

EVALUATION OF STRC – HP & UTTARANCHAL

Submitted to: PHFI and NACO

DATE: 29th – 31st July 2009

Conducted by- Praxis Institute for Participatory Practices

Table of Contents

List of Tables	2
List of Abbreviations	3
Executive Summary	4
Evaluation Schedule	7
Key Findings Score	8
STRC Fact Sheet	9
Programme Delivery	11
Organizational Capacity	17
Financial Process	19
Recommendations	20

List of Tables

Table 1- Evaluation Schedule

Table 2- Basic Details of the STRC

Table 3- STRC Team

Table 4-Details of the Academic Committee formed by STRC

Table 5- Trainings Conducted in Himachal Pradesh

Table 6 – Trainings Conducted Uttaraanchal

List of Abbreviations

HIHT	Himalayan Institute Hospital Trust
HRG	High Risk Group
UASACS	Uttaranchal State Aids Control Society
HPSACS	Himachal Pradesh State Aids Control Society
PG	Post-Graduate
RDI	Rural Development Institute (development wing of HIHT)
V-SAT	Village Satellite Connectivity
FSW	Female Sex Worker
HRG	High Risk Group
HOD	Head of Department
IDU	Intravenous Drug User
ILO	International Labour Organization
IPP-VIII	India Population Project – Phase 8
MEO	Management Education Officer
MIS	Management Information System
MBBS	Basic Medical Degree in India
MSM	Men having sex with Men
M/W	Men / Women
NACP III	National AIDS Control Programme Phase III
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
NIIT	National Institute of Information Technology
ORW	Outreach Worker
PE	Peer Educator
PD	Project Director
PCO	Project Coordinator
Praxis	Institute for Participatory Practices (the evaluators)
Prog.	Programme
R&D	Research and Development
RTI	Reproductive Tract Infection
SCM	Syndromic Case Management
Sr. Tech. Off.	Senior Technical Officer
STI	Sexually Transmitted Infections
STRC	State Training and Resource Centre

Executive Summary

The evaluation report contains observations and evaluators comments on process, quality and quantity with regard to performance of the STRC with respect to the various indicators put down by NACO. The three primary components examined have been, Programme Deliver, Organization Capacity and Finance. A brief overview of some of the major sub themes within each is provided below and a detailed review with respect to each indicator follows.

The STRC located with the Rural Development Institute of the Himalayan Institute Hospital Trust supports Uttaranchal and Himachal Pradesh. The STRC came to operation in July 2008 and has been catering to the various training needs of the TIs of the UA and HP.

Prior to the establishment of the STRC, RDI, HIHT has been working on HIV awareness and education through as a part of it programmes on Adolescent health, reproductive health and family planning. However working with targeted Interventions is a new arena for the organization.

Faculty – Considering the nascent stage of a majority of TIs in UA and limited contacts with HP TIs, the STRC felt the need to advertise for the faculty members. Though they have received up to 80 responses and claim to have shortlisted 40. No comprehensive list of the 40 were available neither the relevant CVs. There has also been no capacity building initiatives for the faculty despite the understanding of the STRC that the local resource needs a more thorough orientation on TIs and NACP III.

Training delivery - Over the said contract period the STRC has been able to deliver trainings to UA and HP. A review of training documentation reveals that they have been able to conduct 50-70% of the planned trainings. The reasons for non completion of the plan are multiple, ranging from coordination issues with SACS and TSUs to staff attrition within the STRC.

The content of a few trainings were reviewed and feedback from participants was also sought by the evaluators. Training on Outreach Planning and Monitoring components have been appreciated by the participants (specifically, mapping tools, peer calendars etc). The sessions, presentations and delivery of other major themes, for instance, BCC, Peer Education, and Elements of Programme Management have not found to be satisfactory both by the participants (FGD finding) and as per review of presentations (primarily in English and less grounded in practice) and handouts (no handouts/resource material was given to participants, few have received assorted resource material on CDs). There is an evident need to contextualize the training inputs to suit participants needs.

Academic Committee and Programme Performance – the Academic Committee met for the first time in June 2009. The committee report minutes indicate that a cursory overview of the STRC activities was undertaken without in depth review of the deliverables. A review of the profile of members reveals that there are gaps in the required representation. The committee is in a very nascent stage and might be able to play a larger role in the upcoming period if oriented comprehensively regarding its role.

