**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

Socio Economic Welfare Society is a non government organization registered under Society Registration Act, having its working area in one of the tribal dominated province part of North Tripura, in India. The organization emerged in the year 1992 by a group of likeminded persons of Jalabasa village committed to social action and determined for some progressive and constructive change in the society through an effective utilization of the resources and with the support of modernization. The organization was formed to intensify rural development and address health and nutritional issues. The organization got finally registered in the year 1993 under societies’ registration Act.

The organization got to have experience working with NRHM in RCH project and they have got 4 years experience in TI project on migrant labor (2003-2007). The organization has got a school which is affiliated up to class VIII by the Govt. of Tripura.

**HIV/AIDS interventions**: The organization has been intervening among the IDUs on HIV/AIDS issues. The interventions basically aims at ensuring safer injecting, safer sex with sexual partners, behavioral change in adopting modern medical care, manage abscesses and drop-in-centre and special interventions with target group on empowerment issues. The programme is being implemented at Damchara , Kanchanpur, Jampui hills of north Tripura district with TSACS with the support of NACO and till date the target group reached to **227 IDUs of North Tripura district**.

Socio Economic Welfare Society has been working in the area of HIV/AIDS awareness and prevention since last 7 years .

* Name and address of the Organization

Socio Economic Welfare Society

Jalabasa,

Panisagar

North Tripura

* Chief Functionary:

Mr. Kamala Kanto Sinha (Secretary & PD)

* Year of establishment

14th July 1993

* Year and month of project initiation:

August, 2008

* Evaluation team

Suman Chakraborty, Anjana Nayek, Asim Mukherjee.

* Time frame

December 2014-November2015

**Profile of TI**

(Information to be captured)

* Target Population Profile: IDU
* Type of Project: Core
* Size of Target Group(s) -227
* Target Area: Damchara , Kanchanpur, Jampui hills of North Tripura district

**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 (the secretary himself is the PD of the organization) ensures his presence in the meetings and has been found to be there in all the 12 monthly meeting called in the monthly meeting.

**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

The ORW s and PE s are all from community. No staff turn over reported during the evaluation period. 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 but needs improvement.

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

Capacity building programme were organized on different intervention related issues. But, different type of training on new intervention related issues like new formats, usage of new substance and its prevention procedure are needed for all staff. No training need assessment was exercised among the staff. The reporting pattern of the training programme also needs improvement. The evaluation team suggests capacity building of the whole project team. Staff capacity has been built by the TSACS and all the staff members have got induction trainings. Project staff presently conducts in-house trainings for PEs (they take the opportunity of the weekly meeting and monthly review meeting to capacitate the PEs). Basic level understanding seems to be good for PEs as they were able to explain basics of safer injecting, overdose management, condom demonstration, STIs and HIV. But a detailed knowledge of the same requires to be induced in the PEs so that field level awareness develops. Thematic trainings are suggested for both staff and PEs to name a few would be: vein management, safer injecting techniques, micro planning, SHG formation (especially formation of support group like NA) and development and Advocacy from concept, planning to implementation. Documentation of the training has been maintained by the project staff. No impact assessment of the training has been done so far. Staff review meetings are conducted once in a month. PE meeting cum trainings is organized four times a month. PD review meeting done once in a month.

1. Infrastructure of the organization

The project office is placed in the head office of the organization. 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.

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 though the evaluation team has found some limitations in the area of documentation. Review meetings are conducted to discuss the achievement of the targets set in indicators. But the documentation and reporting system has not been monitored.**

**III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

A total of 231 individuals have been line listed by the project staff.

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

**IDUs- high volume-9, low volume-218.**

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

**Outreach planning done on a very basic level. ORWs put their efforts in documentation which is fairly visible but some gaps as mentioned above do exist. The DICs are as far as 40-50kms away from the project office and the DIC is located far away from the hot spot. It is doubtful if the outreach team specially the team of PE could meet the IDUs at least 20 days a month as the remote nature of the hotspot and the difficult terrain offers difficulties.**

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, registered contacts and reached contacts at ORW level, PM and M&E has a better understanding of the same. The difficult terrain, the distance of the field and lack of transportation does not make it possible for the PEs to make frequent outreach and meet the IDUs at least 20 days a month.**

1. Documentation of the peer education

**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

**Project PEs is very vocal and clear when they communicate. The PEs in general is skillful and they are sharing proper knowledge to the community. There are very few PEs who are under the age group of 30 and most of them are in their 40s.**

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

**The whole segment needs fine tuning and improvement.**

**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. Only 1 STI Case was reported during this evaluation period.**

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 Community care centers.

