

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

Introduction:

Background of Project and Organization:

The organization is a non- government and non- profit making organisation registered under section 21 of Societies Registration Act 1860 India No: 263/GOA/2003

The organisation has vision and mission statement as mentioned below.

Vision: To provide the means and resources for an all round improvement in general health hygiene, sanitation, knowledge and upliftment of morale, economic and social values in mankind.

Mission statement: Is to enhance overall community development through provision of highest level of health care and quality education and other needy services.

The organisation has implemented HIV/AIDS project with the financial support from GSACS- HIV/AIDS control programme. CRF has started HIV/AIDS Programme since 2004. The organisation has implemented HIV intervention in Margao, Sanvordem and other parts of South Goa. GSACS sanctioned 1st programme for the street children intervention in Goa then migrants. Then at south Goa GSACS has given truckers project for 20000 KPs.

Name and Address of the organisation:

Name of the organisation:

COMMUNITY RESOURCE FOUNDATION

c/o Peter D'souza opp. Police outpost Birla Zuarinagar Sancoale Goa.

Phone number: 7387942277

E- mail: truckerscrf07@yahoo.com

Chief Functionaries:

- Dr. Rajesh Naik – President, Navelim Margao
- Mr. Sanjay Naik – secretary, Mirabag Sanvordem
- Dr. Ajay Pednekar -Treasurer , Mardol Ponda
- Ad. Ishwar Kuttikar - member, Daba Sanvordem
- Mr. Kishor Vaigankar – Member, Taligao Panjim
- Mr. Sanjay Dessai – Member, Cuncolim Salcete
- Mr. Prakash Khandeparkar- member, collem Dharbandora

Year of establishment :

Reg. No. 263/Goa/2003

28/10/2003

Year and month of project initiation:

Truckers Project – April 2008

Evaluation

Time: April '19 to January '20

Profile of TI

(Information to be captured)

Target Population Profile : Long distance Truckers

Type of Project : Truckers

Size of Target Group : 20,000

Sub-Groups and their Size - NA

Target Area:

20 locations from Verna to Vasco 18 KM.

Reema Transport, Puna Goa road lines, VRL logistics, Gati Cargo, Gati KWE, Safex express (2), Agrawal packers and movers, Amit petrol pump, Bharat petroleum and gas, Indian oil corporation, Margo Goa port Trust, Ultra Tech cement, Goa Roller flour mills, Senior Translines, Zil, Sancole Industrial area, Chikalim Industrial area, Rajesh Road lines, Goa Marine Industries, Zuari bulk carriers

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 interacted with the Project Director, Programme Manager, Counsellor, M&E Cum Accountant, 1 ORW, 5 Peers and doctor.

Visited ICTC at Chicalim Hospital interacted with ICTC Counsellor, STI Counsellor.

Verna and Birla locations are visited. Observed 2 IPC tools, conducted 2 FGDs, interacted with truckers and stakeholders.

II. Organizational Capacity

1. Human Resource, staffs, governing board, Peer Educators are in place, 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 and Guidelines

- Project Director
- Project Manager
- Counselor
- Accountant cum M&E
- Outreach workers – 2
- Peer Educators : 5
- Doctor - 1

Counsellor, 2 Outreach workers, M & E, Doctor and PEs are associated with the TI for many years. All present staff members are experienced.

All staff and peer educators are aware about their respective roles and responsibilities. PM is supervising and monitoring the project activities.

2. 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
13/08/19	GSACS	CBS	4

In-house training is given to staff and PEs during monthly, weekly meetings.

3. Infrastructure of the organization

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

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.

Organization is preparing and submitting all necessary reports/SIMS, SOE, ICTC linkages and 31 indicators to GSACS on monthly basis. Reports are prepared as per guidelines.

III. Program Deliverables

Outreach

1. Line listing of the HRG by category.

The TI has 20,000 Truckers, 10 months total coverage is 16048.

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

3897 and 1098 truckers are reported as clinic footfall and counseling. No registration is done.

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

Organization is using tools for preparing Micro plan. Site map, Games and IPC, Video shows, satellite clinic, exhibition are planned on monthly basis. Outreach workers maintain daily diaries, IPC tools and other records.

4. Coverage of target population: 16048 From April 2019 to January 2020

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

The TI is using games and CDs which GSACS has provided. Outreach Planning is in place duly supervised and monitored by NGO. Staff and Peers are well versed with the planning and reporting. PEs maintain IPC forms. Documentation needs improvement. Peers need capacity building.

6. PE: HRG ratio

5 PEs 20000 Truckers

7. 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 MSM, TG and 24 days in a month. - understanding among the project staff, reflection in impact among the community members

NA

9. Documentation of the Peer educators.

Peers are maintaining IPC forms and dairies.

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

Peers are having good rapport with the community. During field visit it is observed that some of the PEs lack proper knowledge on STI symptoms. Need training on message delivery.

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

All staff meetings are held on weekly and monthly basis for review and further planning. Timely submission of SIMS and DASH BORD report is done.