STRC staffing, organizational procedures and records. - the STRC has faced some staffing changes and currently employees two training officers and one Admin Support. The staff has a clear understanding about their responsibilities and has been working towards completion of the STRC activities. Leave records and personnel files are maintained while there are movement records etc for the staff. The STRC team meets monthly along with the other RDI staff for review and planning

additionally they interact with the AD of RDI on a daily basis for STRC specific planning and coordination.

Finance- A separate account has been maintained for the STRC. They have received only the first installment of the contract (Rs.7,99,032 received on 11th Oct.2008). Not having received the 2nd installment the STRC staff continue to be paid a salary from the RDI's own funds. The total expenditure has been Rs.13,33,684 (i.e. Rs.5,34,652 over budget). This expenditure has largely been on salaries and travel. Monthly reports are not being sent as the 1st installment has been exhausted and the team is not clear on whether statements need to be sent post the exhaustion of the installment sent.

1. Background

National AIDS Control Programme Phase III (NACP III) which runs from 2007-2012 is focused on saturating the coverage of core and bridge population affected and infected by HIV & AIDS, namely Men having Sex with Men (MSM), Female Sex Workers (FSW), Injecting Drug Users (IDU), Migrants and Truckers. This it seeks to achieve through a targeted intervention (TI) programme aimed at risk reduction (in addition to awareness and prevention). As part of the overall strategy to achieve this goal, NACO, through its various State AIDS Control Societies, have identified one State Training and Resource Centre (STRC) in each of 14 states.

National AIDS Control Organization has decided to institutionalize the training and capacity building process with the State Training and Resource Centres (STRC) in order to ensure standardised and quality trainings to different categories of staff working with NGOs/CBOs on Targeted Interventions (TI's).

1.1 State Training and Resource Center Evaluation

The STRCs are mandated to build capacities of different categories of staff working with NGOs/CBOs on TI's. They are also mandated to gather learning through additional research and develop pedagogy of learning for TI scale up. The objective of the current exercise is to conduct a year-end evaluation in order to review the performance and quality of STRC at the end of 1 year of operation.

Himalayan Institute Hospital Trust (HIHT)

The STRC for Uttaranchal and Himachal Pradesh is anchored by the Rural Development Institute (RDI) of the HIHT, located 3 kms. from the Jolly Grant Airport in Dehradun, Uttaranchal. Set in 250+ acres of verdant land in the hills, HIHT was founded in 1986 by the world-renowned Swami Rama whose vision of the institute was to bring healthcare within the reach of the poor. Though Swami Rama has passed on, HIHT continues to work within the vision of its founder. It has a 750-bed teaching hospital, the largest in the state. The medical college offers a full-fledged degree in MBBS, besides degrees and diplomas in nursing, and Post-Graduate degrees in 17 disciplines including physiotherapy, radiology and pathology. HIHT has the status of a Deemed University since 2008. At any time there are some 100 MBBS students, and 85 nursing students. Facilities for patients and their caregivers include low-cost wards and patient care, residential block for caregivers, canteens, meditation hall, store and pharmacy, a bank and a free shuttle bus service to the main road's bus stop.

The Rural Development Institute (RDI) of the HIHT was established to undertake specific development work in the area of health and community development. It has V-SAT connection through ISRO for developing Village Health Centers, and for training of ASHA village health workers under the National Rural Health Mission. Telemedicine link for online access to HIHT from rural areas is part of its plans in the near future. RDI runs some 9 projects including a large state-wide Adolescent Health Education programme. STRC is one among these.

1.1.1 Purpose:

To evaluate the performance and quality of STRC for Himachal Pradesh and Uttaranchal, anchored in the HIHT, Dehradun, Uttaranchal.

1.1.2 Objectives

- To conduct a year-end evaluation of STRC in HIHT, Uttarakhand
- To submit a report on key findings
- To make recommendations for strengthening the work of HIHT with regard to STRC

1.2 Evaluation Methodology

Development of indicators based on NACO guidelines for evaluation, development of guide list of questions for feedback from STRC trainees and faculty, desk study of documents produced by STRC and final review meeting with STRC team.

