

Evaluation Team & NGO

Name of Team Leader	VIKRAM KAUL
Name of Co- Evaluator	TRIPTI OBERAI
Name of Finance Evaluator	RAHUL SHUKLA
Name of NGO	Indian Council for Social Welfare
Target Group	FSW / MSM
Target	600 / 250
District	TARN TARAN
Date of Visit	2nd - 4th Dec 2023

Scoring

Component	Total Applicable Indicator	Maximum Score	Maximum Weightage Score	Score Obtained	Weightage Score Obtained	% of Weightage Score Obtained
Basic Services	17	51	40.8	39	31.2	76.5
Support Services	10	30	15	23	11.5	76.7
Total						76.5 %
Overall Grading(score) :- “B”						

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	13	92.9	Qualified
Finance	12	11	91.7	Qualified

Program Component	Strength	Weakness & Recommendation
<p>ORGANISATION CAPACITY</p>	<ul style="list-style-type: none"> ▪ 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. ▪ Less staff turnover was observed. 	<ul style="list-style-type: none"> ▪ Proactive Monitoring of the Program manager and NGO governing body need to be strengthened more. ▪ Program Manager and counselor should be trained on MSM component.

Program Component	Strength	Weakness & Recommendation
PROGRAMME DELIVERY	<ul style="list-style-type: none"> • (47.5%) FSW's and 42 / 50 (94%) of HRGs were registered against the annual target • (92 %) FSW HRG's and 380 MSM's (77%) underwent HIV testing during Apr 2022 - March 2023. • 100% ART & TB Linkages 	<ul style="list-style-type: none"> •MSM issues need to be addressed by community mentors within TI. •Myths and misconceptions among MSM PE's •Staff and PEs need to be trained on condom demonstration skills. •PE's needs to be strengthened on Form- B, with IPC and BCC sessions. •During FGD with HRG's it was found that safe sex practices were lacking, as low condom usage in MSM's and double condom usage in FSW's were observed. •STI Counseling needs to be strengthened. •Registration of HRG's through virtual networks needs to be enhanced. •Monthly Activity calendar should be maintained at micro level. •TO ensure the field visit of M&E for data validation and expenditure incurred. •The organization needs to work more closely in the crisis cases as well as document those in details. •Involvement of HRG's in organizational committees. •Involvement and supportive supervision of governing body is required to strengthen the programme.

A Report on Evaluation of

Indian Council for Social Welfare
Main Market Nanaksar Mohalla,
Opp Bazigar wali gali, back side civil Hospital
Tarn Taran, Punjab

Submitted By:

Vikram Kaul
Tripti Oberai
Rahul Shukla

Introduction:

- **Background of Project and Organization**

"Indian Council for Social Welfare" is a registered NGO- Non-Governmental Organization. Council is a legal entity and is registered under Societies Registration Act 1860 in New Delhi, India.

The Indian Council of Social Welfare is a recognized branch of ICSW, Central Office, Mumbai. ICSW Chandigarh Chapter started in the year 1976. It is a voluntary, non-political, secular organization successfully providing help to the needy and economically weaker section of the society. The various projects are being run by the ICSW as family counseling centre, vocational training programmed, school for street children, crèches, AIDS / Legal literacy awareness camps etc. Family counseling centre in chd. ,two crèches centers (one is in burial and one is Mohali) and khushee school at kajheri.

Name of the Organisation:-
Indian Council for Social Welfare

Main Market Nanaksar Mohalla,
Opp Bazigar wali gali, Back side civil Hospital
Tarn Taran, Punjab

Chief Functionary:-
Dr. Vikas Kumar Teji (Project Director)

Year of establishment:-
1976

Year and month of project initiation:-
December 2019

Evaluation team

Vikram kaul
Tripti Oberai
Rahul Shukla

Time Frame
2nd – 4th Dec 2023

Profile of TI

Target Population profile:	Female Sex Workers = 600
	Male Having Sex with Male= 250
Type of Project :	High Risk Group (Core Group)
Size of Target Groups :	600 + 250 = 850

Target Area : Muradpura, Gokulpura, Nanaksar, Jaswant Mohalla, Fateh chak,
Bath Road, Gondwal Bypass, kazikot Road, Patti, Tarn Taran 1, Tarn Taran 2

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 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 networking with the community, doing advocacy with the stakeholders, to ensure the smooth implementation of the program, monitoring and supportive supervision of the program manager and NGO governing body need to be strengthened more.

II. Organizational Capacity:

1. Human resources:

All project staff positions have been filled as per project proposal. One out of Six (17%) Staff turnover is seen in TI during the contract period which was filled within a month's time. In total, 2 out of 7 PE's (5 PE's in FSW and 2 PE's in MSM) are new and 29% attrition was found in PE's. The ratio of ORWs/PE's to HRG population has been maintained as per norms. 2 / 3 ORW's are from the community and they have maintained a rapport within the targeted community.

Currently there are 3 ORWs, 1 Counselor, 1 M&E cum Accountant and 1 Program Manager in the TI. All staff has been appointed as per required qualification and job description has been given to each employee and each staff member is able to understand their respective roles and responsibilities. The attendance and leave registers have been maintained as per norms. The involvement of the project director has been relatively fair as he has been attending all staff meetings.

