Evaluation Report of Mother NGO

Indian Institute of Youth Welfare (IIYW), Gadchiroli

Evaluation carried by

Prayas Health Group, Pune, Mahrashtra

(No. SHSRC/371/MNGO/2014)

Evaluation initiated by

State Health Systems Resource Center (SHSRC, Mahrashtra)

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Reference: Prayas (Health Group), a Pune based NGO, was assigned the task of evaluation of the activities of the MNGO, Indian Institute of Youth Welfare, Gadchiroli for the RCH project for the period of April 2011 to April 2014. by State Health Systems Resource Center, Pune.(Letter reference number SHSRC/371/MNGO/2014, date 4th June 2014)

Background

Indian Institute of Youth Welfare (IIYW) is a registered Non-Government (NGO) development organization working in the field of capacity building, consultancy, rural and urban development. It started its work in Gadchiroli district in 1987. Currently the main focus of the work of Indian Institute of Youth Welfare, Gadchiroli (IIYW-G) is health, especially reproductive and child health and community based monitoring of services (CBM).

IIYW-G has been working as a mother NGO (MNGO) since 2011 under M-NGO scheme on a RCH project along with 3 field NGOs (FNGOs) namely

1. Ekata Samajik Shaikshanik Sanstha(ESSS), Gadchiroli (Murumgaon PHC),
2. Society for People's Action in Rural Service and Health (SPARSH), Gadchiroli [Proposed organization was Samata Sanstha, Gadchiroli][1] (Mannerajram PHC)
3. Nagrik Arogya Raksha Sanstha(NARS), Wadsa (Zhinganur PHC).

MNGO was given the task of improving the RCH indicators in the assigned area with the help of FNGOs.

Table 1 shows the coverage of the FNGOs

FNGO	Block	PHC	Villages	Sub centers	Population
Ekata Samajik Shaikshanik Sanstha, Gadchiroli	Dhanora	Murumgaon PHC	23	05	9216
Sparsh, Gadchiroli[2]	Bhamragad	Mannerajram PHC	18	05	6442
Nagrik Arogya Raksha Sanstha	Sironcha	Zhinganur PHC	26	05	8691
Total			67	15	24349

[1] One of the proposed F-NGO was Samata Sanstha, Gadchiroli to work at Mannerajram PHC. However, before the actual beginning of the RCH project, due to some internal dispute within the organization, some of the members of the governing council formed another NGO named Sparsh. Then the request was made to grant permission for Sparsh to conduct RCH project which was formally granted. Please see attached the correspondence regarding this matter

[2] The work of Sparsh was started almost one year later. Till that time the mother NGO provided services at Mannerajaram PHC in in Bhamragad block

Proposed work

As a mother NGO, IIYW-G aimed at improving key RCH indicators in the underserved population of Gadchiroli district with the help of F-NGOs. The indicators of primary interest were

- Improvement in health facilities for safe motherhood
- Child immunization,
- Promotion of modern family planning methods
- Increase in age at marriage of boys and girls up to legal age

The proposed objective of the MNGO- IIYW-G

The proposed objectives were

1. To enhance technical skills, knowledge for FNGOs for implementation of RCH-II
2. To act as interface between FNGOs and district authorities for effective implementation of RCH-II
3. To negotiate with district and state authority for fulfilling vacant post at PHC and sub-center and advocating with government regarding infrastructure facilities
4. To monitor the program regularly and to make mid-term and end evaluation

Strategies to achieve the objectives

- Capacity building
- Liasoning and networking
- IEC
- Monitoring and evaluation
- Documentation and reporting

Evaluation of the activities of M-NGO

With this background, an evaluation of the activities of M-NGO was carried out. The specific focus of this evaluation was

1. To assess the progress in achieving the proposed targets
2. To validate the activities undertaken by M-NGO and F-NGO to get a realistic picture of project implementation
3. To ensure the monitoring and evaluation processes are in place
4. To assess challenges faced by the stakeholders (M-NGO and F-NGO) in implementing the proposed activities
5. To identify existing gaps in the program implementation and provide recommendations to SHSRC

