

Annexure: B

Descriptive Evaluation Report

Introduction

Background of the Project and Organisation:

Snehalaya is working for the last layer of our society since last 26 years and was started in 1989. Initially, they have worked for the victim women in this trade and their off springs. Later while facing the different challenges, Snehalaya had started the various path finding initiatives for the children and women suffering from HIV/AIDS, child prostitutes, slum children, the children of other special needs etc. Presently, Snehalaya is running 17 different types of grass root social initiatives with the help of small and individual donors. The sex workers are the life members, the trustees and the prime donors. Though most of the rehabilitation projects are based in Ahmednagar. They have admitted the beneficiaries from all over the country. Snehalaya is working on national level crossing the artificial barricades of caste, creed, region and religion. The work of Snehalaya was appreciated by the Government of India by awarding Dr. Durgabai Deshmukh National Award by Dr. Pranab Mukharji, President of India. Snehalaya has been awarded with numerous other prestigious state and national awards. The actor and inspirer of the T.V. show "Satyamev Jayate", Mr. Aamir Khan has twice visited Snehalaya & shown the uniqueness of the work of Snehalaya through his show. Also have also taken successful efforts to involve the policy makers, the Secretary- Minister of Education Department, vice chancellor and university authorities, member of state legislative assembly, the passionate NGOs working for the cause of girl's education to create coordination and common understanding on this issue.

The targeted intervention in Ahmednagar was started in February, 2005 by Pathfinder International, which is the largest district in Maharashtra. This targeted intervention covered then 296 hotspot spread over 10 towns of the district. The project had scaled-up and saturated the district with coverage and services and has succeeded in mobilising the target population in 90% of the towns. It also created a good platform for the process of CBO formation. Pathfinder International, when it started funding the targeted intervention project in Ahmednagar had a challenging task. As per the routine program data, Pathfinder's intervention in Ahmednagar has matured and has demonstrated significant results by decreasing the prevalence over the past four years through a high level of community involvement and NGO commitment.

After that the project transition was in from 1 st Sept 2010(MSACS). And from April 2014 MSACS declared Snehjyoth project to work on core composite TI. Snehjyoth project presently has 37 sites speared over 4. Presently, 506 FSWs and 511 MSM & TG 56 (total 1073) are being covered by the project. There target area is Ahmednagar, Shevgaon, Shrigonde and Pathardi. Currently the project is serving Street based, brothel based, home based, daba based, lodge based and high way based sex workers. They are also working with MSM – kothi , panthi and DD and TG.

Thus Snehalaya– Snehjyoth projects journey goes on.....

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Near Gandhi Maidan,
Ahmednagar,
Maharashtra - 414 001
Ph: 0241 - 2778353,
Email: snehalay@rediffmail.com

Chief Functionary : Mr. Pravin Mutyal

Year of establishment : April 13, 1989

Year and month of project initiation : September, 2010

Evaluation team : Mariyamma Paul (Evaluator 1)
Praveen Namdeo (Evaluator 2)
RadhaKrishnan Patole (Finance Evaluator)

Time frame : 3 days (April13 - 15, 2016 inclusive
of report writing)

Profile of TI

Target Population Profile: FSW, MSM and TG

Type of Project: Core Composite

Size of Target Group(s): 900

Sub-Groups and their Size: 1073 registered so far.
(FSW - 506, MSM – 511, TG – 56)

Target Area: Ahmednagar, Shevgaon, Shrigonde and Pathardi

Key Findings and recommendations on Various Project Components

1.Organisational support to the programme

The organisation is a registered entity and has been working on various issues. The PD of the organisation is active and his involvement of the PD in the project is good in terms of mentoring the team and building relationships with stakeholders and strengthening advocacy activities in the project. It is also important for the PD to involve other trustees in the organisational work and also address crisis and advocacy meetings in the field. The NGO has contributed to the TI project but not during the last one year. Lack of monitoring, lack of support to the newly recruited staff, staff turnover etc created more difficulties to the project implementation. If provided adequate support, the NGO can produce good results.

II. Organisational Capacity

1. Human resources:

The project has 1 Programme Manager, 1 M& E cum Accountant, 1 Counsellor, 4 ORWs, and 14 Peer Educators are present in the Project. The documents such as appointment letters, attendance registers, daily movement registers were maintained. The job descriptions formed part of the appointment letters. The system of preparing weekly and monthly plans were not observed at the project level except for regular monthly staff meeting. The staffing patterns are laid as per the project norms. Some of the staff's were recruited recently within a period of three months. The organisation needs to take measures to reduce the staff turnover within the organisation.

