*Annexure: B*

***Reporting Format-B***

***Introduction :****Lifeline Foundation is a non-profit NGO registered under the Societies Registration Act (Reg. No. 232/Goa /98) and was founded on 7th April 1998 to coincide with the World Health Day. Since its inception, it has been working in the field of health and education, amongst the underprivileged To provide maternal and child health services in the community especially for Rural and under privileged community. To provide health education to community through IEC, Seminars, pamphlets, films, exhibition etc.To improve sexual health of adolescents and youths through lectures, counseling, and pre / post marriage counseling.To improve health of school/college students through* ***reliable*** *education, promotion of positive health, prevention of diseases, early diagnosis, treatment and following up of defects, awakening health consciousness in children and healthful environment.To promote nutrition / education as a preventive measures through education, distribution of supplements and mass communication To conduct health camps in the community. Also the NGO implementing FSW 2 Targeted intervention project on HIV/AIDS for Female sex Workers Funded by Goa State AIDS Control Society from October 2008 at TiswadiTaluk and Bicholim&SattariTaluka.*

***Background of Project and Organization:Migrants****: The organization has been working on Targeted Intervention Project on HIV/AIDS amongst Migrants in Tiswadi Taluka from April 2001 till date funded by Goa State AIDS Control Society. Now we are covering entire North Goa and have targeted 10000 High Risk migrants out of total 20000 migrants contacted. Migrants stay in the TI area for periods varying from 2 months to 6 months. They arrive from far flung states like Andra, Assam, UP, MP,Jharkhand, Karnataka, West Bengal, Maharashtra, Chattisgarh and Odisha other states. Working with such migrants is a challenge and the NGO has accepted it and is trying to do the best for them.*

***Name and Address of the Organization:*** *Dada Bldg.,Rua Duarte Pacheco, Panaji Goa 403 001*
*Tel:2421303,2421307 Email: llfgoa@bsnl.in*

***Chief Functionary:****Dr.Dayananda Rao, President & P D and Joint Secretary Mr.ShaikAsphakPM. (9371153588)*

***Year of Establishment****: April 1998.*
***Year and Month of Project Initiation:*** *Project initiated in April 2001*
***Evaluation Team****: ImtiyazAhammed S, Vijaya Prasad K Sand VarshaNaik*
***Time Frame****: 04-03-2020 to 05-03-2020*
***Profile of TI*** *(Information to be captured)*
***Target Population Profile****: Target population predominantly is from migrants. There is a data segregation provided by TI about how many of the population belong to which industrial workers,Daily wagers, Mathadikamgar, Auto, Quarry workers, Hotel workers, Skilled worker such as Furnitures, Jwellary, Zari etc. other industries. There is also a need for segregation of data of sub groups such as skilled, semi skilled*

*and unskilled labor.*

***Type of Project**: Migrants*
***Size of Target Group(s):***
***Sub-Groups and their Size:***

| *Sub Groups* | *Target* | *Registered 2018-19* | *Registered 2019-20* |
|---|---|---|---|
| *Total* | *10,000* | *10880* | *10880* |
| *Construction* | | | *1044* |
| *Industrial* | | | *386* |
| *Quarry* | | | *157* |
| *Hotel* | | | *496* |

***Target Area:**The TI is working in 85 sites of Goa. This is spread over all over the city and industrial, Construction belts are ranging from 5 to 10Kms distance in each of the sites.*

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

I. ***Organizational support to the programme**The NGO is providing support to the TI through appointing a full time PD and other staff. Much of the advocacy and initial activities are supported by the President.*

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 atlarge staff turnover:**All human resources are in place. All reports are submitted on time to various authorities such as GSACS. PD and PM provide supervisory oversight. Project staffs are very committed to their work and have a sensitive perspective towards the migrant community. Less than 40% staffand 40% of PL turnover has been noticed. PP doctor is in place to provide services during health camps.*

