



Save the Children US
Himalayan Field Office

Final Program Performance Report
June 2001 to June 2003

***ACROSS THE PREVENTION TO CARE
CONTINUUM PROJECT***

**HIV /AIDS IMPACT MITIGATION THROUGH
MOBILIZING AFFECTED COMMUNITIES
PROJECT IN KANCHANPUR**

**Reducing the Susceptibility and Vulnerability of Children
and Families to HIV /AIDS in Communities
from Where Male Migration Occurs to India**

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Contents

	<u>Page No.</u>
Executive Summary	1
1. Demographic Information	2
2. Migration	2
3. Narrative of Major Activities Achievement	2
4. Project Goal and Objectives	5
5. Lessons Learned	32
6. Challenges	32
7. Impact	32
8. Achievements	32
9. Summary of Deliverables to Date	33
10. Budget (SF269)	34

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
BCC	Behavior Change Communication
CP	Capacity Building
CBO	Community-based Organization
C & S	Care and Support
DDC	District Development Committee
DACC	District AIDS Co-ordination Committee
DIP	Detailed Implementation Plan
DPHO	District Public Health Office
D/C	Dodhara /Chandani
ED	Executive Director
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
GO	Government Office
HP	Health Post
HIV	Human Immune Deficiency Virus
HBC	Home Based Care
IEC	Information Education & Communication
JRC	Junior Red Cross Circle
MZH	Mahakali Zonal Hospital
MACC	Municipality AIDS Coordination Committee
MG	Mother's Group
NNSWA	Nepal National Social Welfare Association
NGO	None Governmental Organization
NPI	Nepal Press Institute
NRCS	Nepal Red Cross Society
OHP	Over Head Projector
PASC	Project Advisory Support Committee
PC	Program Coordinator
PLWHA	People Living With HIV/AIDS
PNGO	Partner Non Governmental Organization
PC	Program Coordinator
PLWHA	People Living With HIV/AIDS
PNGO	Partner Non Governmental Organization

PACC	Project Advisor Co-ordination Committee
PE	Peer Educator
PHC	Primary Health Center
PLA	Participatory Learning and Action
PRA	Participatory Rural Appraisal
RH	Reproductive Health
RHCC	Reproductive Health Coordination Committee
RO	Regional Office
SHP	Sub Health Post
STD	Sexual Transmitted Disease
STI	Sexual Transmitted Infection
SC/US	Save the Children United State
TBA	Traditional Birth Attendance
VDC	Village Development Committee
VACC	Village AIDS Coordination Committee
USAID	United States Agency For International Development
YRC	Youth Red Cross Circle

EXECUTIVE SUMMARY

" The HIV/AIDS Impact Mitigation through Mobilising Affected Communities Project" in Kanchanpur district was funded by USAID/Nepal for two years (June 14, 2001 to June 13, 2003) in response to its Annual Program Statement of "*Supplemental Funds for Children Affected by HIV/AIDS*" to reduce the susceptibility and vulnerability of children and families to HIV/AIDS in communities from where male migration to India is endemic.

The overall Goal of the Project was to " to protect the health of Nepali families in Kanchanpur District of the Far Western Developmental Region of Nepal that are vulnerable to HIV/AIDS". The key strategies adopted largely were awareness raising, capacity building, community participation and mobilization, development of community program options, creation of referral and linkage systems, and the initiation of care and support activities including advocacy on the emerging needs of care and support to PLWHAs.

During the project period, a wide range of activities have been accomplished to yield better impacts. Awareness raising of HIV/AIDS through community mobilization has been very effective in terms of increasing community capacity to facilitate and support local efforts to provide care and support for PLWHAs both at family and community levels. Moreover, inclusion of participatory approach in facilitation, planning, implementation, and, monitoring and evaluation has made community-based HIV/AIDS initiative more effective and result-oriented.

The partnership with local NGOs and co-ordinated planning with DACC, VACC and other line agencies in the area of HIV/AIDS have created significant space for multi-sectoral response to minimize the impact of HIV/AIDS in the families and communities. Much effort are in place in income generation activities so that the PLWHAs and the affected families would have better livelihoods in the communities. The line agencies and other local NGOs have felt ever-increasing needs of support and care to PLWHAs; and even local policies of skills-based training to PLWHAs have been adopted.

Throughout the project period, peer education among both school and out of school children and adolescents has been very effective in terms of increasing awareness of socio-economic impacts of HIV/AIDS. In this aspect, mobilization of FCHVs, mothers' groups and other health care workers have been instrumental in prevention and care of HIV/AIDS. Besides, the sensitization program to project staff, local policy makers, planners, PLWHAs and affected communities have been very supportive to have better insights and results in terms of participatory planning and broad-based response to minimize the impact of HIV/AIDS.

