

Sustainability Assessment: An Initiation for Assessing the Sustained Health Benefits for HIV and AIDS in Nepal

**An Introductory Workshop on Sustainability Assessment and Planning for  
the Safe Highway Project in Chitwan and Nawalparasi**

**(Date: August 16 to 22, 2007)**



Family Health International/Nepal  
USAID Cooperative Agreement #367-A-00-06-00067-00  
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Sustainability Assessment: An Initiation for Assessing the Sustained Health Benefits for HIV and AIDS in Nepal

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**Venue:  
SAHAVAGI, Central Office**

**Submitted to:  
ASHA Project  
Country Office, Kathmandu**

**By:  
SAHAVAGI  
Bharatpur, Chitwan  
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**"If you do more with  
less, the benefits are  
long-term."**

**- Michel Thompson**

**"If you want to go fast,  
go alone, if you want to  
go far, go together"**

**- African Proverb**

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## 1. Background

HIV and AIDS prevention has been a global challenge. Worldwide the epidemic is spreading at an alarming rate and day by day transmission is multiplying. Despite the large amount of resources which have been allocated to HIV and AIDS interventions, its prevalence has not been controlled as expected. Today, the subject of HIV and AIDS has become a common issue and people have recognized the need for collective efforts to intervene through integration within local systems and contexts.

As a part of the HIV/AIDS intervention in Nepal, SAHAVAGI has been implementing a Safe Highway Project in Chitwan and Nawalparasi with financial support from USAID/ASHA Project. It is being implemented with an aim to reduce the HIV transmission rate and increase access to prevention and care services among the most-at-risk-populations (MARPs), particularly female sex workers (FSWs) and their clients.

For effective implementation of the program, and to ensure that the program intervention is sustainable beyond the funding received from external resources, Family Health International (FHI) and SAHAVAGI jointly conducted a six day workshop on "Sustainability Assessment and Planning in the Context of the Safe Highway Project in Chitwan and Nawalparasi." This workshop was held on August 17<sup>th</sup> through the 22<sup>nd</sup>, 2007 in the SAHAVAGI Central Office, Bharatpur, Chitwan. Mr. Bharat Raj Gautam, Monitoring and Evaluation Officer, along with Mr. Deepak Dhungel, Field Officer, ASHA Project, facilitated.

## 2. Introduction to Sustainability

Sustainability is an aspiration for all organizations working in the development sector, therefore, sustainability components are considered as integral parts of any effective program intervention. A sustainability framework is widely used in various sectors of socio-economic development, and is also rapidly becoming a buzz word in the development arena. Primarily this word is related to the protection of our natural resources which are critical to the existence of human society, but which in recent years have been rapidly depleting. Therefore, in terms of the environment, sustainable development focuses on using the available resources without compromising the needs of future generations. However, in the context of SAHAVAGI, the prime motive of conducting this workshop was to seek program sustainability in the area of HIV and AIDS intervention.

Within the framework of the Safe Highway Project implemented by SAHAVAGI, ongoing project activities need to continue in the program area within the *elevating capacity of the local system*. The effective implementation of the program supported by local capacity building and multi-sectoral support, within the funding period of donor agencies, could increase the potential of program sustainability beyond external funding. From the discussions held among participants and facilitators, a consensus was established regarding the components of sustainability in the area of HIV and AIDS interventions. These included the following points:

- The program should be need-oriented
- The program should be client-oriented
- The program should be demand-oriented
- The program should be based on evidence



- The program should have the essence of community participation and capacity building
- The program should have the strategies to capacitate the organization
- The program needs to support financial sustainability
- The program needs to maintain the sustained health benefits to the beneficiaries

### 3. Objectives of the Workshop

The workshop was conducted to achieve the following objectives:

- To assess the ongoing Safe Highway Project from the perspective of a sustainability framework;
- To impart knowledge and skills about sustainability components to participants and its implication on program interventions, particularly in regards to the ongoing Safe Highway Project;
- To set the indicators of the sustainability elements and to develop the dashboard based upon the index for future direction to SAHAVAGI; and
- To pilot the USAID sustainability framework and its practical relevance within the context of HIV and AIDS related interventions

