

TI EVALUATION

Evaluation Team & NGO

Name of NGO	Aradhya FSW TI
District	Ludhiana, Punjab
Target	FSW 300
Date of Visit	1 st November to 3 rd November 2023
Name of Team Leader	Ms. Jyoti Malviya
Program Consultant-II	Ms. Manpinder
Finance Evaluator	Ms. Bhawna
Internal Candidate	PSACS

Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	18	54	43.2	46	36.8	85.3
Support Services	10	30	15	18	9	60
Total						78.7

NGO Grading :- **B**

Evaluator Recommendation :- **Recommended for continuation.**

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	12	86	Qualified
Finance	12	9	75	Qualified

Strength

- All ORWs are active and well aware about the basic components.
- Clinical Services of NGO is above 100% have been reached
- Referral & Linkages are above 98%.
- Putting good efforts for the enabling Environment of HRGs. Advocacy meeting has been regularly conducted as per plan
- Tracking sheet is available and updated. Due and over due was calculated from Tracking sheet analysis.
- As reported all 300 HRGs (100%) were contacted and reached with any / all project services.
- 221 new HRGs were registered against annual target of 800. (27%) during April 22 to March 23
- As reported in FY 2022-23, average 861 HRGs attended clinic against active population of 844.
- 831 HRGs had undergone for RMC Twice in a FY 2022-23 against target of 844
- 879 HRGs underwent for Syphilis test in FY 2022-23 against active population of 844. (104%). Data seems not evidence based .
- 778 HRGs underwent for HIV in FY 2022-23 against active population of 844. (92%)
- Management of TI is very good

Scope of the work

- TI has 5 Peers i.e Two for dynamic population, 2 for FSWs. It is inferred from interaction with Five peers that peers are not filling Form B. Form B was filled by ORW on basis of information provided by Peer Educators.
- Monthly meetings are regularly conducted. Activities plan are also developed. Review of performance and follow up action was not prompted
- 3 Health Camps and 8 SOA camps were conducted from Oct 22 to Sept 23.
- No Referral was done for TB, nor any TB case was registered.
- Only 6 Advocacy meetings were done. Record keeping was poor and not as per PSACS NACO guideline. Follow action was not ensured
- Only One crises case done in last one year. Crises committee consists only staff as members. HRGs and stage holders are not part of the crises committee.
- Field presence is not satisfactory. The TI team shall focus on effective field work through different strategies
- There is a need to build the capacity of the PM. She also needs to build her capacity as Team Leader and programme person.
- All documents and Forms related to the TI program must be verified by the PD and Program Manager and there should be page numbering on all registers
- Every movement out from TI office must be recorded in the Movement Register. Even if the staff is going out of the office for any training that movement should also be recorded

Reporting Format-B

Structure of the Detailed Reporting format

(To be submitted by Evaluators to SACS for each TI evaluated with a copy NACO)

Introduction

- o Name and address of the Organization

Aradhya

E-97, D.D.A. Colony, Khyala,

New Delhi - 110018 (India)

Telephone No.: 09213429305

E-mail- aradhya_2004@rediffmail.com

Project Office at Ludhiana

Aradhya FSW TI

House Number 607,

Sita Nagar, Opposite LIC Building

Bus Stand, Ludhiana

Telephone Number: 9646079979

- o **Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.)**

Action for Resource Development in Health- Education by youth Association (ARADHYA) voluntary organization established in January 1999 by a group of professionals & experienced persons in the field of education, Health, livelihood, and social sector with a mission to vitalize the “potential and power of the people”, while working with them and for them to move into mainstream of society. The organization, strategically provide direct services in the un-served/ under serving area in selected urban slums of Delhi and cover the entire Delhi & other states through network of CBOs, NGOs, and civil society initiatives extending support and building their capacity, monitoring, and developing human resources.

They have conducted trainings in the areas of **Health** (Health worker, Dai training, Reproductive & Child Health (RCH), HIV/AIDS and First Aid, Child Survival and **Education** (managed 7 learning centers, training to teachers, teaching methodology and community assessment) and **community development** - CBOs/ SHGs/NGOs trainings in Project formation, Planning, Monitoring and Management (Programmed & Finance) of development programmed by them for them in Delhi and other states like Uttar Pradesh, Haryana, Punjab etc. Since last 6 year, they have experienced in organized **32 Street Shakti Camps directly** and conceptualized creation of **Gender Resource Centers** with Dept. of Women & Child Development and Samajik Suvidha Sangam-Mission convergence. Department of Social Welfare & SSS was awarded as Best NGO for Stree Shakti Bhagidari Award in year 2007 to 2009.