2. Capacity building:

Trainings have been conducted by the funding agency. The training details are maintained in the formats, and a descriptive note of the same also has been made available. Induction training needs to be strengthened at the organisation, especially for the newly recruited staff. It was suggested that the organisation conduct regular refresher in-house training to the staff on the key indicators.

3. Infrastructure of the Organisation:

SNEHLAYA has a separate office for the TI project. The office and STI clinic are located in a well-constructed bungalow in Ahmad Nagar city. The office has 1 hall with 2 rooms for STI clinic & Counselling, and is furnished with necessary furniture such as cupboards, tables, chairs, computer, printer and telephone facility. The DIC is kept with good display of IEC materials and other charts. However the counseling area needs to be separated for privacy.

4. Documentation and Reporting:

The organisation is adhering to reporting norms laid by MSACS. SNEHALAYA is sending narrative reports [CMIS] along with reports in MIS format .All documents related with training, STI clinic, condom distribution, review meetings, reports of community events etc. were readily made available to the evaluation team. But need to improve for next year planning. Monthly review is done on every first week which needs further systematic planning for the uptake of service. Quantitative reports are in place but qualitative reports need drastic improvement.

III. Program Deliverables Outreach

- Line listing of HRG was observed being done as per the MSACS protocol and was updated and tracked on monthly basis. The organisation has registered around 1073 (FSW - 506, MSM – 511, TG – 56) as against the target of 900.
- Outreach and micro plan is not properly in place and not in use. Randomly picked up events from the micro plan were seen to be failing in execution.
- The high/medium/low risk tracking was understood by the team but it was not seen reflecting in work plans with the focus.
- Site mapping and outreach plans are available but all the available outreach plans for ORWs, PEs found based on target of the project. The actual achievement of the same was not supported by the observations and interactions done during the field visits.
- There are 14 PEs maintaining a ratio of 51 to 103 with variations as a matter of downsizing.
- The project has registered 1073 HRGs till March, 2016. The regular contact is active claimed to be at 119% out of the 900 target. The ORWs meeting the PEs and the PEs in turn meeting the HRGs on regular basis was not much reflecting on testing front. The understanding of service delivery was found limited. Documentation of the peer educators too.
- Planning part of the organisation was not appropriate and the reflection in implementation is not up to the mark. There is a gap between planning and implementation.
- Only 2 PEs were below 30 years out of 14 PEs. Limited documentation maintained by PEs. ORWs are writing and maintaining the records on behalf of the PEs.
- Peer Educators are not capable of transferring messages to the grass root level. PEs skills further to be improved to influence the target group. Much of their communication does not reflect in the community.

- The mechanism of supervision is existing and functional however it should be concentrating on quality of services. During the field level FGD it is observed that contact between ORWs workers /PEs and HRG is satisfactory but could improve further.
- Monitoring from the part of the Programme Manager was not sufficient. The ORWs visited field to monitor the work. The support provided to PEs by ORW on programme front was inadequate. The PE meetings were held but not with 100% attendance.
- The staff meetings were held regularly and documented. Ultimately better services delivery is expected. Could improve much better with supportive supervision and hand holding.
- There is as such no specific monitoring mechanism in place. The PM is there with the TI for an year but skill to be drastically improved. The counselor is with the TI for a few months of experience but he also needs to learn and unlearn a lot. There is no evidence that the old PM or other staff had any supervision mechanism.

IV. Services

- The organisation conducts health camps at the hotspots and provides them with screening and treatment as per syndromic management. There is an in-house doctor within the organization who visits the sites and conducts RMC at the field (PEs or KPs house). In terms of referrals for HIV. The outreach clinics /camps are mostly organized as per the availability of the community member.
- The organisation has a clinic set up in the organisation. The place is well set up and conducive for conducting internal examination for the KPs. Drugs are provided through MSACS. The clinic is easily accessible for the community members. Basic supply of medicines and equipment's are available in the clinic. Since the project addresses the traditional sex workers in the areas, the single unit is providing adequate coverage in all city sites. Two sites, which are far away from the project office, are reached through occasional medical camps or PPP doctors. Privacy and quality of space for the clinic requires improvement.
- Most of the target population is reached through health camps. The community members admitted that the camps are organised by the NGOs. They also mentioned that the medicines are provided by the project. Syndromic treatment protocol is maintained by the doctor. HRGs are also referred for syphilis screening. Counseling is done however follow up of STI patients is weak.
- All the documents are maintained by the project. A patient sheet/network clinic format is filled by the doctor and daily summary sheet is maintained by the counsellor. Counselling register is maintained for those who have been counseled but no counselling sessions