2. Three day Evaluation Schedule: 29th – 31st July 2009

Table 1 –Evaluation Schedule

Dates	Activities	Evaluators
29 th July 2009	Desk study of records, discussion with Project Advisor & STRC staff	Lakshmi and Roshni (Praxis)
30 th July 2009	Review of accounts & discussion with Accounts Officer Desk study of documents Meeting with past trainees at Kala Amb, Himachal Pradesh (120 kms. away)	Lakshmi Roshni Roshni and Lakshmi
31 st July 2009	Final desk study and clarification on records, meeting with past trainees at RDI (on campus), wrap up discussion with Project Director, Project Advisor and Training Officers	-do-

3. Key Findings

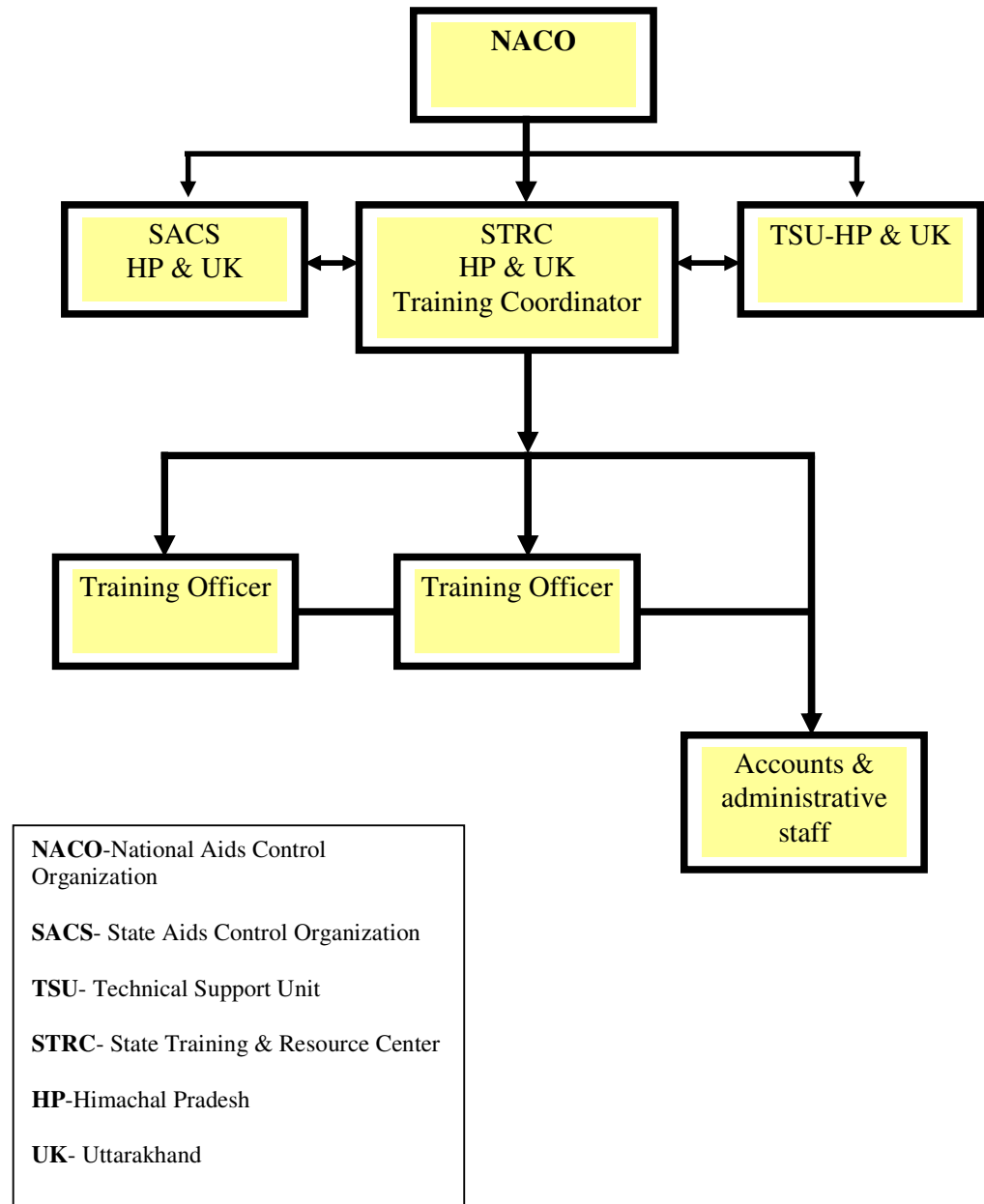
3.1 STRC Fact Sheet

1. Table 2- Basic Details of the STRC

A.	Name of the STRC	Rural Development Institute (RDI) of Himalayan Institute Hospital Trust
B.	Name of the Implementing Partner	Himalayan Institute Hospital Trust, Dehradun (Uttaranchal)
C.	States/ UTs Covered	Uttaranchal and Himachal Pradesh
D.	Number of Districts covered	13 in Uttaranchal, 12 in Himachal Pradesh
E.	Date of Contract with NACO	15 th July 2008
F.	Date on which started functioning	15 th July 2008
G.	Number of TI partners covered	UA- 17 (11 more proposed) HP- 20 (1 discontinued)
H.	Location of STRC:	Dehradun, Uttaranchal

2. Organization Structure (ask for organogram)

STRC HP & UK Organogram



3. **Table 3- STRC Team**

	Number
Training Coordinator	(left Jun 2009)
Training Officers	2
Admin & finance	1
Faculty Members	40 (oral information- finalization and listing of CVs being done)
Total	43

4. **Table 4-Details of the Academic Committee formed by STRC**

S. No	Names of Committee members	Representation	When joined
1.	Dr. Pratima	Prof and HOD, Micro Biology - Academician, Trainer	4 th June 08
2.	Dr. Amit Verma	Prof and HOD Medicine Academician	-do-
3.	Dr. Debbrata Roy	Associate Prof, Dept.of Community Medicine Academician	-do-
4.	Dr. Vartika	Assistant Director, RDI , HIHT, Academician	-do-
5.	Ms Lalita Shankar	Programme Management Specialist, HIV & TB USAID, Academician	-do-
6.	DrPramod Gautam	Programme Management Specialist, FHI	-do-
7.	Dr R. P Pathak	Director State Resource Centre for Adult Education	-do-
8.	Dr. Rakesh Chandra	ASTHA TI Patner	TI Partner
9.	Dr. Sanjay Bhisht	D.D (TI) UASACS	UASACS
10.	Ms Meena Kumari	DD (TI) HP SACS	HPSACS
11.	Dr Madan Sharma	SARDHA, TI Partner	
12.	Mr D.K Budakoti	Ex-Training Coordinator	STRC ex-Staff

3.2 PROGRAMME DELIVERY

3.2.1 Identification and Capacity Building of Faculty

Information on this area was shared verbally, but no file note on the same was available:

