

Annexure: B

Reporting Format-B

Structure of the Detailed Reporting format

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

Name of Team Leader	Dr. Sukhbir Singh
Name of Second Program Evaluator	Ms.Tabassum
Name of Finance Evaluator	Mr. Variender Choudhary
Name of Internal Member & Designation	Ms. Divya Sharma (Project Manager)
Name of NGO	Society for Service to Voluntary Agencies (SoSVA)
Target Group	IDU
Target	1000
District	Chandigarh
Date of Visit	14 th , 16 th June and 17th June, 2025

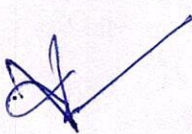
Introduction

Background of Project and Organization

- SOSVA (N) was registered under societies registration act in Chandigarh on 07.06.1999. It had been implementing various projects in Punjab, Haryana, Delhi and UT Chandigarh since then. The society has been recognized as a mother NGO by Punjab Government for implementation of Reproductive & Child Health, programmes related to women and child development and drug de-addiction and society security projects. It has been implementing these programmes through field NGOs since 1999. Major fields of work of the organization have been – reproductive child health programmes, empowerment of women through skill development, nutrition to children and drug de-addiction programme, reclaiming dropout rural children at primary level, adult education project, special coaching for poor and weak students at primary level and capacity building workshops.

Background of the Project:

The Targeted Intervention Project on Injecting Drug Users (IDUs) was sanctioned in July, 2010. The current sanctioned target is 800 in the target areas of Daddumajra Colony & village Daddumajra, Dhanas, Attawa, Buttrella, Badheri, Khuda Ali Sher, Khuda Jassu, Khuda Lahora, Sarangpur, PU campus, Kaimbwala, Burail, Maloya Colony, Nehru Colony, Janta Colony/Bhaskar Colony, Kumhar Colony, Lal Bahadur Shastri Colony, Sector 1 to 6, Sector 9 to 18, Sector 23 to 25, Sector 34 to 44, Sector 50 to 56, Sector 68

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Name and address of the Organization: Society for service to voluntary agencies (SOSVA),
Room no. 19, Karuna Sadan, Sector-11, Chandigarh

Chief Functionary: Dr. A.K.Kundra

Year of establishment: 1999

Year and month of project initiation: 2017

○ **Evaluation team**

Team Leader	Dr. Sukhbir Singh	
Team Member	Ms. Tabassum	
CA - Finance	Mr. Variender Choudhary	
Internal	Ms. Divya Sharma	

○ Time frame: 1st April, 2024 to 31st March, 2025

• **Profile of TI**

(Information to be captured)

- **Target Population Profile:** IDUs
- **Type of Project:** Core
- **Size of Target Group(s) :** NA
- Sub-Groups and their Size: NA
- Target Area: Chandigarh
- Total No. of Site-5
- Total No. of Hot-spot- 16

Key Findings and recommendations on Various Project Components

- I. **Organizational support to the programme:-** (Interaction with 2-3 office bearers of implementation of NGO to see their vision about project, support to the community, initiation of advocacy activities, monitoring the project.
- Project director regularly attends monthly review meetings and gives feedback to the TI & OST staff.
 - With the managing director and project director guidance and leadership, the organization is providing support services to the community of HRGs.

II. Organizational Capacity

1. **Human resources: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.**
- As per the sanctioned budget, The TI project consists of Project Director (One), Project Manager (One), M&E AA(One), ANM (one for TI & two for OST), Counselor (One) and Outreach Worker (5 TI Male ORW, 2 Female ORW & 4 OST ORW). A total of 16 Peer Educators were associated with TI.
 - Overall Staff turnover excluding peers was 54 percent approximately during the evaluation timeline.
 - Out of the total 11 TI & 6 OST staff, 8 were regular. However, 3 team members (1 ANM & 2 ORW) were repositioned between OST & TI. Position of project manager was filled thrice within the evaluation timeframe.

- One ORW TI position initially remained vacant for 5 months (April,2024-August,2024) and one ORW TI was vacant since December,2024 in the absence of suitable candidates during the recruitment process. Advertisement for the same is done repeatedly as per the records.
 - Commitment of staff in the project is visible through their thorough understanding of the project.
 - Appointment letters are properly documented in the personal file of each staff member. Roles and responsibilities are also enclosed in the daily diary of staff members.
 - Attendance register and leave records are properly maintained in the TI office.
2. **Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.**
- Details of each training are mentioned in the training register.
 - Induction and refresher training have been imparted by CSACS on various themes-SOCH, P-MPSE, implementation of HIV & AIDS (Prevention & Control) Act 2017, OST, initiate data collection from physical hotspots under P-MPSE etc.
 - The induction training was conducted for newly recruited staff by the organisation.
3. **Infrastructure of the organization**
- TI both field offices are located at an easily accessible place within the premises of AB-Health & Wellness centre, DMC and RHTC, Sector-56, Chandigarh.
 - TI field office in DMC, Chandigarh has 4 rooms (one for project management, one for counseling, testing & Needle syringe programme; one for OST center, DIC & staff room and one is store room).
 - TI field office in Sector-56, Chandigarh has 4 rooms (One for counseling, testing & Needle syringe programme; one for OST center, one for DIC & one for static STI clinic).
 - The organization needs to have separate and well ventilated rooms for counseling, OST & DIC to maintain privacy & confidentiality of HRGs.
 - Assets in the organization are codified and marked.
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.**
- All the reports have been sent to CSACS regularly through the MITR online platform.
 - At TI level, reporting and documentation is reviewed in weekly and monthly meetings and field feedback is shared under the supervision of the project director.

III. Program Deliverables

Outreach

1. **Line listing of the HRG by category.**
 - TI project has line listed 1220 IDUs.
 - Out of the registered IDUs, High risk are 223, Medium is 506 and Low risk are 491
2. **Shadow Line list of HRGs by category-** No line list has been prepared.
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

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5. Micro planning in place and the same is reflected in Quality and documentation.

Micro planning is in place. Every month ORW and Peer educators plan the activities. Micro plans are available with ORWs and are utilized by outreach workers to manage delivery of services as per need and demand.

