# Evaluation report of the

**Citizen Alliance for Re-Empowerment**

**Targeted intervention forDrug Users (NSEP)**

**Kamjong, Manipur**

**Introduction**

**Background of Project and Organisation:**

The NGO was formed in 2004 since Ukhrul is one of high prevalent district in Manipur. Since then CARE has been working in the district and has gained thorough knowledge of issues and establish good relationship with the leaders of the churches, civil societies, line departments and community influencers.

Motto of CARE: **“Sharing Promotes Common goal**” envisages the significance of promoting understanding, caring, and helping one another evolving a firm foundation towards building a land of brotherhood.

The NGO is implementing 2 TI projects in Ukhrul. In Ukhrul Hq, it is implementing TI/OST and in Kamjong only TI.

**Profile of the TI**

|  |  |
| --- | --- |
| **Name of Organization** | Humanitarian Organization for Progress and Empowerment ( HOPE) |
| **Chief Functionary** | Leisan C |
| **Year of establishment** | 2004 |
| **Type of Project** | IDU |
| **Year and month of project initiation** | 2013 |
| **Size of target Groups** | 150 IDUs |
| **Target Areas** | Kamjong Subdivision |
| **Sub groups and their size** |  |
| **Evaluation Period** | 1st April2014 to 30th Sep 2015 |
| **Visit Dates** | 25th, 26th and 30th Oct 2015 |
| **Persons Met** | PD, PM, Counsellor, Accountant, ORW and PE, HRGs. Stakeholders |

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

1. **Organizational support to the programme**

The organisation mainly the Project Director mainly supports in implementation of project activities. The PD attended more than 80% of the monthly meetings. The meeting minutes are written in details. Resolutions are taken based on the minutes. Records showed the organisation addressing issues faced by HRGs. The issues are related to harassment by pressure group. Though there is consultation with the community for shared responsibility at the organisation level taking place but there is need strengthened through formally forming SHG/support groups/ committees of HRGs communities and consulting them in project planning.

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

The positions of all the staffs are filled as per project proposal. Appointment letters is available for all the staffs. Job description is given to all staff along with appointment letter. There is need to maintained joining letter for new staffs and extension letter for older staffs. The TI has leave policy in which the staffs are granted 19 days leave in a year. There is no staff turnover during the evaluation period. All the staffs have been retained since the beginning of the project showing their commitment to the organisation. However PE turnover noticed but replacement done within 2 months. 50% of the ORW is not from the community.

1. **Capacity building**

External and internal training records are available for the staffs and PEs as well. Records of 6 in house training and 10 trainings organised by STRC/MACS/TSU and NGOs for all staffs and PE are available, It includes refresher and induction training. Job description available at project level and all the staff are clear about their role and responsibilities.

1. **Infrastructure of the organization:**

The infrastructure of the organisation is adequate and spacious. Separate rooms are available for STI clinic, DIC and staff. Recreational facilities like carom tv etc are kept at DIC.

1. **Documentation and Reporting:**

Documentation of all project activities is quite systematic in CARE, Kamjong. All the register in are maintained with index. The reports include all the details of discussion of any meetings along with resolution taken. They also have done a survey of 20 HRGs on condom use. Project proposal and appointment letters are maintained for all the staffs. Attendance and leave register available. Leave letters are available from May 2015. Leave should be granted/approved by PM. All the required formats related to reporting are maintained as per NACO guidelines. The monthly report that is SIMS are send to MACS by the Project Manager.

**111. Program Deliverables**

**Outreach**

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

Updated line list of active 290 HRGs is available. The target is 150 HRGs. The ratio of HRGs with per PE is about 1: 72. The number of active HRGs is line list is 290. There is about 80% variation in the HRGs and PE ratio as per project proposal. This shows that the quality of service will be compromised as the PE has to reach out to 72 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. Besides it is observed that most of the HRGs in FGDS are cocktail users mixing with pharmaceutical drugs.

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

Outreach and micro plan is in place. Individual HRGs are tracked. However the requirement of condom and N/S is taken on weekly basis as per records. The requirement is different in every week. This has to be done on quarterly basis. Form B/B 1 maintained by PE and prioritised of HRG done by ORWs based on risk and vulnerability. Out 4 PE, 2 of them are able to explain the format.

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

The target is 150. Total registration is 315. Out of which 290 are the active HRGs for quarter Jul to Sep 2015. The main reasons for drop out is mobility of HRGs.

