**Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated)**

**Profile of the evaluator(s):**

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| **Name of the evaluators** | **Contact Details with phone no.** |
| **W. Bimolata Devi** | **B-33, Street No.7, Dahsrathpuri**  **Palm-Dabri Road**  **New Delhi- 45**  **Phone no- 8014714363/+91 88026158014**  **Email id- bimwang0609@gmail.com** |
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| **Officials from SACS/TSU (as facilitator)** | **Dr. Kesho S. Moirangthem, DACO Chandel**  **Phone no. 8974604224/9435416078** |
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| **Name of the NGO:** | **New Generation** |
| **Typology of the target population:** | **Female Injecting Drug Users (FIDU)** |
| **Total population being covered against target:** | **180** |
| **Dates of Visit**: | **22,23,24 October 2015** |
| **Place of Visit:** | **DIC of FIDU Project, New Generation, Moreh, Chandel District, Manipur** |

**Overall Rating based programme delivery score:**

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| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **63.6%** | Good | B | Recommendation for continuation |

**Specific Recommendations:**

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| 1. The 4 Peer Educators are not aware of prioritsation of HRGs and use of data though the formats and data are understood by the ORWs. The PEs should be given handholding training at the field and DIC level. 2. The HRGs interacted during the FGD were not aware of the available services in the project. They said that the DIC is far and not comfortable for them to attend DIC. Sensitisation of the services available and importance of attending DIC should be strengthened among the HRGs. 3. Turn over of PEs is very high though the replacement was done immediately affecting the project in reaching out new HRGs and reaching out the old clients. Improvement of motivation to the PEs is suggested for avoiding high turnover rate. 4. It was reported that it was difficult to strengthen the social marketing of condoms. However, being high risk project area, the project staff should know the reason of strengthening the social marketing of condom as a part of condom promotion in the programme. The field staff should be trained and motivation for social marketing should be strengthened among the HRGs also. 5. Most of the HRGs met were found unaware of the project activities except for the condom and NSP. This needs to be focused. Demand generation meeting and DIC meeting should be strengthened and given emphasis on the planning for the HRGs to receive other services also. 6. All the HRGs interacted shared that they want to stop. However, they are afraid to take it from the time 1 started and she was not adhered due to serious vomiting. It was also reported that the HRGs took Addnok when they wanted to stop for reasons like joining harvesting. It also showed that Brupenorphine and Addnok are understood as different. Since the OST centre is already opened in Moreh PHC, the HRGs should be given proper counseling and information for availing the services of OST. 7. The project staff had hard time to reach the HRGs during the crisis happened among different general community in the project area. They seek help from the peddlers during those days. Being high tensed area for the HRGs at present, the project should focus on planning and execution of strong advocacy programmes with the stakeholders. There was no such plan although the project had faced problems during the communal riot recently happened.   *Note- The project area has been in high tension of communal riot since August 2015. The staffs have been having hard times in meeting the HRGs resulting the project staff were not able to arrange two FGDs during the evaluation. However, the HRGs were provided commodities especially N/S and condoms during those days of tension through the gate keepers.* |

**Name of the evaluators Signature**

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| **W. Bimolata Devi** |  |
| **L. Purnima Devi** |  |
| **R. K. Joyshree Devi** |  |