1. The STRC placed an advertisement on www.devnetjobs.org for faculty positions.
2. Many (number not specified, but approx 80 CVs) applications were received for it.
3. Most applicants had applied for employment as staff, however some of the applicants were contacted and their experience/expertise assessed by STRC team.
4. Post review, a list of 40 candidates was drawn up for the faculty base.
5. The list does not include all members known to the STRC, but some who are called in as external consultants (there is a budgetary provision for the same).

1) Directory and Process of empanelment or selection

There are lists of individuals on District Institute for Education and Training (DIET), DAPCU District Aids Prevention and Control Unit (DAPCU), and some others also available with the STRC. However none of these showed the final shortlisted 40 faculty.

2) Coverage of topics

As recommended in the orientation meeting the basic topics for peer educators was taken as bare minimum topics to be covered during the various trainings (Ref Pg 64 Capacity Building Plan for PEs, Targeted Interventions under NACP III, Operational Guidelines Volume 1).

STRC does not have a list indicating Faculty and their expertise in specific topics. Scoring for this evaluation is done on the basis of trainings conducted and the topics covered under them.

3.2.1.2 Training of Faculty Members

No training appears to have been conducted for faculty members. The same is planned for the upcoming month, according to STRC. The planned training agenda was not available but the team shared that it would be an orientation to NACP III and TIs of the two states.

3.2.1.3 Capacity of Faculty Members

1) Review of CVs of faculty

Some CVs were available for review however, not all CVs available were of persons mentioned in the above mentioned lists.

Some 5 CVs were reviewed and they indicate the faculty's experience of working on projects related to HIV awareness and Prevention programmes.

2) Observations from Interviews

Faculty 1 (M)- Is working with the RDI. He has been spearheading programmes on family planning with the HIHT. He was of the opinion that targeted interventions in UA was not the primary need, he felt that they need to work more with the general community as the women associated with sex work were leading very mainstream lives. Singling them out for intervention would attract negative attention to both the women and the organizations involved. He has engaged with some of the NGO TIs but largely on family planning and reproductive health issues. He has not been involved with the training of TIs prior to the STRC.

