# Evaluation report of the

**Manipur Network of positive people (MNP+)**

**Targeted intervention for Drug Users (NSEP)OST**

**Imphal West, Manipur**

**Introduction**

**Background of Project and Organisation:**

Manipur Network of Positive People (MNP+), the only sole network especially formed and run by the people living with HIV/AIDS in the state of Manipur was established way back in 7th September 1997 by only five (5) injecting drug users, initiated as a self support group where they could share their problems and help one another in times of needs, now the organization has became a fully fledged state level network and closely working with 19 state level networks of the country.

It is been a decade; the Network in its journey of 17th year has come up with a radical growth and unbelievable moment of increasing PLHIV enrollment as member of the organization comparing from its inception, with five pioneers with a strong commitment and sincere effort of **2500 plus** members of the network from different districts namely **Imphal West Network of Positive People (IWNP+)**, **Imphal East Network of Positive People (IENP+), Ukhrul Network of Positive, People (UNP+), Bishnupur Network of Positive People (BNP+), Thoubal Network, of Positive People (TNP+), Chandel Network of Positive People (CNP+),**

**Churachandpur Network of Positive People (CCNP+), Sugnu Network of Positive People (SNPP+) and Senapati Network of Positive People Society (SNP+)**.

**PROJECTS IMPLEMENTED BY MNP+ IN THE REPORTING YEAR 2014 –15**

* SR, Vihaan Project Funded by **GFATM – 4 RCC – II** through **India**

**HIV/AIDS Alliance**

* OST/TI Project – **NACO** through **MACS**
* “Prevention early management of Viral Hepatitis B and C among high risk group in 2 state of India” financially supported **by BMS** through **MAMTA Health Institution for Mother and Child**
* ICC PROJECT funded by John Hopkins University through **YRG Care**
* Svavritti project funded by **European Union** through **SAATHI**

**Profile of the TI**

|  |  |
| --- | --- |
| **Name of Organization** | Manipur Network of Positive people (MNP+) |
| **Chief Functionary** | Deepak |
| **Year of establishment** | 1997 |
| **Type of Project** | TI/OST |
| **Year and month of project initiation** | 2013 |
| **Size of target Groups** | IDU-150, OST-200 |
| **Target Areas** | Babupura, Chingmakha, Chingamathak, Elangbam Leikai, Huidrom Leikai, Irom Pukhrimapal, Keisampat, Keisamthong, Kakwa, Khangampalli, Loaklaobung, Old Nambulane, Pishumthong, Pishum, Sega Road, Yaiskul, Yumnam Leikai |
| **Sub groups and their size** |  |
| **Evaluation Period** | April 2014- sep 2015 |
| **Visit Dates** | 20-22 Oct 2015 |
| **Persons Met** | Executive Board Member- PD, PM, Nurse, ME/ Accountant, ORWs and PE, HRGs. Stakeholders |

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

1. **Organizational support to the programme**

The organisation is taking into consideration the needs/recourses while planning and delivering of services to same extent. Community consultation has been initiated. During the evaluation period project conducted five community consultation meeting. Each and every meeting two or three Executive Members were found to be attended. Records show that there is active involvement of president and secretary in addressing crisis, stigma and discrimination by networking with the stakeholders. However in the field though Crisis management team in place as per records, most of the HRGs interacted have no information. Few of them know about formation of crisis management team but have no ideas who are the members and responsibilities. Many have knowledge about availability of nalaxone from the TI. Besides, many HRGs shared about the harassment from police which they want the TI to address. Overall there is need to reach out to more HRGs in outreach activities and improve the documentation. Report should be details on the issues and how it was responded and other remedial measure taken up.

Project has conducted staff meeting in monthly basis where PD involvement is observed. During the period 18 meetings were conducted and PD is attended in all the meetings. Record is mainly focused on the target achievement and planning but did not mention on the gap and challenges on the issues. Though PD involvement is there but there is need to improve regarding action taken report based on previous meeting and also to include other issues for both quality and quantity of project target.