IV. Services

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

Project is having static clinic at DIC and satellite clinic as per plan. Doctor is available alternate days i.e. Monday, Wednesday and Friday from 9.30 am to 1.30 pm. Satellite clinic is organized at heavy load trucker's sites routinely. All records are maintained by Counselor at the project office. STI kits are provided by GSACS through ICTC. The clinic has refrigerator for HIV testing kits. Need to purchase thermometer.

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

Static clinic is fully equipped. Static clinic is located at one of the parking area. STI drugs are provided by GSACS. STI drugs are available. Meriscreen HIV 1-2 WB Kit used for CBS are provided by Goa SACS. 681 are tested through CBS. 57 STI patients are treated. Records are maintained.

3. Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to ICTC, ART, DOTS centre.

No one is tested HIV positive. Earlier tested positive from which two are in contact, one is taking services and one is in contact on phone.

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 clinic related documents are maintained by the Counselor and updated, all project registers are in place. Referral records are maintained properly.

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

Condom social marketing is done by the TI. There are 6 condom outlets. Need to improve on condom sale, need to work out new strategies. Need to focus on re-demo by truckers.

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

680 condoms are sold by TI.

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

No one is tested positive in CBS. CBS kit is provided through ICTC. Bio medical waste is deposited at ICTC.

10. Referrals and follows up

Follow up is difficult as the truckers do not stay at parking area for longer period.

V. Community participation

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

The TI has involved 18 stakeholders. The stakeholders are very supportive and proactive.

VI. Linkages

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

HIV kit for CBS is provided through ICTC. Bio medical waste is deposited to ICTC.

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.

Project follows the NGO/CBO Guidelines.

Vouchers and bills are maintained with approval. The vouchers and bills are in place. The SOEs are submitted to GSACS office and taking acknowledgment.

- 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.

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 by PFMS.

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.

Drugs are not purchased

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. (All transaction are done according to PFMS System), separate bank account is maintained.

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 from April 2010. He is MSW. Earlier he worked as counsellor in Migrant project. He has supervisory capacity about overall management of the project including programmatic and financial procedures. He is also actively participating in the field level activities. He has been trained in all the components during all these years. He needs to be motivated.

VIII b. 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

The counsellor is 12th pass and has done 3 years ANM nursing course. She is with TI March 2014. She is trained and maintaining all the clinic and counseling related documents. Very sensitive towards the HIV/AIDS issues in Truckers, maintains confidentiality. Here majority truckers come from Karnataka state and the counselor is from Karnataka speak Kannad so the truckers feel comfortable in talking to her in their mother tongue.

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..

One Outreach worker is commerce graduate and one is 12th pass. One is with TI from August 2013 and the other is from March 2018. During evaluation period only one ORW was present.

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 priorities 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

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.

There are 5 Peer educators. All are trained but still need capacity building. PE's are proactive. Has good rapport with the truckers. All IPC tools and records are maintained by the Peers.

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.

The M&E cum Accountant is BCom and Diploma in Tally. She is with TI from Feb. 2013. She is very experienced. She maintains all the data and Account related documents.

IX. a. Outreach activity in Core TI project

Interact with all PE's (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 PE's etc.

NA

X. Services

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

12621 IPC coverage, mid media coverage 206, static clinic footfalls 3897, STI treatment 57, Counselling 1098, ICTC ref. 1098, ICTC tested 1098 (CBS).

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. Method of demand calculation Programme if any,

Need to emphasis social marketing of condoms. Need to conduct survey on the condom brand the truckers are using.

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..

13 Advocacy meetings are conducted by the Project team. 18 stakeholders are involved in the TI. In each IPC session community involvement is clearly visible. Games, video shows and exhibitions are conducted on each location routinely. Statics clinic is established near TI office at one of the halt points. Satellite clinics are conducted at each location routinely.

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

NA

XV. Best Practices if any. Organization stated website and webpage in facebook.

Not observed.

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.
Mrs. Snehlata Bhatia	snehlatarbhatia@gmail.com 9879517651
Mr. P. Lenin Shyamraj	Leninshyamraj.p@gmail.com 9849889491
Arati Malik – Finance	
Officials from SACS/TSU (as facilitator) Mr. Ramesh Rathod	

Name of the NGO:	CRF Birla
Typology of the target population:	Truckers
Total population being covered against target:	16048 (10 months) achievement against 20000 target
Dates of Visit:	25 th and 26 th February 2020
Place of Visit:	NGO TI office, Birla - Juarinagar, Goa ICTC Chicalim, Verna and Birla spots

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Below 40%	D	Poor	
41%-60%	C	Average	
61%-80%	B	Good	
>80% (80.30%)	A	Very Good	(80.30%) Recommended for continuation

Critical Observations:

Areas of the Project	Achievement	Areas of improvement	Recommendations
Organizational Capacity			
Program Deliverables			
Out reach			
Services			
Commodities			
Enabling Environment			
Financial systems, procedures and expenditure			

Specific Recommendations:

<ul style="list-style-type: none"> • Need to give information on STI to the truckers. STI identification is low. • Need to focus on Social marketing of Condoms. • Record keeping and documentation should be as and when activity done. • The finding of TI (doctor) is truckers suffer from hyper tension at very young age of 30 to 35 years. The NGO can work out with other funding agency on mental health which will support the TI program. • Peer educators need training on STI symptoms and message delivery.
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Name of the evaluators	Signature
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