# Evaluation report of the

**MEETEI LEIMROL SINNAI SANG**

**Targeted intervention for Female Injecting Drug Users**

**Imphal West, Manipur**

**Introduction:**

The first evaluation of the FIDU project for Imphal East District implemented by Meetei Leimarol Sinnai Sang was conducted on 19, 20 and 21 October 2015. The size of the target group was 150. However, there is registration of HRGs against the target is 177.

**Background of Project and Organisation:**

Meetei Leimarol Sinnai Sang has been implementing HIV/AIDS Targetted Intervention project among the Female sex workers at Imphal providing services to more than 1000 FSWs since 1999. The organisation also has been implementing another targeted intervention programme in Senapati District since 2003 with a name Targetted Intervention among Women at Risk (TIWAR). The organisation has established the free AIDS Telephone Help Line service-1097since 2003 at Imphal which is supported by MSACS. Another project related risk and vulnerable group of people and HIV/AIDS and other vulnerable diseases like TB for the target population like FSWs, IDUs, MSM/TG, PLHIV and vulnerable groups –bridge population(Truckers and Migrants), Youth, OVC and Pregnant mothers. The organisation has been giving emphasis to FSWs by providing night shelter with fooding facilities. Other important programmes include T.B.Programme at Imphal under RNTCP and at Moreh under AXSHYA Project, MLSS-ICTC sub centre at Khoyathong Imphal on PPP model, CLHA Programme, IGP, a shelter home for women in difficult circumstances, a home for abandoned girl children, Support group for women in rural areas etc.

The organisation started implementing the FIDU project since December 2013.

**Profile of the TI**

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| **Name of Organization** | **MEETEI LEIMROL SINNAI SANG** |
| **Chief Functionary** | M.C.Reeta |
| **Year of establishment** | 1983 |
| **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** | Imphal West District |
| **Sub groups and their size** | NA |
| **Evaluation Period** | April 2014 - September 2015 |
| **Visit Dates** | 19,20,21 october 2015 |
| **Persons Met** | Chief Functionary, Secretary of the Organisation, 1 Board member, 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 executive body of the organisation gives full support to the project. The three GB members interacted during the evaluation are well aware of the project activities. The organisation conducts advocacy programmes as per need over and above the project planning for the same. At the time crisis, mainly occurred before the previous Sangai Festival, the organisation initiated the advocacy with the linked department like Social Welfare Department, Police department for the safety of the FIDU HRGs. The organisation in collaboration with Nirvana held the advocacy for the safety of the HRGs in Imphal East and West Districts. The initiative involved other NGOs also working in the same field.

**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 training, orientation, refresher trainings are conducted well. The organisation gives training from time to time apart from the trainings proposed.

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:**

**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. Individual case file for each HRG is maintained. Line list of the active HRGs were updated on regular basis.

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. However, it is not reflected in during HRGs interaction. 61% (16 participants out of 26 interacted) of the participants are aware of the services. 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.

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

Out of 177 active populations 175 of them were on NSP with 2 on OST. Out of 177 FIDUs on NSP, 175 (98.8%) 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. 61% (16 participants out of 26 interacted) of the participants are aware of the services. 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.

1. **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:**

Out of 177 FIDUs 175 (98.8%) 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. 61% (16 participants out of 26 interacted) of the participants are aware of the services. 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.

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

Outreach plan and activities sheet / record are documented by the PEs. Two out of 4 PEs met were able to explain about the record documented.

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. 2 PEs are very much aware of the peer education provided to the HRGs. However, the other 2 PEs were not very much aware though they explained the activities performed. Two of them need handholding support from the concerned ORW.

1. **Supervision:**

Monthly supervision is provided by the Project Director 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:**

Established STI clinic at DIC and STI services are available as per project guideline. But the clinic is very congested and small. Maintain separate counselling room. 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. During the period all 177 FIDUs were attended in STI clinic. 163 (92%) were counselled during the period. (Crossed checked two quarters - April to June 2014 and July to September 2015 records - Form B, C ORW's dairies). However, during focus group discussion with HRGs 16 out of 29 (55%) of the expressed that they attend the counselling sessions. During the FGD, 7 participants were found overlapping with neighbouring FIDU project

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 and STI testing and NSP.