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

| ***S No*** | ***Date*** | ***Training By*** | ***Induction/ Refresher*** | ***No. of Participants*** | ***Designation*** |
|---|---|---|---|---|---|
| *1* | *2/07/2018* | *PD, PM* | *In house Training* | *01* | *ORW* |
| | *1/08/2018* | *PD, PM* | *In house training* | *1* | *ORW* |
| *3* | *15/04/2019* | *GSACS* | *Capacity Building* | *06* | *PM, M&E, 4-ORWs* |
| *4* | *2/05/2019* | *PD,PM* | *In house training* | *2* | *5-ORWs* |

| | | | | | |
|---|---|---|---|---|---|
| *5* | *4/07/2019* | *GSACS* | *Capacity building Trg* | *2* | *PM &Counselor* |
| *6* | *13/08/2019* | *GSACS* | *CBS – ScreeningTrg* | *2* | *PM &Counselor* |
| *7* | *16/10/2019* | *GSACS* | *HIV ACT 2017 –trg* | *05* | *PM & PLHIV -04* |
| *8* | *30/10/2019* | *GSACS* | *Revamped Strategy* | *02* | *M&E, Counselor* |
| *9* | *30/01/2020* | *PD & PM* | *In house training* | *08* | *PM,Counselor, M&E, ORWs* |

3. ***Infrastructure of the organization:*** *The NGO has goodoffice place for accommodating the staff, storage of documents and commodities and conducting review meetings in Goa city. There is adequate furniture, computers and other office equipment in place.*

4. ***Documentation and Reporting:*** *The TI needs a lot of support by GSACS for strengthening their documentation skills. While reporting is on time, the M&E is having the capacity of building inputs to analyze the data and disseminate the same to ORWs as well PLs such that outreach planning can be done effectively. There is need to concentrate on monthly proceedings and it should be evidence based and action taken reports must be included.*

***III.Program Deliverables Outreach***

***1. Line listing of the HRG by category.****Line listing is not maintained properly though updated periodically.*

*There is no sub category segregation of data on migrants.*

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

*Registrationofmigrants are majorly carried out during health camps, counseling and DIC i.e., about 40%, 40% and 20% respectively.*

***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.***

*Outreach plan is in place but not micro plan with prioritization of sites as well as individuals. The ORWs need capacity building to appreciate the need for such micro planning which would assist them to focus on those individuals who need services and reach them.*

***5. Coverage of target population (sub-group wise):***

| ***Migrants*** | ***2018-19*** | ***2019-20*** |
|---|---|---|
| *Target* | *10,000* | *10,000* |
| *Registered* | *11,221* | *10,880* |
| *Regular contact* | *NA* | *NA* |

***6. Outreach planning:****There is a system of outreach planning through sitting with individual peers. ORWsplan their outreach and attempt to implement the same. This is done in a routine manner without insights into addressing individual migrant needs and taking into account risk factors they face. While sessions planned are conducted the efficacy of the same needs improvement and so planning becomes critical.*

***7. PE: HRG ratio, PE:migrants/truckers*** *On an average PE: HRG ratio is 1:200 to 1196 migrants*

*8.* ***Regular contacts:****NA as the population is dynamic and always on the move.*

.

***9. Documentation of the peer education:****Peer session reports are available in TI and it facilitates making theirhonorarium releases but the honorarium is released without taking in to consideration of the sessions held. The quality of documentation needs improvement as it is repetitive on various aspects.*

***10. Quality of peer education-*** *Peer Educators are able to motivate migrants to access and utilize TI services. It wasobserved during the evaluation period how the peers motivated migrants to access health camp services. During FGDs conducted with migrants we were informed by migrants that the peers andORW provide information aswell as IEC materials and they are aware of the issues relating to HIV and places where services are available.*

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

*PEs are supported by the ORWs and the PM and PD support the ORWs and other staff. There needs to be focused review and guidance on follow up mechanisms such that ORWs and counselor can do effective follow up of detected cases. Documentation also needs special attention as much of the word done is not recorded.*

***IV. Services***

1. ***Availability of STI services –****During health camps 500 STI instances during 2019-20 are reported and drugs prescribed and provided by the TI. Further general medicine is provided by the Dr. Ullas K Chandalkar at free of cost. Counselor maintains follow up date in the register and records follow up has happened. Further in such cases there is referral for HIV which is critical.*

***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:*** *SCM kits are supplied by the GSACS which are prescribed and provided to the STI diagnosed migrants.This is done predominantly during the health camps and there is a record of STI episodes being referred for treatment at government facility or for follow up.*

