govt STI clinic.
- The clinics conducted are in the form of health camps and the team was doubtful about the screening of genital area as the project lacks infrastructure in that form.

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

- The STI services is provided through PPP and the clinic of which is assessable by the community.
- STI drugs were not made available to the community.
- There is very little privacy in the health camps conducted and most treatments are based on symptoms shared by the MLS visiting.
- Medicine stock is distributed by the TI staffs in the health camps.
- It was understood that the clinic service address general health issues focusing little on sexual health unless anyone visits with such complaints.
- There should be opportunity for recreational facility within the centres which will attract the migrant to drop in and access services. Migrants required to be given a resource kit that will broadly cover the information on HIV/AIDS/STI and Condom packs.

<b>1</b>	<b>Target Health Camp</b>	<b>180</b>
<b>2</b>	Actual health camp	180
<b>3</b>	Clinical attendance	4627
<b>4</b>	Exit interview	468
<b>5</b>	Physical examination	4614
<b>6</b>	STI	611

**3. 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.**

- Documents and record keeping is a real issue with the TI and the necessary documents has not been maintained properly.
- Documents are maintained as per NACO- SACS guidelines, lack of understanding for the same is found with the project staff.
- Referral slips are found to be properly filled up.
- Follow up cards not found.
- Central stock registers are maintained.
- The TI is not maintaining any accounts book of the CSM.

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

- Sustainable system for monitoring condom outlet to be developed.
- Condoms are sold through condom outlets and the project has managed to sell off very few of the commodity.
- Identifying and prioritizing spots for initiating condom outlets required to be done by the TI where CSM and free condom required to be made available.
- The TI has indulged itself to CSM only and has never put effort in linking the population to the facilities where free condoms are available.
- The CSM stock register found with the organization which evidentially shows that the TI has procured any condoms and the same has been distributed among the ORWs, PLs and outlets. It doesn't even reflect accounts of trade i.e. money collected back from respective field workers and outlet for further purchase.

**5. No. of condoms distributed through outreach/DIC.**

Sr. No	Outlet	Condom Demand	Distribution
1	Ajay Patil	180	200
2	Vivek Jadhav	180	350
3	Santosh Bhau	180	120
4	Sandip Ladake	180	225
5	Amar Chavan	180	110
6	Satish Thakare	180	200
7	Aman Bhai	180	90
8	Pradip Bhoyar	180	260
9	Sandip Setiye	180	50
10	Usman Bhai	180	250
11	Ashok Patil	180	300
12	Digambar Pavar	180	300
13	sattar Bhai	180	600
14	Sahid Sekha	180	50
15	Gapur Patel	180	200
16	raju bhau	180	60
17	Rahul Point	180	330
18	Sekha salim	180	20
19	Pradip Chavan	180	90
20	Manish Patil	180	45
21	Anil Rathod	180	100
22	Suraj Gedam	180	250
23	Prashant raut	180	20
24	Santosh Chavan	180	100
25	Rakesh Warma	180	50
26	Javed Pathan	180	150
27	Manoj Bhau	180	80
28	Aniket Reddy	180	200
29	Sejad Kha	180	120
30	Roshan Pavar	180	90
31	Shubham Keshagil	180	135
32	Sanjay Patange	180	120
33	Sanjay Bansod	180	100
34	Ajay Thakare	180	210
35	Nilesh Warma	180	120
36	Shubham Gedam	180	200
37	Avinash Dudhe	180	150
38	Amol Pavar	180	100
39	Sunil Dangare	180	120
40	Manoj Jagtap	180	90
41	Manish Jadhao	180	60
42	Amar Patil	180	60
43	Mahesh Bhau	180	90
44	Santosh Nagare	180	50
45	Dipak Bhau	180	65

