

**SOCIAL MOVEMENT AGAINST HIV/AIDS
PROJECT**

In Achham and Doti Districts

**EXTERNAL EVALUATION REPORT
2004-2007**

Submitted to

**Save the Children Norway Nepal
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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ADB	Asian Development Bank
BCC	Behaviour Change Communication
CHBC	Community Home Based Care Programme.
CPC	Child Protection Committee
CWC	Concern for Working Children
DACC	District AIDS Coordination Committee
DDC	District Development Committee
EET	External Evaluation Team
FGD	Focus Group Discussion
FS	Facilitator SoVAA
FHI	Family Health International
FoV	Friends of Volunteers
GO	Government Organisation
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GGBM	Gangotari Gramin Bikash Manch
GSI	Gender and Social Inclusion
GS	General SoVAA
GTZ	German Technical Cooperation
GIPA	Greater Involvement of People Living with AIDS
IEC	Information, Education and Communication
I/NGO	International Non-governmental Organisation
IGA	Income Generation Activity
JICA	Japan International Co-operation Agency
KAS	Knowledge Attitude and Skills
NCASC	National Centre for AIDS and STD Control
MDG	Million Development Goal
MLWHA	Men Living with HIV/AIDS
MS	Model SoVAA
OVC	Orphans and Vulnerable Children
OI	Opportunistic Infection
PNGO	Partner Nongovernmental Organization
PLWHAs	People living with HIV/AIDS
RA	Responsible Agency
SC/UK	Save the Children UK
SoVAA	Social Volunteer against AIDS
SSI	Semi Structured Interview
SSD	Samaj Sewa Doti
SWAp	Sector-Wide Approach
STIs	Sexual Transmitted Infections
SMPP	SoVAA Movement Promotion Project
SCNZ/VASS	Save the Children New-Zealand
TfD	Theatre for Development
TOT	Training of Trainer
UNAIDS	United Nations Programmes on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
VDC	Village Development Committee
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WLWHA	Women Living with HIV/AIDS
WDO	Women Development Office

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Shanta Laxmi Shrestha
Evaluation Team Leader
STEP-Nepal

Manoj Bhatta
Representative
National Centre for AIDS and STD Control

Neerala Tiwari
Evaluation Team Member
Women Awareness and Vision

November, 2007

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EXECUTIVE SUMMARY

Introduction

The Social Movement against HIV/AIDS Project, also popularly known as SoVAA Movement Promotion Project is a HIV/AIDS prevention, Care and Support Project, implemented by SCNN through its Partners in Doti and Achham. The project was initiated in 1999 in Achham and in 2002 in Doti in response to the growing threat of HIV/AIDS transmission in these districts. GGBM and SSD have been the strategic partners for this project since the beginning. The main thrust of the SoVAA approach is to cultivate the spirit of volunteerism to create a movement against HIV transmission and to provide community-based care and support system to infected and affected people. The project was funded by SCNZ till September 2007.

The External Evaluation (EE) was carried out by a team of three consultants during the period 1st September – 1st November 2007. Various methodological strategies and tools were used to collect the required data. Field visit to different VDCs of Achham and Doti was done from 6th to 15th September, 2007. Ample time was spent on discussion with various representatives of SoVAA groups and networks. The specific objectives of the evaluation were:

- To assess the impact of project in the lives of children in reducing their vulnerability to HIV/AIDS infection and minimizing its impact on their life.
- To assess the success of the project in promoting knowledge, attitude and safer practices, mobilizing community against HIV/AIDS, reducing stigma and discrimination, and providing care and support to infected and affected people.
- To appraise the success of the project in increasing awareness on the effectiveness of community mobilization in combating the HIV/AIDS pandemic and addressing gender and social issues.
- To assess the effectiveness and efficiency of SoVAA approach in prevention of HIV/AIDS and providing care and support to infected and affected people and to find out the ways of making programme sustainable.

Major Findings

1. The SMPP has animated children, youth and adults in 55 VDCs (40 of the 75 VDCs in Achham and 16 VDC and 1 Municipality of the 50 VDCs and 1 municipality in Doti) and 1 municipality as well as in Mumbai to become SoVAA through interaction and training. During the project period, 8324 (3524 in Achham and 4800 in Doti) children and adults became SoVAAs and they unionized into 507 SOVAA groups (306 in Achham and 201 in Doti) and formed 61 SoVAA networks at the VDC level (44 in Achham and 17 in Doti). Through their established networks, they have initiated numerous activities, based on situation analysis and priority of the people. This process of social mobilization through creation of volunteer spirit is a successful approach for mobilizing people – against HIV/AIDS prevention and providing care and support to the infected and affected children and their parents. SoVAAs have been enlightened and equipped to take appropriate action at community level to a certain extent. It was observed that the foundation ‘ SoVAA groups and its network’ have been put in place to ensure that increased SoVAA competence can lead to sustained social mobilization movement.
2. The SMPP has enhanced SoVAAs’ knowledge and skills on safer practice to prevent them from being infected and to response to the threat posed by HIV/Aids through training and regular interaction with SoVAAs in an impressive manner and by mobilizing SoVAA massively to transmit knowledge and skills of prevention. Majority of SoVAA compared to non- SoVAA are well equipped with Knowledge and skills of safer practice to prevent themselves and others from HIV infection. They are quite aware of the possible impact and are able to make others understand through various awareness activities including role plays, dramas, songs and theatre. However, the quality of SoVAA differs from community to community and of girls/women and boys/men. Girls and single

women SoVAA s have yet to build sufficient confidence and competence to put their agenda in the networks to address.

3. The SMPP project has been successful in reducing vulnerability of children to HIV/AIDS and minimizing negative impact on children and youth to a greater extent by bringing marked changes in their lives by empowering them to speak out, equipping with life skills, improving their social relationship particularly of OVCs. The project has reached around 136440 by mobilizing SoVAA massively to educate people on HIV/AIDS prevention and developing sense of responsibility for care and support to the OVCs and PLWHAS. SoVAAs are empowered and have internalized volunteerism spirit against HIV/AIDS.
4. The SMPP project has made a marked impact in overcoming stigma and social discrimination. All people we met have said that stigma and discrimination have been reduced to a greater extent. This is evidenced by the increasing number of HIV status discloser in one hand, and increasing participation of infected people in social gathering without hesitation, on the other. In achieving this, SoVAAs have made a remarkable effort using TFD to convince that PLWHAs should not be discriminated. However, self as well as social stigma is still prevailing in many communities, where there are few disclosers and of infected people.
5. Need of care and support is very huge in Achham and Doti due to the increasing number of infected and affected people and OVCs. It is impossible for an organization and the poor communities to fulfil their need. However, the project is successful in forming single women groups and their networks to voice their issues and concern and to help each other by mobilizing resources from various sources. In Achham, single women are unionizing under the umbrella of the Sneha Samaj established community care and support centre.
6. The SMPP has been successful in mobilizing some resources and support for the PLWHAS and the OVCs' immediate needs – food, shelter and skill. They also managed to support OVCs for their education from the project fund and from the schools' sources, which is remarkable! Attempt of bringing all OVCs together by organizing picnic and play events to bring them out from their trauma and stigma is remarkable. However, a concrete system of support to vulnerable people in the communities by the communities has yet to take place, though sporadic support received from VDC on request of SoVAAs.
7. The SMPP has managed to nurture sense of ownership of SoVAA concept amongst the stakeholders as a result SoVAA approach has been incorporated in Achham district AIDS strategic plan.
8. The project has recognised the need of integrating GSI into the SoVAA movement and has raised issues of discrimination against girls, and differently able children and occupational caste in different interaction meeting especially through drama and songs. The project also has made a conscious effort by forming exclusively girls group in Achham to ensure girls and women participation, however not sufficient to bring out of shell, as a result there are only few women representation in SoVAA networks' executive committees.
9. The SMPP' approach has been proved effective and efficient, because it has been successful in animating people to become SoVAAs and through them transmitting skill and knowledge of safer behaviour with small fund reaching many house-holds. Small fund big achievement! Average cost per person per year is approximately only Rs. 44.68 (Forty –four rupees sixty eight paisa), less than one US \$. For four years the cost is Rs. 178.74 (One hundred and seventy eight rupees and seventy four paisa. However, this does not include the contribution made by SoVAA by tightening their belt.
10. Learned skills never die. Empowerment cannot be taken away, in this sense, the project is very sustainable. Continuation of activities without creating sustainable resource for running is not possible. We will continue in our own pace was the response from many.

11. The project is very much in line with the “National HIV/AIDS Strategy 2002-2006”. It has contributed in behavioural change, positive living, care and support to infected and affected and also in reduction of HIV/AIDS impact.
12. The SMPP has enabled partners to manage the on their own technically subject to availability of fund. On-the-job training by experienced SoVAA like staff, quarterly reflection/review meeting mechanism, linkage building, formal training and exposure, all these contributed in the enablement of the partners. However, there are areas, for example, visioning for network, setting monitoring system and mainstreaming GSI, they need expertise.
13. The project has generated wealth of information but scattered all-around. They have not been systematically collected and recorded cumulatively in the system to make it readily available to the users, managers and monitors. Absence of SoVAA movement suited monitor has been a major lacuna of the project.
14. SCNN’s unique system of stationing staff amongst the partners for on-the-job like training as well as for managing project is exemplary low key and cost effective system. However, lines of communication seem a bit blur. Partners have to report technically to one officer and managerially to other.
15. The project has made a conscious effort in addressing a mal –practice known as “Cahaupadhi” by empowering the exclusive female children and youth SoVAA group in Achham.

Issues and Challenges

- How to maintain spirit of volunteerism amongst the SoVAAs?
- How to manage emerging SoVAA groups and networks effectively and sustainable way?
- How to equip SoVAA continuously to maintain their quality of service according to changing context of HIV/AIDS?
- What incentive to provide to keep-up SoVAAs’ morale and motivation high?
- How to address increasing demand of care and support for infected and affected people especially of OVCs’ and single women?
- How to enhance coordination and cooperation for the concerted effort to fight against HIV/AIDS without unhealthy competition between and among Non-governmental organizations?
- How to ensure equitable participation of different caste & ethnicity’s women and men of infected and affected in the executive committees of SoVAA networks?
- What should be the role, responsibility and relationships between PNGO and its SoVAA networks?
- How to maintain unique features (volunteerism, non-hierarchical, informality) of SoVAA in SoVAA networks?

Recommendations

- It is highly recommended to animate early adolescence (10-14 years) group children to become SoVAA and they be given gender responsive, right based - life skills training in addition to HIV/AIDS and SoVAA concept to form safer and fairer behaviour amongst them before onset of their sexual debut. They should be equipped with life skills and reproductive health education to enable them to cope with the changes (physical, emotional, psychological) they go through at this stage of life. Behavioural formation should be the approach at this stage not BCC.
- Special attention should be given to OVCs’ strategic need – making them self-reliance through long term support for education, possible apprenticeship / vocational skills training along with support for immediate basic need in ensuring the rights of children.

- The SoVAA approach with greater intent for ending all kinds of discrimination against girl children, OVCs, and other socially disadvantaged children along with discrimination against PLWHAs must be applied by mainstreaming GSI into overall programme and policy through the intensive training to Staff, SoVAA and Board members.
- PNGOs should address “Chaupadhi” issue more intensely by integrating it into the SoVAA movement for HIV/AIDS prevention.
- It is essential to be clear conceptually, the vision, mission, strategy and activities of SoVAA network/s at different level before expending further. SoVAA Networks should be strengthened/ institutionalized at the VDC level so that access and control of HIV/AIDS infected and affected will remain high. It also helps in keeping spirit of voluntarism intact.
- Continue strengthening single women group/ network to become the district based organization of women and men living with HIV/AIDS so that they will able to work effectively for the rights of PLWHAs and the OVCs by establishing linkage legally with national and international organizations. PNGOs should stand and support the present single women networks towards this direction until they become the district organization itself for the infected and directly affected people.
- Enlighten men to behave responsively to protect themselves and their spouses from HIV/AIDS and simultaneously empower women to assert their rights to be protected from being infected by their spouses.
- It is extremely important to establish SoVAA approach suited, evidence based - data collection, reporting and monitoring system at all levels by sourcing expertise from within and or outside, so that SCNN will be able to market the approach further based on resulted documents.
- It is essential to create sustainable resource for the partners for the continuation of project by sourcing form different organizations and building their own. It is also recommend that the SCNN strengthen the capacity of PNGOs to become resource/ expert organization to sale expertise to other government and non-government organizations in SoVAA approach.
- Enhance SoVAAs’ and PNGOs’ capacity further by organizing advance training in various fields including, human rights, Gender and Social inclusion.
- It is highly recommend to mainstream SoVAA approach within SCNN and in PNGOs before advocating for others to apply.
- Develop phase out strategy to phase-out project systematically and strategically as mentioned in the chapter 8.
- Ensure quality of SoVAA, SoVAA Groups, SoVAA networks before quitting from the area by continuing project for another two more years bringing the height of success of SoVAA approach to another level and strengthening further its foundation of sustainability by shifting the project focus as follows:

	From	TO
1	Formation of mixed group	Formation of homogeneous groups by age, sex and health status.
2	SoVAA Expansion (Quantity)	Categorization of SoVAA into general, facilitator, and model SoVAA by grading and standardizing to ensure quality.
3	Communicating HIV/AIDS – Centre message	Communicating core message on HIV/AIDS gender and social issues responsively.
4	Behavioural Change Communication	Formation of safer and fairer behaviour amongst adolescence
5	HIV/AIDS education	Life skills and vocational skills.

6	PNGO being service oriented organization	PNGO to become facilitator, coordinator, advocate and technical back stopping and resource organization.
7	Targeting to adults, adolescents and youth	Early adolescents, adolescents and youth.
8	PNGO s' concentration on usual	Advancing programme further by widening knowledge, skills information in relation to national and international policies, strategies and guidelines.
9	Limited standard orientation and training packages to SoVAAs and Staff	Child rights based tailored, comprehensive, advance gender and social responsive training packages to SoVAA, staff and other stakeholders.
10	Expansion of volunteerism spirit	Acknowledgement and recognition of volunteers along with expansion.

Key Action Points

	Action	Basis for action	RP
1	Incorporate GSI lenses more throughout the SoVAA approach to make it more gender responsive.	The project has raised a few issues and concerns but not mainstreamed to a needed extent to address the issue adequately and appropriately	SCNN and PNGOs
2	Establish consistent project monitoring and evaluation system for marketing the approach more with source of verification.	Wealth of information and data available in scattered form	-Do-
3	Clarify concept of SoVAA networking and networks and develop guidelines with clear vision, mission, strategy and activities before expanding further.	Staff and SoVAAs both not clear about the function of SoVAA networks. It should not end up with being another parallel NGO of PNGOs	-Do-
4	Ensure revisit of SoVAA expansion plan PNGOs to ensure strong foundation of sustainability in the current VDCs.	PNGOs are at the stage of expansion by phasing out some of the currently working VDCs.	- PNGO-
5	Build capacity of SoVAAs to ensure quality further by categorizing and capacitating them before phasing out from current VDCs.	Presently SoVAAs' capacity is in varying degree.	- PNGO-
6	Ensure proportionate representation of women and men from Dalit and Ethnicities in the executive members of networks.	No proportionate representation of people at all levels	-PNGO
7	Creation of sustainable resource at all levels of networks and PNGOs for the continuation of SoVAA movement after phase out.	No sustainable resource based is created	PNGO, SCNN, DACC
8	Build capacity of PNGOs to function as resource organization of the SoVAA approach and to backstop SoVAA networks.	Currently, PNGOs are working mainly as implementer of the project.	SCNN and NCASC
9	Animate preadolescence stage children to become SoVAAs and equipped them with life skills to form safer and fairer sexual behaviour before onset of their sexual behaviour to protect them from HIV infection.	Currently, most of the SoVAAs are from above fifteen and are equipped mainly with HIV/AIDS prevention.	PNGO
10	Empower girls/women SoVAAs to enable them to put through their agenda in networks by forming exclusive homogeneous groups by gender, age and HIV status.	Currently, most of the SoVAA groups are of mixed in nature, whereby, disadvantaged people including girls/women are not represented equally and actively in the networks.	PNGO

1 INTRODUCTION

1.1 Evaluation Purpose and Scope

Purpose of the Evaluation

SCNN commissioned this external evaluation (EE) with the purpose of knowing whether the project has accomplished its original goals and objectives of the Social Movement against HIV/AIDS project in Achham and Doti, which has been funded by the Save the Children, New Zealand (SCNZ). It also commissioned to find out the effects and impacts of the project so that the SCNN could modify its accordingly as per the needs of the community.

Specific Objectives of the Evaluation

- To assess as to what extent the project has been successful in accomplishing the set goals and objectives.
- To find out how far the project has been successful in mobilizing the community (children, youth & adult) people against HIV by imparting knowledge/information and promoting safe behaviour.
- To access to what extent the project is able to reduce stigma, discrimination and provide necessary care and support to the infected and affected children and their parents.
- To assess the impact brought in the lives of children.
- To assess the effectiveness and efficiency of the approach.
- To identify the strengths and the areas for improvement in the future.
- To explore the way by which the project can be made more sustainable.
- To assess as to what extent the social discriminatory issues against girls and women in HIV have been integrated and have made people aware about its relationship with HIV/AIDS.

1.2 Evaluation Methodology and Limitations

The External Evaluation followed different methodological strategies by using different tools to collect the required information.

Tools of study: Document study, focus group discussion, questionnaires, semi- structured interviews, workshop, field observation and memoirs were the major tools used during data collection.

Workshop with PNGO: A-two- hour workshop was organized at SSD's office, Doti. Project staff and Board members of the PNGOs were the participants. In total there were fourteen participants. Output of the workshop is annexed comparing Achham and Doti.

