

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 and address of the Organization: Gramin Samassya Mukti Trust, 16 Sadhankarwadi, Wani District Yavatmal, Maharashtra – India. Pin Code – 445 304.
 - Chief Functionary: Dr. Kishor Moghe
 - Year of Establishment: 30th March 1991
 - Year of month of project initiation: September 2010

- **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, Near Shila Devi Bora Public School, Lohara, Yavatmal. Dist. Yavatmal 445001	9423664785
4	Dr. Anil Lonare	Secretary	Vitthal Mandir Road, Wardha 442101	9850303168
5	Mrs. Sangita Patil	Joint Secretary	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

- **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**

27th -28th April, 2016.

Profile of TI

(Information to be captured)

- **Target Population Profile: 1210**
- **Type of Project: core composite – MSM/FSW Core Composite**

- **Size of Target Group(s): Sub-Groups and their Size**

FSW

#	Typology	Number	%
1	Brothel base	554	47.19
2	Home base	121	10.31
3	Street base	33	2.81
4	Lodge base	28	2.39
	Total	736	

MSM

#	Typology	Number	%
1	Kothi	469	39.95
2	Panthi	172	14.65
3	DD	73	6.22
	Total	714	

- **Target Area: The organization is covering total 10 sites namely – Yavatmal, Ralegaon, Ghatanji, Kalamb, Babhulgaon, Arni, Ner, Darwha, Pandharkawda, Wani. Under 10 sites they are covering total 73 hot spot.**

#	Sites	Description
	Yavatmal	MSM
		1) Athwadi Bazar- 2 HRGs - Home based
		2) Azhad Maidan-5 HRGs – hot spot
		3) Bus Stand – 61 HRGs – hot spot
		4) Court -1 HRGs – hot spot
		5) Lohara -2 HRGs – home based
		6) Postal Ground-46 HRGs hot spot
		7) Tahasil Office -3 HRGs public place
		FSW
		Bus Stand- 29 HRGs Lodge based activity
		Godhani Road-46 HRGs – Home based
		Lohara- 57 HRGs home based
		Wadgaon- 17 HRGs home based
		Waghapur- 8 HRGs home based
	Arni	MSM
		Arni Naka -8 HRGs
		Athwadi Bazhar -7 HRGs
		Bus Stand- 38 HRGs
		Bypass Road -5 HRGs hot spot
		Jawala -2 HRGs
		Khed-1 HRGs
		Sawali-46 HRGs
		Tahasil-1 HRGs
		FSW

		Arni Premnagar- 63 HRGs
		Arni Naka-1 HRGs
		Athwadi Bazhar- 2 HRGs
		Shastrinagar- 5 HRGs
	Darwha	MSM
		Bori Arab -8 HRGs village
		Bus Stand- 20 HRGs
		Golibar Chouk -9 HRGs
		Pooja Win bar- 9 HRGs – hotspot
		Tiwasa- 13 HRGs – village
	Ner	MSM
		Borgaon – 12HRGsvillage
		Borgaon PHC –29 HRGshot spot
		Bus Stand-25HRGs
	Ghatanji	MSM
		Athwadi Maidan- 17 HRGs
		Bus Stand – 19 HRGs
		Tahasil Chouk -20 HRGs
	Ralegaon	MSM
		Bus Stand - 48 HRGs
		Netaji Nagar-11 HRGs
		Prem Nagar- 19 HRGs
		Shanti Nagar- 21 HRGs
		Shivaji Nagar-15 HRGs
		FSW
		Bus Stand -40 HRGs
	Kalamb	MSM
		Bus Stand- 2 HRGs
		Indira Nagar- 7 HRGs
		Malipura -27 HRGs
		Masjidpura – 7 HRGs
		Mathanagar-9 HRGs
		Shardanagar-11 HRGs
		FSW
		Bus Stand-14 HRGs
		Jodmoha Ghati- 1 HRGs
		Jodmoha Vithalwadi-2 HRGs
		Jodmoha watbori-2 HRGs
		Kalamb Antargaon-4 HRGs
		Kalamb Jodmoha-4 HRGs
		Nanzha-3 HRGs
		Nirmahur-1 HRGs
		Palodi-2 HRGs
		Rasa-1 HRGs
	Babhulgaon	MSM
		Bus Stand -5 HRGs
		Athwadi Maidan-5 HRGs
		FSW

	Pandharkawada	Behind Petrol pump 3 HRGs
		Bus Stand -9 HRGs
		Highway Bridge- 23 HRGs
		Mahatmaphule Ward- 46 HRGs
	Wani	FSW
		Gandhi Raod-1 HRGs
		Premnagar- 346 HRGs
		Wani-6 HRGs

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. They 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 they 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 HRGs and others. Due to advocacy with health department HRG (High risk group) beneficiary received benefits without discrimination. The organization registered two CBOs. One CBO from MSM community and 2nd from FSW community and most important both CBOs receiving funds from SWASTI resource centre, Bangalore for office development and sustainability of community. MSM CBO namely Navchetna Yuva Vikas Sanstha established office in Arni

Tahasil and FSW CBO namely Jivandhara Mahila Vikas Samiti established office in Pusad tahasil.

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.