format is maintained. Stock registers for STI drugs and condoms are maintained. Referral slips are maintained for all the referrals- ICTC and VDRL.

- Community staff expressed that they have been giving the required number of condoms to the community but however there needs improvement. There is a gap between the demand and the distributed. Distribution strategy is mainly through ORWs, PEs, drop in centres and at clinics.
- Both free and social marketing condoms are available in the project office. Drop in center has only free condoms. Peer educators reported that they distribute condoms in their own service area. MSM/FSW of the community as well as project beneficiaries also confirmed this. According to the project director free condom has not picked up momentum because of erratic supply problems.

Condom promotion of free condom:

Condom distribution is 200018 out of the demand 336424 (59%). Condom shortage was from November 15 to January, 16; no single piece was available in project.

Condom promotion of socially marketing condom:

Condom distribution is 124155 out of the demand 67284 (184 %).

- The Project staffs are aware of the linkages with the ICTC, ART, DOT in the area. They are aware that target population has to be referred to ICTC for HIV testing. Similarly positive person are to be referred to ART centre at the District Hospital, Ahmednagar. Apart from this the PEs are also informed about the various ICTC centre for Testing. Qualities of referral linkages are good. Linkages with ICTC, Health department and other private and public service providers were at satisfactory level. However there is a lot of scope for improvement in the area of STI treatment and referral system.
- Referrals are done by all the PEs/ORWs and the counsellor for all the services- ICTC, STI clinic, and ART. However, it was observed that referral to DOT could be improved. All the STI cases are to be followed up. Out of 80 positive only 78 is linked to ART which accounts to 98%.

V. Community participation

No community group /CBOs were formed by TI organisation. There is limited involvement of the HRGs in the project as observed through the project activities and documents. The project is yet to initiate activities in this direction. Participation of the community members in the project planning, activity or any events were visible. As per registration 200 (20% to 25%) registered HRGs participated in the events. They have done some programme for the beneficiaries like...

- Celebration of events & festival (Ganpati festival, Navratri Ustav, Legal aid workshop,)
- Celebrated the International Sex worker day programme.
- Celebrated World Health Day

- Celebrated the national HIV AIDS Week: Rally, Gulabi Melawa for MSM, Veer Ranragini Mahila Melawa, District awareness program, Poster competition (2014, 2015)
- Celebrated Raksha Bandan program.
- Observed the World Yoga day.
- Celebrated the Maherachi Saree programme.
- Formed Crisis & Advocacy committee with the participation of the community.

VI. Linkages:

The Organisation is been referring their HRGs to Rural Hospital Shevgaon, Rural Hospital, Pathardi, Rural Hospital Shrigonde, Municipal corporation, Balasaheb Deshpande Municipal Corporation Hospital, Dr. Dadasaheb Kakde Hospital and Dr. Suresh Gholap etc. They are also referred for DOTS, Vihan project & Snehalaya's Snehdeep Rugna Seva Kendra (Hospital for PLHA hospital), and Civil Hospital for (STI/ICTC/ART/TB).

The organisation has good linkages with the service providers. There has been limited done for T.B. in the project. There is minimal gap between the HRGs tested as most of the referrals are done at health camps where HIV testing is also undertaken. There is limited involvement of the stakeholders in the project. The organisation depends on peers as key stakeholders in the project. The project should conduct power analysis to prepare their advocacy plan. The project should be instrumental in conducting advocacy programme. The same has to be contributed to develop an advocacy action plan for the project.

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.

Snehjyoth TI-1 Project is adhering the guidelines and approved systems endorsed by SACS/ NACO.

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.