*4.* ***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.***
*In CBS there are 2762 cases are screened for HIV and one is found positive.* ***In ICTC there are 05 cases*** *found positive and it accounts26% and all HIV positive cases have been linked to ART and undergone screeningforTB.ICTC counselors and lab technician of concerned area are supporting the health camps for counseling testing services. The TI has 26 ever registered PLHIV, 5 are identified during the 2019-20. All 5 are linked to ART.*

***5. Documentation:*** *Documentation is maintained at different levels from PeerLearders, ORWs, counselor andM&E, but the same is reflecting activities done in the field and need tocapturing required data in a segregated manner.There is an urgent need tostrengthen documentation skills of all staff.*

***5. Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.***
*As per the information provided by the TI there are 120 functional condom outlets which are all non-traditional. Social marketing of condoms are done in a TI area.The condoms are being made available at the outlets and PLs. The TI is not maintaining account of the social marking condoms, which are said to sold to migrants @ Rs.5/- per box containing 5 pieces each whereas the outlet owner informed that they received it at free of cost. There are hardly any records for this activity as well.*

***7. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.***
*Condoms stocked in outlets as well as supplied through peers are a total distributed is 26470 against the demand of 22500 in the year2019-20. There is no segregation of data available as to those condoms sold through outlets and supplied by peer Leaders.*

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

***9. Information on linkages for ICTC, DOT, ART, STI clinics -*** *The NBO and TI staff has good rapport with ICTC, DOT and ART service providers and are able to utilize their services for the TI activities. There are linkages with DSRC for STI referral and follow up.*

***10. Referrals and follows up:*** *26% of all the HIV positive migrants identified during the evaluation period have been linked with ART and most of them are in regular follow up. Out of 5 on ART one is transferred to SindhagiTqBijapur District in Karnataka.With regard to STI the follow up needs to be done along with referrals to HIV testing.*

***V. Community participation***

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

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

*Migrants are passive beneficiaries and receive services as provided by the TI and motivated by peers and other stakeholders. There is hardly any demand generation activity done to enhance demand for services.*

***VI. Linkages***

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

*There is a very good rapport between the TI and the healthcare service providers. GMC coordinates visits of ICTC counselors and lab technicians during health camps. ART center staffs provide support through registration and follow up of HIV positive migrants. Evaluation team found and verifiesthe STI services and follow ups.*

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

*All cases of testing is done during health camps. During the evaluation period general and STI referrals and testing is noticed besides the TI has the document to showcase the referrals versus testing.*

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

*Much of the stakeholders are site related in the form of supervisor, manager, safetyofficers, watchmen, shopkeepers. External stakeholders such as police, civic department, social welfare officers are not visible in the records. Existing stakeholders are not aware of their roles and those who are part of Project Management Committee are not aware of their membership and hence their provide support and assistance inconducting TI activities is not visible. As informed by the TI the stakeholders are helping them a lot in implementing the same.*

***VII. Financial systems and procedures***

1. ***System Planning:-*** *As per NACO guidelines and as directed by the GSACS form time to time that all communication received through e-mail, or through various meeting or as regulated or as directed by technical support unit, the planning systems have been complied.*
2. ***System of Documentation****:-* *Documentation for the purpose of the utilization for the program are in accordance to NACO Guidelines and Bank books and General ledger are maintained in system and regularly updated. Certified hard copies of General ledger being maintained by the unit.*

3. ***System of Procurements :-****Procurementsystem for purchase of drugs and fixed assets. However few purchases made with the identified suppliers.*

4. ***System of Payments:-*** *Availability and practice of using tally accounting software, printed and serially numbers vouchers with supporting documents are in place with proper approval. No cash transaction above Rs.5,000. However we observed that there is Deviation from PFMS system in respect of some payments as the PD is reimbursed through cheque towards the payments made in cash.*

***VIII. Competency of the project staff:****All project staff is in place and are motivated to deliver services. Competency levels vary from one another and two of them were joined more recently. Capacity building needs assessment should be done so as to provide training to all staff to improve quality of outreach and service delivery on induction and respective modules. There is no role clarity among the staff.*

