# Evaluation report of the

**Progressive People’s Organisation**

**Targeted intervention for Female Injecting Drug Users**

**Churachandpur, Manipur**

**Introduction:**

The first evaluation of the FIDU project for Churachandpur District implmentated by Progressive people’s Organisation (PPO) was conducted on 27, 28 and 29 October 2015. The size of the target group was 150. However, there is registration of HRGs against the target is 168.

**Background of Project and Organisation:**

Progressive People’s Organisation has been providing support to the high risk groups i.e. Female Sex Workers, High risk Females with a Tragetted Intervention Project at Churachandpur District. The organisation has also been implementing Migrnat project at Imphal East and West Districts since 2002. It also has been implementing Link Worker’s Scheme programme in 100 villages of Imphal West district as part of HIV/AIDS prevention under the National AIDS Control programme with the goal to reverse the epidemic in rural parts of Imphal West district in Manipur by preventing new infections in high risk groups and vulnerable populations and linking persons living with HIV and AIDS to receive care and treatment. The organisation has been providing to the FSW project for the FIDU community since 2002.

The organisation has been implementing FIDU project since December targeting 150 FIDUs in the district.

**Profile of the TI**

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| **Name of Organization** | Progressive People’s Organisation |
| **Chief Functionary** | O. Manaobi Singh |
| **Year of establishment** | 1989 |
| **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** | Churachandpur District |
| **Sub groups and their size** | NA |
| **Evaluation Period** | April 2014 - September 2015 |
| **Visit Dates** | 27,28,29 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 description, staff attendance sheet are maintained well. The governing body is involved in addressing the issues of crisis faced by the communities from time to time.



**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**.** All the staffs have been trained.

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.**

Updated line list is available. 168 HRGs are registered against the target of 150. Line listing of the HRGs is done by category.

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

Outreach and micro planning in are in place. The planning is done on quarterly basis. The ORW have knowledge about the process. Social mapping is done area wise and not as PE wise there is overlapping of project areas among the PE being FIDU. PE are not clear about the process.

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

As per record documented and report maintained, all the active population were regular and provided condom and N/S services. However, during the FGD, only 61% of the respondents are aware of the services. When the HRGs met are reported as active in the report, 39% of the HRGs met said that they never attend DIC and get services as they do not inject at present.

**Outreach planning:**

Outreach and micro planning in are in place. The planning is done on quarterly basis. The ORW have knowledge about the process. Social mapping is done area wise and not as PE wise there is overlapping of project areas among the PE being FIDU. PE are not clear about the process.

1. **Regular contacts:**

As per record documented and report maintained, all the active population were regular. However in the field out of 24 HRGs interacted 12 of them are not regularly met.

1. **Documentation of the peer education:**

Documentation of peer education needs to be improved. Though formats related to data collection are use but the PE need clarity. Out of 4 PEs only 2 of them are able to explain risk and vulnerability.

1. **Quality of peer education:**

Quality of peer education needs improvement. Only 50% of the HRGs met know about STI treatment.

1. **Supervision:**

Regular supervision is paid by the Chief Functionary. The organisation has its own staff policy. Accordingly, the project staffs are managed as per their job description.

**IV. Services**

1. **Availability of STI services:**

STI clinic is in place. As per report maintained it was reported that 76% of the HRGs attended STI clinic and they were counselled. However, it was contradict with what the HRGs shared during the FGD. About 50% of the HRGs met said that they go to district hospital for STI testing and treatment.

1. **Quality of the services:**

61% of the respondents said that they are satisfied with the services provided by ANM/counsellor.

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

61% of the respondents said that they are satisfied with the treatment services. As per report maintained it was reported that 76% of the HRGs attended STI clinic and they were counselled. Confidentiality is maintained as per protocol.

1. **Documentation:**
2. All reports for commodities are documented well. Documentation of crisis happened but advocacy programme has no connection with the crisis happened in the area. Advocacy meeting was conducted as per plan. However, the documentation was not clear about the objective of the programme. It was verbally reported that the project staffs are given internal training from time to time in addition to the trainings organized by project concerned authorities. Reports are documented.
3. **Availability of Condoms:**

Condom gap analysis is done and provided condom as per requirement. 100% of the HRGs met said they get condom from the project.

