**Annexure: B**

**Reporting Format-B**

**Structure of the Detailed Reporting format**

**(To be submitted by Evaluators to SACS for each TI evaluated with a copy to NACO)**

**Introduction**

* Background of Project and Organization

Teresa Social Welfare Organization is a non government organization registered under Society Registration Act, and is based in Agartala of Tripura, in India. The organization is a thought of passed out college students who got together to train themselves to prepare themselves up to get good jobs and lucrative salary. They used to groom themselves up with the fluency of spoken English and knowledge of current affairs. They then realized that they can form a organization and work for a good cause and take part in benevolent acts. The thought of the organization came up in 1991 but it eventually got registered in December 1994. The organization started its activity soon after it got registered by opening a school from the money they have collected working in other organization. They got a piece of land in lease and set up a school and got it affiliated until class VIII and they have 450 students attending their school now. They have got scores of project and they are addressing issues like women and child health, environmental issue, education, development of artisans and art and culture in the state.

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**HIV/AIDS interventions**: The organization has been intervening among the FSW and MSM on HIV/AIDS issues. The interventions basically aim at reducing HIV/AIDS among the FSW and MSM community in , Dharmanagar ,Kanchanpur and Panisagar area of North Tripura.

* Name and address of the Organization

Teressa Social Welfare Organization

Panisagar,

North Tripura

* Chief Functionary:

Janardhan Bhowmick ( Secretary and PD)

* Year of establishment

December 1994

* Year and month of project initiation: November 2010

Evaluation team: **Suman Chakraborty, Anjana Nayek, Asim Mukherjee**

* Time frame

December 2014-November2015

**Profile of TI**

(Information to be captured)

* Target Population Profile: FSW & MSM
* Type of Project: Core Composite
* Size of Target Group(s) FSW (244) MSM (150)
* Target Area; Dharmanagar, Panisagar , Kanchanpur , Dasda .

**Key Findings and recommendations 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…

* **The organization supports the project with supporting supervision and monitoring. The key office bearers were represented by the Secretary of the organization.**
* **It was found that the PD ensures his presence in the meetings being conducted.**
* **The project is also periodically monitored as it is found from the documents available.**

**It is important to have a proper advocacy plan in place to address the issues related to advocacy for the HRGs**

**II. Organizational Capacity**

1. Human resources: 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.

* **Majority of the staff members share a good rapport with the community and PEs.**
* **The organization follows SACS – NACO norms for staffing pattern.**
* **Project team follows the reporting structure laid down by NACO- SACS and they maintain the documentation for the same. Documents for both staff level supervision and management level supervision available with the project team.**

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

* **The PM had not received any training till date which needs immediate attention other staffs were trained by the TSACS .Staff review meetings are conducted once in a month, PE meeting cum trainings are organized four times a month. PD review meeting done once in a month as found to be documented.**

1. Infrastructure of the organization

* **The project office is rented; the head office of the organization is based in Agartala. Office furniture and computer available in the project office requirement of the same has been fulfilled by the organization according to NACO – SACS norms/needs. Entertainment systems (audio – visual) made available in the DIC by the project. The documents and registers are safely kept in Almirahs and racks.**

1. 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.

**Team’s approach towards documentation is positive and the evaluation team during the visit observed that the project team is adherence to the SACS protocol and timely submitting reports to the TSACS. All the SACS related documents are in place. The documentation part needs improvement and capacity building. But adding to this the evaluation team found mismatch in the reporting of form**

* **III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

**A total of individuals have been line listed by the project staff. This includes 243 FSWs and 170 MSM.**

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

**No centralized micro and outreach plan is in place it was done by the PE an ORW as need based. It was also observed that this plan was not regularly monitored which reflects in the impact of the program.**

1. Coverage of target population (sub-group wise): Target / regular contacts only in HRGs

**As per norms.**

1. Outreach planning – quality, documentation and reflection in implementation

**The quality of outreach planning requires improvement and it was reflected documentation and implementation.**

1. PE: HRG ratio, PE:migrants/truckers

**As per norms**

1. Regular contacts ( as contacting the community members by the outreach workers / Peers at least twice a month and providing services 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 staff has a mix understanding of regular contacts and reached contacts at ORW level. A total regular contact recorded is**

|  |  |
| --- | --- |
| **FSW 2679** | **MSM 1520** |

**Individuals are in regular contact with the project staff and PEs. All commodities made available to them once every fortnight.**

