

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 Educational Society
Target Group	FSW
Target	600
District	TARN TARAN
Date of Visit	8th – 10th 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	42	33.6	82.4
Support Services	10	30	15	23	11.5	76.7
Total						80.8 %

Overall Grading(score) :- **“A”**

Component	Applicable Indicator	Score Obtained	% of Score	Qualify/Disqualify
Organization Capacity	14	12	86	Qualified
Finance	12	11	92	Qualified

Program Component	Strength	Weakness & Recommendation
<p>ORGANISATION CAPACITY</p>	<ul style="list-style-type: none"> •Proactive involvement of the PD in the project was observed. •Monitoring and supervision of the PM was found good •No attrition was found in core staff. 	<ul style="list-style-type: none"> •No community consultation minutes were found in PMC after 17th Feb. 2023 •Ensure the privacy in DIC

Program Component	Strength	Weakness & Recommendation
<p>PROGRAM DELIVERY</p>	<ul style="list-style-type: none"> •2322 (93%) of the HRG's has undergone RMC 4 times in 12 months. •1132 (91%) HRG's underwent HIV testing •100% HRGS are satisfied with the project services . •Stakeholders available with TI NGO were found proactive 	<ul style="list-style-type: none"> •PEs need to be trained on Form B and IPC skills at field level. •Intake of STI counseling should be strengthened •TI should address Myths and misconception on roots of transmission of HIV within the key population •Confidentiality of PLHIV was lacking •TI should be oriented on Advocacy and Crisis also needs to be addressed and documented. •Staff should be oriented on forming the committees and its relevance in TI program and involvement of HRG's in committees •Program need to bring changes through addition of virtual network registration. •Waste management procedure need to be followed as per the norms.

A Report on Evaluation of :

Indian Education Society

Backside Mohan Palace,
Near Railway Phatak
Sarhali Road, Patti, Punjab

Submitted By:

Vikram Kaul
Tripti Oberai
Rahul Shukla



INTRODUCTION

◆ Background of Project and Organization.

The Indian educational Society was founded by 7th December 2000. It is registered with Niti Ayog.

Present Activities :

- ◆ Awareness Generation Programs for Women
- ◆ Free Medical Camps.
- ◆ Vocational Training Programs for Women.
- ◆ HIV/AIDS Awareness Program
- ◆ Blood Donation Camp
- ◆ Celebration of National/International Days.
- ◆ Mass Marriages

Sources of Funding :

- ◆ Grant in Aid from Various Departments/Agencies.
- ◆ Members, Subscriptions & Donation Five Years.

Organization Strength :

- ◆ Sound-Vibrant and Dynamic team.
- ◆ Dedicated experienced members & Volunteers
- ◆ Transparent computerized accounting system
- ◆ Computer with skilled staff.

Objectives :

- ◆ To motivate youth for unity & integrity towards the Nation.
- ◆ To create aptitude towards sports & culture.
- ◆ To all round development of youth talents.
- ◆ To work for upgrading the socio-economic condition of the poor.
- ◆ To develop the education status of the poor.

◆ **Name and Address of Organization :** **Indian Educational Society**

Backside Mohan Palace,
Near Railway Phatak,
Sarhali RoadPatti, Punjab

◆ **Chief Functionary** : Mr. Avinash Rana (PD)

◆ **Year of establishment** : December 2000

◆ **Year and month of project initiation** : January 2013

◆ **Evaluation team** : Vikram kaul
Tripti Oberai
Rahul shukla

➤ **Time frame** : 8th – 10th Dec 2023

Profile of TI

- **Target Population profile :** Female Sex workers
- **Type of Project :** High Risk population
- **Size of Target Groups :** 600 (621 Active)
- **Target Area :** Kullah, Shaheda, Waltoha,

Khemkaran, Nabipur, Ward no 11 & 12, Asar Road, Cheema.

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 was having understanding about the program and its implementation. The NGO team is networking with the community. The monitoring of the program by the NGO governing body is found satisfactory. Project Director was present on both the days of evaluation.

II. Organizational Capacity

➤ Human Resources

All staff positions have been filled and adequate with PM, M&E, Counsellor, 2 ORWs and 6 peer educators. Project Manager, Counsellor, Accountant, ORW's and Peer educators were present at the time of evaluation. Job descriptions have been given to the staff, which is evident through the clarity of roles and responsibilities with the staff. Attendance and leave registers have been maintained.

