

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 and Organisation:**

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 classes to children for their academic performance.

The current T.I. office is located in the heart of the Panjim city of Uban Goa, which is the central place to reach KPs and the hotspots.

Name and address of the Organisation:	Life Line Foundation
Chief Functionary:	Shri Raj Vaidya
Year of establishment:	7 th April, 1998 (Reg. No. 232/Goa/98)
Year and month of project initiation:	October, 2008
Evaluation Team:	(1) Mr. Vijay R. Nair, (2) Dr. Shailesh Macchi and (3) Ms. Varsha (Fin.)
Time Frame:	29 th February and 1 st March, 2020

Profile of TI (Information to be captured)

Target Population Profile:	600 FSW (started with 400 and now 600 TI with Street, Home and Lodge based)
Type of Project:	Core Population
Size of Target Group(s):	600 FSW, Unit 1
Sub-Groups and their Sizes	Street, Home and Lodge based
Target Area:	Panjim (Tiswadi, part of Bardez and ponda Taluka)

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...

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-I,Programme and also are aware about each of theirroles clarity. Office is well equipped with all necessary assets as per the NACO norms.

The good thing about the TI is that there is less turn over witnessed during the evaluation period (only 01 ORW – Ms. Sushmita, promoted from Peer to ORW) and staff has been in the project for over 2 to 7 years.

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 October, 2019. Internal trainings are not recorded by the organization.

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 are being done on timelines every month as per the SACS protocols. All documents were made available during the evaluations. However, PO only visited once (23rd December, 2019 – Mr. Roshan) during the evaluation period (From April, 2019 to January, 2020) and no report of visit was submitted to the TI for their feedback.

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 and Counseling.	Footfall: STI Clinic (1833), DIC footfall (772) and Counseling services (1403)
Registration of truckers from 2 service sources i.e. STI clinics and counseling.	Not Applicable
Micro planning in place and the same is reflected in Quality and documentation.	Yes
Coverage of target population (sub-group wise): Target / regular contacts only in HRGs	Ever registered during the period was 833 FSW and active population is 623 till 31st January, 2020.
Outreach planning – quality, documentation and reflection in implementation	Satisfactory
PE: HRG ratio, PE:FSW	1:89 /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 community members	Project staff well versed with FSW guidelines and are effectively managing the project. – Satisfactory
Documentation of the peer education	Satisfactory
Quality of peer education- messages, skills and reflection in the community	Satisfactory (FGD conducted with Peers/KPs)
Supervision- mechanism, process, follow-up in action taken etc	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 the community.	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. Priya Sanzgiri, MBBS DPM (Psychiatric)
Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.	Clinic was found to have adequate infrastructure as per the NACO guidelines and STI drugs (NACO KITS) were being distributed to the cases detected. Stock register is also being maintained. 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 revolving funds.	Dr. Priya Sanzgiri, prescribes for medicines to the target group if there is stock out of NACO drugs.

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 no referrals of screened KPs. 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 600 SM condoms were sold to the target population but have no connecting evidences of being bought and sold of.
No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.	Social Marketing 600
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.
The organization has formed SHG which is functional and active as of date.
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 30th Jan., 2020, where 87 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, there is no linkages with the TB clinics yet

2. Percentages of HRGs tested in ICTC and gap between referred and tested.
FICTC was initiated since December, 2019, till then the KPs were being tested in the GMC ICTC, as confirmed by the ICTC during the Evaluator's visit on 29th Feb., 2019.
3. Support system developed with various stakeholders and involvement of various stakeholders in the project.
Stakeholders were seen having strong engagement with the TI.

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.
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.
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.
4. Systems of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports

(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. Ashpak Shaikh, is a M.A.PG and has been in the project since 2008. 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 linkage etc

Ms. Pramila Naik, is a passed her Higher Secondary Exams (12th) and has been associated with the project since 2011. 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 abuse treatments.

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, 2 were female ORWs and 1 male ORW. The names of the ORWs are as under:

- **Ms. LaxmiPriya Swain (2010)**
- **Mr. SainathBanglorekar (Feb. 2018)**
- **Mr. SushmitaDolai (Jan., 2020)**

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. RenukaTalwar**
- **Ms. Banu Bi Muzawar**
- **Ms. Sunita K**
- **Ms. Nazia Khan**
- **Ms. Roshan Gove**
- **Ms. Marry K Swamy**
- **Ms. Maina Shaikh**

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.

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 to manage 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. BhartiNaik, 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.

- **The interaction with the Peers were very fruitful wherein full insight of the project was put forward by them. ORWs are well conversant with the project goals and are actively involved in the intervention. 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. 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. 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 welfare schemes, social entitlements etc.

NOT AVAILABLE

XV. Best Practices if any

- 1. The TI has promoted 3 SHGs which are actively functional, which is giving some financial support the team (as ascertained during the FGD with Peer)**
- 2. Skill development, Social Security Card for the KPs are good examples of active support to the needy KPs.**

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. VIJAY RAMDAS NAIR	Mob: 9322022066 Eml: nairvijaynair@gmail.com
2. DR. SHAILESH MACCHI	
3. MS. VARSHA (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 (600 TI)
Total population being covered against target:	623 in 10 months
Dates of Visit:	29 th February and 1 st March, 2020
Place of Visit:	Panjim

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
>80.10%	A	Very Good	Recommended for continuation with specific focus for developing learning sites

Specific Recommendations:

- Tracking register of PLHIV needs to be maintained and should be regularly followed up. Also the TI should link the PLHIVs to the nearby Care and Support services with Vihaan. Out of 15 only 5 KPs registration with the ARTC were found to be in place.
- Gaps were found in data between the B form and C forms. One ORWs (Sainath's) new registered KPs were not found in the B form at all.
- Committee registers were found to be written but signatures of the attendees were not seen in many meetings (Almost all meetings)
- There were KPs screened with Potential TB risk but not even a single KP was referred to the DOTs center during the evaluation period.
- Training register was found to be in place but internal trainings were not recorded.
- 14 new KPs were identified during November, PT for whom were given in December, 2019. It is recommended that it should be given during the registration only.
- Counselor's documentation was found to be good.

8. All the Peers should undergo all the services in the TI which was not found being regularly done.
9. Total 306 potential cases for TB were screened, but only 2 cases were referred to the DOT center, which were never followed up again. TB referrals needs to be strengthened and such cases are to be followed up very strictly.
10. Project Management Committee should be established to help the programme with active involvement of the stakeholders.
11. RMC due dates were not mentioned in the required forms. It was difficult to ascertain the said information.
12. It is strongly advised that regular visit of the PO is a must to the TI to help build strong systems and reports of each visit are to be shared with the TI to seek their feedback on the progress made thereof.

Name oftheevaluators	Signature
1. MR. VIJAY RAMDAS NAIR	
2. DR. SHIALESH MACCHI	