Methodology of evaluation

1. A study team from Prayas(Dr. Shirish Darak, Dr. Trupti Darak and Mr. Prashant Deshpande), visited the concerned MNGO and FNGOs in study area of Gadchiroli district, conducted interviews with the project coordinator and field coordinator of MNGO, IIYW-G. Interviews were also conducted with the project coordinators and head of the organizations of field NGOs (FNGOs) namely ESSS, Gadchiroli (Murumgaon PHC), SPARSH, Gadchiroli (Mannerajram PHC) and NARS, Wadsa (Zhinganur PHC) during 5/04/2015 to 8/04/2015.
2. The evaluation team also conducted interviews with the project staff, health department officials such as District Health Officer (DHO), PHC-MO and SC-ANM project beneficiaries such as adolescent girls and eligible couples (15 to 45 yrs), pregnant women, mothers of infants (children aged 0 – 12 months), mothers of children aged 12 – 24 months.
3. Records at the M-NGO office were reviewed.

Evaluation findings

Progress in achieving the proposed targets

Year wise estimation of the progress in achievement of selected indicator is provided below. This table was generated during the evaluation visit as the compiled year wise performance for each PHC was not available.

Table: Year wise summary of selected indicators for three F-NGOs

		ESSS exp	ESSS	ESSS%	NARS Exp	NARS	NARS%	SPARSH Exp	SPARSH	SPARSH%
Number of women receiving full ANC	July 2011-June 2012	220	106	48	220	110	50	165	103	62
	July 2012-June 2013	220	250	114	220	130	59	220	77	35
	July 2013-March 2014	165	278	168	165	96	58	165	92	56
	Total	605	634	105%	605	336	56%	550	272	49%
		ESSS exp %	ESSS	ESSS%	NARS Exp%	NARS	NARS%	SPARSH Exp%	SPARSH	SPARSH%
Number of Home deliveries	July 2011-June 2012	50	24	30	72	44	53	61	31	22
	July 2012-June 2013	50	18	16	72	60	49	61	40	43
	July 2013-March 2014	50	40	41	72	19	37	61	18	51
	Total	50%	82	28%	72%	123	48%	61	89	33%
		ESSS exp %	ESSS	ESSS%	NARS Exp%	NARS	NARS%	SPARSH Exp %	SPARSH	SPARSH%
Number of Institutional deliveries	July 2011-June 2012	50	57	70	28	39	47	39	110	78
	July 2012-June 2013	50	92	84	28	63	51	39	52	57
	July 2013-March 2014	50	57	59	28	33	63	39	17	49
	Total	50%	206	72%	28%	135	52%	39%	179	67%
		ESSS exp	ESSS	ESSS%	NARS Exp	NARS	NARS%	SPARSH Exp	SPARSH	SPARSH%

Number of eligible couples using modern contraceptive	July 2011-June 2012	2820	1288	46	3239	1934	60	1995	229	11
	July 2012-June 2013	2917	677	23	2726	525	19	1549	148	10
	July 2013-March 2014	140	74	53	28	17	61	237	177	75
	Total	5877	2039	35%	5993	2476	41%	3781	554	15%
		ESSS exp	ESSS	ESSS%	NARS Exp	NARS	NARS%	SPARSH Exp	SPARSH	SPARSH%
Number of children completely protected	July 2011-June 2012	200	117	59	200	85	42.5	150	39	26
	July 2012-June 2013	200	148	74	200	146	73	200	101	50.5
	July 2013-March 2014	150	93	62	150	84	56	150	83	55.333
	Total	550	358	65%	550	315	57%	500	223	45%

Validation of the activities undertaken by M-NGO and F-NGO to get a realistic picture of project implementation

The validation of the information gathered from the project coordinator of the M-NGO was validated with other field staff to get the realistic picture of the project. Also a detailed examination of the data and other project activity related documents were carried out. Following table summarizes people whom the evaluation team met.

