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 DAC)

Introduction

- **Background of Project andOrganisation:**

Lifeline Foundation is an NGO registered under the Societies Registration Act (Reg.No.232/Goa/98) and was founded on 7th April 1998. The organisation is engaged in Activities like Reproductive and Child health in both rural and urban areas. The NGO is also taking up remedial classed to children for their academic performance.

The current T.I. office/DIC is located in the Sanquelim, Rural Goa, where Street, Hotel and Lodge based intervention takes place. The total ever registered population was 1171 out of which the active population is 684 (409 Home Based, 150 Street and 125 Lodged based). Ever registered PLHIVs were 8 out of which 5 were reported dead, 3 registered for ARTC out of which 1 is drop out case. During the evaluation period the project managed to identified one new PLHIV KP and identified 24 STI cases. The new registered population during April 2019 to January 2020 is 60 and all are identified STI cases out of which 38 were given the PT.

Name and address of the Organisation:	Life Line Foundation
Chief Functionary:	Shri Raj Vaidya and Project Director is Mr. Shakil Shaikh
Year of establishment:	7th April, 1998 (Reg. No. 232/Goa/98)
Year and month of project initiation:	October, 2008
Evaluation Team:	(1) Mr. Vijay R. Nair, (2) Mr. Shanka Silmula and (3) Ms. Aarti (Fin.)
Time Frame:	2nd& 3rd March, 2020

Profile of TI(Information to becaptured)

Target Population Profile:	600 FSW (Street, Home and Lodge based)
Type of Project:	Core Population
Size of Target Group(s):	600 FSW
Sub-Groups and their Sizes	Street, Home and Lodge based
Target Area:	Sanquelim – Rural Goa

Key Findings and recommendations on Various Project Components:

I. Organizational support to theprogramme

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…

Interaction did not take place during the evaluation.

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 staffturnover

   All the staff were on board during the evaluation period. All the staff are well conversed with the NACO guidelines for implementing FSW-II, Programme and also are aware about each of theirroles clarity. Office is well equipped with all necessary assets as per the NACO norms.

   Reporting system is as per the SACS and NACO guidelines.

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

   All the staff is trained by GOA SACS. Last training for the staff was conducted on 30th and 31stOctober, 2019. Wherein PM, Counsellor and MEA were successfully trained. The last training for ORW was conducted for ORWs and PEERS on 12th July, 2019, where the documents does not reflect the number of participants attended the same.

3. Infrastructure of theorganization:

   The organization is well equipped with all infrastructures as per the NACO guidelines and all assets were found to be in working condition during our visit. (Asset list attached)

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 ifany:

   Reporting is being done on timelines every month as per the SACS protocols. All documents were made available during the evaluations. However, PO visits last conducted was 2 years ago (from the date of evaluation)

III. Program Deliverables

Outreach:

Line listing of the HRG by Category:	**Master list was found to be updated as of 31st Jan., 2020.**
Registration of FSW from 3 service sources i.e. STI clinics, DIC andCounseling.	**Footfall: STI Clinic (2078), DIC footfall (209) and Counseling services (1066)**
Registration of truckers from 2 service sources i.e. STI clinics andcounseling.	**Not Applicable**
Micro planning in place and the same is reflected in Quality anddocumentation.	**Yes**
Coverage of target population (sub-group wise): Target / regular contacts only inHRGs	**Ever registered during the period was 1171 FSW and active population is 684 till 31st January, 2020.**
Outreach planning – quality, documentation and reflection inimplementation	**Satisfactory**
PE: HRG ratio,PE:migrants/truckers	**1:98 /PL(total 7 PEs) - Average**
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 communitymembers	**Project staff well versed with FSW guidelines and are effectively managing the project. – Satisfactory**
Documentation of the peereducation	**Satisfactory**
Quality of peer education- messages, skills and reflection in thecommunity	**Satisfactory (FGD conducted with Peers/KPs)**
Supervision- mechanism, process, follow-up in action takenetc	**ORWs are regularly visiting the field and PM also visits the field. The PD was found to be active and with meaningful involvement in TI supporting the staff where necessary.**

IV. Services

Availability of STI services – mode of delivery, adequacy to the needs of thecommunity.	**STI clinics (VD department) are functional in the state. PPP model is being used by the TI and the services are being provided by Dr. Richa Raikar (BHMS)**
Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacyetc.	**Clinic was found to have adequate infrastructure as per the NACO guidelines and STI drugs (NACO KITS) were being distributed to the cases detected. Privacy was witnessed in the clinic.**
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 revolvingfunds.	**Not applicable**

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 carecentres.	**Maintained as per NACO guidelines. However, services to the DOTs need improvement, as there is referrals of screened KPs but none of the referral slips have acknowledgements. It was given to understand during the FGD with Peers that there are KPs affected with TB.** **Linkages with Vihaan needs to be established**
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 officialdocuments in thisregard.	**All registers and documents were found to be satisfactory except TB referrals, Social Marketing of Condoms, Advocacy register and Committee Meetings.**
Availability of Condoms- Type of distribution channel, accessibility, adequacyetc.	**Social Marketing of Condoms are being done by the TI. During the evaluation period it was found that 613 SM condoms were sold to the target population.**
No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.	**Social Marketing 613**
No. of Needles / Syringes distributed through outreach /DIC.	**Not Applicable**
Information on linkages for ICTC, DOT, ART, STIclinics.	**Target populations were having fair knowledge about service delivery system (FGD)**
Referrals and followsup	**Strong referrals were witnessed with service delivery system (ICTC etc)**

V. Communityparticipation

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

2. Community participation in project activities- level and extent of participation, reflection of the same in the activities anddocuments
   It was given to understand from the Stakeholders that they were actively involved in the TI and sought inputs where necessary. Peer Volunteers were found to be actively mobilizing target groups for the event which was held on 25th Jan., 2020, where 80 KPs attended the event.

