***Annexure: B***

**Reporting Format-B**

**Structure of the Detailed Reporting format**

**(To be submitted by Evaluators to SACS for DIA evaluated with a copy to NACO)**

**Introduction**

* **Background of Scheme and Organization**

Lifeline Foundation is a registered under Society registration Act in 1998. The registration is no. 232/Goa/98 Date 07/04/1998. Since its inception it has been working in the field of health and education amongst the under privileged.

The organization has 3 TIs. 2 Core and 1 Migrant. Beside TI they have Akshaya TB Care and Support program, Tobacco Control Program.

Other activities are: Adult education

Providing information to youth on govt. Schemes.

SHG

Counselling on mental health and referral to IPHB.

* **Name and address of the Organization**

Lifeline Foundation, Dada Bldg., Rua Duarte Pacheco, Panaji, Goa 403001.

* **Chief Functionary:**

1. Dr. Dayanand Rao - President
2. Ms. Sunita Verenkar – V. President
3. Mr. Raj Vaidya – Gen. Secretary
4. Mr. Ashpak Shaikh - Jt. Secretary
5. Mr. Shakeel Shaikh - Treasurer
6. Dr. Nitin Dhupdale - Member
7. Mr. B.V.S.Govekar - Member

* **Year of establishment**

07/04/1998

* **Year and month of Project initiation:**

April 2001.

* **Evaluation team**

Snehlata Bhatia – Evaluator

Ramesh Rahod – Goa SACS Representative

Pradeep Mirajkar – Finance Evaluator, Goa SACS

* **Time frame (dates of evaluation)**

8th March and 9th March 2016

**Profile of TI**

* Target Population Profile: Construction workers, Laborers,
* Type of Project: Bridge population
* Size of Target Group(s) :

Estimated population of 78 sites is 24000

* Sub-Groups and their Size: NA
* Target Area: 78 sites of North Goa.

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

1. **Organizational support to the program**

Meeting was held with 3 board members from which one is PM too. TI program is in line with their objectives. They are supportive and help in advocacy with stakeholder, other support program. The Project offices houses Core TI too. Quarterly reviews are conducted by the board members. The board members are present in the field when major events are conducted.

The project staff presented their achievement of April 2015 to Feb 2016 to the evaluator. Role and responsibilities are known to the project team.

1. **Organizational Capacity**
2. Human resources:

Staffing is maintained as per the guidelines. The reporting structure and hierarchy is maintained. The roles and responsibilities of each staff and cadre are known to them. The staffs conduct the activities and adhere to them as per the guidelines. The staff is sensitive towards the target community and effectively handles the situation with confidentiality.

1. **Capacity building:**

Counsellor and two ORWs have joined during evaluation period. Other staff members are experienced. All are trained by SACS and NGO. Formal trainings and in-house trainings are conducted by Goa SACS during evaluation period. In-house training is given by NGO to the newly joined staff.

1. **Infrastructure of the organization**

The project office is established at the rented place in Panjim, North Goa, which is centrally located and sufficiently accessible. The current infrastructure houses the TI projects for FSWs and Migrants, Tobacco Control and TB Care & Support.

1. **Documentation and Reporting:**

Monthly reporting to Goa SACS is done by the TI project. Registers and records are maintained at the office level as per the required formats. Monthly review meetings are held at office level and by TSU/SACS at State level. Feedbacks shared during the review are followed up by project staff. SIMS is submitted to NACO. Quarterly review meetings are conducted by NGO.

1. **Program Deliverables**

**a. Outreach**

1. **Line listing of the HRG by category.**

Master register is maintained in computer. ORWs also maintained Master register.

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

Registration of migrants is done through 3 service sources: 12461

3. **Registration of truckers from 2 service sources i.e. STI clinics and counseling.**

**NA**

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

Micro planning is developed and maintained in the office. Visit plans are in place and documented at office level. Site maps are developed. ORWs wise maps are developed. Staff develop monthly and weekly plan which is followed up. Documentation is good.

5. **Coverage of target population:**

Bridge population: Target for 11 months is 10000 and registration is done of 12461.