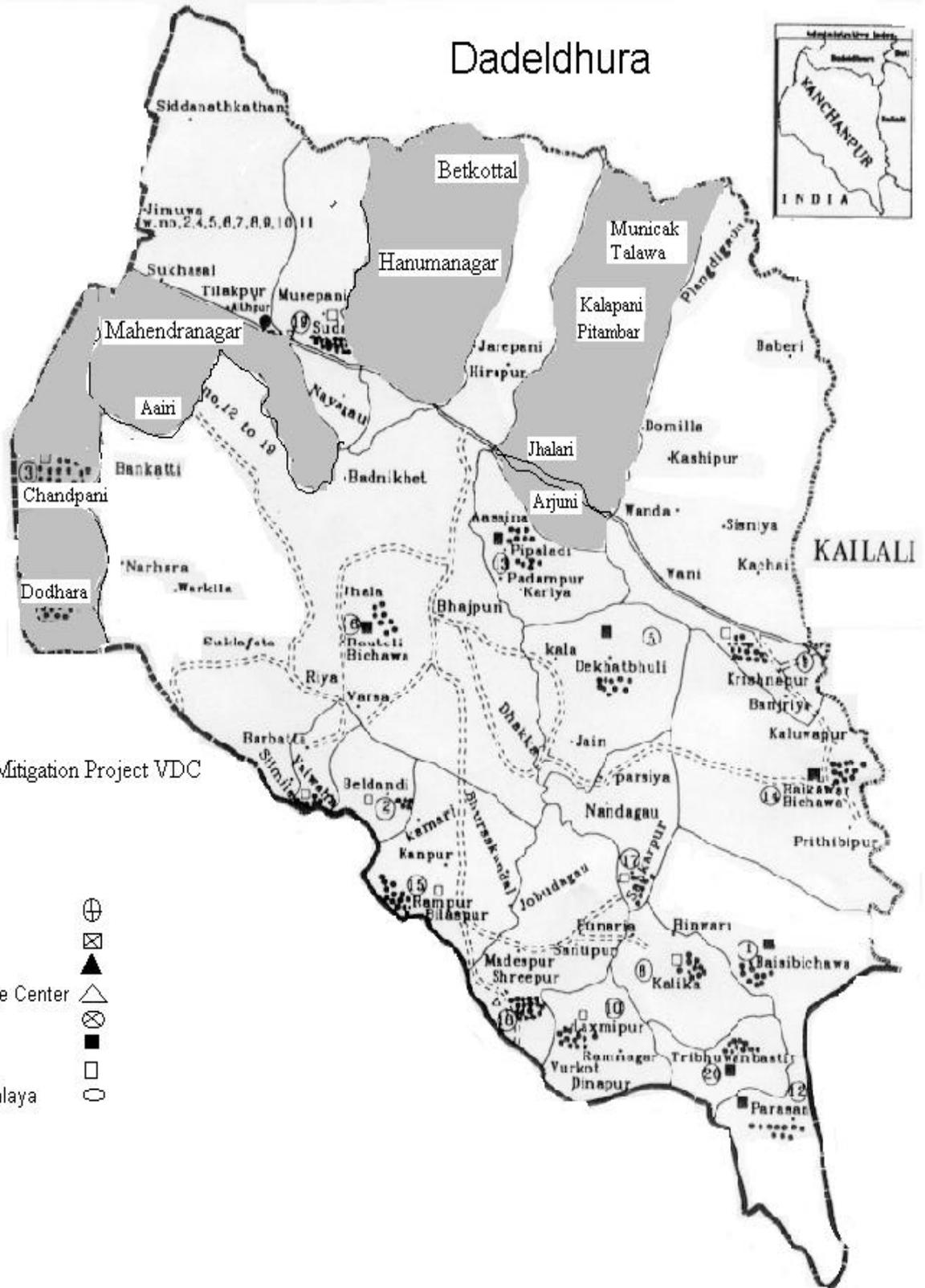
There are increasing evidences that the project built on the previous experiences and lessons learned from HIV/AIDS program in the district; and thus was integrated with pre-existing structure and systems. The rapid assessment in the earlier stage of project period provided an important opportunity to highlight clearer programmatic options for

working with families and who are particularly more vulnerable to HIV/AIDS as a result of migration.

The project addressed a wide range of issues across the prevention to care continuum – starting from awareness, sensitization, access to health care and other social services. More importantly, increasing participation and acceptance of PLWHAs in all stages of planning, implementation, monitoring and evaluation of the project have resulted in reduction of stigma and social discrimination in the families and communities. In addition to this, coordination and networking of line agencies and local NGOs including DACC and VACC have resulted in strong institutional linkage and capacity building among these stakeholders leading to more supportive and enabling environment for PLWHAs and the affected families.