Faculty 2 (F)- A young post-graduate in Physiotherapy with specialization in cardio-vascular care from the Dehradun Hospital, she had her academic field placement in HIHT. Therefore after completion of her course, she joined the Physiotherapy dept. of HIHT's hospital in 2007. She was deputed from Oct.2008 – May 2009 to the STRC and having completed 3-day NACO training in 1 topic is on their list as Master Trainer in Outreach Planning. She also attended the 4-day Orientation programme in Mysore

3.2.2 TRAININGS BY STRC

3.2.2.1 Identification of agencies/individuals to train peer educators

No agency or individuals were identified for Peer trainings. The reasons given for the same include:

- Till this year, the number of TIs in UA was only 4; and very few with a developed understanding of TI and PE functions and needs.
- In HP too, the STRC felt that it was too early to decentralize the TI PE training. The capacity of individuals and organizations needs to be further built prior to assigning of these responsibilities.

3.2.2.2 No of trainings conducted

A review of training plans and training completed was undertaken. However a comparison of the two was challenging because:

- The 2 Training Officers were new and had inadequate data with respect to trainings prior to their joining.
- Themes for trainings planned were Communication, peer education, mobilization, Enabling environment etc. However these often ended up becoming only smaller component of larger trainings!

The table below is based on data from the various training reports available with STRC.

Table 5 - Trainings Conducted Himachal Pradesh

S. No	Type of Training	Cadre & Nos.
1.	Management and Development – Aug.08	PD and PM
2.	Peer educators-Trainings 2-4 Nov 08	28 FSW Peers
3.	Peers Educators Training 8th to 10 th Nov.	30 PEs
4.	Induction for PMs, ORW Migrants 16 th -19 th Dec	21 PMs, ORW (Migrants)- 21
5.	Induction training of new PD - PMs (TIs)	PD s and PMs 20
6.	Outreach Training & Monitoring Tools 29 th -31 st	29 ORWs

	Jan.09	
7.	1 st to 3 rd Feb Outreach training	33 ORWs –
8.	Outreach planning & Monitoring tools 5 th -7 th Feb 09	31 PMs and ORW
9.	Induction - MSM PEs training 8 th to 10 th Feb, 09	18 MSM PEs
10.	IDU PEs training 8-10 th Feb. 09	9 PEs
11.	Programme Management - 6 th - 11 th July 09	30 PMs
12.	ORW training:1 migrants and 2: for IDU, MSM, FSW	72- 2 parallel batches
	Total no.participants of 13 training programmes	343*

Table 6- Training conducted in Uttaranchal

S.No	Type of Training	Cadre & Nos.
1.	Outreach Planning & Monitoring 22 nd -24 th Dec 08	12 ORWs, 5 PMs
2.	Outreach Planning & Monitoring 6 th – 8 th Jan 09	39 PEs
3.	Basic induction for Counselors & PMs 9 th -13 th Jun 09	34
4.	Induction course for ORW 27 th - 30 th June 09	42 ORWs
	Total no.participants of 4 training programmes	132*

**No.of trainees 475 would include another 44, but no training report found on file*

3.2.2.3 Field Visits for the training participants

Field Visits were conducted in some trainings These were to IDU partners, or to ART/ICTC Centres. PMs of the NGO TIs met said that the visits to ART/ICTC centres were significant as the new TI partners then understood the functioning of the centres.

3.2.2.4 Training needs Assessment/Capacity assessment of NGO partners

1) Needs Assessment of TI partners

According to STRC, the TSU has undertaken the training needs assessment. However the STRC has not received any reports of the needs assessment conducted by the TSU. They plan to develop a needs assessment themselves during their field visits to TI partners.

During the FGDs, staff from TI partners opined that there was need for more intensive capacity building on interventions with IDUs and Migrants as the existing training focus was mostly on FSW and MSM interventions.

3.2.2.5 Pre and Post training evaluations

1) Training Evaluation and feedback mechanisms-

Feedback was sought from participants according to STRC - and this was confirmed during the FGDs with partners. However written feedback on the training has been instituted only in the last two months.

