

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:

SAI LIFE CARE is a non-governmental organization (NGO) from Kothambi, pale Goa, established in 21ST May 1993 & registered in 10th May 1996. From last 24 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. We 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 SarvaShikshaAbhiyan, 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 & 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 MahilaMandal 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

OBJECTIVES OF THE ORGANIZATION:

1. To carry out cultural activities by opening in centres to provide training in music, dramatic, dances etc.
2. To promote personal & friendly relation amongst the members & Society.
3. To helps its member & defend their moral, economic & for Interest.
4. To provide social & economic betterment of its members to self help& mutual add in accordance with cooperative principles.
5. To maintained Library & reading rooms
6. To promote economic & social development of its members either by itself or in cooperation with other organization
7. To run the different projects which are funded by Govt., semi-Govt& Cooperative sectors
8. To carry out educational activities by opening Institutions for providing technical, General, professional & vocational education
9. To provide practical training for the formation of Self help group
- 10.To provide awareness programme for the society i.e. health issues, substance abuse, HIV/AIDS etc.
- 11.To provide the service of different types of Insurance to the Society
- 12.To promote the Ayurveda, Yoga Yunani, Homeopathy and Nathorapathy
- 13.To undertake any other activities which are conducive & necessary to attempt its objectives

Name and address of the Organization :-

Sai Life Care

Address: Old PHC Building, Sanqudim, Goa

TI office: 2nd floor, Yashwant Samruddhi building, Opp. Goa state co-operative bank, Tisk Usgao

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:

April 2008

Evaluation

Time: April '19 to January '20

Profile of TI

(Information to be captured)

Target Population Profile : 650

Type of Project : Core

Size of Target Group : FSW

Sub-Groups and their Size : 703 active population from which HB 392, SB 302 lodge B 9

Target Area: Ponda, Usgao, tisk, velgem, Dharbandora, pale,

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 Programme Manager¹, Counsellor 1, M&E Cum Accountant 1, 3 ORWs and 8 Peers and approx 50 FSWs. The Project Director is wise president of the Trustee Board.

Project Manager is monitoring whole project activities on a day today basis. Project Manager is well experienced and qualified, providing the field supervision to the ORWs, Counselor and Peer Educators.

All TI staff members are given appointment letters with job profiles and are working towards the program needs. They have also conducted Advocacy meetings and given their support at the time of crisis. They have formed 3 SHGs of FSWs.

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
- Outreach worker 3
- Peer Educators : 8
- Doctor -2

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
	GSACS	Refresher	
13/08/19	GSACS	CBS	3
20/10/19	GSACS	SIMS and reporting	3
	GSACS	Revamping strategy	3
	GSACS		

Various In house trainings were conducted for PEs.

3. Infrastructure of the organization

The Organization has its office and DIC 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/CMIS, SOE in time to GSACS. Reports are prepared as per GSACS & TSU guidelines.

III. Program Deliverables

Outreach

1. Line listing of the HRG by category.

Line listing is as per category, updated and NGO has maintained both soft and hard copies. Though the TI is given target 650 FSW they have registered 757 from which 703 are active population.

2. *Registration of FSW condom distribution and one to one counselling.*

****697 FSWs are registered from which 661 are active population. Home based - 371, Street Based – 281 and lodge based – 9. Condom distribution and counseling is conducted one to one only.

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

Micro planning is done. All the tools are used. Committees are formed, SHGs are developed, and advocacy meetings are conducted as per plan. The planning is reflected in records and documents.

4. Coverage of target population 661 till January 2018

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

Outreach Planning is done by the TI team with Peers. Form A, B, C, C1 AND D are maintained by ORWs. Achievement against target is more than 80 % in most of the components. Peer Educators are excellent in their rapport and work.

6. PE: HRG ratio

PE: HRG ratio is 1: 80

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 to FSWs for 20 days in a month. - understanding among the project staff, reflection in impact among the community members

Average monthly outreach with any service given is 97 % of FSW (644 out of 661). Average monthly regular contact with any service is above 93% (613). RMC 631 (4 times- 116, 3 times-240, 2 times -112, 1 time-63, 0 time -12) 661 are tested for HIV and RPR (286 are tested one time, 375 two times)

9. Documentation of the Peer educators.

Peers are maintaining form B, ORWs are monitoring and maintaining the reports of peers. Peers are well conversant with the form B and can explain it at the field level.

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

Peers are having good rapport with the community. They are reaching the given targets maintaining the rapport in the community because of experienced Peers.

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

Project Manager is effectively supervising and monitoring the day today project activities. All staff meetings are held on weekly and monthly basis for review and further planning. Timely submission of SIM 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 PPP linkages with 2 private practitioners. All records are maintained by Counselor at the project office and at doctor's clinic. PPP are been provided STI kits at their clinic. Project also organizes health camps on their sites with the help of their PPP.

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

PPP clinics locations are approachable. The clinics are neat and clean fully equipped. They are referring FSWs HIV and syphilis testing to Govt. Hospital and PHC.

- 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 & RPR testing done at ICTC centres at ID hospital and Valpoi PHC. NO HIV or RPR positive tested during the year. PPP model for STI and RMC. 2 doctors are involved.

