

TI EVALUATION

Evaluation Team & NGO

Name of NGO	Gramin Yuva Avam Mahila Sangathan
District	Ludhiana, Punjab
Target	IDU 350
Date of Visit	26 th to 28 th October 2023
Name of Team Leader	Ms Jyoti Malviya
Program Consultant-II	Ms. Parminder
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	24	72	57.6	69	55.2	95.8
Support Services	10	30	15	28	14	93.3
Total						95.3

NGO Grading :- A

Evaluator Recommendation :- **Recommended for continuation developed as learning site.**

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	12	85.7	Qualified
Finance	12	11	91.7	Qualified

Strength

- All the ORWs are well experienced and Trained on TI Components.
- Clinical Services of NGO is good Above 80% target are reached
- Referral & Linkages are above 96%.
- Wastage disposal of NS has been done as per guidelines and proper documentation was maintained.
- N/S gap analysis were done and 14224 Syringe were distributed against demand of 12584 (more than 100%)
- 12217 Syringe are returned against distribution of 14224 (78%)
- 355 is active IDU Population and 281 are linked to OST
- 657 HRGs underwent for syphilis test against target of 700 (93%)
- Counsellor is providing counselling services in the field and in the DIC. Around 80% of clinical attendees has been counselled as per the records.

Scope of the work

- Monthly planning is developed but is observed as stereotyped. Actual activities or modified plan needs to be updated. Same needs to be reviewed for follow up action
- TI is not maintaining drug stock at TI. STI treatment is done at PPP and government clinic or with OST doctor. TI does not have STI drug stock
- All registers should be verified by the Project Director and Project Manager periodically. Page Numbering shall be done on each register
- There is a need to make a proper monthly plan. Currently prepared monthly plan is stereo-typed mostly same in all months.
- . Proper details should be filled in OPD slip like name of doctor, name of clinic, phone no, clinic time etc.
- . It is advisable to pay directly to vendor instead of transfer the amount to Staff account for the expenditure spent in Demand Generation Meetings, Review Meetings or to purchase any stationary.

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**

Name of the Organization : **Gramin Yuva Avm Mahila Vikas Sangthan**

Postal Address :

Targeted Intervention Project (IDUs) PLHIV

1 st Floor H.No. 3349, Street No. 4,

JantaNagar, Miller Ganj Opp. Arora Palace

Gill Road Ludhiana Pin –141003.

Ph. 0161-5003778, 7888521683, 9991610481

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

GYAMVS is run Targeted Intervention Project in Abohar, Punjab funding by PSACS since June, 2014 to June 2019. Presently, GYAMVS implement TI for PLHIV IDUs at Ludhiana Punjab since 1 July 2019 NGO to link and provide Behavior services to PLHIV IDUs and track their service trekking.

Current evaluated TI was incepted in July 2019 and this is 2nd evaluation of the TI. Ever registered HRGs are 541 IDUs. Earlier TI NGO was given target of 300 IDUs who are positive from June 2023 target was revised to 350 IDU HRGs who are HIV positive. This is newly designed TI with all 350 HIV positive IDUS. Currently, TI has 355 active population with 2 ORWs, 1 FORWs and 7 peer educators to cover 355 HRGs.

o **Chief Functionary** : Sh. Suba Singh, President

o **Year of establishment** : 2003

o **Year and month of project initiation** : July 2019

o **Evaluation team** :

- o Ms. Jyoti Malviya – Team Leader
- o Ms. Parminder – Programme Evaluator
- o Ms. Bhawna – Finance Evaluator

o **Evaluation Timeframe** : October 2021 to September 2023

Profile of TI

(Information to be captured)

- o **Target Population Profile:** IDUs who are PLHIV

- o **Type of Project:** Core Population
- o **Size of Target Group(s) :** 355 active IDUs against target of 350
- o **Sub-Groups and their Size :**

IDU	Active Population as on Sep 2023	New Regd.	Drop Out	Total As on Sep 2023
Daily	123	0	0	123
Non-Daily	237	66	0	237
GRAND TOTAL	360	66	0	360

- o Target Area

S.NO.	NAME OF SITE	Name of hot spot	Ever Registered	Drop-out/Migrated/death/shifted/Opted out/Imprisonment/shifted to OST	NO OF Active HRG	NAME OF PE
1	Shimlapuri	Shimlapuri A	125	19/11/11/1/02/02	79	Harpreet
2	Shimlapuri	Shimlapuri B	92	05/10/05/01/02/02	67	Ashish
3	Civil	Civil	102	04/15/12/01/04	66	Sanjeev
4	Jamalpur	Jamalpur	56	03/05/07/05/02/03	31	Ajay
5	Tajpur	Pullia(Tajpur A)	48	04/01/01/01/03/01	37	Raju
6	Tajpur	Tajpur B	53	03/09/05/02/01	33	Narinder
7	Saleem Tabri	Saleem Tabri	65	0/05/10/02/01	47	Post Vacant
	Total		541	181	360	

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.