### 4. Methodology of the Workshop

This workshop was a participatory workshop conducted through a variety of facilitation techniques. The following methodologies were utilized for the workshop:



- Participatory interactive group discussion
- Standard templates (models) developed for sustainability assessment by ORC Macro for USAID
- Short lectures and presentations using multimedia
- Mini group work, presentations and discussion
- Brain storming and appreciative inquiry



### 5. Process of the Workshop

The following processes were involved in the workshop:

#### I. Introduction and Aspiration Collection:

On the first day, Mr. Gautam opened the session with a warm welcome to all participants and organized introduction among them. After the introduction session, Mr. Gautam and Mr. Dhungel requested that all participants write down their aspirations, hopes and expectations for the workshop. As the topic of the sustainability framework in HIV/AIDS interventions was new to the participants, all provided their ambitions which were then collected by the facilitators. The aspirations and expectations were as follows:

- The workshop would relate to and provide information on maternal and child health issues;
- The workshop would be a new program component which would be included in the Safe Highway Project;
- The workshop would be a supportive program which would be considerate of and compassionate towards the Safe Highway Project;

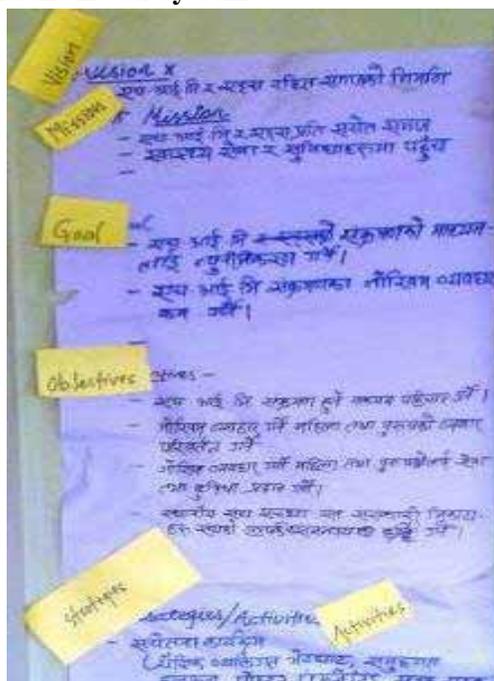
- The workshop would be useful in gaining information and knowledge on the matter of sustainability and contribution, while preparing long term strategic planning for the organization;
- Participants were curious and keen to gain knowledge and information regarding the sustainability framework in the context of HIV/AIDS interventions.

## II. Introduction of Project Characteristics and the Local System

After the collection of expectations and aspirations, the facilitator exhibited a presentation and generated a discussion regarding the salient features and characteristics of a project. It was agreed by all participants that the effective implementation of any project needs to have the following components:

- Vision
- Mission
- Goals
- Objectives
- Strategies
- Activities

The relationships between the aforementioned elements are interconnected and interdependent; and in order to achieve all of the desired objectives of a project each component must be coherent and well defined.



After acquiring information regarding the project characteristics, the subsequent session concentrated on the local system.

In this session, all of the participants were involved in assessing the current local system and found that various organizations and line agencies are working in the area of HIV and AIDS in Chitwan and Nawalparasi. It was realized that their project is a small piece of a large pie in terms of HIV/AIDS initiatives within the entire local system.

## III. What/Why Sustainability?

The facilitators opened the third session with an aim to provide information on what sustainability is and why it is considered as an important element in the area of HIV/AIDS interventions. In common parlance, the word sustainability means to **sustain and prolong our action** with continued efforts and endeavors. Understanding sustainability, in terms of any development intervention, is to seek the continuation of the program activities even after the funding from the donor is phased out. Accordingly, sustainability strategies and perspectives are required for both the effective implementation of the program within the period of funding by donor agencies, and for the **continuation of actions** after funding phases out by such agencies.