287 HRGs are provided service by the project as per records (Sep 2015), However the HRGs interacted knew about Condom, N/S, ICTC only. None of them knew about social marketing of condoms. Few only know about STI and syphilis test.

1. **Outreach planning:**

Outreach and micro plan is in place. Individual HRGs are tracked. However the planning is done on weekly basis as per records. Form B/B 1 maintained by PE and prioritised of HRG done by ORWs based on risk and vulnerability. Out 4 PE, 2 of them are able to explain the format.

1. **Regular contacts:**

287 HRGs are contacted regularly to provide service by the project as per records (Sep 2015) but about 40% knew about STI in fgds. According to PE they are able to meet about 50% regularly. None of them knew about social marketing of condoms. Few only know about STI and syphilis test.

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

Documentation of peer education is in place. All the required formats as per NACO guidelines are maintained like Form B 1/1, Form C. Form D, etc. But the PE need have clarity of the formats they are using by relating to the work they are doing. Besides, dairies only have entry of no of condom and N/S distributed and do not reflect any other activities. Reports of demand generation activities and hotspot meetings are available. All the topics are related to HIV, STI, Condoms, Safer Practices etc and do not include any demand generation meetings.

1. **Quality of peer education:**

The quality of peer education needs to be improved. The Peer Educators are not well informed about the project activities. Two Peer educators have no knowledge about STI, ICTC referral. They just knew about distribution of condoms and syringes. They do not know about social marketing of condoms. The HRGs interacted have no information about crisis management team, social marketing of condoms. Though they have done HIV testing, they only talk to PEs and sometimes with ORW. No counselling provided. Since the topics of the meetings conducted with HRGs are all related to service like HIV, STI, OST etc which is very important, the quality can be improved if the meetings can also focus on discussion formation of groups, crisis management, review of previous meetings, planning of project activities etc.

1. **Supervision:**

The Project Director is involved mainly in project planning. The Project Manager is responsible for overall supervision and monitoring of the TI project. He supervised the staffs and PEs for proper implementation of the project activities. All the documentation and reporting is carried out by the PM. In turn the ORW supervises and monitors the PE in outreach activities through filed visits and providing supports to PE.

**IV. Services**

1. **Availability of STI services:**

STI clinic is in place but need to more hygienic. During the period a total of 810 STI counselling services were received by the registered HRGs on regular basis. The P.E identified and motivated the HRGs to turn up to the DIC and referred to Nurse to provide counselling and ICTC referral and syphilis test and regular health check up. The Doctor of the project clinic conducts health check up and STI treatment to those HRGs who were turned up at the DIC. The organization itself had a STI clinic and DIC.

The bed in the clinic is only for STI patient. All the formats are well maintained All the STI services are available at the clinic.

1. **Quality of the services:**

The quality of service is good as per records. The clinic is attached to DIC. HRGs accessed the clinic very conveniently. The project has provides the drugs supplied by NACO and kept the STI drugs in buffer stock. Counsellor have well maintained of confidentiality and sensitive in the issue. It is found that interaction with the HRGs, 56% of the HRGs were satisfied the confidentiality and privacy maintained by the project staff. Out 1198 STI clinic attendees in the evaluation period 810 of them provided counselling. However in the field very few know about STI and syphilis test. All of them have undergone HIV testing.

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

In the initial stage, project is referring HRGs for Syphilis test and ICTC separately but after some months project is started referring the HRGs for both Syphilis test and ICTC at one time for the convenient of them. Records are maintained systematically. Follow up mechanism is done through individual tracking sheet. The project has referred 9 HRGs for TB screening at the TB DOT centre and all the referred cases are found to be negative. However referral should be done as advice by doctor. Referral slips should be maintained in a systematic way. Out of 290 registered HRGs 4 found to be HIV positive of which 2 of them are on ART and remaining 2 not yet link to the ART for pre ART registration. 736 syphilis test of HRGs is done. Only one HRG in FGDs know about the test. PE/HRGs have limited knowledge about STI. Out of 4 HIV positive 2 are on ART and remaining 2 are not linked. Documents are not available. Abscess cases are mostly dressing of wounds.

1. **Documentation:**

All the requisite documents are maintained. Counselling register, referral slips for ICTC, Patients cards etc are maintained. Individual tracking system is in place. All the data in registers matches with the SIMS report while cross checking.

Co-ordination of STI clinic and outreach team is reflected in the documents. Referral due of STI and ICTC are given to ORW to include in the outreach planning.

