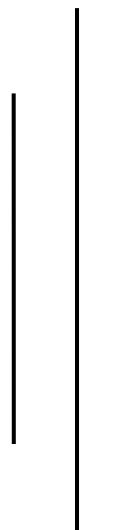
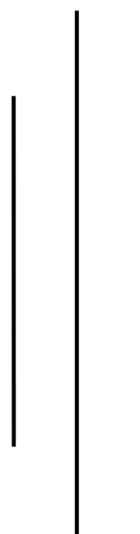
SOCIAL VOLUNTEER AGAINST AIDS (SoVAA)



PROGRAMMATIC STARTEGY ASSESSMENT



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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behaviour Change Communications
CHBC	Community Home Based Care
CPC	Child Protection Committee
DACC	District AIDS Coordination Committee
DDC	District Development Committee
FGD	Focus Group Discussion
FoV	Friends of Volunteers
GO	Government Organisation
GRDF	Gangotari Rural Development Forum
GIPA	Greater Involvement of People Living with AIDS
IEC	Information, Education and Communication
I/NGO	International Non-governmental Organisation
IGA	Income Generation Activity
KAS	Knowledge Attitude and Skills
NCASC	National Centre for AIDS and STD Control
OVC	Orphans and Vulnerable Children
OI	Opportunistic Infection
PNGO	Partner Nongovernmental Organization
PLWHAs	People living with HIV/AIDS
SC/UK	Save the Children UK
SoVAA	Social Volunteer against AIDS
SSCT	SoVAA Support and Coordination Team
STIs	Sexually Transmitted Infections

Executive Summary

The Social Movement against HIV/AIDS Project, also termed as SoVAA Movement Promotion Project has been implemented by Save the Children (SC) in Nepal through its partner NGOs in Doti and Achham districts. The project was initiated in 1999 in Achham and in 2002 in Doti in response to the growing threat of HIV transmission in these two districts of the far-west region. In Achham alone, the SoVAA campaign is currently implemented in 20 VDCs in partnership with Gangotri Rural Development Forum (GRDF). Similar programme was also started in Jhapa and Morang in partnership with SoVAA Support and Coordination Team (SSCT) – a well established network of SoVAA members which has been largely focusing on children and adolescents (14-24 years) to create new SoVAA and thus intensifying its peer education and HIV awareness initiatives in schools and communities. At present, the programme is implemented in 10 VDCs of Morang and Jhapa districts.

The main thrust of the SoVAA approach is to enhance the spirit of volunteerism to support a social movement against HIV and AIDS for creating an enabling environment for children affected by AIDS (CABA), single women and infected people to improve their access to social resources and mitigate the social impacts of the epidemic on individuals, families and communities.

The programme assessment was conducted by a team of two consultants from the Development Resource Center (DRC) during December, 2011. The assessment is primarily based on the qualitative research methodologies which include onsite observation, in-depth interviews with SoVAA and CABA, key informant interviews and focused group discussions (FGDs) with SoVAA and district level stakeholders. The assessment also reviewed the reports of previous project evaluations conducted in 2004 and 2007 for reference.

Major Findings:

1. The project has successfully accomplished its strategic objectives by mobilizing more than 15,000 SoVAA networks in the project districts. More than 500 PLWHAs including CABA and single women have benefitted from the project with counseling, referral and income generating activities for their better livelihoods in the communities.

2. The capacity of SoVAA networks in terms of their knowledge and skills on HIV and AIDS prevention, treatment and care, counseling and referral services has significantly enhanced. With their efforts and determination, the vulnerability of women and children to HIV and AIDS has significantly reduced by empowering themselves to organize and advocate their rights to health and social services.

3. The strategy or approach of SoVAA has had a significant impact in reducing stigma and social discrimination. Being a member of SoVAA has become a matter of pride in the project districts and the members have worked as ambassadors for prevention of HIV and for providing care and support to the CABA and PLWHA. This is an enormous progress in HIV prevention and community response.

4. The SoVAA networks have been successful in effectively mobilizing local resources from VDCs to support CABA for their education and health services. Some of the SoVAA members who belong to single women have started savings funds to help those who need immediate support for health, food or other emergencies. They are consistently lobbying and advocating VDCs for allocating funds to support CABA, single women and PLWHAs who are poor, marginalized and living in extremely difficult situation in the families and communities. As a result, VDCs are committed to support the infected and affected families and have allocated resources in Achham. Where as in Jhapa and Morang, very few VDCs have started to allocate the funds.

5. The SoVAA strategy and the social movement has been recognized and addressed in the strategic plans of DACC and DDCs with particular focus to support CABA and social protection for people living with HIV and AIDS. To this end, the periodic plans of DACC/DDCs have clearly articulated the commitment to support for HIV prevention initiatives by allocating resources for people living with HIV and AIDS.

6. The SoVAA approach has been inclusive in terms of gender, caste and ethnicity. More importantly, involvement of children and adolescents has addressed their rights to education, health and other psycho-social services. In addition to HIV and AIDS, children and adolescents are now empowered as they learned more information about child rights, social protection, consequences of early marriage and sexual harassment and healthy lifestyles.

7. The capacity of SoVAA members and their networks has substantially improved in terms of their leadership, communications, ability to coordinate and provide support for PLWHAs, and networking with a wide range of stakeholders at VDCs and DDCs. More importantly, the groups of CABA and single women have started to raise their voices for their rights to education, health and livelihood opportunities. In the project districts, the stigma and discrimination has significantly reduced as people are more open to communicate their status and many PLWHAs are living with their families in the communities.

8. The SoVAA strategy is in line with National HIV and AIDS Policy and the Strategic Plan (2011-2016) in terms of multi-sectoral response and focus on reducing stigma and discrimination. The strategic actions such as peer education, life-skills and behavior change communications have been included in the SoVAA campaigns in order to mobilizing a range of stakeholders such as children, adolescents, youth, single women and people living with HIV and AIDS.

9. The SoVAA strategy is relevant, cost-effective and appropriately designed in line with the promotion of children's rights to health and education; and

also contributing to GIPA from human rights perspectives in the project districts. The project has directly supported CABA, single women and PLWHAs to facilitate their access to social resources for their better livelihoods by linking them to VDCs, NGOs and health care facilities. Their access to ART has increased as SoVAA members actively follow up and provide referral services to the local hospitals.