Earlier, TI was having 800 FSWs, from June 2023 onwards PSACS restructured TI and sanctioned only 300 FSWs and 300 IDUs. Current evaluation was for the period of October 2021 to September 2023 for FSW component only.

As on 31st September 2023, TI has:

- o 300 active FSWs against a target of 300.
- o Year of starting: Sept. 2011
- o Contracted population, 600 (FSW-300 & IDU 300)
- o Ever registered: 1990
- o current active: 300(FSW) & 245(IDU)
- o No. of approved staff vs. no. of staff on board

S no	Staff Name	Post	Date of Joining	Approved	On Board
1	Sanmeet Kaur	Project Manager	26/05/2020	1	1
2	Surinder Kumar	M&E Officer	24/11/2014	1	1
3	Randeep Kaur	Counselor	01/02/2021	1	1
4	Daljit Kaur	Outreach Worker	26/05/2020	3	3

- o **Chief Functionary:** Mr. Umesh Rai (Secretary)
- o **Year of establishment:** 1999
- o **Year and month of project initiation:** September 2011
- o **Evaluation team:**
 - Ms. Jyoti Malviya – Team Leader
 - Ms. Manpinder – Program CO Evaluator
 - Ms. Bhawna – Finance Evaluator
- o **Evaluation Timeframe:** October 2021 to September 2023

Profile of TI

(Information to be captured)

- o **Target Population Profile:** FSW
- o **Type of Project:** Core population
- o **Size of Target Group(s):** 300 active FSWs against 300 Target
- o **Sub-Groups and their Size:**

FSW	No. of Ever Regd.	Active Population
800	FSW - 1990	FSW-807

Most of the FSWs are from Home based.

- o **Target Area:** Ludhiana, Punjab.

Key Findings and recommendations on Various Project Components

I. Organizational support to the program

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.

Regular monitoring of the program by PD helps the project to work satisfactorily. The linkages and networking of the NGO is good. The organization has made good efforts and activities for providing social protection schemes to HRGs. The organization has also done appreciated work in Covid-19 situation and during lock down period.

II. Organizational Capacity

1. Human resources: Staffing pattern, reporting and supervision structure and adherence to the structure, staff role and commitment to the project, perspective of the office bearers towards the community and staff turnover

The organization has a stable team only 2 Team members left the project during the year. PM and Counselor are more than most senior team members and PM has been working since 2016 with this project. It is observed that most of the implementation work, activities, and documentation rest with counselor only. PM 's leadership is not visible at any part of the project. She has casual attitude and during evaluation process also evaluation related tasks were facilitated by mostly counselor and PD. Counselor was most active person and most capable person of the TI team. TI has only one ORW and she is also found sincere and committed person to her work.

S No	Staff Name	Designation	Qualification	Experience	Joining Date
1	Satinder Kaur	P.M	M.com	13 Yrs.	26-05-2020
2	Surinder Kumar	M&E	B.com, PGDCA	9 Yrs.	24-11-2014
3	Randeep Kaur	Counselor	MA(Soc), ANM	6 Yrs.	01-02-2021
4	Daljit Kaur	ORW	12 th	5 Yrs.	26-05-2020

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

All staff members are trained. In the last one year 25 trainings were conducted at NGO level by SACS, TSU, and NGO staff. It is observed that there is a need to build the capacity of the PM on data management, Teamwork, and project implementation.

S N	Date	Name of training	Topic / subject	Attended by Whom (Staff / Peer)	Conducted by NGO / SACS / TSU / Other
1	1-10-21	Refresher	Capacity Building	TI Staff	NGO
2	6-10-21	Refresher	Condom Promotion Dev. Skills	PEER	NGO
3	6-10-21	Thematic	MPSE Survey	PM + M&E	NGO
4	8-10-21	Thematic	MPSE Survey	PM + M&E	TSU
5	7-1-22	Refresher	Basic Skills	TI Staff	NGO
6	15-1-22	Refresher	Basic Skills	PEER	NGO
7	8-4-22	Refresher	Capacity Building	TI Staff	NGO
8	30-4-22	Refresher	New Area	PEER	NGO