Sanctioned staff in project is 100% in place, qualification of the all staff is as per the requirements of the programme. Staff turnover was found in the organization 2 out of 5 ORWs have been reshuffled, however the vacant positions were filled within the stipulated time frame, apart from this all the staff appointed in project have been working in last two years. Thus, the staff retention rate was found to be satisfactory.

TI has major turnover of Peer Educators of the project and 12 out of 20 PEs have been changed once in the project period due to different reasons, as told by the TI staff some of the PEs left the project due to personal and some of the PEs have migrated to some other places.

All the related documents were seen on the project office, all were as per the project deliverables and its proper documentation was found non-systematic. Thus, day to day support and services to HRG's were found affected.

Separate file has been maintained for each staff which has appointment letters, CV, experience certificates etc. Job descriptions and roles and responsibilities have been clearly described in the appointment letters. The staff is not found to be sensitized towards the target groups which they are presently working with. All the TI project staff has experience of the development sector except the newly appointed PM, who has joined on April 1st, 2016. Overall project staff has a very basic understanding of the HRG groups and on the components of the TI project.

Attendance and leave records were properly maintained.

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

Staffing pattern with turnover

:

SN	Name of Employees	Designation	Education	Joining Date	Status: Continue or Discontinue	Resignation Date
1	Kishor M Moghe	PD	B.H.M.S.,MD	01-Dec-10	Continue	

2	Sheikh Shammi	PM	MSW, M.Phil	01-Dec-12	Discontinue	30-Mar-16
3	Syed Shakib	M&E	B.A. M.A	27-May-12	Continue	
4	Pradip Shende	Coun.	B.A.MSW.M.A.	01-Nov-13	Continue	
5	Rahul Khade	ORW	B.A. DMLT	01-Mar-15	Continue	
6	Sandip Chavhan	ORW	9th	01-Dec-10	Continue	
7	Umesh Pawar	ORW	B.A.	01-Dec-10	Continue	
8	Santosh Devtale	ORW	12th	01-Dec-10	Continue	
9	Gajanan Chandawar	ORW	BA	01-Apr-15	Discontinue	31-Oct-15
10	Avdhut chandel	ORW	B.A. M.A	01-Dec-15	Continue	
11	Dr. Sachin Bhoyar	PPP	B.A.M.S.	01-Sep-10	Continue	
12	Dr. Prajakta Bhoyar	PPP	B.A.M.S.	01-Sep-10	Continue	
13	Dr. Prakash Shirbhate	PPP	D.H.M.S.	01-Sep-10	Continue	
14	Dr. Sunil Deoghare	PPP	B.E.M.S	01-Sep-10	Continue	
15	Dr. Manik Mandawkar	PPP	B.E.M.S	01-Sep-10	Continue	
16	Dr. Jyoti Narlawar	PPP	M.B.B.S.	01-Sep-10	Continue	
17	Dr. Somnath Bhoyar	PPP	M.B.B.S.	01-Sep-10	Continue	
18	Dr. Savita Potdhukhe	PPP	M.B.B.S.	01-Sep-10	Continue	
19	Dr. Sunil Bonde	PPP	B.A.M.S.	01-Sep-10	Continue	
20	Dr. Atul Mainde	PPP	B.A.M.S.	01-Sep-10	Continue	
21	Dr. Harish Pazare	PPP	B.A.M.S.	01-Sep-10	Continue	
22	Dr. Arti Patil	PPP	B.A.M.S.	01-Sep-10	Continue	
23	Mr. Kishor Shende	PE	4 th	01-Dec-10	Continue	
24	Mr. Umesh Kove	PE	12 th	01-Jan-16	Continue	
25	Mr. Bablu Ade	PE	10 th	01-Dec-	Continue	

				10		
26	Mr. Rupesh Ramteke	PE	12th	01-Apr-15	Discontinue	31-Dec-15
27	Mr. Ram Jadhav	PE	9 th		Continue	
28	Mr. Nilesh Dhabharde	PE	10 th	01-Apr-15	Continue	
29	Mr. Ganesh Atram	PE	7 th	01-Apr-15	Continue	
30	Mr. Mahadeo Atram	PE	10 th	01-Apr-15	Continue	
31	Mr. Vijayananda Mende	PE	10 th	01-Apr-15	Continue	
32	Mr. Akash Pise	PE	12 th	01-Apr-10	Continue	
33	Mr. Durgaprasad Kamble	PE	12th	01-Apr-14	Discontinue	30-Jun-15
34	Mr. Amarsing Gautam	PE	9 th	01-Aug-15	Continue	
35	Mr. Sadik Yelarkar	PE	8 th	01-Apr-10	Continue	
36	Mrs. Aarifa Sheikh	PE	10 th	01-Apr-15	Discontinue	30-Jun-15
37	Mrs. Kanchan Bhagat	PE	10th	01-Aug-15	Continue	
38	Mrs. Kavita Rathod (Madavi)	PE	No Education	01-Apr-15	Discontinue	31-Dec-15
39	Mrs. Rekha Malya	PE	4 th	01-Jan-16	Continue	
40	Mrs. Meena Mishra	PE	6th	01-Aug-15	Continue	
41	Mr. Vijay Gedam	PE	B.A	01-Apr-15	Discontinue	30-Oct-15
42	Shobha Kumre	PE	5th	01-Apr-14	Discontinue	30-Jun-15
43	Mrs. Durga Dongare	PE	12th	01-Nov-15	Continue	
44	Mrs. Malabai Landage	PE	No Education	01-Dec-10	Continue	
45	Seema Patil	PE	6th	01-Apr-14	Discontinue	30-Jun-15
46	Reema Wasnik	PE	7 th	01-Apr-14	Discontinue	30-Jun-15
47	Laxmi Madkam	PE	8th	01-Aug-15	Continue	
48	Savita Wadatkar	PE	10th	01-Aug-15	Continue	
49	Manda Ambure	PE	10th	01-Feb-15	Continue	