2. Capacity building:

The Program Manager, counselor has not been trained on Programmatic aspects by PSACS. Among the field staff as informed by the Program Manager, 2 out of 3 ORW's has been trained by PSACS. Though internal training for peers has been conducted in TI and the record for the same was available. There is a need of training to bring more clarity on programmatic aspects of MSM typology, supportive supervision, and crisis management. Ccoordination within the staff

is found satisfactory but they need to orient more on condom demonstration skills and myths & misconception of HIV and IPC.

3. Infrastructure of Organisation:

The NGO Office is located at an approachable area near Civil Hospital Tarn Taran, which is easily accessible by the target community. The TI is having ample space and is also centrally located near most of the hot spots.

4. Documentation & Reporting:

At the level of the program manager, all plans and reports of the visits are being made as documents supporting the same were made available. Advocacy meetings though being held with the police personnel, Pimps, other Stakeholders and documented as most of the meetings are formal. All files and records have been maintained as per the guidelines of PSACS and NACO. The NGO sends the MITR to PSACS as per the timelines.

III. Program Deliverables

Outreach:

- **Line listing of the HRGs by category:** 607 / 600 FSW's and 245 / 250 MSM's were registered from April 2022- March 2023. All the HRGs have been line listed with proper risk assessment and the computerized master register of HRGs is updated. Form A has been used properly.
- There was a understanding of line listing and outreach planning was found appropriate as per the macro plan but the same needs to be mentioned at micro level in Activity calendar. 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.
- 69 % the population was provided with the project services. (Counselling, ICTC, RMC) from April 2022- March 2023.
- PE: HRG ratio: there are 7 peer educators (2 for MSM & 5 for FSWs) in the field. On an average, each PEs has got almost more than 80 HRGs under them.
- The outreach workers in place have an understanding of their roles and responsibilities to provide necessary support to the PEs and provide information on safe sex practices to the community but correct condom demonstration skills in 90% of the staff including peers needs to be strengthened. It was observed in both FSW & MSM Community that “roots of

transmission” is not much cleared and various myths were found in knowledge level of Peers & HRG’s (especially in MSM’s).

➤ Field Visit : (Nanak Pura and Fateh Chakk) :- Discussions with the community members revealed that they have understanding of activities and services being provided by the project staff though a rapport between the PEs, ORWs were observed during the interaction but lack of knowledge on HIV were found. Various myths like usage of double condom, HIV by Mosquito, sharing food, etc were observed. Moreover HRG’s revealed low usage of condoms especially in the MSM community including PEs.

- During an FGD with the PEs it was informed that their role was to share information about HIV/STI with the community members. However it was observed that the outreach planning was documented and was done with support of ORW. Lack of knowledge on peer dairy and poor condom demonstration skill were found. MSM community peers were having various myths on HIV.
- Services like, condom promotion, STI treatment and regular medical checkup are being provided to the community. Adequate quantities of condoms are provided by the PEs to the community members. Referrals and linkages with government clinics, PPP have been established for STI, PPP, Syphilis, ICTC & ART.
- Meetings were conducted regularly both on weekly and monthly basis between the PEs and ORWs and also with the community members on one to one and group basis. Hotspot meetings are been organized in every month by each ORW in their respective hotspot areas but the same was partially reflected at field level.
- During the visits, it was revealed that Form-B/B1 is being maintained by PEs in support of ORWs. Although all the PEs were literate enough except one even though they lack knowledge to fill up the format.
- The quality of documentation of all the staff has been found fair. The project staff needs to be strengthened in programmatic aspects.
- Supervision- A satisfactory supervision mechanism is in place. The PM reviews the project progress weekly and the PD reviews it monthly. However, the monitoring visits conducted by the program manager need to be strengthened.

IV. Community participation

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

Three committees were formed namely PMC committee, Crisis Committee and DIC Committee with participation of 10 participants needs to be strengthened by involving more community members.

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

- 131 participants attended 4 four community events from Oct 2021 – Sep 2023
- 9 SOA camps were conducted with participation of 181 Participants. Stock-out of kits were observed in July – August 2022.

V. Linkages

Assess the linkages established with the various services providers like STI & ICTC.

- 1119 (92 %) FSW HRG's and 380 MSM's (77%) underwent HIV testing during Apr 2022 - March 2023.
- 9 cases found positive (2 FSW + 7 MSM) in Apr 2022 - March 2023 and all are linked with ART centers.
- 1132 (93%) in FSW and 399 (81%) in MSM of the HRG's were tested for Syphilis.
- 46 / 57 (80%) FSW and 37 / 42 (88%) MSM's key population was provided with PT.
- 2 TB cases were found and same were linked to DOTS Centre.

