# Evaluation report of the

**New Generation**

**Targeted intervention for Female Injecting Drug Users**

**Chandel, Manipur**

**Introduction:**

The first evaluation of the FIDU project for Imphal East District in the organisation was conducted on 22, 23 and 24 October 2015. The size of the target group was 150. However, there is registration of HRGs against the target is 180.

**Background of Project and Organisation:**

New Generation is a non profitable organisation working for the welfare of destitute and deprive people who are really in need. The motto of the organisation is “Healthy People Healthy Nation”. The organisation has been implementing the TI project for Female Sex Workers for the last ten years at Moreh. It has been giving importance to the FSW+FIDU. The FIDU project in Moreh, Chandel district started since December 2013 with a target of 150 FIDU.

**Profile of the TI**

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| **Name of Organization** | New Generation |
| **Chief Functionary** | T. Dhyanchand Singh |
| **Year of establishment** | 1991 |
| **Type of Project** | Targeted Intervention for Female Injecting Drug users |
| **Year and month of project initiation** | December 2013 |
| **Size of target Groups** | 150 FIDUs |
| **Target Areas** | Chandel District |
| **Sub groups and their size** | NA |
| **Evaluation Period** | April 2014 - September 2015 |
| **Visit Dates** | 22,23,24 October 2015 |
| **Persons Met** | Chief Functionary, Project Manager, ANM/Counsellor, ORWs, M&E cum Accountant, PE s |

 

**Key Findings and recommendations on Various Project Components**

1. **Organizational support to the programme**

The Chief functionary of the organisation gives full support to the project. All project staff and PE positions have been filled. Appointment letters, job decription, staff attendance sheet are maintained well. The governing body is involved in addressing the issues of crisis faced by the communities.

**II.Organizational Capacity**

1. **Human resources**:
2. **Project Director**: 1
3. **Project Manager**:1
4. **M&E cum Accountant:1**
5. **Outreach Workers**:2
6. **ANM/ Counsellor** : 1
7. **Peer Educators :4**
8. **Capacity building:**

Induction, orientation and refreshers trainings are conducted as per need of the project**.**

1. **Infrastructure of the organization:**

The organisation has good infrastructure to support the project. The FIDU project infrastructures are well maintained. The assets are codified.

**Documentation and Reporting:**

Documentation process follows the norms of the project and confidentiality are maintained as per the guideline. The project manager is able to explain the documentation and reporting process. However, documentation of the advocacy programmes needs improvement. It does not reflect the objective and process very clearly.

**111.Program Deliverables**

**Outreach**

1. **Line listing of the HRG by category.**

Line listing is arranged by category and also available at ORW and PE level for outreach service delivery. Line list of the active HRGs were updated on regular basis.

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

Outreach planning and micro plan is in place and used by ORWs and Nurse/counsellor in delivering the project activities. Form B\_1 is maintained by Peer educators at the project level. Interacted 4 peer educators. Proper prioritisation of HRGs done by only by ORWs based on risk and vulnerability. The HRGs interacted during the FGD were not aware of the available services in the project. They said that the DIC is far and not comfortable for them to attend DIC. Sensitisation of the services available and importance of attending DIC should be strengthened among the HRGs.

1. **Coverage of target population(sub-group wise):Target/ regular contacts only in HRGs**
2. Out of 174 active populations all of them were on NSP. Out of 174 FIDUs, 135 (77.5%) were contacted by the project team (both outreach and clinic) regularly during the period as per record available. However, it is not reflected in during HRGs interaction. The HRGs interacted during the FGD were not aware of the available services in the project. They said that the DIC is far and not comfortable for them to attend DIC. Sensitisation of the services available and importance of attending DIC should be strengthened among the HRGs. All are aware of the condom and NSP but these 10 participants did not know about other services. They also shared that they never attend clinic and DIC.
3. **Outreach planning:**

Outreach planning is in place. Individual HRGs were tacked for ICTC and STI testing. Contact mapping, spot analysis and social mapping records are available.

1. **Regular contacts:**
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3. **Documentation of the peer education:**

Outreach plan and activities sheet / record are documented by the PEs with support from ORWs. Form B\_1 is maintained by Peer educators at the project level. Interacted 4 peer educators. Proper prioritisation of HRGs done by only by ORWs based on risk and vulnerability

1. **Quality of peer education:**

Peer education is provided at the hot spot/demand generation meeting, 1 to 1 interaction and 1 to group interaction as and when needed. The 4 Peer Educators are not aware of prioritisation of HRGs and use of data though the formats and data are understood by the ORWs. The PEs should be given handholding training at the field and DIC level.

