**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 Organisation

The St. Vincent’s Welfare Society is a rural based non-governmental, non-political and non-profit making organization, formed and managed by the people of Kathalcherra under the Longtharai Valley Sub-Division in Dhalai District of Tripura. Its vision and mission is to work for and with the rural communities for their positive transformation leading to all round empowerment and development through awareness creation, education and capacity building. They have particularly focused on groups of rural women and the children who are most disadvantaged.

The organization is the brainchild of Mrs. Agnes Darlong the secretary of the organization who previously worked with Holy Cross. She along with her few friends thought of forming an organization to set up a boarding school for the women. Though planned earlier the organization was officially registered in the year 1998. Those days these areas were troubled with insurgency and gunning down of civilians and encounters are of regular affairs. This place with tribal majority was a remote terrain and people were most under developed. The organization focused chiefly on economical empowerment of the population and hence formed SHG groups and channelized them with CAPARD, NEDFi and Indo-German funds and set up piggery and poultry. They also focused on education trusting the fact that light of knowledge might drive away the evils.

The organization has been contributing in the field of education through running of hostel for rural tribal boys and girls, improved awareness in healthcare for the women and children through the R.C.H Programme, economic improvement of the rural women through formation of self help groups and overall awareness in basic environment and hygiene.

**HIV/AIDS interventions**: It was in the year 2004 that TSACS requested ask them to apply for the TI and eventually awarded them the Targeted Intervention among the IDUs in Dhalai and in the tribal province of Kanchanpur in North Tripura. At that time the entire area was disturbed with insurgency and very few officials but the JD TI visited the organization and the IDU affected province. The GB has reluctantly agreed with that mere fund and appointed personnel and made themselves active in identifying the IDUs and doing advocacies on those days. This is one of the oldest surviving TIs in the state and is pioneer in Harm reduction project run in the state. In the later time the part of North Tripura has been given to another NGO named Socio Economic Welfare Society.

Now the organization has been intervening among the IDUs of Dhalai district only addressing 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. So forth in this programme St. Vincent’s Welfare Society is working for awareness building against HIV infection with the injecting drug users.

The programme is being implemented in Dhalai district of Tripura with the support of TSACS and still date the organization have got active population of 247 against the target of 201.

* Name and address of the Organization

St. Vincent Welfare Society

Kathalcherra, Nepaltilla,

Dhalai

Tripura

Chief Functionary:

Joseph L. Darlong (Secretary & PD)

Year of establishment

15th September 1998

* Year and month of project initiation:

August, 2004

* Evaluation team
* Suman Chakraborty, Anjana Nayek, Asim Mukherjee.
* Time frame : December 2014-November2015

**Profile of TI**

(Information to be captured)

* Target Population Profile: Injecting Drug User
* Type of Project: Core
* Size of Target Group(s) -201
* Target Area

|  |  |
| --- | --- |
| Sl. No | Name of hot Spot |
| 1 | Zoitang |
| 2 | Laikhua |
| 3 | Zarulian |
| 4 | Joynagar |
| 5 | Hmuntha |
| 6 | Serhmun |
| 7 | Darchawi |
| 8 | Pawlkhua |
| 9 | Talanbari |
| 10 | Nazareth |
| 11 | Chandrakha |
| 12 | Betcherra |
| 13 | Muruai |
| 14 | Chinibagan |
| 15 | Tuingoi |
| 16 | Darser |
| 17 | Khawhreng |
| 18 | Kanchancherra |
| 19 | Nalkata |
| 20 | Dhumacherra |
| 21 | Missiontilla |
| 22 | Kamlacherra |
| 23 | Balarampara |
| 24 | Kochucherra |
| 25 | Thlangsi |
| 26 | Kamaranga |
| 27 | Zanthum |
| 28 | Laljuri |
| 29 | Saikar |
| 30 | Chailengta |
| 31 | Chowmanu |
| 32 | Moracherra |
| 33 | Old Kathalcherra |
| 34 | New Kathalcherra |
| 35 | Nepaltilla |
| 36 | Kukicherra |
| 37 | Khalaigiri |
| 38 | Serthlang |
| 39 | Depa & Deora |