Recommendations:

1. *The project now needs to further build and strengthen the on-going capacity building initiatives for SoVAA networks together with NGOs and VDCs/DDCs. This should be beyond HIV and AIDS and preferably should include issues around gender, human rights, child protection, and social inclusion which impact on HIV and AIDS*

2. *The project needs to strengthen a participatory planning and monitoring system with district stakeholders to promote institutional linkages and partnerships and, mobilize local resources to expand the coverage for HIV prevention, care and support services. This will further improve the visibility of SoVAA approach and its significant contributions to community response in the project districts.*

3. *The project should focus on strengthening community support system for prioritized actions on CABA and single women in order to enhance their capacity for meeting their immediate needs of education, health, income earning opportunities and other livelihood options. One of the approaches for this is to work closely with CABA and single women for their social protection by strengthening the community networks such as representatives of VDCs, CBOs, Schools, media, and NGOs and private sectors.*

4. *There is an emerging need to ensure decentralized programmatic approach to SoVAA networks by partnering directly with district level SoVAA network for overall planning and implementation of the initiatives – rather than creating a PNGO as an intermediary partner to support implementation of the SoVAA strategies. In case of Achham, it is right time to have direct partnership with district level SoVAA network as they are registered and established in the district where as existing PNGO will have certain role of technical backstopping in planning, implementation, monitoring and evaluation of the project activities. This will further enhance the capacity, motivation and ownership of SoVAA networks in continuing their initiatives in the communities.*

5. *Based on the project cycle and phase out process guidelines, it is now time to operationalize and strategize for follow up actions to continue the SoVAA initiatives. In this context, SC and PNGOs need to facilitate SoVAA networks to identify their needs and priorities; and provide technical assistance in planning and implementation of the prioritized activities to further enhance their ownership and accountability towards this social movement.*

- *In the process of* ***phasing out*** *the project, SC and PNGOs in particular should first plan for a district level stakeholders' workshop where DDC, DACC, SoVAA networks, I/NGOs, NGOs and networks of PLWHAs in order to update the profile of networks, take stock of the progress made so far and, discuss both institutional and programmatic issues of continuity of this movement in the districts. The outcome of this workshop would be mainly to seek commitment and ownership mainly from DDCs, DACCs and D/PHOs to support and mobilize resources for aligning the SoVAA networks as an important part of district response.*

1. Introduction

Save the Children in Nepal has been implementing the Social Movement against AIDS initiative through Social Volunteers Against AIDS (SoVAA) programme in Achham since early 1999 and in Doti in 2000. Similarly, programming with some different in implementation approach was also started in two district in east Morang and Jhapa in 2001. SoVAA was first envisaged in the districts of Doti and Achham, and later in Morang and Jhapa by SCUK.

The programme primarily aimed at mobilizing both children and adults as SoVAA. The districts of the Far West are especially vulnerable to HIV/AIDS due to seasonal migration of youths in India. In the eastern districts of Morang and Jhapa there are many Bhutanese refugees who are also vulnerable to HIV because they have been living in camps and the young women are vulnerable to trafficking and commercial sex work.

Both PLWHA and non-PLWHA are being mobilized as SoVAA to avoid stigma and social discrimination in the families and communities. Through the SoVAA movement, it has been found that children, youth and adults have been empowered and they are playing a new role as SoVAA with more confidence and understanding of their rights to health and protection.

The SoVAA program funded by Save the Children/ New Zealand and subsequently a partnership with NORAD/Royal Norwegian Embassy resulted in continued funding for the program. After five years of this project, a mid-term evaluation was carried out in 2004 to study the impact, and an external evaluation was carried out in November 2007. This assessment is as per SC's plan to assess whether the approach is still in line with its objectives and aim, and also to document the lessons learned for future programming.

1.1 Purpose of assessment and scope

Save the Children has been implementing the SoVAA movement for more than a decade in Achham, Doti in the far-west and Jhapa and Morang in the eastern region. There were two project evaluations conducted: one external evaluation (2004-2007) and the other final evaluation in 2004 to assess the progress and impact of SoVAA initiative in the project districts.

As the SoVAA program is still ongoing in partnership with local NGOs and SSCT in project districts, the SC at this stage intends to conduct an assessment to generate practical evidences for relevance in its strategic programming from 2012.

The specific purpose of this assessment is:

- to assess the relevance and appropriateness of SoVVA programme in mobilizing community members (Children, youth and adults) against HIV .
- to assess the effectiveness and efficiency of the program approach

- to document the lessons learned for further improvement in programming.

1.2 Methodology and limitations

This assessment has mainly adopted a qualitative methodology to collect information about the project's activities using key informant interviews, focus group discussions (FGDs) with SoVAA members and local stakeholders. There are 2-3 case studies from the field to generate practical evidences of good practices from SoVAA approach.

For the primary information, the assessment team has undertaken field visits to only Achham in the far-west and, Jhapa and Morang districts for on-site observation and interaction with SoVAA members and a wide range of stakeholders at community and district levels.

Within short timeline, the team has quickly reviewed its project evaluation reports, strategy papers and relevant programmatic documents on SoVAA; and in-depth discussions with field based programme staff to analyse the relevance and effectiveness of SoVAA perspectives and approaches in the changing context of HIV and AIDS situation in project districts. The assessment report aims to explore and recommend for some concrete programmatic focus and strategic priorities for gradually phasing out the SoVAA initiative.

2. Social context and vulnerability to HIV and AIDS in the project districts

The geo-social context of eastern and far-western region greatly varies in terms of socio-economic status, mobility and livelihood opportunities. In the hill districts of Achham and Doti, majority of youths go to India for jobs and stay away from families for long time. This also increases their vulnerability to HIV and AIDS including sexual harassment and abuse. Where as in terai districts of Jhapa and Morang, the social context is mixed as there is increasing urbanization as well as people migrate to India for income opportunities.

In addition, there is open cross-border with India and so trafficking of girls and women for sex is most likely which increases their risk of HIV and AIDS. The increasing trends of injecting drug users in the small cities of Jhapa, commercial sex work in the highway, and around Bhutanese refugees have made the district more vulnerable to HIV and AIDS. The problem from the cities have gradually started to reach the inner sides of the villages due to people's increasing mobility and easy access to transportation services in the project districts.

According to DACC reports, the total number of people living with HIV and AIDS has reached **1194** and **447** as of November, 2011 in **Achham and Jhapa** districts respectively. However, it is still under reported because there are many more cases in the remote communities which are yet to be reported in DACC. The SoVAA initiative has been implemented in 10 and 20 VDCs of Jhapa/Morang and Achham districts respectively.

With the intensive HIV/AIDS awareness raising programme by a wide range of stakeholders such as NGOs, INGOs, bi-lateral and UN agencies in the districts, local people are aware of the serious consequences of HIV and AIDS; and majority of them know its transmission modes and preventive measures. In the districts, SoVAA campaign has been widely popular as it has significantly enhanced the capacity of children, adolescents, youth and single women by offering opportunities of participation in a wide range of activities such as training, interactions, peer education and behavior change communications.

Even though the stigma and discrimination has significantly reduced, there are greater needs and demands of people living with HIV and AIDS for easy access to treatment, care and support services along with income earning opportunities.

3. Brief overview of SoVAA approach and its strategies

The principles of SoVAA are as per the SC's organizational principles and greater involvement of people living with HIV/AIDS. These are mainly a) encouragement for children, b) positive discrimination for people living with HIV and AIDS, c) gender equity and human rights, and d) playing an effective role considering institutional development. SoVVA has adopted key strategies of social mobilization, peer education, combination of education and entertainment, capacity building, mass communication, advocacy, coordination and partnership with local stakeholders.