There is cash & bank (Cheque) payment system, cash book & bank Book are maintained in tally software and kept hard copy in place. As per NACO's guidelines no cash transactions are made above Rs.4000/-in the year 2014-15 and no cash transaction above Rs.1000/- in the year 2015-16. The TI has strictly maintained cash balance below Rs.1000/-except year 2014-15. A separate bank account in nationalized Bank i.e. Bank of

Maharashtra Ahmednagar branch in project area is maintained as per NACO guidelines. The Accountant has taken Authorization of Bills and Vouchers before payment except Voucher No-38,234 and 312.

3. Systems of procurement: Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO.

TI follows the adherence of system and mechanism of Procurement as endorsed by MSACS/NACO.

1- While purchasing of THPA kits ,TI has took approval of MSACS, then asked three Quotations and placed the order of purchasing Kits.

2-TI has hired a vehicle to attend Crisis meeting at Shevgaon and TI paid amount to Deepak Buram, PM of TI for food and hiring taxi without any quotations.

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

It is observed that the books of accounts are maintained in tally package software system. Cash/ Bank books, receipt vouchers, cash payment vouchers, cheque receipt & payment vouchers, journal vouchers, required ledgers Bank Reconciliation & Trial balance are properly maintained. SOE's are submitted regular and in a prescribed format. The overall accounts are maintained in good. The Bank Reconciliation is prepared and submitted for verification. The NGO have produced Audit Report for F Y 2014-15 for reference. According to Audit observations TI had to show the Monthly Meeting Register, DIC Meeting register and Hotspot meeting register and TI has maintained it.

5. General:-

The Expenditure made is as per approved Budget. The NGO have deducted the profession tax from the salaries of concern staff and recovered amount is sent Head to head office for onward remittance to GOM treasury.

The evaluation period is 2014-2015 and 2015-2016

1- In the year 2014-15 : Grant received for April 2014 - March 2015 Rs.1934792/-

Expenditure for Apr to Dec 2015 Rs.2043666/- i.e.105%

2- In the year 2015-16 : Grant received for Apr 2015 to Sept 2015 Rs.1767483/-

Expenditure for Apr to Dec 2015 Rs.1566317/- i.e.88% The overall score percentage is 84.61% i.e. 11 out of 13 score.

Suggestions:- *It is suggested that three Quotations are been called while purchasing any kind of assets, Stationary, kits, medicines, hiring of vehicles when purchasing amount is Rs.2000/ and above.*

VIII. Competency of the project staff

VIII a. Project Manager:

The project manager has done his Bachelors in Social work. and has been working in the project since April 2015. The PM lacks skill in knowledge and assertiveness. He is not much aware of the programme and performance indicators to be followed at the project level. He also lacks field visits and monitoring. The management skills of the PM since has direct impact on the performance of the team has to be improved by handholding and capacity building.

VIII b. ANM/Counsellor

Counsellor is a postgraduate in Social Work. He has recently joined the organisation three months before and needs training to strengthen the counselling skills and information on HIV/AIDS and other key indicators. Counsellor maintains counselling register and referral register not in order. Based on the interviews, documents made available and the reports and registers it was found that the Counsellor was not quite trained about the Project which was reflected in the reports of the project and the output of the programme. The lack of training and capacity building was visible and felt in the field visit too. The counsellor has to make regular visits to the field and establish good rapport with the community and immediate stakeholders.

VIII c. ANM/Counsellor in IDU TI

NA

VIII D. ORW

The organisation has been sanctioned 4 ORWs. Knowledge 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 are average. 50% of the outreach workers are from the community. These ORWs undertake PE identification, PE supervision and follow-up, field visit to areas of the PE under them. Most of the work done is towards mobilizing the community for health camps and referring the HRG to health camps and HIV testing.

However monitoring is not sufficient. Writing skills need to be improved as far as their level is concerned. Outreach workers need to definitely take the support of the PM to take the programme to a higher level.

Outreach plan is prepared in advance by the ORWs in consultation with the Project Manager. It was found that the quality of outreach planning is not adequate and the ORWs try to follow the weekly schedule as planned in advance. Outreach workers are maintaining their daily dairies which contain not much relevant information of their daily activities. They have average knowledge on STI management, RMC, ICTC testing and condom demonstration. ORWs need to improve their communication skills and condom demo to be made more effective.

Outreach work would be more effective if one female outreach worker is appointed out of the four existing ORWs.

