**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

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| **Profile of the evaluator(s):** | |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **Ms.Leishangthem Ranjana**  **External Evaluator** | **+91 9862282021**  [**raji\_nao@yahoo.com**](mailto:raji_nao@yahoo.com) |
| **Ms.Indira Thockchom**  **External Evaluater** | **+91 8974005059**  **indirathockchom@gmail,com** |
| **Tejmani**  **Finance Evaluator** | **+91 9774358596**  **Tej2singh@yahoo.in** |
| **Officials from SACS/TSU (as facilitator)** |  |
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| **Name of the NGO** | **CARE, Kamjong** |
| **Typology of the target population** | **IDU** |
| **Total population being covered against target** | **290 IDUs** |
| **Dates of Visit** | **25th and 26th Oct 2015** |
| **Place of Visit** | **DIC,Hotspots (Ukhrul)** |

**Overall Rating based programme delivery score:**

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| --- | --- | --- | --- |
| **Total Score**  **Obtained(in%)** | **Category** | **Rating** | **Recommendations** |
| **62.9%** | B |  |  |

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| **Specific Recommendation:** |
| 1. The ORWs is need to be selected from the HRGs community. The organization need to select the ORW from the community or promote the PE to ORW. 2. Ratio of HRGs with per PE is about 1: 72. The number of active HRGs is line list is 290. There is about 80% variation in the HRGs and PE ratio as per project proposal. This shows that the quality of service will be compromised as the PE has to reach out to 72 HRGs instead of 40. The TI need validate the HRGs and identify to prioritize those HRGs who are really in need of such services so the quality of service will improved. 3. Outreach and micro plan in place. Individual HRGs are tracked. However the planning is done on weekly basis as per records. The needs to follow the NCO guidelines for outreach and micro plan. 4. Out of 4 HIV positive cases only two are linked. The linkage with ART should strengthened with proper documentation. 5. The topics of the meetings conducted with HRGs are all related to service like HIV, STI, OST etc which is very important. The meetings can also focus on discussion formation of groups, crisis management, review of previous meetings, planning of project activities etc. 6. Most of the HRGs in FGS have knowledge about Condom, N/S and ICTC. Some of them have heard about STI but very few know the symptoms of STI and its treatment. Therefore HRGs need to be educated with other project activities like community mobilisation-- formation of crisis committee, STI treatment, condom social marketing etc. as many are not aware during FGDs. 7. Collectivization activities are not taking place. No SHG/support group/committees etc of HRGs are formed which needs to be strengthened. The TI needs to focus on community mobilisation. 8. Being remote place the only service for HRGs is TI. OST should be implemented as an option for drug treatment in this area. The TI itself have requested MACS many times earlier about implementation of OST but no response till now. . |

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| **Name of the evaluators** | **Signature** |
| **L.Ranjana** |  |
| **Indira Thockchom** |  |
| **Tejmani** |  |