

# Evaluation Team & NGO

<b>Name of Team Leader</b>	<b>VIKRAM KAUL</b>
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<b>Name of NGO</b>	<b>DON BOSCO NAVJEEVAN SOCIETY</b>
<b>Target Group</b>	<b>INJECTABLE DRUG USERS</b>
<b>Target</b>	<b>700</b>
<b>District</b>	<b>TARN TARAN</b>
<b>Date of Visit</b>	<b>29th Nov to 1st Dec 2023</b>

# Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	23	69	55.2	64	51.2	92.8
Support Services	10	30	15	25	12.5	83.3
Total						90.7 %

Overall Grading(score) :- **“A”**

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	13	92.9	Qualified
Finance	12	9	75.0	Qualified

<b>Program Component</b>	<b>Strength</b>	<b>Weakness &amp; Recommendation</b>
<p><b>ORGANISATION CAPACITY</b></p>	<ul style="list-style-type: none"> <li>▪ Key office bearer of the TI had a fair understanding of the project and its implementation.</li> <li>▪ They had a vision about the project, its components and the impact and achievements.</li> <li>▪ NGO team is actively networking with the community, doing need based advocacy with the stakeholders and constantly reviewing the project.</li> <li>▪ Monitoring of the program by the NGO governing body is good.</li> <li>▪ Internal supportive supervision provided by the NGO, on timely intervals.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 50 % (1 ORW's, 1 F-ORW, 1 Counselor &amp; 1 M&amp; E) staff turnover was observed in year 2021 -2023.</li> </ul>

Program Component	Strength	Weakness & Recommendation
<p><b>PROGRAMME DELIVERY</b></p>	<ul style="list-style-type: none"> <li>• Good Coordination with OST and F-ICTC</li> <li>• Good Selection of Peer Educators</li> <li>• 768 / 771 (99.6 %) population were contacted regularly.</li> <li>• 2730 (88%) of the HRG's has undergone RMC 4 times in a 12 months.</li> <li>• 100% ART Linkages</li> <li>• 73 / 81 (90%) of active spouses and partners were tested from the identified IDUs by the project.</li> <li>• 59% of the existing active IDU population has been put on OST.</li> <li>• Good Advocacy initiatives were observed.</li> <li>• Effective stakeholders selection was observed.</li> <li>• 100% community was satisfied with service delivery and counselling services.</li> </ul>	<ul style="list-style-type: none"> <li>• Re- capping of needles were observed in 3 out of 7 PE's during N/S Collection.</li> <li>• TI needs to motivate 231 / 453 HRG's, who are both on OST &amp; Injection, to adhere OST norms.</li> <li>• Capacity Building on Bio-waste management is required to meet the project adherence norms.</li> <li>• STI counseling needs to be strengthened.</li> <li>• Monthly activity calendar needs to be updated with the purpose of field visit.</li> <li>• Crisis needs to be addressed and reported by NGO as the crisis cases were found addressed during FGD with HRG's but same were not documented.</li> <li>• Virtual registration need to be strengthened and documented.</li> <li>• ORW's and ANM needs to be trained on basics of First AID management at field level.</li> <li>• Safe Injecting practices needs to be strengthened more at field level.</li> <li>• Orientation of PE's and Involvement of HRG's in committees needs to be strengthened.</li> </ul>

A Report on Evaluation of:

**DON BOSCO NAVJEEVAN SOCIETY**

Baba Buda Super Market Tarn Taran Road Adda  
Chabhal, Near Ashok Tower, Tarn Taran,  
Punjab. 143301

**Submitted by**

Vikram Kaul  
Tripti Oberai  
Rahul Shukla

## Introduction

### ○ Background of project and Organization.

**DON BOSCO started its work in India in 1906.** Don Bosco Network spread over more than 145 countries providing various services to young people around the world. The network has secondary schools, senior secondary schools, colleges, formal and informal technical institutions, agricultural schools, social work centre's, mass media production centre's, publication houses, Special Schools, Vocational Centre's and Residential homes rehabilitation centre's for different categories of Children and Young at Risk – *Street Children, Slum Children, Child Laborers, Drug Addicts, Children with Special needs or at risk etc.* In India it is spread over more than 22 states with hundreds of educational, technical and social work centre's.