3.1 Progress in terms of operationalizing the strategies

3.1.1 Social mobilization

SoVAA has successfully implemented its strategies by mobilizing a wide range of stakeholders such as community leaders, teachers, health workers, religious leaders children, adolescents and youth for HIV and AIDS prevention. In particular, communicating and disseminating information about HIV and AIDS prevention, care and treatment services including issues around reducing stigma and discrimination have been quite effective in community response. Apart from this, celebrating Children's Day and World AIDS Day with the leadership of children, adolescents and youth in schools and communities have profound impacts on public awareness and more importantly, this has significantly contributed to reduce stigma and discrimination in the families and communities.

3.1.2 Peer education

With the peer education campaign, it is experienced that children, adolescents, youth and adults are more empowered to protect themselves from HIV and AIDS. Considering the sensitivity of HIV and AIDS, peer education has been the most successful approach for HIV prevention in the communities. Majority of SoVAA groups have felt that peer education is most popular and effective strategy to reach children, adolescents, and youth in the communities.

3.1.3 Education and entertainment activities

Most of the SoVAA's motivation for engaging in its core activities are due to some interesting education and entertainment activities in the communities. They range from school level activities such as quiz contest, essay competition, talk programmes, street drama, folk songs and dances such as *deuda* and so on. Most importantly, majority of the children have found such events very helpful to learn and better understand the social consequences of HIV and AIDS, *chhaupadi* tradition, sexual harassment towards children, violence, social discrimination and child marriage. This has also empowered many children, adolescents and youth to cope these problems and challenges with possible livelihood options.

3.1.4 Capacity building

The most important and visible positive impact of SoVAA programme is the enhanced capacity of children, adolescents and youth in actually responding the HIV/AIDS in the project districts. More importantly, in Achham and Doti, the empowerment of single women who are living with HIV and AIDS is remarkably visible as they are organized in groups and engaged in income opportunities to improve their livelihoods. Some of the groups have demonstrated that PLWHAs can comfortably live in the families like any other people. Furthermore, these groups in Accham have interestingly started income generating activities with the support from GRDF and they are continuously advocating for their social protection services with village and district level stakeholders.

3.1.5 Networking and advocacy

The networking among CABA, single women, adolescents, youth and people living with HIV and AIDS has been effective with the support from SoVAA networks and PNGOs. With the ward and village level SoVAA networks, people living with HIV and AIDS have started to approach health facilities and social institutions for care and support. Their access to ART in the local hospitals has improved as SoVAA networks are continuously creating a supportive environment for referrals to health facilities.

Due to on-going advocacy for their rights to health care and education for CABA, VDCs have started to allocate funds for HIV and AIDS. The commitment from the VDCs to allocate the funds for HIV and AIDS started in 2007 and every year, the fund allocation is increasing. For example, 20 VDCs of Achham have allocated Rs. 386,000 in 2011 for HIV and AIDS. Compared to last year, the amount of fund has increased by 11 % in 2011.

4 Key findings

4.1 Relevance and appropriateness of SoVAA strategy

The SoVAA approach is relevant and appropriate as more adolescents and youths are at risks of HIV and AIDS in the project districts. There are still limited interventions for children, adolescents and youth in the project districts.

In particular, the strategy has been extremely successful in the context of mobilizing social resources for prevention, care and support in the families and communities. Furthermore, this has empowered many children, adolescents, youth, single women and adults to protect themselves from HIV and advocate for children's and adolescents' rights to health and education services.

The interviews with key informants such DDC/DACC representatives, NGOs, SoVAA reveals that the modality of SoVAA approach and strategic priorities is effective to respond the emerging needs of HIV prevention, treatment and care services in the districts. The approach has largely addressed the emerging needs of prevention, treatment and care services in the communities.

4.1.1 Enhanced knowledge, attitudes and behaviours

The in-depth interviews and FGDs with SoVAAs (children, adolescents and ex-SoVAA) reveal that they are more knowledgeable about HIV and AIDS. With their traditional understanding of HIV and AIDS as a serious killer disease, their attitudes towards HIV and AIDS has positively changed as they are well convinced that there should not be any stigma and discrimination towards people living with HIV and AIDS. Moreover, SoVAA movement has created an enabling environment for PLWHAs to access resources in the families and communities and this has also reduced stigma and discrimination.

Reducing stigma and discrimination

After SoVAA movement in the communities with peer education, communications and awareness raising, more and more people learned about the details of HIV and AIDS and its impacts on individuals, families and communities. SoVAA members strongly feel that people's knowledge and attitudes towards HIV and AIDS have positively changed. This has been extremely helpful not only to avoid myths and misconceptions about the epidemic, but also to reduce stigma and discrimination in the families and communities. Children, adolescents and youth are particularly empowered to communicate and deal with diverse issues and challenges of HIV and AIDS.

4.2 Effectiveness and efficiency

The SoVAA programme's effectiveness and efficiency can be assessed in terms of its geographical coverage, utilization of resources and the capacity to address the needs and demands of most-at-risk populations including people living with HIV and AIDS. The key activities of SoVAA such as peer education, mobilization of new SoVAA and their friends, and coordination with VDCs for resource mobilization are effectively implemented and this has helped to respond the growing needs of improving access to treatment and care services, and create an enabling environment for PLWHAs.

The FGDs with key programme staff of PNGOs and SSCT, most of the planned activities are timely implemented and, the trend of utilization of the programme budget is more than 90 % across the years. Even though, the programme budget has gradually decreased over the years, the project has efficiently mobilized its resources in achieving the desired outputs and impacts.

4.2.1 Outreach services (Service coverage)

With the available resources, the service coverage is considerably reasonable as more that 20 to 35 % of the VDCs in the project districts are covered with the SoVAA campaign. The SoVAA movement has provided a wide range of direct services such as referrals, income generation, food, educational support and counseling to CABA, single women and people living with HIV and AIDS.

With the peer education and mobilization of SoVAA networks, the enhanced capacity of children, adolescents and youth in the communities have shown lasting impacts on the prevention, treatment and care services. Moreover, the SoVAA approach is one of the cost effective interventions as more than 14,000 SoVAA received peer education and about 9612 SoVAA (M =6,307, F= 3,305) received comprehensive training as required by SoVAA in Achham alone.

Similarly, in case of Jhapa and Morang, about 8325 (M= 50 %, F= 50%) SoVAA were trained as of November, 2011. Compared to the investment on SoVAA training which is community-based and low cost, the trained human resource workforce such as SoVAA networks, child clubs, groups of CABA and single women at village and district levels cover significant populations, and it will further grow as the old SoVAA transfer their knowledge and skills to new ones – thus having a chain of trained human resources for longer term. This will ensure continuity of trained human resources for HIV prevention, counseling and referrals services at the local level.

4.2.2 Participation from gender perspectives (especially children, adolescents and youth)

In Jhapa and Achham, around 30 to 50 % of the total SoVAA members are female and there are increasing evidences of participation from *Dalit and* indigenous communities in *terai* districts of Jhapa and Morang. In Jhapa, the SoVAA are in the age group (15-24) where as in Achham, there is no age limit to become SoVAA. However, the major focus of SoVAA networks from 2010 has been on children and adolescents' groups in Achham. The SoVAA networks, more importantly, aim to ensure participation of CABA and single women which indicates that the approach is child-centred, gender-sensitive and socially inclusive.

