**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 is a non-government and non-profit making organization registered under Section 21 of Societies Registration Act 1860 India) (79/Goa/96 UNDER SOCIETYACT 1860); Registered in 1996 under 1860 society Act

OBJECTIVE;-SAI LIFE CARE GOA is a nonprofit community based organization.

SAI LIFE CARE was formed in 1993.

**Mission statement is -Upliftment of the society**

The NGO is running following programmes for the benefit of the project area population which helps the staff to break out the stigma in outreach, availing services, and building linkages for health services:

FSW- TI programme with GSACS,

Rural Information Technology Youth Development centre (NYK)

Crèche Courses (Migrants) ( Goa State Social Welfare Board)

Bridges Courses ( Goa State Social Welfare Board)

Alternative Innovative Centers (Migrants) (Goa SARVA S A)

Awareness Generation Programme (Camps For Women) (Goa State Social Welfare Board)

Day Care Center ( UMMID) (Directorate of Social Welfare Board)

Utility Vehicle (Donated by Shri Shripad Y. Naik Hon’ MP, North Goa, under MPLAD Scheme )

Project on Adolescents - MANTHAN., Reproductive Child Health,

Family Counselling Center.

VISION; to improve the quality of life of in state of GOA through mobilizing, organizing and strengthening and providing services .

*o* Name and address of the Organization

SAI LIFE CARE, Head Office - Kothambi-Pale Goa

Project /TI Office Address: - Ponda Golgam Bypass, Nr. Ajimon Engineering, Curti Ponda Goa.

*Governing body of SAI LIFE CARE;*

**President** -**Ravi Parab**

**Vice President** -**Sanchita Parab**

**Secretary**- **Arjun Parab**

**Treasurer**-**Pandurang Kuttikar**

*Year of establishment*

Established in 1993

*Year and month of project initiation:*

TI project running since more then five years.

Project Start in November 2008

*Evaluation team*

Nitesh Thapliyal , Mrs. Asha Vernekar (GSACS Representative) and .Mrs. Kiran Chodankar- Finance Evaluator

*Time frame*

2 days -4th and 5th March 2016

**Profile of TI**

(Information to be captured)

Target Population Profile: TRUCKERS

Type of Project: Bridge population

Size of Target Group(s) : 5000

Target Area : MRF, Curti,

**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…*

The TI office is located in the project area. They displayed achieved information data, Hotspot analysis charts PE wise. The PD and the Staff are very amicable to the community. The governing body involving in ensuring the smooth running of the programme and the PD is very supportive in any advocacy as and when required.

**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

All the staff are in place.

PM, COUN, 2 ORW, 1 AC/M&E, 5 PE.

1. There is Five Number of PEs, they have good knowledge about STI and HIV. Most of them are able to fill the form by their own and others with the help of ORW.
2. ORWs are maintaining records neatly, and all the forms are filled regularly and maintained. IPC Tools are in place. ORW needs exposure visit.
3. Counselor records are maintained in the Static Clinic, all registers and formats and referrals are in place. Counselor needs training.
4. All the documents checked and monitored by the PM and SIMS Report send to GoaSACS in time.
5. Three PEs resign and were replaced immediately .
6. One ORW was replaced and new ORW appointed immediately.
7. **Capacity building**:
8. GoaSACS has imparted training to the PM, M&E, Counselor this year and TI is also having in house trainings.

The held training topics are very relevant to the field and programme achievements.

3. **Infrastructure of the organization**

More than 5 years and have TI has all the commodities as per project initiation policies of NACO. DIC and Static Clinic is facing each other.

4. **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.

All the formats and registers are maintained as per the NACO . They are conducting weekly/monthly review meetings. ORWs will fill up the data with the help of PEs. also data of counselor of different counseling, referrals at ICTC, ART, TB, Data of Programme Manager regarding Advocacy, crises, field visits, meetings Sessions and games etc. Documented- monitoring of TSU visits for intensive and quick visits , PO visits for supervision.

**III. Program Deliverables**

**Outreach**

1. As per the contract all HRGs are Register ( Target 5000)
2. Two ORWs has 5 Peer Educators.

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

NA

3. 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.

4. 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.

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

6**. Outreach plannin**g – quality, documentation and reflection in implementation. Planning of outreach is preparing by the outreach worker to visit field for supervision. Documentation is in place.

7. **PE: HRG ratio, PE**: TRUCKER 1:1000

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 FSW, TG and 20 days in a month) - understanding among the project staff, reflection in impact among the community members :

NA

9. **Documentation of the peer education**

PEs is maintaining Peer Diary, IPC session records are maintained by the ORWs.

