

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:	500 MSM
Total population being covered against target:	505 MSM
Dates of Visit:	22 nd April 2016 to 23 rd April 2016
Place of Visit:	Buldhana (Maharashtra)

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
73.7%	B	Good	Recommended for continuation

Specific Recommendations:

<ul style="list-style-type: none"> - TI could not purchase lubes. Majority of MSM-PEs as well as MSM-HRGs were observed comfortable with petroleum based lubricants and they also had sex without applying external lubrication. It worth to mention that biologically mucous membrane of anus is highly permeable; furthermore in absence of proper lubrication, tissues surrounding anus might get ruptured and to allow the blood contact with ejaculated semen which in turn enhance, multiple times, chances of getting infected (with HIV/STI) for individuals who indulged in sex. <i>TI required to discuss these aspects with MSM-HRGs and suggest them on lubes which preferably be odorless, non-staining aqueous/water soluble and hypoallergenic as well.</i> - Regarding purchase lubes, PO-TSU (in his mail dated 23rd March 2015), has suggested the TI to purchase lubricants from <i>Seema Pharma</i>, Hyderabad. But the TI staff told that purchase not become possible due to delay in receiving grant installments from the SACS. Also, if relying on interaction with TI-team, the <i>Seema Pharma</i> is willing to accept bulk orders to sell lubes. Since, as per guidelines, there
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are some restrictions for the SACS for centrally purchasing the lubes for giving out this commodity in-kind to TIs. Hence, TIs collectively can make some efforts in this regard to use apportioned budget for the same for bulk orders, if insinuation seem feasible.

- 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.
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- 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.
- Form-D (of NACO) is not being used by ORWs.
- UID may be provided to estimate head-counts for HRGs' attendances (including newly registered MSM) in certain meetings' records.
- The TI has MSM belonging as *Panthi* (145), *DD* (80), *Kothi* (280) i.e. the TI has registered huge proportions of *Panthi* while reviewing at the new registrations' trend, *kothi* and *DD* are getting line-listed with due paces. *Registrations of Panthi might have not been intensified as project audiences.*
- Travel-cost related formats were in use but are yet to be signed by Accountant/PM for approved amount as budgeted in the line-list.
- 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.*

- ART Centre: Relying on interactions with pharmacist at ART, medicines to patients are being dispensed out for one month. But, recently there were shortage of ZL and a few of the patients were shifted to TLE after having got medical advice/prescription of the doctor. *Pharmacist shown her concern over excessive number of NVP tablets (to be expired in September 2017) which she notion need to be shuffled elsewhere in order to avoid losses from being expired because the same seemed disproportionate as per the current trend of requirements in coming months.*
- 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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