50	Laxmi Sisodiya	PE	10th	01-Dec-10	Continue	
----	----------------	----	------	-----------	----------	--

II. Infrastructure

The organization has followed the SACS norms for management of infrastructure, coding on the furniture was done. Assets register was also maintained. TI office is located away from the hot spot area, separate rooms are allotted for PM, Accounts, counselor. Condition of office was good, visual management and commodities distribution mechanism was displayed in the office and in DIC, the all infrastructure as based on purchase and assets register was kept in the TI office.

The organisation has infrastructure in Wani, Yavatmal, Chandrapur, Jalka and Darara. They 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 children's	3
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	1

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

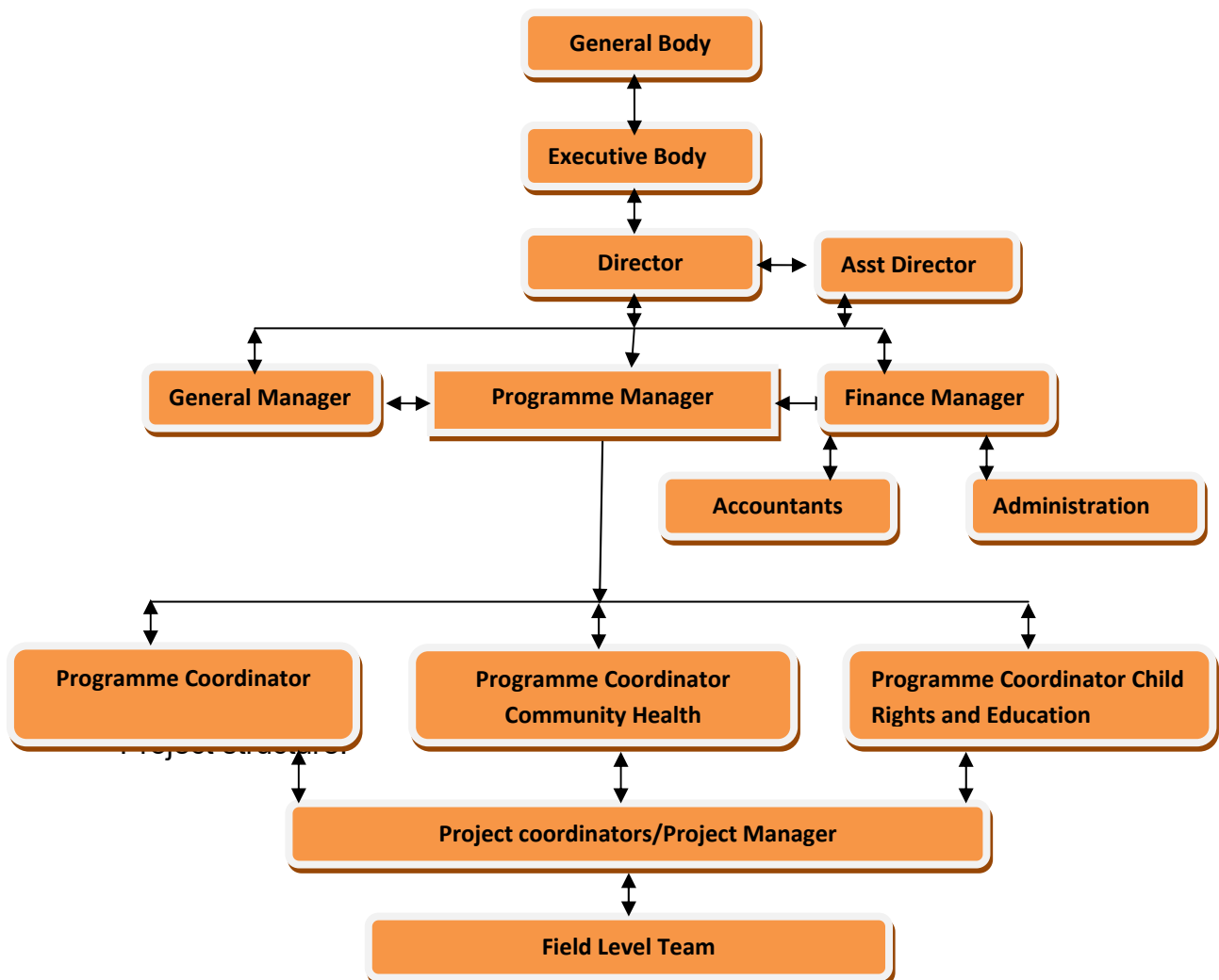
The team largely follows SACS prescribed documents and formats. Mostly all the documents were available but not updated regularly all the registers were not maintained properly. Staff review meetings are held once in a month, most of the meetings participated by PD the minutes are in place which is properly documented.