46	Shakar Sete	180	40
47	Shekh Salim	180	100
48	Javed Bhai	180	40
49	Sanjog Bahade	180	90
50	Pravin Ulmale	180	100
51	Nitin Nagrale	180	125
52	Sanjay Aaskar	180	100
53	Javdd Pathan	180	120
54	Naresh Tekam	180	120
55	Vikam Ladake	180	163
56	Suresh Dhavane	180	198
57	Banti Gandhevar	180	123
58	Latif Khan	180	100
59	Gaju Gandhevar	180	140
60	Sudhir Matte	180	140
61	Vikas Lokhande	180	110
62	dinesh Jivane	180	120
63	Mr. Vikas Atram	180	150
64	Mr. Arun Gedam	180	125
65	Mr. Kartik Wandhare	180	129
66	Mr. Sonal Aasvale	180	200
67	Mr. Kailas Pendor	180	300
68	Anil Pachbhai	180	251
69	Amol Dhavale	180	21
70	Maroti Chikram	180	409
71	Jay Shedmake	180	200
72	Chanduji Kulsange	180	225
73	Mr. Raju	180	120
74	Champat Atram	180	200
75	Maroti Kale	180	125
76	Pan shop	180	123
77	Pan shop	180	120
78	Pan shop	180	124
79	Digambar Lokhande	180	120
80	Sanju Khobardage	180	198
81	Gaju Masram	180	200
82	Pan shaop	180	280
83	Sunil Raut	180	250
84	RajRavi Akkewar	180	120
85	Pan shop	180	130
86	Pan shop	180	120
87	Pan shop	180	26
88	Dinesh Vankhede	180	124
89	Vikas Meshram	180	141
90	Vikas Meshram	180	40
91	Dinesh Kunmare	180	145
92	Sainath Waghade	180	90

93	Vijay Katkar	180	20
94	Rajendra Gore	180	40
95	Vikas Balki	180	60
96	Gajanan Labhane	180	126
97	Vikash Gupta	180	126
98	Gautam Taksande	180	225
99	Vidynand Nehare	180	70
100	Munna Madkam	180	60
101	Aaditya Todsam	180	120
102	Homprakash Shete	180	90
103	Raju Bhojraj Lode	180	50
104	Narayan Valkonde	180	40
105	Pan shop	180	80
106	Pan shop	180	90
107	Pan shop	180	60
108	Pan shop	180	40
109	Pan shop	180	50
110	Sudhakar Ramchandra Londe	180	60
111	Manoj Arun Dambare	180	20
112	Ravishankar Madkam	180	80
113	Mahesh Papde	180	150
114	Aaptab	180	150
115	Sai Papde	180	140
116	Sandip Narayan Valkonde	180	261
117	Dhonduji Gore	180	148
118	Dhonduji Gore	180	198
119	Mr. Ramesh Pasare	180	240
120	Mr. Giridhar Gedam	180	125
121	Aryan Uike	180	150
122	Dilip milmile	180	125
123	Abhay pidurkar	180	75
124	Sachin sindurkar	180	215
125	Gajanan rasekar	180	220
126	Chandu shanbhadkar	180	250
127	Nikhil Karnevar	180	175
128	Vishal Khulsange	180	140
129	Ganesh Chahare	180	120
130	Kashinath Kale	180	125
131	Subhash Dhavle	180	200
132	Narayan Gode	180	160
133	Raju Pandhari Sonkamble	180	90
134	Suresh Shiva Dhethe	180	80
135	Sai Jagnatha Kevat	180	90
136	Aashish Madkam	180	120

137	Irfan Shekh	180	260
138	Shiva Rakhunde	180	220
139	Sunil Madkam	180	180
140	Devidas Mohorampuri	180	125
141	Narayan Chukare	180	225
142	Salam Bavne	180	120
143	Ajay Satpaise	180	180
144	Sai Devtale	180	150
145	Viju	180	200
146	Vijay Chaukare	180	100
147	Vilas Chaukare	180	208
148	Manish	180	218
149	Mr. Gajan Makade	180	235
150	Sunil Rathod	180	50
151	Anil Chavan	180	40

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

- Project has good linkages with the existing govt. infrastructure for STI and allied services.
- A good rapport with the local govt hospital and its STI centre, DOT and Link-ART centers has been maintained.
- It was evident that the TI is referring MLs to the Govt. STI clinic and PPPs.

## **7. Referrals and follows up.**

- As the project has strong linkages with the govt. health systems referrals have not been a real issue with this project.
- Lack of Conceptual clarity within the field team and uneven planning may have a direct impact on the follow up part of the STI care component of the project, but follow-up of clients for the service is evidently good.
- While designing the social welfare and social security schemes, the TI require to ensure linkages with program of women and child welfare department that has lot of scheme for women.

## **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 formed two CBOs for community for sustainability and now CBOs getting funding for development. Both the CBOs formed under organisation's umbrella lack in coordination from organisation/management point of view.