***VIII a. Project Manager:****Mr. NivasPatil,PM has joined in the last 9 months into the project. He is a graduate in Arts andneeds training for conducting his role more effectively. Further owing to staff turnover of remaining staff except for two ORW.*

***VIII b. ANM/Counselor:****Ms.ChethanaRokhade,Counselor is providing service which needs trengthening. She is pursuingher post graduation in social work and she is adequately trained in counseling, referral, follow up and documentation. She worked earlier within the project which is different in its activities and is fully aware of*
*issues of migrants.*

***VIII c. ANM/Counselor in IDU TI– NA***

***VIII d. ORW:*** *There are 05ORWs in the TI of which one is working for more than 5 years into the project during evaluation period whereas 2 have resigned on 30/4/2018 and in 31/5/2019 and replaced within two months.5ORWs have studied up to 10$^{th}$standard and above. They all need training on induction and*

*respective modules focusing on micro planning and providing such support to the peers. While enthusiastic intheir work lack of focused planning approach does not result in good yield.*

***VIII e. Peer educators NA***

***VIII f. Peer educators in IDU TI – NA***

***VIII g. Peer Educators in Migrant Projects –*** *As per the information shared by the TI there are 05 peer leaders as per thesanction but their profile does not contain information such as date of joining, source state, population covered, etc., below 40% Peers turnover is witnessed during the contract period and the orientation is done by the TI but it needs to be more focused on TI purpose. The team is able to interact with 3 of the PLs whose knowledge, attitude and communication skills are satisfactory.*

***VIII h. Peer Educators in Truckers Project - NA***

***VIII i. M&E officer:****Mrs.NeelamParab, M&E officer cum accountant is a commerce post graduate(MBA) and is very goodin computer applications. The role of M&E is being performed by her is good. Sheis collecting data and reporting to GSACS on time. Also analyzing it in staff meetings. There is a need to build the capacities of MECAin capturing the data, verifying and analyzing the data such that he can provide inputs for outreach planning as well as segregation of sub groups and collection and documentation of the performedactivities.*

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

***IX. b. Outreach activity in Truckers and Migrant Project–****The ORWs prepare routine plans on sessions, camps, mid media and other project activities, missing out on purpose and focus of outreach. This needs to be strengthening.Counselor and M&E, are able to provide support data for planning their outreach.The TI needs to focus on preparing the micro plan for tracking the migrants to provide project services.*

***X. Services:****Much of the healthcare services are provided through camps and hardly any service referrals aremade through other activities. While the TI has managed very well on linking positive persons to ART services butit is not the same when it comes to addressing migrants with STIs. All HIV testing is done in camps based on numbers coming in rather than need based. Hence there is a scope of missing out on those who are at high risk and need testing.*

.

***XI. Community involvement*** *Community involvement is limited to be beneficiary for project activities. Thereis no demand for services noticed.*

***XII. Commodities:****STI drugs are prescribed and supplied at free of cost through the project that were supplied by GOASACSGeneral drugs are provided by the Doctor at free of cost. There is no account of purchase andsale of social marketing condoms with the TI however they are made available. Follow up mechanism needs to be built to ensure adherence. As per the information provided by the TI condoms are available during the evaluation period through 120 outlets out of 85 sites. Free condoms supplied by GSACS are being utilized for the purpose of demonstration and re-demonstration.*

.

***XIII. Enabling environment*** *Enabling environment is created through key stakeholders such as safety officers, building contractors and othersbut there is no observed contacts with police, civic authorities, social welfare officials,etc,.There is no specific problem that migrants face which such attention.*

***XIV. Social protection schemes /innovation at project level HRG availed welfare schemes, socialentitlements.***

*The TI has not attempted in providing linkage to social protection schemes as migrants are dynamic in their movement. However the building contractors are providing insurance protection to all the migrant laborers under RSBY. Also insisted the NGO to initiate the social entitlements for the migrants*

***XV. Best Practices if any:*** *All migrants are provided general medicine at free of cost by the PP Dr. Ullas K Chandalkar, Assistant Professor at GMC, Goa whois collecting the medicine from Medical Representatives and his colleagues.He was in TI projects since beginning of Tis in Goa State.*