Despite varied yet relatively higher expectations of PLWHAs and their families, the project worked very closely with PLWHAs and their families. The advocacy on reducing stigma and discrimination is still a continuous and long process. In this aspect, there needs continuous efforts of capacity building of families and communities to cope with emerging problems and challenges associated with stigma and discrimination in HIV/AIDS. Partnership is felt crucial for joint action to maximize the impacts.

Dadeldhura



Impact Mitigation Project VDC

- | | |
|----------------------------|---|
| Hospital (H.M.G) | ⊕ |
| Hospital (Private) | ⊗ |
| Health Center | ▲ |
| Primary Health Care Center | △ |
| NGO Clinic | ⊗ |
| Health Post | ■ |
| Sub Health Post | □ |
| Ayurvedik Ausadhalaya | ○ |

1. Demographic Information

Kanchanpur district is located in the Mahakali zone in the far western development region of Nepal. It is bordered by Kailalil in the east, Dadeldhura in the North and India in the south and west. far western region of Nepal. The majority of the population is Hindu (97.9%). 73.81% of the population speaks Nepali/Doteli and about 23% of the population speaks Tharu. Kanchanpur has a population of about 377,899 (60,158 households). Approximately 58% of the population including about 44% of the women are literate. There is massive in-migration from neighbouring hill districts, increasing the population by about 5.5 % annually. There is 1 Hospital (Mahakali Zonal Hospital), 2 PHCs, 7 HPs and 11 SHPs in Kanchanpur District.

2. Migration

Though no accurate figures are available, it is roughly estimated that about 40% of Kanchanpur's male population seasonally migrates to India. However, there is considerable variation across the district with 80%, 75%, 70%, 60%, 55%, 50% of men estimated by key informants to seasonally migrate to India from Dodhara, Daijee, Chandani, Jhalari, Parasan and Pipladi VDCs. As in the Far West generally, these migrants are thought to be a bridge population between core transmitting groups in India and their spouses in Nepal. Key findings from a study conducted by Valley Research Group for SC/US on migration in Kanchanpur, Kailali and Bardiya Districts showed that migrants are generally young, poor and susceptible to HIV/STDs. By implication, their families are vulnerable to HIV and AIDS. Data from Kanchanpur indicates the following.

- 78% of the respondents first migrated between the ages of 10 and 24 and are married.
- About 37% had other family members currently in India and about 35% had more than one family member who migrates.
- About 41% migrated to Delhi, Mumbai and destinations in Punjab and Haryana in that order of preference
- 16% of the respondents had sex with a girl friend, CSW or a stranger in the last year
- In the last 3 months only 13.8 percent had used condoms

Other factors that contribute to susceptibility to HIV/AIDS

In addition to migration, the following factors also greatly increase the susceptibility and vulnerability of populations in Kanchanpur (as in the Far West more generally):

- Poverty
- Low levels of awareness regarding the means of transmission and prevention of infection of HIV/STD.
- Limited or inadequate reproductive health service delivery points for the rural population.
- Wide gender, caste and ethnic disparities.
- A reportedly high incidence of STDs

- Social and cultural norms and taboos that prohibit the frank and open discussion of sex and sexuality. This also prevents the dissemination of knowledge and awareness about HIV/AIDS and STDs.