Don Bosco Navjeevan came into existence in the year 2001. Its sole purpose was to work for the betterment of children, adolescents and young adults who were marginalized or at risk. The focus of the Organization has been to reach out to the needy children and youth in the streets, slums and villages, improve the quality of the program and empower the staff and generally improve the quality of life of all individuals.

Don Bosco Navjeevan started the work in Chandigarh in 2003. It is a part of Don Bosco Network. From its inception Don Bosco Navjeevan was working for the downtrodden. Taking care of the slum children, young at risk and women empowerment.

### **Objectives :**

- Each and every person is created in the image of God. One cannot discriminate a human being on the basis of gender, caste, creed, ethnicity or political belief. Everyone has the right to basic human rights
- Working with the poor and marginalized implies having love and concern for them and expressing your solidarity with them.
- The Christian teaching demands of us an option for the poor and marginalized who are persecuted
- Encouraging the young to undertake various activities for their all round development

○ **Name and address of the Organization**

**DON BOSCO NAVJEEVAN SOCIETY**

Baba Buda Super Market Tarn Taran Road Adda Chabhal,  
Near Ashok Tower, Tarn Taran, Punjab 143301

**Chief Functionary**

Fr. Reji Tom (Project Director)

**Year of establishment**

2001

**Year and month of project initiation**

December 2012

**Evaluation team**

Vikram Kaul  
Tripti Oberai  
Rahul Shukla

**Time Frame :**

29th Nov. – 1st Dec. 2023

**Profile of TI**

**Target Population profile:** Intravenous Drug Users

**Type of Project:** High Risk Group

**Size of Target Groups:** 700

**Target Area:** Bul Bul Diya Maddiyan, Thakur Dwara Stadium, Dana Mandi, Dana Mandi 1, Seoul, Stadium, kasel, chappar, Mannan, Bhojian, Kot

## **Key Findings on Various Project Components:**

### **I. Organizational support to the program.**

During the visit by the evaluation team, it was observed that the key office bearer of the TI had a fair understanding of the project and its implementation. They had a vision about the project, its components and the impact and achievements. The NGO team is actively networking with the community, doing need based advocacy with the stakeholders and constantly reviewing the project. However, the monitoring of the program by the NGO governing body is good and the same was verified by meeting with governing body members.

### **II. Organizational Capacity:**

#### **1. Human Resources:**

All project staff positions have been filled as per project proposal. 4/8 (1 counsellor, 1 M&E, 1 ORW & 1 F-ORW) Staff turnover is seen in TI during the contract period. The ratio of ORWs to HRG population has been maintained as per norms. All staff has been appointed as per required qualification and job description has been given to each employee. The attendance and leave registers have been maintained as per Human Resource norms. The involvement of the project director has been relatively proactive as he has been attending all staff meetings.

#### **2. Capacity Building:**

Out of the staff of eight, 1 Program Manager, 2-ORW & 1 F-ORW's are trained by PSACS. M&E and counselor are new joiners and one ORW was promoted from peer and all three of them needs formal training on programmatic aspects. It was also observed that all the PE's were oriented at TI level but no formal training is conducted from PSACS. Although it was also observed that the field staff interacted with, the knowledge base of the Peer Educator appeared to be good regarding the programmatic aspects but 3/ 9 PE's needs to be capacitated on N/S collecting practice which was found wrong during the interaction with PE's. A refresher training of ANM on waste disposal mechanism is highly required, as wrong practice for the same was observed during evaluation.

#### **3. Infrastructure of Organization:**

The NGO Office is located in Chabhal Chowk, near Ashok tower which is easily approachable and accessible by the target community.

#### **4. Documentation & Reporting:**

At the level of the program manager, all plans and reports of the visits are being made, as documentation supporting the same was made available. Advocacy meetings being held with the stakeholders are also being documented, as meetings were conducted with primary and secondary stake holders and photos support the same.