1. **Availability of Condoms:**

Condoms are distributed through DIC and Outreach. Social marketing of condoms initiated but required proper documentation and also need to educate the HRGs about it.

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

1754 condoms distributed against the demand of 1754 in Sep 15. 72 are distributed at DIC. 60 condoms sold through social marketing. As per records 214 HRGs are using condoms in their last sexual act. Though condom gap analysis is done but on weekly basis. Therefore requirement is different in all 4 weeks of a month. Out of 7 HRGs in FGDs 3 of them do not use condoms or take condoms.

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

N/S gap analysis is done but on weekly basis. 5508 n/s is distributed against the 5508 requirement. Reuse of same N/S many times by HRGs is shared by them. There is lack of clarity about NS requirement process as per interaction with PE/ORW. They are distributing exactly as per demand. Return rate of N/S is very high. While interacting with HRGs they express they are able to return about 50% only due to reuse, fear of pressure group etc.

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

The project has good network and linkages with the ICTC, ART, STI clinics. However project staff reported that those who found HIV positive did not want to link to the District linked ART centre due to high stigma and discrimination in the area (Kamjong). Referral and follow up mechanism is well and systematically maintained. There are no records TB services though it is said they do verbally. About 9 HRGs link with DOT. There is need to maintained records properly. Out of 4 HIV positive 2 are on ART and remaining 2 are not linked. Besides, documents are not available for ART referral.

1. **Referrals and follows up:**

Referral mechanism is followed by the TI for ICTC and ART. STI cases are referral due for STI and ICTC for follow up is co-ordinate by the nurse to outreach team. referred from the Outreach team to the nurse. However the ART follow up need to improve.

**V. Community participation**

1. **Collectivization activities:**

There is lack of knowledge about the collectivization activities. So far no collectivization activities are taking place. Committees/SHG/support groups etc. of HRGs are not form at all. Overall TI need to be capacitated in community mobilization.

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

Community participation is limited to holding events for HRGs by holding events. 4 events with 129 participants held but unable to verify the total number of HRGs attended. Some are employed as PEs. Other than that there is lack of HRG community involvement as there is no formation of any groups at TI level.

**VI. Linkages**

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

TI has established linkages with only mobile ICTC/ART/STI. The linkages with ICTC are in place with proper co-ordination. No records found for TB services. The linkages for ART need to be strengthened and cover all the HIV positive HRGs. However project staff reported that those who found HIV positive did not want to link to the District linked ART centre due to high stigma and discrimination in the area (Kamjong).

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

The number of HIV test for HRGs is 721. Referral slip is available. Individual tracking system maintained.

1. **Support system:**

There is some sort of participation of stakeholders in support system of HRGs in the project area. While interaction with the stakeholders they knows about their role as a stakeholder and all of them have attended in various meetings. They are very much involved in the programme and even help in various activities even they collaborated and organized events through Church. However the organisation needs to strengthened support system for the HRGs community. Advocacy are conducted but the stakeholders interacted have not attended such kind of meetings. They only attended awareness meeting about HIV. Crisis management team is not in place though records for addressing issues of HRGs found. Records of 11 cases of harassment, discrimination and violence being addressed available and verify from HRGs. However, Crisis management team not formed.

**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 | Some large amount of Paymentswas made in cash as such payments endorsed by NACO not strictly followed. It is suggested that payments endorsed by SACS/NACO should follow as far as practicable. |
| 2 | Debit Vouchers serialized Manual/Printed and Supporting Cash Memo, APRs Bills, Money receipts etc | Debit voucher are Printed, the supporting vouchers are maintained properly and verified by Program Manager |
| 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 Program Manager, secretary andM&E Accountant. |
| 2 | Adherence of WHO-GMP/Jan AusadhiYojanaGuideline | Most of the medicine items are under the GMP/ Jan AusadhiYojanaproducts. |
| 2 | System of Procurement / Purchase& mode of payment | Purchases are made through purchase committee, after obtaining threequotations from different firms and payments are made by cash and cheque. |
| 4 | Stock register of Inventories, Consumables & Periodical Physical Verification | Stock register are maintained and entering in stock register is quite satisfactory.No periodical physical verification is not carried out by any competent authority. |

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 Authorised signatory | Separate bank account is maintained with  United Bank Of India A/c No: 0257010229531  Imphal Branch, Jointly |
| 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 Kunjabi & Co, Imphal upto 31.3.2015. The Internal Auditors, Asbiswas& Company, Charter Accountantsreport from MACS isalso Presented. Ngo has complied with the audit observations and has given adequate attention to audit recommendations and action were taken.  There is no information regarding revolving fund (social marketing of condom) in internal audit observation. |

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

1. The overall financial system & procedure is satisfactory except those pointed out in the Evaluation Tool for Finance.
2. **Accounting policy:**

The system of accounts followed is on both cash and bank basis.