			Identification		
9	20-6-22	CSS	Community Strengthens	TI Staff	SACE
10	30-7-22	Induction	Program Related	New Peers+ ORW	NGO
11	24-9-22	Thematic	SOCH	PM & MEO	SACS
12	9-11-22	Refresher	STI	TI Staff	NGO
13	2-12-22	Drug Abuse	Drug Abuse	PM	SPYM
14	30-1-23	Refresher	Project Basic	PE & ORW	NGO
15	27-3-23	Thematic	SOCH	ORW & Counselor	Vishay Yuva Kendra
16	8-4-23	Refresher	STI+HIV	ORW & Counselor	NGO
17	25-4-23	Thematic	ORW Module	ORW	PSACS
18	8-7-23	Induction	Basic of TI	TI Staff & Peers	NGO
19	10-7-23	Induction Thematic	Documentation	PM, Couns, ORW	NGO
20	11-7-23	P-MPSE	P-MPSE	PM & HRG	NACO
21	17-7-23	Thematic	FSW Doc. Orientation	Counselor & ORW	NGO
22	7-8-23	Thematic	ORW Module	ORW(IDU)	PSACS
23	15-9-23	Capacity Building	Social Schemes	PM & Counselor	PSACS
24	25-9-23	Thematic	F-ORW Module	F-ORW	PSACS
25	9-10-23	Capacity Building	HIV Prevention	Peers	PSACS

3. Infrastructure of the organization

The organization has rented office space and is adequately furnished. TI is on one main road and has a Counseling Room, PM & M & E room and separate DIC. TI has adequate infrastructure in the office. Funds get delayed by three to four months. DIC is functional as expected.

S. No.	Specification of Fixed Assets	Quantity
TV	PSACS/AR/FSW/TV	1
Computer Monitor	PSACS/AR/FSW/PC	2
DVD	PSACS/AR/FSW/DVD	1
Almirah	PSACS/AR/FSW/ALM	4
Tables	PSACS/AR/FSW/TB	5
Chairs	PSACS/AR/FSW/CH	13
Fridge	PSACS/AR/FSW/REF	1

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.

TI is maintaining documentation as per prescribed MIS Module format of NACO/SACS along with individual tracking for services and due overdue. There is a need to verify data and documents on a weekly basis at PM level and monthly basis at PD level.

III. Program Deliverable

1. Line listing of the HRG by category.

Line list of were prepared in excel copy. Form A was also filled up for all registered HRGs.

2. Shadow line list of HRGs by category.

NA

3. Registration of migrants from 3 service sources i.e., STI clinics, DIC and Counseling.

NA

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

NA

5. Micro planning in place and the same is translated in field and documented.

Format-A is filled up for outreach planning information. TI has made social maps for individual hot spots and has mapped the resources as well. The social maps and line list of the HRG is used in field tasks and activities.

6. Differentiated Service Delivery planning in place and the same is reflected in documentation.

Yet to be started at TI level.

7. Coverage of target population (sub-group wise): Target / regular contacts only in core group

Oct 21 to Sept 22	Target	Achievement	Percentage
Active population	800	807	101%
Individual Contact	800	802	100%
Regular Contact	800	790	99%

OCT-22 to Sept 23	Target	Achievement	Percentage
Active population	300	300	100%
Individual Contact	300	300	100%
Regular Contact	300	271	90%

8. Outreach planning – Secondary distribution of Needles and Syringe

NA

9. Outreach planning – Peer Navigation

NA

10. Outreach planning – Reaching out to HRGs who are uncovered/hard to

reach/hidden with services including CBS and health camp.

Planning for CBS testing and health camp was prepared in counselor's planning sheet. FSW-30 new HRG registered through CBS/Health camps, out of 300 FSW, 221 new HRG registrations during evaluation period. 3 Health Camps and 8 SOA camps were conducted from Oct 22 to Sept 23.

11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model.

221 new HRG registrations during evaluation period

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

A micro plan for each hotspot was prepared on a weekly and monthly basis during review meetings and same was followed by ORWs and Peers. Monitoring needs to be increased at PM level.

13. PE: HRG ratio :

1:150 ratio observed. 2 Peers are appointed to cover 300 FSW HRG.

14. Regular contacts the no. of HRGs contacted as per the Differentiated Prevention Service Delivery model – The frequency of visit and the commodities/medicine distribution such as OST, STI care, PT, RMC, condom, lubes, syringe and needles, abscess treatment, etc., should be referred with SACS.

As reported all 300 HRGs (100%) were contacted and reached with any / all project services.