1. **Organizational Capacity**
2. **Human resources**:

The recruitment system in MNP+ is well documented. Appointment letters of all the staffs available along with joining date, agreement and extension. All the records for staff recruitment are properly file. The selection procedure is in place with proper records. They either put up advertisement in local newspaper or send notice to other TI for staff recruitment. The interview is conducted with selection Board which include MACS official. Besides records of PE recruitment including joing letter along with attendance register is maintained which is not found in other TIs. Their PEs is experience and understand their role and responsibilities compare to other two TI. PE turnover noticed but replaced within 2 months. Staff turnover is not found during the evaluation period. All the ORWs and PEs are from the HRGs community.

1. **Capacity building:**

Training are conducted at TI level. The staffs and PE are provided induction training. They are trained on harm reduction, STI, counselling, formats, social marketing of condoms, role and responsibilities. All of them have attended trainings organised by STRC.

1. **Infrastructure of the organisation**

Adequate infrastructures according to the costing are maintained. It is double storey building. There are five rooms- 1 for Project Manager, 1 common staff room, 1 recreation room, 1 clinic and 1 accountant room. Separate clinic room is available and maintained privacy of HRGs. Even the bed in the clinic is donated by State Health Directorate. All assets are codified however need to update the condition of the asset in the register and codified the assets by permanent painting.

1. **Documentation and Reporting:**

Documentation and reporting system is in place. All the details of recruitment process of staffs are properly file and kept systematically. All the staffs information including appointment letter, extension letter, joining letter are file separately including of those of previous staffs. Records for PE are kept along with joining letter. All the data collection formats are in use by the ORWs and PE. Project activities related registers are maintained.

Reports in the form of SIMS are send to MACS monthly mainly by the PM. The whole tracking system need to be strengthened as to avoid the variance between the CMIS and data in register like for Counselling, ICTC referral etc.

**111. Program Deliverables**

**Outreach**

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

Updated line list with 313 active HRGs are available. There is need to mention drop out in the line list or in master register. 110 HRGs are enrolled in OST. Ratio of HRGs with per PE is about 1: 78. The number of active HRGs in line list is 313. There is about 90% variation in the HRGs and PE ratio as per project proposal. This shows that the quality of service is compromised as the PE has to reach out to 78 HRGs instead of 40. The TI need validate the HRGs and identify to prioritize those HRGs who are really in need of such services so the quality of service will improved.

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

Micro plan is in place in quarter basis as per records. The PE are maintaining Form B/B\_1. Out of 4 PE interacted 3 of them able to explain the use of risk, vulnerability etc in the format to some extent. ORW have prioritised the HRGs based on risk and vulnerability. But there mismatch between the number of HRGs in contact mapping and risk assessment. ORW and ANM/Counselor use it for tracking. Social Mapping, spot analysis, contact mapping and risk assessment are done as per records. Also the maximum N/S episode per records is 7 N/s per week whereas in the field most of the HRGs inject 2 times daily.

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

313 registered but drop out not updated properly in computerised form or in master register. Information from A also not updated properly. 110 HRGs are enrolled in OST. More than 70% HRGs are reached by the project as per records as well as the HRGS interacted express they have received the services. But most of them know about condom, N/S and ICTC. Many did not know about the STI, social marketing of condoms, crisis management etc.

1. **Outreach planning:**
2. Micro plan is in place in quarter basis as per records. The PE are maintaining Form B/B\_1. Out of 4 PE interacted 3 of them able to explain the use of risk, vulnerability etc in the format to some extent. ORW have prioritised the HRGs based on risk and vulnerability. But there mismatch between the number of HRGs in contact mapping and risk assessment. Outreach and micro plan in place at project level on quarterly basis .ORW and ANM/Counselor use it for tracking. Social Mapping, spot analysis, contact mapping and risk assessment are done as per records whereas in the micro plan there is mismatch between the number of HRGs in Contact mapping and in risk assessment.. Also the maximum N/S episode per records is 7 N/s per week whereas in the field most of the HRGs inject 2 times daily.
3. **Regular contacts:**

More than 70% HRGs are reached by the project as per records as well as the HRGS interacted express they have received the services. But most of them know about condom, N/S and ICTC. Many did not know about the STI, social marketing of condoms, crisis management etc. More then 60% of the HRGS are regularly met as per records but it is not reflected in the field while interacting with 4 PE about 50% are HRGs which they really able to be regular basis which was verified in the field.