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

Community is aware about the DIC activities, types of service delivery, DIC and its concept should be marketed by the project team. The MSM community could be increased by the way of giving community ownership through community participation for the project related activities. Resources for the DIC should be purchased and utilized especially TV, music system etc.

## **VI. Linkages**

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

- The organisation has been organizing camp ICTC services at field level conducted once a month and in each camps an average of 50 MLs have been found to be tested for HIV and syphilis.
- It was found in the ICTC that large group of HRGs are brought in the facility.
- Linkages with local youth clubs, trade union associations, community leaders and other key stakeholders to be made to provide useful information and access to these migrants groups which would facilitate easier access.
- Awareness to be generated on various schemes available with the government that the migrant can access.

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

<b>1</b>	<b>Target for HIV Test</b>	<b>3823</b>
<b>2</b>	<b>Tested for HIV</b>	<b>4016</b>
<b>3</b>	<b>Reactive</b>	<b>12</b>
<b>4</b>	<b>ART link</b>	<b>12</b>
<b>5</b>	<b>On ART</b>	<b>5</b>

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

- They have got strong linkages with ICTC, Linl-ART and STI clinic. The HRGs referred to the service providers are dealt in priority.
- It would be ideal to have standalone ICTC with the organization.

## **VII. Financial system and procedures**

### **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 "Gramin Samassya Mukti Trust,Wani, Dist. Yavatmal " for the period from 1<sup>st</sup> April 2015 to 31<sup>st</sup> 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;

<b>SI No</b>	<b>Particulars</b>	<b>Details</b>	<b>Observations</b>	<b>Ref to Evaluation Tool (score sheet)</b>
<b>1</b>	<b>Project and Budget</b>	<b>TI project of Migrant</b>	<p>The total budget was Rs.18,16,400 for the project period April 2015 to March 2016.</p> <p>During the period from 1<sup>st</sup> April 2015 to 30<sup>th</sup> Sept 2016, an amount of Rs. 4,11,977 have been released date on 12/10/2015 &amp; Rs. 8,23,953 have been released date on 17/12/2015, Bank Interest received Rs 4,012/- and there was last year( 2014 to 2015) receivable amount as per the audit report of Rs.- 69,955/-</p> <p>The SOE submitted by the NGO up to 31<sup>st</sup> Mar 2016 reported total expenditure of Rs.17,75,212/- &amp; receivable amount 6,05,225/- for 31</p>	<b>SI No 1 (Budget Utilisation)</b>

			<p>march 2016</p> <p>Hence, the percentage of utilization to funds released comes to 97.73 %.</p>	
2	Financial system and procedures	2.0 Systems of Planning	<p>Financial guidelines have been prescribed by NACO, which has been provided to the NGO for adherence to/implementation of effective financial management.</p> <p>Annual action plan has divided into monthly breakup on which the team carries out the planned activities.</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 have been generally complied with.</p> <p>No cases of payment in bearer cheques have come to notice on verification process.</p>	SI No.12 (Cash in Hand)
3	Systems of payments	3.0 Use of printed serialized vouchers	<p>It was observed the project has not followed the NACO/MSACS</p>	SI No.6 (System of payment-Record)

		<b>Book Keeping</b>	<p>financial guidelines with regards to using pre printed voucher numbers for all vouchers passed during the review period.</p> <p>Cash Book and Ledgers are maintained in Tally Software was updated upto 31.03.2016 and ledger updated upto 31.03.2016.</p>	<p><b>Keeping)</b></p> <p><b>SI No.7 (System of Book keeping)</b></p>
		<b>3.1 Approval system and norms/Authorisation of expenditure</b>	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 no system of taking prior approval before incurrence of the expenditure.	<b>(SI No. 2) Pattern of expenditure</b>
		<b>3.2 Practice of settling advance</b>	The accounts were found to be maintained on cash basis. Expenditure has been booked on receipt of the bills. Advance payment and settlement system is followed.	
<b>4</b>	<b>System of Documentation</b>	<b>4.0 Bank Account</b>	<p>Saving Bank Account with State Bank of India, Branch Wani (A/c.No.31337651698) is maintained in the name of "GSMT Migrant Health Project" Branch. The bank account is jointly operated by Project Director, Finance Manager &amp; Accountant.</p> <p>No other money was</p>	<b>SI No. 3 (Bank Account)</b>

