**Evaluation report of the**

**Nirvana Foundation**

**Targeted intervention for Female Injecting Drug Users**

**Imphal East, Manipur**

**Introduction:**

The first evaluation of the FIDU project for Imphal East District implemented by Nirvana Foundation was conducted on 16, 17 and 18 October 2015. The size of the target group was 150. However, there is registration of HRGs against the target is 199.

**Background of Project and Organisation:**

Nirvana Foundatiom was established on 9th March, 1991. The primary objectives of the organisation are to bring relief and succor to the suffering of HIV positive people especially women and children and their families and to prevent the spread of the virus in the community. Since its inception, the society has been engaged in various activities particularly in the field of drug abuse and HIV/AIDS prevention and control programmes in Manipur. The organisation started implementing IDU TI project in partnership with Manipur State AIDS Control Society since February 2003. It is currently undertaking IDU TI, TI Link Workers Scheme and Learning site with the partnership and support from MSACS and Global Fund Round 9.

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** | Nirvana Foundation |
| **Chief Functionary** | Laishram Jonita |
| **Year of establishment** | 9th March 1991 |
| **Type of Project** | Targetted Intervention for Female Injecting Drug users |
| **Year and month of project initiation** | December 2013 |
| **Size of target Groups** | 150 FIDUs |
| **Target Areas** | Imphal East District |
| **Sub groups and their size** | NA |
| **Evaluation Period** | April 2014- September 2015 |
| **Visit Dates** | 16,17,18 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**

 

**Organizational support to the programme**

The executive body of the organisation gives full support to the project. The orgnaisation has seven elected members as Executive Committee to implement the organisation’s activities. 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. There is arrangement for acknowledging the services provided by the project staff. The organisation conducts staff appraisal and acknowledge the staff for their best services provided for the HRGs. The organisation also contributes to the project by purchasing adequate number of commodities esp. Syringes. It was reported that they were able to provide the syringes as per the need of the HRGs as and when needed since the organisation bore extra expenses for purchasing the N/S needed. It was intimated to the RPO, IDU, NACO, NERO as well as the Project Director of MSACS. 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 initiative involved other NGOs also working in the same field.

**II.Organizational Capacity**

**Human resources**:

**Project Director**: 1

**Project Manager**:1

**M&E cum Accountant:1**

**Outreach Workers**:2

**ANM/ Counsellor** : 1

**Peer Educators :4**

**Capacity building:**

Internal and external trainings are organised from time to time. Motivation to the staff is the main concern of the organisation. All staff are well aware of the programme. Induction training, orientation and refersher’s trainings are organised from time to time as per project proposal. Staff capacity building on personality development and other skills are given from time to time. However, the PEs need more training on resource mapping, format and the use of risk, vulnerability, STI, condom and NS demand data etc.as per the project requires. 

**Infrastructure of the organization:**

The organisation has good infrastructure to support the project. The training hall at the Learning site is well equipped with good training infrastructure. The FIDU project infrastructures are well maintained. The assets are codified.

**Documentation and Reporting:**

**111.Program Deliverables**

**Outreach**

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

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

**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/counselor in delivering the project activities.

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

Out of 199 active population 198 of them are on NSP with 1 on OST. Out of 198 FIDUs 192 (96.9%) were contacted by the project team (both outreach and clinic) regularly during the period as per record available. However, 11 participants out of 21 (52% ) said that they were contacted regularly.

**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.

**Regular contacts:**

Out of 198 FIDUs 192 (96.9%) were contacted by the project team (both outreach and clinic) regularly during the period as per record available. However, 11 participants out of 21 (52%) said that they were contacted regularly

**Documentation of the peer education:**

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

**Quality of peer education:**

Peer education is provided at the demand generation meeting, 1 to 1 interaction and 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. 1 PE needs handholding support from the concerned ORW.

**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**

**Availability of STI services:**

STI services are available as per project guideline. During the period all 199 FIDUs were attended in STI clinic. 100% 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 only 13 out of 21 (61%) of the expressed that they attend the counselling sessions.

**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 and NSP

**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 199 FIDUs were attended in STI clinic. 100% 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 13 out of 21 (61%) of the expressed that they attend the counselling sessions.

**Documentation:**

Documentation is well maintained. All the files and registers are maintained properly without any confusion. Individual case file maintenance makes the staff easy for following the HRGs easily. Documentation of the crisis and advocacy are corresponding to each other. It showed that the capacity of the staff members are strong.

**Availability of Condoms:**

Condom availability is adequate. 80% of the registered HRGs are provided condom after the gap analysis. It was verified during the FGD also. Condom is made available through outreach service and at DIC. It is also made available through social marketing.