Meetings and Interviews: Interactive meetings and interviews were held with the SCNN staff including Partner NGOs' staff and executive board members, DACC members, and Government and Non-government organizations' staff.

Focus Group Discussion: A focus group discussion was held with Children, Youth and Adult SoVAAs

Non SoVAAs: A visit to Sanagaon, Doti was organized and thorough discussion with non- SoVAA students and teachers was held.

Memoirs of SoVAAs: In order to assess the impact of the programme approach and the impact in the lives of children from the project intervention, memoirs were collected during the period of evaluation. Data were also analyzed and validated with memoirs.

Analysis and Verification of Data: Initial data gathered from the project reports and the findings drawn from the field visits were verified triangulated with the PNGOs' staff and Board members by presenting EET's observations, findings, challenges, areas to be improved and recommendations during de-briefing meeting and soliciting their comments. This was done at the end of the field visits.

The methodology and itinerary of field visit was finalized in close consultation with the SCNN. Major observations from the field visits were shared with the SCNN officials at the centre after the completion of the field work. In addition to, draft evaluation report was shared followed by power point presentation of major findings and recommendations for their comments and suggestions. The final report is prepared by incorporating comments and suggestions to a possible extent.

The Programme Officer stationed in Achham and the Junior Programme Officer stationed in Doti acted as resource person as well as field visit facilitator.

Limitations: While conducting the evaluation, some limitations were encountered resulting into changes in initial schedule. It took a bit of time collecting quantitative data in the absence of baseline data and monitoring reports tailored to the project main document-application and agreement with the funding partners. The team has to appraise the impact mainly from the qualitative data gathered during brief field visit in Achham and Doti districts (7th to 14th September 2007) and from the progress reports.

2. HIV/AIDS CONTEXT

2.1 Global

In the world more than 20 million people have died of HIV/AIDS infection and more than 39 million people are living with HIV/AIDS (UNAIDS' report, March 2007). In the light of this global situation, "to overcome AIDS" UNAIDS has set *three* principles for the coordination of National AIDS responses:

1. The three "Ones" implying: (1) One agreed HIV/AIDS Action Framework as the basis for coordinating the work of all partners, (2) One National AIDS Coordinating Authority and (3) One agreed Country level Monitoring and Evaluation System.
2. The 3 by 5 initiative, meaning that by 2005, a total number of 3 million of people should have access to (improved) Anti Retro Viral treatment as part of the global emergency response to HIV/AIDS.
3. Lastly, effective HIV/AIDS prevention and control can only take place in the context of a debt relief.

The three principles combined aim to achieve for the coming years that there has to be a collective responsibility to make the available resources work for people. In June 2005, UNAIDS endorsed a policy position paper for intensifying HIV prevention with the ultimate aim of achieving universal access to HIV prevention, treatment and care. Some global initiatives are taken to ensure an appropriate response to this are as follows:

Millennium Development Goals

At a global level there have been massive efforts to translate HIV/AIDS policies into diversified responses. One of these responses is the Millennium Development Goals (MDG). The MDG 6 is: Combat HIV/AIDS, Malaria and other diseases.

The Global Fund to fight AIDS, Tuberculosis and Malaria

The Global Fund to fight AIDS, Tuberculosis (TB) and Malaria (GFATM) was endorsed at the G8 top in 2000 and was created in 2002. It is a major global response to the AIDS epidemic.

HIV/AIDS in Asia: Asia- pacific is the world's largest and most populous continent in which 19% of women, men and children are living with HIV already in 2004. This amounts to infection rates that are low compared with some other continents, particularly Africa. But, as the population of many Asian nations are so huge, even low HIV prevalence means large numbers of people are living with HIV. Nepal being between two big brothers of Asia, it faces a big threat of transmission of HIV/AIDS from all around- the east, west, north and south borders.

2.2 National

Nepal, a tiny country, is at the verge of entering into generalized epidemic from its current status – concentrated epidemic. Vulnerability to HIV/AIDS is increasing. The topography, environmental degradation, poverty, economic migration is all linked and they combined with other factors to increase vulnerability to HIV/AIDS. Moreover, persisting inequality in general and gender in particular is one of the major causes and consequences of HIV epidemic in Nepal.

Recently done Demographic and health survey findings show that only 20% of women and 36 percent of men aged 15-49 have comprehensive knowledge of HIV/AIDS meaning there is an urgent need of effective intervention even for making people aware of the possible prevention methods. In the absence of it even a "low to moderate growth scenario" would make AIDS, the leading cause of death in the 15-49 year- old- population over the coming years.

The main challenge for Nepal is to respond immediately to a rapid evolving HIV/AIDS epidemic through heterosexual intercourse (81.05%), due to lowered status of women. Main issues, which need to be addressed, are: 1) Gender inequality and related vulnerability to HIV/AIDS, 2) Stigma and discrimination,

3) Scattered interventions with low coverage, and 4) Significant gaps in research particularly relating to the sexual behaviour/cultures of labour migrants and construction of gender roles among Nepali people.

In 1988, the former HMG/Nepal launched the first National AIDS Prevention and Control. On 3rd October, 2002 the National HIV/AIDS Strategy 02-06 was endorsed by the National AIDS Committee. The strategy emphasized prevention as the mainstay for an effective response. The SMPP is very much in line with the National HIV/AIDS strategy 2006-2011.

2.3 Achham & Doti

Achham is one of the poorest districts in Nepal. Doti is almost next to Achham. Men from these districts migrate, either for a few years or for certain seasons, to Indian cities, and specifically to Mumbai, in search of work. It is widely acknowledged that many families and children affected by the HIV/AIDS epidemic in the far-western region are coming from the migrant communities and their high risk behaviours through unprotected sex. One of the sources of epidemic in Achham and Doti is the infected migrant communities.

The Gangotari Gramin Bikas Manch (GGBM) conducted census survey in 20 of the 75 VDCs in Achham in 2063. Similarly, the Samaj Sewa Doti also has conducted survey in 16 VDCs (out of the 50) and in one Dipayal Municipality in Doti. The table below shows a dramatic increase in HIV/AIDS cases in both the districts.

Table 1
HIV/AIDS Scenario in Achham and Doti

	Achham			Remarks	Doti			Remarks
	Women	Men	Total		Women	Men	Total	
Description				177 with evidence and 154 suspected				
Death	30	301	331		20	129	149	
Infected	54	5	59		27	8	35	
Suspected	44	9	53		62	6	68	

Source: The Threat of HIV /AIDS, A Census Survey, GGBM, Achham, Shawan 2063 & Doti Zillama HIV/AIDS ko Abastha, Samaj Sewa Doti, 2064

GGBM and SSD surveys show that as number of PLWHAs in the districts has already reached high number. If they are not treated with due care and respect and not helped to live positively and behave responsibly, then the infection rate hikes will even become much higher even if migration is controlled or stopped.

Response in Achham and Doti

Both Achham and Doti lagged far behind other districts in development. Therefore, various development agencies with various programmes ranging from empowerment to relief activities reached these two districts. More than ten international organizations are working in these districts in the issue of HIV/AIDS. (Annex) However, the scenario has not changed in a positive way due to its socio- economic condition and lack of consorted effort to address these problems. It is found that unfair and unsafe hetero-sexual relationship is one of the major sources of transmission of HIV in these districts. As an attempt to address this worsening situation, SC/UK first began working on HIV in 1995¹

The Social Mobilization against HIV/AIDS (SMPP) was initiated in 1999 in Achham. In Doti, it was begun in 2002.

¹ Social Movement Against HIV/AIDS, Documentation of the SC UK programme in Achham, Jhapa and Morang-Nepal, July 2002

3. SOCIAL MOVEMENT AGAINST HIV/AIDS PROJECT

3.1 Description

The Social Movement against AIDS Project (here after called SMPP) has evolved out of SC/UK's long experience in working in the field of HIV/AIDS in Achham. It is proved an alternative approach to address HIV/AIDS effectively. This present approach of social mobilization through promoting volunteerism to fight against HIV/AIDS began in 1999 to reach out more in a most cost effective and participatory way by mobilizing people to analyze their situation, voice their concerns, express their own ideas of what their community needs and respond to these with them, giving them a supporting hand without creating dependency. The project animates community people to work as volunteers in their own community to solve their own problems. The Social Movement approach has been applied in the SCNN HIV/AIDS projects in Morang, Jhapa and Ilam, too.

Thrust of the Programme: The very thrust of the programme has been to enable the community to realize that the problem is theirs and the responsibility to address the problem is also theirs so that they will volunteer and start advocating for the support and services. In this way, the volunteers learn to address their issues on their own by advocating and accessing the available resources around.

Focus of the programme: In the beginning, the project was focused on the prevention of HIV transmission by enhancing the knowledge, information and skill through peer education. Later on, the programme started intervention towards care and support as per the growing need of the community. Focus towards child rights, gender and social issues were also begun.

Funding: The Social Movement against AIDS Project has been funded by SCNZ/VASS from September 2001, which was continued until September 2007. The partnership has already been made with NORAD to continue the programme. The first phase of the project began in 2001 in Achham and then expanded to two districts, Doti and Bajura in 2002. However, Bajura was dropped later on.

Focus of phase II: Building on the foundation laid and achievements made earlier on this second phase (2004-2007) was developed to focus on developing quality SoVAA, their groups and networks. Goal and objectives set for this phase (VASS 2 Project Application Form 50.065-2 FA Nepal Yr 1 Final 2) were:

Goal

To reduce the vulnerability of children and youth to HIV/AIDS infection and to minimize the impact of HIV/AIDS on their lives.

Objectives

- A. By September 2007, to have promoted knowledge, attitude and safer practices in regard to HIV prevention and ability to respond to, the threat posed by HIV/AIDS in the communities of two districts (Achham and Doti) in the Far West development region of Nepal through a process of community mobilization.
- B. By 2007, to have supported Social Volunteers against AIDS in establishing and strengthening care and support interventions for HIV/AIDS infected and affected people with special focus on children in the working VDCs.
- C. Increased awareness nationally and internationally on the effectiveness of community mobilisation in combating the HIV/AIDS pandemic and an effective approach for reducing stigma and discrimination and creating an enabling environment for HIV/AIDS prevention and care and support interventions, by 2007.
- D. By 2007 the partner organisations associated with the project will develop their organisational capacities to implement and scale up this project in the working and neighbouring districts.

The project is very much in line with SCCN strategy and the National HIV/AIDS Strategy 2002-2006.

3.2 Social Movement against HIV/AIDS Project in SCNN

SCNN is one of the leading International NGOs (INGO) in Nepal in child rights and development. It is a member of SC Alliance (Save the Children, Norway, Japan, and the US) in Nepal. The organization has been best known for its conviction, commitment and competence in advocating children rights. Since, 1984 it is guided by its Strategy and the Common Frame of Operation (CFO) of the SC Alliance. Currently, SCNN is operating its programme according to its strategy developed for the period of 2006-2009. Fulfilling children's rights to protection against the impact of HIV/AIDS is one of its strategic objectives. Further more HIV is one of the focused issues in highly vulnerable areas.

SCNN implements its strategy in partnership with the government and non-government organizations. The MOES and the MWCSW are the major government partners to work at the policy level for enabling government to fulfil their obligation towards the achievement of children's 'rights to education and protection'. Local and national non- government organizations are the partners for working with children and their parents for enabling them to fulfil the rights of children.

GGBM and SSD are the strategic partners of SCNN in the Far Western Region for the focused intervention against HIV/AIDS. They can be said the veteran of Social Mobilization Approach through voluntarism, which is known as SoVAA Approach. It is in this approach that SCNN implements HIV/AIDS prevention, care and support programme with its partners- GGBM and SSD in the Far Western Region.

3.3 Social Movement against HIV/AIDS Project in ACHHAM

Gangotri Gramin Bikas Manch (GGBM) was established in 2051 in Achham district. The vision of this organization is to create equitable, justifiable and well-developed society in its working area. Since 2051, GGBM has launched different programmes in 50 VDCs of Achham district in partnership with different funding organizations.

The SMPP was initiated in 1999. It is in operation now in 40 VDCs out of 75 VDCs in Achham district. Since this programme initiation, GGBM has gained enormous experiences in the areas of creating awareness on HIV/AIDS and care and support. In 2006, it has carried out the social survey which pointed out that the root cause of HIV/AIDS in Achham is poverty. It is because of this reason people migrate to India and when they get back home they bring HIV/AIDS and infect their spouses.

Staffing

GGBM's SMPP consists of a Project Coordinator, an Accountant and six Friends of Volunteers (2 female and 6 male). All staff members are local except one female.

Major Activities

The major areas of activities under the SMPP have been as follows: i) Changing Unsafe Sexual Behaviour ii) Support for Treatment iii) Psycho-social Counselling iv) Programme for Migrants and Vulnerable People, vi) Advocacy and Area Expansion, and vii) Home Based Care and Support. Under these areas, GGBM has been implementing various activities to identify and mobilize SoVAAs successfully to create SoVAA movement in Achham. As shown by the Table 2, GGBM has mobilized 3524 SoVAAs. Among them 57 percent is male and 43 percent female. With regard to social inclusion, 55 percent SoVAAs are from OC and 45 percent from NOC.

Table 2. Nature and Number of SoVAA in Achham²

	Type of SoVAA i.e.	No of SoVAA	Members									Total	
			NOC			EG			OC			MT	FT
			M	F	T	M	F	T	M	F	T		
1	Children	1796	450	360	810	0	0	0	578	410	986	1026	770
2	Adult	1638	400	318	718	0	0	0	600	320	920	1000	638
3	Single female SoVAA	90	0	50	50	0	0	0	0	40	40	0	90
Total		3524	850	728	1578	0	0	0	1178	770	1946	2026	1498

3.4 Social Movement against HIV/AIDS Project in DOTI

Samaj Sewa Doti (SSD) was established in 1991. Its vision is “to establish a self-reliant society”. SSD is well known as a lead organization, and accountable for the social development. Since its establishment, it has been working in the areas of poverty alleviation, social mobilization, capacity building and HIV/AIDS in partnership with different funding organizations.

The Social Movement against HIV/AIDS

The SMPP was begun in 2002. It has covered 16 VDCs and 1 Municipality out of 50 VDCs in Doti. In the beginning, SSD had implemented the project in partnership with SC/UK; later on in 2004 partnership has been with SCNN.

Staffing

Project Coordinator, Accountant and Friends of Volunteers have been the staff of SSD’s SMPP project. Of the total five staff, two are female.

Major Activities

The major Areas of SoVAA project have been i) Preventive education against HIV/AIDS ii) Unsafe sexual behaviour change iii) Referral for medication, iv) Psycho-social support v) Advocacy and linkage building, vi) Migrants and vulnerable people focused programme, and viii) IG support. Under these areas, SSD has been implementing various activities to identify and mobilize SoVAA. Unlike, GGBM, SSD has not categorized single women SoVAAs separately. However, they have mobilized more women than men as shown in the table below.

Table 3. Nature and Number of SoVAA in Doti

Type of SoVAA	No of SoVAA	Members										
		NOC			EG			OC			Total	
		M	F	T	M	F	T	M	F	T	MT	FT
Children	2950	1005	950	1955	55	35	90	365	540	905	1425	1525
Adult	1850	450	576	1026	32	40	72	322	430	752	804	1046
Total	4800	1455	1526	2981	87	75	162	687	970	1657	2229	2557

Note: EG: Ethnic Groups (Magar, Gurung, Tamang, and Newar etc.), OC: Occupational Castes (Dalits)

SSD has mobilized people from all castes and ethnic groups. So far, they have identified 4800 SoVAAs. Among them 46% is male and 54% is female. As far as social inclusion is concerned, 3% are from the ethnic group, 35% are from occupational caste and the rest of them are from non - occupational castes.

² Source: Filled-up Questionnaire, GGBM

Note: EG: Ethnic Groups (Magar, Gurung, Tamang, Newar, etc.), OC: Occupational Castes (Dalits i.e., Kami, Damie, Sharki), NOC: Non- occupational Caste (Brahmin, Chhetri, Thakuri etc.)

4 ANALYSIS OF MANAGEMENT AND OPERATIONS OF SMPP

Introduction

SCNN has been executing the SMPP project in partnership with Gangotari Gramin Bikash Manch in Achham and Samaj Sewa Doti, in Doti.

At the district level, SCNN Programme Officer (PO) and Junior Programme Officer (JPO) based in Achham and Doti respectively have been made responsible for managing the project technically and managerially together with the partners. The one stationed in the district has been made responsible for giving managerial support to all the partners in the district, while they are equally held responsible for providing technical support to all the partners of the project districts. SCNN has other partners for Social Movement Education Project in Doti, and Primary quality education Project in Achham and Bajura, Child Rights and Chaupadhi in Achham. The Programme officer has been providing technical support to both the partners of SMPP. Likewise, JPO has been giving management support to SSD.

At the national level, Team Leader (TL), Child Protection, has been responsible for backstopping project in the field and establishing linkage and co-ordination with national and international organizations for the promotion of SoVAA approach.

Management

Management structure of PNGOs

Both partners have set their own structure, system and staff for the implementation of the project. The Board members have been providing guidance and support by visiting sites regularly. Both- staff and executive members have been trained continuously through regular meeting, interaction and also through exposure.

The only visible structure of SCNN has put in practice in districts is the “Quarterly Review and Planning” meeting facilitated by PO and JPO. It is a management structure and a tool, which has been proved instrumental in discussing and agreeing upon key management issues. The PO, though based in Achham, has been giving effective guidance to SSD in Doti through this structure.

The SCNN management system that has been put in place in districts seems to be effective technically. However, from management perspective, it does not seem to be adequately effective. As a result, the partners have to report technically and administratively to two different officers. Line of communication has been a bit blurred, as well.