			found to be parked in this account.	
		<b>4.1 Bank Reconciliation statement</b>	<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 no cheque found in reconciliation for the month of Mar-16</p>	
		<b>4.2 Statement of Expenses and other MIS reports</b>	<p>As discussed, and checked in the files maintained in the office, Three &amp; Six 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>	<b>SI No.8 &amp; 9 (Financial Reporting-Submission of SOEs)</b>
		<b>4.4 Loan from General Fund(NGO)</b>	<p>Loan/ Advance is taken from GSMT Rs.99,094/- by cheque &amp; Cash 22,500 in the year But cheque Transaction was made directly from GSMT GF Account to Vendor hence ,there was no reflection of the same found in TI project account.</p>	
		<b>Compliance to SACS directions/Audit observations</b>	<p>Verified the Internal audit report submitted by M/s. L. D'SOUZA &amp; CO Chartered Accountants for the</p>	<b>SI No. 11(Compliance to SACS directions)</b>

			<p>period from April 2015 to Mar 2016.</p> <p>There are no such specific observations in the audit report which needs compliance. The audit report has been forwarded to MSACS and it was found that the compliance report has been submitted to MSACS until our visit.</p>	
<b>5</b>	<b>Human Resource</b>	<b>5.0 recruitment, positioning payment procedures</b>	<b>Staff and</b> <p>The staff turnover during the project period was analysed and verified with related record. Detail observations are noted below; Counselor post vacunt month of April 2015</p> <ol style="list-style-type: none"> <li>1. Ganesh Manusmare has been joined from 4 May 2015 as a counselor. Recruitment process file not show</li> </ol> <p>No any corrections and over writings were found on the salary later attached to voucher.</p> <p>The TI unable to produce/show the Counsellor's individual recruitment file.</p>	
<b>6</b>	<b>System of Procurement/ Cash Disbursement</b>	<b>6.0 Rent of Office Cum DIC</b>	<p>2 Additional DIC have in project as per budget 2015-16</p> <p>First DIC agreement made between Shri. Ravi Korwate for the period 1<sup>st</sup> April 2015 to 31<sup>st</sup></p>	<p><b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b></p> <p><b>SI No.5 (System of</b></p>

			<p>March 2016 but his Terminated on 30<sup>th</sup> June 2015 hence this DIC Payment made only 3 months is April to June 2015. Newly Agreement made Between Nadim Kadir sheikh and Project for the period July 2015 to May 2016 henc during this year Payment made Rs.30,000/- Remaind payment is Rs.15000/- payable booked. Second DIC Agreement made between GSMT and Project for the period April 2015 to 31<sup>st</sup> March 2016. During this year DIC Payment paid Rs.45,000/- remain Rs.15000/- is payable booked. Rs.8,000/-per month Rent for office cum DIC Agreement made between GSMT and Project. during this year paid is Rs.72000/- Remain Rs.24000/- is Payble booked.</p> <p>Hence Total Expenses Boked for</p>	<p><b>payment- Mode of payments)</b></p>
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			<p>Additional DIC is Rs.120000/- for this year and Expenses of Rent for office cum DIC Exp. Is Rs.96000/- for this year all this are as per SOE submitted and Books office and relavent documents.</p> <p>Rent Agreement made on Stamp Paper of June 2015 for period April 2015 to 31 March 2016</p>	
		<b>6.1 Computer peripherals, Furnitures and Equipments</b>	<b>No budget has been allocated for the period under evaluation</b>	<b>SI No 13 (Procurement System)</b>
		<b>6.2 Office Expenses</b>	Expenditure includes charges, Internet, telephone expenses, stationeries and other admin expenses etc. Few observations on checking of bills/vouchers and supporting documents are available.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>6.3 Insurance of staff</b>	Organization covered of TI staff insurance from 29.3.2015 to 29.3.2016 from 2014/15 budget. That's why organization not utilize insurance budget of Rs.4000/- from year 2015-16 budget. Organization explained that we will propose budget in 2016-17 for renewal of insurance.	
		<b>6.4 Travel cost for admin purpose and program</b>	Exact amount of travel budget for all the project staff are being paid on monthly basis	<b>SI No.4 (System of payment-Verification of</b>