➤ Capacity building:

Both the ORW's and M&E have been trained by PSACS. In-house trainings has been initiated by TI. Staff has good outreach skills at field level. PM, counsellor and accountant needs to be trained on programmatic aspects, however they have clarity on concepts of Service delivery, Advocacy, Crisis and Committees formation, which further need to be capacitate rigorously .

➤ Infrastructure:

The site office is located in approachable area near Railway Phatak Sarhali road, Patti and is covering some distant sites too, from TI. Although TI is situated within the periphery of civil hospital, hence it is easily approachable for HRG's. A proper space for privacy in DIC shall highly be appreciated.

Documentation and Reporting:

At the level of the program manager, all plans and reports of the visits are being made was satisfactory. Advocacy initiative was partially been taken by the TI and its record was maintained but no follow-up was reported for the same.

III. Program Deliverables:

Outreach

- **LINE LISTING:** It was observed that the outreach workers and the peer educators had the line listing in place. 621 / 600 KP's are registered with TI from April 2022- March 2023. And the same was reflected during field visit as most of the community members were from community and the same was revealed by PPP doctor.
- All ORWs are having 621 HRGs in their line listing and the documentation record for the same was available. Updated Individual tracking sheet was found with TI and the same data is used for planning and prioritization of HRG's.
- Form B is maintained by ORW with prioritization. ORW's were clear on Risk Assessment points. Although peers were illiterate but need to orient more about form B.
- **MICRO PLAN:** The planning schedules of the staff were present for all the outreach workers and counsellor but the same needs to be updated at micro level. Program Manager has separate plan for the same.
- The daily dairies of ORWs were also maintained according to the guidelines and verified with the movement register and Macro Plan.
- The ORWs are marinating planning documents. The tracking of the HIV testing is 91%. And 2322 (93%) of the HRG's has undergone RMC 4 times in 12 months.
- **COVERAGE OF TARGET POPULATION:** The yearly target of 621 populations is being covered by the hotspot visits as well as group meetings conducted by the outreach workers and peer educators.

- The ratio of peer educators, as well as of ORW's to high risk groups is maintained as per norms.
- **OUTREACH PLANNING:**
Basic knowledge of staff on program was satisfactory. However skill of condom demonstration within the staff was proper. Most of the peer educators were having knowledge about condom usage, STI management and HIV/AIDS.
- The outreach workers have maintained satisfactory relationship at field level, But the crisis taking place was not fully addressed by TI.
- **QUALITY OF PEER EDUCATION:** Interaction with the target groups during the FGD it was observed that they were partially lacking knowledge of Form B but were aware about the project services. It was also observed that among 6 PE's, 3 PE' were well skilled in condom demonstration, 1 was partially skilled and two PE's denied to demonstrate. Basic knowledge of HIV transmission was found satisfactory.
- **SUPERVISION:** The monitoring component of PM at field was found satisfactory.
- TI staff are quite skilled to bring the goals of the project

IV. Community participation

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

Crisis management Committee, Program Management Committee, DIC management Committee, has been formed by TI with participation of only 15 HRG's.

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

Two community events were organized during 2021-2023 with participation of 80 HRGs.

V. Linkages

TI has linkages with Civil Hospital Patti, ART Taran Taran, Civil hospital khemkaran & Sandhu Hospital Patti (PPP).

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

- 1132 (91%) HRG's underwent HIV testing. Shortage of HIV kits were observed from Oct 2022 - Till date.
- 858 (69%) of the HRG's were tested for Syphilis. Shortage of Syphilis kits were observed from Oct 2022 - Till date
- 2 HIV positive cases were found (both from khemkaran) and all are linked to ART.
- 27 / 36 (75%) key population were provided with PT. 6 were found symptomatic and were referred to STI Clinic. 3 cases were left due to shortage of KITS

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 also involved in liasoning and service deliverables, which are enhancing the role of stakeholders in project adherence.

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: In most of the cases guidelines has been followed but needs some improvement.