## IV. Sustainability Dimensions and Elements

After gaining conceptual clarity on sustainability and its importance in the area of HIV and AIDS interventions, the subsequent session focused on the dimensions and elements of sustainability. It was known to all participants that the three dimensions of sustainability include the following components:

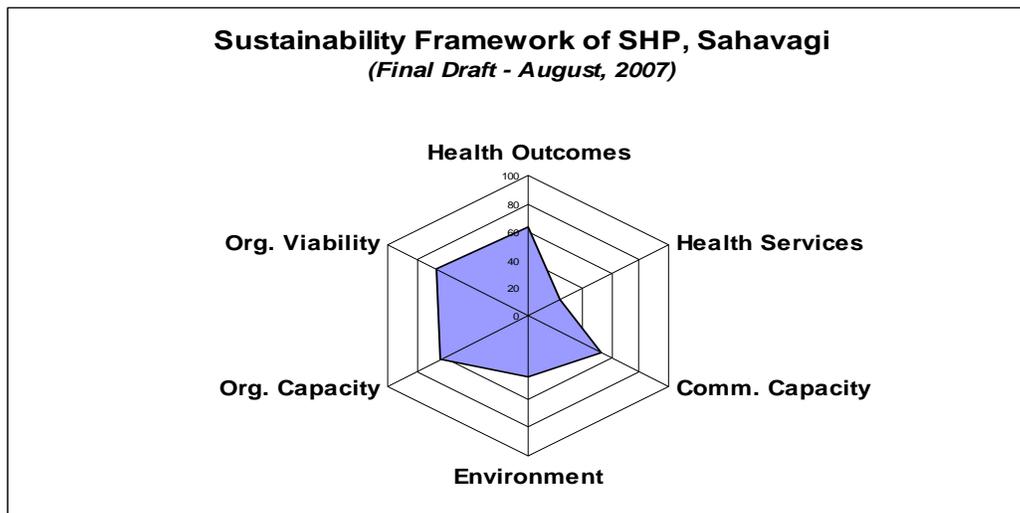
1. Health and Health services
  - Health outcomes
  - Health and Social services
2. Organization
  - Organizational capacity
  - Organizational viability
3. Community
  - Community capacity and competence
  - Ecological, human, economic, political and policy environment.

## V. Indicator Setting and Index Calculation

After participants had gained an understanding of the dimensions and elements of sustainability based on the real and existing status of the project, they selected development indicator settings for each dimension. After selecting the indicators, each one was scaled up with scoring remarks. Based on the observed score of the indicators, an index was calculated and presented in the tabular form.

## VI. Presentations of the Dashboard

The dashboard is the symbolic figure which reflects any program intervention from the perspective of sustainability elements. The ongoing Safe Highway Project was assessed using the sustainability framework. Based on the calculated index, the dashboard of the Safe Highway Project was observed as follows:



## 6. Outcomes of the Workshop

- The importance of the “local system” for a coordinated and collective action to respond to the epidemic in the project area was realized
- Conceptual clarity was gained in regards to the project characteristics; vision, mission, goals, objectives (VMGO)
- Set up VMGO for HIV/AIDS program intervention
- Acquired knowledge on the what, why and how of sustainability in program interventions
- Developed conceptual knowledge regarding the sustainability framework and its implication on HIV/AIDS interventions
- Set indicators and scales for each dimension and element of the sustainable HIV/AIDS program intervention

- Enhanced capacity of key members of the project
- Reviewed the assessment of the Safe Highway Project from a sustainability perspective
- Assessment of organizational capacity and viability which assisted in making a long term strategic plan for the organization
- Preparation and presentation of the dashboard as well as an assessment of the sustainability elements and known aspects (Health outcomes, Health services, Community Capacity and Organizational Capacity) that require more attention

## **7. Future Plans**

- Participation from beneficiary groups will be increased in programming (project planning, implementation, and training)
- Within the funding period of the project, the implementation of the program will be made more effective from the standpoint of sustainability elements
- Wider collaboration and coordination within the local system will be made to run the activities of the program without funding from external resources
- Our efforts will be oriented towards the incorporation of mass based awareness raising and fund raising activities through strong coordination with other organizations available within the local system
- Number of staff members (Community Mobilizers and Outreach Educators; two of each in each district) will be increased and the drop-in-center (DIC) will be operated in a more appropriate place; to achieve this, the existing DIC will need to be transferred
- Capacity, skills and knowledge of staff members will be enhanced in a timely manner
- Performance evaluation of all employees in the organization will be made continuously to enhance staff motivation
- An inclusive approach will make recruiting staff and providing membership to the organization more effective
- Based on this experience, a follow up assessment will be conducted at the end of this project in 2008 with a technical assistance from ASHA project/USAID.