Administrative Systems

Annual agreements with the partners based on annual plan and have been in practice to receive support and fund. The partners have been responsible for submitting plan along with the progress to PO and JPO for approval by SCCN Central Office. SCNN is very flexible and, therefore, the partners have their own discretion to revise the programme and budget quarterly or as needed.

Financial Management

The partners have set-up a separate financial management and reporting system to report according to the needs of the funding partner and SCNN. Both partners have an accountant to assist in financial management of the project to keep the financial records intact.

GGBM Achham has received Rs.15, 215,800 funding support for the period of four years (October 04 June 2007) Similarly, SSD, Doti has received Rs. 91, 71,041. The total Expenditure until June was NZ \$ 292,598.

Planning, Monitoring and Evaluation

With the purpose of constant learning and refinement of the project, the SMPP has put participatory planning and monitoring system in place. PNGOs together with SoVAA Groups/ networks have been responsible to prepare annual plan to submit to the SCNN Officer and Junior Officer for further consultation. The Officer (Project in-charge from SCNN side) has been responsible to consolidate planning document and to submit it to SCNN for approval through the Team Leader. This bottom –up planning has been the practice of the project. The PO and JPO together with partners have been responsible for overall monitoring and evaluation through regular field visits and quarterly meeting. They are also responsible for producing reports in different dates according to two funding partners' need. Some formats have been developed to collect information from SoVAAs. The Team Leader has an overall responsibility and oversight function for the monitoring and evaluation.

SCNN staff stationed in the districts have been doing extensive monitoring visits regularly and organizing quarterly meeting cum training of partner organizations. They in turn organize SoVAA Network meetings regularly. At the communities, monitoring has been done by SOVAAs, stakeholders, partners and SCNN.

Field monitoring visits and reports produced by the SoVAA groups/ networks meeting has been the source of reporting to the SCNN and to the funding partners. The project has been produced at two different times according to the requirement of funding partner- SCNZ and of SCNN system. Apart from the regular monitoring system, the project has launched external evaluation system. The External Mid-term Evaluation was done with the participation of the NCASC in 2004.

The project was funded by two donors having different date of reporting obligations. Staff had to produce reports in different time to cater their need, which has created a lot of paper work to the staff and partners.

5 ANALYSIS OF ACHIEVEMENTS BY OBJECTIVES

In this chapter, activities and achievements made by the project were analyzed against the expected results of the objectives and drew findings and recommendations. As baseline information, cumulative data, consolidated reports, have not been received. The data gathered through various tools during EE and annual and visit reports were used as basis of analysis. While evaluating the project, the EET has taken the context (of insurgency and people's movement) and concept (the limitation of volunteerism) of project into consideration.

The EET has found that the project original activities have been re-adjusted and expanded according to the needs and changing context of the project, because, as the name implies project has to go according to the need and aspiration of the society and its movement.

5.1 Objective One

5.1.1 Objective, activities & achievements

The first objective of the SMPP was to assist communities to understand the threat posed by the HIV/AIDS epidemic and to prepare for prevention.

The SMPP has developed a strong primary prevention component for children, youth and adults, which include awareness and dissemination of knowledge and information on HIV/AIDS and skills on safer sexual behaviour by developing volunteers from the community called Social Volunteers against AIDS, or SoVAA from children, youth and adult population.

The key concept to be nurtured here for this objective is “volunteerism” amongst the community people to reach out to more and more people to facilitate them in realizing the problem so that they come forward to fight against HIV/AIDS and other social issues.

Activities and Achievements

Activities done Oct. 04- Jun.07	
<ul style="list-style-type: none"> ▪ Select VDCs to initiate Social Movement ▪ Interactive project orientation meeting with stakeholders in VDCs ▪ Situation analysis of the VDCs ▪ Community problem realization ▪ Identification of potential SoVAAs ▪ Training on SoVAA concept ▪ Acknowledge SoVAAs application ▪ Identification of potential SoVAAs by SoVAAs ▪ Formation of SoVAA groups in working VDCs of Achham and Doti and in Mumbai, Udisha ▪ Promotion of SoVAAs' initiatives i.e., street drama, cultural shows, competitions, farewell and welcome programme for migrants, monthly meeting, quarterly planning, educational songs, rally, demonstrations, celebration day, training workshop for new SoVAAs, social analysis, peer education, observing risk behaviour, campaign, meeting with migrant's spouse, proposal writing, quiz, , wall painting, radio programme ▪ Social census survey of PLWHA and orphan children. 	<ul style="list-style-type: none"> ▪ Survey to find out migration trend, OVCs, infected and affected people ▪ SoVAA to SoVAA education ▪ Formation of SoVAA Networks ▪ Preparation of Facilitator SoVAAs ▪ Organize Child Rights Education Training ▪ Formation of master SoVAAs ▪ Leadership and advocacy skills training ▪ Organize interaction and workshops ▪ Monthly and quarterly meeting of SoVAA groups ▪ Establishment of Library and VDC Level SoVAA information Centre ▪ IEC materials production ▪ Handbook for process documents ▪ Training to partners ▪ Capacity assessment of partner ▪ Training to government staff ▪ Organize training on Reproductive health, STI, HIV and AIDS, peer education, SoVAA mobilization, TfD, planning, Community Based Care, Child play therapy, Wall magazine, success stories writing,

The table above shows that numerous activities have been implemented according to their place and pace of SoVAA movement every year. From the analysis of the above activities, and the information gathered during EE, the following achievements against the expected results were found:

Table 4. Promote knowledge, Attitude and Safer Practices

Expected Result	Achievements
1. By 2007 at least 15 additional new VDCs will be reached in (Achham and Doti) districts reaching out to at least 60,000 populations.	<ul style="list-style-type: none"> ▪ Altogether (including VDCs covered during 1st phase) 55 villages and 1 municipality development committee (16 VDCs and 1 MDC in Doti and 40 VDCs in Achham) have been reached by June 2007 (Annex Name of the VDCs)
2. At least new 150 groups of Social Volunteers against AIDS in two districts will be established.	<ul style="list-style-type: none"> ▪ In total 507 (including old and new) SOVAA groups (306 in Achham and 201 in Doti) have been established, emerged and are participating in the social movement. More than 20 SoVAA groups have been formed in Mumbai with the initiatives of GGBM, Achham.
3. Community groups will have prepared community action plans and implemented	<ul style="list-style-type: none"> ▪ In total 61 VDC level SoVAA networks (44 in Achham and 17 in Doti) have been established and have been implementing various activities based on situation analysis and priority of infected and affected people in the communities.
4. Number of SoVAAs will have increased considerably in numbers	<ul style="list-style-type: none"> ▪ PNGOs have been successful in animating 8324 (3524 in Achham and 4800 in Doti) children and adults to become SoVAAs by June 2007.
5. Various training /workshops/ interaction events will have been conducted to build the capacity of the SoVAAs	<ul style="list-style-type: none"> ▪ SoVAAs' capacity has been built by organizing 5 days basic training on : <ul style="list-style-type: none"> ▪ SoVAA concept - 1 day ▪ HIV/AIDS prevention- 2 days ▪ Reproductive Health, STI and HIV/AIDS-2 Training to Facilitator SoVAA: <ul style="list-style-type: none"> ▪ Training on Facilitation- 3 days ▪ TFD training – 3 days ▪ Child rights and gender -2 days ▪ Home based care -2 days + on going
6. A database will have been established on knowledge, attitude and behaviour and the assessment of the need of infected and affected people in the community	<ul style="list-style-type: none"> ▪ A format entitled 'Bad-Bibad ra Gyan Arjan Patra' has been used to ensure quality of KAP. Social analysis has been the process used by SoVAA to assess the need of infected and affected people in the community.
7. Evidences, case studies and documents will have been documented on behaviour change communication	<p>Numerous case studies and events have been documented, shared and published in local and national media.</p>
8. The existing and new SoVAAs will have implemented their activities and initiatives in 35 VDCs of the two districts reaching at least 100,000 population	<p>SoVAAs from 55 VDCs and 1 MDC have implemented numerous activities and reached 136440 (62440 in Achham and 74000 in Doti) population of the working areas.</p>
9. At least one district level network will have been established in each district	<p>A district level network has been established in Achham and Doti. There are 13 executive members in the network representing different groups. Adult SoVAA network formed 3 years ago Child and single women network also established</p>

5.1.2 Conclusions

It can be concluded that the SOVAA movement is gaining momentum in an impressive way given the relatively short time span especially in Doti. It has reached more population than the target set in the VASS 2 by mobilizing SoVAA massively to initiate various activities in short duration. In terms of quality, majority of SoVAAs compared to non- SoVAAs are well equipped with Knowledge, Attitude and Skills (KAS) to prevent themselves and others from HIV infection. They are quite aware of the possible impact and are able to make others understand through various awareness activities including role plays, dramas, songs and theatres. It is evident that the SMPP has established an extensive network of volunteers. The volunteers are able to reach out to both in-school and out-of-school adolescence and adults.

5.2 Objective Two

5.2.1 Objective, activities & achievements

The second objective of the project was to establish community care and support system for PLWHAs (people leaving with HIV/AIDS) and reduce stigma and discrimination against them.

The SMPP has set an important objective to establish care and support for PLWHAs and reduce stigma and discrimination against them. This objective includes activities (1) Capacity building of SoVAA groups and network for home/community based care provision of continuous nursing care and counselling, (2) Capacity building to health service provider for STI and OI management (3) Support in establishing community development fund (4) Psycho-social, economic and educational support to OVCs, (5) Support in building the capacity of DACC for service provision building in VCT services, and (6) Advocate and support government and line agencies for developing OVC guidelines.

The core thrust of this objective is to mobilize SoVAA for care and support to PLWHAs and People Affected by HIV/AIDS by so doing and educating them to reduce stigma and discrimination against infected and affected. Acknowledging this fact, people who are well informed about HIV/AIDS do have positive attitude and are unlikely to discriminate against PLWHAs, the SMPP stresses on equipping with universal comprehensive knowledge of HIV/AIDS. (Annex definition of comprehensive knowledge) The care and support are an essential component as it addresses the people who are in real need for care and compassion.

Activities and Achievements

Activities done Oct. 04- Jun.07

Capacity building on Community/ Home Based Care

- Care and support training for staff and SOVAAs
- Interaction among care takers of the infected and affected family
- HIV AIDS and community based psychosocial support training for 23 traditional healers
- Nutrition education, universal precaution training in Achham for 32 single women
- TOT training on play skill for Staff and SoVAA
- Series of training and workshop on play skill in Achham for more than 40 SoVAA

Establishing and strengthening groups/ Networks of single women

- Infected people Mobilization
- CHBC training
- Single women Group Formation
- Refer to VCT
- Social Support activities
- SoVAA identification to develop them as CHBC
- Regular meeting conduct and sharing their own feelings
- Home visit to HIV /AIDS affected / infected family members
- Increasing to economic and social status thru IG support activities

- Visit to VCT centre and DACC, DCWB/ DDC meeting
- Home base Care to infected person
- Self help group visit /gathering
- Economic support for IGA for Single women
- Lobby for issues of OVC /ART,OI & CD4 count
- Work together with FHI, Nepal Red Cross society and other like minded organisation.

Orphan children group and network

- Formed Self- help group of orphan children and are provided:
 - Social support (basic needs, nutritional support, emergency support)
 - Economic support (support for IGA for Single women)
 - Psycho-social counselling
 - Recreation- play tools, picnic, drama group
- Established a network programme and manage to come together. Counselling and coaching also

Male group

Animating men to disclose their status

OVC guideline

Work with DDC and DACC for making OVC guideline and Emergency Fund management

As the thrust of the programme is to create social movement by mobilizing SoVAA to facilitate SoVAA, no year- wise target and indicators were set to measure achievements against the target. Some activities seem to have happened spontaneously as a result of SoVAA movement while others were as planned by PNGO based on available opportunities, resources and also as per demand. Numerous activities have been implemented to produce achievements shown in Table 5.

Table 5. Support SMPP in establishing Care & Support Interventions

Expected Result	Achievements
1. By 2007, at least 80 families will have built their capacity (knowledge and skill) for home/community based care.	<ul style="list-style-type: none"> ▪ The project built 392 Families' capacity (200 in Achham, 192 in Doti) by organizing training to 77 men (48 in Achham and 29 in Doti) and 315 women 152 in Achham and 163 in Doti).
2. At least 30 families will have access to income generation activities.	<ul style="list-style-type: none"> ▪ The project facilitated 259 people (1 man and 258 women) to start gainful income generation activities in the families. (202 people in Achham and 57 in Doti). Goat, poultry, vegetable farming and retail shops in addition to tailoring are some of the activities.
3. At least 1 district level self help groups/networks of infected and affected people will have established in each district	<ul style="list-style-type: none"> ▪ The project has organized 32 groups of single women (90 SoVAAs) in Achham) and 11 in Doti. However, network at district has yet to establish in both districts. But, most single women are unionizing themselves under a NGO "Suryodaya Woman Empowerment Centre" in Doti and under a NGO "Sneha Samaj" in Achham.
4. Strong linkages and coordination will have established	<ul style="list-style-type: none"> ▪ Established linkage with VDC and District AIDS Committee. ▪ Many of the VDC Child Protection Committees have been formed. More than 5 Child protection Committee are active. ▪ Established relationships with SNEHA Samaj and SPARSA Nepal (both are working with HIV positive people in Nepal). ▪ District development committee, District health office, UNICEF, GTZ helped to establish a fund for HIV test and treatment.

Other achievements made are:

Care and support

- More than 400 (180 in Doti) Orphan and vulnerable children (OVCs) have received educational support (school bags, stationery).
- 336 (260 in Achham and 76 in Doti) orphans have been supported for birth registration and other immediate needs.
- Painting and art training was organized; most of the participants were orphan and vulnerable children.
- 40 orphan children are supported by play skill tools in Achham.
- More than 10 families were supported for house construction and more than 50 families are supported for immediate needs, i.e. food and transportation costs.
- Home- based care and support training to 21 women by NCASC.

Networking of Single Women

- 14 single women successfully participated in leadership skill development training.
- More than 600 HIV suspected people gained knowledge about the VCT, OI and ART facilities. Many of them were referred to STI, VCT and OI.
- One HIV positive child received residential care and treatment from the Friends of Needy Children.
- Eleven people in Doti have received referral support in Mumbai.
- SOVAAs advocate for OVC guidelines.
- Mobilize some resources from VDC, local people and Mumbai SOVAA.
- Advocate allocating some funds for HIV/AIDS from the Village Development Fund and some have shown commitment and more than seven have already created.
- The Nepal Government has started ART facility in Doti and Achham district.
- Some School Management Committees provided free education for OVCs.
- NGO-AHA (NGOs -Against HIV AIDS) has developed policy paper for the creation of basket fund in Doti to support PLHA for the emergency cases. A process has begun in Achham for the same purpose.
- Advocating for mobile CD4 count in district.

5.2.2 Conclusions

It can be concluded that the SMPP project has managed to make an important contribution in nurturing feeling of responsibility to care and support the vulnerable people - single women, widows and OVCs. They have truly given hope to a large number of vulnerable people. It is evident that has established a mechanism – single women group/network at community level to reach the community based HBC services and for an active involvement of service/support receiver themselves. By so doing, they have made an important contribution towards reduced stigma and discrimination through HIV/AIDS education to all SOVAAs and building capacity of stakeholders including the district health office staff-health post in-charge. The EET was deeply impressed with the work and commitment of staff and SOVAAs.

5.3 Objective Three

5.3.1 Objective, activities & achievements

The third objective of the project was to influence both nationally and internationally as to the power of community mobilization in combating the HIV/AIDS pandemic.

The SMPP has true faith on volunteerism and social mobilization and it believes that through mobilization and awareness, the HIV/AIDS can be prevented. Thus, it wishes to market this proven approach nationally and internationally for greater impact in combating HIV/AIDS pandemic nationally and internationally. This objective includes activities: 1) Holding national and district advocacy events, 2) Linking volunteers groups to other groups, 3) Assisting the volunteers' networks to similar networks in

other districts 4) Supporting the networks/groups of SOVAAs to establish linkages and coordination with government and non government organisations.

The core concept of this objective is to develop confidence amongst the communities that the HIV/AIDS is preventable and it can be done through mobilization of community. Advocacy of SoVAA approach for universal application is one of the major activities planned to enable other organizations and to make them understand power of community mobilization in combating the HIV/AIDS pandemic and ending discrimination.

Activities and Achievements

Activities done Oct. 04- Jun.07
<ul style="list-style-type: none"> • Radio programme. • Movement against HIV/AIDS transmission, social discrimination and advocating for the services. • Two single Women interview aired in Nepal Television. • A SoVAA movement promotion process has documentation. • Production of a hand book SoVAA brochure 3000 produced. • A column has allocated for SoVAA movement at weekly magazine "Bimba" in Doti. • Regular publication in of news/cases Nepal Sandesh weekly magazine in Mumbai. • Incorporation of SoVAA approach in the 5 year district HIV AIDS strategic plan. • Carried out Social survey about orphan/vulnerable children and widow women. • Exposure visit in district and inter-district. • Linkage building with UNDP. • Formation of Child Protection Committee (CPC). • Formation of CPC has been creating support fund and orphan children support activities. • Advocacy for CPC structure at the national policy. • Live interview in the NTV.

It has been obvious that various activities using various means of media and communications at different levels – local to national have been done as a result; the following achievements were made as per expected result of the project.