SoVAA movement ensuring children's rights to participation in an inclusive approach

After the initiation of SoVAA movement in the districts of Morang and Jhapa, it has created an important opportunity for children and adolescents to become SoVAA members and actively engage in the social response to HIV and AIDS. "Our participation in HIV and AIDS prevention matters as we can share our knowledge about HIV prevention to our peers so that they are empowered to protect themselves from HIV and AIDS." says Manita Pokharel, 16, a student and SoVAA member in Sundarpur VDC of Morang district. Adds she further: " Our network members have diversity in terms of socio-economic status, caste and ethnicity. This makes us proud of our network and we are more empowered than before."

5 Key results and outcomes

The SoVAA campaign has delivered key results and outcomes which are briefly summarized below:

- Enhanced knowledge, attitudes and safer practices among children, adolescents, youth in the project districts
- Reduced morbidity and mortality due to HIV and AIDS in the project districts
- Reducing stigma and discrimination in the families and communities
- Increasing trend of local resource mobilization at village levels
- Increasing access to treatment, care and support to CABA and PLWHA with counseling and referral services
- District level advocacy for social protection for CABA and single women gaining momentum
- Enhanced capacity of children, adolescents, youth, single women and adults to cope with the challenges of HIV and AIDS in families and communities
- Increased networking among CABA and PLWHA to advocate for their rights to care and support services
- Increased local recognition and social identity of SoVAA across the district
- There is possibility of replication of this SoVAA approach in other VDCs and neighboring district. Some VDCs of Dailekh district has already started SoVAA campaign with the support from local NGOs.
- Trained human resources at the grass-roots are recognized in the district and they are mobilized by VDCs and other NGOs as resource persons during facilitation or events.

6. Strengths of the SoVAA approach and the modality

Interviews with district and community based stakeholders (e.g. DDC, DACC, D/PHO, NGOs, political parties, CABA and PLWHAs) reveal that SoVAA approach has enormous success in HIV prevention as well as reducing stigma and discrimination in the families and communities. They appreciate the approach as one of the most cost effective interventions having lasting impacts on individuals, families and communities by creating a supportive environment to access health, education and income earning opportunities for those who are suffering from the epidemic.

The key strengths as experienced by local stakeholders, PNGOs and SoVAA networks are:

- The SoVAA is a community-based campaign which focuses on peer education and social mobilization against HIV and AIDS.
- It has largely targeted children, adolescents and youth to empower themselves through peer education and life-skills so as to protect from STIs and HIV/AIDS.
- This is a low-cost yet effective intervention reaching wider communities of children, adolescents and youth with prevention, care and support and social protection services
- SoVAA initiative with its success and high potential for creating a supportive environment for people living with HIV and AIDS has gained social recognition and identity in the communities. The representatives of SoVAA are invited for community meetings and district level HIV/AIDS and child protection events.
- The positive image of SoVAA has been well reflected in village development committees, NGOs and civil society organizations in terms of their proactive engagement in coordination and partnership for joint actions. SoVAA has directly supported to protect the rights of CABA by facilitating and creating a supportive environment for their access to education and health services. The role of VDCs is particularly to support SoVAA in facilitating peer education, counseling and referrals services to PLWHA, and allocate some funds to cover emergency needs of CABA and single women who are poor and socially marginalized in the communities.
- District and village level political leaders, health service providers and development workers recognize and appreciate the tremendous efforts of SoVAA for HIV prevention, care and support. This has been well addressed and articulated in periodic plans of DACC/DDCs in terms of their proactive participation and contribution in district and village level HIV and AIDS planning, implementation and, monitoring and evaluation.
- Local PNGOs working in the area of HIV and AIDS for several years are providing technical backstopping to SoVAA networks in facilitating community-based awareness and capacity building activities. Indeed, this

has been a learning opportunity and exposure to SoVAA networks for building their capacity and networks in the districts.

7. Sustainability

7.1.1 Ownership

The programme is largely owned by SoVAA as they have good team building and spirit of volunteerism to mobilize their peers and communities in the area of HIV prevention, treatment and care. Their capacity to make new SoVAA is gradually enhanced as they are engaged in series of training, workshops and social activities in the communities.

Ownership of SoVAA networks is clearly visible indicating prospects for continuity of the movement

Ram Bharosa Kunwar, a teacher by profession, is now a chairperson of district level network of SoVAA in Achham. Inspired by the social work and enriched with the spirit of volunteerism, he is committed to work in the area of HIV prevention, care and support in the communities. " We are consistently determined to continue this movement even if there is no support from other I/NGOs." says he with confidence. Adds he further with sentiments: "Understanding the realities of people living with HIV and AIDS and the sufferings faced, we can not simply give up our efforts as we have been supporting them for several years. We will continue our work until we die."

Similar voices and sentiments are echoed in Jhapa where SSCT – a network led by SoVAA who are mostly children and adolescents (14-24 years) has been implementing the SoVAA movement in Jhapa and Morang districts with the support from SC. " It is our network that has empowered us in many ways - developing our leadership, communications and facilitation skills. We can go to VDC or DDC offices and attend several meetings in the communities. Our voices are heard and more importantly, we have social identity as SoVAA, thus making us more responsible and accountable for educating and supporting HIV prevention and coping strategies in the communities." explains Gyanendra Niraula, 25, and ex-SoVAA in Jhapa district.

7.1.2 Community participation

The most interesting and important part of SoVAA approach is that it has ensured the participation of school children, youth, teachers, local leaders, NGO representatives, people living with HIV and AIDS to mobilize resources for HIV prevention, treatment, care and support. To large extent, this approach has rightly addressed the needs of multi-sectoral response at the village and district levels.

7.1.3 Local resource mobilization

The SoVAA movement is increasingly becoming popular in most of the village development committees because of their networks and strong commitment to HIV prevention in the districts. Recognizing this, some VDCs such as Arjundhara of Morang, has allocated Rs. 100,000 for SoVAA to implement community-based activities. At the district level, the DDCs/DACCs do recognize SoVAA as a strong pool of trained resources which can be effectively mobilized in peer education, behavior change communications, care and support services to PLWHAs.

In most of the VDCs in Achham where SoVAA movement is functional, there is gradual tendency of allocating funds by VDCs to support HIV and AIDS prevention initiatives as well as respond the emerging needs of care and support to CABA and PLWHAs. With the fund, the SoVAA networks have discussed and negotiated with VDC officials to support CABA and single women who are more vulnerable to HIV and AIDS. Some of the VDCs have already provided funds to CABA groups and single women in order to cover their education and health care needs; and this has been one of the key prospects for continuity and sustainability of SoVAA initiative.

Alignment of SoVAA networks with DDCs and VDCs is crucial for continuity of the movement

"With the experiences of SoVAA movement in Achham over the decade and its lasting impacts on HIV prevention, reducing stigma and discrimination, this movement needs continuity for enhancing the capacity of community response to respond emerging challenges of prevention, treatment, care and support services to CABA and single women affected by AIDS." says Krishna P. Jaisi, the former DDC Chairperson of Achham district. He strongly opines that there are still emerging needs of prevention, care and support services to PLWHAs who are very poor and living in remote communities with limited access to prevention, counseling, care and support services. Such movement of SoVAA should strategically focus on those areas to maximize the impacts on individuals, families and communities. This can be done if SoVAA networks are aligned with DACCs/DDCs and VDCs for local resource mobilization Ultimately, this helps for continuity and sustainability of the SoVAA movement.

