**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

The organization as it is named Bignan O Sanskriti Mancha is established to fight against reigning myths, misconceptions and superstition prevailing by generating science awareness among the community and enhance the capacity of logical thought against all superstitious belief. Students and young scholars grouped together and established the organization back in the year 1989. And slowly like a rolling stone it went on gathering similar thinking people and the organization grown to a larger size.

Back in the year 2000 when TSACS started functioning the organization was offered to take up project to generate awareness and then after a couple of years the organization has taken TI for migrant labor which they ran successfully mainly with brick kiln workers. It was when TSACS wanted them to take up FSW project that the organization got reluctant as they believed that it would be difficult for them to identify the population and run a project amidst the prevailing stigma. They were persuaded to take up the project and they have identified and registered 1555.

* Name and address of the Organization

**Udaipur Bignan O Sanskriti Mancha**

Town-Sonamura, Udaipur

Dist- Gomati, Tripura

* Chief Functionary:

Mr. Subir Ghosh (Secretary)

* Year of establishment

15th January 1989

* Year and month of project initiation:

Project is running from May 2002

* Evaluation team

Mr. Tushar Kanti Dey (Team Leader)

Mr. Debajit Gupta (Co evaluator)

Mr. Ashim Mukherjee (Finance evaluator)

* Time frame

13th to 15th December’ 15

**Profile of TI**

* Target Population Profile: FSW
* Type of Project: Core
* Size of Target Group(s) -846 FSW (active population)
* Sub-Groups and their Size

**FSW**

Home based : 815

Hotel based : 9

Street based : 22

* Target Area

1. Udaipur-Sonamora, Jayanti, Chandrapur, Shilghati, Hodra, Bondwar, Maharani Barrage, Baishnabi Chor and Khirpara
2. Amarpur-Khudiram Pally, Mailakh, Amarpur nagar panchayat, Shankar pally, Munda Colony, Dalakh, Kalamati, Koriamura, Burburia, Bampur, New Kasko, DeV Bari, Rangamati, Pompi, Sherthum, Taidur, Paharpur, Salkapara, Netaji Colony, Sukanta Colony, Thalchara and Birganj
3. Karbook- Mantridaspara, Bhubonchandra para, Anandabazaar, Joleya, Keshab Chandra para, Pankhiray para and Narendra Para

**Key Findings and recommendations on Various Project Components**

**I. Organizational support to the programme**

* The organization support to the programme is all round and they have recruited one project director who has been found to be present in the weekly and monthly meetings organized.
* The chief office bearers and the general members are found quite active with clear understandings about the program component and program implementation.
* The Governing body is understood to take part in addressing all crisis issues.
* All the office bearers were equally active and has got similar role to play in the organization.
* It was understood that the project is periodically monitored by the project director who report back to the GB and the GB too mark their presence when and where required by the TI.

**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

* Below is the staff list which reflects the name, designation and qualification of the individuals employed with the TI.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Designation** | **Qualification** |
| **1** | **Mr. Nirapada Das** | **Project Director** | **M.A. (Sociology)** |
|  |  |  |
| **2** | **Mr. Dwipendra Saha** | **Project Manager** | **M.Com.** |
|  |  |
| **3** | **Miss Rama Chakraborty** | **Counsellor** | **M.A.(Psychology)** |
|  |  |
| **4** | **Miss Trisha Ghosh** | **M &E Cum/Accountant** | **M.Com.** |
|  |  |
| **5** | **Miss Madhumita Das** | **ORW** | **B.A.** |
|  |
| **6** | **Mr. Subir Das** | **ORW** | **B.A.** |
|  |
| **7** | **Mrs. Ranu Saha (Majumder)** | **ORW** | **B.A.** |
|  |

* The organization has recruited all professionals and they have promoted the PM from the level of PE (Migrant Labor) but they are yet to promote any PE from the FSW project or engaged community people in the project.
* 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.
* The TI has got a newly recruited M&E/accountant and a counselor and they both require developing their skill of data management and counseling respectively.