Table 6. Increase Awareness on the Effectiveness of Community Mobilization

Expected results	Achievements
1.Strong linkages and coordination will have established by the groups/networks with government and Non-government Organizations	<ul style="list-style-type: none"> ▪ Sixty one VDC level SoVAA networks (44 in Achham and 17 in Doti) have been established and are lobbying DACC and DDC and other organizations for more intensive prevention, care and support services in the districts.
2.District and national level advocacy events held with line agencies, policy makers, donors, I/NGOS, media etc. to in voicing their issues, concerns and achievements	<p>Within project period, 22 District level (interaction and lobby for OVC and PLHA support) and 2 and national level (Media monitoring and lobby for treatment) advocacy events held by GGBM, Achham. Similarly, 17 events (2 Rally and 15 interactions for ARV, OVC support, and OI management) have been organized at the district level by SSD, Doti such as: Interaction with district line agencies, other non-government organizations and UN programme offices, exposure visits, publication in "Nepal Sandesh" weekly magazine in Mumbai" and Bimba magazine in Doti.</p>

	At the national level too, some events organized such as Telecasting interview in Nepal Television, shared findings of survey and stories and successes, advocacy for CPC structure at the national policy, production of documentary on Social Movement against HIV/AIDS which has to be telecasted.
3. Research and/or documentation of the approach and its effectiveness shared nationally and internationally	<ul style="list-style-type: none"> ▪ Documentation of the Social Movement against HIV/AIDS, SCF/UK in Nepal, July 2002 was shared nationally and internationally. Other case studies, Mid-Term Evaluation Report were shared, Hand book of SoVAA and brochure produced. ▪ Half an hour long visual documentary "SoVAA ABHIYAN", GITI KATHA, a 40 minutes long "Chetana" a music cassette have been produced. ▪ Audio cassettes produced and distributed. ▪ Census survey on HIV/AIDS ▪ PNGOs visited different national and international forums

Apart from above some qualitative achievements are:

- Went delegation to district offices and were able to get one time assistance from Red Cross, District Health Office, INGO and NGOs.
- SoVAA and single women raised their demand for special allowance for single women, guarantee of free education for all orphan children, manage treatment access in district level and manage income generation / suitable employment.
- SoVAA together with GGBM also raised their voice at the district health office and reduced VCT cost from Rs. 300 to 25 rupees since last 2 years.
- 30 people have access to ART at present.
- Two women representative from single women self help group of Achham has participated in media monitoring training for a week in Kathmandu organized by N-PAN.
- Twenty health post-in charge in Achham and twelve in Doti attended training on HIV AIDS & Peer education.

5.3.2 Conclusions

It can be concluded that the SMPP has made a lot of attempts to make the SoVAA approach effectiveness and make known to other organizations in the district and in the country. DACC as a body and mechanism has been used to influence other organizations to apply SoVAA approach. By so doing, SMPP has influenced the local government and non government authorities sufficiently to make them accept SoVAA approach as an approach/strategy of DACC.

5.4 Objective Four

5.4.1 Objective, activities & achievements

The fourth objective of the project was to develop PNGOs' organisational capacities to implement and scale up this project in the working and neighbouring districts.

The SMPP has set an important objective to enhance organizational capacity of partnering NGOs to implement and scale up project within the district and neighbouring. This objective has been set to enable PNGO to run programme on their own in due time, so that expertise and experience gained will be further utilized to become a resource organization in SoVAA promotion. Capacity building initiatives, i.e., Training

on leadership and management, advocacy, strengthening M & E, facilitation, proposal writing skills and community care and support are envisaged to take place in the VASS 2.

The core concept of this objective is to build organizational capacity which means equipping organization with knowledge and skills and physical and financial resources essential for keeping the organization alive and active. Without sustainable resources, organization may not be able to continue work, even though they have expertise and experience. Acknowledging this fact, the SMPP has stressed on organizational capacity building of partners, so that the SCNN can exit ensuring its continuity.

Activities and achievements

Activities
<ul style="list-style-type: none"> ▪ Training organized on: HIV/AIDS TOT, Account software, Female Leadership, Psycho social counselling, Leadership and Management, Social Inclusion, Appreciative inquiry, Behaviour Change Communication. ▪ Exposure visits organized to: Concern for Working Children (CWC) India and NNSWA (an NGO), Kanchanpur, Nepal Nava Kiran Plus Dhangadi and in Kathmandu, Zonal hospital Dhangadi, Step Nepal Lalitpur. ▪ Training provided on from: Adherence counselling – FHI, Home based care - DHO and AI- NCASC, Life skill education and reproductive health-UNICEF and HIV/AIDS TO T - Sakriya Samaj. ▪ Support for linkages building and partnership with different organizations. ▪ Information communication and dissemination about SHOAAA. ▪ Staff development

The SMPP has initiated various activities- training, exposure, linkage building, media monitoring etc. have been organized to enhance organizational capacity of the partners' NGOs

Table 7. Develop Organizational Capacity

Expected result	Achievements
The partner organisation will develop their organisational capacities and be equipped with enhanced skills and knowledge to implement and scale up this project. The partners will be well placed in providing needed support and assistance to the SoVAAs as required and appropriate. In addition they will have access to various forums to interact so that their learning, achievements, challenges etc. will be shared and exchanged	<ul style="list-style-type: none"> ▪ All executive members and all staff received training in different subject every year. ▪ Staff members and board members have gained confidence and competence by participating regular quarterly Sharing and Planning workshop (SPW) meeting. ▪ Programme coordinator and board members contributed in the SCNN strategic planning meeting. ▪ GGBM established linkages with WHO, UNICEF, National Poverty Alleviation Programme, National level PLWHA institution, GTZ and other organizations at national level. A new partnership with FHI has started for CHBC project since 2007. ▪ GGBM enter into partnership with UNDP and FHI. ▪ SHOAAA aired in media and published in various magazines. ▪ Reviewed staff career development plan of PNGOs.

5.4.2 Conclusion

The conclusion derived from above is that the SMPP has enabled partners to manage the project technically on their own subject to availability of fund by formal as well as on-the-job training, setting quarterly reflection/review meeting mechanism, linking with other organizations and exposing the success of project through media.

6 EVALUATION FINDINGS

6.1 Achievements of overall goal

The overall goal of the project was to reduce the vulnerability of children and youth to HIV/AIDS infection and to minimize the impact of HIV/AIDS on their lives. The SMPP project implementing partners – GGBM in Achham and SSD in Doti have expressed that they have been successful in accomplishing goal and objectives to a larger extent by reaching 70% of the total population of the project area. The EET concur with them as the SMPP has been found successful in reducing vulnerability of children and youth to HIV/AIDS and minimizing impact on them by enhancing knowledge, skills and safer practice in SoVAAs, youth and adults, increasing care and support to people infected, affected, suspected and OVCs, increasing awareness on the effectiveness of community mobilization, reducing vulnerability to HIV/AIDS, minimizing impact of HIV/AIDS on children and community people, mobilizing community against HIV/AIDS, reducing stigma and discrimination and enhancing PNGOs capacity.

6.1.1 Reduced vulnerability of children to HIV infection

The project has successfully reduced vulnerability of the children in both of the districts by organizing them and their parents into SoVAA groups / networks and by educating them about HIV/AIDS and equipping them with skills of safer behaviours. Impact of HIV/AIDS has been reduced by forming single women groups to engage them in gainful economic activities for them and their children livelihood and development. Care and support for test and treatment have made their parents' lives longer and healthier which prevented children from being orphans and vulnerable. Material, emotional and social support to children for their basic needs and rights, especially for the OVCs have protected them to some extent from being victim of their vulnerable situation.

Through the capacity building approach, children and single women as claimholders have gained increased understanding on their rights and responsibilities in general and in relation to HIV/AIDS in particular. Clear evidences have been found that claimholders such as SoVAAs 'PLWHAS, single women, girls, OVCs, youth' have obtained a clear commitment to fight against HIV/AIDS related problems and have created opportunities in their direct environment to do this. Duty bearers in the SMPP impact areas have gained increased understanding that enables them to fulfil their duty at community level and district level. It has become clear that both claimholders and duty bearers participate together in the SMPP and have an increased common understanding that they themselves can play an important role in HIV/AIDS prevention.

6.1.2 Minimized negative impact of HIV/AIDS on children and youth

The SMPP project has been successful in minimizing negative impact in the life of children and youth. Single women have been united into groups for gainful economic activities, to raise their voice and concerns and to support each other. As a result, discrimination against them and their children has been said reduced tremendously, improved care and support to women and men living with HIV/AIDS has prolonged their lives – which has reduced children trauma to lose their parents, OVCs who left their education have continued their education again, sense of support to OVCs and PLWHAS has been increased, VDC, DDC and other government and non-government organizations have become more responsive to children's issues, and overall, movement to end discrimination against infected and affected children, their parents and others have begun.

6.2 Achievements of objectives

6.2.1 Enhanced Knowledge, Attitude and Safer Practice Skills

The SMPP has enhanced SoVAAs' knowledge and skills on safer practice to prevent them from being infected and to response to the threat posed by HIV/Aids through training and regular interaction with SoVAAs in an impressive manner and by mobilizing SoVAA massively to transmit knowledge and skills of prevention. In terms of quality, the majority of SoVAA compared to non- SoVAA are well equipped with KAS to prevent themselves and others from HIV infection. Forty-nine non-SoVAAs students of the Shree

Sarawoti Secondary School, Sanagaon have only curriculum based knowledge, no exposure and no knowledge about the spreading threats of HIV AIDS in their districts. Only three of them have participated in the HIV/AIDS and reproductive training organized by other organizations, where as SoVAA are quite aware of the possible impact and are able to make others understand through various awareness activities including role plays, songs and theatre shows.

Some of the visible results have been produced are (1) the SMPP staff and facilitator SoVAAs are well versed in the concepts of the project and are adequately trained to work according to their quarterly work plans, (2) training on SoVAA concept, HIV/AIDS, child rights, has resulted in increasing awareness among communities on importance of children's rights, HIV/AIDS/STIs preventive measures, the importance of developing safer behaviour, the importance of addressing gender and social issues, importance of love and care to OVCs and infected people, (3) the community people have gained improved confidence to talk about sexual behaviour, HIV/AIDS/STI related topics and were able to voice their issues and concerns, show critical thinking about their personal situation and personal priorities in relation to HIV/AIDS/STI prevention, (however more in Achham than in Doti), and hesitation to disclose their HIV status has been reduced, as a result, suspected people even men are disclosing their status and approaching Single Women Network. However, the level of knowledge and skills on HIV/AIDS prevention is not the same in all SoVAAs. But leadership skill and life skill is much more high among SoVAAs compare with non -SoVAA.

6.2.2 Increased care and support services

The SMPP project has made marvellous contribution in nurturing feeling of responsibility to care and support to vulnerable people - single women, widows and OVCs. The project has truly given hope to a large number of vulnerable people by establishing an effective mechanism – single women group/network at community level to reach the community based HBC services and for an active involvement of service/support receiver themselves. By so doing, project has made an important contribution towards reduction of stigma and discrimination through HIV/AIDS education to all SOVAAs and building capacity of stakeholders including the district health office staff-health post in- charge. The SMPP has managed to reach substantial number of PLWHAs, widows, OVCs and other vulnerable groups, as a result able to mobilize them to tap resources and to provide social support to vulnerable children and their parents for their livelihood and development.

The different groups - single women and children have gained access to care, counselling and support. However, their demand for allowance instead of tea and biscuit has not been addressed. Project thought that individual allowance for the meeting may create gap between right holders and duty bearer. Similarly, sustainable project has faced difficulties in responding to increasing demand for support and services including demand for meeting/training allowance when they come for group/network meetings. Sustainable Community Based Care and Support System at the VDC level has yet to establish, including establishment of Village AIDS Committee (VAC) as per NCASC' a guidelines and strategy.

6.2.3 Increased awareness on the effectiveness of community mobilisation

The SMPP has been successful in nurturing the feeling of ownership of SoVAA concept. The EET has observed this in the Achham District DACC meeting held on 13th September, 2007. DACC members including parliamentarians have claimed that the concept is theirs. The project has taken various media initiatives -radio programme, print media, regular publication in weekly magazine, etc. to create awareness of its effectiveness and thereby to market the SoVAA approach widely. The SoVAA approach has been incorporated into District AIDS strategic plan. Network members at both districts have been participating in DACC meeting and have been sharing their success stories of SOVAAs. Sharing was also done at the national and international level. Established VDC level networks have managed to organize networking meeting quarterly to learn and share with each other and to plan for raising voices in a consolidated manner in DACC meeting and other forums. However, EET has made an observation that the concept of SoVAA network and networking (what, why and how), which must be different from other networks is still in making. EET has an opinion that district network should not end up with being another NGO parallel to PNGOs and, likewise, SoVAA should not contribute in mushrooming growth of NGOs, either.

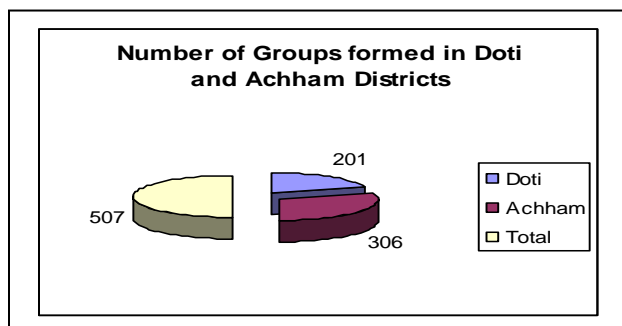
6.2.4 Developed PNGOs' capacity

The SMPP has enabled both partners - GGBM and SSD in implementing and scaling up project within working areas on their own technically, subject to availability of funding. They need support on concretizing network concepts, setting effective evidence based M & E system and becoming a resource organization to claim the results and to market the approach with readily available sufficient substantiation. Project staff as well as Board members' knowledge and skills enhanced in various field required for managing and developing through formal, informal and on-the-job training. Project staff capacity has been built through continuous on-the-job training by an experience and committed ideal SoVAA like SCNN staff, which is an efficient and effective way of preparing partners to take off fully on their own. As a result, GGBM was successful in building linkage with various agencies and organizations and establishing a partnership with FHI and UNDP (through Sneha –Samaj). GGBM and SSD both managed to get media attention to air, telecast, and print about SoVAA programme in various local and national media. Articles on SoVAA were published in the Himal, Nepal and cases have been telecast live on Nepal Television and aired some of SoVAA movement through regional radio. Many more articles, news and views were published in the local papers. It also assisted in equipping organization with physical input and policy guidance in reviewing staff career development plan, as retaining staff in such remote areas is often a major problem of many organisations.

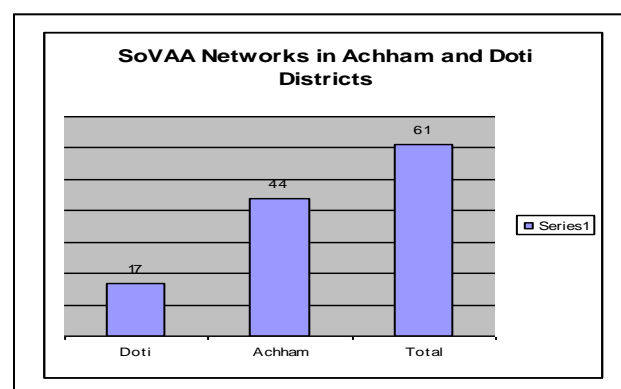
6.3 Mobilization of Community against HIV/AIDS

Mobilized SoVAAs at the community level

The project has reached 55 VDCs (40 of the 75 VDCs in Achham and 16 VDC and 1 Municipality of the 50 VDCs and 1 municipality in Doti) 1 municipality and animated children, youth and adults in working VDCs as well as in Mumbai to become SoVAA through interaction and training. During the project period, 8324 (3524 in Achham and 4800 in Doti) children and adults became SoVAAs.



SoVAAs unionized into 507 SOVAA groups (306 in Achham and 201 in Doti) and formed 61 SoVAA networks at the VDC level (44 in Achham and 17 in Doti)



Through their established networks, they have initiated numerous activities, based on situation analysis and priority of the people. Farewell and welcoming programme for migrants has been organized regularly to make the migrants aware of HIV/AIDS infection and the precaution to be taken to protect themselves and their families from being infected. Information on HIV/AIDS and safer behaviour has been reached around 70% families. “Activity known as “Ghar, Ghar Khaber Chhod” has been organized in Doti to ensure the reach of HIV prevention message in every house-hold. Knowledge about HIV/AIDS was found high amongst SoVAA compared to non-SoVAA. However, it is very difficult for the EET to assess whether people have practiced safer behaviour. The number of HIV positive is increasing, and likewise, the rate of infection is rising despite the rigorous effort made by SoVAAs and other organizations. This situation has posed a question – really a BIG question-“What would have been the HIV/AIDS situation in Achham and Doti in the absence of SoVAA movement?”

6.3.2 Mobilized SoVAAs in Mumbai

GGBM has successfully formed 20 groups of Migrant SoVAA in India. They were trained formally in SoVAA concept. PNGO activities in Mumbai found to be effective for Nepalese residents. It was found that the migrants' people of Doti and Achham have formed and implemented the similar types of SOVAA group and activities in Mumbai i.e. group meeting, peer education and awareness rising against HIV/AIDS. And there is mutual sharing from Nepal to Mumbai and Mumbai to Nepal through letters and IEC materials, welcome and farewell program. However, EET came to know that there are organisations like SATHI NEPAL exclusively working for Nepalese migrant in Mumbai implementing the similar types of programme. Therefore, duplication should be avoided through coordination and consultation.

6.3.3 Prepared community for prevention

The SMPP has been successful in educating SoVAAs and through them reaching the masses with prevention message, skills and support to make people aware about HIV/AIDS and ways of protecting people from being infected.

The SoVAAs have been successful in reducing myth related with HIV/AIDS. However, it is difficult to measure the magnitude of its impact in preventing people from infection as the number of infected people and OVCs is increasing, but without doubt, it can be said that the project has made a tremendous impact in reducing discrimination against PLWHAs, and OVCs. This is evidenced by greater participation of PLWHAs (especially single women) in public affairs without hesitation from both ends. Self-stigma has also reduced a lot. We have seen smiles in suffering.

