**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**

**COMMUNITY RESOURCE FOUNDATION (TRUCKERS) 6-3-16 TO 7-3-16**

Background of Project and Organisation:

**objectives**:

1. To expand the mapping and enumeration of the long distance Truckers population in Goa.
2. To increase awareness regarding STI, HIV and AIDS by initiating BCC activities and mobilizing the community.
3. To promote the effective usage of condoms and ensure availability and accessibility of the same among the Truckers population.
4. To establish a combination of static clinics and referral STI care facilities in the project area, so that clients (long distance truckers) can make use of the services at their convenience.
5. To provide early diagnosis, counseling and treatment/referral to people with STI and HIV.
6. To build capacity of staff, various stakeholders and service providers in implementing strategies and sustaining the programs.

1. To develop, train, and monitor groups of voluntary peers from the Transshipment location and community.

1. To create enabling environment through Advocacy & Networking in the project area.

# Name and address of the Organization

Community Resource Foundation

c/o. Peter D’souza, Nathan Bldg.

2nd floor , opp. Birla Police Outpost,

Zuarinagar Sancole – Goa

Pin code- 403726

Ph .no. 9822583210/7387942277

**LIST OF GOVERNING BODY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact Address/Ph. No.** | **Occupation** |
| **Dr. Ajay Pednekar** | **President** | Simpayne, Mardol - Goa. | Doctor |
| **Dr. Rajesh Naik** | **Secretary** | Navelim, Margao - Goa. | Doctor |
|  |  |  |  |
| **Mr. Kishor Vaigankar** | **Treasurer** | Tailgao, Panjim – Goa. | Serviceman |
|  |  |  |  |
| **Mr. Sanjay Naik** | **Director** | Mirabag, Savordem – Goa. | Buisnessman |
| **Mr. Prakash Khandeparkar** | **Member** | Collem, Sanguem – Goa. | Retired govt. servent |
|  |  |  |  |
|  |  |  |  |
| **Mr. Sanjay Dessai** | **Member** | Cuncolim – Goa. | Buisnessman |
|  |  |  |  |
|  |  |  |  |

## Year of establishment

2003

**Year and month of project initiation:**

1st August 2008

# Evaluation

06 / 03 / 2016

07 / 03 / 2016

# Time

9am to 5pm

# Profile of TI

(Information to be captured)

Target Population Profile : Truckers

Type of Project : Targeted Intervention

Size of Target Group: 5000

Sub-Groups and their Size – Transport agents, transport managers, Dhabha owners, and petrol pump managers etc.

Target Area: Verna industrial area, Birla, Vasco.

## 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…*

We have interacted with the Programme Manager, Counselor and 2 ORWs 5 PR’s one PE was out of town but all his updated documents like daily dari and PE forms were available. Project Manager is monitoring whole project activities on day to day basis. Project Manager is well qualified and providing the field supervision to the ORWs and Counselor. All TI staffs is given appointment letters and job profiles and are working towards the program needs.

**II. Organizational Capacity**

1. Human Resource, staffs, governing board, Peer Educators are in place, and capacity building and the support by the Governing board is satisfactory.

At the project level following staff structure is functioning as per the TI Requirements & Guidelines

* Project Director
* Project Manager
* Counselor
* Accountant
* Outreach worker 2 and
* Peer Educators : 5

One ORW was recently appointed in the month of June 2015 his appointment letter and attendance verified by the external evaluator and copies attached in file. All staff members as well as peer educators are aware about their respective roles and responsibilities. PM is supervising and monitoring the project activities well.

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

During the year following trainings were conducted and the details are as follows

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Training conducted By | Topics covered | Staff attended |
| 23/07/2015 | GSACS | ORW | 2 |
| 17/12/2015 | GSACS | COUNSELLOR | 1 |

Various inhouse trainings were conducted:

ORW- August, December, Feb 16

1. Infrastructure of the organization

The Organization has its office and DIC at primary location. All assets are properly codifies and asset register is maintained.

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.