## **8. Conclusions and Recommendations**

As the sustainability framework implication on HIV/AIDS interventions is in the piloting phase, it is a positive indication that FHI is pioneering responsibility for making sustainable HIV and AIDS interventions. Conducting sustainability assessments with implementing partners, such as the one detailed in this summary, would be contributive for effective implementation of a project from the standpoint of sustainability. This workshop proved inspiring; it assessed the ongoing activities of the Safe Highway Project and gave insight into sustainable means for the implementation of the project, and thereby, for continued health benefits to target groups and beneficiaries.

The issue of reducing HIV and AIDS magnitude and transmission is a common agenda and requires substantial efforts and initiatives from all walks of life. At this juncture, the effort made by ASHA project to conduct this workshop with its implementing partner is very much appreciated. It is felt that similar workshops will be helpful and significant for other implementing partners, and SAHAVAGI is pleased to have realized the opportunity of this event for organizational capacity building. Based on experience and learning, SAHAVAGI proposes that FHI/Nepal and USAID replicate this process with other implementing agencies as part of capacity building initiatives.

## Annex: 1

### List of Participants

S.N.	Name	Designation	Organization
1.	Mr. Shaligram Sharma	Executive Director/ Program Manager	Sahavagi
2	Mr. Luk Bahadur Rana	Treasurer	Sahavagi
3	Ms. Meena Kharel	Executive Member	Sahavagi
4	Mr. Madhu Sudhan Pandey	Program Officer	Sahavagi
5	Mr. Yab Bahadur Gurung	Program Co-ordinator	Sahavagi/ SHP
6	Mr. Yubraj Sapkota	Field Co-ordinator	Sahavagi/ SHP
7	Ms. Bhadra Ghale	Field Co-ordinator	Sahavagi/ SHP
8	Ms. Sita Dahal	Finance Officer	Sahavagi/ SHP
9	Ms. Leela Poudel	MIS Officer	Sahavagi/ SHP
10	Mr. Bharat Gautam	M&E Officer ( Facilitator)	ASHA project
11	Mr. Deepak Dhungel	Field Officer ( Facilitator)	ASHA project



## **Annex: 2**

### **Workshop Schedule**

#### **Day 1**

- \* **Introduction:-**
  - **Project Characteristics**
  - **Project Mission**
  - **Project Vision**
  - **Project Goal**
  - **Key Activities**
- \* **Local System**

#### **Day 2**

- \* **What is Sustainability?**
- \* **Why Sustainability?**
- \* **Elements of Sustainability**

#### **Day 3**

- \* **Indicators**
- \* **Baseline and Targets for future Planning**

#### **Day 4**

- \* **Calculation of Indicators into index.**

#### **Day 5**

- \* **Dash board**
- \* **Discussion and interpretation of Dash Board**
- \* **Next steps**

## Annex-3

*A Participatory Exercise with SAHAVAGI staff members for Sustainability Assessment*

### **List of Indicators**

#### Indicators for Dimension 1.1: Health Impact

SN	Indicators	Type	Source of Information	Measured Value	Remarks
1	HIV prevalence among FSW in terai highway districts (Including Chitawan and Nawalparasi districts)	%	IBBS, 2006	1.5%	
2	HIV prevalence among truckers in terai highway districts (Including Chitawan and Nawalparasi districts)	%	IBBS, 2006	1%	
3	Syphilis prevalence among FSWs	%	IBBS, 2006	4%	
4	Syphilis prevalence among truckers	%	IBBS, 2006	1.75%	
5	% of FSWs reported correct and consistent condom use in the past year	%	IBBS, 2006	52%	
6	% of clients of sex workers reported correct and consistent condom use in the past year	%	IBBS, 2006	83%	
7	% of FSWs Experienced with at least one symptom of STI in the last year (%)	%	IBBS, 2006	52%	
8	% of Truckers Experienced with at least one symptom of STI in the last year (%)	%	IBBS, 2006	9.5%	