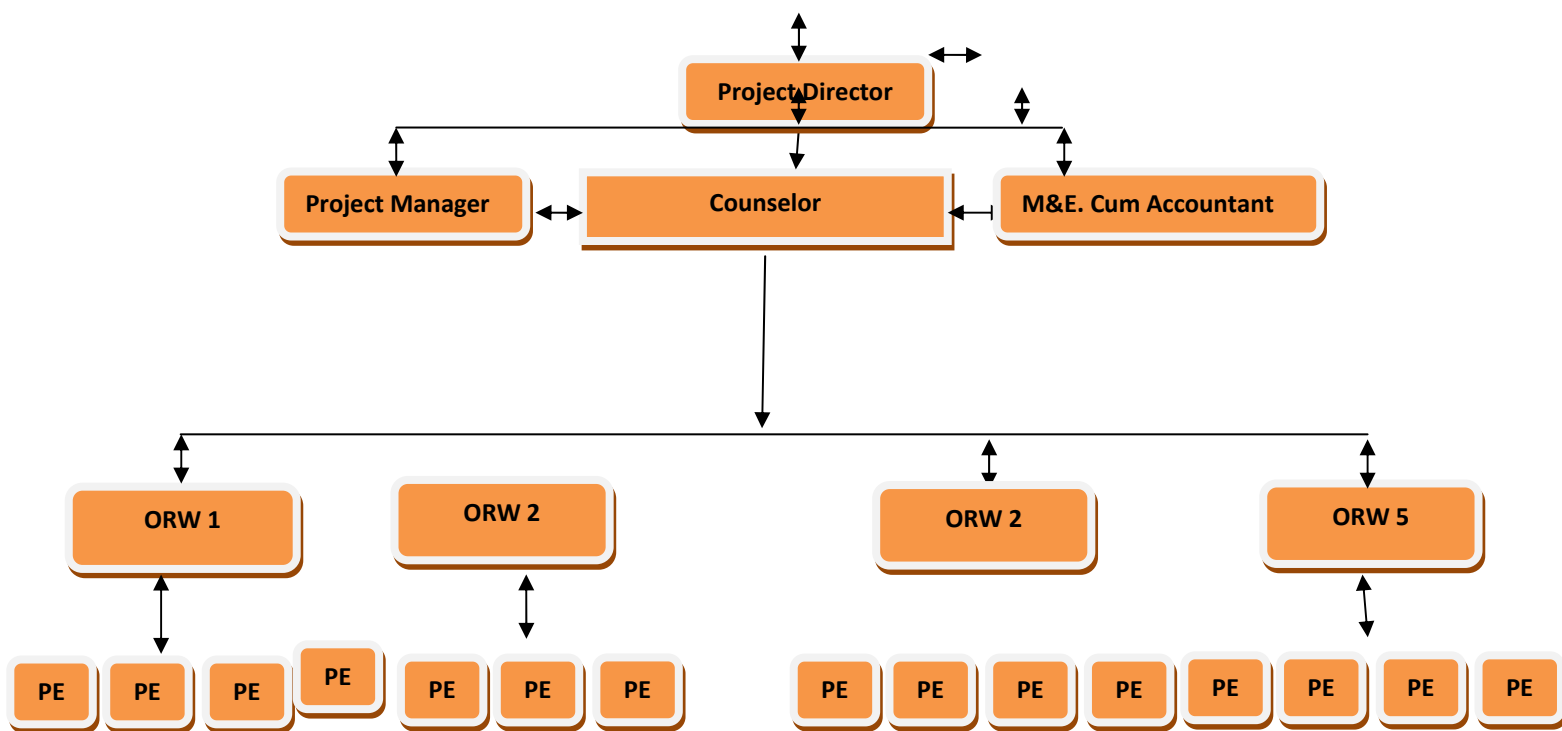
The documentation system is average and the project staff should be provided more functional trainings from various agencies.

- All the documents have been maintained by the project staff, been not updated regularly and some of the gaps have been found in the same.
- Micro planning was not done properly at the ground level.

- The documents related to referrals of STIs and Syphilis in particular has been maintained properly.
 - Documentation of Group meetings done but the conceptual clarity for the same was found to be missing.
 - The staffs were found to try their best to build capacity of PEs for their own on the documentation which is a good practice for the longer run.
 - The documentation of PEs was not up to the mark.
- Overall staff documentation is average, TI need in-depth training on documentation and record keeping.

Organisation and project level Organogram





II. Capacity building:

In any project capacity building is key point because without capacity building activity project implementation is difficult. For better implementation of project we have trained staff and beneficiary on guideline, monitoring indicators, communication, documentation, and advocacy. We have maintained training register in our office. Due to these trainings staff skill enhanced and its help us to implement the project smoothly.