### **III. Program Deliverables**

#### **a. Outreach:**

- 771 / 700 KP's are actively registered with TI from April 2022 - March 2023.. All the HRGs have been line listed and the computerized master register of HRGs is updated. Form A has been used properly. Form B has been documented as per the norms all the columns were filled properly. Staff has clarity for the same.
- There was a clear understanding of line listing and outreach planning was found appropriate as per the macro plan. All TI staff has their individual plan. Outreach planning is done by the ORWs along with the PEs. Monthly Activity Calendar is in place which is based on monthly meetings conducted, but the calendar needs to be updated with the purpose of field visit.
- Form B is filled by PEs in which the data of HRG's activities, commodities usage and risk and vulnerability were recorded.
- The three outreach workers + 1 F-ORW was in place and have clear understanding of their roles and responsibilities to provide necessary support to the PEs and proper information on harm reduction and safe sex practices to the community members. TI ORW's has 9 PEs to assist them at field.
- Although the Macro plan was present mentioning the date of visits, but the purpose of visit / activity needs to be updated at micro level.
- During the FGD with the PEs it was reflected that their role was to advocate the use of condoms and safe needles and syringes for harm reduction with the community members. 77% the population were provided with the project services. (N/S, HIV Testing, GMC). Services were low due to shortage / non availability of Kits.
- Services like needle syringe exchange, STI treatment, Condom Promotion and regular medical checkup, F-ICTC are being provided to the community by means of TI advocacy with network partners. Referrals and linkages have been established with ICTC, ART, OST, DOTS centre. NGO is linked with OST center within the CHC Chabhal's premises.
- Systematic management of Abscess treatment was found in well coordination with CHC although no case of Abscess was found during the evaluation period. Even though ORW staff needs to be train on field level dressing of abscess management.
- Meetings were conducted regularly both on weekly and monthly basis between the PEs / ORWs and the community members on one to one and group basis, the same is documented at TI level and reflected during the field visit.

- The quality of documentation of the ORWs has been found to be adequate with tracking and follow up.
- The quality of outreach work has been found satisfactory as evident during interaction with community members.
- During the visits, it was revealed that Form-B/B1 is being maintained by PEs. The quality of documentation of all the staff has been found good resulting in adequate tracking and follow - up. All project staff appeared to be dedicated and committed to their work which was evident from the type of interaction, communication and body language shared with the target group.
- Supervision- A good supervision mechanism is in place. The PM is proactive he reviews the project progress weekly and the PD reviews it monthly. However, the monitoring visits conducted by the program manager are documented properly. This is a very critical link of the project and proper format is in place.

#### **IV. COMMUNITY PARTICIPATION:**

##### **a. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, of these groups towards the project activities**

DIC Management committee, Crisis Committee and Program Management committee has been formed with participation of 12 HRG's only. The same needs to be strengthened up to the participation of at least 50% of the registered key population (PWID's).

##### **b. Community participation in project activities- level and extent of participation, reflection of the same in the activities and document.**

- One community event was held during the financial year April 2021- March 2022 with a participation of around 70 HRGs.
- 2 / 12 (16%) SOA activities were introduced in non catchment area. Shortages of kits were observed from Apr - August 2022 and Further Kits were stocked out from September 2022 - March 2023.

##### **Linkages :**

Assess the linkages established with the various services providers like STI & ICTC. Support system developed with various stakeholders and involvement of various stakeholders in the project: Through the interactions, the team found that though the stakeholders are aware about the project activities and advocacy efforts through stakeholders has been observed.