1. **Supervision:**

Monthly supervision is provided by the Project Director and Project Manager on regular basis. And regular guidance and correction is also done. It is reflected in the meeting reports. Action taken reports is included in the resolution of the meetings.

**IV. Services**

1. **Availability of STI services:**

Static STI clinic is set up and spacious. 1 full time doctor and 1 trained nurse are available in the clinic. Doctor visited thrice in week and nurse whole working days in every week. But clinic room need to be hygienic. It was observed that lot of fungus in the wall of room. Maintain network clinic format maintain individual client case file, STI clinic attendance register, referral format as per NACO guidelines. Maintain separate counselling room. 314 FIDUs were attended in STI clinic. Out of it 259 of them were counselled (Crossed checked two quarters -July to September 2014 and July to September 2015 records - Form B, C ORW's dairies). However, unable to track individual head count.

1. **Quality of the services:**

As per records found, quality of the services is good. However, it needs to improve as the sharing by the HRGs during the focus group discussion showed that are not aware of the services except for the Condom distribution, HIV test and NSP.

1. **Quality of treatment in the service provisioning**:

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1. **Documentation:**

The documentation as per the project proposal is done. Formats and monthly reports were used properly. However, it needs improvement in the documentation of crisis, advocacy and community events. Although it was mentioned by the Chief functionary and project staff regarding the community events organised in collaboration with other NGOs in the areas and also the events organised by the organisation itself, only 1 report was maintained.

1. **Availability of Condoms:** Condoms are available. 94% of individul HRGs distributed condom against the requirement. Gap analysis done. Verified in the field visit also.

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1. **No. of condoms distributed:**

10618 condoms were distributed in the last quarter through free at outreach/DIC and social marketing.

1. **No. of Needles / Syringes distributed through outreach / DIC**:

10626 N/S were distributed in the last quarter through outreach and DIC.

**Information on linkages for ICTC, DOT, ART, STI clinics:**

ICTC linkage is good. Above 50% FIDUs were tested for HIV during the period.. 152 (87%) of them were tested for syphilis during the reporting period at the project DIC clinic with syphycheck – WB. Record of 1 HIV positive client is found. She was linked to ART. But at present, she is in Jail, Myanmar (as per interaction with project staff and peer educators.). During the period 36 FIDUs were newly registered in the project. All of them were given PT. 26 FIDUs were linked with DOT as per observation and verbal screening.

1. **Referrals and follows up:**

Referral and follow up was done as per need and by compulsion. Good follow up services were paid to the HRGs as per record.

**V. Community participation**

1. **Collectivization activities:**

3 (2%) registered HRGs were part of the crisis response team.

1. **Community participation in project activities:**

**VI. Linkages**

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

The project has good linkages with various service providers. 26 FIDUs were linked with DOT as per observation and verbal screening.

 

1. **Percentages of HRGs tested in ICTC:**

Above 50% FIDUs were tested for HIV during the period. Unable to track head count of HRGs who were tested once or twice from the available records and it is also not reflected in PE planning and activity sheet. Crossed checked and tracked with Form B, ORWs dairies for two quarters April to June 2014 and July to September 2015. It is suggested that to improve tracking system risk and vulnerability as well as service delivery.

**Support system:**

1. System of planning: - Existing and adherence to NGO guidelines/any approved system endorsed by SAC/NACO-supporting official communication.

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| Sl. No | Particulars | Remark/suggestion for improvement |
| 1 | Budget preparation/Project report | Annual work plan indicating month-wise has been prepared and monthly/quarterly progress report and Financial Statement of Expenditure [SOE] are not submitted regularly to the Manipur State Aids Control Society. |

1. System of payments: Existing and adherence of payment endorsed by SACS/NACO, available and practice of using printed and serialized VOUCHERS, proved system and norms, verification of documents with minutes, bills, stock and issued register, practice of settling of advances before making further payments.

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| Sl. No | Particulars | Remark |
| 1 | Adherence of Payment endorsed by SACS/NACO | Payments of above 5000 are made in cash so adherence of payments endorsed by SACS/NACO should be followed |
| 2 | Debit Vouchers serialized Manual/Printed and Supporting Cash Memo, APRs Bills, Money receipts etc | Debit voucher are printed and printed number generated from tally software, the supporting APRs and cash memo are maintained properly and verified by Secretary, Program Manager and Accountant. |
| 3 | Books of accounts | Regular books of accounts have been maintained |

1. 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.