#### Indicators for Dimension 1.1: Health Services

SN	Indicators	Source of Information	Measured Value	Remarks
<b>A</b>	<b>Extent to which availability of condom (free or social marketing) in all strategic outreach sites</b>	<b>Routine data</b>	<b>2</b>	<b>Scale 1 -5</b>
1	<i>Condom is hardly accessible and there is stigma to access condoms from beneficiary members</i>			
2	<i>Condom is available with peer educators and community mobilizers. Beneficiary members receive condoms from staff members or peer educators or service sites with out any stigma.</i>			
3	<i>Condom is available in traditional sites and beneficiary members access condoms without any stigma</i>			
4	<i>Condom is available in selected outreach sites and beneficiary members access condoms without any stigma</i>			
5	<i>There is high level of condom availability including hotels and public service areas and people are accessing condoms without any stigma</i>			
<b>B</b>	<b>% of FSWs coverage from</b>	<b>Routine records</b>	<b>38.5%</b>	

SN	Indicators	Source of Information	Measured Value	Remarks
	<b>Prevention</b>			
C	% of FSW coverage from clinical services	Routine records	14.5%	
D	% of FSWs trained (who are reached by program) to reduce HIV/AIDS related stigma and discrimination	Routine records	19%	
E	% of outreach sites reached with community events	Maps	0%	Outreach site is a strategic site where there is Haat Bazaar, Mela and female sex workers (5+) 1 events in each strategies (65) sites
F	% of FSWs referred for STI / VCT services	Routine records / Maps	44.4%	120 estimated / 270
G	<b>Quality of Services – Prevention activities (health workers and facility, access to services,</b>		<b>2</b>	
1	<i>Services are available but most of the people are not visiting for services</i>			
2	<i>Services are available. Few people are visiting for services, but the accessibility is poor. Client flow needs to improve. Service site needs to be kept clean.</i>			
3	<i>Waiting time management needs to improve, Service site opening hours are suitable to the clients, Inter personal relations need to be strengthened</i>			
4	<i>Beneficiary feedback is systematically collected, counted, discussed and planned for quality service improvement, service satisfaction among beneficiary members is assessed &amp; service delivery protocol is followed</i>			
5	<i>Services are offered with a high level of desired results (clients flow &gt;15 per clinic) ensuring interpersonal relations, safety and confidentiality, physical infrastructure for quality services with available choices as per feedback from beneficiary members</i>			
H	% of staff members from beneficiary groups		40%	
I	% of beneficiary members who developed as Female Peer Educators		7.4%	

**Technical performance-** The degree to which the tasks carried out by health workers and facilities meet expectations of technical quality, access to services - geographic, economic, social, organizational, or linguistic barriers **Effectiveness of care:** The degree to which desired results (outcomes) of care are achieved **Efficiency of service delivery:** The ratio of the outputs of services to the associated costs of producing those services **Interpersonal relations:** Trust, respect, confidentiality, courtesy, responsiveness, empathy, effective listening, and communication between providers and clients **Continuity of services:** Delivery of care by the same healthcare provider throughout the course of care (when appropriate) and appropriate and timely referral and communication between providers **Safety:** The degree to which the risks of injury, infection, or other harmful side effect are minimized. **Physical infrastructure and comfort:** The physical appearance of the facility, cleanliness, comfort, privacy, and other aspects that are important to clients **Choice:** As appropriate and feasible, client choice of provider, insurance plan, or treatment (Quality Assurance Project, 1993)