Apart from Health-related services including HIV/STI testing, prevention and awareness, NGO has taken leadership in Community networking and advocacy, networking with faith-based organization (FBO). It is noted that NGOO GB members have taken initiatives to advocate with District administration for Election card, Adhar cards, social protection schemes and provision of labour cards and Gas cylinders. As inferred from TI records, Project Director of the NGO has conducted review meetings, lead advocacy and provided inputs to the TI team for better implementation of

the TI project.

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.

1` PM, 1 Counselor, 1 M&E and 2 ORWs and 6 PEs are appointed. One post of Peer educator is vacant during the time of the evaluation. All Project staff has been appointed as per PSACS sanctioned. In the last one year, 10 team members of staff have left the job, a total of 8 staff have been sanctioned by PSACS. More than 100% left the job during the last one year. Generally, staff left the project due to low salary, delayed grant and some have promoted in another TI. 2 ORWs are from community.

Staff details					
Sr No	Designation	Name of Staff	Qualification	Experience	Date of Joining
1	Project Manager	Sahil Parkash	B.Com	5 Years	20-08-2021
2	M& E	Ravinder Kumar	B.Com	4 Years	23-07-2019
3	Staff Nurse	Ravinder Kaur	GNM	5.5 Years	23-07-2019
4	FORW	Rajdeep Kaur	10+2(Arts)	7.5 Years	23-07-2019
5	Doctor	Dr.Mrigandar	MBBS	4 Years	01-07-2020
6	Counsellor	Sapna Makkar	B.A	1 Years	06-02-2023
7	ORW1	Ram	10+2(Arts)	1 Years	29-06-2023
8	ORW2	Bansi	10+2(Arts)	Fresher	18-08-2023

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

It is observed that 13 trainings were conducted from Oct 2021 to Sept 2023. Training register was available for verification. Trainings were provided by PSACS, TSU and some trainings were also conducted at NGO level. It is suggested to develop training reports for each training conducted for TI staff. It is suggested to record all trainings in training register whether in-house or external. Detail training report can be also developed as part of training documentation

GRAMIN YUVA AVM MAHILA VIKAS SANGTHAN, LUDHIANA				
Sr.No	Designation	Date of Training	Training by PSACS	Types of Training
1	All Staff	28-12-2021	Training of PSACS	Social Scheme
2	All Staff	15-03-2022	Training by DAPCU	Sensitization Training Medical and Paramedical Staff

3	PM	11-05-2022	Training of PSACS	Training of Field Staff on SOP for NACP Data Management
	Counsellor			
	M&E			
4	All Staff	17-08-2022	Training by PO Sir	Basic Skill
5	PM	24-09-2022	Training on PSACS	Training on SOCH
	M&E			
6	All Staff	10-02-2023	In house Training	Basic Skill
7	PM	13-03-2023	Orientation Cum Training on MITR	MITR
	M&E			
8	All Staff	14-03-2023	Training of Hitesh	Training of SOCH
9	FORW	25-04-2023	5days Training by PSACS	Outreach Modular
10	ORW1	06-08-2023	5days Training by PSACS	Outreach Modual
11	Counsellor	15-09-2023	Training by Hitander Veer Kaur	Capacity Building Work shop
	FORW			
12	ORW2	25-09-2023	5days Training by PSACS	Outreach Modual
13	Peer Educators	12-10-2023	3days Training by PSACS	Capacity Building Work shop

3. Infrastructure of the organization

TI office is good located in Ludhiana town of the Punjab. TI office has DIC room, Washroom, Counselor's room and one administrative room for PM and MEA. NACO PSACS provided infrastructure is available. Asset register is maintained and all assets are codified.

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.

Training register is updated as per protocol. Weekly and monthly review meeting minutes are maintained and review mechanism are also noted. CBO has experienced technical expert but their inputs were not noted. ORW / PE level records like form B, form and C, are well maintained but form D and planning sheet needs to be updated with activities details. Crises related Form K and advocacy related form J are also maintained. CBO has good database of social protection schemes and best practice

III. Program Deliverable

1. Line listing of the HRG by category.

Line list of 355 IDUs were prepared in excel copy. Form A was also filled up for all registered HRGs.