D1. Shadow Leader

NA

D2. Community Coordinator

NA

D4. Community Mobiliser

NA

VIII E. Peer Educators

As evidenced in the current month by the evaluation team there are 14 PEs. The interaction with three of the peers in the organization revealed that Peers have been working with the organisation for a long time, however they need further training in condom demonstration, reporting and other project deliverables. The knowledge on service facilities were satisfactory but could improve further on it. According to the training need assessment, they need to get training with audio- visual sessions for more clarity. They need training with regard to communication and they also have experience sharing and review meeting (ESRM).

VIII F. Peer Educators in IDU TI

NA

VIII G. Peer Educators in Migrant Projects

NA

VIII H. Peer Educators in Truckers Project

NA

VIII I. ME cum Accountant

The ME&A is a commerce graduate and is been working for nearly two years. The M& E is maintaining the records in the TI. However they are not analysing it and no feedback is given based on the analysis. The project could elevate her skills by giving her more capacity building to reach heights.

IX. A. Outreach activity in Core TI project

The profiling of HRGS needs clarity at the project level. A mapping and area allocation with equal distribution among the ORWs and PEs is required. The ORW team has no knowledge on hotspot analysis. The outreach is mostly un planned without proper planning. The outreach team has a fair knowledge on the various components. The outreach activity of the project has been concentrating more on brothel based and home based FSWs than street based who are at more risk. The ORWs and the PEs need to be trained further skills to carry out BCC activities as condom negotiation skills is still lacking in 25% of them. The field networking and supervision activities of the PE were found satisfactory. Turnover of the staff has impacted on the service delivery of the project.

IX. b. Outreach activity in Truckers and Migrant Project

NA

X. Services

Outreach plan and Micro plan in place and minimal use of the same was evidenced. Registration is more than 100%. HRGs selected randomly during field visits could not be tracked exactly. HRGs randomly selected for verification of services during field visits could not be tracked for verifying uptake of services.

KPs are counselled who are attended but quality of counselling needs drastic improvement. Over all 55 HRGs treated under STI. All were counselled. Only 43 new registrations has been done. 1065 HRGS were screened for syphilis among 1073. More than 94% (1011) have undergone for RMC twice in the past one year. The HRGs who attended the DIC & Health camps are counselled. 84% of the HRGs were counseled. 80 HRGs have been detected positive and 78 of

them have been linked to ART. The documentation for the same needs to be strengthened and follow-up to be done to minimise loss to follow-up. Three of them are currently on ART. Only 59% of free condom has been distributed out of the demand. But there was in between a problem of supply of condom from MSACS. Condom gap analysis has been done. Social Marketing also been done. 5 suspected cases have been referred for DOTS evidenced from the TI. Advocacy meetings are conducted as evidenced from documents but were found to be intermittent and not exactly need based. Social welfare schemes were availed for the KPs.

XI. Community involvement

The TI has representation from the community; however the programme planning lacks their involvement. Only one Committee - Crises have been formed by the project and most of the member of committee from community. But members are not aware about their roles and responsibilities. Community involvement in planning, implementation, advocacy, monitoring, service delivery etc could not be reflected in any of the documents as well as in the interaction with the community members. Community participation is also less in FGDs organised at field level. The project team formed no committees except crisis. An area where community participation and involvement could generate was these committees and was not utilised. Project team should initiate steps and adopt new strategies to increase the community involvement.

XII. Commodities

Only condom distribution is been done and not any other commodity. Through outreach they have been distributing 59% out of the demand. But there was in between a problem of supply of condom from MSACS. Demand is calculated as $\text{HRG} \times \text{no. of clients} \times \text{no. of encounters in a day or week}$ equals to the number of condom required. However social marketing of condom is been done too. The project has been encouraged to do the same.

XIII. Enabling environment

DIC established at Shrigonde taluk which helps the PEs and HRGs to function well their task. Various advocacy meetings have been conducted by the project with the government officials (Police & ICTC counsellor) for smooth service delivery of the programme. They have also taken efforts to reduce the police harassment. Legal AID workshop has been conducted and advocacy meetings with stakeholders has been done to bring an enabling environment. A crisis team has also been formed. However, it appeared that the advocacy has been conducted without proper planning and follow up. There is no project management committee in place. There is a

need to actively involve the stakeholders in planning and capacity building. There is scope and skill for initiating advocacy among various stakeholders to ramp up the project deliverables and services, which remain un-attempted.

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

The following facilities were done for the HRGs...