3. Narrative Account of Major Activities

Project Orientation

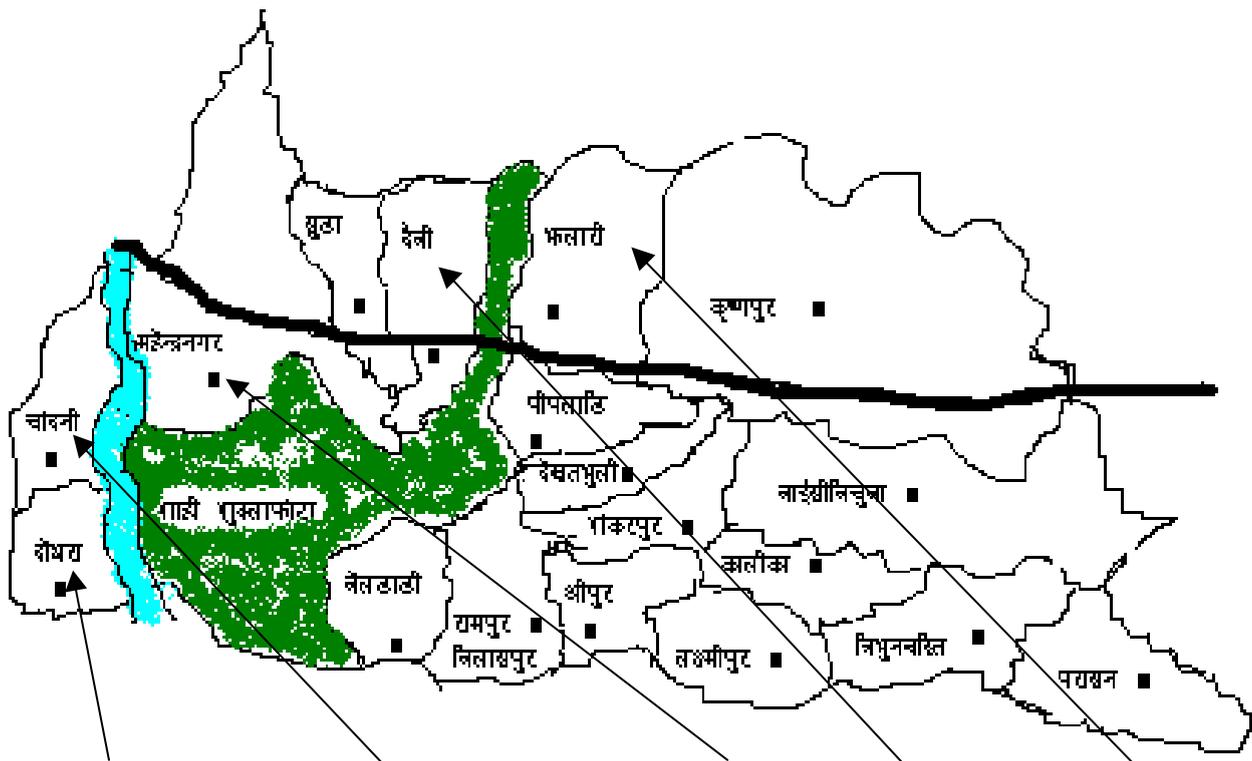
The HIV/AIDS Program Officer (SC/US), conducted a Project Orientation with staff from both Kathmandu and Kanchanpur in July 2001 Entitled ***"HIV/AIDS Impact Mitigation Through Mobilizing Affected Communities"***, provided staff with a thorough understanding of the projects background, aims and objectives, strategies and activities and expected impact.

Rapid Assessment

The rapid assessment was conducted immediately following the agreement. The purpose of the RA was to provide further information regarding the PLWHA in Kanchanpur. This would give a clear idea of the communities and/or clusters on which SC/US and its partners should focus their intervention. The RA highlighted programmatic options for working with families vulnerable to HIV/AIDS as a result of migration. The information gathered during the RA lead to identification of the program implementation area. Due to social taboos, lack of knowledge and the negative social stigma presently attached to HIV/AIDS, Kanchanpur was chosen as the project district as it demonstrated the highest number of reported HIV/AIDS cases and related deaths (65 and 13 respectively). The chosen five project VDCs were:

- ◆ Mahendra Nagar Municipality
- ◆ Daijee VDC
- ◆ Dodhara VDC
- ◆ Chnadni VDC
- ◆ Jhalari VDC

Working Location



1. Dodhara VDC, 2. Chandani VDC, 3. MNGR Municipality, 4. Daijee VDC, 5. Jhalari VDC,

The *HIV/AIDS IMPACT Mitigation through Mobilizing Affected Communities Project* in Kanchanpur District was funded from June 14, 2001 to June 13, 2003 by USAID, to reduce the susceptibility and vulnerability of children and families to HIV/AIDS in communities from where male migration to India is endemic. This was attempted through capacity building, community mobilization, development of community program options, creation of referral and linkage systems, and the initiation of care and support activities. The implementation of this project was undertaken by SC/US in partnership with two local non-governmental organizations (NGOs): the Nepal Red Cross Society (NRCS) and the Nepal National Social Welfare Association (NNSWA).

Rationale for Working with NNSWA

NNSWA has gained core expertise gained in Health, Early Childhood Development and Economic Opportunities Sectors. It has long experience of working with INGOs and donors (SC/US, Action Aid, the Helen Keller Institute, UNICEF) of, implementing large HIV prevention and integrated community development, child focused programs and doing advocacy and rights based programming for marginalised groups like Dalits and Kamaiyas. Furthermore it has a good experience in implementing HIV prevention programming targeting wives of male migrants and their husbands through women's group formation (75 groups) in 4 VDCs of Kanchanpur. NNSWA also implements ARH programming for SC/US in 3 VDCs. It has also set up child-driven structures for community mobilisation (child-clubs and

societies that are already doing HIV awareness creation) Further, NNSWA is seen as a trusted and capable partner in development by the community and government in Kanchanpur. *This work done by NNSWA can be easily and effectively built on/integrated with this proposed Project.*

NNSWA thus has considerable expertise in the design and development of the major strategies/activities and *these capacities need not be built separately, reducing Project start-up time, is a strong argument for partnering with NNSWA and implementing this Project as proposed.*