2. Shadow line list of HRGs by category.

Not Applicable for new TI.

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

Not Applicable

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

Not Applicable

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

Outreach plan is developed and posted on TI office wall. Movement plan is also available. Movement register and form D is maintained still there are needs to be done planning monthly activities

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

TI is incepted in 2019 with new strategies to reach HIV positive IDUs.

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

8. Outreach planning – Secondary distribution of Needles and Syringes

Gap analysis were done and demand was calculated quarterly.

9. Outreach planning – Peer Navigation

All 355 active HRGs are positive IDUs and peer navigation was done by peer as well as ORWs.

10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.

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

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

Outreach planning in term of monthly planning and form D are developed. Same needs to be maintained effectively in field implementation.

13. PE: HRG ratio, PE: migrants/truckers' ratio.
360 active HRGs covered by 7 peers. 1:52 PE HRG Ratio observed.
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
- 15. Documentation of the PEs & ORWs**
Majority of peer educators are literate and are able to maintain form B. Few are taking help of ORWs to fill their peer diary but they are also maintaining form B at their level.
- 16. Quality of peer education- messages, skills and reflection in the community**
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 this is new project and specifically designed for HIV positive IDUs, all Peer educators are also from IDU PLHIV.
- 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 meeting is 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.**
Linkages were developed with government clinic for STI management. TI also has Doctor who is providing clinical services but TI does not have STI drugs or kits. Doctor associated with TI is just doing examination and prescribed medicine which are purchased by HRGs from medical store.
- 2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc.**
PPP clinic was set up at DIC and MBBS Doctor is providing services on daily based.
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.
Not Applicable

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 centres.

Treatment was provided through using syndromic approach. Referral was done to Follow up is compromised. Treatment was done though mostly government clinic or though prescribing medicine through TI doctor so complete treatment or STI follow up is not ensured.

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.

6. 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. Though this is IDU intervention, condom component is not much focused.

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

Particular	Target	Achievement	%
OST linkages	350	281	80%

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

Particular	Target	Achievement	%
Condom Demand V/s distribution	4592	4413	96

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

Particular	Achievement	%
Syringe demand	13584	100%
Syringe distribution	14214	100%
Needle/Syringe Return Rate	11217	79%

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

Linkages for STI, DOT and ART are with Civil Hospital Ludhiana only, which is near to TI hotspots and easy to access.

11. Referrals and follow up.

- STI Referrals is done with government hospital
- ICTC referral not needed as all 355 IDUs are HIV positive. Still there are provision to referral with ICTC located at Civil Hospital Ludhiana for Testing of Spouse of the IDUs.

V. Community participation

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

Not Applicable for IDU component.

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

3 committees are formed where more than 27 HRGs are part of that. 55 HRGs were also participated in Advocacy activities. During field visit, Evaluation team could interact with 17 IDUs and 12 spouses of the IDUs.

VI. Linkages

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

Linkages are developed with Civil Hospital Ludhiana for all services like ART, STI, ICTC and TB.

2. Percentages of HRGs tested in ICTC and gap between referred and tested.

This is specially designed project for Positive IDUs. All 350 IDUs are HIV positive. TI team is just referring spouse of the IDUs for HIV testing.

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

Involvement was initiated through the identification of stake holders who are supporting the programme in listing of HRGs, distribution of N/S and advocating for and HIV test. Other activities like crisis management, organizing events, participation in programme service delivery etc. was also observed with participation of stake holders. NGO has done good effort for stake holder management and provided so many social protection schemes.

VII. Financial systems and procedures

1. 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 -

The Accountant is following System of Planning.

It is advisable to pay directly to vendor instead of transfer the amount to Staff account for the expenditure spent in Demand Generation Meetings, Review Meetings or to purchase any stationary.

- 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-

It is observed that all the vouchers are machine printed and all the payments to vendors done through PFMS with approvals of Project Manager and Project Director.

1. Stock register of consumables and fixed assets are properly maintained. But it is advised to get it index properly for more transparency.
 2. Tally Software is used by the accountant.
 3. Mention voucher no. in cash book to make it more feasible.
 4. Cash book, SOE & BRS signed by Accountant and Project Manager properly.
- 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. It is observed that 1. TI is maintaining Fixed assets register properly and coding on items is present there.
2. Quotations from 3 different vendors collected to purchase any items above Rs.2000 and comparative statement is in place.

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

Inputs-

1. TI has a Separate account in Bank of Baroda and Accountant is maintaining BRS and SOE and submitting the same to CSACS on Quarterly basis.
2. It is advised to book the expenditure Head wise in Cash book.