15. Documentation of the PEs & ORWs

All Peer Educators are not able to fill form B, ORWs are also not able to do prioritization of HRGs. Documentation of peer education is seems to be non-satisfactory.

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

PEs have knowledge about HIV and STI, still knowledge about risk and Vulnerability and condom demonstration needs to be improved. Peer educators have effective communication skills in delivering the messages; however, they should ensure that sufficient counseling is being done to the HRGs for taking various services. As project is old, Peers are also senior, trained and experienced; now focus shall be made on providing other services along with HIV services. Peers can be trained and used as help desks for providing other social services to HRGs.

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

It was observed that the ORWs are providing handholding support to the peer educators. ORWs are doing review meeting and developing outreach micro plan. Fortnightly outreach planning and review meetings are being done with peers. The project director is leading at the project level in supervising the project.

IV. Services

1. Availability of STI services – mode of delivery, adequacy to the needs of the community.

One MBBS Doctor is available with PPP clinic. It is noted that all 100% RMC and clinical services are done through this PPP Doctors only. No referrals to government clinic observed during the evaluation period. The clinic is very far from the TI office.

Clinical services / STI		
Center Name	Address	Distance
Jain Hospital	Shimlapuri	7-9 km

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

The clinic has sufficient infrastructure. The location is good. Clinic is at Jain hospital which is reputed hospital but are at 7 – 9 KMs distance.

3. 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.

NA

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

All (100%) STIs and clinical referrals were done at Jain Hospital only, which is 9 KM's distance from the TI office. Doctor is an MBBS. It is noted that no referral was made at the government clinic.

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.

There is proper documentation such as Treatment registers, referral slips, stock register for medicines and condoms still there is scope to fill PID number of the services center in counselling and treatment related registers. Patient cards need to be filled in by doctor only and all columns must be updated as per protocol. Counselor shall have updated condom related distribution in counselling register if condoms are given by counselor during counselling sessions.

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

Availability of Condoms- Type of distribution channel, accessibility, adequacy etc. Condoms are distributed by the Peers, ORWs, and Counselor in field areas. The accessibility is also found to be reasonable. Since so many HRGs are from

home based there is an opportunity for opening condom outlets at streets.

7. Availability and Accessibility of OST – Provision of OST through NGO/CBO / Public Health facilities / Satellite OST centres.

NA

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

Particular	Target	Achievement	Percentage (%)
Condom Oct 2021 to Sept 2022	388480	386470	93%
Condom Oct 23 to Sep 23	329009	193505	59%

9. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.

NA

10. Information on linkages for ICTC, DOT, ART, STI clinics.

Referral slips have been used to refer HRGs to facilities. Follow-up of HRG needs to strengthen. All PLHIVs are regularly followed up, follow up of STIs is also ensured.

11. Referrals and follow up.

(OCT 21 to Sept 22)	REFFER	TESTING	%
HIV	1600	1796	112%
CLINIC VISIT	3200	3427	107%
VDRL	1600	1862	116%

Oct 22 to Sep 23	REFER	TESTING	%
HIV	1600	1407	88%
CLINIC VISIT	3200	2801	88%
VDRL	1600	1438	90%

V. Community participation

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

S. No	Name of Committee	Total Meetings in Last two Year	Total Member	Total HRG
1	Prog. Management Committee	8	11	7
2	Crisis Committee	8	13	6
3	DIC Management Committee	8	10	6
4	Stake Holder Meeting	8	16	0

- Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents.**
Community participation in project activities is at an initial level and not much has been achieved till date. 5 events were conducted and 395 HRGs were part of the events.

VI. Linkages

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

Alive PLHIV's = 32, Linkage with ART = 32, On ART = 32

Component	Centre name	Address	Distance from TI
STI	Civil Hospital	Field Ganj, Ldh	5
ICTC	Civil Hospital, CMC	Field Ganj & Brown Road Ldh	5-6
TB	Civil Hospital	Field Ganj, Ldh	5
ART	Civil Hospital	Field Ganj, Ldh	5
OST	Civil Hospital	Field Ganj, Ldh	5

- Percentages of HRGs tested in ICTC and gap between referred and tested.**

Oct 21 to Sept 22	1600	1796	112%
Oct 22 to Sept 23	1600	1407	88%

- Support system developed with various stakeholders and involvement of various stakeholders in the project.**

Involvement was initiated through the identification of stakeholders who are supporting the programme in listing of HRGs, distribution of condoms and advocating for regular medical checkups and HIV tests. Other activities like crisis management, organizing events, participation in programme service delivery etc. were also observed.