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

* Below is the given list of the trainings taken by the project staff:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Training** | **Designation of the Trainee** | **Content of Training** | **Duration** | **By Whom** | **Date** |
| **Induction** | **M& E cum Accountant** | **Programme & Financial Management** | **1 Day** | **Project Manager** | **02-Apr-15** |
| **Refresher** | **M& E cum Accountant** | **About Project & Project Work** | **2 Days** | **Project Officer** | **8-Apr-15 to 9-Apr-15** |
| **Induction** | **Counsellor** | **Clinical Management** | **1 Day** | **Project Manager** | **13-Apr-15** |
|  |
| **Induction** | **Counsellor** | **Clinical Management** | **1 Day** | **Project Manager** | **03-Jul-15** |
|  |
| **Refresher** | **Counsellor** | **Clinical Management** | **2 Day** | **Project Officer** | **9-july-15 to 10-July-15** |
| **Induction** | **Counsellor** | **Clinical Management** | **1 Day** | **Project Manager** | **17-Aug-15** |
|  |
| **Refresher** | **Counsellor** | **Counselling Module** | **3 Days** | **TSACS** | **14-Sept-15 to 16-Sept-15** |
| **Refresher** | **ORW** | **ORW Module Training** | **3 Days** | **TSACS** | **6-Dec-15 to 8-Dec-15** |
|  |

* Staff capacity has been built by TSACS.
* Staffs (Counselor, ORW and PEs) got refresher training.
* Induction training given to staffs.
* Project staff presently conducts in-house trainings for PEs.
* Basic level understanding seems to be good among the PEs.
* Thematic trainings are suggested for both staff and PEs to name a few would be: sex and sexuality, technical documentation, micro planning, Advocacy from concept, planning to implementation.
* No training need assessment done by the TI and no impact assessment of the training has been done so far.

1. Infrastructure of the organization

* The project office of the TI is in Udaipur, which is their own building, and it houses a DIC as well.
* 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 not encouraging and the evaluation team has found limitations in the area of documentation.
* The counseling register requires to be filled up properly.
* The ORWs require filling up Form A & D properly. ORWs have not found to record the mobility pattern and contact details of the HRG in Form A (HRG registration form). Form D (weekly activity details) has not been well understood by the ORWs and hence not furnished in detail.
* Review meetings are conducted to discuss the achievement of the targets set in indicators but the documentation and reporting system has not been monitored.
* Most of the PEs are known to be illiterate so the organization should develop pictorial outreach and micro-plans for their convenience.
* Many concepts of project documentation still not clear with the team.
* ORW level planning exists but at a very basic and nascent stage.

**III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

* A total of 846 individuals have been line listed by the project staff. This includes 846 **FSW** ( Home based -815, Hotel based - 9 and Street based -22)
* The TI has registered 1555 FSW’s out of which 846 are active.

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

* Micro planning in place but followed unevenly by the project staff and the PEs.
* The TI has yet to done hot spot analysis of each and every hotspot to strategize outreach activity.
* The project staff has their plans in place, but ORWs are the ones who follow micro planning.
* Micro-planning in place and it reflects in quality and documentation but the same require improvement but it is required to be reviewed after a given period after mapping the vulnerability of HRGs.

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

* A total of 846 individuals have been line listed by the project staff. This includes Home based-815, Hotel based -9 and Street based- 22 FSWs
* As per the records made available, regular contacts (twice in a month) are 803 FSW’s and once in a month 834 FSWs.

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 understanding towards documentation is poor among the personnel.
* The ORWs has got poor understanding of Form D and it has not been filled properly.
* The ORW has got a casual approach in feeling Form A and they had left some information to be filled.
* Form A does not bear movement status of the HRGs and they have not recorded the contact number of any individual HRGs.

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

* PE; HRG ratio 1:60 is fairly maintained.
* But the distribution of HRGs under each PE is uneven.

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 good understanding of regular contacts, registered contacts and reached contacts at ORW level.
* It has been understood that the staff meet the HRG every fortnight and avail them required number of condoms and refer them to services and follow up if they are due to any services.
* The PEs meet HRGs twice a week and ORWs contact at least once in a week.
* Community of HRG is been provided condom in these visits and are referred for HIV and RPR tests if necessary and as per the schedule.
* ORWs and PE track individual HRG for service provisioning and refer them when they are due or overdue.

1. Documentation of the peer education

* PEs are either semi literate or illiterate.
* PEs do not have basic understanding about the documentation.
* The PEs, who are literate, mostly remember the numbers of commodity distributed and name of the HRGs met which is shared to their respective ORW in charge and thus the team is skeptical about the quality of the document collected.
* ORWs help PEs to complete their documentation.