6.4 Reduction of stigma & discrimination

6.4.1 Disclosed status of HIV

The project has made a marked impact in overcoming stigma and social discrimination. It has reduced stigma and discrimination tremendously compare to past. This is evidenced by the increasing number of HIV status discloser in one hand, and increasing participation of infected people in social gathering without hesitation, on the other. All people we met have said that stigma and discrimination have been reduced to a greater extent. Some infected individuals with very strong personality said that they do not feel discrimination to that extent that they often forget about their status. However, in many communities, where number of infected are smaller in number, their experience is different and still bitter. SoVAAs have been creating awareness continuously through TFD and they vowed to continue.

"I am not discriminated against by the community at all but it wasn't like this before," says Kamala Devi Malla. She is one of the first women in Doti, in Far-West Nepal, to reveal her HIV/AIDS status to the community. When I talk to ther women about my difficulties, they open up and listen to me, so it's easier for me to reach out to them," she says about her work as a Social Volunteer against HIV/AIDS (SOVAA).

Source: SCNN Annual Report 2006

6.4.2 Acceptance of affected children in School

School SoVAA and out of School SoVAAs have been creating awareness in the school, as a result OVCs made by HIV/AIDS feel that they are no more discriminated against rather they are given support by the school authorities and communities around.

6.5 Delivery of care and support to infected and affected

6.5.1 Formed single women groups

Need of care and support is very huge in Achham and Doti due to the increasing number of infected ad affected people and OVCs. It is impossible for an organization and the poor communities to fulfil their need. However, the project is successful in forming single women groups and their networks to voice their

issues and concern and to help each other by mobilizing resources from various sources. In Achham, single women are unionizing under the umbrella of the Sneha Samaj established community care and support centre. The majority of single women SoVAAs are infected as well as affected by HIV/AIDS. Majority of them are infected by their spouses. Many infected women do have children – both HIV positive and negative. Health and wellbeing of their children was the major concern raised univocally by all whom the EET met. They did not raise their own issue much, but they did rise about their children which pinches the heart of all. Most of the single women have same story of suffering that they got infected without knowing from their spouse due to lack of power to say no to unfair and unsafe sex when they got back from abroad.

6.5.2 Supported, PLWHA, Single Women and OVCs

The SMPP has managed to reach and support number of PLWHAs and single women, OVCs and other vulnerable groups. The different groups have gained access to information, home visits, basic medical care, counselling support, nutritional support and social support. The SMPP has also managed to inform and refer for HIV suspected, infected and affected people for STI, VCT and OI, and ARV. It has contributed in the continuation of education, protection of OVCs and PLWHAS to survival and development.

The single women, of whom most of them are infected, were mobilized for income generating activities and other support and care. Support has been given for roofing their houses and feeding their children. In cooperation with FHI and other organizations, HBC training has been given to PNGO staff and single women. The project supported regular meeting has been the source of support and care to each other among single women.

The SMPP has been successful in mobilizing some resources to support OVCs' immediate needs – food and shelter. They also managed to support for their education from the project fund and from the schools' sources, which is remarkable! Attempt of bringing all OVCs together by organizing picnic the event is known as "Apasi Sahayog Bal Bhela" and play events to bring them out from their trauma and stigma is remarkable which must be continued with greater intent and intensity.

6.6 Effectiveness and efficiency of the programme approach

6.6.1 Mobilized people for changing behaviour and provided care and support

The SMPP' approach has been proved effective and efficient, because it has successful in animating people to become SoVAAs and through them transmitting skill and knowledge of safer behaviour with small fund reaching many house-holds. Through them whole sectors of the society has been mobilized to change their behaviour and to provide care and support for the infected and affected people, children, and their parents, and as a result, they have taken leadership and ownership of the project.

Spirit of volunteerism was nurtured into SoVAAs and organizations successfully to a larger extent. However, voices for incentive to attend networking meetings to compensate their time and energy especially by the Single Women SoVAAs are very high. Volunteerism does not mean hundred percent free service - free contribution. Therefore, some incentive system has to be devised in consultation with SoVAAs and with other NGOs working in Achham, so that there will be uniformity in action for animating people to continue their service.

6.6.2 Developed culture of participatory planning

The project has developed a culture of participatory planning from below by instituting the system of quarterly interaction, planning and reflection meeting at all levels from VDCs to partner organizations. This mechanism served multiple purposes and is said very empowering and full of learning. At the project level, both districts' staff members as well as executive members take part actively. This practice of planning together – SCNN staff, PNGOs' staff and board members, and SoVAAs – has enhanced networking and coordination between different networks of SoVAA and between to partners and amongst the three actors of this project. This is commendable. This learned skill will enhance partners' skills in establishing network and coordination with other organizations.

6.6.3 Self M & E system in place

Self -SoVAA and community monitoring and evaluation practice in place. However, collection of data, monitoring and evaluation of the SoVAA movement and initiatives has been identified as an important area for attention in the remaining period of the project. It was concluded that the current practice does not fully generate the information required to systematically assess the overall performance of the SMPP. This is partly related to the nature of the programme and partly the spread of SoVAA without having ample time to collate the data in a more systematic way. There seems to be an opportunity to collect data during quarterly interaction by developing suitable standard forms and formats and inputting them in the computer in each PNGO.

6.6.4 High utilization of degree of inputs

During the period October 2004-June 2007, the total expenditure was NZ \$ 292,598. The budget for the period approved by VASS was NZ \$ 246, 202. The balance amount NZ \$46,396 was borne by SCNN. Of the total NZ \$ 369,731+ NZ \$ 27,184, which includes expenditure from the centre, NZ \$ 369731 spent on programme and NZ \$ 27, 184 spent on admin and management.

Table 10. Budget and Expenditure: October 2004-June 2007

Project year	Budget approved by SC NZ/VASS	Expenditure	Remarks
2004 - 2005	NZ \$ 94,722	NZ \$ 99, 957	(5,235 was borne by SCNN)
2005 - 2006	NZ \$ 75,452	NZ \$ 149,431	(73,979 was borne by SCNN)
2006 - 2007	NZ \$ 76,028	NZ \$ 43,210	(six month expenditure)
Total	NZ \$ 246, 202	NZ \$ 292,598	

From the above expenditure, it can be said that the cost of the programme is quite small compare to its coverage, and the results produced.

Table 11. Admin Budget: October 2004-June 2007

Project year	Programme Budget	Admin/management
2004 - 2005	NZ \$ 89,305	NZ \$ 5,417
2005 - 2006	NZ \$ 77,967	NZ \$ 4,533
2006 - 2007	NZ \$ 202,459	NZ \$ 17,234
Total	NZ \$ 369,731	NZ \$ 27,184

Of the admin expenses, bulk was for the staff salary, then training and care and support. In terms of community based beneficiaries (excluding the staff), in total 136440 people have been benefited (62440 in Achham and 74000 in Doti) till the end of June 2007. Based on the available data, it is estimated that the average cost per person is approximately NZ 2.14 for 4 years, which is very small compared to other HIV AIDS projects. Input in this project in terms of human as well as financial resource is very low. However, whatever the resources were made available; the degree of utilization is very high in project. In fact, the project was also able to mobilize 1.6 million Nepalese Rupees from different sources by August 2006 (Source: Annual Project Report, 2006, Social Movement against HIV/AIDS Project)

GGBM and SSD has received Rs received Rs.15, 215,800 (Fifteen million, two hundred fifteen thousand and eight hundred rupees) and Rs. 9,171,041 (Nine million, one hundred seventy one thousand and forty one Nepalese rupees) for four years respectively for four years period as shown in the table below.

Table 12. Year-wise Budget of PNGOs in Nepalese Rupees

Year	Achham	Doti
2004	7,15,800	11, 09,000
2005	25,00,000	15,50,000
2006	50,00,000	25,12,041
2007	70,00,000	40,00,000
Total	1,52,15,800	91, 71,041

The budget given in the table covers the human resource /staff salaries and support to institutional too; therefore, it seems resources wise this project is really a low cost one. Average cost per person per year is approximately Rs. 44.68 (Forty –four rupees sixty eight paisa), less than one US \$. For four years Rs. 178.74 (One hundred and seventy eight rupees and seventy four paisa.)

6.7 Impact on the life of children

6.7.1 Reduced vulnerability to HIV/AIDS and minimized negative impact

The SMPP project has reduced vulnerability of children, youth and other people in the communities to a possible extent by animating them to become SoVAA, thereby to become a member of SoVAA group and network for their continuous learning and sharing to protect themselves and others from being infected by HIV. The majority of Facilitator SOVAA and PNGO staff the EET met in Achham and Doti were found well versed in HIV/AIDS prevention methods and seemed to be quite confident and competent in the application of those methods in their life. They were quite aware of their rights and also the responsibility towards others. They were found quite capable in advocating their rights to education, non-discrimination against girl child, OVCs and their parents living with HIV/AIDS. Songs, dramas, role plays, stories, interaction, dialogues and discussions were the means they have successfully used to create awareness and do action to address their issues and concerns. As a result, social relation of children within family, peers and neighbours has improved, sensitivity of mutual cooperation between orphan and non- orphan has increased, psycho-social problem and frustration of children have reduced, confidence and self-esteem have increased, community people are gradually taking accountability towards the children, child protection committee has been formed in some VDCs , and above all, children and youth feel proud to be SoVAA and feel confident to continue the SoVAA movement.

6.7.2 Empowered OVCs

Creation of group of OVCs has given a space and forum "APASI SAHAYOG BAL BHELA" to share their concerns and learn from each other. They are more conscious about their future and are raising voice for their strategic needs such as scholarship for higher education, vocational skill, support for sustainable livelihood and continuation of care and support system. Of the SoVAAs around 51% are from children age group. It has generated a unique power among individuals and groups. They have developed self -esteem, self -confidence, commitment, competence and leadership qualities (both boys and girls). They are taking more responsibility to protect the society from the threat of HIV/AIDS. They are driving the movement and playing an effective role in reducing discrimination and stigma against girls and boys particularly HIV positive and negative OVCs. They have expressed their feeling and interest to be role model. They seem to be confident enough to protect themselves from the threat of HIV/AIDS.

6.7.3 Enhanced social relationship and capacity of children and OVCs

Social relation of children within family, peers and neighbours has been enhanced, mutual cooperation between orphans and non- orphans have increased, and psycho-social problem and frustration have reduced knowing the fact that their parents will be alive for a longer period of time after HIV positive. Children are supporting each other and advocating for their rights through songs, TFD and plays. OVCs have received education support from school, local bodies and organizations, which have helped to continue their education. The orphans who left school are resuming their education.

Communication, problem solving and negotiation skill of the children have developed. They can convince and negotiate with the adults. They are now able to organize effective programmes like debate, poem competition, theatre/drama, etc. by themselves. The EET had the opportunity to attend cultural programme of children by children at the Bayalpata organized by children SoVAA to say good bye to Mr. Haribol Bajgain. The event was organized impressively where many far reaching messages related to discrimination (gender, disability, HIV) and children rights were given. Children have developed linkage and coordination skills with local bodies and other organizations, and are able to receive support for basic needs fulfilment such as food, cloth, shelter, education, medicine. PNGO, media people, children, parents and policy makers are being more aware of child rights issues. They are recognized as a change agent and they feel proud of it.

6.7.3 Formed child protection committee

PNGOs and SoVAAs have been advocating for the formation of CPC in each VDC. As a result, a child protection committee has been formed in some VDCs and have given assistance to orphan children. This is an indication of community people taking accountability towards the children.

6.8 Sustainability of the programme

Most of the SoVAA children as well as youth and adults know their rights and how to protect themselves from HIV/AIDS. These learned skills never die, in this sense, the project is very sustainable. However, the structure, system and staff that project has put in place will not sustain to continue its activities without creating sustainable resource for running the organization and project. Therefore, establishment of seed fund along with management system and capable staff could be a way to economic sustainability.

6.8.1 More children oriented with specific attention to OVCs and preadolescence

The SMPP needs to be more child oriented in general and OVCs in particular. Specific attention to OVCs and girl children should be made more as they are still wailing. There is a pain inside their heart as a consequence of malpractices, bias to girl child, and stress due to parents' status of HIV. Therefore, the project should pay special attention to:

Psycho-social management: In order to manage psycho-social problem of girl's child, OVCs and HIV infected children, the project should focus its activities in counselling and play therapy skill ensuring that they get love and affection from family/ friend/community and school by supporting them at strategic time, i.e. in Dasain and Dipawali. They should be given a platform to share sentiments with others

Basic needs of children: The problem faced by the OVCs is different from other children. It was found that the OVCs have to depend on PNGO's support for rice, clothes, educational materials, bags, shoes, and other basic items. In absence of these supports they can not continue their education. Either they have to be child labourers, go to India like their parents or have to drop from school. Therefore, a system of supports by PNGOs themselves or through other organizations should be developed and continued.

Strategic interest of children: The project should take a holistic approach to bring about change in their life. PNGOs have to find out possible ways of livelihood opportunities, which can be managed by the children themselves such as house wiring, carpeting, photography and wall painting.

Continuation of child activities: PNGOs should continue forming child groups, networks and link them with child protection committees, child related organizations, school management committees for child related programme, for free education, vocational training, and scholarships for higher education.

Life skills for their behaviour formation: By far the majority of child SoVAAs is of late adolescence stage-fifteen and above. Pre-adolescence (9-15 years) is a critical stage of human life. It is time to intervene for behavioural formation, especially the sexual behaviour before its on set. Life skills to cope with changes within and outside environment must be given at this stage. As behavioural change is difficult, the focus should be on forming safer and fairer behaviour from the very beginning through life skill education tailored to their context and concern.

6.8.2 Strengthen Community Mobilization further

The project should focus on 1) Regular meeting and interaction programme at different time interval should be planned more strategically and systematically at all levels – cluster to DDC network, 2) Training and facilitation to train VDC network Facilitator SoVAA to enable them to build local level linkages with local bodies and stakeholders for resources generation and establishing SoVAA fund to continue their movements' sustainability, 3) Capacity building of SoVAAs to function as pressure group, 4) And Establishment of a culture recognition of SoVAA duly to strengthen community mobilization further:

6.9 Integration of Gender and Social Inclusion issues

HIV/AIDS is a social and gender issue. Infection ratio is found very high in women 20.22% compared to men 7% (HIV/AIDS-Burden of Female VCT Report 2005 to 2007, Achham) It is essential to address gender discrimination issues along with discrimination against PLWHAs, without this, the movement against HIV/AIDS will have only limited effect in the long run.

6.9.1 Recognized the need of integration of GSI issue

The project has recognised the need of integrating GSI into the SoVAA movement and has raised issues of discrimination against girls, and differently able children and occupational caste in different interaction meeting especially through drama and songs. The project also has made a conscious effort by forming exclusive girls group in Achham to ensure girls and women participation, however not sufficient to bring them out of shell. In Doti there are no exclusive girls groups, however, it has been successful in animating more girls/women SoVAA to become SoVAA.

6.9.2 No equal participation in the executive committees of networks

EET found only few women in executive committees of networks (Network meeting in SSD office and Ratoli village). Similar is the situation in Achham's network which indicates the lack of ensuring mechanism and sufficient gender awareness amongst staff and SoVAAs. Through documents study and from the observation the EET got the impression that the project has yet to address gender sufficiently to make the SoVAAs and community understand the gravity of its effect on HIV/AIDS. It has yet to mainstream gender and social issues in the SoVAA movement.

6.10 Inclusion of “Chaupadhi a mal - culture”

The court has declared “Chaupadhi” as mal-practice. The project has made an attempt to end “Chaupadhi” system by creating awareness about its affect in the lives of children, youth and women. One exclusive female group has been formed to voice against this system. Despite the harassments from the society, some women from the group have stopped being in the “Goth-shed”. Many more are attempting to follow them. However, from the discussion with them, EET came to know that they are not backed by societies and adult SoVAAs. The SMPP has yet to take this issue as an integral part of the project. With the support of SCNN, the Women Development Office also is creating awareness and fighting against this system. Continuous rigorous campaign against it by all is needed to end it.

7. STRENGTH OF THE PROGRAMME

Spirit of volunteerism

The very strength of the project is the spirit of volunteerism that nurtured and cultured through continuous educative process in the form of training, interaction, exposure, sharing and support for community action. It is through support to each other that the spirit of volunteerism maintained amongst SoVAAs and promoted to other people.

Flexi SoVAA Structure

The SoVAAs movement has created its own flexible structure in their communities – cluster, ward, and village and beyond for their own learning and making others learn and behave responsibly to protect them from infection. SoVAAs have initiated many community actions in their own communities and in India for the migrants.

SoVAA from diverse field

The beauty is that most people from community are SoVAAs, and SOVAAs are from the community. It expanded by itself from one to other. One who is willing to volunteer can become SoVAA. Therefore, there are SoVAAs of all age above 9- 75 from all walks of life including PLWHAs. Teachers, health workers, village secretaries, NGOs personnel, business people all are SoVAAs. They become one in the issues of HIV/AIDS and come together in the form of network at the village level.

Regular interaction

The SMPP has set a culture of coming together for learning and for action at each level of SoVAA up to the district level. This culture is developed for PNGO staff and Board members, too.

Low key

There has been no hardware programme other than support for shelter for the few OVCs and Single women. It is a low key high value project with far reaching message for men and women both for protecting their lives and livelihood. Its sustainability lies in the mind and heart of the people not in the money and materials. It is not capital and cost intensive project.

Right Based Approach

It has enabled the claim holders – children, youth and adults - to claim their rights to information, knowledge, skills, support and care. It has also enabled duty bearers to fulfil their obligation to societies by making them know about the rights of children, OVCs, PLWHA and also not only advocating but supporting them to establish Children Protection Committee, seed fund for support. Working with both human rights actors- duty bearer and claimholder – and simultaneously for creating an environment for enjoyment rights is an example of RBA in practice.