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| Sl. No | Particulars | Remark |
| 1 | Formation of Procurement Committee | Procurement Committee is formed comprising of Secretary, Program Manager and Accountant |
| 2 | Adherence of WHO-GMP/Jan Ausadhi Yojana Guideline | Most of the medicine items are under the GMP/ Jan Ausadhi Yojana products. |
| 2 | System of Procurement / Purchase & mode of payment | Bulk purchases are made through purchase committee, after obtaining three quotations from different firms and payments are made by cash below Rs.5000/- |
| 4 | Stock register of Inventories, Consumables & Periodical Physical Verification | Stock register are maintained and entering in stock register is quite satisfactory. Periodical physical verification is conducted. |

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

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| Sl. No | Particulars | Remark |
| 1 | Separate bank account for Project and Authorized signatory | Separate bank account is maintained with Allahabad Bank A/c 50196993331 and operated jointly by President, Secretary and Treasurer |
| 2 | Preparation of Bank reconciliation statement | Bank reconciliation is prepared for every month |
| 3 | Audit of Books of Account & comments & observations from Auditors | The books of account are audited by M/S Kunjabi and CO Chartered Accountants, Imphal upto 31.3.2015 and comments & observations of Internal Auditors report from MACS is presented and steps were have been taken up |

**Achievements, Areas of improvement and Recommendations: (on financial system and procedures)**

1. The overall financial system & procedure is satisfactory
2. **Vouchers**

The quality of vouchers is satisfactory.

1. **Format.-**

The formats given in the NGO/CBO Guideline used.

1. Withdrawal from bank account is made on ad-hoc basis. Drawls from bank should be made on the basis of a fair estimate of expenses to be incurred in a particular expenditure period so that cash should not be held in hand for an unfairly long period. The estimates so prepared should be placed before the designated committee of the Organisation for sanction and be drawn from the bank.
2. The Operational Guidelines for NGOs/CBOs published by the National Aids Control Organization are strictly followed. It is observed that the staff of the NGO is much aware of the guideline.

**VIII. Competency of the project staff**

**VIII a. Project Manager**

The Project Manager started working in the project since inception. She has good knowledge of drugs and HIV/AIDS programme. She has experience of working in MSM TI Project.

**VIII b. ANM/Counsellor in IDU TI**

The ANM/Counsellor has just joined the project in the month of May 2015. She does not have much knowledge of the present project. However, she gets handholding support from the nurse of FSW project being implemented by the organisation. She needs more training of handling the issues of STIs and other cases related with FIDUs.

**VIIId.ORW**

Out of the 2 ORWs 1 was appointed in the month of Feb 2015. 1 joined the project since inception of the project. Both the ORWs need to be trained. Improvement is needed for field work and guiding the PEs in the field and DIC level.

**VIIIf. Peer educators in IDU TI**

There is high turnover for PEs. Though the replacement was done immediately after the previous was dropped out, their knowledge on peer education is very limited. They need handholding support from the ORWs and PM. They need training on gap analysis, mapping , community mobilisation and peer education.

**IX. a. Outreach activity in Core TI project**

Outreach activities are performed well. As per interaction with PE s and ORWs all peer educators have been met and provided support by ORWs more than four times in a month. It was conducted as per plan and need.

**X. Services**

Condom distribution and NSP are provided well. However, other services like clinic, counselling, referral need to improve. Although there are records for STI, counselling and referral, individual head count is not done. Therefore, it was difficult to find numbers of HRGs provided necessary services.

**XI. Community involvement**

In the events organised 50% of the HRGs were involved.Although it was verbally reported that in other events (not documented) maximum number of HRGs attended, it was not documented.

**XII. Commodities**

Condom and N/S were distributed adequately. However, Nelaxone availability is not aware by the HRGs.

**XIII. Enabling environment**

7 Advocacy programmes were conducted on need based durig the evaluation period where in different stakeholders participated. Proper documentation and follow up not found. 1 stakeholder said that she was involved in addressing the issues. She supported the project staff during the recent agitation happened in Moreh in the month of August and September 2015 among different tribal communties. The general community needs to be sensitised more for seeking help if another crisis comes up among the different communities residing in the area so that the HRGs will be supported and cared and to make them avail necessary services.

 