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

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

Sr . N	Date	Organi ze by	Type of Particip ant	No. of Particip ant	Durati on	Topic	Description
--------	------	--------------	----------------------	---------------------	-----------	-------	-------------

o.							
1	27/05/2015	STAPI Pune	M&E, Counselor	2	3 Days	ITS, tool of MSAC	<ul style="list-style-type: none"> ✓ Introducing Guideline of TI ✓ What is data source of ITS ✓ Form filling process ✓ how to handle software and data feeling,
2	22/7/2015		O.R.W., Counselor, M&E	7		Capacity Building	<ul style="list-style-type: none"> ✓ Capacity building about project activity ✓ Counseling ✓ How to capacity building of peer educator ✓ Aware about TI services (HIV test, syphilis, RMC, HRG new registration, condom demand)
3	11/8/2015		O.R.W., Counselor	6		Documentation	<ul style="list-style-type: none"> ✓ HRG registration form ✓ How to feel of project related various form ✓ Referral form

							✓ Recompilation sheet
4	18/10/2015		O.R.W., Counselor	6		Refresher Training	✓ Demonstration on (how to repo building with) Repo with stockholder How to work with HGR (FSW, MSM) Details of services and on work Social scheme awareness
5	21/12/2015		Peer Educator/HRG	35		Behavior	<ul style="list-style-type: none"> • Behavior changing • Give to knowledge about vocational training • Home based work
6	09/2/16		O.R.W.,			Social Entitlement	<ul style="list-style-type: none"> • Give to information about various social scheme • Necessary documentation for scheme

III. Programme Deliverables Outreach

1. Line listing of the HRG by category

Line listing of the 1450 HRGs has been done by the ORW's and PEs however; the same has not been properly documented.

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

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

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

Site Name & Responsible peer	MSM				FSW					
Site and PE	Kot hi	Pant hi	D D	Tot al	Broth el	Str et	Hom e	Lodg e	Tot al	Core Total
Arni										
Akash Pise	57	3	11	71						71
Sadik Yelakar	45	2	16	63						63
Amarsing Goutam	38	23	13	74						74
Kanchan Bhagat					67		4		71	71
Babhulgaon										
Santosh Devtale	9		1	10						10
Darvha										
Ram Jadhav	26	18	15	59						59
Ghatanji										
Vijayanand Mende	38	17	1	56						56
Kalamb										
Nilesh Dhabharde	40	18	5	63						63
Savita Wadatkar					2		23	9	34	34
Ner										
Uddhal Aade	40	19	7	66						66
Pandharkawada										
Durga Dongare					68	8	2	3	81	81
Ralegaon										
Gamesh Atram	18	43		61						61

Mahadeo Atram	27	22	1	50						50
Manda Ambure					6		34		40	40
Wani										
Arifa Sheikh					98				98	98
Laxmi Sisodiya					75			1	76	76
Meena Mishra					91				91	91
Kavita Rathod					88				88	88
Yavatmal										
Kishor Shende	57	1	1	59						59
Umesh Kove	54	6	1	62						61
Malabai Landge					42	11	26	9	88	88
Laxmi Madkam					17	14	32	6	69	69
Pandharkawada										
Pandharkawada	19		1	20						20
Grand Total	468	172	73	714	554	33	121	28	736	1450

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

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

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

5. PE: HRG ratio

1:60 (Approx)

6. Regular contacts (as contacting the community members by the outreach workers/Peers at least twice a month and providing services as such as condoms and other referral Services for FSW and MSM, TG and 20 days in a month and providing Needle and

Syringes) - understanding among the project staff, reflection in impact among the Community members.

The details:

MSM

Sr. No.	Typology	Regular Contact
1	Kothi	355
2	Panthi	142
3	DD	52
Total		549

FSW

Sr. No.	Typology	Regular Contact
1	Brothel	388
2	Stret	28
3	Home	100
4	Lodge	25
Total		541

7. Documentation of the peer education.

The staff has a basic understanding about the concept of regular contacts, but overall understanding is still missing for the same.

- Total registered population with the organization T/A: 1210/1450
- Total Reached population with the organization T/A: 1210/1174 (as per March, 2016)
- Total Regular Contact with the organization T/A: 1210/1090

The documentation related to regular contacts reflects a good picture about the services reached to the community. However, there was an average community response for all the services related to Condoms, STI management and DIC etc.

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

PEs has to be trained properly on component and other basic technicalities of SCM and use of condoms and HIV/AIDS awareness and prevention. Capacity building of PEs has to be done on the above mentioned topics.

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

- **Suggested trainings for PEs Capacity building are as follows:**
 1. Inter Personal Communication.
 2. Infection control
 3. Condom Demonstration.
 4. SHG formation

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

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

- Monthly and weekly meetings, records and the needed documentation need to be triangulated for supervision and follow up action by the team.
- There is basic level outreach plan in place- the supervision process becomes more difficult to follow.

IV. Services

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

- The organization is following PPP service model for STI management, the project has 3 MBBS doctors involved with them through PPP model clinic systems. Additionally the team also refers a substantial number of clients to the govt hospital for ICTC and other related services.
- Presently the organization is referring its clients local hospital and also to its PPP clinics.
- TI has been positively observed that all the core staff share average rapport with the concerned govt. departments (ICTC and ART center).

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

The team visited one PPP clinics managed by the organization with partnership with Pvt Doctor, the clinic have adequate infrastructure according to protocols. There was not enough privacy which is needed for a doctor patient interaction.

- The follow up mechanism was in place..
 - a) STI Services: The project has referred a total of only 57 symptomatic clients to STI clinic.
 - b) RMC been conducted twice was 1143
 - c) ICTC services: Total HRGs tested for HIV: 1065
 - d) VDRL test:1065.
 - e) DOTS: No referral to DOTS.
 - f) Referred to ART: 1

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

The doctor visited by the team was well versed in FSW/MSM and STI related skills, and was having clear understanding on syndromic case management and infection control guidelines. Although, it has been observed that only one HIV positive case has been detected in last one year.