VII. Financial systems and procedures

- Systems of planning: Existence and adherence to NGO-CBO guidelines or any approved accounting principles endorsed by SACS/NACO, supporting official communication form NACO/SACS for any deviance needs to be presented.**

Inputs - It is advisable to pay directly to vendor instead of transferring the amount to Staff account for the refreshment bill spent in Demand Generation

Meetings / DIC or Review Meetings. Or attach Google pay or Paytm advice along with the bill.

2. **Systems of payments- Existence and adherence of system of payment endorsed by SACS/NACO, adherence to PFMS, availability and practice of using printed and numbered vouchers, approval systems and norms, verification of all documents related to payments, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments and adherence to other general accounting principles.**

Inputs-

1. It is observed that all the vouchers are machine printed and but few payments to vendors done by M& E or PM by cash and later on it is reimbursed in their respective account.
2. The stock register of consumables and fixed assets are maintained but there was no signature of Project Manager and Project Director on stock register.
3. Neither the Ledger book nor Ledger print was available at TI.
4. Voucher no. not mentioned in Cash book and Stock Register.
5. It is advised to pay to vendors directly instead of paying in staff account.

3. **System 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.**

Inputs-

1. TI is maintaining fixed assets register properly and coding on items is present there.
2. There was no date mentioned in the comparative statement and it was handwritten. It is advised to prepare it carefully.
3. There is a community event organized in September 2023 and Amount spent more than Rs. 10000. There was no Quotation taken by 3 vendors for the same.

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

Inputs- Accountant is maintaining BRS and SOE. There is a SOA camp organized in September 2023 and the amount spent on it was Rs. 1535. No venue mentioned on Attendance sheet of this camp

VIII. Competency of the project staff

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 TI programme including TI revamped strategies, 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 has been involved in this project since May 2020. She has good knowledge of all components of his project but needs leadership training. During the evaluation process she stood only in her chair in another room and counselor facilitated evaluation and provided most of the data and information. There is a lack of learning attitude and leadership in PM.

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 linkages, clarity on risk assessment and risk reduction, symptoms of STIs, maintenance and updating of data and registers etc.

The counselor has good clarity on risk assessment and risk reduction. She has basic knowledge of HIV STI and clinical management. She seems to understand the project and has been delivering counseling services to the population. She has developed rapport with the FSW HRG and has sufficient subject Knowledge. She has maintained the records well.

c) ANM/Counselor in IDU TI

In addition to the other requirements of a counselor as mentioned above the ANM/counselor of IDU TI needs 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 will also be evaluated.

NA

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, knowledge about TI programme including TI revamping strategies, etc.

TI has 1 ORW, Ms. Daljit Kaur is a non-community member and has been working with this TI since May 2020. ORW was aware of her roles and responsibility and good knowledge about her Peer's indicators, outreach plans, hot spot analysis, RMC and ICTC testing.

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.

TI evaluation team could interact with 5 peers out of 5 appointed. They had knowledge about their roles and responsibility and were quite motivated for the task they were doing. They had the document provided to them about their responsibility. The understanding in FSW- PE was satisfactory but they could not fill their own PE diary and could not be able to understand risk factor analysis. There is a need for more communication aid/tools at all the project level as well as at the PE level such as Pamphlets, Flipbook, art, and music methods.

f) Navigator

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc.

Not Applicable for new TI.

g) Peer Educators in IDU TI

NA

h) Peer Leaders in Migrant Projects

NA

i) Peer Educators in Truckers Project

NA

j) M&E cum Accounts Assistant

Whether the M&E cum Accounts Assistant 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 SIMS reports.

The M&E and Accounts officer was able to provide the data requested and is very appropriately trained. He generates the weekly and monthly data sheets for TI internal review and is able to send all the required information to the TSU and SACS as per the requirements and timelines.

IX. Outreach activity in Core TI project

Interact with all PEs (FSW, MSM, HTG 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 outreach activities reflect the uptake of services, the knowledge level of FSWs is found to be good. It is observed that most of the outreach activities take place in the residential areas and on the street. The outreach plan is maintained. Hotspot plan and micro-plan is used at the ORW level. Peer Educators and ORWs have good rapport with HRGs of their areas and have also strong command on outreach skills and condom negotiation skills. As of sept 2023, 300 FSWs are in contact against target of 300. It is noted that TI has 300 IDU also which was sanctioned from June 2023 onwards, evaluation of IDU component was not covered in current evaluation. As reported all 300 HRGs

(100%) were contacted and reached with any / all project services. 221 new HRGs were registered against the annual target of 800. (27%) from April 22 to March 23. 3 Health Camps and 8 SOA camps were conducted from Oct 22 to Sept 23.