## Indicators for Dimension 2.1: Organizational Capacity

SN	Indicators	Source of Information	Measured Value	Remarks
<b>A</b>	<b>Extent to which organization's mission and goal exist and are known among staff members</b>		<b>4</b>	<b>Scale 1-5</b>
1	<i>There is not a clear VMGO for organization</i>			
2	<i>There is not a clear VMGO for organization but EC realizes it's importance</i>			
3	<i>Organization has clear VMGO but it is not known / communicated among all staff members</i>			
4	<i>Organization has clear VMGO which is known / communicated among all staff members</i>			
5	<i>Organization has clear VMGO and it is internalized and practiced with an action plan</i>			
<b>2</b>	<b>Extent to which information is used to guide management decisions</b>		<b>3.5</b>	<b>Scale 1-5</b>
1	<i>The decision made by the organization depends upon only thorough personal judgment. The Chief Executive of the Organization makes the decisions for the organization.</i>			
2	<i>EC needs skills in analyzing and using information for decision making process</i>			
3	<i>There is a system of using information but the decision is made in favor of EC</i>			
4	<i>There is a system of analyzing and using information but the decisions are based on information "partially!"</i>			
5	<i>There is a "regular system" of analyzing and using information to guide management decisions</i>			
<b>3</b>	<b>Extent to which systematic process of employees' performance evaluation for work motivation</b>		<b>3</b>	<b>Scale 1-5</b>
1	<i>There is not a practice of staff performance evaluation</i>			
2	<i>There is a provision for performance evaluation but not in practice</i>			
3	<i>Staff performance is not monitored regularly and it is done occasionally as and when needed</i>			
4	<i>There is a systematic process of performance evaluation and there is provision for performance based incentives</i>			
5	<i>There is a systematic process of performance evaluation and provisions are in practice for staff motivation</i>			
<b>4</b>	<b>Extent to which financial reporting takes place regularly and reports are available to external audience</b>		<b>4</b>	<b>Scale 1-5</b>
1	<i>The financial reports are made public to only EC</i>			
2	<i>The financial reports are made public to general members during general assembly</i>			
3	<i>The financial reports are made public to those who are positive towards the organization</i>			
4	<i>The financial reports are published through newsletters, notice boards and annual reports</i>			
5	<i>The financial reports are published through newsletters, notice boards and annual reports and there is a practice of holding meetings for public audit / social audit to disseminate project results including financial information</i>			
<b>5</b>	<b>Extent of participation of beneficiary groups in programming (in assessment, planning, implementation, evaluation, training, management)</b>		<b>1</b>	<b>Scale 1-5</b>
1	<i>There is not any practice to involve beneficiary groups in programming</i>			
2	<i>Limited members of beneficiary groups are involved in implementation</i>			
3	<i>Beneficiary groups are physically involved in implementation but their voices are not heard / incorporated</i>			
4	<i>Beneficiary groups are physically involved in planning, implementation and in management and their voices are heard / incorporated partially</i>			

SN	Indicators	Source of Information	Measured Value	Remarks
5	<i>Beneficiary groups are emotionally participating in planning, implementation, monitoring and evaluation including management, and their voices always count for HIV/AIDS related interventions</i>			