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

Static clinic set up and maintain network clinic format as per NACO guidelines. Besides, individual client case file is maintained. STI clinic attendance register, referral formats are maintained properly. During the period all 177 FIDUs were attended in STI clinic. 163 (92%) were counselled during the period. (Crossed checked two quarters - April to June 2014 and July to September 2015 records - Form B, C ORW's dairies). However, during focus group discussion with HRGs 16 out of 29 (55%) of the expressed that they attend the counselling sessions. During the FGD, 7 participants were found overlapping with neighbouring FIDU project.

1. **Documentation:**

Documentation process follows the norms of the project and confidentiality is maintained as per the guideline.The project staffs except the PE s are able to explain the documentation and reporting process. They were not able to explain the prioritisation and use of data. However, documentation of the advocacy programmes needs improvement. It does not reflect the objective and process very clearly.

1. **Availability of Condoms:**

Gap analysis done and all HRGs were provided condom as per requirement

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

16753 condoms were distributed in the last quarter through outreach/DIC and social marketting.

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

12884 N/S were distributed through outreach/DIC

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

ICTC linkage is very good. Above 50% FIDUs were tested for HIV during the period. However, it is 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. 161 (91%) of them were tested for syphilis during the reporting period at the project DIC clinic with syphycheck – WB. Records of 32 HIV positive clients were found. All of them linked with ART centre. ART/Pre ART linkages or registration records were found. During the period 27 FIDUs were newly registered in the project and 15 of them provided Presumptive Treatment. 177 FIDUs were attended in STI clinic.163 (92%) were counselled during the period on risk and vulnerability. Aseptic abscess management services established and Available to HRGs. 5 cases of abscess were reported and all of them were managed through clinic and outreach. Out of 32 HIV positive FIDUs only one linked with DOT as per records available.

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 except linkages with DOT.

**V. Community participation**

1. **Collectivization activities:**

40 (22.5%) registered HRGs were part of the self help group and DIC committee.

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. Out of 32 HIV positive FIDUs only one linked with DOT as per records available. It is suggested to improve linkages and follow up with nearby DOT centres also.

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. Suggested that to improve tracking system risk and vulnerability as well as service delivery.

**Support system:**

**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.

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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 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 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.

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| Sl. No | Particulars | Remark |
| 1 | Formation of Procurement Committee | Procurement Committee is formed comprising of President, Secretary , Project Manager , ME&A, ANM and faculty member of JNIMS |
| 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.

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| Sl. No | Particulars | Remark |
| 1 | Separate bank account for Project and Authorized signatory | Separate bank account is maintained with United Bank of India A/c 0484011126387 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 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**

The project manager joined the service since inception of the project. She has adequate knowledge of drugs and HIV/AIDS since she has been working in the organisation’s FSW project for few years. She is competent to guide the team of the project. She has complete knowledge of project management.

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

The ANM/Counsellor also has been working since inception of the project. She is very much aware of her job description. She maintains network clinic format, individual client case file, STI clinic attendance register, referal format as per NACO guidelines.

**VIIId.ORW**

Both the ORWs have been woeking since inception of the project. Proper prioritisation of HRGs done by ORWs based on risk and vulnerability. Both of them are aware of outreach and micro plan very well. However, reflection of microplan for regular contact need to improve.

**VIIIf. Peer educators in IDU TI**

The PEs are able to mobilise the communities. However, they need improvement in identifying the HRGs and delivering the services. They need more training on prioritisation of risk and vulnerability and its uses in data.

**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**

The services of the project are delivered well especially condom promotion and NSP. The registered FIDU/FSWs are provided PT services. During the period 27 FIDUs were newly registered in the project. But 15 PT were given during the period. Clinic services are performed well. Referral services with ICTC and ART was done well. All the HIV Positive women were referred to ART centre.

**XI. Community involvement**

Records of 3 community events were found and covered 125 HRGs.(70.6%) reached through community attend but tracking of head count were unable.

**XII. Commodities**

Condom, N/S were distributed as per need of the HRGs. N/S distribution after gap analysis. As per record and interaction with the HRGs it was verified that above 70% of the HRGs were distributed N/S against the requirement. However, there were limited services (overdose management - naloxon) in the field.

**XIII. Enabling environment**

8 advocacy meetings were conducted. Meeting minutes and participants list available. Those were conducted as per plan. However, there was no follow up of the meetings conducted. Documentation needs to improve. Involvement of the stakeholders was good. However, in the areas of service provision, the stakeholders need to be informed clearly.

 