2) Pre test and Post test for knowledge assessment of participants-

Pre and post tests are conducted at the beginning and end of each training. However the tests are largely similar for most trainings (except for the training on programme management). This data too is said to be with the TSUs.

3.2.2.6 Documentation of training including best practices.

All trainings are documented. While the training reports detail the Faculty/resource persons inputs, they tend to leave out aspects of participant response and issues raised during training.

There has been no documentation of best practices. The current team is relatively new (from March 2009) and will take a while to come upto scratch.

3.2.2.7 Translation of Training Modules.

1) Module translations:-

There were long discussions on the usage of training modules. The STRC team has attempted to collate various training inputs and presentations, but not as modules. About 80% of this material reviewed by the evaluators is in English. However the process of developing the Outreach module in Hindi is on.

2) Handouts: Training handouts given to participants is in the form of Xerox copies of the power point presentations. This appears inadequate as back-up for reinforcement of learnings.

3.2.2.8 Post Training field Visits No field visits were undertaken by the STRC. The reason stated is the lack of budgetary provision.

3.2.3 ACADEMIC COMMITTEE AND PROGRAMME PLANNING

3.2.3.1 Constitution of Academic Committee

The Academic Committee first met on the 4th of June 2009. The committee members include, Senior Academicians from the HIHT, SACs representatives of the 2 states, TI partners NGOs of the two states, TSU representatives and the STRC staff team. The evaluators are given to understand that the HP TSU (taken up by SPYM) is now dissolved

The team shared that a similar function like that of the academic committee was undertaken by the Institute's Technical committee formed soon after the commencement of the project. Meeting minutes were reviewed. Most members of the technical committee are seen to be senior doctors of the HIHT. This committee has only met twice (Sept 08 and Oct 08)

3.2.3.2 Development of the work plan, monitoring indicators and the Budget

The Academic Committee has reviewed the work plan of the STRC and issues regarding venue, site visits etc were discussed.

3.2.3.3 Identify categories of personnel to be trained during the year

Categories of personnel to be trained by STRC are decided upon as advised by HPSACS or UASACS. Personnel trained include PDs, PMs, Counsellors, ORWs and PEs.

Identify best practices sites/learning sites for field visits

Some learning sites were identified based on general opinion, such as ART/ICTC centres. However there was no identification of best practice sites

3.2.3.4 Quarterly meeting of the Academic committee

The committee has met once on 4th June 2009. The report of the meeting has annexures covering the programme activities. However, mention of these in the main report is brief and not analytical.

3.2.4 DOCUMENTATION AND REPORTING

3.2.4.1 Documentation Centre

No documentation centre has been set up by the STRC.

3.2.4.2 Website: The STRC maintains a website <http://himstrc.org/>. The site gives basic information on the STRC objectives, training calendar and links to resources sites. The training calendar has been updated till June 2009. But it provides only details of trainings already held not planned future trainings. This being said, the website is a good start and has potential to expand as the work of the STRC consolidates in the coming period.

3.2.4.3 Quarterly Newsletters

No newsletters have been printed.

3.2.4.4 Timely Submission of reports

Though all reports were in place for the trainings, submission details of only three months was available for review(March –June09). This is also the period in which the new training Officers have taken charge.

3.2.5 Qualitative Questions

1) Capacity building of NGOs in Proposal Writing

This has yet to happen.

2) What kind of operational research has the STRC conducted so far?

The STRC's proposal for research "Biio-social profile of commercial sex workers in Hilly regions" is before the HIHT Ethical Committee for approval. The minutes of the academic committee meeting of 4th June 2009 has a one-line mention of the committee requiring details on HIV in the states to design a research. Academic Committee members are also reported to be involved in the development of the proposal.

3.2.6 Conclusion

There are major gaps in the various indicators of programme delivery. The reasons for the same appear to be as follows

- The STRC has been functional since July 08, but has undergone some attrition and staffing changes in the period. The impact of this is evident in the lack of clarity among the new TOs regarding initial activities of the STRC. However the new TOs are making consistent efforts to organize the planning, training modules and reporting, etc.
- The STRC is assigned two states – Uttaranchal and Himachal Pradesh - and is required to coordinate for programmes, logistics and budget with the respective SACS and TSUs ,apart from NACO. Many components of training like planning of training dates, field visits, handouts & materials, and logistic arrangements hinge on these identities and their cooperation. There appears to be a relatively comfortable rapport with UA SACS, but not so with HP SACS

Larger coordination concerns apart, the STRC has also not been able to deliver on trainings to the desired level of participant satisfaction. A review of the presentations, training modules and training reports etc finds this dissatisfaction to be justly placed.