## Indicators for Dimension 2.1: Organizational Viability

SN	Indicators	Source of Information	Measured Value	Remarks
<b>A</b>	<b>Extent to which fundraising process is established and systematic</b>		<b>3</b>	<b>Scale</b>
1	<i>There is no fundraising plan nor apparatus</i>			
2	<i>There is a fundraising plan but it is not followed or monitored by management nor governance structure</i>			
3	<i>There is a fundraising plan; it is monitored but only sporadically (or it is monitored regularly, but there are no consequences for not meeting targets)</i>			
4	<i>Fundraising process is in place and is monitored and adjusted on but not on a regular basis</i>			
5	<i>Fundraising process is integrated with financial admin system, and is monitored and adjusted on an ongoing basis</i>			
<b>B</b>	<b>Extent to which resources generated locally are adequate to carry out activities</b>		<b>1.5</b>	<b>Scale</b>
1	<i>Dependent completely on external funding</i>			
2	<i>20% budget funded through cost recovery or own fundraising</i>			
3	<i>40% budget funded through cost recovery or own fundraising</i>			
4	<i>60% budget funded through cost recovery or own fundraising</i>			
5	<i>100% complete financial self-sufficiency through own fundraising or local cost recovery</i>			
<b>C</b>	<b>Extent to which mechanisms are established for feedback and learning</b>		<b>4</b>	<b>Scale</b>
1	<i>There is no system in place for incorporating feedback from projects or employee evaluations into ongoing organizational learning</i>			
2	<i>Good listening but not in action</i>			
3	<i>There is an occasional system for feedback and learning</i>			
4	<i>There is a periodic system in place for incorporating feedback from project or employee evaluations into ongoing organizational learning</i>			
5	<i>There is a regular system in place for incorporating feedback from project or employee evaluations into ongoing organizational learning</i>			
<b>D</b>	<b>Extent to which women are active and valued leaders within the organization</b>		<b>4</b>	<b>Scale</b>
1	<i>Women are present in meetings but have little to no participation in discussions or decisions. Their views are not specifically solicited by other participants or leaders. Despite having female commissioner posts, they have very little or no power in the cabinet nor health department</i>			
2	<i>Women's views are solicited in discussions and decisions mostly as a gesture. Their contributions are not very significant and they are not very active. They only fill Cabinet and Health Department positions reserved for women per quota</i>			
3	<i>To some extent women hold some positions of power and participate in discussions and decisions. Women do hold some positions of power in the Cabinet and health</i>			

SN	Indicators	Source of Information	Measured Value	Remarks
	<i>department, however, they do not equally share responsibility nor decision-making authority with men</i>			
4	<i>Women actively participate in decisions and dialogue at meetings. Participants view their input as important to decisions made. Some women may hold positions of power. However, there is some feeling that men and women do not have equal status / position in the meetings</i>			
5	<i>Women and men equally participate in dialogue and their contributions are considered equally necessary to hold meaningful discussions. They are involved equally in decision-making and have equal opportunities to take on responsibilities</i>			
<b>E</b>	<b>Extent to which there is an ongoing process to develop new leadership</b>		<b>3</b>	<b>Scale</b>
1	<i>There is no alternative leader and leaders do not like the idea of introducing alternative leadership</i>			
2	<i>Presence of alternative leader exists but leaders are reluctant to give them any responsibility</i>			
3	<i>The senior management pursues active steps to promote and advance alternative leaders. The alternative leaders are being delegated to various jobs/tasks but they are reluctant to take responsibility</i>			
4	<i>Alternative leaders are taking responsibilities due to proper encouragement from all levels of Municipal Health System. However, they are yet to develop expertise in doing their jobs</i>			
5	<i>The role of alternative leader is active (he/she is capable of dealing/handling issues in absence of the leader)</i>			
<b>F</b>	<b>Extent to which there is an open membership, diversified and inclusive</b>		<b>4</b>	<b>Scale</b>
1	<i>Members are generally kin</i>			
2	<i>Members are represent outside of kinship but they are passive and controlled by the leadership</i>			
3	<i>Limited members lead the organization and are beseeched by selected individuals for their vested interest</i>			
4	<i>Member based and governed by constitution but not inclusive</i>			
5	<i>Fully member based, governed by constitution and inclusive</i>			

### Indicators for Dimension 3.1: Community Capacity

SN	Indicators	Source of Information	Measured Value	Remarks
<b>A</b>	<b>Ability to handle conflict: Extent to which conflicts arising are resolved to the satisfaction of all stakeholders</b>		<b>3</b>	
1	<i>Don't want to face conflict and community members hide themselves</i>			
2	<i>Listen and engage to understand the situation</i>			
3	<i>Community members want to resolve conflict but they need support</i>			
4	<i>Community has access of support to resolve any conflicts related to issues of HIV/AIDS</i>			
5	<i>Community members organize themselves, assess a situation and take the initiative to manage/resolve conflict in planning and implementation of HIV/AIDS related interventions</i>			
<b>B</b>	<b>Trustworthiness and popularity: Degree of trustworthiness and popularity of leaders related to issues/programs (participation, attendance, transparency, behavior, interpersonal skills)</b>		<b>1.5</b>	
1	<i>No trust – Individual focus</i>			

