**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 was registered with all its members exclusively women to reach out women issues. Since its inception the organization has been working on socio-economical empowerment issues of women. They have grouped women through SHG groups and provided them required trainings on local handicrafts and developed entrepreneur skills to trade off the stuffs they make.

The district of Gomati has got many brick fields and along with that the new railway line getting constructed between Agartala and Belonia flocked migrant labours in the area. As the area has got identified FSWs sexual exposure cannot be denied among the group. The brick fields are menned with labours who wheel into the place from places far away like Jharkhand. Some come with the family and some come single but extramarital activity cannot be witnessed. The poor health seeking behavior and poor hygiene and sanitation are some vulnerable issues among these groups. The project running from the past few years identified the high risk migrant labour. They are also offering health services to the people focusing mainly on sexual health issue. The PLs are educating the people and availing the people with required services.

* Name and address of the Organization

**Nari Kalyan Samity**

Khilpara, Udaipur

Gomati , Tripura

Email- nari.kalyan86@gmail.com

Contact No: +91 9862406167

* Chief Functionary: Mrs. Sima Das (Secretary)
* Year of establishment: 10th April 1979
* Year and month of project initiation: Project is running from May 2004
* Evaluation team

Mr. Tushar Kanti Dey (Team Leader)

Mr.Debajit Gupta (Co evaluator)

Mr. Ashim Mukherjee (Finance evaluator)

* Time frame

16th to 18th December’ 15

**Profile of TI**

* Target Population Profile: Migrant Labour
* Type of Project: Core
* Size of Target Group(s) -3577 (active population)
* Sub-Groups and their Size

**Migrant Labour**

Brick field workers : 1794

Construction labour : 1039

Hammal : 209

Industrial labour : 590

* Target Area

1. Amarpur- Bampur, Rangamati, Amarpur Bazaar
2. Maharani- Hirapur, Hirapur down, Anukul Colony, Gamaria, Maharani Bazaar and Maharani Bridge
3. Matabari- Udaipur town, Chandrapur, Pitra, Sukhsagar Jala and Koilar math
4. Rajdhar Nagar- Rajdharnagar brickfield, Khilpara, Nanua dighi, Bagmaa, Jamjhuri bazaar and Salgaara
5. Palatana- Palatana Bazaar, Palatana east and Palatana west

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

**I. Organizational support to the programme**

* The organization support to the programme is moderate and the secretary is the sole office bearer concerned with project activities.
* The chief office bearers and the general members have no role in implementation of the programme and address all crisis issues.
* The key office bearers were represented by the Secretary of the organization.
* It was found that the secretary mark her presence in the review meetings being conducted as all review meeting bear her stamp and signature.

**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

TI Project staff patterns :

Project Director : 01

Project Manager : 01

M & E Assistant cum Accountant: 01

Counselor : 01

ORW : 03

Peer : 8

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Name Of Staff** | **Designation** | **Qualification** | **Date Of Joining** |
| **1** | **Rajesh Ch. Das** | **P.M** | **B.A** | **01-02-2009** |
| **2** | **Manuyara Begam** | **Counsellor** | **B.A** | **02-10-2012** |
| **3** | **Biswajit Debnath** | **M&E cum Accountant** | **B.com** | **17-05-2015** |
| **4** | **Saphik Hossen** | **ORW** | **H/S(+2Stage)** | **01-03-2010** |
| **5** | **Mahabub Sobhan** | **ORW** | **H/S(+2Stage)** | **01-11-2011** |
| **6** | **Krishna Debnath** | **ORW** | **B.A** | **01-07-2010** |

* The organization has recruited all professionals and they have not promoted PEs 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 staff level supervision available but documents for management level supervision is not available with the project team.
* The organization has suffered a huge staff turnover but no effort seen to upgrade PE and promote them to ORW or upper level.
* Leadership is a big issue in the organization. The secretary is proactive and the Project manager burdening all responsibilities herself left smaller space for the rest of the team to grow.