7.1.4 Linkages and partnerships

Despite limited linkages and partnerships with other NGOs and stakeholders, SoVAA networks in the project districts heavily rely on the technical and financial assistance from SC. Considering the project cycle and phasing out process, it is time to operationalise the phase out process and implement the exit plans.

DDCs and DACCs importantly recognize the spirit of SoVAA and hence are supportive to the movement

The SoVAA movement gained popularity while it established networks at the village and community levels to raise community awareness of HIV and AIDS and create an enabling environment for PLWHAs to disclose their status and improve their access to counseling, treatment and care services. " I have heard that SoVAA initiative has been effective in HIV prevention in the district. This has to be continued in the context of HIV prevention, care and support to PLWHAs as the problems and challenges of this epidemic are continuously growing." says Mahesndra Lal Shrestha, Local Development Officer of Achham district. Appreciating the contribution of SoVAA networks in community response, Mr. Mohan Bikram Khadka who is also a member of SoVAA network and now working as District AIDS Coordinator proudly says, " With the SoVAA movement, there is dramatic reduction in stigma and discrimination associated with HIV and AIDS in the families and communities. People openly disclose their status and there are many PLWHAs receiving treatment and care services in the hospital. This is a remarkable achievement in HIV prevention."

Therefore, SoVAA networks need to be active partners of DACCs and DDCs so that there are prospects of local resource mobilization at the village and

community levels. Eventually, the SoVAA initiative needs to be localized and owned by SoVAA networks and this requires sustained linkages and partnerships with DDC, DACC, D/PHO and VDCs.

8. Programmatic approaches and issues

As the SoVAA campaign has been continuously launched in the project districts over the decade, this has crossed a considerable timeframe to institutionalize the approach in the districts. The approach of SoVAA is participatory and community-based which has genuinely mobilized its networks to facilitate and empower children, adolescents and youths for HIV prevention through a series of capacity building initiatives such as peer education and life-skills training, behavior change communications and counseling services in the families and communities. However, there are few programmatic issues experienced by PNGOs, SoVAA networks and district level stakeholders. These are summarized below:

- There are still concerns of continuity and sustainability of clubs, SSCT and SoVAA networks in most of the districts after phasing out of the project if there lacks continuous dialogue, lobbying and advocacy with VDCs and DDCs to mobilize local resources.

- The youth leadership in Jhapa and Morang is encouraging in terms of their motivation and confidence to continue their efforts in HIV prevention. However, there are needs to activate ex-SoVAAs (in case of Jhapa and Morang) with regular follow ups for their participation in major events of SoVAA movement.

- There are still needs of adequate and comprehensive package of capacity building initiatives to SoVAA networks on project management, monitoring and reporting, impact mitigation strategies and response, inter-personal counseling facilitation skills for referrals and linkages with key stakeholders at village and district levels.

- District level SoVAA network and SSCT's efforts to mainstream SoVAA approach in village level development programmes is relatively inadequate – particularly in Jhapa and Morang districts.

- SSCT and SoVAA networks should strategize its actions to maintain the spirit of volunteerism among SoVAA and their peers to effectively engage them in HIV prevention in the longer-term.

- Majority of the district stakeholders feel that SoVAA initiative should be prioritized and focused to CABA and single women who are poor and socially marginalized in the communities.

- There are no concrete strategies for follow up to ex-SoVAA in order to enhance their role and contribution in HIV prevention and care.

9. Lessons learned

- It is now time for SoVAA to further build and strengthen the institutional linkages with local stakeholders and partners – especially DDCs and VDCs, schools, health facilities for mobilizing local resources to continue and sustain the initiative.
- With the experiences from past, it is important to prioritize the specific areas of support activities for CABA and single women who are poor and more vulnerable in the families and communities. SoVAA networks now need to work more closely with CABA, single women and PLWHAs to improve their access to education, health care and income opportunities
- Ensuring quality of information about the project outputs and outcomes by SoVAA networks and PNGOs is necessary for documentation and measuring the progress.
- There are critical needs to invest more on capacity building of SSCT and district level networks in participatory planning, monitoring and evaluation of SoVAA activities to continue and sustain the movement as part of community response.
- There needs both technical and financial support from DDC/DACC, local NGOs and partners to integrate the SoVAA approach for wider coverage of the services in the communities.
- Greater involvement of people living with HIV and AIDS in SoVAA movement has profound impacts in terms of their strong networking for advocacy and social protection services.

10. Priority areas for future programming and strategic directions

10.1. Coordination and partnership

As SoVAA and their networks have gained substantial institutional capacity and networking among themselves, it is now necessary to have more stronger coordination and institutional linkages with district and village level stakeholders (e.g. DDC, DACC, D/PHO, I/NGOs and networks of people living with HIV and AIDS. This will further enable SoVAA and their networks to mobilize local resources to continue and sustain the existing initiatives even after the phase out of the project.

Priority1: The concerted efforts from PNGOs and/or SOVAA networks are needed to actually improve coordination and partnership with DDCs and VDCs in terms of resource mobilization and strengthening institutional linkages for continuity and sustainability of SoVAA approach and strategy.

10.2 Focus on capacity building initiatives

The partner NGOs should strategize their interventions to further build and strengthen the local capacity of new SoVAA by organizing competency based

training on behavior change communications, peer education, life skills and wider issues of HIV and AIDS such as impact mitigation and coping strategies.

Priority 2: The immediate priority interventions should largely focus on capacity building of new SoVAA and their friends beyond peer education in HIV and AIDS so that other programmatic issues such as impact mitigation and coping strategies of CABA and PLWHA can be practically addressed in the project districts.

10.3 Promote and strengthen participatory planning and monitoring system

Most of the SoVAA activities are confined with their own networks and structure. Despite their initiatives such as peer education and awareness raising campaigns at community and village levels, there needs participatory monitoring in coordination and consultation with DDC, DACC, I/NGOs and partner NGOs to have better visibility of the SoVAA approach and its likely results that help for planning and mobilizing local resources.

Priority 3: In order to further improve the scope and visibility of SoVAA approach for tracking and actually measuring the progress, SoVAA networks need to be proactive in facilitating and institutionalizing participatory planning and monitoring process at the village and district levels.

10.4 *Strengthening community support for prioritized actions*

The context of HIV and AIDS has drastically changed in the recent years with more visibility of people living with HIV and AIDS; and their demands for social protection services such as health care, education and income earning opportunities for better livelihoods. More importantly, the SoVVA initiative now needs to prioritize its strategies and actions with gradual shift from awareness raising to direct support to CABA and single women who are poor, marginalized and most vulnerable in the families and communities.