1. Documentation of the peer education

**PEs does have a basic understanding about the documentation. ORWs help PEs to complete their documentation. Some of the PEs do documentation by themselves which is a good sign. Peer educators have tried at per their level. Documentation part needs to be improved and tracking needs improvement.**

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

**PE of the MSM segment are well equipped and they can be good asset of the project team the FSW segment PE needs capacity building and support from the project team.**

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

**The whole segment need immediate attention as evaluation team found lacuna in this segment.**

**IV. Services**

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

**The availability of the STI services needs improvement at the project level as the project render the service through PPP mode.**

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

**This segment needs improvement.**

1. Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC, ART, DOTS centre and CCC.

**The PPP has got no documents to assume the quality of treatment offered. RMCs are evidently been done regularly in the STD clinic of the district hospital. There are referrals to ICTC and it has been found that they had referred 30-40 HRGs in a month to the ICTC. And they have linked all their HIV positive clients to the ART centre.**

1. 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 official documents in this regard.

**The project team has tried to make this segment at per satisfactory level but still the evaluation team giving remark after physical verification of the documents that it needs improvement.**

1. Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.

No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.

**A total of FSW 48053 MSM 17371 condoms were distributed by the project staff in last 12 months. 21826 KY jelly has been distributed among the MSM. Condoms were distributed through PEs, ORWs and outlets. Free condoms available and are supplied in proportion to the demand generated. It has been reported that they have taken a stock for social marketing but they couldn’t manage to finish of the stock as HRGs are not in the state to buy luxurious condoms.**

1. Information on linkages for ICTC, DOT, ART, STI clinics.

**Project has good linkages with the existing govt. infrastructure for STI and allied services. A good rapport with the local govt hospital and its STI centre, DOT and ART centers has been maintained.**

1. Referrals and follows up

**Referral segment is good but follow up mechanism needs improvement.**

**V. Community participation**

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

**No community groups or SHGs have been formed for both FSWs and MSM. But it has been learnt they are trying to form one for last few months which may eventually give shape in a few days to come.**

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

**The level of Community participation in project activities is at average level, but it was not properly reflected in the documentation and needs improvement.**

**VI. Linkages**

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

**The project team has good links with ICTC and consistently has been referring HRGs**

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

**More than 95% of HIV testing done for both the groups and in the difficult and remote terrain where the HRGs require spending a lot of money travelling to the facility.**

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

**They have got strong linkages with ICTC, ART and STI clinic. The HRGs referred to the service providers are dealt in priority.**

**VII. Financial systems and procedures**

1. Systems of planning: In our observation it is found that the existence system of “Teresa Social Welfare Organization “ Core Composite project is adherence to NGO guidelines and the approved system is also endorsed by SACS/NACO supporting official communication.
2. Systems of payments- It is found that the existence system of payments is endorsed by SACS and NACO supporting officials. They are maintaining the vouchers in the heading of EXPENDITURE head Voucher number 351 is attached with the for your reference. It should be treated as debit voucher. The system needs up gradation. The loan system is inadequate though the amount is taken in cheque and refunded through cheque from the organization but not found and approval or not sheet system in this segment. Some time it seems in the same period they are indicating taking loan 20000/- and refunded 20000/- through the cash book but in of the ledger as attached with the report it found that they have recorded Rs 50000/ as loan. This mismatch needs to be corrected immediately. Salary register needs to be improved as they have not mentioned the grand total of total amount paid and total professional tax paid periodically is not recorded. Regarding. Rent Agreement, we have found they are not receiving any “Rent Bill” from Landlord but they are preparing vouchers and photocopy of the cheque for documentation, it needs to develop. It may be pointed out that the Team has not found any concrete system of note-sheet or approval system for payment of any expenditure, it needs to develop. Regarding Fixed Assets Register- the team has found the Fixed Register is maintaining but it needs to be properly maintained.
3. Systems of procurement- In our observation it is found that the existence system of procurement is in adherence of policy of procurement as endorsed by SACS/NACO and also adherence of WHO-GMP practices for procurement of medicines and the systems of quality checking is require to develop.
4. Systems of documentation- As per their NGO guidelines it is observed that they are maintaining separate Bank Account having two authorized signatories and the reconciliation is prepared as per guideline. Adding to this the evaluation would like to comment after verification they found blank cheque is signed in the both side by the Jt Secretary Md Jallauddin Islam when it was asked the clarification received from the organization secretary that he is non resident of the project site and the cheque system is also needs joint signatory. This system needs to be changed immediately.