- a. MOU/agreement with doctors has been executed but not on legal paper as non-judiciary stamp paper. In such condition the validity of the MoU cannot be justified in legality term.
- 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. 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. As per GFR, the fixed assets register shall contain the details as date, name of supplier, invoice number, amount, location of the assets, warrant/guarantee period of assets, due date of next maintenance and remark etc. (Reference stock register page no 03 item chair sofa)
- B. Fixed assets physical verification report not found on record. The same should be periodically verified.
- C. Stock register has been maintained but need some improvement as column "particulars" in stock register should have the detail as invoice number and name of supplier. (Reference stock register page no- 16)

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 system has not been followed properly. A complete procurement system is a combination of requisition, quotations, comparative and receipt of goods with proper entry in stock register. The basis of our observation is as under.

- a. Stationery of Rs. 6,920/- purchase from M/s Harpreet Traders, however purchase order to purchase the same not found on record. The objective of the purchase order is to reconfirm the terms and condition of rate, quality and delivery of goods. Quotations, and requisition are found on record.

Recommendation: It is advisable to mentioned the terms and condition on purchase order for goods/consumable, so that the requisite quantity can be delivered with quality and within the time limit.

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

Comments: As the concerned person (Programme Manager) told us that audit was conducted by SACS but not such audit report with observation issued to NGO. Audit report in form 10B/10BB with audited financials not found on record.

VII. Competency of the Project Staff:

a. Project Manager

The PM is B.Com. He has been working with the organization from last 2 years as a project manager. He is having knowledge about the proposal, Quarterly and monthly plans, program performance indicators. PM seems to be active as per his job responsibilities.

b. ANM/Counselor

Counselor has graduated in Sociology. The Counsellor is aware of her role and responsibilities and has knowledge on basic counseling and HIV but lacks counseling skills. However, knowledge on counseling can be improved by further capacitating.

c. ORW

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

d. Peer educators

PEs were found to be active with their field work, but were not able to fill from B independently, knew the importance of RMC and ICTC testing. Regular capacitating at TI level meetings will further help them in understanding the smooth running of project.

e. M&E officer

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

VIII. Services: Doctor/Counselor

- NGO is associated with a PPP doctor. The doctor is MBBS & MS and has been found cooperative with the key population, In his absence, community used to visit his junior Doctor (Staff) (As per the statement of Key population). Patients for STIs are treated as per NACO guidelines, though the doctor modifies the treatment as per condition of the patient. Proper document / record of HRG's were present at PPP clinic.
- During discussions with the counselor it was observed that there was coordination between the service providers. All patients referred by the doctor for ICTC were followed up by the counselor. Counseling at the clinic was adequate. But STI counseling needs to be strengthened more.
- Though referral and linkages with ICTC, ART center linkages have been established with civil Hospital and ART Taran Taran and its documentation and follow up of the same are appropriate. No Symptomatic TB cases were identified during evaluation period.

IX. Community Involvement:

- Hotspots – Two (Asar Road and Shaheeda) hotspots were visited during the evaluation.
- 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 and knowledge on HIV was partially found. Myths and misconception regarding the route of transmission of HIV was observed.
- Although Crisis committee is formed but most of the crisis are resolved within the community itself.

X. Commodities:

69% condom distribution was reported from 2022 -2023. Stock – out of condom were observed from March 2023 to till date.

XI. Enabling environment:

The TI is trying to put efforts to sensitize the community by means of link-ups with Voter Card for 19 HRGs, Ration Card of 23 HRG's, and Sanitary Pads distribution to 460 HRG's on no profit and no loss basis.

XII Best practices: NA

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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 Education Society
Typology of the target population:	Female Sex Workers
Total population being covered against target:	600
Dates of Visit:	8 th – 10 th Dec. 2023
Place of Visit:	Backside Mohan Palace, Near Railway Phatak, Sarhali Road Patti, Punjab

Overall Rating:

Total Score Obtained (in %)	category	Rating	Recommendations
80.8 %	A	Very Good	Recommended for continuation.

Specific Recommendations and Observations:

- TI Staff need to be trained on programmatic aspects except ORWs.
- PEs need to be trained on Form B and IPC skills at field level.
- Intake of STI counseling should be strengthened
- TI should address Myths and misconception on roots of transmission of HIV within the key population
- Confidentiality of PLHIV was lacking
- TI should be oriented on Advocacy and Crisis also needs to be addressed and documented.
- Staff should be oriented on forming the committees and its relevance in TI program and involvement of HRG's in committees
- Privacy of DIC should be highly appreciated.
- Program need to bring changes through addition of virtual network registration.
- Waste management procedure need to be followed as per the norms.

Name of the evaluators

Signature

Vikram Kaul	
Tripti Oberai	
Rahul Shukla	