			<p>on production of tour statement in which, date, places mode of travel and amount claimed is recorded. There is information available relating to distance covered. Travel amount disbursed actual basis in budget guideline.</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. Some time ORW travel by auto so relevant document not attached</p> <p>Some travel expenses have been paid via Cheque. &amp; Some travel expenses show the payable Book</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>	<b>Bills and Vouchers)</b>
		<b>6.5 Annual Maintenance Contract(AMC)</b>	AMC of computer not done only computer reaper .	
<b>7</b>	<b>Program Delivery</b>	<b>7.0 Honorarium to PEs</b>	Honorarium to all PEs are made through account payee cheques. Signatures have been	<b>SI No.4 (System of payment-Verification of Bills and</b>

			taken on acquaintance register.	<b>Vouchers)</b>
		<b>7.1 Consultation fees for Doctor for referral</b>	<p>Dr. Ankit Zinge is appointed as consulting physician for the period from 1 April 2015 to 31 Mar 2016.</p> <p>Dr. Prashant Pathade is appointed as consulting physician for the period from 1 April 2015 to 31 Mar 2016.</p> <p>Dr. Harish Pazare is appointed as consulting physician for the period from 1 April 2015 to 31 Mar 2016.</p> <p>.Doctor Profile are available. Verified the payments made to doctors, which were found to be made in account payee cheques.</p>	<p><b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b></p> <p><b>SI No.5 (System of payment-Mode of payments)</b></p>
		<b>7.2 DIC level Meeting</b>	32 nos of DIC level meeting happened upto Mar 2016,DIC Meetings Expenses Provision are not available in Budget As per Sanctioned Budget sheet 2015-16	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>7.3 Demand Generation Activities</b>	24 activities have been recorded in different hotspots from April 2015 to Mar 2016. Budget release from Msacs of Rs.12000/- (Rs.500per Activity) total Rs.11995 Fund has been utilized. All expenditures are supported by bills approved by PD.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>

		<b>7.4 Advocacy Activities</b>	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.4800 year for conducting at least 24 such activities in the project period. 24 Advocacy meeting done by Project Rs. 4800/- has been Utilized.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>7.5 Congregation Events</b>	10 nos community event was conducted and as against budget of Rs.8,000/- an amount of Rs.7,987/- is reported as spent. The expenditure were supported by bills and hand written slips approved by PD.	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
		<b>7.6 Crises Response</b>	Not allow	<b>SI No.4 (System of payment-Verification of Bills and Vouchers)</b>
<b>8</b>	<b>Service Related Expenses</b>	<b>8.0 Health Camps &amp; Street Play</b>	<p>1) 180 health arrange year of 2015 to 2016 Budget release from MSACS of Rs.1,80,000/-total fund utilized Rs.1,80,000/- of All expenditures are supported by bills approved by PD.</p> <p>The payment made exceeded the sanctioned budget limit of Rs. 750/session</p> <p>2) 24 Street Play arrange year of 2015</p>	

			<p>to 2016 Budget release from MSACS of Rs.36,000/-total fund utilized Rs.36,000of All expenditures are supported by bills approved by PD.</p> <p>The street plays were supposed to be organized 2 per month throughout the year. However, the TI exhausted the total budget between January and March, 2016 without assigning any specific reason.</p>	
		<b>8.1 Abscess Prevention</b>	Not Applicable.	<b>SI No.10 &amp; 13 (Purchase of drugs)</b>
		<b>8.2 Syphilis Testing</b>	This Activity completed( 758 tested done) but Budget is not available from MSACS as all the tests were conducted in Government hospitals free of cost.	
		<b>8.3 Disposal of Bio-waste</b>	Not Applicable	
<b>9</b>	<b>Commodities</b>	<b>9.0 Needle &amp; Syringes (Lubricant)</b>	Not Applicable	<b>SI No.10 &amp; 13 (Purchase of drugs)</b>
<b>10</b>	<b>Documentation</b>	<b>10.0 Documentation Cost/BCC Materials</b>	There was budget provision of Rs.4,000/- towards cost of documentation including development Bcc material Printing pamphlet Expenses. Rs.4,000 is expenditure incurred till date.	<b>(System of payment-Verification of Bills and Vouchers)</b>
		<b>10.1 Need Assessment</b>	<b>No budget allocated for the current project period</b>	
<b>11</b>	<b>Assets.</b>	<b>11.Assets Resgister</b>	Physical Assets Verified. Stock book is maintained but not	

			separately. Stationary & Assets combined. maintain	
12	Stock	Condoms	Checked physical stock condoms stock book is maintained properly. There was a stock out of condoms during 17.02.2016 to 03.03.2016. Date of manufacturing/expiry and batch number was missing in the condom stock register.	