Universal ownership of SoVAA concept

Though concept of SoVAA in this shape, size and form was initiated by the Save the Children UK, now the attempt has been made to nurture the sense of ownership amongst all people and organizations, so that it becomes a perspective of all people rather than SCNN. DACC Achham has shown commitment to continue dissemination of this approach.

Generated thirst for more knowledge, information and skills

Increased awareness and understanding of threat of HIV/AIDS has created a thirst for more updated information. SoVAAs are asking for more and more support, training and exposure to quench their thirst for knowledge and continue basic activities continuously.

Promotion of local resources and local Initiatives

To have SoVAA network with a spirit of voluntarism for ensuring children rights, for ending discrimination, for educating people on various issues including HIV/AIDS is a big strength in itself to generate and mobilize resources for encouraging local initiatives. It really contributes in developing non-discriminatory ideal society.

8. AREAS OF IMPROVEMENT AND RECOMMENDATIONS

8.1 Social Mobilization and SoVAAs Approach

Form homogeneous groups

The SMPP project has to give more attention to forming homogeneous groups in terms of age, sex and health status. Although the SMPP has started forming children SoVAA and Single women SoVAA, the project should put its resource by giving space and time for different groups to unionize into their own groups to empowering OVCs, girl children and single women SoVAA to assert their agenda at the network meeting. Otherwise gaps between boys and girls, vulnerable and non-vulnerable will not close rather widen.

Assess capacity of SoVAAs

SoVAAs are the backbone and corner stone of the SMPP. They are the source and resource of the programme. They are playing catalyst role for ending HIV transmission. Catalysts' capacity must be enhanced to a greater extent to maintain quality of mobilization from SoVAA to SoVAA. Efforts must not be on expansion and increasing SoVAA rather there is an urgent need to focus on enhancing the quality. SoVAAs are of different capacity. It is essential to ensure that they transmit quality and correct message. Therefore, capacity assessment of SoVAA groups/networks and NGOs staff should be carried out by using participatory tools and techniques thereby to develop capacity development.

Categorize and grade SoVAAs

In terms of KAS, SoVAAs are at different levels. Some of them are of high quality having enough information, knowledge and skills and are playing active role in creating awareness as envisaged by the he project goal and objectives. However, majority have limited updated knowledge and information. Therefore it is suggested to categorize SoVAAs in terms of their merit and then animate them to take responsibility at different level:

General SOVAA (GS) should be those who are equipped with basic knowledge and skills on HIV AIDS and safer practice, peer education and have skills in conducting small group interaction. S/he should be willing to work at the Tole/cluster level.

Facilitators SoVAA (FS) should have experienced in working as GS and are equipped with additional facilitation, training, and workshop organizing skills on HIV AIDS, STI and SoVAA movement. They should be knowledgeable about social issues. Willingness to work as FS at the ward level is a must criteria.

Model SoVAA (MS) should have experienced in working as FS and are equipped with facilitation, training, care, and counselling skills. She should be capable to work as SoVAA resource person (SRP) for TfD, Gender, and CRC at the VDC level. She should be given incentive, which should be decided by Groups and networks of VDC.

Build capacity of SoVAA further according to level and groups

Capacity of SoVAA has been built, however, yet to be sufficient to function effectively according to change context of HIV/AIDS situation. So further training should be organized as per need of different groups (i.e. child, Young, adolescents and adult SOVAA) and of different levels. All SoVAAs should be given life skills education. Without life skills they may not be able to apply learned knowledge in their practical life which is essential for protecting them from HIV/AIDS.

Prepare gender balance Core Team of Facilitators

To enhance the capacity of general SoVAA, PLWHAs and community people as a whole, a core team comprise of female and male facilitators should be developed at the ward level through training and exposure.

Prepare female model facilitator

A model facilitator should be prepared at the VDC level to deliver advance level trainings. She should be trained to equip with skills in facilitation skill, HIV/AIDS, Advocacy, Linkage, Coordination and networking, and Leadership and social mobilization. While selecting model facilitator as the coordinator for the VDC, the priority should be given to the female (married) who can stay for the longer period in the village, and having education of 8-10 class. In order to keep her spirit of volunteerism intact, a provision of an incentive i.e. certificate, bags, diary, umbrella, torch and other necessary items at the strategic stage should be planned. Voluntarism does not mean free service all the time. Service could be compensated by other ways other than money.

Establish fund or continuous sourcing mechanism at the VDC level.

The project has been successful in nurturing volunteerism amongst community people, but voice for incentive have been coming from all around as other organizations are not promoting volunteerism. Therefore, spirit of total voluntarism may not continue in the same degree in the absence of non-monitory incentive i.e., training and exposure after phase out of the project. Therefore, establish fund for the continuation of activities initiated by SoVAAs.

Develop phase-out strategy

The presently developed phase out strategy based on number of SoVAA coverage per VDC should be reviewed. Committed and competent SHOVA group from women, men, single women, single men, orphans and establishment of their strong networking mechanism at the VDC level should be the criteria. Likewise, distant support mechanism criteria need to be developed with strategic intent to phase out fully by gradual reduction of support. Suggested time frame for future project initiation in new VDCs:

- First year - Formation SOVAA to SOVAA in the community
- Second year - Develop SOVAA facilitators
- Third year - Promoting model facilitator
- Fourth year- Federate SOVAA group and establish/function Village AIDS Committee (VAC) network at VDC and in case of single women –PLWHAS federate at district level too
- Fifth year – Establish linkages and coordination with stakeholders for tapping resources, fund raising, resource mobilization, policy guideline formulation, planning and continue support to SoVAAs' action plan from distance

PNGOs should work at least two more years in presently working areas to enable networks to function by following the recommendations given under 8.1.

8.2 Care and Support

Educating on living positively and responsibly

Educate infected people to live positively and responsibly by developing attitude to take self - precaution to protect others from being infected by them. They should be educated not only in the rights of PLWHAs but the responsibility to protect their spouse/ partner to end wilful transmission. They should be conscientized that prevention is the best solution.

Facilitate PLWHAs' organization

The project should facilitate for the establishment of separate PLWHAs 'organization at district level, in which infected men SoVAA also should be included to encourage other men to disclose their health status and live positively and responsibly. For doing so, PNGOs should continue strengthen the Single Women Network by playing facilitator role. They should also stand with them to empower networks to reach the un-reached suspected and infected people.

Enlighten men and empower women

Majority of women in Achham have been infected by their spouses on return to their home. To protect them and their children from being infected there is an urgent need to empower women to assert their rights to be protected, and simultaneously to enlighten men to be responsible and have safer sex. In

doing so, men SoVAAs should counsel migrants in one hand and empower women to demand safer behaviour from their spouses on the other. This two-prong approach must be followed. Counselling separately and counselling both husband and wife together should be initiated. Only organizing welcoming programme and telling the same message of safer practice may not make migrants' act safer.

Support to the trainee

People living with HIV/AIDS have received skill development training for livelihood such as candle making and sewing and cutting. However, the learned skill has not been utilized to date by some due to lack of support for IGA. Therefore, skill development programme must be designed with the provision of financial support for starting IGA.

Equip single women with self-care and treatment

PLWHAs, especially single women should be made equip with sound knowledge and skills of self care and treatment through training on basic health, hygiene, and nutrition to prevent from opportunistic infections. Sharing knowledge and experience amongst them is not sufficient services in the changing trend of HIV/AIDS prevention, care and support. They also need to be educated in advocating for improved access to health services such as STI, OI and ARVs.

Listen to voice for allowance to compensate their time and energy

Voices for allowances are very high especially amongst single women, as they have the burden to feed their children. Total voluntarism is luxury for those in need, therefore, some incentive at strategic stage must be devised, i.e., support for livelihood, acknowledgement, certification and educational activities of some kind.

8.3 Organizational capacity building of PNGO

Updating PNGO on National Strategy, policy & Guidelines

PNGO should update and keep abreast with the National Strategy on HIV/AIDS and changing trend of development effort for HIV/AIDS issues. They should function in due time as a resource organization for SoVAA approach.

Promote SoVAA approach within PNGOs

The importance of SOVAA approach has to be realized fully by PNGOs and other stakeholders. Therefore, PNGOs should 1) facilitate VDC SoVAA Networks to expand SoVAAs and get recognition from VDC, 2) Institutionalize SOVAA approach into PNGOs own organization and Provide technical support to DACC in expanding SOVAA movement throughout VDCs and municipalities of the project districts.

Build Staff capacity of PNGOs on the following

Enable PNGOs' staff a) to function as a resource organization and to play the role of facilitator and coordinator of networks; and to advocate the cause of OVCs, PLWHAS and other disadvantaged people; b) to build linkage and network for generating sustainable resource for organization; c) to establish a resource centre equipped with IEC and ITC materials; d) to marketing SoVAA approach; e) to mainstream SoVAA approach and f) to equip PNGO in technical aspects according to the changing context of HIV/AIDS, trend and approach to development.

8.4 Project operation and management

Improve M & E

Improve current M&E, data collection, reporting and monitoring system at all levels by sourcing expertise from within and or outside, so that SCNN will be able to market the approach further based on documented results. At the same time make fine-tune the reporting, documenting and monitoring and evaluation system by collecting data systematically, accurately, quantitatively and qualitatively with authentic source of verification. One way of doing so could be (1) to agree on basic performance indicator, and then how to collect different data and (2) to summarize quarterly per VDC. As both Districts have access to computer and email, it should not be too difficult to develop a summary sheet quarterly in

which the project data can be recorded per objective and expected output in addition to qualitative information in the form of case studies at least one per objective.

Revisit line of communication and responsibility

SCNN staff together with partners have been operating and managing project in harmony with the project objectives and its approach. Harmonious relationship was found between SCNN staff members, between partners, between partners and staff and more importantly amongst SoVAAs. Very ideal! In light of enhanced capacities of partners' NGOs, present system of making partners responsible to two SCNN officers stationed in two such remote districts should be reviewed particularly in the case off SSD.

Devise a system in such a way that the management and technical back stopping lie clearly in one officer/coordinator so that partners and staff both will be cleared on line of communication. While increasing or decreasing support to partners, project officers – in-charge of the districts should be consulted in confidence before making decision from the centre.

8.5 Child Rights Oriented

Animate early adolescence to become SoVAA

The SMPP project has to be more child focus. In so doing extra effort should be done to develop SoVAA from early adolescence (9-15 years) group in forming safer and fairer behaviour amongst them before onset of sexual debut. They should be equipped with life skills and reproductive health education to enable them to cope with the changes (physical, emotional, psychological) they go through at this stage of life. Focus on behavioural formation approach rather than change. Change of behaviour may not be needed in due time once the safer and fairer behaviour is formed.

Explore possibilities of establishing children houses

For protecting OVCs from being disadvantaged and further being isolated in community, possibilities of establishing children houses (where OVCs live together under the protection of social parents) should be explored and initiated in collaboration and coordination with all responsible agencies by sharing the costs. While doing so, extra attention to girls OVCs be given to protect them from potentials sexual abuse.

Address strategic needs of OVCs

Address the OVCs by a) protecting girl OVCs from potentials sexual abuse, b) exploring the possibilities of establishing a children's house at the district level (where OVCs live together under the protection of social parents), b) imparting vocational skills training to OVCs by applying apprenticeship approach for their sustainable livelihood and economic self-reliance and development for those to whom it is not possible to continue schooling, c) free or subsidized reproductive health services for adolescents girls (as a strategy for improved decision making and obtaining services in an early stage to protect them from being infected and to end Chaupadhi pratha /system, and 4) educating on the role of contraceptives for adolescents from being infected.

8.6 Integration of Gender and Social Issues

Addressing gender and social issues into SoVAA movements/activities

SoVAA group should be mobilized further with greater intensity to mainstream gender and social issues into HIV/AIDS programme. The project should and could be implemented more GEC (Gender, Ethnicity and Caste) responsively. Issues of women living with HIV/AIDS (WLWHA), Men Living with HIV/AIDS (MLWHA) and Dalit Women Living with HIV/AIDS are different. Similarly, Dalit OVCs issue is different from non- Dalit one. Uniform and neutral programme do not reach fully to the neediest. This should be internalized by PNGOs and community at large in order to make prevention initiative more effective.

Address "chhaupadi – a mal -cultural practice of putting women in the shed during menstruation" must be addressed more intensively and extensively than now in order to end this system.

Mainstreaming Gender

As HIV/AIDS is taking the face of women in Achham. It is imperative to mainstream gender and social inclusion issue into the project/ by sensitizing SOVAAs, and PNGOs' staff, the Board members sufficiently enough so that they will be able to address this issue in relation to HIV/AIDS.

Launch SoVAA movement against gender and social discrimination

Current strength of social movement must continue further against gender and social discrimination by equipping them with skills and knowledge required for Gender and Social Inclusiveness into their daily dealing and programme.

9. CONCLUSION

All above findings are the concrete evidences of success of the project. It can be conclude that the project initiated social mobilization through creation of volunteer spirit is a successful approach for mobilizing people against HIV/AIDS prevention and providing care and support to the infected and affected children and their parents. SoVAAs have been enlightened and equipped and have been enabled to take appropriate action at community level to a certain extent. It was observed that the foundation of ' SoVAA groups and its network' have been put in place to ensure that increased SoVAA competence can lead to sustained social mobilization movement.

Success of any approach depends on the facilitator. The credit of the success goes to facilitators' stationed in the field, without their commitment and true belief, project may not get success.

This approach should be applied for ending all kinds of social and gender discrimination against girl child, OVCs and other socially disadvantaged children along with discrimination against PLWHAs. This will help to build New Equitable Nepal (NEN) free from fear of getting HIV and discrimination. In addition to, quota for OVCs' in school/ college, vocational training institutions (for skills), creation of safe and secure environment (especially for girl child) must be advocated at the national level.

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ANNEXES

Evaluation Report

Social Mobilization against HIV/AIDS Project

Annex 1

Terms of Reference

Evaluation of the Social Mobilization against HIV/AIDS in Achham and Doti

1. Background

SCNN has been implementing Social Movement against AIDS program since 1999 in Achham and from 2000 in Doti. The essence of the program is to mobilize community people (children, youth & adult) for the prevention of HIV transmission by enhancing the knowledge, information and skill through peer education. In the later part of the program, the program started intervention towards care and support of affected of children and their parents as per the growing need of the community. The program was started from few VDCs of Achham and Doti and now it has reached 30 VDCs in Doti and 40 VDCs in Achham district.

The SoVAA program has been funded by Save the Children New Zealand (SCNZ) till September 2007 then after the partnership has already been made with NORAD to continue the program. After five years of the intervention a mid term evaluation was carried out in 2004 to study the impact. Now it has been almost eight years so it is important to conduct one more evaluation to study whether the project is in line with the objective. The result will be useful for both SCNZ and SCNN to learn the effects and impact of the program. Based on the learning derived from this evaluation, the program could be modified as per the community need.

Original objective of the project:

- To assist communities of 35 VDCs in Achham and 22 VDCs of Doti the two challenging (isolated and conservative) districts in the Far West of Nepal with a major/advanced HIV/AIDS problem through helping them to understand the threat posed by the HIV/AIDS epidemic and to prepare for prevention
- Establish community care and support system for PLWHAs (people leaving with HIV and AIDS) and reduce stigma and discrimination against them.
- Influence both nationally and internationally as to the power of community mobilization in combating the HIV/AIDS pandemic.
- Integrate other social discriminatory issues against girls and women in HIV program and make people aware about its relation with HIV/AIDS.

2. Evaluation objectives:

1. To assess to what extent project is successful in accomplishing the goal and objectives of the project?
2. To find out how far project is successful in mobilizing community (children, youth & adult) people against HIV by imparting knowledge/information and promoting safe behaviour?
3. To assess too what extent the program is able to reduce stigma, discrimination and provide care and support to the infected and affect children and their parents?
4. To assess the effectiveness and efficiency of the program approach
5. To explore the ways by which the program can be made more sustainable.
6. To identify strengths of the program and the areas for improvement in the future.
7. To document the changes brought in children's lives

3. Process and Methodology

An organization having significant experience on HIV will be given responsibility to conduct the evaluation. The organization will form an appropriate team of at least two people in consultation with SCNN (SCN prefers to have male and female both including government representative in the team).

Both quantitative and qualitative methods will be used. Questioners will be developed to get the quantitative information and focus group discussion, key informant interviews and other relevant methods will be applied to compliment qualitative as well as qualitative information. The methodology will be finalized by the evaluation team in collaboration with SCNN.

It is suggested to apply a control group method at least in one adjoining VDC to measure the impact of the program intervention.

The team will review the related documents:

4. Study area:

The program in 40 VDCs of Achham and 30 VDCs of Doti district should be evaluated. Technically sound sample size will be selected. However the sample size will represent children, their parents, community, geographical, ethnic and other diversities.

5. Role and responsibilities of team members

The responsibilities of the team leader:

- Lead the study from the beginning to the end.
- Finalize the methodology and appropriate tools
- Field visit in the study area and get the required information.
- Prepare the report and finalize after getting inputs from all concerned mainly from partner NGOs and SCNN.
- Make a presentation to the team of SCNN.

The responsibilities of team member/s:

- Participate in the study from the beginning to the end
- Support the team leader to finalize the methodology and tools
- Field visit/information collection with the team leader in the study area Support to the team leader to prepare and finalize the report.

6. Time frame

The study will start from end August and be finalized by the second week of September.