- TI is having linkages with CHC Chabal for GMC, Abcess Management and OST, STI, F-ICTC. For confirmatory HIV test and ART, TI is linked with civil hospital Amritsar and Taran Taran. NGO is also linked with 2 OOAT centers in Tharru and Kasael.
- 765 (50%) of the HRG's were tested for Syphilis. Stock -out of Kits were observed from Sep 2022 - Mar 2023.
- 2071 (86%) of the HRG's has undergone RMC 4 times in a 12 months.
- 746 / 771 (50%) HRG's underwent HIV testing during April 2022 - March 2023. (25 were positive) Stock-out of Kits were observed from Sep 2022 - Mar 2023.
- 2 positive cases found positive and all are linked with ART centers (Sep 2022 - Mar 2023).
- 453 (59%) of the existing active IDU population has been put on OST. 231 / 453 HRG's are both on OST & Injection.
- 81/ 771 (10%) of Active population is married / with partner and were identified in project.
- 73 / 81 (90%) of active spouses and partners were tested from the identified IDUs by the project.

## **V. Competency of the Project Staff:**

The staff is educated, knowledgeable, capable and competent enough to bring the project services in place. A programmatic and refresher training of the staff is required to update the trend module and smoothen the project activities.

### **a. Project Manager**

The PM possesses the degree of M.Com. He has been working with the organization from last 12 years. He is having knowledge about the proposal, Quarterly and monthly plans, program performance indicators. Periodic review meetings are held to assess the progress of the project. Advocacy initiatives and monitoring can be improved in the field

### **b. ANM/Counselor**

One Counselor and One ANM is placed in TI. Counselor is post graduate in sociology and ANM is intermediate with diploma in nursing. Both are aware of their roles and responsibilities and needs to enhance their knowledge on basic counseling skills and on waste disposal mechanism.

**c. ORW**

ORWs have satisfactory knowledge on various indicators for their PEs, hotspot plan and outreach activities. They are good with their referrals and linkages.

**d. Peer educators**

PEs were found to be active with their field work, and were able to prioritize hotspot, knew the importance of RMC and ICTC testing

**e. M&E officer**

M&E officer / Accountant is B.Com and was able to provide analytical information about the gaps in outreach, service uptake to the project staff. M&E was new and was able to provide the data with the help of PM and needs to capacitate on MITR.

## VI. 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.**

**Comment:** AMC head is basically to execute the contract/ arrangement for maintenance of computers and peripherals. An amount of Rs. 2,150/- has been made payment for printer toner out of use of other head fund. No fund for the same has been released in fourth quarter of 2022-23.

No approvals for the same found on record.

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.**

**Comment:**

- A. *Vouchers has prepared but not pre numbered / serial numbered.*
- B. *Stock register maintained but needs improvement, as stock should be physical verified by the higher authority. No such verification done.*
- C. *Fixed assets register not maintained as per GFR rule. The same has been maintained in stock register. However, stock register is only for moveable items not for fixed assets.*
- D. *Fixed assets physical verification report not found on record.*

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.**

**Comment:** *The procurement system is totally failure in terms of legality.*

- A. *An amount of Rs. 24,600/- paid to M/s Kunal Enterprises against bill no-G6085 dated 03/10/2023.*

<b>S. No.</b>	<b>Bidder</b>	<b>Date</b>	<b>Remark</b>
<b>1</b>	<b>Kunal Enterprises</b>	<b>25/09/2023</b>	<b>Comparison sheet has made on dated 25/03/2023.</b>
<b>2</b>	<b>Kiran Medicine Co.</b>	<b>25/09/2023</b>	
<b>3</b>	<b>Danish Pharmaceuticals</b>	<b>25/09/2023</b>	

The comparative prepared in the month of March, 2023 for the quotations of September, 2023 i.e., before the date of quotations.

**B.** An amount of Rs. 1,430/- paid to M/s Kunal Enterprises against bill no-G10545 dated 31/03/2023.

<b>S. No.</b>	<b>Bidder</b>	<b>Date</b>	<b>Remark</b>
<b>1</b>	<b>Kunal Enterprises</b>	<b>31/03/2023</b>	<b>Comparison sheet has made on dated 30/03/2023. i.e., earlier to the quotations date.</b>
<b>2</b>	<b>Kiran Medicine Co.</b>	<b>31/03/2023</b>	
<b>3</b>	<b>Danish Pharmaceuticals</b>	<b>31/03//2023</b>	

**C.** An amount of Rs. 3,000/- paid to M/s Rana Trading against bill no 1142/2023-24 dated 27/09/2023 for repair of computer. Quotations received from three bidders but following points are beyond justification:

- Quotations are without stamp of bidder and GST no.
- Two quotations M/s Rana Trading Co and M/s Rimax Computer Pvt Ltd have the same contact number, which is a sign to establish the fact that both bidders are same. And the quotations obtained just to fulfill the formalities.