VIII. Competency of the project staff

a) Project Manager

The project manager (Mr. Sahil Parkash) is B.com passed and have Five years experienced

person. He has also worked in another TI as ORW & MEA. Sahil is associated with the TI since August 2021. He has through understanding about the project proposal, management of data, performance indicators and making monitoring visits in the field and leading advocacy.

b) ANM/Counselor

Not Applicable

c) ANM/Counselor in IDU TI

The counselor Ms. Sapna Makkar is also Graduated in Arts. She is working with this TI since February 2023 as Counselor. She understands her roles and responsibility viz. awareness creation, record maintenance, uptake of services by the HRGs through counseling and creating convenience for referrals. As well as about STI, HIV and the risk factors.

d) ORW

TI has 2 ORWs, one is working since June 2023 and second is recently appointed in August 2023. Both the two ORWs were aware of their roles and responsibility and good knowledge about their Peers indicators, outreach plans, hot spot analysis, RMC and ICTC testing. Field level activities were coordinated. Both are Higher Secondary passed.

e) Peer Educators

Not Applicable

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

TI has 6 Peer Educators. One post of the Peer Educator is vacant. Evaluation team could meet all the 6-peer appointed. They had knowledge about their roles and responsibility and quite motivated for the task they were doing. They had the document provided to them about their responsibility. The understanding in PE was satisfactory. They could fill their own PE diary and also 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.

Sr.no.	Name of Peer	Age	Qualification
1	Harpreet	38	8th

2	Ashish	31	8th
3	Sanjeev	27	8th
4	Ajay	29	8th
5	Raju	28	12th
6	Ranjeet	29	12th

h) Peer Leaders in Migrant Projects

Not Applicable

i) Peer Educators in Truckers Project

Not Applicable

j) M&E cum Accounts Assistant

Mr. Ravinder Kumar is an MEA and is senior member of the team and working since July 2019. He is trained by NGO and TSU PO. He was able to provide TI data when asked by the Evaluation team. Both Financial and Data related information were well maintained by MEA.

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 are reflecting the uptake of services, the knowledge level of IDUs are found to be good. It is observed that most of the outreach activities are taking place at the hotspots and at 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.

X. Outreach activity in Truckers and Migrant Project

Not Applicable

XI. Services

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

The overall services in the project are satisfactory as per records with quality. It is observed that many of the HRGs met were undergone RMCs and OST and most of them are familiar with TI services and service providers. Interacted HRGs at Two hotspots and met at DICs were also aware about DIC, TI office, OST, STI clinic and staff. Overall service intake in RMC, OST and VDRL is satisfactory. there is need to develop effective referral system for the STI treatment. Moreover, HRGs were familiar with OST and Needle syringe distribution but no one was able to named project Name or NAGO name correctly. It is suggested to make proper visibility efforts for project branding and identification.

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.

TI NGO has conducted Community events for get together. Apart from this 3 community committees are formed were 27 HRGs were participated. 43 Advocacy meetings were conducted where 55 HRGs participated in the event. Apart from service delivery good numbers of the special protection schemes were made available to HRGs.

XIII. Commodities

Hotspot / project level planning for condoms, needles and syringes. Method of demand calculation, Female condom program if any.

Following commodities were provided to target community:

- SM condom – Not provided
- Free Condom - Supply from PSACS
- Needle and Syringe – provided through PSACS

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 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.

In Evaluation period Oct 2021 to September 2023, 43 advocacy meetings were conducted with the 21 stakeholders. 55 HRGs were also part of the advocacy meetings. It is observed that all type of stake holders was covered through these 43 advocacy meetings. Reporting were done in NACO format and financial records were also available for verification.

ADVOCACY MEETING				
S.No.	Date	No. Of Member	No.of HRG	Advocacy With
1	05-10-2021	7	1	Counsellor (MCL)
2	15-11-2021	5	0	Counsellor (MCL)
3	26-11-2021	4	0	Police Station
4	18-12-2022	15	4	General Community
5	28-01-2022	6	1	Police Station
6	18-02-2022	7	1	Police Station
7	25-02-2022	7	2	Health Service Provider
8	15-03-2023	7	1	Police Station
9	22-03-2023	8	1	Health Service Provider

