**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 is old in the field of HIV AIDS intervention and presently implementing two TI projects supported by the TSACS. One of them is ML intervention this project is implemented mainly on brick fields and construction sites. The field is divided into three parts. The present ML project office is situated at Ambasa and operational from this place. The organization support is visible towards the project and the team is committed towards the project activity with its limited knowledge capacity.
* Name and address of the Organization: Prabaha Dhalai, Kulai,
* Chief Functionary: Jahar Debnath
* Year of establishment: 1999.
* Year and month of project initiation: 2008 NOV
* Evaluation team: **Suman Chakraborty Anjana Nayek Asim Mukherjee**
* Time frame: **Dec14-Nov2015**

**Profile of TI**

(Information to be captured)

* Target Population Profile: MIGRANTS
* Type of Project: Bridge population
* Size of Target Group(s): 5000.
* Sub-Groups and their Size
* Target Area: Kamalpur, Langtarai Valley, Gandachara, Ambasa

**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 but there is lot of scope of improvement. The key office bearers were represented by the Secretary of the organization. It was found that the PD not ensures his presence in the all monthly review meeting and no feed back from his side was documented in the meeting minutes.

**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 but the project team lacks basic knowledge regarding ML intervention. As the evaluation team found numerous numbers of gaps in this segment.**

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

**One of the major observations of the project team is the low capacity of the project team as they are not aware on basic ML intervention issues and not in the process of updating themselves.**

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.

**This segment needs immediate improvement as various mismatch and mix conceptualization found in the project team.**

**III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

**Line listing is done but it needs to be properly maintained.**

1. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.

**This segment needs to be improved.**

1. Registration of truckers from 2 service sources i.e. STI clinics and counseling.
2. Micro planning in place and the same is reflected in Quality and documentation.

**The plan is in place at very basic level and needs proper monitoring.**

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

**The coverage is done but not by all services.**

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

**Out reach planning is not properly done and not monitored by the PM.**

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
2. Documentation of the peer education:

**The Peer Leaders needs to be more improved and they need capacity building.**

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

**This segment needs major improvement.**

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

**This segment is at average level.**

**IV. Services**

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

**This segment is very poor and needs immediate improvement.**

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 proper improvement.**

1. In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds.

**This segment is at average level**

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.

**This segment 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 documentation part needs huge improvement**

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

**Condoms are available and done through SM. But this segment is at negligible level.**

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

**Condoms are distributed only through social marketing mode and this segment needs huge improvement.**

1. No. of Needles / Syringes distributed through outreach / DIC.
2. Information on linkages for ICTC, DOT, ART, STI clinics.

**This segment is good but documentation part needs to be improved.**

1. Referrals and follows up

**This segment needs to be improved.**

**V. Community participation**

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

**No evidence found.**

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

**The community participation part needs immense improvement.**

**VI. Linkages**

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

**This segment part needs to be improved.**

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

**No record maintained.**

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

**As per average level.**

**VII. Financial systems and procedures**

1. Systems of planning: In our observation it is found that the existence system of “Prabha Dhalai” is adherence to NGO guidelines and the approved system is also endorsed bySACS/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 usingprinted voucher named –“debit/credit voucher”with printed number, attached original voucher for your referral. The ledger like Loan Register, salary register, Fixed Assets Register etc. is maintained as per norm. Regarding verification of Rent Agreement, we have found they are not receiving any “Rent Bill” from Landlord but they made payment to Landlord through Cheque. it need to develop. It may be pointed out that the Team has found they are maintaining note-sheet or approval system for payment of expenditure. Regarding Fixed Assets Register- the team has found the Fixed Register is maintaining but not certified by any executives, it needs to develop. In our critical observation it is found that they are maintaining zero cash balance in their cash book, it is also critically observed that – they are maintaing separate Bank Account Number for Migrant and FSW in Tripura Gramin Bank at Kulai Branch in name of “Prabha Dhaklai”, thus there is a chance to happen wrong fund transfer from one project to another project.
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 norms but regarding authorized signatories we have not found any original documents at the NGO Office during our visit.

**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.

**Project Manager needs prior capacity building as he was promoted from the counsellor post.**

**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 counsellor is new but needs capacity building.**

**VIII c. ANM/Counselor in IDU TI**

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers. Working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments.

For ANM, adequate abscess management skills.

**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 ORW needs to be immediately capacitate on whole ML TI evaluation issues.**

**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.

**VIII f. Peer educators in IDU TI**

Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities etc.

**VIII g. Peer Educators in Migrant Projects**

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to priorities the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

**This segment needs huge improvement.**

**VIII h. Peer Educators in Truckers Project**

Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.

**VIII i. M&E officer**

Whether the M&E officer ( FSW and MSM/TG TIs with more than 800 population and all migrant Tis are eligible for separate M&E officer) is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI CMIS reports.

**The M&E officer needs immediate capacity building on all segments.**

**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.

**IX. b. Outreach activity in Truckers and Migrant Project**

Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake that is whether enough clinic footfalls, Counseling is happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.

**Out reach activity in ML project is at per average level and huge scope of improvement is there.**

**X. Services**

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

**Overall service uptake and quality of service delivery need major improvement.**

**XI. Community involvement**

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

**At per level.**

**XII. Commodities**

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

**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.**

**This segment is very poor as the team have very little conceptualization regarding the project.**

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

**XV. Best Practices if any**

**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:** | **PRABAHA DHALAI** |
| **Typology of the target population:** | **BRIDGE.** |
| **Total population being covered against target:** | **4681 covered against target 5000** |
| **Dates of Visit:** | **21-23 DECEMBER 2015** |
| **Place of Visit:** | **Ambasa** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **63.1%** | **B** | **Good** | **Recommended for continuation** |

**Specific Recommendations:**

|  |
| --- |
| * **The whole team needs capacity building on all the issues related with ML intervention.** * **The PD needs more involvement in the program.** * **The documentation part needs proper improvement.** * **The planning part needs major improvement.** * **The PL and ORW need monitoring.** * **The outreach part needs major improvement.** * **The mismatch in the documents needs to be rectified.** * **The counseling part needs to be properly maintained.** * **The whole project segment needs fine tuning and capacity building.** |

**Name of the evaluators Signature**

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