**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

Sanghadip, is a non government organization registered under Society Registration Act, having its working area in north district of Tripura in India. The organization emerged in the year 1971 by a group of likeminded persons (most of them students) of Sripur village committed to social action and determined for some progressive and constructive change in the society through an effective utilization of the resources and with the support of modernization. The then transitional nature of the development sector, gave good opportunities for the society to prove its strength through a variety of interventions thereby carving out a separate niche for itself in the state. The organization got finally registered in the year 1997 under societies’ registration Act. The initial struggle of the organization for making its presence felt is discernable through the trend of increasing activities since its inception.

Presently the organization is identified as an independent body with some recurring and non recurring programs that are being implemented in selected areas. It has a fixed staff with a clearly laid organogram and the governing body members are giving serious look on the organizational functioning. The organization has got diversified work to do and old age home, training centre, family counseling are few among the vast list.

**HIV/AIDS interventions**: The organization has been intervening among the Female Sex Workers on HIV/AIDS issues. The interventions basically aims at ensuring safe sex with clients, behavioral change in adopting modern medical care, facilitating the support group meetings and drop-in-centres and special interventions with target group on livelihood and empowerment issues. The programme is being implemented at Dharmanagar, Kadamtala, Panisaagar and Kumarghat of north Tripura district with TSACS with the support of NACO and till date the target group reached to **616** FSWs of North Tripura district.

* Name and address of the Organization

**Sanghadip,Sripur, Dewanpur,Dharmanagar, North Tripura.**

* **Chief Functionary:**

**Mr. Uttam Choudhury (Secretary)**

* **Year of establishment**

**1st November 1979 but got registered on 15th March 1997**

* **Year and month of project initiation:**

**August, 2008**

* **Evaluation team**

**Suman Chakraborty, Anjana Nayek, Asim Mukherjee**

* **Time frame**

**December 2014-November2015**

**Profile of TI**

* **Target Population Profile: FSW**
* **Type of Project: Core**
* **Size of Target Group(s) - 600**
* **Sub-Groups and their Size**

**Home Based- 569**

**Street Based-47**

* Target Area

|  |  |
| --- | --- |
| Name of DIC | Name of Site |
| Dharmanagar DIC | Dharmanagar |
|  | Chandrapur |
|  | North Hurua |
|  | South Hurua |
| Kadamtala DIC | Kadamtala |
|  | Amtilla |
|  | Kalagangerpar |
|  | Choraibari |
| Kumarghat DIC | Kumarghat |
|  | Uttar Kumarghat |
|  | 82 Miles |
|  | Bashbagan |
|  | Fatikroy |
|  | Ganganagar |
|  | Kanchanbari |

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

**I. Organizational support to the programme**

* **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 being conducted.**
* **The project is also periodically monitored as it is found from the documents available.**
* **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 staffing pattern is as per norms but the whole team except one ORW has changed.**

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

* **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, basic level understanding seems to be good for PEs as they were able to explain basics of 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. Documentation of the training has been maintained by the project staff but it needs improvement,**

1. Infrastructure of the organization

**Adequate.**

1. Documentation and Reporting: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting and feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.

**The evaluation team during the visit observed that the project team is adherence to the SACS protocol and timely submitting reports to the TSACS. All the SACS related documents are in place. The documentation part needs improvement and capacity building. But adding to this the evaluation team found mismatch in the reporting of form B/B1 AND D in number cases through random sample checking.**

**III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

* **A total of 616 individuals have been line listed by the project staff.**
* **This includes 47 street based and 569 home based FSWs.**

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

**No centralized micro and outreach plan is in place it was done by the PE an ORW as need based. It was also observed that this plan was not regularly monitored which reflects in the impact of the program.**

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

* **FSW : Home Based (569) and Street Based (47)**

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

**The quality of outreach planning requires improvement and it was reflected documentation and implementation.**

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

* **As per NACO norms**

1. Regular contacts ( as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members

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

1. Documentation of the peer education

**PEs do have a basic understanding about the documentation. ORWs help PEs to complete their documentation. Some of the PEs do documentation by themselves which is a good sign. Peer educators have tried at per their level. Documentation part needs to be improved and tracking needs improvement.**

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

**Project PEs is knowledgeable to certain level and clear when they communicate basic information to the HRGs. The team has good PEs as their assets, they now only need to be trained for more skills. Most of the community members are satisfied by the services provided by the PEs, they have known PEs even before the project initiation. A few PEs could be groomed for positioning as ORWs.**

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

**The whole segment needs fine tuning and 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.**

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

**This segment needs improvement.**

1. Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC,ART, DOTS centre and Community care centers.