- Adhar Card: FSW - 33, TG – 9, MSM – 13 & Children 7
- Health Certificate: MSM 1, TG 1.
- Bank A/C: FSW – 4, MSM – 1.
- Income certificate – MSM 2
- Pan Card – TG- 3, FSW – 2, MSM – 1.

XV. Best Practices

- HRG children were referred to Snehalaya for shelter (Total 110 children out of 380 (29%).
- Free facility of care, support & treatment at Snehdeep Rugna Seva Kendra. (PLHA hospital run by Snehalaya NGO).
- Contribution for affected in Tamil Nadu during the rain – 2016; Live interview on CNN – IBN lokmat about the contribution for affected in the natural calamity in Tamilnadu.
- Conducted one day figurative strike on occasion of National women's day.
- Snehjyoth has established a clinic set up at red light area premise.
- Community members are the trustee in Snehalaya's trustee board.
- 2 HRG successfully rehabilitated at Himmatgram project.
- Conducted the advocacy programme for housing schemes.
- NGO supports and issues advance as loan for sustaining the project.

Confidential**Reporting form C**

EXECUTIVE SUMMARY OF THE EVALUATION
(Submitted to SACS for each TI evaluated with a copy to NACO)

Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
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Name of the NGO:	Snehalaya – Snehjyoth TI , Unit I
Typology of the target population:	Core composite – FSW, MSM & TG
Total population being covered against target:	1073
Dates of Visit:	April 13 - 15, 2016
Place of Visit:	Ahmednagar, Maharashtra

Overall Rating:

Total Score Obtained (in %)	Category	Rating	Recommendations
Below 40%	D	Poor	
41%-60%	C	Average	
61%-80%	B	Good	Recommended for continuation
>80%	A	Very Good	

Specific Recommendations:

- Long standing credibility of the organisation and its commitment to the project is respected.
- Need to pay more attention on outreach plan and regular monitoring of outreach is needed.
- Conversion of BCC to service uptake need to be followed up by the project.
- Counseling and Follow up of all STI cases are must.
- New HRGs to be identified. DIC and Hotspot level meetings to cover new HRGs identified and ensure all HRGs in that hotspot are covered.
- Micro plan and macro plan to be developed and the same needs to be used to trace the project activities.
- Data validation of HRG should be done by PM & M&E before finalising monthly reports.
- ORWs diaries need to be updated and should reflect work done by PEs.
- No project management committee in place.
- Training and capacity building required at all levels.
- TB referrals need to be done for all identified HRGs.
- Stakeholder's involvement needs to be strengthened.
- Monitoring system needs to be strengthened.
- Filing and coding to be done so that the access to documents in easy and streamlined. Documentation needs to be improved at all level.
- Peers of younger age need to be recruited to reach out the younger population and PE profile to be maintained. All PEs must be trained in reporting through format B. Currently the formats are filled by the ORWs for most of the PEs.
- Committees to be formed and needs to be strengthened with more peers in the project. Feedback of the committee to be incorporated in the project work.
- Individual counselling record has to be maintained by the Counsellor and follow-up services have to be recorded time to time.
- PLHIV follow up to be regularly done to reduce loss to follow up and it is important to refer them for ART registration at the earliest (In the absence of the Counselor the PM to ensure 100% referral to ART among those tested HIV positive.
- Improve the knowledge and skills of the ORWs/PEs and counsellor especially.
- The organisation should develop a strategy for condom promotion and ensure correct & consistent use of condom. Availability of condoms from the end of the SACS also should be ensured.
- The TI should work on availability, adequacy and sustainability of all services.
- Capacity of the TI staff should be improved through trainings, emersion programs & exposure visits.
- Funding should be done on time to avoid hindrances.
- Project Manager should ensure his interaction with the community & program monitoring.
- Involvement of community in decision-making / planning should be ensured.

- Hand holding of PO is further required and the project also need to follow-up on the reports of the P.O, MSACS.
- The NGO has a strong base with multiple projects but at the same time is also encouraged to play a much more active role in ensuring the TI functions more efficiently in reducing the HIV epidemic amongst the target community. Role of PM to be increased in the project and there is a need for constant support and monitoring at the project level. In general, close monitoring system has to be developed.

Name of the evaluators	Signature
Mariyamma Paul	
Praveen Namdeo	
Radhakrishnan Patole	