**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: This TI project implementing by Hambai Club, Sangkama under the Jampuijela subdivision. The centre located at Khowai area and providing services to its surrounding communities. This project was initiated from 2010 and presently catering 506 FSW HRG as Core TI intervention. The Hambai club is known in the state for its sports activity and community services.
* Name and address of the Organization: HAMBAI CLUB , Village Sangakumabari, P.O. Takarjala, Sub division Jampui Jela. Tripura.
* Chief Functionary: Sambhu Charan Debbarma
* Year of establishment: 1986
* Year and month of project initiation: 2010 October
* Evaluation team: Suman Chakraborty, Anjana Nayek, Asim Mukherjee.
* Time frame: December 2014-November2015.

**Profile of TI**

(Information to be captured)

* Target Population Profile: FSW
* Type of Project: Core
* Size of Target Group(s): 506
* Sub-Groups and their Size
* Target Area: Khoai , Jirania , Teliamura sub division.

**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 interaction with the office bearers reveals that they are effectively involved to project in terms of support to community, The are engaged in initiation of advocacy activity for the project purposesss.**

**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 staffing pattern is as per norms and the capacity of the team is average but adding to this the evaluation team is happy with the performance of the PM, Accountant and 1 ORW and some peer. Immediate capacity building and motivation up gradation required for Counsellor and other ORW named Durgacharand Debbarma and number of peers. The supervision structure is well documented but still the scope of improvement was observed by the evaluation team. The commitment of the office bearers are at highly satisfactory level.**

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

**Periodic capacity building programme were organized on different intervention related issues. 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 ORW and Counsellor.**

1. Infrastructure of the organization

**Adequate.**

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.

**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. The quality of the programme related reports are up to the satisfactory level.**

**III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

**The area wise listing of the target group by category is in place. The mapping of the target population with numbers is well documented in the office. During this evaluation period they have registered 40 new HRG**

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

**During evaluation the evaluation team found that all the intervention areas are well demarcated and codified under each ORW. It was also revealed that down top approach being exercised for making the project properly implemented. The project team is in the mode of developing micro level planning which was not fully executed till date. Adding to this the evaluation team would like to comment that individual tracking system needs in the intervention.**

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

**In quantities manner the coverage is 100%. The quality and planning of regular contact needs improvement.**

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,:

**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 project team members are in regular contact with the community members and providing services as per the need. This segment also needs improvement.**

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

**The evaluation team is satisfied to a certain level but a number of peer identified who needs capacity building and regular monitoring.**

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

**The supervision mechanism is good as PM tried at per level best but still scope of improvement is there due to lack of support from Counsellor and one ORW.**

**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. The evaluation team not found any NACO guided PPP protocol in the project. This is a major observation of the evaluation team.**

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 centres.

**The quality of service needs improvement.**

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 have 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.

**Condoms are available and mainly distributed through free mode. The project team is doing CSM on need base manner**

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

**80420 Pieces of condom distributed .Through free mode 72754 and CSM 7666.**

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

**Linkages with ICTC, DOT, ART, STI clinics at satisfactory level.**

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,

**No evidence found. They have 3 SHGs but they are not made exclusively by the HRGs.**

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…

**This segment is good.**

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

**ICTC referred 810 : Tested 839 (Above 100%)**

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

**This segment is good but scope of improvement is there.**

**VII. Financial systems and procedures**

1. Systems of planning: In our observation it is found that the existence system of “Hambai Club” 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. It may be pointed out that they are using printed voucher named – “debit/credit voucher” without numbering (they keep stamp in their office whenever total financial operation of any job is complete, then they stamped number on their voucher) attached original voucher for your referral. The ledger like Loan Register, salary register is maintaining but it needs to develop. It may be pointed out that in the Register of “Salary Register”, they certify as “Fixed Assets Register” (please follow the undertaken given by Accountant) In our observation and verification of Rent Agreement, we have found they are not receiving any “Rent Bill” from Landlord but they only documenting photocopy of cheque given to Landlord, it need to develop. It may be pointed out that the Team has not found any note-sheet or approval system for payment of Loan or cash withdrawn, it needs to develop. Regarding Fixed Assets Register- the team has found the Fixed Register is maintaining but not written the allotted number in the “Fixed Assets Register”, it needs to develop.
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 soft copy not in hard copy but regarding authorized signatories we have not found any original documents at the NGO Office.

**VIII. Competency of the project staff**

VIII a. Project Manager

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

**The project manager has qualification and experience as per norms and she has excellent grip over the project. The evaluation team would like to add that the knowledge level regarding the project is very good .**

**VIII b. ANM/Counselor**

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages etc

**The evaluation team not satisfied with the performance of the Counsellor as she lacks basic counseling skills and major lacuna observed in the documentation she needs immediate capacity building and monitoring.**

**VIII d. ORW**

Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings etc..

**The ORWs have basic knowledge of project and they are trying there level best as per their capacity to render the project activity but the team needs capacity building on technical issues of TI intervention.**

**VIII e. Peer educators**

Prioritization of hotspots, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.

**The knowledge of peer educators is at average level and they are aware of basic project services.**

**VIII f. M&E officer cum Accountant**

**The M&E officer cum Accountant is very committed to his job and have the requisite capacity.**

**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 outreach plan is in place and tracking is also done but outreach activities needs to be more improved.**

**X. Services**

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

**The overall service uptake of this segment is at satisfactory level.**

**XI. Community involvement**

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

**This segment needs to be improved as community involvement is not reflected properly in documentation.**

**XII. Commodities**

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

**This segment is good 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.**

**Advocacy program are organized on need based. The involvement of the community in the advocacy is not as per desired level. Clarity on advocacy, networks and linkages of the project team needs to be improved.**

**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 such evidence found.**

**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.** |
| **Officials from SACS/TSU (as facilitator)** | **Mr Rabendra Sen** |

|  |  |
| --- | --- |
| **Name of the NGO:** | **HAMBAI CLUB** |
| **Typology of the target population:** | **FSW CORE** |
| **Total population being covered against target:** | **506** |
| **Dates of Visit**: | **10-12th December 2015** |
| **Place of Visit:** | **Agartala and project sites.** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| Below 40% | D | Poor | Recommended for |
| **41%-60%** | C | Average | Recommended for continuation. |
| **61%-80% (74.1%)** | B | Good | Recommended for continuation |
| **>80%** | A | Very Good | Recommended for continuation with specific focus for developing learning sites |

**Specific Recommendations:**

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| --- |
| * **Capacity building of Counsellor, peer educators (as mentioned in the detailed report) project team on core TI issues.** * **Improvement in documentation of all Counselling and tracking related segments.** * **Improvement of DIC (in all respect)** * **Improvement of monitoring plan and tracking.** * **Improvement in Counselling related documentation and follow up system.** * **Improvement in STI PPP mode service delivery.** * **Improvement in CSM activity.** * **Improvement in stake holder analysis.** * **Audit report needs to be as per society registration guideline and financial protocol.** |

**Name of the evaluators Signature**

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