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

All the document of peer education is in use. All the PE are maintaining Form B/B\_1 which collects data from the field. The data collected includes regular contacts, condom, N/S distributions. STI, ICTC referral etc reflected in formats. However, out of 4 PE interacted 3 of them able to explain the the use of risk, vulnerability etc in the format to some extent. ORW have prioritised the HRGs based on risk and vulnerability. But there mismatch between the number of HRGs in contact mapping and risk assessment. Demand generation activities and DIC meetings records available. Staff movement register maintained.

1. **Quality of peer education:**

Quality of peer education needs to be improved. More than 70% HRGs are reached by the project as per records as well as the HRGS interacted express they have received the services. But most of them know about condom, N/S and ICTC. Many did not know about the STI, social marketing of condoms, crisis management etc. 87 meetings held but unable to verify the number of HRGs attended. Only very few HRGs in FGDs have attended meetings either in DIC or hotspot. Review of meetings not done. Records for ORWs field visit available. According to PE go together in the field with ORW about 3 times in a week, whereas very few HRGs in FGDs knew the ORW. Most of the HRGs in FGDs have knowledge about Condom, N/S and ICTC. Some of them have heard about STI but very few know the symptoms of STI and its treatment. Therefore HRGs need to be educated with other project activities like community mobilisation-- formation of crisis committee, STI treatment, condom social marketing etc. as many are not aware during FGDs.

1. **Supervision:**

The overall supervision and monitoring of the TI project is looked after by the PD. The PM is responsible for management of staffs. The ORW monitors the PEs and responsible for their outreach activities.

**IV. Services**

1. **Availability of STI services:**

The project has STI clinic and have one part time doctor and one full time nurse. During the period, doctor and nurse have one and two times training respectively, which is trained by the Manipur SACS, STRC and at the learning side of TIs under SACS. Well maintained the training records and network clinic format.

1. **Quality of the services:**

The clinic is well equipped and attached to DIC. HRGs accessed the clinic conveniently. The project has provides the drugs supplied by NACO and kept the STI drugs in buffer stock. Counsellor have maintained of confidentiality and sensitive in the issue. It is found that interaction with the HRGs at the hotspots, they all are satisfied but there is overlapping of services of OST and TI.

As per record from the registers the project has counselled all the HRGs attending in the clinic. During the period 673 STI counselling sessions of registered HRGs are counselled which has attended clinic. Out of these counselling sessions 61 sessions are of spouses, in CMIS reports the total counselling sessions is 1126. Very few HRGs knew about STI in FGDs. The P.E identified and motivated the HRGs to turn up to the DIC and referred to Nurse to provide counselling and referred for syphilis test. The Doctor of the project clinic done health check up and STI treatment those HRGs who were turned up at the DIC

As per record from the counselling register a total of 1950 counselling sessions were provided to the registered HRGs (203) but in the CMIS report 1667 counselling sessions were provided. Need to recheck and match with the CMIS report and counselling register. The nurse needs to know the head count and service count.

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

Project is referring HRGs for both Syphilis test and VCTC at one time. However data found mismatch of CMIS report and referral register. There is need to document the reports systematically. Follow up mechanism is done through individual tracking sheet. The project have been identified 20 HRGs and all of them have linked to the TB, DOT. However referral should be done as advice by doctor. Documentation should be maintained in a systematic way i.e. data should be match with the CMIS report and register and referral slips. 67 are HIV positive cases. 61of them are on ART. The remaining 6 only 1 is linked with pre ART. Need to improve in record keeping/ documentation in a systematic way.

511 syphilis test of HRGs found. out of which 18 of them are of registered spouses While cross checking there is mismatch with the CMIS report and referral register. Need to recheck CMIS report and referral register as well as it should be linked with the individual tracking sheet. Besides very few HRGs have full information about STI and its treatment.

498 HIV test of the HRGs found during the period out of which 80 test of them are registered spouses. Verified the referral slips and register. Here too while cross checking it is found to be mismatch with the CMIS report and ICTC referral registers. There is need to improve in record keeping and filing system. 67 are HIV positive cases. 61of them are on ART. The remaining 6 only 1 is linked with pre ART.

Out of 6 cases for dressing of wounds two of them are abscess cases. The nurse need to know the difference between abscess and general dressing. All the records are maintained as general dressing and not specified.