There are indications of the new TOs showing interest in organizing the STRC efforts constructively and this might lead to better results in the future. Since the RDI has limited experience with targeted interventions and SACS, the onus is on STRC staff to build the relationships/platforms and take the programme forward.

3.3 ORGANIZATIONAL CAPACITY

3.3.1 Recruitment and Induction:

- 1) **Office Setup:** The STRC is located in the Rural Development Institute of the HIHT, Dehradun. It was set up soon after signing the contract. The Director of the Institute is the Project Director. However, on a day-to-day basis, it is the Institute's Assistant Director who monitors the programme and provides guidance to the STRC team.
- 2) **Recruitment of Staff:** STRC staffs are drawn from the pool of resource persons/other local people/job applications received. There are clearly enunciated HR policies for regular and contract staff. Staffs have been issued appointment letters stating the terms of employment and salary payable.
- 3) **Induction of Project staff:** An orientation was provided to the staff about November 2008 by NACO/SACS. However, there is no report of this on file with STRC. The 1 ex-staff met (who was deputed to STRC from the HIHT hospital) said that it included an overview of NACP III, facts about HIV & AIDS and so on.
- 4) **Staff turnover/attrition:** The Training Coordinator has left in June 2009. The 2 Training Officers have gone back to their parent departments in the Institute. STRC's management says it is because they are not sure about renewal of the contract with NACO (expired 15th July 2009). Without this they do not have the funds to pay the staff.
- 5) **Staff's understanding of the job:** Staff members are clear about their primary job responsibilities according to job descriptions laid down in the agreement with NACO.

3.3.2 Record keeping and Procedures:

- 6) **Maintenance of Staff operational records:** An attendance register is maintained. Leave applications and approvals are kept on record. There is no specific movement register. Records are monitored by the Asst. Director of RDI.

3.3.3 Staff meetings:

- 7) **Staff meeting:** Staff reviews are held as part of monthly review meetings of the RDI as a whole. Apart from this, STRC staffs meet the Asst. Director on a daily basis to review and plan the work.

3.3.4 Governance and leadership

- 8) **Governance & Leadership:** This is provided by the Asst. Director, a very capable woman who manages the affairs of the RDI. As Project Advisor, she provides ongoing guidance to the STRC team, and the latter are able to discuss the work problems with her. Critical decision making is her area, because the Training Coordinator has left.

3.4 FINANCE

3.4.1 Budget utilization: The budget for the contract period Rs.22,00,500 (Rs.22 lacs) was never received in full. After 1 installment of Rs.7,99,032 received on 11th Oct.2008, there have been no further remittances from NACO despite various reminders. Overall budget utilization has been disciplined, but for excess of Rs.16,000 in purchase of computers (budget Rs.80,000 but utilization Rs.96,000). However, budget of Rs.50,000 for documentation was unutilized as this is done in-house by RDI. Therefore the expense over-budget for computers was within the overall budget.

In fact, the STRC has spent Rs.13,33,684 (i.e. Rs.5,34,652 over budget). This is on account of salaries and travel, latter of which is high in hilly areas. The Training Coordinator was appointed in May 2008 and there were 3 Training Officers – until NACO revised the TOR and reduced it to 2 Training officers this year. Other staff continues to be paid a salary from the RDI's own funds pending receipt of remittance for the balance due from NACO. No monthly financial reports are being sent because STRC are not clear whether these need to be sent even when there is no budget left.

3.4.2 Financial Process:

- 1) **Bank Account:** The STRC has a separate bank account no. S/B 30458609542 with the State Bank of India on the HIHT campus. There are 3 signatories to the bank account: The Director of the Institute, the Treasurer and a Trustee of HIHT.
- 2 & 3) **System and mode of Payments:** The finance policy of HIHT also applies to the STRC programme. A sample of bills and vouchers verified reveal that all payments are made with proper bills and vouchers. Payments over Rs.2,000 are being made by cheque. Cash payments are made at separate cash counter which function is separated from the accounting function.
- 4) **Systems of payment – Record keeping:** Vouchers are maintained in a separate file along with supporting documents/bills. The vouchers are printed, but they are not numbered – as for the rest of the projects in RDI. STRC's accounts are maintained on Pentasoft ACE, an accounting package used for the entire HIHT accounts. The Accounts Officer (supervised by a Chief Accountant and supported by 5 Accounts Assistants) maintains the accounts of HIHT teaching hospital, RDI and the various projects.
- 5) **Timely financial reporting:** SOE for quarter ended March 2009 was sent to NACO on 27th April 2009. The Accountant was earlier not aware that he had to submit the same for each quarter.
- 6) **Financial reporting – consistency:** There is consistency in the financial reporting as a cross-verification of vouchers, cash book, bank statement and SOE reveal.