**Abscess management has been done by the ORWs and it was found that the technical officer-IDU from NACO-NERO had personally visited the TI and trained the staffs to manage abscess. There are referrals to VCTC and it has been found that they had referred 30-40 HRGs in a month to the VCTC. There are 2 positive cases among the TGs.**

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 staff maintains all the necessary documents for STI component. ANM/Counselor maintains the registers related to this component. Documents are maintained as per NACO- SACS guidelines, understanding for the same is found with the project staff. Central stock registers are maintained. Adding to this the evaluation team would like to inform that in the ICTC Referral system gaps identified during verification of the referral slips this segment needs to be corrected immediately.**

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 20540 condoms were distributed by the project staff in last 12 months. Condoms were distributed through PEs and ORWs. No condom outlets found. 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 and 930 condoms. The TI has distributed 25135 needles and syringes against the demand of 33284.**

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

**Project has good linkages with the existing govt. infrastructure for STI, OST, ICTC and allied services.**

1. Referrals and follows up

**As the project has strong linkages with the govt. health systems referrals have not been a real issue with this project. Lack of Conceptual clarity within the field team and uneven planning may have a direct impact on the follow up part of the STI care component of the project, but follow-up of clients for the service is evidently average. The TI refer the clients to OST centre and has a system of accompanying referral to the ICTC and STI centers.**

**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 the IDUs. But individuals are directly and indirectly involved with the different SHG and getting support. Evidence verified by the team. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents.**

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

**The 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. The HRGs in the ICTC also get tested for VDRL. The organization has not sent the TG for TB testing.**

**The TI has got good linkages with the OST centre**

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

**100% of HIV testing done.**

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

**They have got strong linkages with OST centre, ICTC and STI clinic. The HRGs referred to the service providers are dealt in priority. The OST centre is well linked to the project and the OST personnel met during the visit are found to be playing encouraging role.**

**VII. Financial systems and procedures**

1. Systems of planning: In our observation it is found that the existence system of “Socio Economic Welfare Society “ Core IDU 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 as per norms head Voucher number 3788 is attached with the for your reference. The system needs up gradation. 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 by both joint signatory. ( a signed blank cheque is attached ) This system needs to be changed immediately.

**VIII. Competency of the project staff**

VIII a. Project Manager

**Project manager is quite committed to his work but needs capacity building on project management and IDU related issues.**

**VIII b. ANM/Counselor**

**The counsellor is performing at average level but he is committed to his job some lacuna in documentation observed, requires hand holding support from the authority.**

**VIII d. ORW**

* Both the ORW are from the community.
* They are well familiar with the terrain and languages used by the community.
* They are quite popular among the community.
* They have adequate knowledge on various targets, outreach plan, Safer injecting, overdose management, abscess management, waste disposal techniques, importance of ICTC testing.
* They share a good rapport with their PEs.
* ORWs are aware and confident about field level situation which is a great sign.

**VIII e. Peer educators**

* They have knowledge on safer injecting, overdose management and about service facilities. They need capacity building and refresher training.

**VIII i. M&E officer cum accountant**

**M&E officer of the project compiles data and analyze the same for the project planning.**

**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. The terrain is difficult and most of the hotspots are in the remote place so outreach is not possible at every point of time. They had to plan outreach keeping in lieu the distance issues.**

**X. Services**

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

**The community seems to be satisfied by the services provided by the project team. There are some abscesses being treated and the NGO has got those pictures hanged to evident the same. One of the ORW who was a HRG before has spoken of his gratitude towards the TI as they have helped his abscesses got cured.**

**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. 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,

**Demand generation done periodically and they assume the month old requirement as the scale and is providing them with that much needle and syringes only.**

**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 th programme.

**No plan for advocacy in place. Stakeholder analysis done but never being used for any purpose. It seems that the TI is documenting with the requirement of NACO guideline but seldom do they put them in use.**

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

* No such evidence found.

XV. Best Practices if any

* No innovations or best practices in place with the project.

**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** |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Socio Economic Welfare Society** |
| **Typology of the target population:** | **IDU** |
| **Total population being covered against target:** | **Target-227 IDUs**  **Covered- 231 IDUs** |
| **Dates of Visit:** | **17-19 December 2015** |
| **Place of Visit:** | **Jalabasa Panisagar, North Tripura** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **72.2%** | **B** | **Good** | **Recommended for continuation.** |

**Specific Recommendations:**

|  |
| --- |
| * The whole team needs capacity building on entire TI IDU related issues. * Micro and outreach planning needs development. * Monitoring system needs to develop. * Gap in documentation system needs to be rectified. * Concept regarding crisis management needs to develop. * PE Capacity building is required. * Real need based planning required for hard to reach terrain and target areas. * Advocacy system needs to be properly developed. * The financial system needs proper management. |

**Name of the evaluators Signature**

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