1. **Documentation:**

TI is maintaining all registers related to services including STI and ICTC referral, counselling registers, condom stock and distribution registers, Medicine stock register, Asset register etc. Referral slips are being maintained for HIV testing. Documents related to ART referral should be kept. Records of TB services need to be maintained.

1. **Availability of Condoms:**

Condoms are distributed through DIC and Outreach. Social marketing implemented but no proper records maintained for selling. None of the HRGs in FGDs know about social marketing of condoms.

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

2842 condoms distributed against the requirement of 2844 in sep 2015.as per condom gap analysis. However there is mismatch in number of HRGs in contact mapping and risk assessment while cross checking. Therefore condoms should be distributed as per condom analysis.

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

4166 N/S distributed against the requirement of 4168 in Sep 2015 as per N/S demand analysis. However there is mismatch in number of HRGs in contact mapping and risk assessment while cross checking.

N/S return is very high as per records. 3232 N/S is returned in Sep 2015. But the HRGs are able to return about 50 % only as per interaction in the field due to reuse, police harassment etc

Disposal mechanism in place but final disposal is done by burning. Disposal register maintained. As per interaction with IDUs and PEs about 50% are able to return N/S. Some of them reuse the N/S. Records of final disposal of waste not maintained.

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

The project has good network and linkages with the ICTC, ART, STI clinics. 59% of the HRGs underwent for HIV test. Mismatch data of referral register, referral slips and CMIS report. Need to improve in ICTC referral documentation. 100% identified TB cases were linked to TB, DOT centres. However data of CMIS report, register and referral slips need to be match.

There are records of linkages with ICTC, DOT, ART and STI clinics. 20 RNCTP referred. One found positive. Referral is done as without advice by doctor. Referral slips should be maintained properly. There is mismatch between register and referral slips.

1. **Referrals and follows up:**

Referral mechanism is being maintained by the TI for ICTC and ART. Only ICTC referral slips are maintained. Follow up for OST clients in project area of TI is done. Those OST clients out of project area no referral is done to the concerned areas TI for other services. There is no records of referral from other TI except from Nirvana and

**V. Community participation**

1. **Collectivization activities:**

As a part of collectivization activities only one CBO is form. They are quite active in project activities. Most of the members are OST clients or recovery. The name of the CBO is Recovery Alliance. No other committees formed by HRGs. HRG need to be informed related with the project activities like community mobilisation. Formation of crisis committee /DIC /clinic committee and condom social marketing as many are not aware during FGDs.

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

Community participation is taking place as the the TI itself is form by those people living with HIV. So HRGs are recruited as staffs and PE in the project. Events are held on regular basis with HRGs. One CBO is form with mostly OST clients. The name of the CBO is Recovery Alliance.

**VI. Linkages**

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

TI has established linkages with the ICTC and ART and TB. It is also observed that referral is not taking place from other TI for OST. Also the TI does not do any referral of OST clients out of project area to the concerned TI for other services. Referral and networking with other TI for OST should be done.

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

498 HIV test of the HRGs found during the period out of which 80 test of them are registered spouses. Verified the referral slips and register. Found to be mismatch with the CMIS report and ICTC referral registers. Need to improve in record keeping and filing system.

1. **Support system:**

Involvement of the Community at the advocacy level and planning level as well as TI activities is a must and needs to intensified and increased. The stakeholders meetings are held but only on need based. There is lack of clarity about the concept advocacy by the project staffs.

**VII. Financial systems and procedures**

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

|  |  |  |
| --- | --- | --- |
| 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 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.

|  |  |  |
| --- | --- | --- |
| Sl. No | Particulars | Remark |
| 1 | Adherence of Payment endorsed by SACS/NACO | Payments of above 5000 are made in cheque so adherence of payments endorsed by SACS/NACO are 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.

|  |  |  |
| --- | --- | --- |
| Sl. No | Particulars | Remark |
| 1 | Formation of Procurement Committee | Procurement Committee is formed comprising of Vice President , Program Manager and ANM |
| 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 Cheque |
| 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.

|  |  |  |
| --- | --- | --- |
| Sl. No | Particulars | Remark |
| 1 | Separate bank account for Project and Authorized signatory | Separate bank account is maintained with Indian Oversea Bank A/c 073201000021080 and operated jointly by President, General 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 were and steps 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 quite 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**

Before joining MNP+ as PM she has work as volunteer here. Only on Dec 2014 she has join the TI as Project Manager. Overall all the reports are managed by her. In spite of training provided she needs management skills. She needs to develop skills to manage the staffs. Also she needs clarity on TI components including advocacy.