Some of the key programmatic interventions would be a) to ensure education and health services for CABA, b) to support income earning opportunities for single women and their families, c) to provide psycho-social counseling, c) to ensure provision for emergency support schemes to CABA (food, shelter, transportation for care and so on), and d) to create a supportive environment for CABA and people living with HIV and AIDS for easy access to care, treatment and support services.

Priority 4: The SoVAA approach should gradually enlarge and deepen its scope of programmatic approach from prevention towards care and support to CABA and single women in particular as they are the most vulnerable who need immediate care and support for their food, education, health services and better livelihoods.

10.5 Exit plan and strategies for follow up

The phasing out strategies for SoVAA requires deeper consultation with PNGOs and district level stakeholders – notably, DDCs, VDCs, I/NGOs and networks of people living with HIV and AIDS. This assessment has revealed that SC needs to consider, if there is possibility of continuing partnership after 2011, two different modes of partnership with existing PNGOs due to different contexts of eastern and far-west region.

1. ***In Jhapa, as SSCT is still in a learning stage of project implementation and the members are mostly adolescents and youth, there either needs a close monitoring and backstopping to SSCT by SC technical staff or any partner NGO in the district until its capacity is fully enhanced and maintained.***
2. ***Where as in Achham, as the district level network of SoVAA has already been well established and registered, there needs direct partnership with this network considering certain role of technical supervision from GRDF or SC. Eventually, the district level network of SoVAA needs to be capacitated and sustained.***

Case studies demonstrating success of SoVAA strategy and approach

Case study 1: Breaking the silence of HIV and AIDS

Babita Majhi, 22, is an active SoVAA member of Katahari in Jhapa district who joined in SoVAA movement while she was just a school student at the age of 13. She was interested and motivated with the work that SSCT and other SoVAA members which help the children and adolescents to empower themselves against the social issues around HIV and AIDS, child rights, early marriage and sexual harassment towards children. In her own home, her uncle and aunt died of AIDS and people had negative attitudes towards her families. Nobody used to approach her home with the sigma of AIDS. With this pain, she felt that these social problems and issues matter much among children and adolescents' lives in families and communities. More importantly, after training she received from SSCT, she became more confident to talk about HIV and AIDS in the families and communities and was successful to convince her peers and neighbours that HIV and AIDS does not spread easily and they can live and stay longer if they receive care and support from the families. Now, after the peer education and other awareness raising activities, she finds that people have now positive attitude towards HIV and AIDS issues and every children and youth speak about HIV and AIDS freely and comfortably. She has made more than 100 SoVAAs which are actively supporting peer education and communications activities to prevent the HIV and AIDS.

Case study 2: Capacity building is key to SoVAA strategy

Gyanendra Niraula, 25, is a recent ex-SoVAA in Jhapa district who is also an advisor for SSCT. Working for SSCT as president for few years, he feels more empowered and articulate on HIV and AIDS issues. Like many other SoVAAs, he has deeper understanding about HIV and AIDS and strongly feels that his communications and leadership skills have significantly improved. With this confidence, many SoVAA can talk to local stakeholders about their rights to education, health and other social services. More, importantly, their capacity to advocate the rights of CABA has been greatly enhanced and found more effective in the families and communities. There is remarkable reduction in stigma and discrimination among PLHIV and people have understood the importance of care and support to the infected and affected families and communities. Now there is representation of SoVAA in village and district level HIV and AIDS meetings, workshops and other awareness raising events during world AIDS day. With the support from schools and VDCs, they have organized several awareness raising activities in the schools and communities which has profound impacts on prevention and impact mitigation initiatives.

Case study 3: Local ownership is making huge impacts on HIV prevention and impacts mitigation

With the spirit of volunteerism, SoVAA initiative is extremely popular in the villages and across the district. With its networks at the village levels, the SoVAA are increasingly accepted in the communities and well respected in the district due to their interest and commitment to prevent HIV and reduce the stigma and discrimination in the families. Now that district level SoVAA network is already registered and functional, it has received support from local NGO named Gangotri Rural Development Forum and District AIDS Coordination Committee/DDC to plan and implement community-based awareness on HIV and, care and support services to CABA, single women and people living with HIV and AIDS. Recognising their continuous efforts and dedication, most of the VDCs have allocated funds for the welfare of people living with HIV and AIDS for their emergencies such as treatment, food and education support to CABA. There is strong will and ownership of SoVAA to continue their voluntary services for HIV prevention. " "We will continue our work for HIV prevention until we die."shares Ram Bharosa Kunwar, chairperson of the SoVAA network. Respecting their determination and hard work, DDC encourages SoVAA to be more active and recognizes their important contribution to mitigate the impacts on the communities. With the support from SoVAA, easy access to treatment and care, counseling and supportive environment for reducing stigma and discrimination have been greatly improved.

Case study* 4: *Increasing networks and advocacy for social protection services

Setu BK, 35, is chairperson of a group of infected single women in Siddeshowr VDC of Achham district. Her group was formed with the support and facilitation from SoVAA members. The single women united to raise their voices for reducing stigma and discrimination and demand for social protection services for their better livelihoods. Together with her peers, she has started tailoring shop to raise income and invest more on food, health and education for her children. " With the support from SoVAA, we are now able to speak about our problems and challenges. Our voices have now been heard by VDC as they have allocated funds for us and CABA." says Situ with confidence. However, many women like her in remote communities face several challenges of their own HIV status, deepening poverty and the emerging needs of children's education and health care services.

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Annex 1: ToR for the SoVAA strategy Assessment

1. Background:

Save the Children in Nepal has been implementing the Social Movement against AIDS initiative through Social Volunteers Against AIDS(SoVAA) programme in Acham (1999) and Doti (2000) Similarly programming with some different in implementation approach was also started in two district in east Morang and Jhapa in 2001. SoVAA was first envisaged in the districts of Doti, Achham and later in Morang and Jhapa by SCUK.

The programme aimed at mobilizing both children and adults as SoVAA. The districts of the Far West are especially vulnerable to HIV/AIDS due to seasonal migration of youths in India. In the eastern districts of Morang and Jhapa there are many Bhutanese refugees who are also vulnerable to HIV because they have been living in camps and the women are forced to engage in sex work.

Both PLHA and non-PLHA are being mobilized as SoVAA. Non-PLHA is being mobilized because often non-PLHA discriminates against PLHA and stigmatizes them. Through the SoVAA program, it has been found that children, youth and adults have been empowered and they are playing a new role as SoVAA with more confidence and understanding of their rights to health and protection. .

The SoVAA program funded by Save the Children/ New Zealand and subsequently a partnership with NORAD/Royal Norwegian Embassy resulted in continued funding for the program. After five years of this project, a midterm evaluation was carried out in 2004 to study the impact, and an external evaluation was carried out in November 2007.

This assessment is as per SC's plan to see whether the approach is still in line with its objectives and aim, and also to document the lessons learned for future programming.

The main objective of this assessment is to document the impact of SoVAA programme and generate evidences for refining the programmatic approach in future.

The specific objectives are to:

- assess relevance and appropriateness of SoVAA programme in mobilizing community members (Children, youth and adult) against HIV
  .
- assess the effectiveness and efficiency of the program approach
- document the lessons learned for further improvement in programming.