Rationale for working with NRCS, Kanchanpur

The Kanchanpur Chapter of the Nepal Red Cross Society has been active in the district since 1966. It is composed entirely of volunteers and has district wide coverage through a grass-root level network of 10 sub-chapters (about 1 for 2 VDCs), 45 Junior Red Cross Circles and 1 Youth Red Cross Circle. It has been actively involved in community motivation and mobilisation in relation to blood donation, potable drinking water programming and HIV/AIDS awareness targeting children in schools. It has close links with the government and is seen by the community as a trusted and committed organisation that proactively responds to the communities' needs. It is well networked both in Kanchanpur and outside Kanchanpur being a part of Nepal Red Cross Society and by implication a member of the International Federation of Red Crescent and Red Cross Societies. *This experience of community mobilisation and motivation, HIV awareness creation programming targeting particularly school children, community trust, close relationship with the government and strong district-wide grass-root level volunteer base provide a strong rationale for partnering with NRCS for this Project.*

Benefits for the PNGOs to partner with SC/US for this Project

SC/US' partners with local NGOs to increase the scale of its programming, increase reach and build local capacities for sustainability of effort and impact. Therefore, it is expected that NNSWA and NRCS can gain greatly from the partnership with SC/US for the implementation of this Project. SC/US and the Project can bring/facilitate capacities to design and implement impact mitigation approaches and address community care and support needs through community and local government mobilisation to NNSWA. This capacity building of NNSWA and NRCS will increase local capacity in the Far Western Developmental Region for prevention, care and impact mitigation programming and will help the region better cope with the future impacts of the HIV/AIDS epidemic.

Detailed Implementation Plan (DIP)

Detail planning was done with the Partners. The program shaped its strategic approach with the insight gained from the RSA findings. The interventions are tailored to the local context and stage/prevalence of the epidemic. SC/US assisted the Partners in designing programs that are locally appropriate, responsive to Mission needs, and targeted to meet strategic objectives. Sustainable results are best

achieved when a community has ownership of a program. Recognising this SC/US and its Partners team worked with Mr. Rishi Raj Lumsali, DACC chairman, CARE Nepal, DPHO, DDC, NNSWA and NRCS & Mr. Bal Bahadur Mahata, Sr. District Public Health Officer, NRCS chairman Mr. Ganesh Samsher J.B.R. and Mr. Bhoj Raj Pant (Coordinator, Project coordination Committee- NRCS) to prepare the detail plan.

Program Design

This Project focused on impact mitigation on children and families in the target areas among communities from where HIV/AIDS cases and/or AIDS deaths have been reported. The project worked directly with PLWAs, their families, health service providers and the community as a whole. This Project aimed to make the entire community aware of HIV/AIDS and the need for a supportive and non-discriminatory attitude to PLWHAs and their families and conscientise the community to the possible impact of the epidemic and the need for proactively planning to mitigate impact.

Specific Project Goal, Objective, strategies, activities are given below.

4. Project Goal and Objectives

Goal

To protect the health of Nepali families in Kanchanpur district of the Far Western development region of Nepal that are vulnerable to HIV/AIDS.

Objective

To minimize the impact of HIV and AIDS on children and families of men who migrate to India in Kanchanpur district of the Far Western development region of Nepal.

Intermediate Results

- a) Programmatic options to work with families vulnerable to HIV/AIDS identified by migration.
- b) Increase capacity of local NGOs to facilitate and support community efforts to provide care and support for PLWHA and their families including children.
- c) Increased capacity of the community to support households affected by HIV/AIDS.

Project Strategies

- Awareness raising
- Community consciousness, participation and mobilization
- Male involvement
- Integration with pre-existing structure systems and programs
- Partnership with NNSWA, NRCS and local government

- Direct work with children and adolescents.
- Capacity building.
- Advocacy and creation for a non stigmatizing, non judgmental non discriminatory environment

Activities:

- Rapid Assessment, prioritisation of target communities and identification of programmatic options for interventions with families vulnerable to HIV/AIDS due to migration
- Formation of project advisory/support committee
- Identification and mobilisation of Mothers' Groups in target communities and VAC formation
- Facilitating VACs to identify approaches to impact mitigation
- Awareness raising about the Project, HIV/AIDS transmission (including MTCT), health and hygiene, role of mothers groups, the need for proactive response, care and support issues, life skills to young people, etc.
- PLA
- Capacity building for FCHVs on HIV/AIDS, community mobilisation, facilitation skills, lay preventive and supportive counseling, community options for care and support, PLA
- Capacity building of health providers to provide palliative care for PLWHA
- Capacity building for NNSWA, NRCS staff
- Counseling
- Networking, linkages and co-ordination with existing institutions

Technical and Financial Assistance to NNSWA and NRCS to implement Project Interventions

NNSWA and NRCS were provided technical and financial support and backstopping from the SC/US team to implement project activities in the given time frame. The Memorandum of Understanding was signed between Save The Children and its Partners.

Coordination Meeting with Stakeholders

NRCS and NNSWA conducted a regular coordination meeting with the members of DACC, PASC, Care Nepal . It included information about activities of the project and their roles and responsibilities as they pertain to the project, establish understanding among stakeholders, seek support for program implementation and collect feedback.