1. **Vouchers**

The quality of vouchers is good

1. **Format.-**

It is suggested that the formats given in the NGO/CBO Guideline should be 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 Organisation should follow strictly.

**VIII. Competency of theproject staff**

**VIII a. Project Manager**

The Project Manager has joined in Dec 2013.. He is a graduate. He has attended the training organised by STRC. He is active and knows his role and responsibility. His documentation skills are good as it can be seen in maintaining of registers. Working in such remote place with pressure he has able to carry out the project activities along with his team.

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

The ANM/Counsellor is a senior staff of the TI. She has been well trained and very clear about her roles and responsibility. All the related documents related to clinic are maintained by her. She has been working in this organisation since ORCHID. She has a good network with local community. She co-ordinates with Outreach team for any referral due for follow ups.

.

**VIIId.ORW**

The ORW for TI has joined in Dec 13. His education is 12 pass. He is well trained and have clarity about his role and responsibility except that he is not from the HRG community. He maintained all the required formats and monitors the PE.

The ORW for spouse has joined in April 2014. Her education is MA in English. She has been trained and understands what to be done as ORW for spouse. She does field visits along with senior staffs. She is also not from the HRG community.

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

All the PEs is are from the HRG community. All are provided induction training by the TI. However, two of them need to be capacitated as they are not clear about their role and responsibility. They also needs to be trained on activities of the project besides condom and N/S distribution.

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

Outreach activities are more focused on N/S and condom distribution. The other areas like IEC/BCC need to be widened as most of the HRG in FGDS lack knowledge about STI and social marketing of condoms.

**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 implemented. There is co-ordination with STI clinic and outreach team as per records. is Though STI information and syphilis test are provided, most of the HRGs lack knowledge about it. None of the HRGs know about buying condoms from TI instead a few of them as for good quality condoms. All the HRGs in FGDs are satisfied with project services but they only know about N/S, free condom distribution and ICTC. The P.E identified and motivated the HRGs to turn up to the DIC and referred to Nurse to provide counselling and ICTC referral and syphilis test and regular health check up. The Doctor of the project clinic done health check up and STI treatment those HRGs who were turned up at the DIC

Most of the HRGs wanted OST in the TI as they have no other option for drug treatment.

**XI. Community involvement**

The whole community mobilization not implemented as there is no records of formation of SHG, support group, committees, CBO, etc. Events are held. The process of community mobilization should be started to increase involvement of HRGs in project implementation.

**XII. Commodities**

Condom and needle/syringes demand and analysis have been done as per the risk and vulnerability factors. However the demand and distribution of condoms and needle/syringes calculation method is being done as per the demand of the HRGs on a weekly basis. Waste mechanism is in place. It is linked with CHC. Proper records should be maintained.

**XIII. Enabling environment**

In a remote place like Kamjong there is need to create enabling environment for project implementation. The TI has conducted 6 Advocacy meetings with different stakeholders like the students Union, church leaders, Village authority, women organisation, etc. The topics are related to discrimination against IDUs. Even the stakeholders interacted admit of attending the meetings and understands the projects services. Besides, there is lots of harassment from the pressure group in the locality as they are not clear about the project activities. 9 crisis of HRGs are address as per records but Crisis Management is not in place. Mainly the staffs with the help of local stakeholders have solved the issues. No records found for overdose cases.

**Best Practices**

**ASSESSMENT BASED ON INDIVIDUAL CONDOM DEMAND OPINION POLL**

The TI has conducted an assessment of individual condom demand opinion poll for 20 HRGs. 12 are unmarried and 8 married. Age group is 25-30 is 8 and 31-35 is 12.

Findings

1. IDU community in general as per opinion poll indicates clear knowledge and awareness on importance of using condom.
2. Sexual activity shows negative impact of taking drugs (oral/injection) on the individual sexual behaviour. However, OST has less effect compare to other drugs.
3. Majority of IDUs do not prefer free condom provided at CARE due to its poor quality. Whereas, few don’t feel comfortable accessing free condom and many still do not have knowledge about free condom available at CARE.
4. Though 99% IDUs have clear knowledge on the importance of using condom yet, on an average only 30-35% use condom reason being, less pleasure.