Annex 2 Itinerary of the SMPP External Evaluation

Sept 1st week - Nov 2nd week 2007

Day	Date		Activities	Night stay
	Sept 1st week		Document study, EE Tools Development and Meeting	KTM
	18-5-2064	4-9-07	Meeting with SCNN staff , Sharing Evaluation Tools and Techniques	SCNN- KTM
	19-5-2064	5-9-07	Meeting with Program Coordinator-SCNN at KTM	SCNN- KTM
	Sept 2nd & 3rd week		Field Visit Doti and Achham	
1	20-5-2064	6-9-07	Travel to Dhangadi	Dhangadi
2	21-5-2064	7-9-07	Participate at Sharing and Planning Workshop	SSD hall -Doti
			Meeting with Executive Members of SSD	Doti
3	22-5-2064	8-9-07	Meeting with Project Officers –SCNN	Doti
			Meeting with Network of Mixed group (Child and Adult) from Daud VDC	SSD hall -Doti
			Laliguarans Akata Samaj ,Single Women Network	SSD hall -Doti
			Interaction & FGD with Prayatnashil SoVAA Samuha- & Deep Jyoti Samaj Bikas Kendra at Ratoli	Ratoli/CLC room
4	23-5-2064	9-9-07	Meeting with NGO AHA	Doti-Red cross
			Meeting with Ms. Merina of SCNN and Program Coordinator of SSD	SSD hall
			Meeting with Non SoVAA, Shree Sarawoti Secondary, Satagaon,	Doti
			Travel to Sanfe bagar	Sanfe
			Briefing from GGBM	Sanfe, GGBM Office
5	24-5-2064	10-9-07	Meeting with Kisori SoVAA Mitho Samuha	Mastamandou, Jankalyan L.S. School, Sanfe
			Home Visit of Bikram then visit at the school	Shiddeshor
			Meeting with Single women's Network (Tripura Sundari)	Sanfe
			Meeting with VDC Secretaries	Sanfe
6	25-5-2064	11-10-07	FGD with OVCs in Bayalpata, Chandika VDC	Janata Campus
			Meeting with GGBM Board Members and Staff in Bayalpata	Bayalpata
			FGD with Single Women SoVAA in Bayapata	Bayapata
			Observed VDC Level interaction program in Jayaghad	Jayaghad
7	26-5-2064	12-10-07	Observed in Peer Education sharing and training program	Mangelshen
			Interaction with the Staff of WDO and Child Development Officer	Mangelshen
8	27-5-2064	13-10-07	Meeting with DACC	Mangelshen
			Back to Bayalpata	Bayalpata
			Observation of Cultural Program performed by Children SoVAA Group and Networks	Bayalpata
9	28-5-2064	14-10-07	Sharing of Finding, Recommendation and Incorporation of Comments	Bayalpata
			Travel from Sanfe to Doti, Silgadhi	GGBM, Sanfe
			Sharing of Finding, Recommendation and Incorporation of Responses in SSD	SSD hall
10	29-5-2064	15-9-07	Meeting with SCNN-Project Staff in the field	Doti/Achham
			Travel from Dadelhdhura/Dhangadhi-KTM	SSD Hall
			Information Collection, Data Analysis & Report Writing	
		4-10-07	Meeting with SCNN , Field Visit Briefing and Interview	KTM
	18-6-2064	5-10-07	Meeting with the Director of NCASC	KTM
			Sharing reports , collecting comments & incorporating comments	
	20-7-2064	6-11-07	Sharing Evaluation Report to SCNN Staff	KTM
			Incorporation of comments	
	3-8-2064	19-11-07	Submission of the Final Report	KTM

Annex 3 People Met for Information Collection

S.No	Name	Position	Organization
1	Mr. Gunnar Andersen	Country Representative	SCNN
2	Mr. Jagat Khadka	Programme Director	SCNN
3	Mr. Raj Bhai Shakya	Administrative Director	SCNN
4	Mr. Komal Sharma,	Information and Funding Director and	SCNN
5	Ms. Sita Ghimire,	Team Leader Protection Department	SCNN
6	Ms.Tara Kanel,	Senior Programme Officer,	SCNN
7	Mr. Padam Thapa	Senior Programme Officer	SCNN
8	Ms. Kriti Thapa,	Senior Program Officer	SCNN
9	Mr. Haribol Bajgain,	Programme Officer	SCNN, Achham
10	Ms. Marina Shrestha	Junior Programme Officer	SCNN, Doti
11	Mr. Rajendra Tuladhar,	Senior Program and Finance Officer	SCNN
12	Mr. Kalu Singh Karki,	Program Officer	SCNN
13	Mr. Ramesh	Sunar, Driver	SCNN

S.No	Name	Position	Organization
1	Dr. P.B. Chand,	Director, NCASC	NCASC
2	Mr. Manoj Bhatta	Programme Officer	"

FGD and Interaction with AHA in Doti

S.No	Name	Position	Organization
1.	Subash Shresthan	Section Officer	Nepal Red cross
2.	Prakesh Malla	Supervisor	CDF Supervisor
3.	Sulochana Josi	Program. Coordinator	Hasti Aids
4.	Dependra Shrestha	Redcross:UNDP.Prog.Coordinator	Redcross
5.	Haribol Bajgai	Program Officer	SCNN

Non SoVAAs Teachers and students of Shree Sarawoti Secondary, Sata gaun, Doti

S.NO	Name	Address
1.	Dil Bahadur Kuwar	Sanagaun , Doti
2.	Gita ram Shrestha	Silgadhi, Doti
3.	Bhoj Raj Awasthi	-
4.	Gaj Bahadur Bhatta	Kanchanpur
5.	Shree Datta Bhatta	Darchula

Total 5 Teachers and 49 students were involved in interaction

Interaction with OVCs in Sidhyawor VDC in Achham VDC

S.NO	Name	Address
1	Bikram Pariyar	Sidhewor VDC
2	Sharada Aulee	
3	Pashupati Pariyar	

Meeting with VDC representatives in Achham District

S.NO	Name	Address/Position
1.	Dasaratha Lal Kalwar	Secretary of Hathikot VDC
2.	Ram Bahadur Budha Thapa	Secretary of Masthamando
3.	Apsara Kuwar	VDC facilitator/SoVAA Network Member

FGD with OVCs, SoVAAs Network Janata Campus, Chandika VDC Ward # 3, Bayalpata

S.N	Name	Class	Age	s.N	Name	Class	Age
1	Yuba Raj Kuwar Bista	10	-	13	Ratan Kadar	3	10
2	Manoj Thakulla	7	13	14	Barma Kuwar	4	11
3	Bikram Lihar	5	17	15	Mamata Kumar	5	13
4	Mahendra Kuwar	6	12	16	Sanu K.C	8	14
5	Shayam Bahadur Dhama	10	17	17	Sarita Kumari Rawol	9	16
6	Hikmat Bol	I.A.	16	18	Radhika Kumari Thakulla	-	18
7	Bal Bahadur Tamrakar	10	16	19	Yakendra Kuwar	8	15
8	Birmala Kuwor	10	12	20	Rosani Kumari Bishokarma		
9	Rabindra B.Ka	I. Ed	15	21	Tapendra Bahadu Khatri	5	14
10	Laxman Tiruwa	9	15	22	Rejendra Bishokarma	9	14
11	Rebanti Dhakulla	9	15	23	Bibak Raj Josi	5	10
12	Tulasi Thakulla			24	Shankar Bahadur Bishokarma	7	17
13	Ratan Kadar	3	10	25	Devenda Kuwar	I.Ed	18

SSD's Board Members and SMPP's Staff

S.N	Board Members	Designation	Staff	Designation
1	Khem Raj Gurung	Chairperson	Amir Kumar Rana	Program Coordinator
2	Bandana Shrestha	Vice Chairperson	Santosh K.C	Admin/Account Officer
3	Dipen Malla Shrestha	General Secretary	Debi Lal Upadhyaya	Volunteer's SAATHI
4	Surendra Bahadur K.C	Secretary	Mamata Gurung	Volunteer's SAATHI
5	Babu Raja Shrestha	Treasurer	Rebati Malla	Volunteer's SAATHI
6	Jeeban Nepali	Joint Treasurer		
7	Nira Singh	Board Member		
8	Sital Shrestha	Board Member		
9	Narad Malasi	Board Member		
10	Rabin Malla Shrestha	Board Member		
11	Madhukar Gotame	Board Member		

Gangotri Village Development Forum's Board Members and SMPP's Staff

	Board Members	Designation	SMPP Staff	Designation
1.	Mr. Nayan Singh Kadayat	Protector	Mr. Yogendra Oli	Programme coordinator
2.	Mr. Taakar Kadayat	Chairperson	Ms. Deepa Bohara	Programme development facilitator
3.	Mr. Kul Bahadur Shetty	Sub-Chairperson	Mr. Mohan Khadka	Friend of Shova
4.	Mr. Mahendra Kadayat		Mr. Takkar Tamrakar	Friend of Shova
5.	Ms. Sunita Thakulla		Ms. Rupa Auji	Friend of Shova
6.	Ms. Kali Devi Bista	Member	Mr. Hansha Raj Adhikari	Friend of Shova
7.	Mr. Ganga Bahadur Bohara	Member	Mr. Karna Thakulla	Friend of Shova
8.	Mr. Gauri Sunar	Member	Mr. Gyanendra Buddhathoki	Accountant
9.	Mr. Indra Saud	Member		

Annex 4 Social Mobilization against HIV/AIDS Project Coverage in Achham & Doti

Working VDCs and MCL in Achham District

A. S.NO	VDCs-2005	S.NO	VDCs-2005
1.	Chandika	1.	Jalpadevi
2.	Bhagyashor	2.	Baijanath
3.	Ridikot	3.	Siddeshor
4.	Gajra	4.	Ghughurkot
5.	Janalikot	5.	Babla
6.	Masthamando	6.	Mangalsen
	Total 12		
B. S.NO	VDCs-2006	S.NO	VDCs-2006
1	Duni	10	Oligaon
2	Patakot,	11	Kalika
3	Bhudhakot,	12	Janlibandli
4	Devasthan	13	Timelsen
5	Khaptad	14	Nandegada
6	Lungra	15	Haikot
7	Payal,	16	Kuntibandali
8	Bradadevi	17	Nawathana
9	Jupu		
	Total = 17		
C. S.NO	VDCs-2007	S.NO	VDCs-2007
1.	Sokat	1.	Bayala
2.	Siudi	2.	Vinayak
3.	Bindibashine	3.	Kalikasthan
4.	Birpath	4.	Bannatoli
5.	Kuika	5.	Darna
6.	Chalsa		
	Total 11		
	A+B+C=12+17+11=40 VDC		
Remarks: Placed for Phased out in the VDCs are: 1. Babla 2. Ghunghurkot 3. Baijanath 4. Chandika 5. Bhagyashor 6. Ridikot, 7. Gajra = 7 VDCs			

Working VDCs and MCL in Doti District

S.NO	VDCs	S.NO	VDCs
1.	Rana gauwn	10	Daud
2.	Kapalleki	11	Kalena
3.	Mudegauwn	12	Khatiwada
4.	Pachanali	13	Bagalekha
5.	Toleni	14	Khirsain
6.	Banaleka	15	Llgada
7.	Chhatiban	16	Bhumiragmandua
8.	Kalikathashan	17	Dipayal, Silgadhi, MCL
9.	Baghakaka		
Total			VDCs: 16, MCL:1
Remarks: Distant Support Program in the VDC/MCL are: 1. Toleni 2. Daud 3. Pachhnali 4. Doti Municipality = 4 VDCs			
Source: Quarterly Report (April to June 2007)			

Annex 5 Comparative Responses of Achham and Doti

1. Situation of OVC and PLHAs before starting the project	
Doti	Achham
<ul style="list-style-type: none"> • Isolated • Misbehaviour by friends at school • Drop out school because of having no educational materials and sickness of parents • Heavy involvement in household chores • Had to go to India for getting jobs at small age • Captured property and belongings by uncles and relatives • Not allowed to get citizenship 	<ul style="list-style-type: none"> • Hate to OVCs, not allowed to come near to neighbor's house • No support to the children of HIV infected families at School. • HIV infected were isolated and frustrated • not allowed to touch utensils and also the neighbours • pressured HIV infected to stay outside from their family • no support in health and education • Compel children to leave school and go to India. • Not willing to keep marriage relationship with the Daughter and son of HIV infected. • No treatment of opportunity Infection, no access of VCT and ART services.
2. Situation of OVC and PLHAs after SOVAA Project	
<ul style="list-style-type: none"> • increase social support to the children • SoVAA have collected supports i.e. rice, pulse, copy and stationary from different sources and providing to vulnerable children. • School management committee has made decisions not to take school fees for those who are financially weak and orphan children. • Reduction of discrimination and stigma towards children in the community • Continue education of poor and vulnerable children • Emotional feeling and deep grief has been reduced among the children who are in mental stress • Children are united into one group and raising issues collectively with different organization and able to receive supports 	<ul style="list-style-type: none"> • taking as a general issues about HIV and AIDS • Aware about how HIV and AIDS transmitted. • release social accountability to minimize it • People have focused to go for check up rather going to the traditional healers. • increased to check blood, and suspected are more disclosed and opened • Decreased to blame and ill name tendency towards HIV infected.
3. Community attitude towards HIV and AIDS, and dealing with HIV infected people	
<ul style="list-style-type: none"> • HIV was a great epidemic disease and life killing disease. • Separate utensils for HIV infected people • Hidden and un disclosure tendency • Feeling that this disease attacks to the bad or non ethical person • Feeling to use condom was not good • Bad person who works on HIV/AIDS • No cremated and burned after the death caused by HIV/AIDS • No burned the death body as the culture mandate. • No barter system with HIV infected people in the community 	<ul style="list-style-type: none"> • Should not go near by HIV infected people. It might transfer. • Disease because of bad habit, one who involves prostitution becomes HIV infection • Put salt in the dead body for quick dissolve, wrapped dead body by the plastic, and put into ground not burned. • No music through a conch during the time of cremation of the dead body • No relation with infected people • Separate arrangement for sleeping (in cowshed), dress, and utensils • No care and support by the family

<ul style="list-style-type: none"> Separated from the family and used to keep in the cowshed 	
3. Community attitude towards HIV and AIDS, and dealing with HIV infected people at present	
<ul style="list-style-type: none"> Involving HIV infected people in social activities Support both HIV infected people and their children Raising voice in favor of them Social support has been increased Taken VCT services and more open up because of SoVAAs Raising voice and available ART services from district level offices Self care consciousness has been increased Joint relief fund has been established among the organization who works on HIV/AIDS In total 4800 SoVAAs are providing their services. Discussing about the future of their children with SoVAA by the HIV infected people. Developing feeling that anyone can be infected. So each one has to aware to protect from this disease HIV infection is not the end of life. HIV infected people are becoming positive and optimist Developing perception to make infected people's life longer 	<ul style="list-style-type: none"> Playing together with the children of HIV infected people Involvement of HIV infected people in social activities Care and support while infected person sick Support for treatment Support in the difficult situation Support for maintaining the roof Help to receive resources for care and support from different organization Support for income generation activities Coordination with stakeholders Received already VCT services for 500 people, formed 30 groups of HIV infected and affected people, OI services for 600 people and 4000 health volunteers have been prepared.
4. Care and support system existed	
<p>In the past:</p> <ul style="list-style-type: none"> People used separate walking road because of fear of transmission Did not allow to touch to other children by the children of HIV infected people Said that it appeared from the person who involves in prostitution. Not allowed own children in the infected people house Not allowed to study together with the children of HIV infected people Mental torched to the HIV infected people Let know to the owner and quit the job of infected people. 	<p>In the past:</p> <ul style="list-style-type: none"> stigma and discrimination Separate place (in the cowshed or separate house) for eating and sleeping and no clean utensils used by them. No nutritious food management for infected and sick people. No touching, and taking food from the hand of infected people Mental touchier to them, and no cooperation from the community Covered by handkerchief if people go near by the infected people. Traditional belief such as disease caused by god and goddess dissatisfaction.
<p>At present:</p> <ul style="list-style-type: none"> Community people are aware and well behave such as HIV is not transmitted from sitting together and eating together Has increased safer behaviour in the community such common needle, equipment Awareness about condom and increase 	<p>At present</p> <ul style="list-style-type: none"> care and support at present to infected people like other sick people and disease : support to bring infected in health organization/post for treatment Prioritize and giving focus to infected people's problem in the community and initiated for additional support

<ul style="list-style-type: none"> condom users Timely referred in health organization to HIV infected people by the community themselves through SOVAA networks Identified local risky behaviour and place and efforts had done to minimize. 	<ul style="list-style-type: none"> Personal contact with infected people and ensuring whether they are taking medicine or not. Involve them while coming the greatest festival such as Dasai and Tihar Financial support from VDC and Mumbai to HIV infected people support and coordination for roofing in the house of infected people by the community people through SOVAA
<p>5. Challenges faced in implementing SoVAA project</p>	
<ul style="list-style-type: none"> feeling developed as only a women issues Not allowed by the teacher to talk on HIV and AIDS at school. Working with the children, however could not support (physical and others) Inactive role of DACC Blaming of dollar farming business Not enough support to the group Other organization provide transportation cost and that is effecting to mobilize community people by SoVAA Expectation raising direct support by HIV infected and affected people. 	<ul style="list-style-type: none"> Geographical difficulties Blaming and naming as a free and wanton person who works in the areas of HIV and AIDS by the community Disease belonging with the people who goes to Mumbai and goes to prostitution centre there Give title as a foreign agent, dollar farming business, and a dictator during conflict situation Earn more money by the SoVAA through community people involving as a volunteer Services and support are not available as they disclose. Blaming that this program is spoiling to adolescents and youths. One staff for 7 VDCs No proper reorganization of SoVAAs' contribution Services are not available as required such as VCT, ART, OI treatment, CD4 counting, and nutritious food. No food budget while conduction and interaction program of PLHA. Also they are facing how to feed the children to their children after whole day sitting in the meeting. Single women are becoming weak physically.
<p>6. Ways of Making Project More Effective, Efficient and Sustainable</p>	
<p>Effectiveness, Efficiency and achievements</p> <ul style="list-style-type: none"> Receiving support to establish SoVAA network Linkages and coordination extended with different organization/stakeholders Affiliated and registered SoVAA networks with VDC, DDC and WOD in the district initiated for partnership with local bodies Low invest and high return because of volunteerism Large coverage with a few staff Economical Efficient because expenses are directed according to the budget 	<p>Effectiveness and Efficiency and achievements</p> <ul style="list-style-type: none"> Able to receive supports from different organization Great achievement with low investment/low budget Single women and single men centered budget allocation and expense, and their capacities have been enhanced reduced stigma and discrimination Children are continued their study in school. Love and affection by the school and social workers Looking PLHA and OVCs happy First priority is giving to the HIV infected and affected people while providing any services by the community Able to received supports from different organization such as roofing, educational materials, emergency support, land