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

TI prioritized the HRG population into high, medium and low risk population. Based on their risk and vulnerability the TI staff prepared their activities for outreach services. Same is reflected in the TI during the evaluation. TI prepared the service matrix which include needle syringe exchange, HIV testing, condom distribution etc.

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

- Master list of 1220 registered IDUs is available in both soft and hard copy.
- Currently, TI has 1220 active populations, against the target of 1000 IDUs.
- Peer and ORWs has their own line list of HRGs and complete knowledge and understanding of risk status of IDUs.

8. Outreach Planning- Secondary Distribution of Needle & Syringe

- Monthly outreach planning was done by the TI project team, to bridge the identified gaps and overcome challenges.
- Distribution of needle and syringes is done by a peer educator after assessing the need of HRGs and details of the same are shared with ORW for future outreach planning.

9. Outreach Planning – Peer Navigation:

10. Outreach Planning – Reaching out to HRGs who are uncovered/hard to reach/hidden population with services including CBS health Camp

- No registration has been done through CBS health camp.

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

- SOA camps are not applicable.

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

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Monthly planning is done. Each ORW and peer educators have the weekly micro plan to reach out the targets, the same is reflected in their forms and peer diaries. Form B is maintained by the peer educator with support of ORWs. Form B-1, C, C-1, Form D and QRA are properly maintained by ORW

13. PE: HRG Ratio

There were 16 peer educators in the project and the PE: HRG ratio is 1: 76.

14. Regular contacts (as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services for FSW and MSM, TG and 8 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the community members

89 % of the HRG who are regular has been provided all the project services.

15. Documentation of the peer education

Peer educator documents were supervised on regular basis by the ORW and PM.

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

Peer educators have sufficient knowledge and skills to build rapport with HRGs; disseminate messages regarding HIV/AIDS, OST, STI, N/S programmes; abscess treatment; and collect information from HRGs in B-form. During field visits, it is observed that peers have good rapport with HRGs. HRGs are aware of and availing services especially Needle/Syringe exchange service provided by peers in TI project

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

- Project manager supervises the project activities with support from M&EAA and counselor through field visits and review meetings with the guidance from project director and regional director at TI level.
- The ORWs supervise the work of the Peers through field visits and one to one contact with the HRGs.
- Action taken report has been prepared.

IV. Services

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

STI services available from STI clinics and PPP Clinic.

STI services being provided as per the NACO guidelines.

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

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- A static clinic is established by the TI project in the field office for STI and abscess treatment.
 - The MBBS doctor has been trained as per the NACO guideline for syndromic STI management and abscess treatment.
 - Doctor is available from Monday to Saturday from 9:00 am to 1:00 PM
 - There is no separate room for the examination of the patient.
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 VCTC,ART, DOTS centre and Community care centres.**
- PT is not provided. TI has all the necessary medicines in the STI clinic. There is no stock out of the medicine, TI is maintaining the buffer stock of the medicines. Aseptic abscess management system has been established and treatment is available in the office by the doctor and the ANM.
 - Individual cases of abscess has been under treatment for the last 6 months.
 - Syndromic treatment method is used by the doctor, with proper follow up mechanism.
 - HRG attending STI clinic were counselled.
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.**
Network clinic format is filled by the doctor.
- Daily summary sheet of HRG visiting the clinic are also maintained.
 - As per counselling register, 80% of the HRG attending clinic were counseled.
 - Referral slips are maintained for all the referrals to ICTC and cross verified with ICTC centres.
6. **Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.**
- Free condoms are distributed directly through PE/ORWs during one to one or one to groups in the community.
 - It is observed that 2 condom outlets have been established in the project area.

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7. Availability and accessibility of OST- Provision of OST through Govt. OST, Satellite OST, NGO etc.

- OST center is established under the TI project at an easily approachable location for HRGs of nearby target area.
- 610 IDUs are registered for OST.

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

- 65720 condoms were distributed.

9. No. of Needles / Syringes distributed through outreach / DIC.

- 198447 syringes were distributed in response to a demand of 205576 (96.5%). Similarly, 411152 needles were requested and were distributed 411152.(96.0%)

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

- The TI project staff has complete information and establish good linkages with the various ICTC, F-ICTC and ART centers.
- ORWs and counselors are aware that the target population has to be referred to ICTC for HIV testing twice a year and HIV positive HRG is to be referred to ART centre.

11. Referrals and follows up

- HRGs are referred to Mobile ICTC, F-ICTC at DMC, Dhanas, Maloya and other nearby F-ICTC of target areas.
- Referrals for the F-ICTC at AB-HWC Maloya and DMC are cross verified during field visits.

V. Community participation-

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

- No CBO has been formed since the inception of the TI project.

2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and document. Community members participate in various community meetings and are part of various committees, which is well reflected in the documentation available.

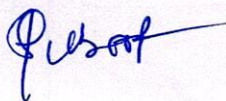

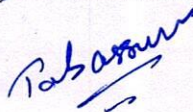
- HRGs are members of each committee formed by TI (Programme Management Committee has 3 HRG representatives, Crisis Management Committee has 5 HRG members). It is observed in documentation they are not actively participating in planning.

VI. Linkages

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

- Linkages have been established with F-ICTC and Mobile ICTC for HIV and syphilis testing.
- For STI and abscess treatment a static clinic is established with an MBBS doctor during the evaluation timeframe.
- During the field visit, it is learnt that linkages are well coordinated with the F-ICTC centre at DMC and Maloya, Chandigarh.

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

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- Approximately 80 percent were tested at ICTC & F-ICTC out of the total referred.
- 2805 referred and 2265 tested at ICTC & F-ICTC.

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

- TI has identified 11 stakeholders.
- Advocacy meetings have been conducted with various stakeholders during the evaluation timeframe. It is observed that meeting need is not assessed as per stakeholders involved for that particular meeting and no follow ups have been documented.
- Evaluating team met 2 stakeholders who were aware of the project and support in linkage to OST centre, TI project, community events and program services

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.

The NGO is adhering to the NGO-CBO Guidelines and other 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.