**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. The project is also periodically monitored as it is found from the documents available. The Management has taken initiation for any advocacy related activities in last few years 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

* 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. 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. 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:

**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 247 individuals have been line listed by the project staff.**

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

**Micro and outreach plan is in place it was mainly done by the PM. It was also observed that this plan was not regularly monitored but scope of improvement is there.**

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

**IDUs- all non regular drug users. The population is mostly oral users and they seldom inject when they have fewer stuffs which will not give them the high if taken orally and injecting will give them the optimum high.**

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

**ORWs put their efforts in documentation which is fairly visible but some gaps as mentioned above do exist.**

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

**This segment needs improvement.**

1. Documentation of the peer education

**PEs are either semi literate or illiterate. PEs do not have a basic understanding about the documentation and requires the ORWs help. Quality of peer education- messages, skills and reflection in the community**

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

**Project PEs are 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. The few PEs met during the visit do not have any PE kit bag and it was not understood what stuff do they carry for the IDU in the field.**

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

**The whole segment needs 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 2 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 and immediate attention.**

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 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 27477 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 1731 condoms. The TI has distributed 33918 needles and syringes against the demand of 37856. Returned 24406.**

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

**The TI refers the clients to OST centre and has a system of accompanying referral to the ICTC and STI centers. The follow up 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 community groups or SHGs have been formed for the IDUs. They require forming or help to form a NA group among the recovering drug users as this may scale up the number of drug users in abstinence.**

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.**

**VII. Financial systems and procedures**

1. Systems of planning: In our observation it is found that the existence system of “St. Vincent’s Welfare Society” 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 three types printed vouchers named – “debit/credit voucher” , “Receipt Voucher” and another “Payment Voucher”, it needs to up gradation of the system. In our critical observation it is observed that in the Register they are not maintaining any “Loan Account” of their Project, in the “Salary Register” they are mentioning the amount of salary paid and Professional tax paid but it needs to develop. 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. The Doctor’s Honorarium paid through cheque but the Doctor signed only the Receipt voucher of “St. Vincent Welfare Society”. Fixed Assets Register- the team has found the Fixed Register is maintaining.
3. Systems of procurement- In our observation it is found that the existence system of procurement is not 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**

**He is quite aware of the project activity and has got a good hand on the indicators. He is popular among the HRGs and In running the project he depends on the ORWs who are quite familiar about the terrain, know the local languages and is popular among the IDUs. It was understood that the entire responsibility has been given to the PM in running the TI. The PM is also a resource person for the STRC and has got good linkages with all the other TIs in the state.**

**VIII b. ANM/Counselor**

**The counsellor is very committed and he maintained all the documents as verified. He needs capacity building on STI case management.**

**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 require 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**

**Most of the PEs is in their forties. They have little knowledge on importance of RMC and ICTC testing. They need capacity building and refresher training.**

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

**M&E officer for the project and the PM 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 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.**

**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 is at per level it requires to be more planned and properly channelized.**

**XII. Commodities**

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

**This segment needs improvement.**

**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 one of the strongest point of this TI and they performed at satisfactory level the crisis management was done and properly documented as Evaluation team after verification is satisfied.**

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 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:** | **St. Vincents Welfare Society** |
| **Typology of the target population:** | **IDU** |
| **Total population being covered against target:** | **Target-201 IDUs Covered-247 IDUs** |
| **Dates of Visit:** | **19-21 DECEMBER 2015** |
| **Place of Visit:** | **Kathalcherra, Nepaltilla, Dhalai, Tripura** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **67.8%** | **B** | **Good** | **Recommended for continuation.** |

**Specific Recommendations:**

|  |
| --- |
| * The organization requires capacitating PEs and the ORW . * Thematic training like safe injecting, condom demonstration, basics of counseling, STI/STD and HIV/AIDS should be organized. * The DIC should have a clinic set up with a patient bed, abscess medicines and entertainment for the IDUs visiting the DIC. * The STI segment needs to be improved. * Waste disposal system should be in place. * The TI should make a fixed schedule of clinic functioning. * The organization should focus on the formation of CBO or catalyze in the formation of support group like NA. * In finance part procurement system needs to be developed. |

**Name of the evaluators Signature**

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