

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:

SAI LIFE CARE is a non-governmental organization (NGO) from Kothambi, pale Goa, established in 21ST May 1993 and registered in 10th May 1996. From last 18 years we are working for the welfare of the society which includes development of youth, child and women empowerment, and health are the core issues of our organization. We are working in 4 talukas namely Bicholim, Dharbandora, Sanguem and Ponda talukas. They are running different projects likes HIV/AIDS awareness amongst FSW & Truckers funded by Goa State AIDS control society, Panjim – Goa; Non-residential bridge course for migrant labour children funded by Goa Sarva Shiksha Abhiyan, Porvorim Goa; Village Library for villagers funded by Art & Culture department, Panjim Goa; UMMID Centre for senior citizen funded by Directorate of Social Welfare, Panjim Goa; Crèche Unit (PalnaGhar) for labor's children, Awareness Generation Programme only for women, Condense Course for Xth fails Girls, Family Counselling Centre funded by Goa State Social Welfare Board, Panjim Goa; Manthan Project for Students, Teachers, Parents & Community for promoting Adolescent Education & Health funded by M/s Vedanta Sesa Goa Ltd., Panjim Goa. We are targeting nearly 50, 000 & more people to integrate its diverse activities in schools to develop implements and evaluate an integrated package of health & educational intervention in school and Community. Main thrust area of the organisation is social, education, economical development of neglected women and children of most backward communities and minorities through organizing the women into groups and federation; provided varies training, exposure and workshops on leadership, decision-making, and improving the women involvement in all levels, gender, political involvement, economic generation activities etc.

Besides the above activities Sai Life Care is closely related with the Mahila Mandal and helping them in formatting Self Help groups, conducting Rangoli Course, Food preservation course etc. Celebrating days of National and international importance

Youth week, Aids fortnight, Malaria awareness and Environmental conservation were conducted by us throughout the year.

- ❖ Community organization
- ❖ Women and child development programme
- ❖ Community Health and Nutrition,
- ❖ HIV/AIDS Awareness
- ❖ Formation and strengthening of Self Help Groups
- ❖ Promotion of micro-credit
- ❖ Community health and referral services
- ❖ Non-formal/Pre-schools, Bridge Schools for Child labors/drop outs

Name and address of the Organization :-

Sai Life Care

Address: Kothambi, Pale, Goa

Chief Functionaries:

Sr. No	Name	Occupation	Address	Tel. No.
1	Mr. Ravi B. Parab Businessman	President Business	Kothambi, Pale Goa	7350585970
2	Mrs. Sanchita A. Parab Housewife	Wise President	Kothambi, Pale Goa	09923981328
3	Mr. Arjun L. Parab Accountant	Secretary	Kothambi, Pale Goa	9823993860
4	Mr. Pandurang N. Kurtikar Service	Treasurer	Kothambi, Pale Goa	9823872397
5	Dr. Rama G. Parab Service	Trustee	Kothambi, Pale Goa	09420687286
6	Mrs. Sulakshana P. Sawant Service	Trustee	Kothambi, Pale Goa	9823902181
7	Mr. Vishram R. Parab Business	Trustee	Kothambi, Pale Goa	09881837300

Year of establishment :

Reg. No. 79/Goa/96

10/05/1996

Year and month of project initiation:

Truckers Project – Oct. 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: Usgao, MRF, Nestle, Sai Parking, Parking area near office cum DIC, Navdurga Transport – Curti, Opp. Sakhari Plantation, Farmagudi, Bethoda, Dhavali, Ponda, Margao Bypass, Mollem, Dharbandora.

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 project Director, Programme Manager, Counsellor, M&E Cum Accountant, 2 Health Educators, 3 Peers and static clinic doctor.

Visited ICTC at ID Hospital interacted with Counsellor Arti and lab technician.