2.1 The NGO is using Pre-printed Vouchers with serialized.

2.2 All the payments were approved by the competent authority.

2.3 All the vouchers were supported with required evidence.

2.4 NGO is maintaining Stock and Issue register.

3. Systems 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.

Repair of Computer of Rs 5900/- in 10.03.2025 during the Evaluation period with no proper Quotations were found .

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

4.1 A Separate bank Account is maintained by the NGO in SBI.

4.2 Bank Reconciliation Statement is maintained by the NGO on monthly basis

VIII. Competency of the project staff

VIII a. Project Manager-

- Project manager has been appointed in May, 2025 and received inhouse training. She has done a masters in social work. For strengthening of project activities and active mentorship of the team, capacity building for documentation of records and program delivery is recommended.

VIII b. Counselor

- Joined the TI project in September,2022. She has done her Masters in Psychology. She has attended training conducted by CSACS to enhance her skills & knowledge for the TI project.

VIII c. ANM in IDU TI

- ANM was appointed to the TI project in December,2024. She is a qualified ANM. She has a clear understanding of her roles & responsibilities.

VIII d. ORW

- 4 male ORWs and 2 Female ORWs are appointed for the TI project and four ORWs for OST centres. Two male outreach worker and 2 Female ORWs has detailed understanding and knowledge of roles and responsibilities. However, capacity building of ORWs needs to be done for effective program delivery and documentation.

VIII 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. Prioritisation of hotspots, n every monthly review meeting.

- Proper prioritization of HRGs and hotspots are done by peers based on risk and vulnerability in supervision of ORWs.
- BCC sessions with HRGs are conducted by peer educators.

VIII f. Peer educators in IDU TI

- 16 Peer educators are associated with the project during evaluation timeframe.
- Peer educators have understanding of HIV/AIDS, OST, N/S program, abscess treatment, STIs and peer form B.
- Peer educators are aware of the importance of carrying their kits for collection of used needles.

VIII i. M&E officer:

Whether the M&E officer (FSW & MSM/TG TIs with more than 800 population and all migrant TIs are eligible for separate M&E officer) 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 CMIS reports

- M & EAA was appointed in November, 2024 by the organisation. She has done B.Com. Since her appointment she is organising the documentations of M & E AA and other relevant data in an effective way for smooth functioning of the project. She has an understanding of her role and responsibilities and manages accounts of TI project effectively.

IX. a. Outreach activity in Core TI project

- Peer Educators and ORWs are contacted at least 2 days in a week for the purpose of NSEP/BCC/IEC/Referral.

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- During FGDs it is learnt that HRGs have good rapport with peers and ORWs and avail N/S from peer educators which reflects the effectiveness of outreach activities.
- Outreach activities are carried out as per monthly outreach plan developed by TI staff.
- As per the monthly plan and movement register the ORWs usually meet Peers at their hotspot and provide support to them 4 times in a month.
- SOA camps were organised to reach out the HRG

X. b. Outreach activity in Truckers and Migrant Project

XI. Services

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

- Above 80% of the target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period.
- In FGDs, HRGs reported they are satisfied with the counseling services of counselor and timely services are provided as per demand by peer educators and ORW.
- Confidentiality and privacy is maintained at TI level.
- As per the records most of the service uptake is satisfactory in the project as they are able to get the counseling, GMC and HIV testing done for the HRGs.
- The Community Score card is not implemented by CSACS.

XII. Community involvement

How the TI has positioned the community participation in the TI, role of community in planning, implementation, Advocacy, monitoring etc

- HRGs are part of each committee, PMC-2, DMC-6, CMC-5.
- HRGs participation in planning, monitoring and implementation of services is visible

XIII. Commodities

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

- Free Condoms are supplied to the HRGs by peer educators, Outreach workers and through condom outlets.
- HRGs received N/S from peer educators and ORWs as per demand assessment.
- N/S gap analysis is done every quarter.
- Waste Disposal mechanism in place: collection, disinfection and final disposal being done as per guidelines at nearby ICTC at Daddumjara

XIV. Enabling environment

Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy , networks and linkages, community response of project level advocacy and linkages with

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other services etc. In case of migrants (project management committee) and truckers (local advisory committee) are formed and they are aware of their role, whether they are engaging in the programme.

- Advocacy meetings are conducted during evaluation timeframe to address issues in program delivery, however, need assessment is not done and no follow up is documented.
- 5 crises are addressed by the crisis management committee and 4 quarterly meetings were conducted for the members of the crisis management committee.
- In one to one interview with 2 stakeholders, it is learnt that they are involved in addressing the issues related to project services.

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

XVI. Best Practices if any

- Collaborations are done with other organizations to provide services other than TI projects to HRGs.
- Around 202 HRGs were supported for Ayushman cards.
- Awareness sessions in six government schools of the target area were conducted to sensitize the young population about HIV & drug awareness.
- 15 PLHIV free bus passes and 4 children of PLHIV were enrolled under the pension scheme.
- Sanitary napkins were distributed to HRG spouses.

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Confidential

Annexure C

Reporting form C

EXECUTIVE SUMMARY OF THE EVALUATION
(Submitted to SACS for each TI evaluated)

Profile of the evaluator(s):

Dr. Sukhbir Singh	Team Leader
Ms. Tabassum	Programme Evaluator
Mr. Variender Choudhary	Finance Consultant

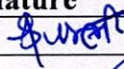
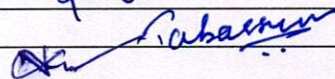

Name of the NGO:	Society for Service to Voluntary Agencies (SoSVA)
Typology of the target population:	IDUs
Total population being covered against target:	1220
Dates of Visit:	14 th , 16 th and 17 th June, 2025
Place of Visit:	Dadu Majra Colony, Chandigarh

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
86.4	A	Very good	Recommendation for continuation with specific focus for developing learning site

Specific Recommendations:

1. Infrastructure needs to be improved to maintain privacy & confidentiality of HRGs.
2. There is urgent need to recruit the doctor in the STI clinic

Name of the evaluators	Signature
Dr. Sukhbir Singh	
Ms. Tabassum	
Mr. Variender Choudhary	