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

12313 condoms were distributed through outreach/DIC and social marketing in the last quarter.

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

11619 N/S were distributed through outreach and DIC.

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

1 identified was referred to DOT. All 10 HIV positive HRGs are linked to ART ( 4 on ART and 6 linked to pre ART). 145 individuals out of 168 registered underwent HIV test during the evaluation period. 127 HRGs underwent Syphilles test.

1. **Referrals and follows up:**

Referrals with other service providers are done well. Follow up service for the ICTC referral is conducted on time. There are different numbers of HRGs on OST at the DIC and OST centre. The project staff should motivate and convince the concerned staffs on OST Centre on the importance of documentation and reporting. Referral mechanism should be improved.

**V. Community participation**

1. **Collectivization activities:**

Collectivization activities are not taking place. No group was formed during the evaluation period.

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

Community participation is limited to HRGs being ORW or PE. Community meetings and events conducted. However, only 50% of the HRGs met are aware of the events.

**VI. Linkages**

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

The linkages with various services are established with STI, ICTC, TB and ART. Linkage with OST service needs improvement.

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

145 individuals out of 168 (86.30%) registered underwent HIV test during the evaluation period

**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 Project Director |
| 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, Accountant and Executive members |
| 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 |
| 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 Indian Overseas Bank A/c 073201000022741 and operated jointly by President and Secretary |
| 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 was upgraded from ORW on 1st March 2015. She has experience of working in the field of drugs and HIV/AIDS in the district since she was working as ORW in FSW project implemented by the organisation. She is confident in community mobilisation.

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

The ANM/Counsellor has been working in the project since inception. She has good knowledge of handling the clinic issues and counselling.

**VIIId.ORW**

1 post of ORW was changed three times during the period of evaluation on September 2014, 1st March 2015 and 1st May 2015 respectively. 1 was upgraded from PE of the same project on 1st September 2014. The one upgraded from PE is well aware of the formats of the projects. She is aware of the job description given to her. However, the other ORW needs more training based on the job description.

**VIIIf. Peer educators in IDU TI**

2 PEs out of 4 are not confident in talking about programme. They maintain diaries but only with the daily achievement which is submitted to the ORW. However, they were not able to explain the prioritization of HRGs and data use process in the project. They need handholding training at the field and DIC level.

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

Outreach activities need to improve.

X. **Services**

As per record documented and report maintained, all the active population were regular and provided condom and N/S services. However, during the FGD, only 61% of the respondents are aware of the services. When the HRGs met are reported as active in the report, 39% of the HRGs met said that they never attend DIC and get services as they do not inject at present. They collect condoms from the PE s or buy from the pharmacies when they need @ Rs. 5/- per piece.The report and sharing of HRGs and PE s are contradictory. As per report maintained it was reported that 76% of the HRGs attended STI clinic and they were counselled. However, it was contradict with what the HRGs shared during the FGD. About 50% of the HRGs met said that they go to district hospital for STI testing and treatment. 61% of the respondents said that they are satisfied with the services provided by ANM/counsellor.

**XI. Community involvement**

Community meetings and events conducted. However, only 50% of the HRGs met are aware of the events. The project needs to focus on community mobilisation so as to enable the community to participate in implementing the project.

**XII. Commodities**

* 100% of the HRGs met said they get condom from the project. N/S gap analysis done and the forms are filled. However, the HRGs met shared that they do not get the demanded N/S. The HRGs interacted said that they are aware that they should seek help from the other NGOs like LRRC, SHALOM but not PPO when there is overdose case happen.

**XIII. Enabling environment**

The stakeholders interacted shared that they were involved in the programmes being conducted. Two of them also suggested involving them in addressing the issues. They were aware of the condom and NSP but no other services. It is suggested to improve Awareness Programmes to the general community using different medium. General community need to be sensitised about the project and its services. Being a high tensed area at present, enabling environment is very much necessary.

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