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

Out of 5 PE, One PE is from the inception of the project, having good knowledge and demonstrative skills of IPC, he had got training in Karnataka long back and is very active in the project.

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

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.

**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. Samir Bhakare (BAMS). We found that the Doctors very much having interest in doing the services.

2. **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 Goa SACS and it is kept with Static Clinic.

4. **Quality of treatment in the service provisioning**- RMC should be conducted with internal examination and document.

NA

5. 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 Goa SACS, Medicine stock register is also available. Medicine stock register maintained with correct tally of physical stock of drugs.

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

Adequate no of SM Condoms stock available with NGO, Organization has procured the condoms and the same is been sold out through the Transporter offices and by the PE/ORW.

7 - No. of condoms distributed through different channels/regular contacts. The following are the details of distribution.-2410

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

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

The TI is having good coordination with the above. All the referral slips were available.

1new case is identified and is in follow up with Driver who will get enrolled in his native place.

*11****. Referrals and follows up:***ICTC Reffred-668 , ICTC Tested- 501 & STI Treated-230.

***V. Community participation***

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

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

***VI. Linkages***

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc…
2. NGO as got good linkages with the entire nearby government center.

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

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

***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*.*

1. Systems of Planning Existence in the place and adherence to NGO guidelines and approved systems endorsed by SACS/NACO- supporting official communication is available.
2. 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.

NGO is following printed and serialized vouchers, approval system. The verifications of documents with minutes, quotations, bills, vouchers, stock and issue registers were maintained.

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.

Practice of procurements of medicines systems and quality checking were in practice. During this year there were no purchases.

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

The NGO has joint signatories and bank account in the name of the TI. The bank reconciliation was done on monthly basis and audit reports are available.

***VIII. Competency of the project staff***

*VIII a.* Project Manager

1. Project manager has all the knowledge about TI and project implementation.
2. Educational qualification & Experience as per norm.
3. All the data are in place.
4. Knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc are in place.

**VIII b. ANM/Counselor**

1. Less 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
2. She is maintaining registers.

VIII c. ANM/Counselor in IDU TI : NA

**VIII d. ORW**

1. Total two ORW are there. Good 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.. Need some more training.

VIII e. Peer educators -5 Peers from Ex Truckers

VIII f. Peer educators in IDU TI  NA

VIII g. Peer Educators in Migrant Projects NA

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize 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.

**VIII h. Peer Educators in Truckers Project : 5**

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.

Total 5 PE are appointed , all are not truckers or ex-truckers. One PE is well oriented and demonstrative skills are excellent others needs training.

VIII i. M&E officer: NA

Whether the M&E officer ( FSW and FSW/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.

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

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.

Clinic footfall is not satisfactory. Though they are conducting the IPC sessions, Games etc, the footfall has to be increased.

**X. Services**

As per to the verification of documents and interaction with staff and as per the data and target, the service uptake is not satisfactory.

**XI. Community involvement**

**NA**

**XII. Commodities**

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

SM condoms procured by NGO, and the same is distributed through the depots placed at Transporters and Bars.

**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 (LAC) is formed and stakeholders are very supportive .

**XIV. 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.** |
| **Nitesh Thapliyal** | [**niteshthapliyal7@gmail.com**](mailto:niteshthapliyal7@gmail.com) **Mob: 8298122198** |
| **Ms Kiran Chodankar - Finance** |  |
| **Mrs. Asha Vernekar – Facilitator SACS** |  |
| **Officials from SACS/TSU (as facilitator)** |  |
| **Name of the NGO:** | **SAI LIFE CARE GOA** |
| **Typology of the target population:** | **TRUCKERS** |
| **Total population being covered against target:** | **5000** |
| **Dates of Visit**: | **4TH AND 5TH MARCH 2016** |
| **Place of Visit:** | Golgam Bypass, Nr. Ajimon Engineering, Curti Ponda 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% | B | Good | Recommended for continuation |
| **>80%**  **(81.90%)** | **A** | **Very Good** | **Recommended for continuation.** |

**Specific Recommendations:**

* Training needed to the staff on the TI components, Service delivery and STI management Gap between micro plan and the outreach planning for proper execution.
* Exposure visit to the TI staffs.

**Name of the evaluators Signature**

|  |  |
| --- | --- |
| **Mr. Nitesh Thapliyal** |  |
| **Mrs. Kiran Chodankar, Finance** |  |
| **Mrs. Asha Vernekar, SACS Facilitator** |  |