3.4.3 CONCLUSIONS:

Overall, the accounting system and maintenance of accounts in the STRC were found to be satisfactory. The Accounts Officer was found to be an experienced person working with STRC since 8 years. There is a good Accounts Assistant for each of the projects, including STRC. There is high level of transparency and accuracy in the maintenance of accounts.

4. RECOMMENDATIONS

- 1) Academic Committee of STRC to include CBO representatives from HRGs who are among the TIs being trained and/or others who will add value to the Committee's function
- 2) Faculty base to be more practical and selective, based on their experience of work with HRGs, field of HIV & AIDS and understanding of the issues involved.
- 3) Training methods and tools to include more exercises and experiential learning methods. Brief training handouts (hard copies too) to be given to participants to serve as reinforcement of learning. Not all have access to computers. Each training programme to include a brief field visit to enhance learning for participants.
- 4) Mechanism to be evolved to ensure role clarity between UASACS, HPSACS, STRC and the TSUs. Without a certain degree of freedom to plan and execute, the STRC will find it very difficult to function effectively.
- 5) Separate review meetings of the STRC team (apart from RDI meetings) will ensure proper review and planning of work. Clear instructions to the Accounts Section on reporting requirements will ensure compliance of financial reports under the programme.

Annexure:

Report on FGD with the NGO TI partners

FGD with HP TI partners

30th July 2009. The Evaluation team met with members of 3 TI partners of HP. 3 PMs and 5 ORWs were present for the discussion. Each individual had attended one training of the STRC. The PMs had attended the Training on Programme management and the ORWs on Outreach Planning. The issues highlighted by the group included the following:

- Both cadres found the tools taught in the Outreach planning training useful. They were able to use the same practically.
- Most sessions were conducted by Gaurav Dwivedi (TO, STRC) who had also to see to the logistics of the event. This led to monotony in the training and stress on the TO.
- The faculty needs to be more participatory in their approach. Lecturing is the preferred mode. The PMs of old TIs need to give critical feedback for other modes to be used.
- There was no take-home material for reference.
- Conducting trainings in isolation was not helpful. The faculty or STRC need to visit the field more frequently to understand the ground reality and application of training.
- Trainings are too long (5-6 days). Interest of the participants wanes towards the end.
- All queries were dealt with patiently by trainers. Time was given in the evening and night too for clarifications.
- The PMs shared that in a meeting with the HPSACS and TSU, they had elaborated clearly on their training needs, but the same was not being covered in the trainings

FGD with UA TI partners

31st July 2009. Two PMs, 4 ORWs and 1 counselor participated in the discussions. The highlights were:

- The participants were largely satisfied with the training venue, but not accommodation
- Time management by STRC was poor. While participants were on time, faculty/ resource persons often arrived late.
- Some resource persons held the briefest of sessions and left saying they were late for other commitments.
- The PMs said that training inputs were covered very sketchily. For e.g. a PP slide showed the 70 registers they had to maintain, but there was no discussion or exercise on how this was to be done
- Very little inputs relating to work with IDUs and Migrant population.

According to the participants of both the FGDs, the following are the strengths and weaknesses of the STRC trainings (condensed from their written responses).

STRENGTHS	WEAKNESS
Mapping and microplanning training was good and helped to strengthen the field work	Lack of clarity on format maintenance and documentation
TIs working with migrants received contextual input (HP)	No contextual input on migrant populations. Need more focus on migrant work (UA)
Trainings were moderately participatory (ORWs).	Training largely lecture based; needs to be more participatory (PMs). Arrangements for food dismal (most participants).
Training Venue good (UA)	Training venue and accommodation both unsatisfactory (HP)
	Resource persons were too few
	The training was <i>bookish and theoretical</i> .

