

## DONOR FEEDBACK FORM

### Basic Information

Name of the referee	Mr Nayan Chhaganbhai Panchal
Designation	Director
Current organization	JATAN INDUSTRIES
Email ID	jatanind@gmail.com
Contact Number	+91-9825351050
Name of the organization for which you are providing a reference	Parivartan Samaj Vikas Samiti
Name of your point of contact within the organization	+91-9511800162

### About the engagement with the organization

Question	Response
What was the project for which funds were disbursed?	Medical Awareness Health Camp
What was the location of the project?	Chhattisgarh
What was the overall quantum of funds disbursed for this project? (If you wish to keep this information confidential, please provide a range within which the project budget would fall. E.g.: 40-50 lakhs)	10-11 Lakhs

Please answer the following questions:

#### I. Effectiveness of Solution

Please rate the effectiveness and quality of the solution offered with respect to the following:

	Very dissatisfied (C)	Dissatisfied (B)	Neither satisfied nor dissatisfied (B+)	Satisfied (A)	Very Satisfied (A+)
The clarity, thoroughness and technical correctness of the solution that was proposed by the implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>
The completeness of the offered solution with respect to the goals and objectives outlined in the needs assessment report of the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>
The effectiveness and sustainability of the offered solution in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>



addressing the identified problem					
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Please provide any additional comments:

**Please provide an overall rating for this section (C being the lowest & A+ the highest):**  
**A**

**II. Project Implementation**

*Please rate the manner in which the project was implemented with respect to the following:*

	Very dissatisfied (C)	Dissatisfied (B)	Neither satisfied nor dissatisfied (B+)	Satisfied (A)	Very Satisfied (A+)
The extent to which the project costs remained within pre-decided budgetary constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>
The effectiveness with which pre-decided project schedules were followed during actual implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>
The effectiveness with which changes in cost, scope, schedule or expected quality were managed during project implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>

Please provide any additional comments:

All the planned activities was implemented as per planned budgetary allocation.

**Please provide an overall rating for this section (C being the lowest & A+ the highest):**  
**A+**

**III. Management Team**

*Please provide an overall rating for this section (B- being the lowest and A+ the highest):* **A+**

*Please rate the management team assigned to this project with respect to the following criteria:*

	Very dissatisfied (C)	Dissatisfied (B)	Neither satisfied nor dissatisfied (B+)	Satisfied (A)	Very Satisfied (A+)
The adequacy of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>



team strength to undertake and implement the project					
The adequacy of skills and capacities of the team members to undertake and implement the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>
The effectiveness of the team in resolving ongoing issues that came up during project implementation, without impacting the project schedule or budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>
Overall performance of the team with respect to project management and implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>

Please provide any additional comments:

Need based intervention for the vulnerable community

**Please provide an overall rating for this section (C being the lowest & A+ the highest):**

**A**

**IV. Monitoring, Reporting and Evaluation Processes**

a. Please rate the Monitoring & Evaluation (M&E) process that was followed for the project with respect to the following:

	Very dissatisfied (B-)	Dissatisfied (B-)	Neither satisfied nor dissatisfied (B)	Satisfied (A)	Very Satisfied (A+)
The robustness of the M&E methodology that was adopted for the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>
The timeliness of the progress reports that were generated by the M&E process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>
The usefulness of the information provided through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>



the progress reports					
The extent to which the M&E process helped reveal shortcomings and bottlenecks that hindered progress of the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments:

Good team work

**Please provide an overall rating for this section (C being the lowest & A+ the highest):**

   A+

b. Please rate the final report that was submitted after the completion of the project with respect to the following:

	Very dissatisfied (C)	Dissatisfied (B)	Neither satisfied nor dissatisfied (B+)	Satisfied (A)	Very Satisfied (A+)
The accuracy and objectivity of information provided in the final report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The completeness of the information provided in the final report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The overall quality of the final report submitted by the implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments:

As 1 project is completed and found satisfactory and 1 project continue and we found overall satisfactory performance overall.

**Please provide an overall rating for this section (C being the lowest & A+ the highest):**

   A

c. Please rate the impact assessment exercise performed by the implementing agency (if any):

	Very dissatisfied (C)	Dissatisfied (B)	Neither satisfied nor dissatisfied (B+)	Satisfied (A)	Very Satisfied (A+)



The robustness of the impact assessment methodology adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>
The completeness of the information regarding impacts created by the project provided by the impact assessment conducted	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the content provided in the impact report	<input type="checkbox"/>	<input type="checkbox"/>	✓ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments:

**No Need Any Comments**

*Please provide an overall rating for this section (C being the lowest & A+ the highest):*

      
**A+**

Would you be willing to partner with this organization again, if a similar opportunity came up? Yes



A circular stamp with the text "NITAN INDUSTRIES" around the top edge and "PARTNER" in the center. A handwritten signature is written across the stamp, and the date "25/9/2023" is written below it.