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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Of Training** | **Details of Training** | **Training Category** | **Organized By** | **Resource Persons** | **Participants** |
| 06-07-2013 to 08-07-2013 | Capacity Building,Sti,Field Activites | New Skills | TSACS | Pankaj Chakraborty(po) & Dipak Shome | All staff |
| 16-08-2013 | Programme Management | Refresher | TSACS | Pankaj Chakraborty(po) & Dipak Shome | All staff |
| 08-09-2013 | Capacity Building | Refresher | NGOs | Pankaj Chakraborty(po) & Dr.shyamtanu achareya | All staff |
| 01-10-2013 | Capacity Building | Refresher | TSACS | Pankaj Chakraborty(po) & Dipak Shome | ORW |
| 18-11-2013 to 20-11-2013 | Capacity Building,Sti,Field Activites | Refresher | TSACS | Pankaj Chakraborty(po) & Dipak Shome | Counsellor |
| 21-11-2013 to 23-11-2013 | Capacity Building & Programme Manegment | Refresher | TSACS | Srabni Datta & Pankaj chakraborty | M & E |
| 28-11-2013 to 30-11-2013 | Capacity Building & Programme Manegment | Refresher | TSACS | Pankaj Chakraborty(po) & Dipak Shome | All staff |
| 01-12-2013 | Capacity Building | Refresher | NGOs | P.M & ORW | Peer Leader |
| 2/2/2013to3/2/2013 | Capacity Building & Programme Manegment | Refresher | TSACS | Pankaj Chakraborty(po) & Dipak Shome | All staff |
| 27/1/2015to 28/1/2015 | Capacity Building & Programme Manegment | Refresher | TSACS | Pankaj Chakraborty(po) & Dipak Shome | PM |
| 29/1/2015to 30/1/2015 | Capacity Building & Programme Manegment | Refresher | TSACS | Mousami Debnath,Pradip Banik,Joyita Das | Counsellor |
| 10-05-2015 | Capacity Building of STI field activities | Refresher | NGOs | P.M & ORW and Dr Santanu Acharjee | PLs |
| 11-06-2015 | Capacity Building of Data tools | New Skills | NGOs | Pankaj Chakraborty | ME Cum Accountant |
| 14-09-15 to 16-9-2015 | Training program on Module of Tis | Refresher | TSACS | Rupali Bhattacharjee , Rita Saha , Pradip Debnath | Counselor |

* Staff capacity has been built by TSACS and the organization.
* Staffs (Counselor, ORW and PEs) got refresher training.
* Induction training given to staffs though a new ORW joined a month back has yet to be inducted in the program.
* The TI has conducted in house training and it was found that the Project Director and NERO personnel facilitated trainings.
* 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 a rented building and it houses a DIC also.
* Office furniture and computer available in the project office and the requirement of the same has been fulfilled by the organization according to NACO – SACS norms/needs.
* The other DIC/information centre are set up in shared room of the brick fields which are often used for conducting meetings, health camps and counseling.

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.
2. Team’s approach towards documentation is not encouraging and the evaluation team has found limitations in the area of documentation.
3. The counseling register requires to be filled up properly. The counselor is not clear of what sort of counseling required for an individual in her follow up visit. She has conducted very few pre test counseling and STI counseling.
4. Review meetings are conducted to discuss the achievement of the targets set in indicators. But the documentation and reporting system has not been monitored.
5. Few PLs are known to be illiterate so the organization should develop pictorial outreach and micro-plans for their convenience.
6. Many concepts of project documentation still not clear with the team.
7. 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 3577 ML individuals have been line listed by the project staff. This includes Brick field workers -1794, Construction labour – 1039, Hammal – 209 and Industrial labour -590

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 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 and to be reviewed after a given period.

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

* A total of 3577 ML individuals have been line listed by the project staff. This includes Brick field workers -1794, Construction labour – 1039, Hammal – 209 and Industrial labour -590
* 3557 MLs are covered by the Project staff.
* As per the records made available, 1592 ML visited the DIC and attended DIC level meetings.

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

* Outreach planning done on a very basic level.
* Outreach requires mapping out key hot spots especially in destination areas – the places where the migrants congregate and can be accessible for meaningful group sessions.
* Outreach need to identify local sex networks including their size, distribution and mobility
* Outreach requires to identify local service providers and other programmes including TIs working with HRGs
* Outreach need to identify key stakeholders and particularly the contractors/agents/unions /contract systems
* BCC information required to be made available through standard activities such as one to one, one to groups, peer education, mid media campaign, information booth at the contractor’s office or in the DIC etc.

1. Documentation of the peer leader

* PLs are either semi literate or illiterate.
* PLs do not have basic understanding about the documentation.
* The PLs 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 PLs to complete their documentation.

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

* PLs are very vocal and clear when they communicate though a few PLs are timid and require more capacity.
* Few PLs have got a good knowledge and their involvement in the project is remarkable.
* The PLs 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 PLs.
* Most of the PLs are from the destination and a few among them represent the migrant community of source.

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 PM makes few field visits and approves bills and signs in required documents thus the evaluation team is skeptical about his role in monitoring and supervision.
* Proper documentation for this process is not followed 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 linkages with Govt. hospital examination.
* The TI has appointed PPP to provide services and the PPP doctor has been found to deliver 40-60 hrs of his services in the health camps organized.
* Medical checkups were done with the HRGs.
* All medical checkups 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 clinic service address general health issues focusing more on sexual health.
* There should be opportunity for recreational facility within the centres which will attract the migrant to drop in and access services. Migrants required to be given a resource kitthat will broadly cover the information on HIV/AIDS/STI and Condom packs.

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.