X. Outreach activity in Truckers and Migrant Project

NA

XI. Services

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

The overall services of the project are satisfactory as per records with quality. It is observed that many of the HRGs met were RMCs and ICTCs and most of them are familiar with TI services and service providers. Interacted HRGs at Two hotspots were also aware about DIC, TI office, ICTC, STI clinic and staff. Overall service intake in RMC, ICTC and VDRL is satisfactory but for Counseling, PT, and behavior change process; it is average therefore there is a need for innovation in communication methods.

XII. Community involvement

How the TI has positioned the community participation in the TI, role of community in planning, implementation, advocacy, monitoring and providing periodic feedback about the prevention service delivery, etc.

Community involvement as part of staff, peer, SHG members, Committee members, crises response Team, advocacy related issues etc are observed as satisfactory.

XIII. Commodities

Only Free condom was distributed to HRGs. Drugs were procured from PSACS and provided to STI patients. Free ART was provided to PLHIV through linkages with ART center.

XIV. Enabling environment

Systematic plan for advocacy, involvement of stakeholders and community in the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services, etc. In the case of migrants 'project management committee' and truckers 'local advisory committee' are formed whether they are aware of their role, whether they are engaging in the program.

Sr No	Advocacy meeting date	With Whom	Done By	Topic
1	31-05-23	Dr Ravi Kera	PM, ORW & Counselor	HIV & RMC Testing
2	02-06-23	Adv. Harsimrat Kaur	All Staff	Legal

				Rights of HRG's
3	24-07-23	MLA Rajinder Chena	All Staff	Social Schemes
4	25-07-23	FICTC Dispensary, Dugri	PM & ORW	HIV Testing
5	28-08-23	Mohalla Clinic	PM & ORW	RMC
6	18-09-23	AAP Member Trisula Babb	PM & MEO	Event related

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

Benefit OF SOCIAL PROTECTION SCHEMES	
Ration Card	247
Labour card	134
Voter ID	735
Jan Dan Accountants	78
Aadhar Card	338

XVI. Details of Best Practices if any
Parlor & Stitching Course 45 HRG's.

Confidential Report

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.
Ms. Jyoti Malviya – Team Leader	Mobile – 9630337686
Ms. Manpinder – Programme Evaluator	Mobile – 7347353580
Ms. Bhawna – Finance Evaluator	Mobile – 9417008154
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	Aradhya FSW TI
Typology of the target population:	FSW
Total population being covered against target:	300 against target of 300
Dates of Visit:	1 st November to 3 rd November 2023
Place of Visit:	Ludhiana, Punjab

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
>80% (78.7%)	B	Good	Recommended for continuation

Specific Recommendations:

<ol style="list-style-type: none"> 1. Field presence is not satisfactory. The TI team shall focus on effective field work through different strategies. 2. TB screening and referral to Dot shall be increased. 3. It is noted that all 100% RMC and clinical services are done through this PPP Doctors only. No referrals to government clinic observed during the evaluation period. TI shall focus 20% - 40% on government health facilities. 4. Peer needs training on form B and condom demonstration. 5. Community score card shall be initiated, and SACS can provide training and direction to TI. 6. There is a need to build the capacity of the PM. She also needs to build her capacity as Team Leader and programme person.

7. There is a need for improvement in the monthly plan.
8. All documents and Forms related to the TI program must be verified by the PD and Program Manager and there should be page numbering on all registers.
9. Every movement out from TI office must be recorded in the Movement Register. Even if the staff is going out of the office for any training that movement should also be recorded.
10. All advocacy meetings held by TI must be signed by all members attending and the advocacy meetings held should also be followed up.
11. All the staff, peer and community should be aware of the community committees formed by TI and there should be maximum participation of the community in it instead of staff.
12. Voucher no. not mentioned in Cash book and Stock Register.
13. It is advised to pay to vendors directly instead to pay in staff account.

Name of the evaluators	Signature
Ms. Jyoti Malviya – Team Leader	
Ms. Manpinder – Programme Evaluator	
Ms. Bhawna – Finance Evaluator	