### **VIII. 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.**

- He has got good understanding on the indicators of the TI components.
- He is good in field work but technical knowledge requires development.
- Technical inputs recommended are: management of data, knowledge about program performance indicators, mentoring and field visit & advocacy initiatives etc.
- He requires monitoring the project activity and analyze data and authenticate the validity of the same

#### **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 is new to the project and is yet to get an induction training
- He has got an average understanding about the basics of counseling.
- His understanding about the basics of HIV/AIDs and STI is clear though.
- The counselor is not very popular among the stakeholders.
- His clarity about counseling and the six TI components is average

#### **VIII d. ORW**

Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC Testing, Support to PEs, field level action based on review meetings etc.

- No ORWs are from the community.
- The ORW are found to be vocal and their skills of communication are good.
- Most of them are young in the TI and they have not been provided with proper induction.
- Few ORWs are gem to the project and their popularity among the MLs and stakeholder is praise worthy. It seems that the ORWs are leaders of the community in real term.
- They share a good rapport with their PLs.
- ORWs are aware and confident about field level situation which is a great sign.

#### **VIII g. 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.**

- Most of the PLs belong to the age group of >30 and thus a lack in field dynamicity has been found.
- The capacity of the PL is poor and they are found to be quite timid.
- Demonstration skills require improvement.
- They lack knowledge on symptoms of STI, knowledge about service facilities etc.
- The PLs are quite involved in the project and the TI requires ensuring greater involvement of the PLs in the intervention.

#### **VIII j. M&E Officer**

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

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

- He is more a data manager than a M&E officer.
- His understanding on TI component is average.
- His understanding on component wise indicator is average.
- His analytical skill requires development

## **IX. Services**

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

- 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 hotspots 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 need to be more frequent.

## **X. Community involvement**

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

- 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.

## **Commodities**

**XI. 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. However, the micro level planning for uninterrupted supply of condoms was average as there was an incidence of stock out during the period 17.02.2016 to 03.03.2016.

### **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.
- No 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.**

**XV. Best Practices if any.**

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)	<a href="mailto:rajiv@rajivsarkargroup.com">rajiv@rajivsarkargroup.com</a> +91 9831011179/9748901046
Mr. Sanjoy Chowdhury (Co-Evaluator)	<a href="mailto:sanjoychowdhury74@gmail.com">sanjoychowdhury74@gmail.com</a> +91 9051783048
Mr. Ravindra Kolhe(Finance Evaluator) from DAPCU	<a href="mailto:dpoyavatmal@mahasacs.org">dpoyavatmal@mahasacs.org</a> +91 9850523081
Mrs. Preeti Das (Officials from SACS/TSU (as facilitator)	<a href="mailto:dpoyavatmal@mahasacs.org">dpoyavatmal@mahasacs.org</a> +91 9325689743

Name of the NGO:	GRAMIN SAMASSYA MUKTI TRUST
Typology of the target population:	Migrant
Total population being covered against target:	10551/10000
Dates of Visit:	29 <sup>th</sup> and 30 <sup>th</sup> April, 2016
Place of Visit:	Wani

**Overall Rating based programme delivery score:**

Total Score Obtained (in %)	Category	Rating	Recommendations
Organizational Capacity- 100%	B	Good	Recommended for continuation.
Finance – 76.9%			
Programme Delivery- 78.6%			

### **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.
- 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.
- The TI requires supplementary linkages with PPP and Govt. STI clinic.
- The TI requires a formal clinic set up to offer decent STI services to the population.

<b>Name of the Evaluators</b>	<b>Signature</b>
<b>Mr. Rajiv Sarkar(Team Leader)</b>	
<b>Mr. Sanjoy Chowdhury (Programme Evaluator)</b>	
<b>Mr. Ravindra Kolhe (Finance Evaluator) from DAPCU</b>	
<b>Mrs. Preeti Das (from DAPCU as Facilitator)</b>	