Table 3 : People visited by evaluation team

No	Person	IIYW-G	ESSS (Murumgaon PHC)	SPARSH (Mannerajaram PHC)	NARS (Zinganur PHC)	Other
1	Head of the Organisation	Yes	Yes	No	Yes	-
2	Field coordinator	Yes	NA	NA	NA	-
3	Project coordinator	Yes	No	Yes	Yes	-
4	Field Worker(Male)	NA	Yes	Yes	Yes	-
5	Field worker(Female)	NA	No	Yes	No	-
6	District Health Officer(DHO)	_	_	_	_	Yes
7	PHC-Medical Officer(MO)	_	Yes	Yes	No	-
8	ANM	_	Yes	Yes	Yes	-
9	Beneficiaries		Yes	Yes	Yes	-

Discussion with MNGO staff

Project Coordinator:

The MNGO project coordinator Mr. Manohar Hepat has been looking after this project since inception. He thinks that the MNGO project is well designed project and is much needed in the Gadchiroli area when a lot of people do not have access to these services. However, he feels that this project has been largely neglected by various stakeholders and lack of timely funding was a major de-motivating factor. Despite of the fact that M-NGO did not receive the second half of the funds, they continued the project activities.

Activities of M-NGO

Capacity building

After the project started, MNGO had conducted 4-5 orientation training for project coordinator/ field coordinators and fieldworks with the help of FPAI. Continued training of filed coordinators was incorporated within the monthly review meetings which were held at the M-NGO office in Gadchiroli. The monthly meetings were attended by field workers and project coordinators of F-NGO and sometimes by head of the F-NGO.

Liasoning and networking

The liasoning and networking activities mainly included meetings with government officials such as DHO, PHC MOs, ANMs, ASHA workers and local leaders (PRI meetings). During our visits to the PHCs it was evident that the team of the F-NGOs was working in close co-operation with the public health system.

IEC

There was no specific IEC material prepared under this project except for invitation pamphlet for health camps. However, some IEC material adopted from NRHM was printed and used (for example the mother and child protection card)

Other staff of the M-NGO

Since the project activity has stopped for quite some time, the project staff, mainly the field coordinators, has left the organization. However, on request of the project coordinator, one of the field coordinators visited and talked with us (Mr Purshottam Ghyar). While he mentioned that RCH related activities are important in this region, he also identified several challenges in implementation of such a program for example, difficulty in accessing the population due to poor transportation, difficulties in communication due to multi-lingual population making communication difficult and cultural believes about health and treatment seeking.

We also met with the M-NGO staff managing the accounts (Mr Anil Raut). All the financial documents were reviewed with his help. The details are provided in the section about financial review.

Interview with the District Health Officer (DHO)

The evaluation team conducted an interview with the current District Health Officer of Gadchiroli district, Dr. Bhandari to understand the implementation of RCH project within the MNGO scheme.

He has recently joined the post and so he was not involved in the MNGO scheme of RCH project. Therefore, he could not comment on the activities carried out during the project period under MNGO scheme. However, he had gone through the work done by the MNGO. He feels that having support from NGOs for some of the RCH activities would be beneficial particularly for under-served population of Gadchiroli disctirct. He suggested synchronizing the program

indicators for MNGO scheme with that of the government program indicators in order to evaluate the actual effectiveness of the program. He also recommended that more PHCs should have been involved in this program instead of only 3 PHCs. He also commented that the funding approved for this project was very less and the organizations didn't receive remaining half amount of the proposed budget which might affect their motivation to work.

The District Program Manager (DPM) was recently transferred to the district. So he was also not able to comment on this MNGO scheme for RCH project.