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinicsetc…
   TI has strong linkages with ICTC and also has linkages with ARTC. However, linkages with TB clinic needs to be strengthened.

2. Percentages of HRGs tested in ICTC and gap between referred andtested.
   FICTC was initiated since December, 2019, till then the KPs were being tested in the GMC ICTC, as confirmed by the ICTC counselor during the Evaluator's visit on 2nd March, 2019.

3. Support system developed with various stakeholders and involvement of various stakeholders inthe project.
   Stakeholders were seen having strong engagement with the TI.

VII. Financial systems andprocedures

1. Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/NACO- supporting officialcommunication.
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 furtherpayments.
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 qualitychecking.
4. Systems of documentation- Availability of bank accounts(maintained jointly, reconciliationmade monthly basis), auditreports

(FOR ABOVE INFORMATION PLEASE REFER TO THE FINANCE SCORE SHEET)

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. Narayan Nandiwale, has completed his MSW, M Phil, Dip. In Labour Law and has been in the project since 2009. He was found to be well conversant with the overall FSW Project management.

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 linkagesetc

Mr. Vaibhav Nandanikar, has passed his MSW and has been associated with the project since March 2010. Well conversant with the counseling techniques and was found visiting the field including ICTC, ARTC etc.

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 abusetreatments.

For ANM, adequate abscess management skills.

Not Applicable

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..

All the ORWs were found having sound knowledge about the TI. Out of 3 ORWs, all 3 were females. None of them were from the community. The names of the ORWs are as under:

- **Ms. Amita Chakravarti (2009)**
- **Ms. Rajashree Gawas (Oct. 2018)**
- **Ms. Shanti Gawas (Nov., 2018)**

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.

All the 7 Peers had sound knowledge about the project. The names of the PE are as under:

- **Ms. Salma S**
- **Ms. Shamim Patvi**
- **Ms. Seema Patil**
- **Ms. Heema Naik**
- **Ms. Jabeen Mulla**
- **Ms. Abida Shiakh**
- **Ms. Amirunisha Khan**

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 facilitiesetc.

Not Applicable

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

Not applicable.

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.

Not Applicable

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. Vinita Varlekar, is a B.Com graduate and having fair knowledge about computer operations and data management.**

IX. a. Outreach activity in Core TIproject

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.

- **From the interaction with the Peers it was evident that they knew the project, site and hotspots well. They were well conversant in identifying KPs and working with the Stakeholders. However, training needs to be provided with updated information and documentation.**

IX. b. Outreach activity in Truckers and MigrantProject

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.

Not Applicable

X. Services

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

- **Satisfactory**

XI. Communityinvolvement

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

- **Satisfactory, Community is actively participating in the events of the organization and are supportive too.**

XII. Commodities

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

- **Planning needs to be further strengthened. However, overall the Evaluation team was satisfied with the project management.**

XIII. Enablingenvironment

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.

The TI does not have Project Management Committee, however, the communities are actively involved in supporting the TI. Advocacy, network and linkages needs to be further improved and strengthened.

XIV. Social protection schemes / innovation at project level HRG availed welfareschemes, social entitlementsetc.

NOT AVAILABLE

XV. Best Practices ifany

1. **Nil**

Annexure C

Confidential **Reporting formC**

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.
1. MR. VIJAY RAMDAS NAIR	**Mob:** 9322022066 **Eml:**nairvijaynair@gmail.com
2. MR. SHANKAR SILMULA	**Mob:**9833129895 **Eml:**
3. MS. AARTI (FINANCE EVALUATOR)	
Officials from SACS/TSU (as facilitator)	Mr. Ramesh Rathod, AD-TI

Name of the NGO:	LIFE LINE FOUNDATION
Typology of the target population:	FSW-II (600 TI)
Total population being covered against target:	684 in 10 months
Dates of Visit:	2nd&3rdMarch, 2020
Place of Visit:	Sanquelim

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
>81.50%	**A**	**Very Good**	**Recommended for continuation with specific focus for developing learning sites**

Specific Recommendations:

1. TSU support (Programme Officer) is a must to ensure quality of the programme
2. Appointment letters are issued in 2014 with internal advisory of increment. New appointment letters should be issued to all asap
3. Many of the data in Form 'A' was seen incomplete and regular updation was not seen happening
4. Daily dairies needs to be properly maintained with information of the outreach activities conducted reach of KPs should also be mentioned.
5. Form B needs to be filled in appropriately which was not satisfactorily maintained
6. PLHIV tracking sheet should be in place and follow up needs to be strengthened
7. Mismatch of data witnessed in Health Camp and Clinic register
8. Staff meeting register and other registers needs to be maintained as per guidelines and should have all information required.
9. Data mismatch needs to be verified by the PM regularly

10. ORWs and PEERs need to be further capacitated in overall management of the field
11. TB identification and strong follow needs to be looked into
12. PPP Doctor Ms. Richa Raikar needs training for prescribing right kits to the needy FSWs
13. All new cases of 60 KPs have been identified with STI, but the follow up needs improvement

Name oftheevaluators	**Signature**
1. MR. VIJAY RAMDAS NAIR	
2. MR. SHANKAR SILMULA	
3. MS. ARTI MALIK	