Formation of VACC and MACC

DACC alone could not ensure the effectiveness of the program, thus DACC and VACC was formed. These two committees are now under the umbrella of DACC. The authorities of DACC, VACC, and MACC have been trained on HIV/AIDS impact reduction and care and support. They have been sensitized towards the individual

and community responsibility for the care and support of the HIV/AIDS affected people. There is no doubt that HIV/AIDS is to be understood not only as a health problem but also as a development problem. VACC and MACC in coordination with the responsible local institutions have played an active role in the care and support of the HIV/AIDS affected individuals and families.

VACC Mobilization

NRCS and NNSWA coordinated with VACC and conducted meeting with VACC members. Main responsibility of VACC was to manage, facilitate, assist program regarding HIV/AIDS and to advice and guide project activities at field levels.

In 4 VDCs VACC meetings were held in the chairmanship of VDC chairman and there were health post incharge, VDC secretary, and Local NRCS volunteers and other key persons.

The following is the date and venue of VACC meetings :

S.N.	Date of Meeting	Venue	No of Participants
1	19/06/002	ChandaniVDC	09
2	20/06/002	Dodhara VDC	08
3	25/06/002	Jhalari VDC	06
4	-	Daiji	-
		Total	23

Impact:

- VACC is providing continued cooperation and assistance.
- It has better realized their responsibility to participate in HIV/ AIDS impact reduction program.
- It has been instrumental in providing opportunity for education and health to the HIV affected families in coordination with the concerned institutions.
- It observes and supervises participatory literacy program and provides constructive suggestions and assistance.
- It creates awareness against negative connotations of HIV/ AIDS and has assertive role in creating an enabling environment.
- Establish a good working relationship between the governmental and non-governmental organizations.
- All four project VACC s now have annual budget greater than the NRS 10,000 required in the monitoring and evaluation framework, ranging from Nrs 20,000 to NRS 50,000.

Formation of Project Advisory and Support Committee

A Project Advisory and Support Committee was formed with consultation of District AIDS Coordination Committee. The Committee facilitated the planning and monitoring of the project. The Project Advisory Committee is coordinated by the DACC Chairman and DPHO (Member Secretary of the DACC), Care Project

Manager, SC Project Coordinator, NNSWA Executive Director, NRCS Program Coordinator and representative of Mahakali Zonal Hospital, VACC Chairman of Daijee, Dodhara , Chandani, and Jhalari, and Mahendranagar Municipality are the members of the PASC.

Coordination and Linkages

NNSWA and NRCS coordinated and linked with line agencies through DACC and VACC. NRCS and NNSWA organized a regular meeting with the members of DACC, PASC, and Care Nepal to strengthen coordination. Main objective of the meeting was to share the programme and to establish better understanding among stakeholders. And the aim was to avoid the duplication of programme activities & to seek support, sensitize them on their accountability and advice for programme implementation.

Impact:

- ◆ DACC, VACC, NNSWA Board Members provided timely feedback and suggestions that increased program effectiveness
- ◆ Establishment of the DACC Office in the DPHO office.
- ◆ DACC, VACC, MACC created a supportive environment throughout the projects duration
- ◆ Volunteers and staff developed a strong rapport that aided open communication with community members this helped increase program implementation and monitoring.
- ◆ HIV affected person personally disclosed their status helping community members to come in terms with their status.
- ◆ Establishment of Counseling centre in Mahakali Zonal Hospital.

Coordination Meeting with Different Stakeholders / Political Parties:

Nepal Red Cross Society, HIV/AIDS care & support project conducted coordination meetings with different stakeholders and political parties in district and VDC levels. The Main objective of the meeting was to share the program activities of care & support project, share the concept of Community Base Care & support, and to share to share the concept of the role of society to mitigate impact of social stigma, discrimination and social barriers regarding HIV/AIDS.

The following is the list of no. of participants in different venues and dates-

S.N.	No of participants	Date	Venue
1	27	25/07/002	Dodhara VDC
2	25	26/07/002	Chandani VDC
3	30	25/07/002	Jhalari VDC
4	30	24/07/002	Daiji VDC
5	51	29/07/002	Mahendranagar
	Total 163		

The following is the list of different organizations and political parties/stakeholders:

1. Community Development Nepal
2. Sharada Sangam Youth Club
3. Nepali Congress
4. Nepal Communist Party ,UML
5. Rastriya Prajatantrik Party
6. NNSWA
7. Primary health center.
8. Laxmi secondary school
9. Ambika lower secondary school
10. Bhanu Higher secondary school
11. VDC
12. DACC
13. Nepal social Development Association.
14. Siddhanath Youth Club.
15. Poverty elimination Project
16. Gauri Shankar Community Forestry
17. Red Cross Sub Chapters.
18. Male volunteers.
19. Sub-Health Posts.
20. Mahakali Adarsh lower secondary school.

