

Reporting form C: Matribhumi Multipurpose Foundation**Confidential****EXECUTIVE SUMMARY OF THE EVALUATION****(Submitted to SACS for each TI evaluated with a copy to NACO)****Profile of the evaluator(s):**

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Name of the NGO:	Matribhumi Multipurpose Foundation
Typology of the target population:	1200 FSW
Total population being covered against target:	889 FSW
Dates of Visit:	20 th April 2016 to 21 st April 2016
Place of Visit:	Buldhana (Maharashtra)

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
73.2%	B	Good	Recommended for continuation

Specific Recommendations:

- Since inception of the project, seventeen HRGs were detected positive till March 2016 but four have been migrated. Five amongst these seventeen cases had last CD4 count(s) were available, which are as underneath:
 - a) Case No. 1: CD4 count 330 (as on 20th June 2015) & CD4 count 505 (as in February 2016);
 - b) Case No. 2: CD4 count 731 (as on 04th April 2014) & CD4 count 545 (as in November 2015);
 - c) Case No. 3: CD4 count 598 (as in June 2016) & CD4 count 569 (as in December 2015)
 - d) Case No. 4: CD4 count 178 (as in January 2016) &
 - e) Case No. 5: CD4 count 623 (as in December 2015)

While rest of the eight (out of aforesaid seventeen cases) are either due or overdue for getting tested for their CD4 counts and amongst these eight cases four cases i.e. 50% had base CD4 were less than 350 (eligible to be kept on ART). However, no records are available whether aforementioned eligible cases were getting ART medications.

Only five cases' had undergone for consecutive CD4 count, two have increasing drift and the other's on decreasing trend and majority of cases are due/overdue for getting tested for CD4 count. *It is worthwhile to mention that CD4 count, if available, for consecutive tests, at six months' intervals, might have given proper picture on trends, wherein decreasing drifts could have been witnessed, if any, for focused and prioritized counseling of such case(s). Proper follow-up mechanism is also need to be evolved for the positives cases as they were prominently important to be intervened under programme delivery.*

- Timely release of grant-installments and in-time commodity supplies to the TI are must to be ensured at the end of SACS/NACO because such delays weighed down overall programme delivery as well as distressed staffs'/PEs' spurs to the significant extent.
- PPP doctors need to be versed on properly filling-up of the network clinic form (Form-F) e.g. 'presenting complaint' should be given in the words of client and 'findings' as his/her medical terminologies. Also, quintessences of Presumptive Treatment (PT) need to be understood by doctors as per protocol and accordingly to dispense-out specified medicines (or prescribe-as per the medicines' availability). Moreover, certain columns were also left blank to fill, for instance next visit date(s) not provided both for syndromic as well as RMC cases. These gaps rather compel to hold an orientation (on NACO protocols) of empanelled doctors so that they could be versed properly.
- TI-Office cum DIC has space constraints. Only Counseling room is ideal as per the protocol. No separate DIC is available. TI-office/DIC is limited to two rooms only. One room is there which is being used both as TI-office for working of PM, MEO cum Accountant as well as documentation by ORWs. Designated DIC is prime need at Buldhana because majority of line-listed project beneficiaries belonged to this place. Also, for ease at work of the staff, it is required to provide proper legroom at the project office.
- Rent is being given to the Matribhumi Multipurpose Foundation by its two separate entities of TI (FSW & MSM) using the M SACS grant. However, no further token of receipt is there that to whom the same has been paid by the Matribhumi Multipurpose Foundation. In Mahekar (approx. 80 km. away from TI office), an extended DIC is there (as per the consideration of load of the HRGs) and TI-team told that Rs. 1500/- is being paid to the owner of the house but verifiable yet to be there in place in this regard.
- Bank Reconciliation Statement (BRS) exercise has been done at quarterly intervals which need to put in to effect at monthly hiatuses.

- Micro-plan has gaps because in several months, no plan is there for dues/over-dues for linkages and other programme deliverables.
- Since narrations for variety of meetings were rather common. Hence, TI team needs to properly conceptualize the project and to understand essence of various activities undertaken e.g. in Demand Generation Meeting (DGM) TI is doing one-way lectures/message-delivery instead capturing field demands. Proper prioritization of risk and vulnerability data to be done and the same also need to be properly understood by PEs.
- In-house training for PEs' on condom demonstration required to be held because some gaps were observed there, in this regard.
- 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;
- Condoms stock is kept at another office of LWS project which is located at ½ kms. away from the TI office.
- Two way written communications between vertical positions also felt essential.
- TI urgently needs to fill the vacant positions of M&E cum Accountant.
- Form-D (of NACO) is not being used by ORWs.
- UID may be provided to estimate head-counts for HRGs' attendances (including newly registered FSW) in certain meetings' records.
- Project Director-TI's sign is not there for passing any of the vouchers. Also, none of the representative/authorized person of the NGO has signed upon bills and vouchers of the TI. Moreover, the Organization has preferred Assistant Project Director (APD) to hold staff-review meetings at monthly intervals. But, critically, the honorarium of PD-TI transacted to the account of PD instead APD who actually giving his time and attending staff meetings. APD is contributing for the TI without any honorarium. This issue requires attention of authorities both from implementing organization as well as SACS/TSU.
- Regarding ICTC Linkage: There is space constraint in ICTC-2 located at District Hospital Buldhana, for working of the staffs because two counselors (one male and the other is female) as well as one Lab Technician (LT) doing their respective duties in this small internment. Also, medical/bio-hazardous wastes kept there until and unless the same had been taken by sweepers of local health administration who are

supposed to finally dispose it off. As per the interfaces, none of the agency (-ies) got engrossed for disposing this waste being highly infectious in nature. Even, water supply is not there inside. There observed gaps in proper waste disposal mechanisms in context of disinfection and final disposal which need to be done as per the NACO guidelines. This necessitates concerns of immediate attention of authorities to resolve the issue.

- **DATA TRIANGULATION:** Data triangulation practices observed adopted, at monthly intervals, especially between linkages as well as TIs (and other HIV programmes of the district), on ICTC/DSRC/RNTCP issues and DAPCU, Buldhana strategically playing an instrumental role in this regard towards maintaining symmetrical data from these entities. Though, the amounts of efforts are significant but left some scope for tactically carrying out the same. Indicator-based coordination-sheet could also properly be developed for the ease at work in data-triangulation meets and to have signatures of all the concerned in order to make them accountable for statistical projections.

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Mr. Pramod Tale, DPO-DAPCU, Buldhana (facilitator from SACS)	