10	28-04-2022	8	2	MLA
11	18-05-2022	9	2	Stake Holder
12	04-06-2022	7	1	General Peoples
13	20-06-2022	15	3	General Peoples
14	18-07-2022	6	0	MLA
15	18-08-2022	7	2	Civil Hospital
16	23-08-2022	8	2	MLA
17	12-09-2022	9	2	Brahm kumari
18	29-09-2022	8	2	Health Service Provider
19	11-10-2022	6	2	SHO police station
20	12-10-2022	8	2	Family Member
21	12-12-2022	6	1	General Peoples
22	15-12-2022	6	2	Police Station
23	10-09-2023	5	0	MLA
24	18-01-2023	6	1	Family Member
25	24-01-2023	8	3	Health Service Provider
26	09-02-2023	8	0	Local Authority (ayushman Card)
27	09-02-2023	5	1	Health Service Provider
28	21-02-2023	7	1	Police Station
29	14-03-2023	14	3	ART CENTER (CIVIL)
30	19-04-2023	6	0	District woman and child welfare society
31	29-04-2023	8	1	Labour Office
32	20-05-2023	8	2	DAPCU
33	24-05-2023	4	0	Police Station
34	26-06-2023	4	0	Advocate
35	06-07-2023	8	2	Jail Coordinator
36	17-07-2023	5	0	Jail Coordinator Tajpur
37	24-07-2023	5	2	Police Station
38	04-08-2023	6	0	varsha Mam Gas Agency
39	10-08-2023	7	1	Other TI
40	09-09-2023	6	1	BJP Leader
41	30-12-2022	7	1	welfare Scheme Provider
42	15-09-2023	6	1	Police Station
43	03-10-2023	5	1	GP Singh Social Worker
	Total	307	55	

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

Social Scheme

Sr. No.	Scheme Name	Link Number of HRG
1	Old Age Pension	19
2	Widow Pension	9
3	Scholarship Form	48
4	E-Sharam Card	18
5	Blue Card	18
6	Labour Card	3
7	Ayushman Card	12
8	Pardhan Mantri Ujwala Yojana(Gas Cylinder)	43
9	Provide Ration Kits to HRG	120
10	Provide Mask to HRG	150
11	Provide Sanitizer to HRG	150
12	Distribute Horlicks	110

XVI. Details of Best Practices if any

- Stake holder management is excellence. TI team has utilized stakeholders for various service delivery and social protection schemes.
- Linkages were done with Bhramakumari organisations. 68 IDUs are regularly taking meditation from Bhramhakumari and it is observed that their risk level is also come down.

Annexure C

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. Parminder – Programme Evaluator	Mobile – 7347353580
Ms. Bhawna – Finance Evaluator	Mobile – 9417008154
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	Gramin Yuva Avam Mahila Sangathan
Typology of the target population:	IDU
Total population being covered against target:	350 against target of 400
Dates of Visit:	26 th to 28 th October 2023
Place of Visit:	Ludhiana, Punjab

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
>80% (95%)	A	Very Good	Recommended for continuation

Specific Recommendations:

1. PD's involvement is observed as very good. His support to staff and TI is also satisfactory and visible. He conducts review meeting regularly but the role of PD and Governing Body members needs to be increased in crisis and stigma reduction.
2. TI has stable and good TI team. All staff members are observed sincere, hard working and very sensitises for IDU intervention.
3. Two ORWs are ex IDUs, and promoted as ORW from community.
4. Stake holder management is excellence. TI team has utilised stakeholders for various service delivery and social protection schemes.

5. Linkages were done with Bhramakumari organisations. Two camps were also conducted for IDUs and as reported 68 IDUs are regularly taking meditation from Bhramhakumari and it is observed that their risk level is also come down.
6. 19 crisis were addressed in the evaluation period. Crises Team is formed but not found active and mostly staff are part of crises team. Crises are common In IDUs but TI team needs to focus on it.
7. All registers should be verified by the Project Director and Project Manager periodically. Page Numbering shall be done on each register.
8. There is a need to make a proper monthly plan. Currently prepared monthly plan is stereotyped mostly same in all months.
9. Proper details should be filled in OPD slip like name of doctor, name of clinic, phone no, clinic time etc.
10. HRG's participation in the community committee needs to be increased. Current committee members are mostly staff and peers. Secondly, committee members should know their role and tasks as particular committee member. Whenever community committee members change or another member is added, it should be noted in the meeting minutes.
11. The training register is properly filled but a training report needs to be prepared.
12. It is advised to book the expenditure Head wise in Cash book.
13. It is advisable to pay directly to vendor instead of transfer the amount to Staff account for the expenditure spent in Demand Generation Meetings, Review Meetings or to purchase any stationary.
14. Stock register of consumables and fixed assets are properly maintained. But it is advised to get it index properly for more transparency.

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