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

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

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

Condoms were available and accessible to the target population through PEs, ORWs, and DIC centre.

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

Only free condom was distributed, no social marketing was done.

Babhu Igaon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ACTUAL ICTC TESTED	87	61	73	79	119	113	75	62	29	73	164	148	1083	1083	1083
Total Positive	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	TOTAL		
ART CENTRE	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	TOTAL		

8. Referrals and follows up.

Clients have not been followed up properly for STI treatment. Proper documentation of referral slips and registers was also not in place with the organization. ORWs and counselor need to do some more coordination and need some guidance as well.

V. Community participation:

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

The organization 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 not very much 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.

Community is not very much active and open to talk on the personal issues as well, but TI need to utilize this and should give a way to this energy in a strong group formation. TI staff is very poor in knowledge as there is a strong recommendation for training on community mobilisation related activities.

VI. Linkages

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

There is good relation between Counselor and staff of ICTC, TB clinics. There is good rapport of PPP doctor also with the Counselor and ORWs.

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

There is no gap found between ICTC referral and test done, as the total no. of HRGs tested is the total no. of referral.

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

There is very little support system developed with stakeholders and they have limited involvement in the TI programme.

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, Yavatmal" for the period from 1st April 2015 to 31st March 2016.

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

SI No	Particulars	Details	Observations	Ref to Evaluation Tool (score sheet)
1	Project and Budget	TI project of FSW/MSM CC 1200	The total budget was Rs.25,93,460 for the project period April 2015 to March 2016.	SI No 1 (Budget Utilisation)

			<p>During the period from 1st April 2015 to 30th Sept 2016, an amount of Rs. 3,92,437 have been released date on 12/10/2015 & Rs. 7,84,873 have been released date on 17/12/2015, Bank Interest received Rs 3,625/- and there was last year receivable amount as per the audit report of Rs.2,34,788/-</p> <p>The SOE submitted by the NGO upto 31st Mar 2016 reported total expenditure of Rs.24,72,209/- & receivable amount 15,26,062/- for 31 march 2016</p> <p>Hence, the percentage of utilization to funds released comes to 95.00 %.</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 and being reviewed at the monthly meetings.</p> <p>However, there is system of taking prior approval from the</p>	

			Project Director before carrying out the activities.	
		2.1 Cash Management	Considering the requirements of expenses, cash is withdrawn from bank. But there is justification/estimate of expenses for each withdrawal from bank. It is further observed that the guidelines with respect to limiting closing cash in hand has been generally complied with. No cases of payment in bearer cheques has come to notice on verification process.	SI No.12 (Cash in Hand)
3	Systems of payments	3.0 Use of printed serialized vouchers Book Keeping	It was observed the project has followed the financial guidelines with regards to using pre printed voucher numbers for all vouchers passed during the review period. Cash Book and Ledgers are maintained in Tally Software was updated upto 31.03.2016 and ledger updated upto 31.03.2016.	SI No.6 (System of payment-Record Keeping) SI No.7 (System of Book keeping)
		3.1 Approval system and norms/Authorisation of expenditure	All payments were found to be prepared by the accountant and verified and passed by the Program Manager and approved by project director. However, there were no system of taking prior approval.	(SI No. 2) Pattern of expenditure

			approval before incurrence of the expenditure.	
		3.2 Practice of settling advance	The accounts were found to be maintained on cash basis. Expenditure has been booked on receipt of the bills. Advance payment and settlement system is followed.	
4	System of Documentation	4.0 Bank Account	<p>Saving Bank Account with State Bank of India , Branch Wani (A/c.No.31388510533) is maintained in the name of "GSMT TI 600 Project" Branch The bank account is jointly operated by Manage in Project Director, Deputy Director & Finance Manager any Two,</p> <p>No other money was found to be parked in this account.</p>	SI No. 3 (Bank Account)
		4.1 Bank Reconciliation statement	<p>Verified the Bank reconciliation statements prepared at end of each month with respect to the above bank account which was found to be kept on record systematically upto end Mar 2016.</p> <p>It was noticed from the bank reconciliation statement prepared on 31.03.2016 that cheques issued in the month of Mar-16 are still to be one Cheque un-cleared in the bank</p>	

			till the date of 31 March 2016.	
		4.2 Statement of Expenses and other MIS reports	As discussed, and checked in the files maintained in the office, Three & Six monthly Statement of Expenditure has been submitted to SACS No cases of discrepancies in Financial and physical progress report was found which has been submitted to MSACS.	SI No.8 & 9 (Financial Reporting-Submission of SOEs)
		4.4 Loan from General Fund(NGO)	Loan/ Advance have been taken from GSMT General Fund i.e. Rs.3,45,204/- by cheque & Cash 69,585 in the year (Without MSACS approval). The advanced amount was utilized to pay staff salary and making payment to the vendor directly. The amount was not transferred to the TI account for utilization towards making mentioned payments.	
		Compliance to SACS directions/Audit observations	In this Year no audit by MSACS.	SI No. 11(Compliance to SACS directions)
5	Human Resource	5.0 Staff recruitment, positioning and payment procedures	The staff turnover during the project period was analysed and verified with related record.Detail observations are noted below; 1. Avdut Chandel has been joined 1 Dec 2015. Recruitment process has been done.	