TI -Annual Evaluation Tool (IDU)-2024-25

Name of the NGO: SOSVA IDU TI

District: Chandigarh

State: Chandigarh

Organisational Capacity

S.No	Indicators	Mean of verification/observations	Areas of assessment	Score Resulted	Explanation for score	Remarks
1	At least All project staff and PE positions have been filled as per project proposal	All NGOs contracted has to appoint the staff within three months from signing of contract. Project proposal, appointment letters / staff attendance sheet during the last year (If a position has been vacated and not filled in within 2 months, give "0" mark for this indicator.)	Recruitment system	1	TI staff positions are filled, as per budget guidelines and timeframe.	However one ORW TI position remained vacant for 5 months and one ORW TI is vacant since December, 2024. Advertisement for same is done, however no suitable candidate is found during recruitment process.
2	Staff turnover witnessed in the project during the contract period.	Attendance sheets /appointment letters. (If there is more than 60% of project staff except peer educators have resigned during the year then this indicator will be awarded '0'). If the replacement for a position is not done within two months should also be awarded "0".	Institutional process	1	Out of the total TI & OST staff, 8 were regular. However, 3 team members (1 ANM & 2 ORW) were repositioned between OST & TI.	
3	PE turnover witnessed in the project during the contract period	Attendance sheets /appointment letters. (If there is more than 40% PEs turnover during the contract period then this indicator will be awarded '0'). If the replacement for a position is not done within two months should also be awarded "0".	Administrative system	1	9 Peer educators are regularly working with TI and 6 are replaced during evaluation timeline and one position is vacant (one month).	
4	10% of the ORWs are from the community i.e. either the peer educators have been graduated to become ORWs or the community members	This process of selection of community members as ORWs should be atleast one year old.	Staffing	1	Out of 5 TI ORWs, 1 is promoted from peer to ORW.	
5	Ratio of PEs to HRG (a ratio of 1: 60 for FSW/MSM & 1:40 for HTG & IDUs)	Line listing of HRGs and number of PEs/VPL on board. (A 20% Variation may be considered for HRG PEs/VPL ratio as per project proposal).	Staffing	1	PE: HRG ratio is 1:76	
6	50% of the PEs belong to the age group below 30 years or should match with the high /medium risk HRGs linelisted by the	Interact with all the peer educators for core TIs. The peer educators should be recruited at least 6 months and are trained by the project.	Staffing	0	Only 4 are below the age group of 30 years. Average age of High risk HRGs is 27 years	
7	For each set of 250 HRG there is an ORW has been appointed	Registration documents, MIS repts, ORW records. (A 20% Variation may be considered for HRG PEs/VPL ratio as per project proposal).	Staffing	1	Average ORW:HRG ratio is 1:204	
8	Job description given to each project staff, atleast staffs are able to describe their job description and the same is reflected in their plans prepared for the programme during last 2 quarters	All project staff do have written job description or available at NGO level. If the programme manager and all ORWs are not able to describe their job responsibilities or the same is not reflected in their plans, the score should be '0'	Institutional Environment	1	All project staff & OST staff have clear understanding of job description and TOR are enclosed in daily dairv of each team	
9	Attendance/leave register maintained for the project staff	Examine the attendance register is in use/leave register available	Administrative system	1	Attendance & leave register are properly documented	
10	Does the NGO management takes into consideration the community needs/resources into consideration while planning/delivering services through arrangements like availability of programme management body represented by community/ community consultations.	Minutes of the community consultation/ programme management body represented by community members should reflect that such process is at least more than 6 months old, otherwise the score should be '0'	Institutional visioning / shared responsibility.	1	PMC has been formed. and 3 meetings were conducted during evaluation timeline.	
11	Induction training / orientation to PE and other staff has been completed by the TI project immediately after recruitment.	Training registers/ induction training report	Proper induction in place	1	Induction/orientation training is conducted for all new team members and training	
12	The role of Governing Body members in addressing issues of crisis/stigma/discrimination faced by the community members by networking with stakeholders, by keeping well informed about the issues of HRGs	Meeting with at least 2/3 members of the GB and interview to focus on their role in the programme. Also meet at least the stake holders and assess the role played by the members. If oraganization not play any role in addressing issues faced by HRGs, score should e '0'.	Understading of role of NGO in developing contusive environment	1	Crisis management committee is formed . Five cases of crisis has been reported.	
13	The Project Director attended atleast 80% all the monthly meetings of the TI project during the year. The PD has attended and initiated action against the areas of improvement based on the minutes.	Attendance of meeting registers and minutes of the meeting. Action taken report based on previous meeting.	Invovement of Project director in project activities.	1	PD is actively involved in project activites and attended all the meetings and reviewed.	
14	Assets purchased under project is codified/marked	Assets register and purchase voucher (All the assets purchased under the project)	Proper assest maintance system	1	Assets are codified and assets register is well maintained.	
Total Score				13		