6**. Outreach planning – quality, documentation and reflection in implementation**

Outreach planning is done and documentation is good. Observation of PEs skills, messages are not mentioned anywhere, though ORWs have attended 713 sessions conducted by PEs out of 2798. PEs and ORWs use IPC tools. ORWs take signature of site engineer or contractor as sign of their visit which reported in the office. PEs maintains diaries.

7. **PE: HRG ratio, PE: migrants/truckers**

PE ratio is maintained as per the guidelines. 20 session each peers

8. **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

NA

9. **Documentation of the peer education**

Peer educators maintain diaries.

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

Peer educators are experienced; some of them are associated with TI from long time. There is need of field training as well as formal training of PEs so that uniformity of knowledge is developed.

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

ORWs are daily in the fields. Weekly meeting with each PE. Data is collected from PE. Counsellor is in the field during health camp, events and counseling purpose. PM is in the field as and when required. M & E is present during events. Some of the ORWs are from far off. They come to office once in a week but whenever they are at construction site they take sign of contractor or engineer as sign of their presence in the field.

Counsellor reported that she does follow up of STI cases but record not found. Data entry in MSDS is done upto Dec ’15.

**IV. Services**

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

Health camps are organized as per guidelines i.e. 60 hours in a month. Most of the health camps are organized on Saturday Sundays with audio video show. The camps are conducted for 5 to 6 hrs at a stretch. ICTC counselors are invited for health camp for counseling.

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

NA

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.

The doctor is qualified. He is professor in Goa Medical College. He is very

supportive. If migrants are referred by TI then he does not charge them. Whenever he

is invited for health camp he brings general drugs received by him as sample drugs. STI

drugs are provided by GSACS.

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 centres.

STI patients are treated as per symptoms. All STI treated are referred to ICTC. Counsellor said she does the follow up but record is not found. Last two years no migrant is tested HIV positive.

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.

Treatment register, referral slips are available. Follow up card or follow up date in the

register is not recorded. STI drugs are provided by GSACS. Stock register is maintained.

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

The TI has established 49 condom depots. All are non-traditional depots. Social

marketing of condom is less. The TI is suggested to conduct small survey of condom

demand so accordingly sale can be monitored.

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

Condom demand is not known. 876 Condoms are sold through depots and one to one.

1. No. of Needles / Syringes distributed through outreach / DIC.

NA

1. Information on linkages for ICTC, DOT, ART, STI clinics.

Linkages with ICTC, DoT, ART, STI clinics are established.

1. Referrals and follows up

During 11 months 3102 are referred to ICTC and 2615 are tested. No one is HIV positive.

**V. Community participation**

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception,

perspectives of these groups towards the project activities.

2 SHGs are formed. Training of SHGs are done by GIPA. Could not interact with

SHGs members.

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

Community participation is observed in planning of activities at construction sites.

The activities are documented.

**VI. Linkages**

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

Referral slips of ICTC are verified at ICTC. Copy TB referral slips are available at

office.

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

During 11 months 3102 are referred to ICTC and 2615 are tested. Gap is 16 %.

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

Stakeholders like contractors, supervisors are supportive. Contact with builder

association may prove support to program. Small children from 1 year to 5 years are

around the construction site left on their own while their parents are at work. Support

could be sought from the builders to build a shed for the children’s recreation as the

labourers are there for 1 to 3 years.

**VII. Financial systems and procedures**

1. Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/NACO- supporting official communication.

Yes

1. Systems of payments- Existence and adherence of payments endorsed by SACS/NACO,

Yes

1. availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.

Yes.

1. Systems of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.

Yes.

1. Systems of documentation- Availability of bank accounts(maintained jointly, reconciliation made monthly basis), audit reports

Yes.

**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.

Mr. Bhavanishankar Shet Govekar is with TI from Oct. ’02. He is Bachelor of Arts. He is one of the board members too. He has clear understanding of the program. He is very proactive and competent. He has knowledge about proposal. Quarterly, monthly and weekly planning are available. Data entry in MSDS is completed up to Dec ‘15. Review meetings are conducted regularly. Minutes are available. Field monitoring are done. Advocacies are conducted.