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 doctors. All documents are updated. All project registers are in place. Referral records are maintained properly. Crosschecking with ICTCs and PPP were done and observed that all the referrals are maintained.

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

Free condom distribution is done on the basis of need; condoms are distributed by peer educators. Social marketing of condoms is initiated.

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

During the year from April 2017 to January 2018, Condom gap analysis is conducted on regular basis. Condoms are provided as per requirement. Condom demand for last 10 months is 194772. Free distribution is 184290 and SM is 922.

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

Organization has effective linkages with ICTC, ART, DOTS and STI clinics. All the referrals done to ICTCs were actually tested for HIV and RPR. During the evaluation period no one is tested HIV positive.

10. Referrals and follows up

ICTC referral slips are maintained at ICTC, client and TI Counsellor. The organization has 14 HIV positive in contact. Follow up is done on regular basis by the counselor. STI patients are treated at PPP and follow up is done by the counselor and doctor. STI drugs are kept at the PPP doctors. Weekly drug stock is matched by the counselor. 26 newly registered FSWs are given PT.

V. Community participation

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

Good efforts are put in for the collectivization. Different committees are formed. DIC Committee has 8 members, Crisis Committee has 18 members, Condom promotion committee has 7 members, advocacy committee has 8 members, volunteers committee has 20 members, ICTC/STI committee has 7 members and 3 SHG are formed.

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

VI. Linkages

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

TI staff and community are having good access to ICTC, ART center.
661 are tested for HIV and syphilis (286 are tested one time, 375 two times)

Support system is developed with various stakeholders and various stakeholders are involved in the project.

Meetings conducted with major stake holders are as per the need. Stake holders when asked said that they are happy with the project services, they are supportive to the ORWs and Peers at the field level especially during crises situations.

VII. Financial systems and procedures

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.

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.

Since there was no purchase procurement was not applicable.

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 2007. She is MA in Philosophy and MSW part I. She is thorough with project components and leading the team in right direction. She has good communication at all levels. She has very effective supervisory capacity on overall program. She is actively participating in the field level activities.

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

Counselor is 12th pass and with the project from the beginning. She earlier worked as Peer educator in migrant project then in FSW project as ORW and from April 2013 onwards as a counselor. She maintains all the counseling and clinic related documents well.

HIV positive follow up register. Counsellor is experienced has adequate knowledge of the program.

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..

There are three ORWs. 1 male and 2 females. All three are with TI for more than 4 years. They have undergone all the training during all these years.

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.

Peer educators are having good and effective rapport with community members. They are doing condom distribution based on demand. They are empowered and demonstrated condom demo satisfactorily.

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

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

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.

NA

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.

M & E officer cum accountant is with TI since 2 years.

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.

Outreach activities are well planned as per the micro-planning. Project outreach is 100% with at list one service. Coordination between ORWs, Counselor and Peers is very good and well planned. All staff is aware and adhering to their roles and responsibilities.

X. Services

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

Community's service uptake is good. Community members are availing PPP services and ICTC services. Staff is maintaining the confidentiality.

XI. Community involvement

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

As per the records and registers, community involvement in Advocacy, Crisis is good. DIC Committee - 8, Crisis Committee - 18, Condom promotion - 7, advocacy - 8, volunteers committee - 20, ICTC/STI committee - 7, 3 SHG are formed. All records of the committee meetings and activities are maintained. The TI has involved 26 stakeholders.

XII. Commodities

Hotspot / project level planning for condoms. Method of demand calculation Programme if any,

Project is effectively doing condom distribution. Conducting regular condom gap analysis. 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..

Six Advocacy meetings are conducted by the Project team, 2 big events are organized. Hot spot meetings and group meetings are conducted regularly.

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

Under social entitlement 28 Griha adhar started, 23 Dayanand Security scheme, 13 HIV positive are getting half bus ticket.

XV. Best Practices if any.

Organization started website and webpage on facebook with the vision of old age home for the community.

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
Mrs. Vinay Gawde - Finance	
Officials from SACS/TSU (as facilitator)-	

Name of the NGO:	Sai Life Care
Typology of the target population:	FSW
Total population being covered against target:	100%
Dates of Visit:	29/02/20 and 01/03/20
Place of Visit:	NGO office – Tisk Usgao, Ponda, Goa PPP Clinic at Naga Masjid, ICTC – ID hospital

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	
81%	A	Very Good	(81%) 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"> • Younger HRGs should be involved as Peer educators • Hotspot leaders and more community members need to involve in all the community committees • Community participation in planning and micro- planning required. • Social marketing of Condoms need to increase. • Need to decrease paper work of ORWs. Need to develop computerized system. • Documentation like STI follow up and HIV positive is needed • Data analysis like spot analysis, STI symptoms analysis, risk analysis should be done so that micro plan can be developed. • More PPP should be involved and it is better if doctor is MBBS.
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Name of the evaluators	Signature
Mrs. Snehlata Bhatia	

Mr. P. Lenin Shyamraj	
Mr. Vinay Gawade, Finance	