Targeted Intervention -Annual Evaluation Tool (IDU TIs) - 2024-25																	
District:					State:												
Program Delivery																	
		Achievement		Key Questions		Methodology to be adopted		Assessment Scores		Score Resulted		Explanation for score					
SLNo.		Indicators		Typology Applicable		Target				1		2		3			
SECTION 1: BASIC SERVICES																	
OUT REACH																	
1	Service delivery data of HRG maintained at outreach level.			FSW/MSM /TG/IDU	100 % of active population	1220	Whether PEs are maintaining the weekly planning and activity sheet (Format B/B_1) as per NACO's guideline.	Verify the master register of HRGs / line listing /weekly format B/B_1 of the last one quarter. Meeting with PEs should be conducted.	Form-B/B_1 is maintained by PEs but no prioritisation of HRG done by ORWs based on risk and vulnerability data.	Form-B/B_1 is maintained by PEs and proper prioritisation of HRG done by ORWs based on risk and vulnerability data.	Form-B/B_1 is maintained by PEs and proper prioritisation of HRG done by ORWs based on risk and vulnerability data.	2	Yes form BI is maintained by the TI staff. Prioritisation of the HRG is not done by the ORW based on the risk and vulnerability.				
2	Individual HRGs tracked for project services.			FSW/MSM /TG/IDU	Individual HRG tracking sheet	1220	Individual HRG tracked for ICTC, RMC and Syphilis testing. Updation of Risk, vulnerability and condom demand needle/syringe data on quarterly basis.	Interview with M&E officer, Counselors and project manager. Soft or hard copy of individual HRG tracking sheet and quarterly updation of risk and vulnerability data	Individual HRG tracking sheet is available but not updated. Tracking sheet is also not used for planning and prioritization of HRGs.	Individual HRG tracking sheet is available and updated. Tracking sheet is not used for planning and prioritization of HRGs.	Individual HRG tracking sheet is available and updated. Data is used for planning and prioritization of HRG. Project and M&E officer are able to provide data on - how many HRG tested for HIV once and twice, how many hrg visited STI clinic once, twice, thrice etc.	3	Individual Tracking sheet is available and updated. In the TI 182 tested for HIV once, 1018 for twice... Similarly 60, 51, 143 and 966 visited STI clinic once, twice, thrice and 4 time respectively.				
3	Registration of HRG against target			FSW/MSM /TG/IDU	100% of the Contract target	1220	All HRG should be registered by ORW. Format-A should be properly filled and master registration sheet completed and to be computerised	Verify the computerised master register of HRGs, line listing and filled format-A (data filled for all the indicators) for all the registered HRGs. Check for Drop-out records and TI to provide explanation in case of less than 100 % registration.	70-80 percent of the target HRGs registered.	81-90 percent HRGs were registered against the target	Above 90 percent HRGs were registered.	3	Against the target of 1000 TI registered 1237 HRG. Format A is properly filled for each HRG.				
4	Monthly activity calander and out reach plan for the TI staff is developed and adhered.			FSW/MSM /TG/IDU	Monthly review, Calander of activities & outreach plan for the current year.		Whether the monthly review is conducted, activity calander and out reach plan for the TI staff is developed, and revised plan for the subsequent month is developed.	Verify the monthly review minutes, calander, outreach plans, and relevant reports	Monthly meetings are conducted but not regular, calander of activities and outreach plan is not developed	Monthly meetings are regularly conducted and calander of activities and outreach plan is developed	Monthly meetings are regularly conducted, calander of activities and outreach plan is developed, performance is reviewed and follow up actions prompted.	2	Monthly meeting are held regularly but no action taken report has been generated for follow up..				

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5	Percent of target HRG reached by the project (As per contract) during last one year	FSW/MSM /TG/IDU	100% of the active population/contract target	1220	Average no. of HRGs were contacted at least once in every month with any or all project services by PEs during last one year	Verification of project proposal, ORW's format-C and monthly CMIS report. At least 20% of the randomly selected HRGs of selected hotspots need to be verified during the hotspot visits. 80% of the population and Line list ID numbers is to be constant. Cross verify with indicator for micro plan. Verify the remaining HRG taking services regularly by the TI.	60-70% of target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period	71-80% of target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period	Above 80% of target population were provided with any/all project services i.e. condom, needle/syringe, STI, ICTC and BCC/IPC services every month during the contract period	3	89 % of the HRG has been provided all the project services.
6	Regular Contact - NSP (No. of individuals target HRG contacted with any or all project services - NSEP/BCC/IEC/Referral	IDU	100% of contract target every month		Average no. of IDUs that were contacted at least 2 days in a week for the purpose of NSEP/BCC/IEC/Referral	PE form-B and ORW's format C and PE diaries . At least 20% of the randomly selected IDU need to be verified during above during hotspot visits.	60-70% of target group are contacted at least 2 days in a week for the purpose of NSEP/BCC/IEC/Referral	71-80% of target group are contacted at least 2 days in a week for the purpose of NSEP/BCC/IEC/Referral	Above 80% of target group are contacted at least 2 days in a week for the purpose of NSEP/BCC/IEC/Referral	3	Against the target of 1000 TI registered 1220 HRG. Out of these 1220 on an average TI contacted 1093 HRG every month for two times(89%)
7	Field visit by ORWs	FSW/MSM /TG/IDU			ORW visiting the field minimum 5 days in a week and providing supportive supervision to all the PEs of his/her areas for effective delivery of project services by PEs to HRGs and to ensure all the PEs have required skills.	ORW diaries, weekly staff meeting minutes, ORW movement plan/register and Form D. The same should be verified with the community and stakeholders during the hotspot visits	All PE have been met at the hotspot and provided support by ORW at least twice in a month	All PE have been met at the hotspot and provided support by ORW four times in a month	All PE have been met at the hotspot and provided support by ORW more than four times in a month and all hotspots are covered in a month	3	ORW has met with all PE at the hotspot and provided support more than four times in a month, and all hotspots are covered in a month.
8	Individual New HRGs registered during the year for any project services.	FSW/MSM /TG/IDU	20 % of MOU target with in a Year	213	Whether Outreach team registered new HRGs.	Verify the master register of HRGs / Registration form "A"	New HRG registered up to 10% against the Annual Target	New HRG registered up to 15 % against the Annual Target	New HRG registered up to 20% against the Annual Target	3	In the year 2023-24, 213 New HRG has been registered against the target of 1000