Validation of work in the field

Interview with the PHC-staff:

Murumgaon PHC

When the evaluation team reached the Murumgaon PHC, there was a meeting going on of all ASHA and ANM workers. Dr. Manisha Gaurshetty, the Medical officer in charge and Dr. Kumray was conducting the meeting. The MO of this PHC were very much aware about the work of the field NGO and was satisfied with the work done by field workers in the area covered by this PHC. The ANMs and ASHA workers also said that there was lot of support from the field

workers as they used to help them to bring pregnant women for ANC checkup, motivate women for institutional deliveries and for the immunization program. Field workers used to conduct meetings at PHC for adolescent girls, eligible couples, pregnant women and ASHA workers. According to PHC-MO the percentage of ANC coverage has increased to 70 to 80% since last 2-3 years. Also the percentage of institutional deliveries is increased to 75 %. We were also informed that the up-take of male sterilization was much higher than women sterilization in this region however the use of other contraceptive methods was very low. The percentage of immunization coverage is close to 100% in this PHC.

According to staff working in PHC, transportation was major problem in delivering services. People stay in very remote areas and there are no proper roads to reach at those places. One of the reasons for increased institutional deliveries was that they have started providing ambulance service for bringing pregnant women to the hospitals at the time of delivery under Janani Suraksha Yojana (JSY).

One of the important help from the field workers was to contact the women and at times bring them to PHC. This was possible as the fieldworkers had two wheelers that helped them in commuting.

Mannerajram, PHC

The MO, Dr. Modak who was working during the project period was not there in the PHC. Even the other staff such as ANM, nurse, ASHA worker was also newly appointed. So there was no one from the previous staff to comment on the project activities carried out by field workers. New MO, Dr.Gudekar was interviewed to understand the current situation of RCH indicators. According to him the current percentage of institutional deliveries is 60%[3] . Lack of transportation was the main reason for not achieving the complete coverage.

Zhinganur PHC

The evaluation team could not meet the MO as he had gone to a nearby village for the visit. There were two ANMs, Health Assistant, pharmacist and a lab technician who were working in PHC at the time of project period. One post of MO and 2 posts of MPW were currently vacant in the PHC.

The PHC staff was satisfied with the work done by field workers and project coordinator of NARS. There was very good coordination between field workers, project coordinator and PHC staff. Field workers as well as project coordinator used to help them in awareness meetings, immunization of children, increasing ANC coverage and increasing institutional deliveries.

[3] Note that the percentages mentioned are their subjective impression and not based on the actual data.

The ANM said that the field coordinator used to arrange meetings for adolescent girls, eligible couples, pregnant women and mothers of children aged 0 to 24 months in the PHC to create awareness. The ANM said that the institutional deliveries are increased due to awareness. The percentage of male sterilization is 100% in this PHC area. Other contraceptives are not used much except Oral contraceptive pills which are used by 10-15 % women.

Fieldworks

Among the staff on the project, field workers who were appointed from the village appeared to be a frequently changing staff. We could meet at least one field worker for every PHC who had worked on the project. The activities related to ANC, help in increasing institutional deliveries immunization and meetings with adolescent girls seems to be the major activities of the field workers. They maintained the records in the prescribed format and provided that information in the monthly review meeting.

They feel that the program is very useful as they can increase the number of institutional deliveries and motivate people to access care in the PHC/SC. The important challenge was difficult in transportation and lack timely remuneration for their work.

Beneficiaries

At different PHCs, we met pregnant women, adolescent girls and mothers of 0-2 year old children. All of them were aware about the project activities and have had attended some of the meetings. They also knew people from F-NGO and spoke positively about them.