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

**Comments:** Audit report not produced to us however audited financials for financial year 2022-23 produced.

## **VII. Services: Doctor/Counselor:**

- HRGs visit CHC for GMC through TI and followed by the same.
- During discussions with the ANM (as counselor has joined TI 5 days ago) it was observed that there was adequate coordination between both the important service providers. All patients referred by TI for F-ICTC or ICTC were properly followed up by the TI ANM and counselor. Adequate service line between PE's-ORW's-counselor is maintained at the field level. Counseling at the clinic is also adequate and there is a proper space for the same.

## **VIII. Community Involvement:**

- 2 hotspots: Chappar and Stadium were visited during the evaluation visit.
- Discussions with the community members (30-35 HRG's) revealed that they have good understanding of activities and services being provided by the project staff though a good rapport and friendly bonding between the PEs, ORWs were observed during the interaction.
- Most of the client shared that they met on regular basis but their knowledge about HIV/AIDS, STIs, condom usage and safe injecting practices were good.
- The community was satisfied with the services provided by the project staff.
- Although regular advocacy was found with the stakeholders to adhere to the project services to community members.

## **IX. Commodities:**

57755 / 61317 (94%) syringes and 125995 / 127028 (99%) syringes were distributed against the demand.

## **X. Enabling environment:**

The TI is trying to put efforts to sensitize the community by means of Advocacy skills, and Involvement of stakeholders within the community. Various government and non government schemes have been initiated to cater the services for the community.

22 KP's were introduced to Ayushman Bharat Yojna for health insurance in 2021 - 2023.

## **XI. Best Practices : NA**

## Reporting form C

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

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

<b>Name of the evaluators</b>	<b>Contact Details with phone no.</b>
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<b>Name of the NGO:</b>	<b>DON BOSCO NAVJEEVAN SOCIETY</b>
<b>Typology of the target population:</b>	Injecting Drug Users
<b>Total population being covered against target:</b>	700
<b>Dates of Visit:</b>	29th Nov. – 1 <sup>st</sup> Dec 2023
<b>Place of Visit:</b>	Baba Buda Super Market Tarn Taran Road Adda Chabhal, Near Ashok Tower, Tarn Taran, Punjab143301

#### **Overall Rating:**

<b>Total Score Obtained (in %)</b>	<b>Rating</b>	<b>Recommendations</b>
<b>90.7 %</b>	<b>Very Good</b>	<b>Recommended for continuation.</b>



### Specific Recommendations:

- ★ One ORW, counselor, M&E, ANM and all peer educators need to be trained on programmatic aspects and its implication at field level.
- ★ Re- capping of needles were observed in 3 out of 7 PE's during N/S Collection.
- ★ TI needs to motivate 231 / 453 HRG's, who are both on OST & Injection, to adhere OST norms.
- ★ Capacity Building on Bio-waste management is required to meet the project adherence norms.
- ★ STI counseling needs to be strengthened.
- ★ Monthly activity calendar needs to be updated with the purpose of field visit.
- ★ Crisis needs to be addressed and reported by NGO as the crisis cases were found addressed during FGD with HRG's but same were not documented.
- ★ Virtual registration need to be enhanced and documented
- ★ ORW's and ANM needs to be trained on basics of First AID management at field level.
- ★ Safe Injecting practices needs to be strengthened more at field level.
- ★ PM needs refresher training on updated programmatic aspects
- ★ Orientation of PE's and Involvement of HRG's in committees needs to be strengthened.

#### Name of the evaluators

#### Signature

Vikram Kaul	
Tripti Oberai	
Rahul Shukla	