Organization is preparing and submitting all necessary reports in time to GSACS. Reports are prepared as per GSACS & TSU guidelines.

**III. Program Deliverables**

**Outreach**

1. Line listing of the HRG by category.

NA

1. *Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.* 
   1. As per the contract all HRGs are Register ( Target 5000)

Two ORWs has 5 Peer Educators

*NA*

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

Registration of Truckers by 2 services in Static clinic is done and the same is verified.

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

In house Training was held for the peer to prepare micro plan. IPC sessions 20 each is duly recorded and maintained by the ORWs, which also includes data of PE/HE. Due to budget constraints now they are doing 10 IPC each.

1. Coverage of target population (sub-group wise): Target / regular contacts only in HRGs
2. Outreach planning – quality, documentation and reflection in implementation
3. Outreach Planning is in place duly supervised and monitored by NGO. Staff and Peers are well conversant with the planning and reporting. quality, documentation and reflection in implementation. Planning of outreach is preparing by the outreach worker to visit field for supervision. Documentation is in place.

1. PE: HRG ratio, PE:

PE:HRG ratio1:1000

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

NA

1. Documentation of the Peer educators.

PEs maintaining Peer daily diary, IPC session records are maintained by the ORWs.At office level.

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

Peers are having good rapport with the community. They are reaching the given targets. Out of 5 PE’s one PE joined recently 2 months back, he need to be trained more on IPC tools, and other 4 PE are good in minting documents and conducting IPC tools.

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

Counselor is effectively supervising and monitoring the day to day project activities,

Monthly physical supervision of all the areas is doing by PE, ORWs and Programme Manager as per the monthly action plan, during the weekly review meetings progress will be reviewed actions and plans are prepared and followed in materializing and achievement of expected indicators as PM and one ORW have good experience supervision mechanism are taken in good way.

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**IV. Services**

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

STI services are provided through Static clinic by Dr.Shradha gaonkr. We found that the Doctors very much having interest in doing the services. Clinic is clean and maintained with friendly atmosphere. She even part of chikitsha hospital also near the transport area.

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

NA

3.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 Static clinic is near to the site and opp. Of the DIC and Doctor is good , the clinic setup is good. The drugs are provided by the GoaSACS and it is kept with Static Clinic. The treatment is free of cost so truckers come to static clinic and treatment.

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.

NA

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.

All the registers are in place and updated .STI medicines are supply by GoaSACS, Medicine stock register is also available. Medicine stock register maintained with correct tally of physical stock of drugs.

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

Adequate no of Social marketing Condoms stock available with NGO , Organization has the social marketing, sold out through the Transporter offices and by the PE/ORW, in field visit have interacted with pad shop keepers, Sulabh toilets watch person, transport owners and condoms are available in all field sites.

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

During the year total no of SM condoms sold are 2150

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

NA

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

Organization has effective linkages with ICTC, ART, DOTS and STI clinics. All the referrals done to ICTCs were actually tested for HIV and STI..

10. Referrals and follows up

Follow up was done very effectively by counselor ,ORW and PE’s, as truckers doesn’t stay in one place staff are in fallow up with HRG,s on phones.

***V. Community participation***

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

TI has formed the Advisory committee which includes the Stakeholder, who play an active role in the project goals.

2 Groups of 15 each members are there. There are six committees formed by the project and there is community participation. Recommended to have more groups of SHGs.

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

DIC level events are not been organized due to lack of budget.

***VI. Linkages***

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

TI staff and community is having good access to ICTC, ART center.

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

NA

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

Meetings conducted with major stake holders queerly once. Stake holders when asked said that they are happy with the project services, they are supportive to the ORWs and Peers at the field level especially during crises situations.

***II. 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.*

*Project follows the NGO/CBO Guidelines.*

Vouchers and bills are maintained with approval. The vouchers and bills are in place.

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

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package and also on books. All payments are made obtaining bills and supporting documents. Salaries and TA are paid to staffs by their SB accounts.

*3. 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.*

Since there was no purchases procurement was not applicable.