Support system developed with various stakeholders and involvement of various stakeholders in the project: Through the interactions, the team found that the stakeholders are aware about the project activities and their role is diverse as the project services. Advocacy efforts through stakeholders have been observed but proper followed up is lacking

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:

- a. Guideline issued by SACS/NACO followed in most of the cases. But some of the guidelines in respect to maintain to books as (fixed assets register) not followed properly. Fixed assets register maintained but entry for the same has been made in stock register.
 - b. Fixed assets have not been physically verified. No such report 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: In case of purchase of lubricant substance, purchase procedure not followed properly. Quotations has not been obtained from different suppliers.

- 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: Procurement procedure not followed properly. Requisition has been fixed on the basis of past consumption but quotations from different suppliers not obtained for a competitive rate and quality.

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

Comments: Documents has been kept in satisfactorily manner.

VII. Competency of the Project Staff:

VII a. Project Manager

The PM is Graduate in sociology. He has been working with the organization for last 3 years. He is not trained on programmatic aspects with PSACS. He has prior 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 to enhance the project services.

VII b. ANM/Counselor

Counselor had done her graduation in Sociology. She is aware of her role and responsibilities and has knowledge on HIV but Delivery of counseling skills was lacking. She needs to be trained on programmatic aspects.

VII c. ORW

ORWs have knowledge on various indicators for their PEs, hotspot plan and outreach activities. They are satisfactory with their referrals and linkages. Documentation and advocacy initiatives are fair but need to orient more on programmatic aspects and condom demonstration skill.

VII d. Peer educators

PEs were found to fair with their field work, were able to prioritize hotspot, knew the importance of RMC and ICTC testing, have knowledge about condom depot but knowledge on peer dairy and condom demonstration skill is lacking.

VII e. M&E officer

M&E was able to provide analytical information about the gaps in outreach, service uptake to the project staff. Reported about various indicators in TI and MITR.

VIII. Services: Doctor/Counselor:

- ★ Medical Services are of PPP model and TI is having linkages with Private clinic, Civil Hospital. The STI clinic (PPP model) has adequate privacy. Patients for STIs are treated as per NACO guidelines though the doctor modifies the treatment as per condition of the patient.
- ★ During discussions with the counselor it was observed that there was adequate coordination between both the important service providers. All patients referred by the doctor for ICTC were proper followed up by the counselor.

Adequate service line between PE's-ORW's-counselor is maintained at the field level and clinic. Counseling at the clinic is also adequate.

- ★ Though referral and linkages with ICTC and STI PPP clinic, linkages have been established with Civil Hospital and private doctor (Mittal Hospital Gondiwal, Preet Hospital Sarhali Road and Sandhu Hospital Patti).
- ★ Condoms are freely available and adequate stocks and distribution is maintained for the same.

IX. Community Involvement:

- ★ Discussions with the community members revealed they have clear understanding of activities and services being provided by the project staff. Though a satisfactory rapport and friendly bonding between the PEs, ORWs were observed during the interaction
- ★ The community appears to be satisfied with the services provided by the counselor.
- ★ Although regular advocacy was found with the stake holders to adherence the project services to community members but needs to be planned and followed up thoroughly.

X. Commodities:

- ★ 131997 / 187296 (70%) in FSW's and 52426 / 74580 (70%) MSM's were distributed with condoms in accordance with their respective demand. Stock - out of condoms from Dec.2022-Sep.2023.
- ★ 760 Social marketing condoms were distributed from Oct 2021 - Sep 2023.

XI. Enabling environment:

- ★ The TI is trying to put efforts to sensitize the community by means of link ups with Ration Cards to 67 KP's and Voter Card to 15 KP's.
- ★ HIV Widow pension to 2 KPs
- ★ Sanitary pad distribution to 34 HRG's in Oct 2021 - Sep 2023.

XII. Best Practice: NA

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

Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
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Name of the NGO:	Indian Council for Social Welfare
Typology of the target population:	Female Sex Workers / MSM's
Total population being covered against target:	600 FSW / 250 MSM
Dates of Visit:	2 nd - 4 th Dec. 2023
Place of Visit:	Main Market Nanaksar Mohalla, Opp Bazigar wali gali, back side civil Hospital Tarn Taran, Punjab

Overall Rating:

Total Score Obtained (in %)	category	Rating	Recommendations
76.5 %	B	Good	Recommended for continuation.

Specific Recommendations:

- PM and Counselor needs modular training on programmatic aspects.
- MSM issues need to be addressed by community mentors within TI.
- Audio/Visual resource material should be introduced to enhance HRGs knowledge on risk reduction practices and eliminate myths and misconception.
- Staff and PEs need to be trained on condom demonstration skills.
- PE's needs to be strengthened on Form- B, with IPC and BCC sessions.
- During FGD with HRG's it was found that safe sex practices were lacking, as low condom usage in MSM's and double condom usage in FSW's were observed.
- STI Counseling needs to be strengthened.
- Registration of HRG's through virtual networks needs to be enhanced.
- Monthly Activity calendar should be maintained at micro level.
- Field Visit of M&E for data validation.
- The organization needs to work more closely in the crisis cases as well as document those in details.
- Involvement of HRG's in organizational committees.
- Involvement and supportive supervision of governing body is required to strengthen the program.

Name of the evaluators**Signature**

Mr. Vikram kaul	
Ms. Tripti Oberai	
Mr. Rahul Shukla	