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

Ms. Chetana Rokhade is with TI from Aug. 2012. She is Bachelor in Arts. She joined as a Counsellor from Aug ’15. The counselor has knowledge and clarity of program. She is very confident. Data and registered are maintained. Field visits are on regular basis.

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.

NA

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..

There are 5 ORWs. Apsara Khan is with TI from Oct. ’10, she is 8th pass. Vivekanand Deshpande is from May ’11, He is 11th pass. Chhaya Nandiwalw is from May ’14, she is 12th pass. Shaheena Beig is from Nov ’15, she is 12th pass and Yasin Kalagar is from Jan ’16, he is 12th pass. The 3 ORWs are experienced, the two have joined during evaluation period. All have received training from GSACS and NGO. The ORWs have knowledge of the components. The ORWs need repeated field training.

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.

NA

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.

NA

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 prioritise 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.

I could interact with 2 peers. They are aware of STI, ICTC, DoT services availability. The PEs need field and formal training.

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.

NA

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.

Ms. Neelam Malik is M&E cum Accountant. She is Bachelor of Commerce. She is with TI from June ‘12. Master register is maintained in the computer. Data entry of MSDS is done upto Dec ’15. She provides information about various indicators of TIs. Data of target achieved is shared for further planning. Data analysis is suggested for strengthening of program.

**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.

**NA**

**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.

The ORWs and PEs are aware of the migrant’s availability and accordingly they are in the field. Health camps and mid media activities are conducted as per migrants availability. The stakeholders are aware of the outreach sessions. At construction sites the sessions are conducted after taking permission of stakeholders.

**X. Services**

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

Counselling is done 5184. I could not observe the quality of counseling. Clinic footfall is 4086and STI treated 123.

Condom promotion is weak. 876 condoms are sold.

**XI. Community involvement**

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

Community is involved in planning, implementation, advocacy and monitoring. Some of the stakeholder go for HIV test so that the workers under him go for testing.

**XII. Commodities**

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

Condom planning is needed.

**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.**

No committee is formed for project management.

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

Not done. Migrants do not have any id proof.

**XV. Best Practices if any**

Different methods are used for outreach activities such as Perrot show, songs developed on HIV/STI messages are very good and innovative.

**Annexure C**

**Confidential**

**Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated with a copy to DAC)**

**Profile of the evaluator(s):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **Snehlata Bhatia** | **B-2 City Light Apartment, City Light, Parle Point, Surat, Gujarat 395 007**  **Phone: 9879517651** |
| **Finance Evaluator:** | **Pradeep Mirajkar** |
|  |  |
| **Officials from SACS/TSU (as facilitator)** | **Ramesh Rathod** |

|  |  |
| --- | --- |
| **Name of the NGO:** |  |
| **Typology of the target population:** | Bridge population |
| **Total population being covered against target:** | 12461 against 10000 |
| **Dates of Visit:** | 08/03/16 and 09/03/16 |
| **Place of Visit:** | Office cum DIC, GMC at Bambolim, UHC at Shanta Cruz, Dr. Chanlakar at Merces, Advalpalkar construction site at Marcel Green, Amora Kadamba Pleatu Construction site at Kadamba. |

**Overall Rating based programme delivery score:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| Below 40% | D | Poor | Recommended for |
| **41%-60%** | C | Average | Recommended for |
| **61%-80%** | B | Good | Recommended for continuation |
| **>80%**  **(89.6 %)** | **A** | **Very Good** | **Recommended for continuation with specific focus for developing learning sites** |

**Specific Recommendations:**

|  |
| --- |
| * Knowledge uniformity among staff and PEs * PEs need formal and field training. * PE distribution should be even. * Need data analysis. * Condom demand is not known. 876 condoms are sold against 12461 new registration, which is very less. * Follow up of STI patient is needed and follow up should be recorded. * ORW should remain present during PEs IPC sessions and record their observation on message delivery, communication skill etc. * Some of the formats can be computerised. |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| Snehlata Bhatia |  |
| Ramesh Rathod |  |
| Pradeep Mirajkar |  |