2. Process and Methodology

This assessment is primarily qualitative which will include review of the project evaluation reports as well as field visits in two districts: Jhapa and Achham for key informant interviews, focus group discussions with SoVAA members and local stakeholders. There will be 2-3 case studies from the field to generate practical evidences of success from SoVAA. The methodology will be finalized in consultation with Save The Children.

3. **Data Sources**

a) Secondary data from project reports
b) Key Informant Interviews/FGDs with local stakeholders including children and adolescents, students, parents, VDC stakeholders, school health posts/centers, and other relevant areas.

4. **Study Area**: The field visits will be made to Achham and Jhapa districts to collect primary information about SOVAA. .

5. **Time Frame:** The study will start from 1st of December and finalized by the 25th December 2011 Including field visit/information collection and analysis and report writing. The following timelines are proposed for the assessment:

Annex 2: Itinerary of SoVVA Assessment

SN	Activity	Date/Duration	Remarks
1.	Meeting with SC Team for Terms of Reference	Last week of November, 2011	
2.	Tools development and finalization in consultation with SC Team	First week of Dec, 2011	
3.	**Field visit in Jhapa/Morang**	9-11 Dec.	
4.	Meeting with SC Staff in BRT	9 Dec.	
5.	Interview with DACC Coordinator, Morang	9 Dec.	
6.	Interview with Child Rights Officer at WDO	9 Dec.	
7.	Meeting with SSCT Board Members, Jhapa	9 Dec.	
8.	Meeting with SSCT team and SoVAA groups in Jhapa and Morang (Sundarpur and Keraun)	10 Dec.	
9	Meeting with DACC Coordinator, Jhapa	10 Dec	
10	Meeting with School Teacher in Keraun, Jhapa	10 Dec	
11	Meeting with SHP In-charge in Keraun, Jhapa	10 Dec	
12	Meeting with Ex-SoVAA members	11 Dec	
13	Assessment team back to Kathmandu	11 Dec	
14	**Field visit in Achham**	17-21, Dec.	
15	Team moves to Dhangadhi BRT and Jhapa	17	
16	Team moves to Achham	18 Dec.	
17	Meeting with SC staff and Gongotri Rural Development Forum Program Team	18 Dec.	
18	Meeting with DACC Coordinator and D/PHO in Achham	19 Dec.	
19	Meeting with LDO and DDC Focal Point in Mangalsen, Achham	19 Dec.	
20	Meeting with WAC Accham Representative	19 Dec	
21	Meeting with UNICEF focal point for HIV/AIDS	19 Dec.	
22	Meeting with CABA and single women in Safe Accham	20 Dec.	
23	Meeting with SOVAA district network team, Safe	20 Dec.	
24	Meeting with PNGO: Gangotri Board Members, Safe	20 Dec.	
25	Team back to Dhangadhi	21 Dec.	
26	Team back to Kathmandu	22 Dec.	

Annex 3: Key informant interviews and FGDs held for Information Collection

3.1 List of participants in Key Informant Interviews in Morang and Jhapa:

SN	Name	Position	Remarks
1	Mr. Haribol Bajagain	Programme Coordinator, SC	Biratnagar
2	Mr. Jhamak Bhattarai	DACC Coordinatorm DDC	Morang
3	Mr. Chhatra Bajagain	Sr. Counselor, DDC	Morang
4	Ms. Sunita Tamrakar	Child Protection Officer, WCDO	Morang
5	Ms. Heera Laxmi Basnet	Account/Admin Officer, SSCT	Jhapa
6	Mr. Chandra P. Poudel	Acting Programme Coordinator, SSCT	Jhapa
7	Ms. Liberty Shrestha	DACC Coordinator, DDC	Jhapa
8	Mr. Pradeep Pathak	Director, Happy Nepal Wisdom Foundation	Jhapa
9	Ms. Ambika Shrestha	Cluster Coordinator, SSCT	Jhapa
10	Ms. Babita Majhi	SoVAA member, SSCT	Jhapa
11	Mr. Kamal Khanal	Member, Sunaulo Child Protection Committee	Jhapa
12	Ms. Jami Urau	Member, Sunaulo Child Protection Committee	Jhapa
13	Mr. Amrit Kumar	Member, Sunaulo Child Protection Committee	Jhapa
14	Mr. Suraj Lal Chaudhary	Teacher, Shri High School, Keraun VDC	Morang
15	Mr. Budhha Basnet	AHW, Keraun SHP	Morang
16	Mr. Dhruba Gautam	Ex- SOVAA	Jhapa
17	Mr. Govinda Niraula	Ex- SoVAA	Jhapa

3.2 List of participants in FGDs with SoVAA members in Morang and Jhapa

SN	Name	Age	Education	Place
1	Ms. Anjana Khatiwada	16	Higher Secondary Level	Sundarpur, Morang
2	Ms. Manita Okharel	16	Higher Secondary Level	Sundarpur, Morang
3	Mr. Sagar Bastola	16	Higher Secondary Level	Sundarpur, Morang
4	Mr. Lokendra Dahal	16	Higher Secondary Level	Sundarpur, Morang
5	Mr. Nirmal Poudel	19	Intermediate	Kerauan, Morang
6	Mr. Tekendra Shrestha	18	Higher Secondary	Sundarpur, Mornag
7	Mr. Yam Bdr. Bishwokarma	19	Higher Secondary	Arjundhara, Morang

8	Mr. Deependra Rajbamshi	18	Higher Secondary	Arjundhara, Jhapa
9	Mr. Jeevan Mudiyari	20	Higher Secondary	Keraun, Morang
10	Mr. Netra Kumar Bishwakarma	19	Intermediate	Surunga, Jhapa

3.3 List of new SoVAA members (school children) participating in the FGDs in Jhapa

SN	Name	Age	Education	Place
1	Mr. Jeevan Pariyar	18	Secondary	Damak
2	Ms. Anita Koirala	13	Lower secondary	Damak
3	Ms. Ashma Luintel	13	Lower secondary	Damak
4	Ms. Sapana Gurung	16	Secondary	Damak
5	Mr. Prabin Chapagain	14	Secondary	Damak
6	Ms. Tulasa Pariyar	16	Secondary	Damak
7	Ms. Rinuta Dhimal	14	Secondary	Damak
8	Ms. Srijana Pariyar	16	Secondary	Damak
9	Ms. Januka BK	15	Secondary	Damak
10	Ms. Rojina Rijal	14	Secondary	Damak
11	Ms. Karina Dhimal	12	Secondary	Damak
12	Ms. Krishna Shrestha	16	Secondary	Damak
13	Ms. Anupa Darnal	15	Secondary	Damak
14	Ms. Arati Sunuwar	15	Secondary	Damak
15	Ms. Shushila Ghimire	18	Secondary	Damak
16	Ms. Nirmala Mangrani	15	Lower secondary	Damak