Monitoring and evaluation processes

All the documents were well maintained such as;

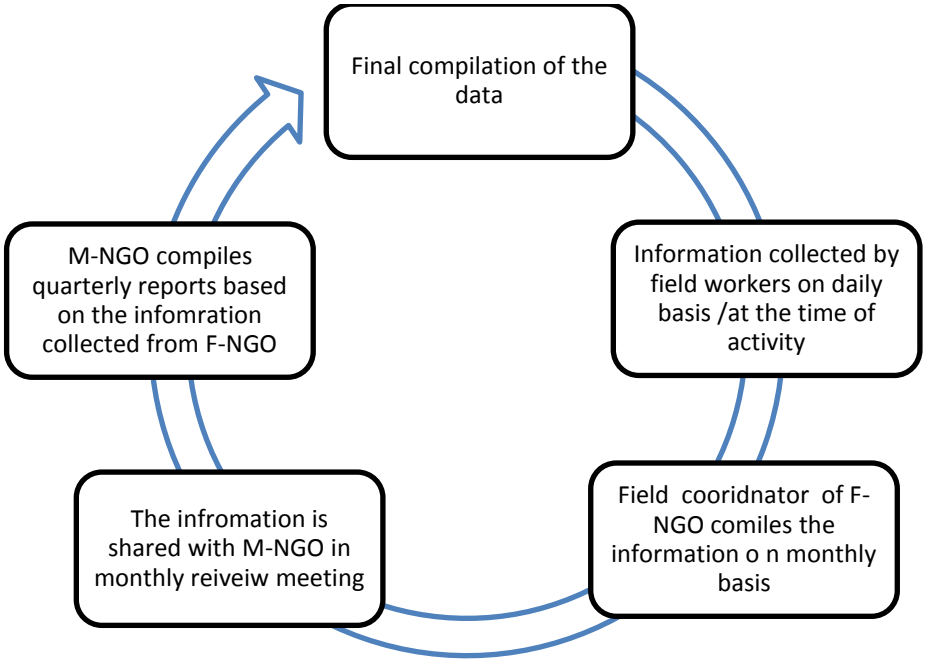
- Files of all the correspondences with Government authorities and FNGOs
- Quarterly financial reports and Utilization certificates
- Monthly and Quarterly data reports
- Minutes of monthly review meeting
- Monthly qualitative reports of FNGOs activities
- Photo documentation of trainings and other important activities
- Documentation of print media coverage (Newspapers) of news items related the project activities

Monitoring and evaluation activities of M-NGO includes monthly review meeting with F-NGO coordinators and monthly field visits by M-NGO field coordinator

Monthly review meetings:

This included discussion on the activities in the field, on difficult cases and situation and also training of field workers if required. Collecting the data in a re-defined format was also part of the monthly review meetings

Data collection flow



While the data were maintained both as hard copies and also computerized, cumulative compilation of the data for each year was lacking. During the evaluation process, the evaluation team along with the team of MNGO compiled the annual data and the same is reported above.

It was also expressed by the MNGO project coordinator that they lack skills and capacities to compile data. Therefore, it appears that monitoring and interim evaluation of the project performance based on the cumulative data has not happened.

Financial review

The record keeping related to finances was found to be satisfactory.

The assessment included review of all the legal documents such as organization registration certificate, staff policies and the details of the balance and expenses, quarterly progress reports received from FNGOs and utilization certificates.

This also included review of staff appointment, staff registers which were found to be satisfactory.

Below is the summary of the finances of MNGO

Receipt & Payment from 01.07.2011 to 31.03.2014[4]

1	Total Grant Received From NRHM Gad.	**2250000**

1	Ekta Samajik Sanstha	600000
2	Nagrik Arogy Sanstha	600000
3	Sparsh Sanstha	200000
4	District Health & Family (Fund Refund)	200000
Total		**1600000**

1	**Grant Balance with MNGO**	650000
2	**Bank Interest on savings Account**	10617
Total		**660617**

1	Computer & Laptop	46000
2	Total Salary	293760
3	Furniture & Fixt.	18600
4	Office Rent	36720
5	Office Exp.	36690
6	Audit Fees	1000
7	Travel & Transport	85423
8	Sensitization & Workshop	16240
9	Transportation for workshop	5000
10	Community Based Monitoring	14440
11	IEC Material & Printing	13500
12	Documentation	17270
13	Workshop PVT. Practitioner	26080
14	Capacity Building	28600
15	Emergency Meeting	18000
16	Review Meeting	21480
Total Expenses		**678803**
Excess Expenses From MNGO		**-18186**