Coordination meeting was very effective and all the participants committed to comply with their responsibilities.

Linkage Workshop with Concern Line Agencies for PLWHA

NNSWA had organized a two-day review workshop regarding the support to be given to the families of people living with HIV/ AIDS and the suspected ones.

S. N.	Date	Venue	Participants			Remarks
			Female	Male	Total	
1.	21 – 22 Feb '03	DACC Office	1	21	22	Education/ DDC/ DPHO/ Care Nepal/ Skill Development Office/ WDO/ Transport Office/ Swing Association, Rural Development Bank etc.

Objectives:

- Provide awareness on the structure and strategy of VCT program.
- Disseminate the HIV/ AIDS statistics and situation of the Kanchanpur district.

- Inform the concept of care and support and describe the HIV/ AIDS national policy.

Impact:

- The concern line agencies have made commitments to assist the PLWHA and their families to the maximum extent possible.
- The concern line agencies have committed to collect funds in the PLWHA local bank account so as to contribute Welfare Fund in the District.

Meeting with Mahakali Zonal Hospital and establishment of a Counseling Center

Five meetings, both formal and informal were conducted with the Mahakali Zonal Hospital. The meeting was focused on establishing the counseling service center, which is the need of the community people. After a series of coordination meetings with the hospital, the center was established. A trained counselor from UMN who is also a regular hospital health staff is providing counseling to the patients. The referred patients and these people who seek counseling have access to the center.

Linkage with District Line Agencies

A 2 days linkage workshop with concern district level line agencies was organized jointly by DACC and NNSWA. There were 21 participants in the workshop including CDO, LDO, DEO, DPHO, and ADO of Kanchanpur district.

The workshop was successful to increase commitment of line agencies in regards to Care and Support services to be provided to PLWHA and their children, family members. The workshop was chaired by LDO and chief guest was CDO. The workshop fostered more opportunities for local partnership with DACC and NNSWA for HIV/AIDS Care and Support Services. During the workshop NCASC, SC/US Project Coordinator also shared protocol of VCT. The participant seems more responsive in course of the program ahead.

Impact

- Effective linkages established with District education office and the District Skill development office.

Involvement of Youth and Adolescents/Children

Out of School Peer Group Formation

NRCS Kanchanpur formed 12 out of school Peer groups in different VDCs and Municipality of 6 male and 6 female. The members are the youths/adolescents in the operational areas and they may be dropouts from primary and lower level schools. It is expected that these group members will play major role to minimize the Impact of HIV/AIDS throughout the community even after the project phase out. Peer education is often given as an example of genuine youth participation. The formation process involved community leaders, NRCS youth circles with already

clear selection criteria. Key personality attributed included, the ability to communicate on sensitive issues, trustworthy, discreet and tolerant, dynamic and assertive, act as a model for youth and able to facilitate a group discussion.

Out of School Peer Group meetings: -

S. N.	Name of Peer Group	Date of Formation	Venue	M/F	Total No.
1	Dhrubatara Peer Group	30 /01/2002	Jhalari-7	Male	20
2	Sarswati Peer Group	30/01/2002	Jhalari-9	Female	20
3	Pragati peer group	30/01/2002	Daiji-5	Female	20
4	Aashabadi peer Group	30/01/2002	Daiji-4	Male	20
5	Pashupati peer Group	21/01/2002	MNR8, Tilachaur	Male	22
6	Jagriti peer Group	22/01/2002	MNR-7, Haldukhali	Female	20
7	Janchetana peer Group	20/01/2002	MNR-6/Aithpur	Female	21
8	Milan peer group	18/01/2002	MNR-13, Badaipur	Male	16
9	Satsangh peer group	27/01/2002	Chandani-1	Male	21
10	Laligurash peer group	28/01/2002	Chandani-5	Female	19
11	Adarsh peer group	29/01/2002	Dodhara-1	Male	18
12	Danphen peer group	29/01/2002	Dodhara-5	Female	18

NRCS conducted monthly meeting with out of school peer groups. There are 12 out of school peer groups .In each VDC; there are 2 groups (1 male and 1 female group). And each group has 20 members. The purpose of these group meeting was to enhance capacity/skill of young /adolescents and to promote healthy RH behaviors & promote their life skills so that youths may be able to facilitate enabling environment for PLWHAS and their families.