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 & Guidelines

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

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
15-16/4/2019	GSACS	CBS	5
4-5/7/2019	GSACS	CBS	2
13/8/2019	GSACS	CBS Refresher	2
30-31/10/2019	GSACS	Revamping strategy	3

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 GSACS on monthly basis. Reports are prepared as per GSACS & TSU guidelines.

III. Program Deliverables

Outreach

1. Line listing of the HRG by category.

Line listing is maintained in hard copies only. The TI has 20,000 Truckers, as per line list total registered 14215.

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

Last 3 months clinic foot fall is 1016.

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. Health educators maintain daily diaries, IPC tools and other records.

Need to have daily planning too.

4. Coverage of target population: 16283 is IPC coverage till January 2020

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

The TI is using games and CDs provided by GSACS. Outreach Planning is in place duly supervised and monitored by NGO. Staff and Peers are well versed with the monthly planning and reporting. H.Es. maintain IPC forms. Documentation is in place. Peers are empowered and well conversant with all the IEC tools.

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

Peers are having good rapport with the community. They deliver message but need refresher training.

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. Static clinic time is 3pm to 5 pm. All records are maintained by Counselor at the project office. STI kits are provided by GSAC, record is maintained at static clinic.

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. CBS kits are brought from ICTC-ID hospital as per requirement, remaining stock is given back to ICTC. Referral slips are maintained. Out of 64 STI patients treated from April '19 to Jan '20, 17 are not tested due to lack of kit.

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

HIV testing (CBS) is done at static clinic and RPR is done at ICTC centre ID hospital, Ponda. 2 truckers tested CBS positive during evaluation period but they did not wait for the confirm test.

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 Counselor and updated. Referral records are maintained properly. Crosschecking with ICTCs was done and observed that all the referrals are maintained.

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

TI has 23 non traditional outlets.

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

1190 are sold by TI in 10 months.

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

Organization has effective linkages with ICTC, ART, DOTS at ID hospital.

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 5 stakeholders and 29 people in advisory committee.

VI. Linkages

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

Kit for CBS is collected from ICTC. TB screening is done of 1552. 2 are tested both are negative.

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.

System is in place as per GSACS guidelines. 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 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.

No drug purchases by the NGO.

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 since 2009. He is BA in Philosophy. He has been promoted from ORW to counsellor and PM. 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. He has been trained in all the components during all these years.

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 has joined in Jan '18. She is 12th pass and has done 1 year nursing course in private academy. She needs training and refresher in counselling and record keeping.

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 health educator is 10th pass and other is 12th pass and automobile ITI. One is with TI from last 5 years and other one is from 3 years. Both have good communication skills.

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 well trained and very proactive. Has good rapport with the truckers. They are thorough with knowledge. 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 Microsoft. She is with TI from Dec. 2008. She is very experienced. She maintains all the related documents.

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

X. Services

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

16283 IPC coverage, static clinic footfalls last 3 months 1016, STI treatment 64, STI 1 time Counselling 64, from 64 STI patients 17 are not tested due to lack of kit.

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.

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..

Advocacy meetings are conducted. 5 stakeholders and 29 people are in advisory committee. 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
Varsha Naik – Finance from GSACS	
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	Sai Life Care
Typology of the target population:	Truckers
Total population being covered against target:	14681 achievement against 20000 target
Dates of Visit:	2 nd and 3 rd March 2020.
Place of Visit:	NGO TI office, Ponda, Goa ICTC – ID hospital, curti ponda, sai transport, hotel Sanjay, Deepakkumar transport, Puna transport.

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% (81.30)	A	Very Good	81.30 % 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"> • Community participation in planning, micro-planning and field monitoring is needed. • More transport agencies should be contacted. • Social marketing of Condoms should be increased. • PM, Counsellor, ORWs, PEs need refresher. • Need repainting of Khushi clinic • Computerized line listing of clinic footfall should be developed.

Name of the evaluators	Signature
Snehlata Bhatia	
P. Lenin Shyamraj	
Varsha naik, Finance	