

Reporting form C: Astitva Mahila Bahuuddeshiya Sanstha (AMBS)**Confidential****EXECUTIVE SUMMARY OF THE EVALUATION****(Submitted to SACS for each TI evaluated with a copy to NACO)****Profile of the evaluator(s):**

Name of the evaluators	Contact Details with phone no.
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Name of the NGO:	Astitva Mahila Bahuuddeshiya Sanstha (AMBS)
Typology of the target population:	600 FSW & 200 MSM
Total population being covered against target:	779 FSWs and 200 MSM are active and being covered against allocated targets of 600 and 200 respectively
Dates of Visit:	18 th April 2016 to 19 th April 2016
Place of Visit:	Deulgaon Raja, Buldhana (Maharashtra)

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
29.6%	D	Poor	Recommended NOT for continuation

Specific Recommendations:

- Technically organization could not qualify organization's capacity and scored 'Zero' in various non-negotiable indicators.
- TI as a whole need to conceptualize the project on programme delivery;
- There were plenty of PO-visit comments regarding non-availability of a number of staffs/PEs during his consecutive trips to the TI. Also, most of the required documents were either unavailable or incomplete in each of his visit. Moreover, TI staffs/PEs shown reluctance in complying his propositions.
- PPP doctors were rather unable to explain their roles as per the protocol and imperceptible association was gesticulated.
- In last two project spells, the organization could not retain its staffs and peer-educators for prolonged time and high turnovers observed which weakened the intervention at significant extent. The organization has to evolve mechanism(s) in order to keep hold of TI's human asset for the success of the intervention.
- The met staffs were unable to perform as expected roles for the success of the program's arbitration.
- Working Project Manager (PM) and Counselor who are at upper hierarchy positions were still need to be versed on the project's protocols. Especially, Counselor knew nothing about the project and unable to explain his roles/responsibilities. These issues require urgent attention in order to build their capacities so that they could perform on their obligatory roles and responsibilities and also to supervise rest of the team-mates pecking at lower order.
- **TI has to ensure availability of Form-A for registering HRGs which is the base of every documentations as well as planning and execution of the intervention.**
- Data mis-matches prevailed both in documentations of horizontal and vertical positions of the TI-team.
- MSM-ORW was not present during entire span of the project evaluations. Also, only two PEs casually attended the TI during evaluations but TI could not arrange any of the field-visit in MSM component for our field assessment. MSM component related documents were observed largely unavailable.
- Data sources on ICTC tests were also found to be unavailable at large with the TI. However, in our visit to the nearest ICTC (at Rural Hospital, Deulgaon Raja (Buldhana district), we witnessed that in the span of April 2014 to March 2015, none of the MSM-HRGs were tested at this ICTC in the months of June 2014, July 2014, September 2014, October 2014, November 2014, January 2015, February 2015 and March 2015. In this one year only 54 ICTC-tests happened at Rural Hospital, Deulgaon Raja which is at the closest proximity of the

intervening spots (both for FSW & MSM) as well as TI-office/DIC. On the other hand, in FSW component, 154 ICTC-tests happened here.

- Individual appointment letters had to be issued at the end of Astitva Mahila Bahuuddeshiya Sanstha (AMBS) wherein roles and responsibility of the concerned staffs/PEs could have been properly spelt-out as per the NACO protocol.
- Outreach plan and micro-plan is to be exercised properly by the TI-team.
- All NACO formats are to be used both for ease of work as well as for strengthening individual tracking mechanism;
- Capacity building of staffs as well as peer educators need to be emphasized both as in-house and on-site mentoring, as per the NACO protocol;
- Handholding support for field level implementers i.e. ORW/PEs were also felt as prime requisites;
- Conceptual clarity was observed lacking amongst all the TI-team members which required to be addressed urgently;
- Documentations need to be done as per the protocol by all the team-mates;
- Organization has to ensure its role to make the project on its proper track;
- Commodity distribution strategy to be strengthened as per the demand of periodic estimations, gaps to be analyzed on regular basis.
- Contents on minutes as recorded for various kinds of meetings were rather same and the TI-team need to understand relevant protocols for variety of meetings;
- Majority of met PEs, were beyond 30 years of their age. So age considerations required to be thought whilst positioning themselves.
- Capacity building of staffs as well as peer educators need to be emphasized both as in-house and on-site mentoring, as per the NACO protocol;
- Appropriate data for outreach plan, micro-plan are to be taken by the TI and tracking sheet required thorough rectifications in order to avoid statistical inaccuracies in planning and thereby executing for the intervention.
- TI could not show even a single intervention site/spot for our assessment in MSM component.
- In FSW's component only five project beneficiaries could have been met even after making our travel to various intervening areas.

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