**VIII b. ANM/Counsellor in IDUTI**

The Nurse is male. He is ANM. He also need to capacitate in reporting. All his data do not match with the CMIS reports. Variance is there between the data in records and CMIS. He is maintaining all the registers related to STI clinic and counselling. He is providing STI testing and treatment. He needs clarity between abscess and dressing of wounds. Also he needs to know the difference between head and service counts.

**VIIId.ORW**

There are 3 ORWs in the organisation. One ORW each is for TI, OST and spouse in the TI/OST. All the 3 ORWS are from the HRGs community. All are provided induction training. The ORW for TI is a graduate. He has work in other NGO. All the ORWs know about their role and responsibilities in their respective fields.

**VIII f. Peer educators in IDU TI**

All the 4 PEs are from the HRGs community. All have been provided induction training by the TI. All are maintaining the formats for data collection. Out of 4 PE interacted 3 of them able to explain the use of risk, vulnerability etc in the format to some extent.

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

Outreach activities in the TI level needs to be increased. Most of the HRGs in FGDs have knowledge about Condom, N/S and ICTC. Some of them have heard about STI but very few know the symptoms of STI and its treatment. Therefore HRGs need to be educated with other project activities like community mobilisation-- formation of crisis committee and groups , STI treatment, condom social marketing etc. as many are not aware during FGDs through outreach activities. Even the topics of demand generation and DIC meetings should includes all those mentioned above. Proper monitoring and follow up of outreach activities needs to be effectively implemented and intensified.

**X. Services**

Overall service uptake in the project and quality of service and service delivery (Condom promotion, STI and ICTC referrals and linkages to other services) is in place but needs to be increased and intensified. The P.E identified and motivated the HRGs to turn up to the DIC and referred to Nurse to provide counseling and referred for syphilis test. The Doctor of the project clinic done health check up and STI treatment those HRGs who were turned up at the DIC

Services provided by the organization are well received but are not satisfactory to the HRGs. The participants said they are getting services from the project but are not satisfied as they are not getting enough N/S. Sometimes they resuse or buy from pharmacy. Information about STI, syphilis test, counselling etc should reach he HRGs for accessing those services.

**XI. Community involvement**

There is involvement of HRGs community as the organisation is formed by HRGs. But at project level it needs to be strengthened as only one CBO is formed. No records available for the formation of any other committees. The members of the CBO are mostly OST clients or recovery. Apart from forming a CBO of HRGs, no other groups or committees have been formed. Some of them are part of the project as OWRs and PE.

**XII. Commodities**

Commodities are distributed as per NACO guidelines. Hotspot planning and condom demand and analysis have been done as per the risk and vulnerability factors. However the demand and distribution of condoms and calculation method is being done as per the demand of the HRGs on a quarterly basis.

Waste disposal is in place but final disposal is burning. Disposal register maintained. The TI needs to develop linkage with hospitals for final disposal.

**XIII. Enabling environment**

To create enabling environment 4 advocacy meetings are conducted. In the report there is no specific mention of agenda and objective. Besides, the project staffs needs clarity on the concept of advocacy as they are not very clear the concept. Therefore there is need to do stakeholders analysis and developed a plan accordingly. Crisis management team is in place as per records. However most of the HRGs interacted have no information. Few of them know about formation of crisis management team but have no idea who is the members and responsibilities. Many have knowledge about availability of nalaxone from the TI. Many HRGs shared about the harassment from police which they want the TI to address.

**Best practices**

The recruitment system is well organised in the organisation. Proper advertisement in local papers or sending notice about the recruitment is done. The interview board includes a member from MACS. All the related documents are systematically filed. Besides records of PE recruitment is kept with joining letter for each PE recruited. This practice can be replicated in other TI as it is very difficult to check the PE turnover in attendance.