**VIII. Competency of the project staff**

VIII a. Project Manager

**The project manager recruited for 7 months she needs immediate capacity building on all segment of the project TI. Till date she has not got any training. Gaps identified in the technical concept.**

**VIII b. ANM/Counselor**

**The Counsellor is working long time but she needs capacity building and refresher training on technical issues of Counselling.**

**VIII d. ORW**

**In the project 2 ORW are presently working one is looking after MSM segment he is working with this TI for long time and has good capacity which reflects in the MSM project activity but the evaluation team found that the ORW looking after FSW project needs capacity building .**

**VIII e. Peer educators**

* 10 Peer

**VIII i. M&E officer and Accountant**

**No separate M&E officer in place with the project, the accountant does the job of M&E. He is not able to provide analytical data by himself. He needs help of the PM/Counselor to do his job. He is a data entry person and not a data analyst.**

**IX. a. Outreach activity in Core TI project**

Interact with all PEs (FSW, MSM and IDU), interact with all ORWs. 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 PEs and ORWs conduct regular session with the HRGs and it is evident that the population is indeed going to the facilities. Service uptake is spontaneous to a certain extent .The terrain is difficult and most of the hotspots are remote so outreach is not possible at every point of time. They had to plan outreach keeping in lieu the safety issues. The stakeholders’ involvement needs improvement in the project activity.**

**X. Services**

Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs,

**Overall the community seems to be satisfied by the services provided by the project team.**

**XI. Community involvement**

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

**Community involvement limited to service provision and community events at project level only. The team is not confident in taking up crisis issues as expected from them maybe due to lack of will from the management of the organization. Much work needs to be channelized on crisis management and advocacy efforts.**

**XII. Commodities**

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

**This segment is at satisfactory level but it requires improved and more micro based planning.**

**XIII. Enabling environment**

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

**Conceptual clarity for advocacy component needs to be imbibed in the project team as well as organizational management. No plan for advocacy in place.**

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

**No evidence found**

XV. Best Practices if any

**No innovations or best practices are in place with the project. They have only innovated in few places in outreach plan and PE documentation to capture data from the PE who understands very little about the Form B.**

**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated with a copy to NACO)**

**Profile of the evaluator(s):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **Suman Chakraborty** | **9433755617.** |
| **Anjana Nayek** | **9433918299.** |
| **Asim Mukherjee** | **9433383101.** |
| **Official from SACS/TSU (as facilitator) Arup Mukherjee (DAPCU)** | **8014083067** |

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| **Name of the NGO:** | **Teresa social welfare organization** |
| **Typology of the target population:** | **FSW & MSM (Core Composite)** |
| **Total population being covered against target:** | **T:394(244FSW&150MSM) C:413(243FSW&170MSM)** |
| **Dates of Visit**: | **15-17 December 2015** |
| **Place of Visit:** | **Panisagar, North Tripura and other project places** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **67%** | **B** | **Good** | **Recommended for continuation.** |

**Specific Recommendations:**

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| --- |
| * **It is imperative for the management of the organization to understand finer issues of both the HRG groups and initiate their involvement in project work and advocacy issues.** * **The organization should include someone local in their body who should be necessarily be the PD.** * **PE should represent the younger and active group of the FSWs.** * **The whole FSW segment needs capacity building.** * **Documentation for the PPP clinic should be a must.** * **SHG/CBO formation in both the groups should be materialized soon.** * **The PPP should necessarily hold some documents of some kind to register name of the HRGs visiting.** |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Suman Chakraborty** |  |
| **Anjana Nayek** |  |
| **Asim Mukherjee** |  |