Challenges faced by the stakeholders (M-NGO and F-NGO) in implementing the proposed activities

1. **Delays in initiating the program:** The program was initiated in 2007-2008 however, constant delays in actually starting the program (2011) was felt as one of the de-motivating factor
2. **Lack of monitoring and guidance:** lack of interest of other stakeholders mainly the government officials towards this program in-terms of not undertaking mid-term

[4] This summary does not include expenses incurred for the period from April 2014 till June 2014

evaluation, not getting involved in the progress of the project was perceived as one of the challenges to work

3. **Irregularity of funding:** This was the most significant challenge expressed by MNGO as well as F-NGO. It was observed that despite of not receiving the full grant, the organizations continued working on the project. Some have not received their salaries and this was a major reason for people to leave the job and seek other opportunities.
4. **Lack of motivation to work**: The above mentioned factors were mentioned as the reasons for lack of motivation to work.
5. **Problems of getting skilled staff / staff turnover/ low salaries:** One of the challenges mentioned was difficulty in getting skilled staff mainly when the budgeted salaries are low. This lead to high staff turn-over mainly at the level of field-workers and field coordinators.
6. **Lack of training in data management:** Not being able to understand the calculation of all the indicators required by the funding agency and not being able to use the data on regular basis for monitoring the activities of the project and undertake interim correction was mentioned as one of the important challenges by the MNGO.

Existing gaps in the program implementation and recommendations to SHSRC

Existing gaps:

- The program is skewed towards certain indicators such as increasing institutional deliveries, coverage of immunization and focus on adolescent girls. This carries the risk of making RCH program more "target oriented" and the rights based approach to reproductive and child health can get neglected.
- Young boys are currently not targeted within the program. Inclusion of young boys in the RCH activities would help in providing comprehensive RCH care and address issues related to male sexuality and gender inequality.
- Even the issues related to newborn and infant care, early initiation of breast feeding, complementary feeding, managing childhood diseases like diarrhea, acute respiratory infections were not fully addressed.
- Issues like raising awareness regarding STIs and RTIs, were not addressed to the required level.
- Use of temporary contraceptives was very less and the choice of women regarding contraception should be addressed.
- Considering the change in recent focus of the services provided related to RCH (JSY for example), the objective of M-NGO scheme should be reconsidered to make it more effective and comprehensive.

Recommendations

- Ensuring timely financing
- Monitoring of program implementation

- Repeated training and support to the monitoring and implementing organization

Evaluation Summary

1. Evaluation of the activities of the MNGO, Indian Institute of Youth Welfare, Gadchiroli has been working as a mother NGO (MNGO) since 2011 under M-NGO scheme on a RCH project along with 3 field NGOs (FNGOs) namely Ekata Samajik Shaikshanik Sanstha(ESSS), Gadchiroli (Murumgaon PHC), Society for People's Action in Rural Service and Health (SPARSH), Gadchiroli (Mannerajram PHC), Nagrik Arogya Raksha Sanstha(NARS), Wadsa (Zhinganur PHC) was conducted by Prayas (Health Group).
2. Overall the work of the MNGO and the FNGO in the field was observed to be satisfactory in terms of achieving the objectives of the project, maintaining records of the activities and maintaining records of the finances.
3. In general the FNGOs were able to improve the uptake of number of institutional deliveries compared to the expected number of institutional deliveries [ESSS- 72%; NARS-52%; SPARSH-67%]. Complete coverage of women receiving full ANC coverage was reported by ESSS (105%) whereas as other two organizations had approximately 50% coverage [NARS-56%, SPARSH-49%]. On an average 55% children were reported to be completely protected through immunization. Relatively low up-take [average 30%] was reported regarding the number of eligible couples using modern contraceptive methods.
4. Positive feedback regarding the work done by the FNGOs was reported by the staff of the respective PHCs and the beneficiaries.
5. Delay in starting the project and irregularity in the funding were reported as main challenges by the MNGO and FNGO staff. Lack of skilled staff, high turn-over of the staff and lack of adequate training mainly in the domain of monitoring and evaluation were also reported as some of the important challenges.
6. Based on the evaluation and interactions with different stakeholders we feel that the MNGO and the FNGOs has made efforts in achieving the program target and to some extent were successful in their efforts.