* It was understood that the treatment is done adhering to syndromic treatment protocol.
* The doctors also offer treatment for general health issues also.
* Medical checkups are evidently been done .
* 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.
* The Peer Leaders are not trained to provide counselling related to management and prevention of STIs.

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.

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

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

* Sustainable system for monitoring condom outlet to be developed.
* Condoms are sold through condom outlets and the project has managed to sell off very few of the commodity.
* Identifying and prioritizing spots for initiating condom outlets required to be done by the TI where CSM and free condom required to be made available.
* The TI has indulged itself to CSM only and has never put effort in linking the population to the facilities where free condoms are available.
* 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.
* The doctor in local hospital required to be provided skills and knowledge in STI management through the syndromic case management approach for treatment.

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.
* While designing the social welfare and social security schemes, the TI require to ensure linkages with program of women and child welfare department that has lot of scheme for women.

**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 including the migrant in the project or linking them with services for a holistically approach of service delivery.

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

* 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 large group of HRGs are brought in the facility.
* Linkages with local youth clubs, trade union associations, community leaders and other key stakeholders to be made to provide useful information and access to these migrants groups which would facilitate easier access.
* Awareness to be generated on various schemes available with the government that the migrant can access.

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

* The TI has referred most cases of STI for HIV test.
* All referrals are accompanied so no gap between number of referred and number actually tested.
* The TI has been motivating the other ML for ICTC also but the number tested spontaneously is not with the TI.

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 “Nari Kalyan Samity” 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 two types printed vouchers named – “debit/credit voucher” and another “Payment Voucher”, it needs to up gradation of the system**. In our critical observation it is observed that in the organisation they are not maintaining any approval system of the the expenditure head through PD or any Office Executives, it needs to develop**. Regarding Loan the organisation takes loan without any agreement , but loan takes in cheque and reimburse the loan through cheque. In the “Salary Register” they are mentioning the amount of salary paid and Professional tax paid only (totalling, bank details etc. not done), it needs to develop. Regarding Rent Agreement, we have found they are not receiving any “Rent Bill” from Landlord, the Rent Agreement is not clear but they are preparing vouchers and photocopy of the cheque paid to landlord is kept for documentation, it needs to develop. It may be pointed out that the **Team have not found any system of note-sheet or approval system for payment of any expenditure,** it needs to develop. Fixed Assets Register- the team has found the Fixed Register is maintaining, as per norms.
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. **In our critical observation it is found the cheque keeping system is not proper, it needs to upgradation.**

**VIII. Competency of the project staff**

VIII a. Project officer

**Mr. Rajesh Chandra Das Educational Qualification: BA**

**Experience- HE has been working in the TI since the inception.**

* He has got very poor understanding on the indicators of the TI components.
* 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 require monitoring the project activity and analyze data and authenticate the validity of the same
* He has got very few training and hence his capacity is substantially poor.

**VIII b. ANM/Counselor**

**Mr. Manuyara Begum, Educational qualification- BA and MSW**

**Experience- She has been working in the TI for the last 3 year as an 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**

**Mr. Saphik Hossen , Educational Qualification: HS**

**Mr. Mahabub Sobhan, Educational Qualification: HS**

**Mrs. Krishna Debnath, 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 Leaders**

* Most of the PLs belong to the age group of >30 and thus a lack in field dynamicity has been found.
* The capacity of the PL is poor and they are found to be quite timid.
* Demonstration skills require improvement.
* They lack knowledge on symptoms of STI, knowledge about service facilities etc.
* The PLs are quite involved in the project and the TI require to ensure greater involvement of the PLs 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 PLs and ORWs conduct regular session with the MLs 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.

**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 PPP doctor was not met during the visit so the quality of service catered could not be assessed.

**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,

* The TI has got functional condom outlets which are non-traditional but those condom outlets do not seem to be popular among the community.
* The TI managed to sell few thousand condoms throughout the year.
* The TI has not linked the project with village health service providers or with the existing TI to create a supply for free condoms for these MLs.
* 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. Debojit Gupta (Co-Evaluator)** | **9401739988 e-mail: debajitgupta@yahoo.co.in** |
| **Mr. Ashim Mukherjee** | **9433383101 e-mail: saiasim\_mukherjee@rediffmail.com** |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Nari Kalyan Samity** |
| **Typology of the target population:** | **Migrant Labour** |
| **Total population being covered against target:** |  |
| **Dates of Visit**: | **16th to 18th December** |
| **Place of Visit:** | **Udaipur, Gomati, Tripura** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **66.3%** | **B** | **Good** | **Recommended for continuation** |

**Specific Recommendations:**

|  |
| --- |
| * Staff capacity building should be developed at the earliest. * Thematic trainings are suggested for both staff and PEs to name a few would be: technical documentation, Advocacy from concept, planning to implementation. * It is imperative for the management of the organization to understand finer issues of the HRG groups and initiate their involvement in project work. * 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)** |  |