**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

Prabaha Dhalai, is a non government organization registered under Society Registration Act, having its working area in the district of Dhalai of Tripura in India. The organization emerged in the year 1999 by a group of unemployed persons, freshly out of the college, of Kulai. They started with wall magazine and gradually included social work as their activities. They started generating awareness on pollution and its role on green house effect. They cleaned the market and store all the rotten vegetables and turned them into bio-compost. To further their knowledge and share them to the community they attended state level training programmes. On those days there were terrorist programme in this tribal province of Tripura. 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 is running programmes on Child-line, AHVY(handicrafts development) and TATA Baif (goat rearing) along with the targeted intervention projects on FSWs and Migrants .

**HIV/AIDS interventions**: The organization initially got small funds on awareness generation on HIV/AIDS from TSACS in the year 2003. TSACS got impressed with the work done and offered them TI on the district and they started a composite project on FSW, Migrants and Truckers from 2006 to 2007. And in 2007 TSACS have given them a project on 400 FSWs in the area which eventually increased to **559 (Active population 564) populations now**. 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 Kulai, Gandhachara and Kamalpur of north Dhalai district with the support of TSACS.

* Name and address of the Organization

Prabaha Dhalai

Kulai, Ambassa

Dhalai

Tripura

* Chief Functionary:

Mr. Getendra Bhattacharjee (President & PD)

* Year of establishment

5th October 1999

* Year and month of project initiation:

October 2007

* 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) -559
* Sub-Groups and their Size

Home Based- 455

Street Based- 109

High : 55 Medium: 276 Low : 233

* Target Area

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Kulai DIC | |  | | --- | | Kulai | | Dalubari | | Ambassa | | Bagmara | | Manu | |
| Gandhachara DIC | |  | | --- | | Haripur | | Narayanpur | | 60 Card | |
| Kamalpur DIC | |  | | --- | | Salema | | Santirbazar | | Durga Chowmuhani | | Manik Bhandar | | Ramdurlavpur | | Kamalpur | |

**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 President of the organization. It was found that the PD ensures his presence in all the monthly meetings conducted. The project is also periodically monitored as it is found from the documents available.**

**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

**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. Both the ORW has been appointed from the community. The project team is well capacitated and if this trend continues it can be a model project of the state**

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

**The capacity of the team is good and it shows they have the eagerness of capacity building.**

1. Infrastructure of the organization

**The project office and the DIC is kept separate from the other project offices. The organization has got separate project offices for all the different projects they are running. 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. The DIC has got audio equipment and musical instruments for the entertainment of the HRGs. The DIC has got indoor games stuffs like and has got enough places for the HRGs to relax.**

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. The quality of the programme related reports are up to the satisfactory level.**

**III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

**The area wise listing of the target group by category is in place. The mapping of the target population with numbers is well documented in the office. During this evaluation period they have registered 22 new HRG.**

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

**During evaluation the evaluation team found that all the intervention areas are well demarcated and codified under each ORW. It was also revealed that down top approach being exercised for making the project properly implemented.**

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

**FSW : Home Based (455) and Street Based (109)**

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

**The quality of out reach planning is good but there is scope of improvement.**

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

**The staff has a mix understanding of regular contacts, registered contacts and reached contacts at counselor and M&E level and the PM & the ORWs have a better understanding of the same. 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. It has been found that the intervention has successfully induced in the HRGs the knowledge.**

1. Documentation of the peer education

**PEs is either semi literate or illiterate. PEs does have a basic understanding about the documentation. ORWs help PEs to complete their documentation. Some of the PEs does documentation by themselves which is a good sign.**

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

**Project PEs is very vocal and clear when they communicate. 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. There are a few turnovers among the PEs. But the PEs in general is skillful and they are sharing proper knowledge to the community. Only 2 out of 9 PEs are in the age group of <30 and the rest are in late thirties or early forties.**

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

**Supervision is done at three levels first at ORW level , second at PM level and third at PD level. Documents, field visits and interaction is done at all the levels as a part of supervision. Proper documentation for this process is also followed by the project. SACS documents which reflect the supervision process have been properly maintained by the project team. 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.

**The HRGs are only referred for VDRL testing in the hospitals. RMCs were done regularly with most of the HRGs. The TI has got no PPP separately for RMC or STI treatment. They take the HRGs to the hospital for t he RMC, PT and ST of the HRGs. The doctor was not met during the evaluation and it was not clear what sort of service he provides. RMCs are done as per the indicator set up where the quality of service provided to the HRG is doubtful.**

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 centre’s.
2. 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.**

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 free condom13337 condoms were distributed by the project staff in last 12 months. Condoms were distributed through PEs only. 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 563 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

**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.

**SHGs have been formed for the FSWs before a couple of year. It is a mixed group along with general population. But it was not learnt to what extent the same are functioning and to what level they are monitored.**

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

**Community participation has been limited to events organized by the project, other than PE trainings and meetings no strong participation is visible presently in the project. Documents reflect the participation of the community members in events organized by the project team.**

**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.

**87% of HIV testing done for the FSWs. The organization is sending the entire population through accompanied referral system so there is no gap between numbers referred to 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 “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 using printed 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 needs 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 maintain separate Bank Account Number in Tripura Gramin Bank for their two projects one for Migrant and other for FSW at Kulai Branch in name of “PrabhaDhaklai”, thus there is made 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

**The project manager has qualification and experience as per norms and he has excellent grip over the project. The evaluation team would like to add that the knowledge level regarding the project is very good.**

**VIII b. ANM/Counselor**

**She has been in the TI for the last 7 years and. She has got clarity in risk assessment and risk education issues. She has got knowledge on the basics of counseling and HIV and uses her skills. She knows about most of the symptoms of STIs. She maintains her register and update the data like the other staff the counselor is familiar among the community**.

**VIII d. ORW**

**Both ORW is from the community. They have adequate 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**

**9 PEs**

**Most of the PEs belongs to the age group of >30 and thus a lack in field dynamicity has been found. They have knowledge on importance of RMC and ICTC testing. They have excellent communication skills. Knowledge on symptoms of STI, knowledge about service facilities etc. The PEs is quite vocal and got excellent demonstration skills. It is evident that the PEs has strong field presence and a very good rapport with the HRGs. The TI has recruited one PLWHA and that is a good sign.**

**VIII i. M&E officer**

**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 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 being accompanied with PE to the facilities to avail the services.**

**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

**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.**

**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 needs some sort of capacity building.**

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, with support 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:** | **Prabaha Dhalai** |
| **Typology of the target population:** | **FSW** |
| **Total population being covered against target:** | **Target-559 FSW**  **Covered- 574 FSW** |
| **Dates of Visit:** | **23-25 DECEMBER 2015** |
| **Place of Visit:** | **Ambassa, Dhalai, Tripura** |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **80.6%** | **A** | Very Good | Recommended for continuation with specific focus for developing learning sites |

**Specific Recommendations:**

|  |
| --- |
| * The stakeholders should be sensitized about the issue that FSWs do exist at large in the society. * HRGs should be tracked individually for service provisioning. * The monitoring of the outreach and follow up micro plan should be scaled up. * Condom social marketing should be scaled up. * System of referring individual alone to the service facility should be developed to scale the development of health seeking behavior among the community in the remote intervention area. * Crisis management needs to be more functional. * SHG formation needs to be institutionalized. * Data management is good still scope of improvement is there. * STI segment needs to be strengthen up. |

**Name of the evaluators Signature**

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