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9	Strengthening outreach activities against the plan by the TIs.	FSW/MSM /TG/IDU	24 health camp	12	How many Health Camp were planned to reach out the hard to reach population	Discussion with the staff and verifying the registers	Less 50%	51%-79%	80 % and above	3	12 health camps were organised in last one year (2024-25)
10	Number of HRG identified, registred, and reached from verious networks (Social Network, Virtual Networks, etc)	FSW/MSM /TG/IDU		0	Whether Outreach team was able to identify the HRGs operating through various social networks and virtual network and how many of them are registred and reached	Discussion with the staff/ Line list/ Services	Identified various social/virtual networks, listed the networks and line list of HRGs available with the project	Registered at least 60% of the line listed HRGs	Reached at least 80% of the registered HRGs with services.	0	TI is not using the social networking sites for registration
11	Established STI clinic / PPP /Government STI clinics linkages	FSW/MSM /TG/IDU	STI Services should be established	0	Set-up of STI clinic / PPP/ linkages developed with DSRC/Govt. Hospital as per NACO guideline.	Observations should be made based on NACO guidelines. Project STI Clinic, PPP registers and payment registers to be verified.	Project STI clinic / PPP linkages has been set-up but not as per NACO guideline.	STI clinic / PPP linkages in place but registers / patient card (Network clinic format) are not maintained as per NACO guideline at clinic	STI clinic / PPP linkages in place and requisite registers / patient card (Network clinic format) are maintained at clinic.	3	STI clinic is set up but the post of the doctor is vaccant since April, 2025
12	HRG attending STI clinics (Project based/ PPP /Government STI clinic) are counselled	FSW/MSM /TG/IDU	100% of clinic attendees	1	No. of HRG visiting to clinics are counselled.	Counselling registers, STI register and monthly CMIS/SIMS report. Interaction with STI providers/counsellors/ANM	60-70% of HRGs attending STI clinic were counselled.	71- 80% of HRG attending STI clinic were counselled.	Above 80% of HRG attending STI clinic were counselled.	3	During the year 2024-25 only 1 STI patient attended the STI clinic and same has been counselled
13	HRGs attending clinic for STI services such as RMC/GMC, Symptomatic and Presumptive in last one year	FSW/MSM /TG/IDU	4 times in a year of contract target	643	No. of HRGs attending regular medical check-up/general medical check-up (for IDU) four times during last one year	PEs Form-B/B_1, STI registers / tracking sheet, ORW form-c field diary, referral slips/registers, Payment register/slips of PPP doctors and monthly CMIS report	60-70% of the individual HRGs had undergone for RMC twice in past one year.	71- 80% of the individual HRGs had undergone for RMC twice in past one year.	Above 80% of the individual HRGs had undergone for RMC twice in past one year.	3	946 (94.6%)of the HRG had undergone for RMC twice in a year
14	Newly registered asymptomatic HRGs provided presumptive treatment (PT) during last one year	FSW/MSM /TG	100% of newly registered HRGs		No. of new HRG registered during last one year and received PT	STI CMIS/SIMS reports, Referral register, referral slips	50-60% newly registered HRG provided PT.	61- 70% newly registered HRG provided PT .	Above 70% newly registered HRG provided PT.		

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15	Percent of HRGs tested for Syphilis	FSW/MSM /TG/IDU	2 times in a year of contract target	400	Percent of individual HRGs tested for Syphilis during last one year	STI CMIS/SIMS reports, Referral register, referral slips, individual tracking sheet	30-40% of HRGs underwent Syphilis test	41-50% of HRGs underwent Syphilis test	Above 50% of the HRGs underwent Syphilis test	1	In the last one year only 400 HRG tested for syphilis against the target of 1000
16	Percent of individual HRGs tested for HIV during last one year	FSW/MSM /TG/IDU	100% line listed HRG	1018	No. of line listed individual HRGs tested for HIV during last one year	Referral registers, referral slips and PE form-B/B_1 and ICTC data. Verify the referral slips signed by the ICTC counsellors and POD no. provided.	40-50% of the HRGs underwent HIV test twice during contract period	51-60% of the HRGs underwent HIV test twice during contract period	Above 60% of the HRGs underwent HIV test twice during contract period	3	1018 HRG has been tested twice
17	Percentage of HRG tested positives are registered at ART centre	FSW/MSM /TG/IDU	100% of HRG tested positive	19	No. of positive HRGs registered at ART centre during last one year	Verify with the ART centre, referral register	50-60% of the total identified positive HRGs linked to ART	61-70% the total identified HRGs linked to ART	Above 70% HRGs linked to ART	3	19 are HIV positive and all are linked to ART centre
18	Abscess Management	IDU	HRGs reported with abscess	29	Proper dressing and treatment for all abscess cases under aseptic conditions at the clinic and through outreach	Clinic records, inspection of DIC, and interaction with clients	Aseptic abscess management services established for limited time	Aseptic abscess management services established and available to for entire day	Aseptic abscess management services established and available to entire day and abscess management also taken by ANM in the field	2	Aseptic abscess management services established only in the TI office not in the field
	No of Active Spoused and Partner identified in project.	IDU	Number of active spouses identified during the project.	483	How many IDUs are married and having regular partner as per the master register	Verify the Master register/ Female ORW DIARY/ referral slips/	Please specify the number to be linked with indicator 19, which will be the denominator for indicator 19			3	483 are married and having regular partner as per the master register
19	Number of active spouses and partners tested from the identified IDUs by the project.	IDU	Please collect the information from the project	483	Partners and spouses are tested against the identified by the project.	Verify the Master register/ Female ORW DIARY/ referral slips/	Less 50% tested	50% to 79% tested	more than 79% tested	3	All are tested
20	Number of active spouses and partners identified and positives linked to ARTC.	IDU	Total positive Identified	12	Partner and spoused are registred at ARTC.	Verify the Master register/ Female ORW DIARY/ referral slips/	Less 50% tested	50% to 79% tested	more than 79% tested	3	All are tested
21	20% of the existing active IDU population has been put on OST	IDU	20 % of the Active Population.	610	How many IDUs are currently on OST	Registration/ Reports/Service Directry	10-15 % of HRGs registred at OST and are active	16 -20 % of HRGs registred at OST and are active	Above 20 % of the HRGs registred at OST and are active	3	610 HRGs are registred and 220 are active
COMMODITIES											