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

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package and also on books. Cash book is maintained on daily basis/entry made in the software tally (varified cash book and interviewed accountant.)

***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.*

The Project Manager is working with the project since its beginning. He had good vision about the progress of the project. Has good communication with staff. He has effective supervisory capacity about overall management of the project including programmatic and financial procedures. He is also actively participating in the field level activities.

*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*

Counsellor Bhagya Sri was working in Karnataka in Marathi hospital as Nurse, Operation assistant, in GOA MM hospital as Nurse and operation helper. With counseling activity she is also computing and compiling all the data needed for the project. Compiling monthly reports, doing all the activities of M & E officer. She is counseling all the STI cases and visits to the field regularly. She is an asset for this organization.

*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..*

Both the ORWs of the project are 12th standard pass. They are very much committed to the project activities. Have good rapport with community members. Have good coordination with peer educators. They are able to give information on STI and HIV. Good in doing the IPC tools and Condom demo. 1 ORW was recently taken and trained by Goa SACS also.

*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.*

Peer educators are having good and effective rapport with community members. They are doing condom demo satisfactorily. Peers and active in all sites during field visit most of HRG’s (truckers) said all the PE comes to them and explains about HIV/AIDS and STI and also dose IPC in field. Out of 5 PE’s 1 PE was newly appointed 2 months back. He needs to be trained more. And one PE was out of town but all his documents were available in DIC

*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.*

*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*

*NA*

*manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.*

*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.*

*NA*

***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.*

*NA*

***X. Services***

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

Community's service uptake is good. Community members are availing static clinic services and ICTC services. Staff is maintaining the confidentiality. DIC events need to be organized on regular basis. DIC event was not done due to lack of budget.

***XI. Community involvement***

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

NA

***XII. Commodities***

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

Project is effectively doing IPC, Street play, Street plays are not done past few months as lack of budget, Films on HIV/ADIS, STI and other related truckers issue are shown in field.

***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.***

Local advisory committee is formed by stake holders and all are aware of their roles and help the organization in achieving goals.

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

***NA***

***XV. Best Practices if any.***

**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated)**

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

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **CH.Satya Murthy** | Plot num 16, Raghavendra nagar colony, Beside sai baba temple, Raghavendra nagar colony, Hayat nagar, RRdist, Hyderabd, Telanjana, pin 501505. PH:- +919908614874 & +917702398806 |
|  | **Bank ACC details. CH.Satya Murthy, Bamk Canara bank, A/C 1090101013528 IFSC code CNRB0001090** |
| **Pradeep Mirajkar - Finance** |  |
| **Mr. Ramesh Rathod** |  |
| **Officials from SACS/TSU (as facilitator)** |  |

|  |  |
| --- | --- |
| **Name of the NGO:** | **Community Recourse Foundation** |
| **Typology of the target population:** | **Truckers** |
| **Total population being covered against target:** | **100.00%** |
| **Dates of Visit**: | **6th to 7th March 2016** |
| **Place of Visit:** | **NGO office.Brila police out post, GOA** |

**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% **(79.70%)** | **B** | **Good** | **Recommended for continuation** |
| >80% | A | Very Good | Recommended for continuation. |

**Critical Observations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas of the Project** | **Achievement** | **Areas of improvement** | **Recommendations** |
| **Organizational Capacity** | Strong Organization |  |  |
| **Program Deliverables** |  |  |  |
| Out reach | 100% outreach | Micro-planning tools |  |
| Services | 100% coverage |  |  |
| Commodities |  | Improve condom social marketing |  |
| Enabling Environment | Good rapport and support from Community. |  |  |
| **Financial systems, procedures and expenditure** | Proper systems are in place. |  |  |

**Specific Recommendations:**

|  |
| --- |
| * **Community participation in planning and micro- plans.** * **Social marketing of Condoms as per demand.** |

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Ch.Satya Murthy** |  |
| **Pradeep Mirajkar** |  |
| **Ms. Asha Vernekar SACS Facilitator** |  |