**The quality of service needs improvement.**

1. Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.

**The project team has tried to make this segment at per satisfactory level but still the evaluation team giving remark after physical verification of the documents that it needs improvement.**

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

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

**A total of 99702 condoms were distributed by the project staff in last 12 months. Condoms were distributed through PEs, ORWs and few outlets. Free condoms available and are supplied in proportion to the demand generated It has been reported that they have social marketing and 191 condoms have been sold off through outlets.**

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

**Referral segment is good but follow up mechanism needs improvement.**

**V. Community participation**

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

**3 SHGs have been formed for the FSWs, but lack of support observed from the organization side.**

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

**The level of Community participation in project activities is at average level, but it was not properly reflected in the documentation and needs improvement.**

**VI. Linkages**

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

**The project team has good links with ICTC and consistently has been referring HRGs**

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

**100% of HIV testing done for the FSWs.**

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

**They have 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 “Sanghadip FSW” 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 is “Payment Voucher”, former is used for all transactions but later is used for Payment purpose only. Both the original voucher is attached herewith for your documentation. The ledger like Loan Register, salary register is maintaining but it needs to develop. In our our critical observation it is observed that in the Register of “Salary Register”, they are mentioning the amount of salary paid and Professional tax paid but the grant total of salary is not done nor the professional tax total done by the Accountant, 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 documenation, it needs to develop. It may be pointed out that the Team has not found any concret system of note-sheet or approval system for payment of any expenditure, it needs to develop. Regarding Fixed Assets Register- the team has found the Fixed Register is maintaining but the Register is certified as “Stock Register”.
3. Systems of procurement- In our observation it is found that the existence system of procurement is in adherence of policy of procurement as endorsed by SACS/NACO and also adherence of WHO-GMP practices for procurement of medicines and the systems of quality checking is require to develop.
4. Systems of documentation- As per their NGO guidelines it is observed that they are maintaining separate Bank Account having two authorized signatories and the reconciliation is prepared as soft copy not in hard copy but regarding authorized signatories we have not found any original documents at the NGO Office.

**VIII. Competency of the project staff**

VIII a. Project Manager

**He is trying to learn and manage as much as he can but this process will take some more time and a few technical inputs as well.**

**VIII b. ANM/Counselor**

**The present counsellor worked previously as ORW in the same project for a long period as a Counsellor he needs capacity building on technical issues.**

**VIII d. ORW**

**No ORW is from the community. They have adequate knowledge on various targets, outreach plan, STI symptoms, importance of RMC and ICTC testing.**

**VIII e. Peer educators**

**The knowledge of peer educators is at average level and they are aware of basic project services. Adding to this the evaluation team observed that some of the PE have good capacity and they can be used in the project in a more constructive manner.**

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

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

**IX. a. Outreach activity in Core TI project**

Interact with all PEs (FSW, MSM and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

**The outreach plan and centralized monitoring plan is not properly in place and tracking is also not done as per norms outreach activities needs to be more improved.**

**X. Services**

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

**Overall 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

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

**XII. Commodities**

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

**This segment is at satisfactory level but it requires improved and more micro based planning.**

**XIII. Enabling environment**

Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy , networks and linkages, community response of project level advocacy and linkages with other services etc. In case of migrants (project management committee) and truckers (local advisory committee) are formed and they are aware of their role, whether they are engaging in the programme.

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

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

**ORWs have worked hard for a few social entitlements for both FSW communities, without much effort from the management side.**

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:** | **Sanghadip** |
| **Typology of the target population:** | **FSW** |
| **Total population being covered against target:** | **Target-600 FSW**  **Covered-616 FSW** |
| **Dates of Visit**: | **13-15 December 2015** |
| **Place of Visit:** | **Dharmangar, North Tripura and Project sites** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **75%** | **B** | **Good** | **Recommended for continuation.** |

**Specific Recommendations:**

|  |
| --- |
| * **It is imperative for the management of the organization to understand finer issues of the HRG groups and initiate their involvement in project work.** * **Inputs for documentation from conceptualization to its end use (Micro planning, coverage, Clinic, linking of documents, refreshers for PE documentation at ORW and PE level).** * **Commitment of the organization body towards the project is desirable.** * **Capacity building of the ORW (Kumarghat side) and Counsellor.** * **PM needs more emphasize on proper project monitoring and mentoring.** * **Major improvement in the keeping of official documents in proper manner like appointment letter, attendance register etc.** |

**Name of the evaluators Signature**

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