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22	Individual HRGs are getting Needle and Syringes as per N/S demand analysis	IDU	100 % of distribution against N/S demand	616729	N/S distribution should be made as per demand/ requirement gap analysis.	Verification of individual peer form "B_1" and ORW form "C". Verification to be done during hotspot visit	N/S gap analysis done and at 50-55% of individual HRGs distributed against the requirement.	N/S gap analysis done and at 56-65% of individual HRGs distributed against the requirement.	N/S gap analysis done and at least Above 65% of individual HRGs distributed against the requirement.	3	198447 syringes were distributed in response to a demand of 205576 (96.5%). Similarly, 411152 needles were requested and were distributed 411152.(96.0%)
23	NSEP: Needle/Syringe Return Rate	IDU	80% of distributed needles/syringes should be returned / collected after use	547861	Percentage of needles/syringes distributed to IDUs being returned / collected after use for safe disposal	Verification of PE & ORW diary, DIC record, disposal register	30-40% of used needles/syringes being returned/collected for safe disposal	41-50% of used needles/syringes being returned/collected for safe disposal	More than 50% of used needles/syringes being returned/collected for safe disposal	3	365077 (92%) needles and 182784 (96.2%) syringes were returned
24	Bio-medical Waste (BMW) Management	FSW/MSM /TG/IDU	100 % of bio-medical waste from CBS being disposed off safely		Whether BMW guidelines are being followed for the safe disposal of waste generated in the TI programme.	Verification of PE & ORW diary, DIC record, disposal register, photographs	Waste Disposal mechanism in place but only collection of waste is being done as per the guidelines	Waste Disposal mechanism in place but only collection and disinfection is being done as per guidelines	Waste Disposal mechanism in place: collection, disinfection and final disposal being done as per guidelines	3	Waste Disposal mechanism in place: collection, disinfection and final disposal being done as per guidelines
25	Availability of drugs for STI treatment and Abscess management, with a buffer stock management in place.	FSW/MSM /TG/IDU	3 months buffer stock based on average monthly consumption		No. of times STI drugs, have been purchased/supply during the contract period. Was there any stock-out of commodities reported during contract period. If the supply is an issue from SACS, the indicator to be verified for the period when stock was available.	Verification of stock & distribution register and vouchers. Ask question about buffer stock system to project manager/ANM/Counsellor.	Reported stock-out of STI drugs during contract period	No stock out reported during contract period but buffer stock system was not followed as per guideline	No stock out reported during contract period and buffer stock system was maintained as per guideline.	3	No stock out reported for 2024-25 and buffer stock system was maintained as per guideline.
SECTION 2: SUPPORT SERVICES											
26	Identified cases from HRG were linked for TB to DOT centre (RNTCP) during the contract period	FSW/MSM /TG/IDU	100% of all identified cases of TB	0	No. of target group member linked to DOT centre during the contract period, detected for TB.	Verification of registers, general treatment register, referral slips/register	40-50% of the total identified HRGs linked to DOT	51-60% of the total identified HRGs linked to DOT	Above 60% HRGs linked to DOT	3	No TB case has been reported during the period 2024-25
ENABLING ENVIRONMENT											

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27	Advocacy meeting with key stakeholders (health service providers, Police personnel, ICTC/ART centres, PRI, Social Welfare Dept., Gate Keepers, etc.)	FSW/MSM /TG/IDU			Advocacy meeting held with key stakeholders at various level with plan.	Verification of minutes, meeting registers and MIS reports	Advocacy meeting are conducted on need based with or with out	Advocacy meeting conducted at all levels as per plan without proper documentation and follow up	Advocacy meeting regularly conducted as per plan at all levels with proper documentation and follow-up	2	Advocacy meeting are conducted at all levels with proper plan but no follow up has been taken
28	Crisis management team in place	FSW/MSM /TG/IDU	To be addressed 100 % cases	8	Set up of crisis management team at TI level, No. of cases reported and solved within 24 hours	Advocacy activities/ Crisis management or meeting register/no. of harassment cases reported (If no such cases reported then verify during interaction with HRG whether they have faced any such harassment/violence/ crisis during the contract period). To review supporting financial documents.	Crisis management team addressed 60% of the cases all reported during last one year	Crisis management team addressed 61-70% of the cases reported during last one year.	Crisis management team addressed above 70% of the cases reported during last one year	3	8 cases has been reported and all were addressed by the TI staff

COMMUNITY MOBILISATION

29	Collectivisation (No. of HRGs part of committees /CBOs / support groups)	FSW/MSM /TG/IDU			No. of HRGs are part of committees /CBOs / support groups out of the total registered HRG with the project	Verification of records/minutes of Committees /CBO / support groups meetings against the HRG registration document (If CBO do not exist with TI then HRG representation in the committee should be considered)	At least 30 % of the (registered HRGs) are part of Committees /CBO/ / support groups	30- 50% of the registered HRGs are part of Committees /CBO/ support groups. This should also include at least 30% are new HRGs registered more than 3 months	More than 50% of the registered HRGs are part of Committees /CBO / support groups. This should also include at least 50% are new HRGs registered more than 3 months	0	No CBO was formed
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COMMUNITY RESPONSE TO THE PROGRAM SERVICES

30	Project is adhering to confidentiality norms.	FSW/MSM /TG/IDU			Privacy in the clinic and information shared in the counselling sessions are maintained and not shared.	FGD with the 10-15 community members (suggested to conduct at the field).	50%-60% participants are sure of confidentiality norms being adhered at the project level	Between 61% to 80% of the participants are satisfied with privacy and confidentiality at the project level.	Between 81% to 100% of the participants are satisfied with privacy and confidentiality at the project level.	3	Two FGDs were conducted with the HRG. Around 40 HRG Participated. It was observed that the HRG were satisfied that their confidentiality is maintained.
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31	Community perception on project services	FSW/MSM /TG/IDU			Are the community members satisfied with the available services and services meet their demands.	FGD with 10-15 community members (suggested to conduct at the filed level).	50%-60% participants are convinced with the project services	Between 61% to 80% of the participants are satisfied with the project services.	Between 81% to 100% of the participants are satisfied with the project services.	1	out of 40 HRG only few were satisfied with the services being provided.. As doctor was not available since April they are facing problem in OST management.. Some are taking 5
32	Adequate supply of commodities(Condoms/Lubricants /Needle and Syringes, drugs)	FSW/MSM /TG/IDU			Condoms, needle & syringe for IDUs and Lubricants for MSM provided by Project	FGD with 10-15 community members (Suggested to conduct at the filed. If the project is composite conduct the FGD separately).	50%-60% participants are sure of confidentiality norms being adhered at the project level	Between 61% to 80% of the participants reported that they are getting the commodities as and when they demand.	Between 81% to 100% of the participants reported that they are getting the commodities as and when they demand.	3	HRG were reported that they are getting the needle & syringes on time.
33	Involvement of key stakeholders in programme monitoring	FSW/MSM /TG/IDU			Ability of the project to involve stakeholders like police, civic health service providers, social development sector officials in addressing the issues relating to project services	One to one interaction with at least 3 stakeholders of the project. (suggested to conduct at the filed).	One stake holders participated in addressing the issues relating to project services	Two stake holders have said S/he has involved in addressing the issues relating to project services.	All the three stakeholders have said that they involved in addressing the issues relating to project services.	2	Evaluation team able to met the two stakeholders. Their involvement in the TI project is visible. They are supporting the TI in organising the community evnets etc.
34	Involvement of Counsellor / ANM	FSW/MSM /TG/IDU			The counsellor/Nurse should be sensitive while addressing issues relating to community members.	FGD with the 10-15 community members (suggested to conduct at the field level).	50%-60% respondents reported that they are satisfied with the counsellor/ANM	Between 61% to 80% respondents reported that they are satisfied with the counsellor/ANM	Between 81% to 100% of the respondents reported that they are satisfied with the counsellor/ANM	3	HRG is satisfied with the counsellor/ANM services.
35	How many meetings conducted for community score card system in the year.	FSW/MSM /TG/IDU				Verify the filled in score card, meeting minutes, and follow up actions.	1 meeting conducted in a Year	2 meetings conducted in a Year	3 and more community meeting conducted in a Year	3	NA
SECTION 1: BASIC SERVICES								SECTION 1: TOTAL MARKS OBTAINED		64	
SECTION 2: SUPPORT SERVICES								SECTION 2: TOTAL MARKS OBTAINED		23	
* with regard to the commodities, the stock out experienced by TI may be taken in to consideration while scoring.										87	