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

* PEs are very vocal and clear when they communicate.
* Few PEs have got a good knowledge and their involvement in the project is remarkable.
* The PEs are a group of illiterate or semi literate people who require ORWs help to do the documentation.
* Most of the community members are satisfied by the services provided by the PEs.

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

* Supervision is done at two levels first at ORW level and second at PM level.
* The PD and PM makes frequent visits and has been found to lead the team from front. It has been noticed that the organization and the PD has given the PM and the project staff the required space for their growth as leaders.
* Proper documentation for this process is not followed though by the project.
* No minutes available with the project staff for looking into follow up action taken by the management for any specific task assigned.

**IV. Services**

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

* STI service is delivered through PPP where a BMH has been employed who has got a decent clinic and all apparatus required to do physical examination.
* RMCs were done regularly with the HRGs.
* All RMC’s are done by the PPP.

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

* The STI services is provided through PPP and the clinic of which is assessable by the community.
* STI drugs were made available to the community.
* It was learnt from the HRG that privacy is not compromised in the outreach clinic.
* Medicine stock is distributed from PPP’s clinic.
* It was understood that the STI clinic has got speculum and proctoscope to do the internal examination.

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.

* The treatment is done adhering to syndromic treatment protocol and sometimes the doctors offering treatment beyond the syndromic treatment. The doctors also offer treatment for general health issues also.
* RMCs are evidently been done regularly.
* There are referrals to ICTC and STD clinic in Govt. set up for RPR and HIV testing and the project refer to the ICTC as well. And they have referred all HIV positive clients to the ART centre and adherence was evident while visiting the ART center.
* Medicines are distributed from clinic and stock register for the same maintained.

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.

* Documents and record keeping is a real issue with the TI and the necessary documents has not been maintained properly.
* Documents are maintained as per NACO- SACS guidelines, lack of understanding for the same is found with the project staff.
* Referral slips are found to be properly filled up.
* Follow up cards not found.
* Central stock registers are maintained.
* All CIF forms, Drug stock register were available at the NGO office.

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

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

* No condom depots or linkages are established by the project staff.
* Condoms are distributed through PEs and ORWs.
* Condoms were distributed through PEs.
* There are no condom outlets.
* During the project period from Dec 2014 to Nov 2015 the staff and the PEs have distributed 114945 condoms in the community against the demand of 119332 condoms but the stock register shows a distribution of more condoms.
* The project has marketed 2859 condoms through condom social marketing.
* Female condom is not there in the project.

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

* 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 good.

**V. Community participation**

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

* No SHGs have been formed.
* There is no initiation from the TI in formation of CBO.

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

* Community participation is until the level of PE only.
* Community involvement in the TI is limited to services and events organized.
* No project personnel is from the community and they have different committees where there is very little participation of the community.
* Documents reflect the participation of the community members in events organized by the project team.
* It was understood that the HRGs avail the DIC service.

**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. They have also organized camp ICTC services at DIC level.
* It was found in the ICTC that group of HRGs are brought in the facility together.

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

* Almost 95% of the line listed HRGs have tested for HIV.
* All referrals are accompanied so no gap between number of referred and number actually tested.

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 “Udaipur Bignan o Sanskriti Mancha” executing their project under the heading “Aswas Targeted Intervention 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. It may be pointed out that they are using Printed Debit / Credit Voucher having stamping serial number (one cancelled voucher is attached herewith). In our critical observation it is observed that they are not maintaining any “Loan Agreement” and the Loan Process system needs updated, it may be pointed out that they take loan in cheque and refund through cheque. Regarding “Salary Register” -they are maintaining Salary Register but the details of the salary needs to be up gradation. In our critical observation it may be mention that they are neither maintain any Professional Tax Register nor paid the amount to the department, although they are registered under Professional Tax Department. 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.
3. Systems of procurement- In our observation it is found that the existence system of procurement is 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 norms 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

**Mr. Dwipendra Saha Educational Qualification: M.Com**

**Experience- HE has been working in the TI since last ten years and has been graduated to the present post from the post of PE.**

* He has got very poor understanding on the indicators of the TI components.
* His leadership skill required to be developed.
* He is good in field work but technical knowledge requires development.
* Technical inputs recommended are: computerization and management of data, knowledge about program performance indicators, mentoring and field visit & advocacy initiatives etc.
* He requires monitoring the project activity and analyzing data to authenticate the validity of the same.