<p>Sustainability:</p> <ul style="list-style-type: none"> Needs resources to SoVAA networks for Institutional Development. 	<p>purchasing support, treatments supports.</p> <ul style="list-style-type: none"> Child SoVAA has been functioned. HIV infected children are able to share their problem and receive support from stakeholders HIV infected children have gone for treatment and education outside the district by the help of SoVAA Child protection committee has been formed in the VDC level and implemented child focused program. Information dissemination relating with HIV and AIDS such as wall magazine. Capacity building activities have been initiated from the leadership of HIV infected and affected children by themselves, and the parents are cooping as well .Children are organized and formed SoVAA networks <p>Sustainability:</p> <ul style="list-style-type: none"> should have good coordination with different organization If care and support program are more focused. If the program implemented as GGBM plan
<p>7. Evaluation Results</p>	
<p>50 % of the workshop participants have said that the project has achieved 75% of its goal and objectives.</p>	

Source: Evaluation Workshop at SSD in Silgadhi, Doti on 7th September, 200Workshop

Participants, agenda of the Workshop and the Result of the evaluation done by the participants

	Participants' Name	PNGO	Position
1	Debilal Upadhayaya	SSD	FOV
2	Mamala Gurung	„	„
3	Mukesh Pant	„	Member
4	Rewoti Malla	„	FOV
5	Amir Kumar Rana	„	Program Coordinator
6	Kiran Ojha	„	PCM Member
7	Total 6	„	„
8	Mr. Narayan Singh K.C	GGBM	Patron (Control person of NGO)
9	Mr. Yegendra Oli	„	Coordinator- SoVAA
10	Mr. Karna Thakullha	„	FOV
11	Ms. Rupa Aujee	„	„
12	Ms. Deepa Bohara	„	„
13	Mr. Mohan Singha Khadka	„	Program Dev.Facilitator
14	Hansha Raj Adhikari	„	FOV
15	Takhar Tamrakar	„	„

Annex 6 Definitions

A. Chaupadi Pratha

A system of forcing women and girls to live in a small square shed during menstruation by treating them as untouchable.

B. Comprehensive knowledge of HIV/AIDS

It means knowing that the consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy – looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Annex 7 Memoirs of Girls and Boys

Memoirs of Girls and Boys in relation to changes brought by the SMPP

Memoir

"I am 11 years old. People say my parents died of an incurable disease found throughout Achham. My mother died in 2003 and after one year, my father also died. When my parents were alive I was in class three. I left school after my father died as I could not afford for stationeries and school uniform. I have a seven –year- old sister. Though I could not continue my education I am sending her to school. The money I earn from working on other's farm and carrying stones is spent on buying books, pens and food expenses for my sister. I like to go to school very much. He shared this to SoVAAs. These SoVAAs then approached to all responsible actors such as his relatives, other SoVAAs in the communities, leader of the Village Development Communities and School teachers. After a series of consultations, a community support mechanism for Binod and his sister has been developed, a safe shelter was built, support for food and shelter and stationeries were given and as a result both of them are now continuing their education in school."

Binod Pariyar, Shiddehsor village, Achham

Memoir

We have raised the issue of Chaupadhi and attempted to break the tradition of going to shed during menstruation. Some of us have started to live inside the house instead in the Chaupadhi Goth. We will continue to fight against it though we have not got enough support to end it in reality.

-The Mitho Sapana Kisori Samuha, Lower Secondary School, Khalsen, Achham

Memoir

I am Purna Bahadur Bista 'Parvat'. My house is in Dipayal Silgadhi Nagarpalika, ward – 13, Ratoli, Doti. I received lots and lots of training related to HIV, AIDS, and reproductive health and could develop my intuition. I developed capability of talking openly with everyone. I could learn lot of things from SOVAA and this helped me in my studies as well and as a result I could easily pass my S.LC. Exam as well. After that also I continued my studies and generating SOVAA groups in my village, I worked for HIV, AIDS and children rights. I also made the son of HIV positive family a member of Shova, and after knowing each and everything about HIV, he let his blood tested, but unfortunately he was found to be HIV positive. Our Shova group helped him all the way it could and now he has changed a lot. Now he says that he has courage to live more, to educate his children, to fight with unaware society. At present Shova group has opened Society development center to help HIV infected people and in this organization he is working as C.H.B.C. SOVAA has changed me also a lot. I had wanted justice for him and it would have been impossible without effort of Shova group. Now I have become able to talk openly about HIV and AIDS. I am now also capable to talk about reproductive health, children right and show T.F.D dramas and street dramas. In addition now I can claim my right against brutality of the society. To my pride, now I have become Chairperson of Dipayal Silgadhi Nagarpalika SOVAA Sanjal. I have already completed I.Ed and now I am planning to study B.Ed. The credit for all these goes to SOVAA programme.

Purna Bista
Prayatnasil Shova Group

I have opened CBO (Suryodaya Woman Empowerment Centre) in the village where almost all the staffs are HIV infected. In the assistance of NAP+N and CWC now two programmes are being conducted in CBO. In the district level also the network of HIV infected males and females has been established where I have been selected as chairperson. Finally, I would like to thank SoVVA group for helping in my personality development, for establishing me as an apple of eye in the field of HIV/AIDS, for helping me in establishing CBO and for supporting me to form Laligurans Ekta Samaj.

From Memoir of Ms. Kamala Malla of 34 years of Pachanali V.D.C –6, Talakot

Memoir

At first, economic status of my house was extremely poor and income generating activities was nil, also, we didn't have necessary materials for schooling. Due to the early death of our father, our economic status had remained in a pitiable condition. Gangotri village development forum opened various organisations. In our V.D.C. level, Bal Shova group was opened and following this group, we could receive essential materials for schooling, such as exercise books, pens, school dress etc and therefore, like other friends we also got chance to go to school pleasantly and continue our studies effectively. This has all become possible due to Shova. The assistance of Gangotri has kept us aloof from difficulties in studies. With the help of Gangotri, we have experienced the necessary changes. Shova has made us aware about the HIV and AIDS and have provided us the momentous trainings. Due to this we have now learned that we should not discriminate the HIV infected or AIDS patients and hating them might result in loss of their self-confidence and hence the immature death. Therefore, I have now developed confidence to aware the people of village that by loving and assisting them, we should look forward to increase their life span rather than decrease it. I have also improved my capability of speaking.

Rabindra Bishwakarma, Class: 11, Shree Saraswoti higher secondary school, Jayagadh, Janaekata
Bal Shova

Due to the absence of my father and poor economic status of our family, we were not able to attend the school. Seeing other children going to the school, I also wanted to go there but the economic condition forced me to just view the situation as it was. Meanwhile Gangotri Village development forum organised the Shova group and following their request we got involved in the group. Then we kept our problems in the group and addressing our problems Gongotri encouraged us to continue our education and provided us with necessary education materials such as exercise books, books, dress, slippers, bags etc and we became able to re-attend the school.

Changes observed within us:

- The stigma associated with the death of my father has been removed and now people respect us as if our father is still alive.
- Before I used to be very shy and even didn't use to express my problems and skills due to my shy nature but now I am proud of myself. After I joined Shova group, I have become able to express my problems, hardships with others.
- I have changed a lot more than ever before. Now I participate in various training and programmes organized by different organizations and have become able to express my feelings. Now I can put my words in any place I want.

Name: Rewanti Thakulla, Class: 9, Shree Saraswoti higher secondary school, Jayagadh, Achham
Saraswoti Bal Shova

Annex 8 Guiding Questions for Focus Group Discussion and Interaction

1. Focus Group Discussion with SoVAAs

General Questions

What was the situation of OVCs, HIV and AIDS infected and affected children before implementation of project? How did the people perceive the threat of HIV/AIDS? How did they treat HIV positive people? What care and support system was in place?

How do you see **ability** of community to respond to the threat posed by HIV/AIDS in the communities?

What changes brought within you as a result of this programme?

What changes were you able to bring in the life of single women, HIV infected and affected as a result of this programme?

What changes were you able to bring for children as a result of this programme?

2. Focus Group Discussion with networks

How often do the Network /group meet?

What are the agendas?

How many usually attend?

How are decisions made in the group?

How the groups implement the decision?

What activities have the group carried out so far? (For Orphan children, People going to and coming from India for jobs, migrants and non migrants, Youth, adolescence, single women, child SoVAA groups affected and infected children and PLWHAs)

Does everyone contribute the same amount of time/effort?

What changes were you able to bring as a result of this programme?

What changes were you able to bring for children as a result of this programme?

Change in the lives of the children:

Love and affection?

Child violation?

Drop out?

Nutrition?

Discrimination?

Sustainability of the group and Project:

What is your plan to sustain your network and group? Or how can be sustaining your group/activities?

3. Focus Group Discussion with Children SoVAA

Are you afraid of getting infected?

How can you prevent yourself for being infected?

What more changes or improvements you want to bring within you and others?

What suggestions do you have for bringing such changes?

4. Focus Group Discussion with Adult SoVAA

How do the people see and behave infected and affected problems?

Type of support received for infected and affected, how much and when?

Dealing, care and support system for PLWHAs by family members are they changed from the past?
How is relationship?
Do other members of your household support your involvement in the group (e.g., husband or wife, parents?)

What and where and from whom do you get support that you required?

5. Themes for meeting/ workshop with Program Staff and Executive Committee

Check any variation against proposal and programme agreement

- 1 Achievement of Goal: What is the goal of the project? To what extent do you think you have achieved goal? What are the indicators of achievements?
- 2 What are the objectives of the project? To what extent do you think you have achieved the set objectives?
- 3 What challenges did you face and what were the issues you came across?
- 4 Future replication and Suggestions: What is your suggestion to improve this project in addressing the actual need of your group and community? How do you feel about the similar types of project to be replicated in larger area? In which area/VDC is more appropriate for future replication? What is your suggestion to improve this project?
- 5 Relation with stakeholders and local government: Are you more willing now to ask for support from your VDC? To contact district office (e.g., WDO, DACC, DDC)?
- 6 Sustaining the movement: Ways and means of sustaining movement and programs - project or benefit continue after project, road map and route to sustainability

6. Themes for meeting/ workshop with stakeholders

What changes/ improvements brought in the field of HIV/ AIDS as a result of this program especially?

In understanding the threat posed by the HIV/AIDS
In preventing HIV/AIDS
In reducing stigma and discrimination
In providing care and support

What changes/ improvements brought in the life of children as a result of this program especially?

How did the project reduce vulnerability of children?

What do you suggests for sustainability?

7. Key informant (Teachers, Leaders, parents)

What do you think about HIV/AIDS? Is it serious in this area?
How people are tackling this problem?
How should be tackling?

Annex 9 Questionnaire for Partners of SCNN

“A”

We appreciate your response to the following questions. Please add more papers if needed.

A. Project Coverage

1. Please list the VDCs you have covered under the project agreement with the SCNN under the project P 6332 Social Movement against HIV/AIDS

	Date of Project Initiation	Name of VDCs
1	2005	
2	2006	
3	2007	

2. Please list the VDCs you have worked prior to the initiation of P 6332 Social Movement against HIV/AIDS.

	Date of Project Initiation	Name of VDCs
1	2003	
2	2004	
3		

B. Profile of SoVAA

- B.1. Please list the nature and number of SoVAA formed and functioning in VDCs.

Type of SoVAA i.e.	No of SoVAA	Members											
		NOC			EG			OC			Total		
		M	F	T	M	F	T	M	F	T	MT	FT	
Children													
Adult													
Total													

Note: EG: Ethnic Groups (Magar, Gurung, Tamang, and Newar etc.), OC: Occupational Castes (Dalits i.e. Kami, Damie, Sharki), NOC: Non- occupational Caste (Brahamin, Chhetri, Thakuri etc.)

- B.2. Please list the major activities initiated by SOVAA.

B.2.1. Children/youth SOVAA

.....

B.2.2. Adult SoVAA

.....

B.2.3. Single women suspected/ infected /affected SoVAA

.....

B.2.4. Other SoVAAs

.....
.....
.....

B.3. what achievements have you observed/seen in communities as a result of SoVAA mobilization?

.....
.....
.....

B.4. Please list number of SoVAA network established at different levels and their functions?

Type of network i.e.	Number of network	Level i.e., ward, VDC, District	Major activities

B.5. what measures community people are taking to prevent themselves from being infected by HIV?

.....
.....
.....

B.6. Are there PLWHAs in the project areas? If yes, what care and support system are in place?
Please explain.

.....
.....
.....

B.7. Have you seen changes in social relation between HIV positive and HIV negative people in the family and in the community? What are those changes?

C. Partner's profile

C.1. Please, write organizations/ networks/committees that your organization is associated?

.....
.....
.....

C.2. Have you had opportunities to advocate and lobby for community mobilization approach in combating HIV/AIDS pandemic? If yes, what were the outcomes?

.....
.....
.....

C.3. Have you identified issues of women and girls? If yes, what are those?

.....
.....
.....

C.4. Of the issues you identified, what were addressed by your organization in relation with HIV/AIDS and how?

.....
.....
.....

D. Community mobilization

D.1. Around how many people did you mobilize (during this project period) against HIV and AIDS in each VDC and how?

.....
.....
.....

D.2. Are you imparting knowledge and skills on HIV and AIDS? Write how did you do?

2.3. What do you think are the achievements made in this field?

E. Reduction of stigma, discrimination

- E.1. Are there PLWHAs in your project area? If yes, what are their major issues and concern?
- E.2. Do the PLWHAs get care and support? What, how and by whom?
- E.3. How does the people in your community treat HIV positive people? Do they stigmatize and discriminate? What have you been doing to reduce stigma and discrimination against PLWHAs?

F. Effectiveness and efficiency of the program approach

- F.1. How effective do you think your community mobilization approach is? Write three indicators that manifest effectiveness?
- F.2. How about the cost? Please mention budget and expenditure of the programme for the period 2005-2007.

	Budget item	Expenditure
A.	Administration and Management i.e., Salary	
	Salary	
	Travel of staff	
	overhead cost	
B	Programme i.e., Training	
	Training	
	IG support	
	educational support	
	Infected mobilization	
	emergency support	

F.3. Are there incentives for SoVAA? What are they?

G. Strengths and weakness (areas to be improved) of the program

G.1. Mentions the major strengths of your program and the areas you see to be improved.

	Major Strength		Areas to be improved

G.2 what have been the main benefits of this project from your perceptiveness? Please mark √ the below given statements if you agree and add more.

- Reduced the vulnerability of children
- Fulfill right to information of children on HIV and AIDS
- People understood the threats posed by the HIV and AIDS pandemic
- Reduced stigma and discrimination
- Reached the most vulnerable HIV/AIDS affected and infected children, youth and adult.
- Reached the most vulnerable single women and orphan children.
- Reached the HIV/AIDS affected and infected people who are in Mumbai and other cities of India.
- Mainstreamed gender and social issues and concerns in SoVAA projects

- Reached the most marginalized caste and ethnic groups in SoVVA project

G.3. What were the main challenges or problems you've encountered while implementing this project?
Please mark ✓ the below given statements if you agree and add more

- Identifying potentials SoVAA
- Forming Group and Networks
- Selection of care and support activities or other activities for group and networks
- Survey, situation analysis
- Monitoring and reporting requirements
- Quality, relevance and timing of project activities
- Arrangements for future support and monitoring of SoVAA group within your district and Mumbai groups

H. Sustainability of the program

H.1. Do you think this program is sustainable? If no, please give suggestions for making it sustainable.

.....

.....

Questionnaire for Partners of SCNN "B"

Objective 1

1. Please list the type (Children, Youth, Adult: Single women, Mixed) number of SoVAA Groups and Network formed in Achham and Doti before 2004 and after the implementation of this phase project (2004-2007).

1. A. SoVAA Groups

Achham				Doti			
Type of SoVAA i.e.	No of SoVAA Groups			Type of SoVAA i.e.	No of SoVAA Groups		
	Before 2004	From 2004-2007	Total		Before 2004	From 2004-2007	Total
Children				Children			
Adult				Adult			
Single female SoVAA				Single female SoVAA			
Total				Total			

1, B. SoVAA Networks at VDC level

Achham				Doti			
Type of SoVAA	No of SoVAA Networks			Type of SoVAA	No of SoVAA Networks		
	Before 2004	From 2004-2007	Total		Before 2004	From 2004-2007	Total
Children				Children			
Adult				Adult			
Single female SoVAA				Single female SoVAA			
Total				Total			

4.1 What were the capacity building initiatives taken during project period and for PNGOs and their staff?

	Executive Members		Staff		Total	Remarks
	M	W	M	W		
Achham						
Doti						
Total						

4.2 Please fill in the below given table year-wise budget and expenditure in both districts For analyzing efficiency and effectiveness of the program.

	Achham		Doti	
	Budget	Expenditure	Budget	Expenditure
2004				
2005				
2006				
2007				
Total				

4.3 Please mention the program budget and admin/management/ operational budget of the program.

	Achham		Doti	
	Program Budget	Admin/management	Program Budget	Admin/management
2004				
2005				
2006				
2007				
Total				

Thank you so much