6	System of Procurement/ Cash Disbursement	6.0 Rent of Office Cum DIC	<p>Rent agreement with landlord is on record. The house is taken on rent from GSMT for office Rs.8,000/- & Two DIC with monthly rental of Rs.5,000/- (each DIC 2500/-) from 1) Mr Uttam Bhikaji Rathod April 2015 to 31 May 2015 & Mr. Khalik Hamid Shekh Jun 2015 to 31 Mar 2016</p> <p>The agreement is made for the period from April 2015 to March 2016 as the non judicial stamp paper on which agreement</p> <p>Uttam Bhikaji Rathod Rent payments paid to Rs 5000/- by Cheque & Mr Khalik Hamid Shekh rent payment paid Rs 5,000/- by Cheque were found & 20,000/- Amount Balance not paid</p>	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5 (System of payment-Mode of payments)</p>
		6.1 Computer peripherals, Furniture and Equipments	No budget has been allocated for the period under evaluation	SI No 13 (Procurement System)
		6.2 Office Expenses	Expenditure includes charges, Internet, telephone expenses, stationeries and other admin expenses etc. Few observations on checking of bills/vouchers and supporting documents are available. But in Telephone bill exp paid	SI No.4 (System of payment-Verification of Bills and Vouchers)

			by P.D. mobile recharge	
		6.3 Insurance of staff	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.	
		6.4 Travel cost for admin purpose and program	<p>Exact amount of travel budget for all the project staff are being paid on monthly basis on production of tour statement in which, date, places mode of travel and amount claimed is recorded. There is 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. Sometime ORW travel by auto so relevant document not attached</p> <p>Some travel expenses have been paid via Cheque. & Some travel expenses show the payable Book</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)

			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.	
		6.5 Annual Maintenance Contract(AMC)	AMC of computer not done only computer reaper .	
7	Program Delivery	7.0 Honorarium to PEs	Honorarium to all PEs is made through account payee cheques. & demand Draft. Signatures have been taken on acquaintance register.	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.1 Consultation fees for Doctor for referral	<p>Dr. Arti Patil is appointed as consulting physician for the period from Sep 2010 to Till date.</p> <p>Dr. Manik Mandawkar is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Somnath Bhoyar is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Sunil Deoghare is appointed as consulting physician for the period from Sept 2010 to Till date.</p>	<p>SI No.4 (System of payment-Verification of Bills and Vouchers)</p> <p>SI No.5 (System of payment-Mode of payments)</p>

			<p>Dr. Atul Mahinde is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Prakash Sherbhatte is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Sunil Bonde is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Savita potdukhe is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Sachin Bhoyar is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Prajacta sachin Bhoyar is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. Somnath Bhoyar is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Dr. joyti Narlawar is appointed as consulting physician for the period from Sept 2010 to Till date.</p>	
--	--	--	--	--

			<p>Dr. Somnath Bhoyar is appointed as consulting physician for the period from Sept 2010 to Till date.</p> <p>Doctor Profile is available.</p> <p>Verified the payments made to doctors, which were found to be made in account payee cheques.</p>	
		7.2 DIC level Meeting	<p>31 nos of DIC level meeting happened upto Mar 2016, budget for DIC Meetings Rs 4,800 utilized fund for DIC meeting. Fund utilized of Rs. 4,800/-</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.3 Demand Generation Activities	<p>94 meetings have been recorded in different hotspots from April 2015 to Mar 2016. Budget release from Msacs of Rs.12000/-(Rs.250per meeting) total Fund utilized of All expenditures are supported by bills approved by PD.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.4 Advocacy Activities	<p>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.8000 for conducting at least 4 such activities in the project period (once in a quarter). 4 Advocacy meeting done by GSMT Rs. 7,850/- Utilized.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)

		7.5 Community Events	<p>1 nos community event was conducted and as against budget of Rs.15,000, an amount of Rs.15,000 is reported as spent.</p> <p>The expenditure were supported by bills and hand written slips approved by PD.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)
		7.6 Crises Response	<p>Budget release from Msacs of Rs.12000/- (Rs.1000per month) total Fund utilized Rs.11,869of All expenditures are supported by bills approved by PD.</p>	SI No.4 (System of payment-Verification of Bills and Vouchers)
8	Service Related Expenses	8.0 Health Camps & Street Play	<p>Budget release from Msacs of Rs.5000/- total fund utilized Rs.5000of All expenditures are supported by bills approved by PD.</p> <p>Street Play Not Applicable</p>	
		8.1 Abscess Prevention	Not Applicable.	SI No.10 & 13 (Purchase of drugs)
		8.2 Syphilis Testing	<p>Budget release from MSACS of Rs.43,560/- total fund utilized Rs.43,200 of All expenditures are supported by bills approved by PD. Available three quotation , Bills, approval later from MSACS purchase the Syphilis Kit , payment made by cheque</p>	
		8.3 Disposal of Bio-waste	Not Applicable	

9	Commodities	9.0 Needle & Syringes Lubricant)	Budget release from Msacs of Rs.83,200/- total fund utilized Rs.83,200 of All expenditures are supported by bills approved by PD. Available three quotation , Bills, approval later from MSACS purchase the Lubricant Pouch , payment made by cheque	SI No.10 & 13 (Purchase of drugs)
10	Documentation	10.0 Documentation Cost/BCC Materials	There was budget provision of Rs.4,000/- towards cost of documentation including development of BCC materials. Rs.3,000 is expenditure incurred till date.	(System of payment-Verification of Bills and Vouchers)
		10.1 Need Assessment	No budget allocated for the current project period	
11	Assets.	11.Assets Resgister	Physical Assets Verified. Only Computer provide by MSACS in used good condition	
12	Stock	Condoms	Checked physical stock condoms stock book is maintained properly.	