Annexures

Correspondence regarding change of F-NGO from Samta to SPARSH

Correspondence regarding release of funds

समता Society For Action In Multipurpose Activities And Tribal Awareness,Gadchiroli

SAMATA

Reg. No.
- Mah - 62/2001 (Under Societies Act - 1860)
- F - 3294/Gad/2001 (Under Trust Act - 1950)
- 0840300013/2006 (Under FCR Act - 19760)
- AAGTSO875 (Under Income Tax Act - 1961)
- CIT - IV/12A/S, P-269/2007-08 (Under I.T. 12 Act - 1961)

Prof. Dilip Barsagade
Secretary
M.Sc.(Chem.), M.SW.,M.Ed.,B.M.C.,
N.D., NET, SET (Social Work)

'KESHAWSUT', Snehanagar, Gadchiroli - 442605, Maharashtra State (INDIA) Ph. No. (07132) - 233784, 9422152617

Ref. No. : -

Date : -09/09/2011

To,

The District Coordinator
Indian Institute of Youth Welfare &
Mother NGO for RCH, Gadchiroli

Subject: - Not willing to work as FNGO in Mannerajaram PHC.

Reference: Your Letter No. 740/Irdp/ Gadchiroli dated on 12/08/2011

R/Sir,

With reference to above cited letter from your office, Society for Action in Multipurpose Activities and tribal Awareness **(SAMATA)** are having to inform you that SAMATA are not interested to act as field NGO in Mannerajaram PHC . As you aware SAMATA had taken a decision to not implement any kind of project on grant-in-aid basis from last 3 Years. Hence please excuse us for this cause.

Here we recommended our sister organisation 'Society for Peoples Action in Rural Service and Health **(SPARSH)** for select as FNGO for Mannerajaram PHC. SPARSH also have a huge experience in community development field. We are oblige to you, if you give an opportunity for SPARSH for this cause and to consideration of our efforts taken for BLS work in Mannerajaram area, we hope so.

Thanks a lot for showing faith to our organisation and hope for same , forever.

Place:- Gadchiroli
Date :- 9 September 2011

Yours Sincerely

(Prof. Dilip Barsagade)
Secretary
Society for Action in Multipurpose Activities and Tribal Awareness (SAMATA), Gadchiroli

INDIAN INSTITUTE OF YOUTH WELFARE
Integrated Rural Development Project
M.G. Square, GADCHIROLI - 442605

NO/203/IRDP/Gad

दिनांक : ०५/०३/२०१५

प्रति,

मा. जिल्हा अरोग्य अधिकारी,
जि.प. गडचिरोली.

विषय :- मातृसंस्था व क्षेत्रीय संस्था द्वारा अंमलबजावणी केलेल्या आर. सी. एच. प्रकल्पाचा निधी मिळणे बाबत.

महोदय,

केंद्र शासनाच्या मातृसंस्था योजनेअंतर्गत प्रजनन व बाल आरोग्य प्रकल्पाअंतर्गत गडचिरोली जिल्ह्यात इंडियन इस्टिटचुट ऑफ यथु वेलफेअर, गडचिरोली ही संस्था मातृसंस्था म्हणून मागील ४ वर्षापासून कार्य करीत आहे. सोबत तिन क्षेत्रीय संस्था अनुक्रमे नागरीक आरोग्य रक्षंक संस्था झिंगाणूर ता. सिरोंचा, एकता सामाजीक व शिक्षण संस्था मुरुमगांव ता. धानोरा आणि स्पर्श संस्था मु. मन्नेराजाराम, ता. भामरागड या ठिकाणी कार्यरत आहे.