SN	Indicators	Source of Information	Measured Value	Remarks
2	<i>Represent groups but divided</i>			
3	<i>Represent a small group /community</i>			
4	<i>Represent groups and intended beneficiaries</i>			
5	<i>High trust</i>			
<b>C</b>	<b>Negotiation skills - Extent to which community groups/community leaders negotiate for their own public health rights and services</b>		<b>3</b>	
1	<i>Very passive and reject participating in project / community activities</i>			
2	<i>Passive but participate</i>			
3	<i>Ask question! What do I get?</i>			
4	<i>Observe the situation and carefully participate</i>			
5	<i>Assess the situation and actively participate</i>			
<b>4</b>	<b>Public health rights - Extent to which community has the capacity to access health services and information available in the local system</b>		<b>3</b>	
1	<i>Don't know the service providing outlets</i>			
2	<i>Know about the service but don't want to access</i>			
3	<i>Interested to access the services available</i>			
4	<i>Encourage each other to access the services</i>			
5	<i>Organize and assess the services and service providers to access the services collectively as a public health right</i>			
<b>5</b>	<b>Collective Initiation - People in the community are always able to discuss the problems in group and take actions as a group</b>		<b>2.5</b>	
1	<i>Community people are not at all organized to analyze community problems and take actions together</i>			
2	<i>People are organized but have no skills to analyze and take actions</i>			
3	<i>People are organized and have started working together by analyzing problems and taking actions and improvising based on experience</i>			
4	<i>People are organized, roles and responsibilities are well divided to address community problems and actions are taken accordingly</i>			
5	<i>People are organized and have skills to assess the situation, plan and implement by ensuring basic/standard processes of problem solving</i>			

### Indicators for Dimension 3.2: Community Environment

SN	Indicators	Source of Information	Measured Value	Remarks
<b>A</b>	<b>Coordination / Collaboration, Networking Linkages</b>		<b>3</b>	
1	<i>There is no sense of coordination and collaboration</i>			
2	<i>There is a sense of coordination and collaboration but lack of skills</i>			
3	<i>Coordination and collaboration is in practice as and when needed</i>			
4	<i>There is the practice of coordination and collaboration but this needs to be fully executed</i>			
5	<i>Strong coordination and collaboration and maximum benefit</i>			
<b>B</b>	<b>Senior government officials sensitized on HIV/AIDS and retention in the district</b>		<b>1.5</b>	
1	<i>Senior officers are not sensitized on HIV/AIDS</i>			
2	<i>They are sensitized but neglecting the issues</i>			
3	<i>Less accountable</i>			
4	<i>Involved partially in interventions for HIV/AIDS</i>			

SN	Indicators	Source of Information	Measured Value	Remarks
5	<i>Accountable, cooperative and fully participating in HIV/AIDS interventions</i>			
<b>C</b>	<b>District level policies and programs: District AIDS periodic plan developed and implemented</b>		<b>1.5</b>	
1	<i>Policy does not exist</i>			
2	<i>Policy exists but not known among district level officers</i>			
3	<i>Policy is well known but not in practice</i>			
4	<i>Partially practiced</i>			
5	<i>District AIDS periodic plan is updated and implemented</i>			
<b>D</b>	<b>DACC strengthened</b>		<b>3</b>	
1	<i>DACC does not exist</i>			
2	<i>DACC formed but not active</i>			
3	<i>DACC meeting organized not in a regular basis (as and when needed)</i>			
4	<i>DACC meetings are held on a regular basis</i>			
5	<i>DACC is in action systematically</i>			
<b>E</b>	<b>% of staff work days lost due to civil unrest</b>		<b>3</b>	
1	<b>0%</b>			
2	<b>1%</b>			
3	<b>2-3%</b>			
4	<b>4-5%</b>			
5	<b>6+%</b>			
<b>F</b>	<b># of mobile / static IHS clinic cancelled or postponed due to civil unrest (n=66 clinics per year)</b>		<b>2</b>	
1	<b>0</b>			
2	<b>1-2</b>			
3	<b>3-5</b>			
4	<b>6-10</b>			
5	<b>&gt;10</b>			