VIII. Competence of Project Staff

VIII a. Project Manager

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

The Project Manager was appointed on 1st April, 2016 and he has no knowledge on the project. He has not yet received any training from the organization or from SACS/TSU.

VIII b. ANM/Counselor

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages etc.

The Counselor is working for a considerable period of time and he is well aware about the project as well as the components of TI, basics of STI, HIV/AIDS and basics of counseling. He is maintaining all the related registers like counseling register, referral register, patient registers etc. However, more document related training is required for the better maintenance of records.

VIII d. ORW

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

ORWs are maintaining the documents, but they do not have clear understanding of the formats, They do not have any macro planning tool and hotspot analysis. However, they know about the RMC, ICTC and other service related issues.

VIII e. Peer educators

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

PEs have very little understanding of outreach related issues like regular contact, due/overdue etc. They also have little knowledge on symptoms of STI. PEs need to develop knowledge on the same.

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.

The M&E is maintaining the data and has clear understanding of several indicators. He is maintaining the service tracking sheet. He is also able to analyse gaps in outreach and service uptake. He is maintaining CMIS.

Ix a. Outreach activity in core TI project

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

The outreach team(ORW and PE) have a basic level of outreach plan. But they don't have hot spot wise micro plan. The outreach team is also maintaining daily diary and at the end of the month, the target and achievements are discussed in staff meeting

VIII. Services

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

HRGs were not so satisfied with the project related services, however, availability of medicines and condoms were there at project.

IX. Community involvement

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

Community participation in the project was not so evident. They do not play active role in planning, monitoring or implementation and other initiatives like advocacy.

X. Commodities

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

Condom demand calculation is available at the project level.

XIII. Enabling environment

Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services etc. In case of migrants (project management committee) and truckers (local advisory committee) are formed and they are aware of their role, whether they are engaging in the programme.

There is no systematic plan of advocacy and involvement of community in advocacy. Community response in project level advocacy and linkages was also average.

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

There were no such social welfare schemes or innovations at project level and community was also not linked to any welfare schemes or social entitlements. However, NGO has developed CBOs where representations of community members were there.

XV. Best Practices if any.

1) CBOs of Community members registration:

We have gathered all FSW and MSM under one Umbrella (CBOs). Due to continuous follow up with HRGs members leadership capacity of members developed. Impact of that HRGs member running CBOs independently and also got success to receive funds from SWASTI resource centre, Bangalore to run project - office development and community strengthen.

2) Social entitlement :

Apart from project work HRGs facing problems for getting cylinder, government schemes due to non availability of some basic documents like ration card, Aadhar card, and voting card. We are saying this practice is best practice because due to non availability of basic documents HRGs failed to avail any government schemes facility. Organization takes this challenge ahead and submitted one letter to Hon. Collector sir regarding to camps organization. We have taken continuous follow up with concern department for camp. Finally we have organized camps in Vani, Pandharkawda, Arni and Yavatmal with support of Mahila Bal Vikas Department. Now most of the HRGs are having voting card, Aadhar card, and ration card with them and also linked with various government schemes.

Annexure C

Confidential

Reporting form C

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

Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
Mr. Rajiv Sarkar (Team Leader)	rajiv@rajivsarkargroup.com +91 9831011179/9748901046
Mr. Sanjoy Chowdhury (Co-Evaluator)	sanjoychowdhury74@gmail.com +91 9051783048
Mr. Ravindra Kolhe(Finance Evaluator) from DAPCU	dpoyavatmal@mahasacs.org +91 9850523081
Mrs. Preeti Das (Officials from DAPCU/SACS (as facilitator)	dpoyavatmal@mahasacs.org +91 9325689743

Name of the NGO:	GRAMIN SAMASSYA MUKTI TRUST
Typology of the target population:	FSW,MSM
Total population being covered against target:	1174/1210
Dates of Visit:	27 th and 28 th April, 2016
Place of Visit:	Yavatmal

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Organizational Capacity- 85.7%	B	Good	Recommended for continuation
Finance – 84.6%			
Programme Delivery- 67.5%			

Specific Recommendations:

- There should be a restriction on cash withdrawal and planning for the cash withdrawal is required.
- The supporting bills , Xerox of the cheques ,rent bills , electricity bills for example should also be signed by the authorized signatories, in order to validate and make the payments done more authentic.
- Training of Accountant cum M&E is required regarding financial management.
- Continuous monitoring and supportive supervision is required by MSACS/TSU/DAPCU.
- PM needs to focus more on administration, monitoring and communication.
- The team needs to be more practical and not get carried away.
- Micro planning of the project needs to be done.
- Capacity building/training of the TI staff, PM, ORW and PE in particular.
- Registers need to be maintained properly and overwriting/ corrections need to be checked.
- Documentation needs to be strengthened.
- Monthly approval of the project activities needs to be prepared.
- Norms of NACP IV and instruction given by MSACS should be followed with regard to loan/advance to be taken from the organization GF.

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