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TI -Annual Evaluation Tool -2024-25
(FSW/MSM/IDU/TG)

Name of the NGO:SOSVA			District:Chandigarh		State:Chandigarh			
Finance								
SLNo.	Indicators	Key Questions	Methodolog y to be adopted	Score		Score Resulted "0" for No "1" for Yes	Explanation for score	Remarks
				1	0			
1	Budget Utilization	What is the percentage of budget utilized against the release of fund on the	Verification of vouchers, SOE, Bank book etc..	Utilization should be of or above 60% against the release of fund from SACS	Less than 60% of the released fund	1	Budget utilised more than prescribed limit.	
2	Pattern of expenditure	Whether the expenditure is as per approved budget in	Verification of vouchers, approved budget, SOE, Bank book	As per the approved budget or No but as per the approval from	No as per the approval.	1		
3	Bank Account	Whether a separate bank account maintained for the TI Project at the	Verification of bank book and other related documents	Separate bank account in place for TI project in the project area	No separate account	1		Seprate Bank Account Maintained
4	Systems of Payment-Verification of Bills and Vouchers (in case of book keeping is done by software, day wise prints of vouchers and ledgers	All payments made with proper bills and vouchers and are in place with proper approval along with the PFMS advice.	Verification of vouchers and bills	Vouchers and bills are properly maintained and are all with approval.	Inadeqaute and no approval from PD of the TI.	1		Properly Maintained
5	The PFMS portal is active	All the payments to the staff and vendors are done through the PFMS	Verification of vouchers and bills	PFMS portal is used for all transactions	PFMS portal is not used for of transactions	1		PFMS portal is used for all transactions
6	Systems of Payment/Mode of payments	All payment is through cheque/PFM S is Rs.5000/- as per revised direction	Verification of bank account and vouchers	No cash transaction above Rs.5000/-	Cash transaction for the amount more than Rs.5000/-	1		Payment through PFMS System
7	Systems of Payment-Record keeping	All vouchers are printed and machine numbered. Whether the ledger is maintained accordingly for vouchers	Verification of vouchers Verification of ledger	Vouchers are printed and machine numbered. Ledgers are maintained properly.	Not in place.	1		Voucher maintained as per ledger
8	Systems of booking keeping maintenance	Whether cash book maintained/e ntry made on daily basis	Verification of cash book and interview of accountant	Cash book is updated	Not updated	1		daily basis
9	Financial reporting-SOEs submitted as per	Whether SOEs are submitted to SACS on time in the	Verification of SOEs and interview of SACS official	SOEs are submitted on time and records for the same is	Irregualr in submission of SOEs.	1		SOEs are submitted on time and records for the same is avaiable.

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10	Financial reporting-Mismatch between physical & financial reporting	Whether any mismatch between financial and physical progress reports	Verification of MIS reports and audit reports	Nil or Negligible mismatch	Huge level of mismatch observed and not justifiable	1		Checked
11	Compliance to SACS directions	Whether NGO has complied to the audit observations	Verify audit recommendation and action taken based on the	NGO has given adequate attention to audit	No action from NGO side	1		Compliance as per SACS direction
12	Procurement system in place	What is the procurement system for purchase of drugs/needles and syringes/fixed	Three quotations to be collected (Not needed where the supply is from	Quotations are in place from three different parties and assessed.	No system in place, either by the NGO or Government system is in place	0		Random cases we not found quotation.
Total Score						11		

Scoringn sheet for IDU-2019

Name of the NGO:			District:		State:		
Calculation of score for stage 1							
S. No.	Particulars	Maximum no. of indicators	Max. Score	Minimum Qualifying Marks	Minimum Qualifying Percentage		
Stage1							
1	Organisational Capacity	14	14	11	79		
2	Finance	12	12	8	67		
Actual Marks (calculated automatically from the evaluation sheet)							
	Particulars	Max. Score	Actual Marks Obtained	Percent of Marks	Status-Qualified/ not Qualified	Remarks	
1	Organisational Capacity	14	13	92.9	Qualified		
2	Finance	12	11	91.7	Qualified		
Calculation of score for stage 2							
Weightage Score from Program Delivery (calculated automatically from the evaluation sheet)							
S. No.	Particulars	No. of indicators	Max. Score	Maximum weighted Score	Actual Score Obtained	Actual Weighted Score obtained	Percent score obtained
1	BASIC SERVICES	24	72	57.6	64	51.2	88.9
2	SUPPORT SERVICES	10	30	15.0	23	11.5	76.7
Total		34	102	72.6	87	62.7	86.4
Name of the Evaluators			Dr. Sukhbir Singh, Ms. Tabassum and Viernder Choudhary				
Extra Comments							

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