**VIII b. ANM/Counselor**

**Miss. Rama Chakraborty, Educational qualification- MA (Psychology)**

**Experience- She has been working in the TI for the last few months as an ANM/counselor.**

* He has got a very poor understanding about the basics of counseling.
* His understanding about the basics of HIV/AIDs and STI is clear though.
* The counselor helps the PO in data analysis as no M&E post is sanctioned.
* The counselor is not very popular among the stakeholders.

**VIII d. ORW**

**Mrs. Ranu Saha , Educational Qualification: BA**

**Mr. Subir Das, Educational Qualification: BA**

**Mrs. Madhumita Das, Educational Qualification: BA**

* No ORWs are from the community.
* Most of them are young in the TI and they have not been provided with proper induction.
* The ORWs clarity about risk assessment requires enhancement.
* They have very poor knowledge on various targets, outreach plan, STI symptoms, importance of RMC and 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**

**PEs**

* They have knowledge on importance of RMC and ICTC testing.
* Excellent communication skills among the PEs.
* Demonstration skills require improvement.
* Knowledge on symptoms of STI, knowledge about service facilities etc is good among the PEs.
* The PEs are quite involved in the project and the TI require to ensure greater involvement of the PEs in the intervention.

**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 yet to be spontaneous and most of them are referred to the facilities being accompanied to avail the services.
* Most of the hotspots are dispersed so outreach is not possible at every point of time. They need to plan outreach keeping in lieu the distance and availability issues.
* Outreach monitoring need to be more frequent.
* Hotspot analysis done but it is doubtful to what extent it is used for micro level hotspot planning.

**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.
* The STI clinic in the PPP is run by a gynecologist doctor and he is yet to be trained on Syndromic case management.
* The PPP clinic has got all apparatus required for physical examination.
* Privacy is well maintained.

**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,

* ORWs plan condom gap analysis which is a good sign.
* The team has a system for demand calculation, which now needs to be percolated towards PEs.
* The TI has got CSM in place but it has distributed only 3% of the required condom through CSM.
* No female condom programmes in place.

**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.
* Crisis committee in place but participation of different stakeholder in the same is not ensured.
* Linkages and networking with the Govt. facilities and other organizations are evidently there but the same require enhancement as there is a great mismatch of figures collected from sources and that of the TI.

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

* The organization has formed no SHG groups and has not initiated the process of CBO formation.
* There is no effort from the organization to avail the HRGs with welfare schemes or social entitlements.

**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.** |
| **Mr. Tushar Kanti Dey (Team leader)** | **9434738954 e-mail: tumakh@gmail.com** |
| **Mr. Debajit Gupta (co-evaluator)** | **9401739988 e-mail: debajitgupta@yahoo.co.in** |
| **Mr. Ashim Mukherjee (Finance Evaluator)** | **9433383101 e-mail: saiasim\_mukherjee@rediffmail.com** |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Udaipur Bignan O Sanskriti Mancha** |
| **Typology of the target population:** | **FSW** |
| **Total population being covered against target:** | **Target- 843**  **Covered- 846** |
| **Dates of Visit**: | **13th to 15th December 2015** |
| **Place of Visit:** | **Udaipur, Gomati, Tripura** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **73.5%** | **B** | **Good** | **Recommended for continuation.** |

**Specific Recommendations:**

|  |
| --- |
| * Staff capacity building should be developed at the earliest and induction of staff requires to be done. * Thematic trainings are suggested for both staff and PEs to name a few would be: technical documentation, Advocacy from concept, planning to implementation. * SHG groups to be formed and formation of CBO should be initiated. * It is imperative for the management of the organization to understand finer issues of the HRG groups. * The PO and PM require enhancing knowledge on project planning and making use of available financial resources. * Inputs for documentation from conceptualization to its end use. * TI requires upgrading and mentoring PEs to become ORWs. |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Mr. Tushar Kanti Dey (Team leader)** |  |
| **Mr. Debojit Gupta( Co-Evaluator)** |  |
| **Mr. Ashim Mukherjee (Finance Evaluator)** |  |