3.4 Key Informant Interviews in Achham

SN	Name	Position	Remarks
1	Mr. Kalu Singh Karki	Program Coordinator, SC	Mangalsen
2	Mr. Yogendra Oli	Program Coordinator, GRDF	Mangalsen
3	Mr. Mohan Singh Khadka	DACC Coordinator, D/PHO	Mangalsen
4	Mr. Jhapat Dhungana	Acting D/PHO, Achham	Mangalsen
5	Mr. Khadga Bdr. Bista	Social Development Officer, DDC	Mangalsen
6	Mr. Sanjeev Rajak	Consultant, UNIECF	Mangalsen
7	Mr. Krishna Singh	Program Supervisor, WAC Nepal	Mangalsen
8	Mr. Mahendra Lal Shrestha	LDO, DDC	Mangalsen
9	Mr. Krishna Jaisi	Ex-DDC Chairperson, DDC	Mangalsen
10	Ms. Durga Thapa	SoVAA and Facilitator for home-based care, GRDF	Mangalsen
11.	Ms. Kali Bista	GRDF Board Secretary	Safe Bagar
12,	Kul Bdr. Shetty	GRDF Board Member	Safe Bagar

3.5 FGDs with District level SoVAA network team

SN	Name	Position	Remarks
1	Mr. Ram Bharosa Kunwar	Chairperson, SOVAA network	Chandika VDC
2	Mr. Gopal Bdr Thapa	Secretary	Budhakot
3	Ms. Janaki Bohara	Member	Bhageswor
4	Mr. Jogi Nagarji	Member	Gajra
5	Ms. Resha Kunwar	Member	Jalpadevi
6	Mr. L. Bdr. Rawal	Member	Mastmandu

3.6 FGDs with CABA group

SN	Name	Age	Education	Remarks
1	Mr. Bikram Auji	17	SLC	Siddeswor
2	Mr. Arjun BK	16	Higher secondary	Siddeshwor
3	Ms. Rekha Kunwar	17	Secondary	Siddeshwor
4	Mr. Hikmat Bhul	19	Intermediate	Bayalpata
5	Mr. Ganesh BK	16	Higher Secondary	Bayalpata

3.7 FGDs with single women

SN	Name	Position	Remarks
1	Ms. Pashupati Bogati	Chairperson	Marku
2	Ms. Maheshwori Bista	Member	Bhageswor
3	Ms. Shanti Kunwar	Member	Chandika
4	Ms. Mansara Bhul	Member	Chandika
5	Ms. Tanki Bhul	Member	Chandika
6	Ms. Bimala Pariyar	Member	Jalpadevi
7	Ms. Khanti BK	Member	Jalpadevi
8	Ms. Setu BK	Chairperson	Siddeswor
9	Ms. Jhupri BK	Member	Siddeswor
10	Ms. Dharma Kunwar	Member	Siddeswor

Annex 4: Checklist for FGDs and key informant interviews with stakeholders

Part I: FGD Guide for SoVAA members/Networks: (12-24, and 24 + years of age)

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1) In your view, what is the general situation of HIV/AIDS in your community/district?

2) Could you please tell us when and how the SoVAA/network was formed? Who actually supported this initiative? Whom the approach is primarily targeted and why ?

3) How is SOVAA network responding to HIV/AIDS in terms of:
   a) Prevention of HIV ?
   b) Care and support to children infected and affected by AIDS/CABA ?

4) What type of advocacy work SOVVA networks have performed? How is their activities linked to other organizations/networks at different levels?

5) How is the local community/VDCs and stakeholders' response towards SoVAA ? How is the recognition of SOVVA networks?

6) What are the key strengths and capacity of SoVAA network/s ? What are the areas you think should be improved for better programming ?

7) As a SOVVA, do you think volunteerism actually works? If so how?

8) In your opinion, what are the impacts of the SoVAA/ networks for: a) HIV prevention, and b) care and support of children infected and affected by AIDS (both positive and negative)?

9) Are any remarkable differences observed before and after SoVAA program ? If so, why ?

10) If you think SOVVA network is effective in prevention, care and support, what could be the success factors?

11) What were the changes in you after becoming SoVAA ? Did it change your knowledge, attitude and behavior towards HIV/AIDS – and also your confidence in communications, leadership and networking ?

12) How far SoVAA program been successful in reducing stigma and discrimination in families and communities ? How is the program responding to increasing access of services by the children, adolescents and in the communities ?

13) In your experience, what strategies you find most working in mobilizing SoVAA members in (a) prevention efforts ? (b) care and support ? Which one do you think can be continued/replicated and why ?

14) What has been done for sustaining SOVAA networks and their activities?

15) What are the lessons learned from the SoVAA program ?

16) What are the challenges to the SOVVA networks?

17) Any suggestions/comments on the approach and modality of SoVAA program?

Part II: Key Informant Interviews with local stakeholders

(schoolteacher, social worker, NGO activists, DACC/RHCC representative, DDC/VDC staff (Focal person), FCHV, peer educator/SOVVA Networks, representative of PLHIV etc.)

Key Questions:

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1) What is the general situation of HIV/AIDS in the district /communities? Who are more vulnerable to HIV/AIDS? (Probe issues of children, women, youth, migrants etc…..) and why ?
2) Could you please tell us when and how the SoVAA/network was formed? Who actually supported this initiative? Whom the approach is primarily targeted and why ?
3) How is SOVAA network responding to HIV/AIDS in terms of key approaches on:
    a) Prevention of HIV ?
    b) Care and support to children infected and affected by AIDS/CABA ?
4) What type of advocacy work SoVAA networks have performed? To what extent do the SOVAA program priorities and approaches align with government's priorities and policies?
5) To what extent and in what ways did SoVAA contribute to enhancing capacities of government, civil society, NGOs and SoVVA networks? To what extent is the program owned and led by the government?
6) What learning resources the SoVAA use (IEC, street drama, peer education …..others ?) for raising public awareness on AIDS?
7) How is the local community/VDCs and stakeholders' response towards SoVAA ? How is the recognition of SoVAA networks in families and communities?
8) How are the SoVAA networks mobilized and what support they are getting from VDCs, NGOs, DDC and others?
9) What are the key strengths and capacity of SoVAA network/s ? What are the areas you think should be improved for better programming?
10) As a SOVVA, do you think volunteerism actually works? If so how?
11) In your opinion, what are the impacts of the SOVAA/ networks for: a) HIV prevention, and b) care and support of children infected and affected by AIDS (both positive and negative)?
12) Are any remarkable differences observed before and after SoVAA program ? If so, why ?
13) If you think SoVAA network is effective in prevention, care and support, what could be the success factors?

14) What were the changes in you after becoming SoVAA ? Did it change your knowledge, attitude and behavior towards HIV/AIDS – and also your confidence in communications, leadership and networking ?

15) How far SoVAA program been successful in reducing stigma and discrimination in families and communities ? How is the program responding to increasing access of services by the children, adolescents and in the communities ?

16) In your experience, what strategies you find most working in mobilizing SoVAA network in (a) prevention efforts ? (b) care and support ? Which one do you think can be continued/replicated and why ?

17) What has been done for sustaining SoVAA networks and their activities?

18) What are the lessons learned from the SoVAA program ?

19) What are the challenges to the SoVAA networks?

20) Any suggestions/comments on the approach and modality of SoVAA program?