**No. of condoms distributed:**

33250 condoms were distributed during the last quarter out of which 200 pkts were sold through social marketing.

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

48500 N/S were distributed in the last quarter through outreach and DIC

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

ICTC linkages is very good. Out of 170 FIDUs were tested for HIV during the period. 148 (87%) were tested for HIV twice during the period as per available record. Crossed checked and tracked with Form B, ORWs dairies for two quarters April to June 2014 and July to September 2015. Records of 29 HIV positive clients were available. Out of it 28 of them were status known before the project inception. 1 HIV positive FIDU is found during the evaluation period. Out of it 9 of them are on ART in JNIMS and 20 of them on pre ART. ART/Pre ART linkages or registration records are found. During the period 29 PT were given. Out of it 15 were newly reistered in the project. During the period all 199 FIDUs attended in STI clinic. 100% 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). 199 (100%) of them were tested for syphilis during the reporting period at the project DIC clinic with syphycheck - WB. Out of it 177 (88.9%) were tested two times. However, during focus group discussion with HRGs 13 out of 21 (61%) of the expressed that they attended the counselling sessions. Out of 29 HIV positive FIDUs 23 were tested for sputum through linkages with Sawongbung PHC DOT. However, there were no proper documents of linkages or referrals with nearby/nearest DOT/RNTCP. No of TB positive cases were foun

**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**

**Collectivization activities:**

75 (37.6%) registered HRGs were part of the self help group and DIC committee.

**Community participation in project activities:**

The management considers community involvment in planning and devlivering services with proper arranegment. Community members are involved and they are consulted in it is relfected in the meeting minutes

**VI. Linkages**

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

The project has good linkages with various service providers. It is suggested to have linkages with nearby DOT centres also.

**Percentages of HRGs tested in ICTC:**

170 FIDUs out of 199 registered have been tested for HIV during the period. 148 (87%) were tested for HIV twice during the period as per available record. Crossed checked and tracked with Form B, ORWs dairies for two quarters April to June 2014 and July to September 2015

**Support system:**

**VII. Financial systems and procedures**

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. |

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 strictly 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 President, Program Manager and Accountant. |
| 3 | Books of accounts | Regular books of accounts have been maintained properly. |

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, 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 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. |

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 07202000001247 and operated jointly by Chairman, 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)**

The overall financial system & procedure is quite satisfactory

**Vouchers**

The quality of vouchers is quite satisfactory.

**Format.-**

The formats given in the NGO/CBO Guideline used.

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.

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 project from its inception. She is a graduate in science. She has good experience of working in the field of drugs and HIV. She is very active and dedicated. She is well aware of the project objectives and its execution. She is capable of leading the team to implement the project.

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

She is B.SC (Nursing) and very much aware of the clinical management. She is known by the HRGs very well. She also joined the service from the time of project initiation.

. **VIIId.ORW**

Both the ORWs are graduates in Arts. Both are able to handle the situation of drugs and HIV. They are not from the community. However, they are affected by the situation since they have faced the problems of drugs and HIV in their families. They have adequate knowledge of outreach service. They are well equipped with technical knowledge of filling the formats and use of the data. Both have experienced of working in the field of drugs nd HIV. One ORW was working as PE in male IDU TI before she joined this project. She was graduated to ORW in this project.

**VIIIf. Peer educators in IDU TI**

All the four PEs are community members**.** Three of them have started working since inception of the project. 1 was new. Two of them have clarity on peer education and filling up of formats, social mapping etc. However, the other two need handholding training for the services to be provided by them.

**IX. a. Outreach activity in CoreTI 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 five times in a month. It

was conducted as per plan and need.

**X. Services**

Condom distribution and N/S supply and collection/return are effectively performed by the project team. Although it has been properly recorded in the documents, there were few HRGs who were not very clear about other services like clinic services and referral services. DIC meetings and demand generation activities programme need to focus on the service provision and delivery.

**XI. Community involvement**

The active clients of the project attended in the events. The event included International Women;s Day, World AIDS Day, International Day against Illicit drug trafficking etc. The community members are involved in advocacy programmes also.

**XII. Commodities**

80% of the HRGs are provided condom after the gap analysis. 90% of the HRGs are also provided N/S after gap analysis is conducted.

**XIII. Enabling environment**

Advocacy meetings were conducted at various levels with proper documentation and follow up. Only 1 out of the 3 stakeholders was aware of the project services except for the needle and condom services. She involved in addressing the issues /crisis occurred. Improvement is needed for giving proper information of all the services available and the involvement of stakeholders in addressing the issues.

 