O/C

या प्रकल्पाचा कालावधी जुलै २०११ ते में २०१४ पर्यंत आहे. या प्रकल्पाकरीता शासनाकडून काही निधी प्राप्त झालेला आहे व उर्वरीत निधी प्राप्त व्हावयाचा आहे. या प्रकल्पाचा कालावधी संपलेला असून प्रकल्पाचे मुल्यांकन करण्याकरीता मार्च २०१४ मध्ये प्रयास संस्था पुणेची टिम येणार आहे.

27.3.15

आम्ही या प्रकल्पाच्या कार्यक्रमाचे अहवाल शासनाला वेळोवेळी सादर केले आहे. कृपया उर्वरीत निधी प्राप्त व्हावा ही विनंती. सदरचा निधी क्षेत्रीय संस्थांना वितरीत करावयाचा आहे.

धन्यवाद !

[RCH प्रकल्पाविषयी सुरुवाती पासूनच्या पत्रव्यवहार, लेखा संबंधात कागदपत्रे, अहवाल व महत्वाचे दस्तऐवज सोबत सादर आहे.]

आपला विश्वासू,

(मनोहर मा. हेपट)
जिल्हा प्रकल्प व्यवस्थापक

INDIAN INSTITUTE OF YOUTH WELFARE
Integrated Rural Development Project
M.G. Square, GADCHIROLI - 442605

पत्र क्र. 7873/IRDP/Gad

दि. २५/०३/२०१४

प्रति,

मा. डॉ. आर.एम. कुंभार साहेब,
सहाय्यक संचालक,
राज्य आरोग्य व कुटुंब कल्याण ब्युरो,
रेल्वे स्टेशन मागे, पुणे.

विषय :- प्रजनन व बाल आरोग्य प्रकल्पाकरीता मातृसंस्थेला अनुदान प्राप्त होणेबाबत.

मा. महोदय,

आमची संस्था प्रजनन व आल आरोग्य प्रकल्पा अंतर्गत मातृसंस्था म्हणून गडचिरोली जिल्ह्यात कार्यरत असून ३ क्षेत्रीय संस्था कार्यरत आहे. या प्रकल्पाचा कालावधी मे २०१४ पर्यंत आहे. मातृसंस्थेतर्फे दरमहा व त्रैमासिक कार्य अहवाल शासनास सादर करण्यात येत आहे तसेच एफ.पी.ए.आय. कडून वेळोवेळी प्रशिक्षण व मार्गदर्शन मिळाले आहे. प्रकल्प प्रस्तावा नुसार प्रजनन व बाल आरोग्य प्रकल्पाचे उदिष्ट पुर्ति करण्यात येत आहे.

O/C

मातृसंस्थेला जिल्हा आरोग्य संस्थे कडून आतापर्यंत माहे जुले २०११ ते डिसेंबर २०१२ पर्यंत एकुण २२.५० लक्ष निधी प्राप्त झालेला आहे. उर्वरित निधी माहे जानेवारी २०१३ ते मार्च २०१४ पर्यंतचा अप्राप्त आहे.

या संदर्भात जिल्हा आरोग्य अधिकारी व एनआरएचएम सेल यांचेकडे विचारणा केली असता राज्याकडून निधी आलाच नाही असे सांगण्यात येत आहे. कृपया या संदर्भात आपले स्तरावरून कार्यवाही करण्यात यावी व संस्थेला अप्राप्त निधी वितरीत करावा हि विनंती.

आपला विश्वासू

(मनोहर हेपट)
जिल्हा प्रकल्प समन्वयक

प्रतिलिपी :-

1) मा. मुख्यकार्यकारी अधिकारी,
जिल्हा परिषद,
गडचिरोली.

2) मा. जिल्हा आरोग्य अधिकारी,
जि. प. गडचिरोली.

27/3/14
आरोग्य विभाग
जि. प. गडचिरोली

25/3/14