The details of the meetings are as follows:

SN	Month	Activity	Meetings No.	Total Participants	M	F
1	January 2002	Out of PG meetings	12	216	109	107
2	February 2002	Out of PG meetings	12	203	101	102
3	March 2002	Out of PG meetings	08	147	95	52
4	April 2002	Out of PG meetings	12	211	104	107
5	May 2002	Out of PG meetings	12	220	111	109
6	June 2002	Out of PG meetings	09	170	77	93
7	July 2002	Out of PG meetings	12	224	113	111
8	August 2002	Out of PG meetings	11	206	112	94
9	September 2002	Out of PG meetings	12	200	92	108
10	October 2002	Out of PG meetings	11	218	99	119
11	November 2002	"	09	166	72	94
12	December 2002	"	12	238	120	118
13	January 2003	"	12	232	116	116
14	February, 03	"	12	233	120	113
15	March, 03	"	12	236	116	120
16	April, 03	"	12	228	116	112
17	May, 03	"	12	235	117	118
18	June, 03	"	12	232	116	116

		Total	204 meetings			
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Quarterly Meeting with Junior/Youth Red Cross Circle: -

NRCS conducted 180 meetings. The meeting was focused on HIV/AIDS and its impact and to reduce the stigma through JRC/YRC students in the school as well as in the community. In the school level JRC students conducted quiz contests, debate and essay competition and they have played roles in street drama. Two supervisors were responsible to manage and conduct JRC/YRC activities.

The following is the total no of meetings conducted with JRC/YRC-

SN	No.Of Meetings	Male	Female	Total	Duration
1	19	197	170	367	Jan-March, 2002
2	38	450	322	772	April-June, 2002
3	25	306	176	482	July-September, 2002
1	20	236	166	402	Oct-Dec, 2002
2	39	476	322	798	Jan- March, 2003
3	39	465	352	817	April-June, 2003
	180 meetings				

Two Days Orientation Training to Out of School Peer group members:

NRCS HIV/AIDS care & support project organized 2 days orientation training to out of school peer group members on HIV/AIDS Impact Mitigation and ARH problems for their life skill promotion in different venues and dates.

The following is the list of no of participants in different venues: -

S.N.	Name of Peer Group	Male	Female	Date	Venue
1.	Sarswati peer group	-	21	28 –29 June	Jhalari -9
2	Dhrubatara peer group	22	-	30June-1July	Jhalari -7
3	Pashupati " "	20	-	12–13 July	MNR-8
4	Jagriti " "	-	20	12-13 July	MNR -7
5	Janchetana " "	-	20	18- 19 July	MNR- 6
6	Ashabadi " "	20	-	15-16 July	Daijee-4
7	Pragati " "	-	22	15-16 July	Daijee -5
8	Laligunras peer group	-	20	14-15 July	Chandani5
9	Sat sang Peer group	20	-	14-15 July	"
10	Milan Peer group	20	-	18-19 July	MNR-13
11	Daphen peer group	-	20	21-22 July	Dodhara-5
12	Adarsh peer group	20	-	21-22 July	Dodhara
	Total	122	123	245	

Life skills training to JRC and YRC

Life Skill Training to Project Staffs were provided by SC/US. This is to address Adolescents and children's different information needs and susceptibility to

HIV/AIDS/STD, socio-economic impact and to broach issues like sex and sexuality to young people in a culturally appropriate manner. The trained staffs of NRCS organized 5 days training for JRC/YRC leaders on sexual and reproductive health for their life skill promotion. Due to socio culture and religious reasons, reproductive health and sex education for adolescent/young people remains virtually untouched in the district. Both young men and women are ignorant of the consequences of their sexual behaviors and practices as well as of its impact on their own life and the life of their parents. The adolescents/youth are likely to have sexual encounters and lack of adequate knowledge on Reproductive health and sexual education could lead towards serious consequences of teen age pregnancy and unwanted pregnancy, unsafe abortion and STDs/HIV/AIDS.

So to enhance the capacity of JRC/YRC leaders for their life skill promotion NRCS Kanchanpur organized 5 days training to them in different venues and dates

Specific Objectives:

- ❑ To develop common understanding of the concept of Sexual and Reproductive Health & RH components among participants for improving Knowledge, Attitude and practice.
- ❑ To enhance participants capacity regarding life skill promotion and incorporate with care & support program regarding HIV/AIDS Impact Mitigation.
- ❑ To create better understanding among the community as well as in schools for HIV/Aids Impact Mitigation for PLWHAs /families and children who are vulnerable to HIV/AIDS.

The following is the list of no. Of participants in different venues and dated from different schools for life skill training-

S.N.	Venue of Training	No of Participants	Male	Female	Date of Training
1	FPANBUILDING	36	24	12	20-24, 2002 May
2	DPHOBUILDING	18	10	08	11-15, 2002 June
3	SEDU HALL	20	11	09	11-15, 2002 June
	Total	74	45	29	

PRA with Children

Participatory Rural Appraisal will enhance behavior Change by identifying the existing practices and whether they are helpful, harmful, or benign. Identify barriers and constraints to improving harmful practices. Identify resources to facilitate behavior change. To introduce the skills of PRA technique to children and youth, a three day PRA training was organised by NRCS and NNSWA in July and August 2002. The trainings were facilitated by NNSWA an NRCS project staff that had been trained by Save the Children. Trainings were organized in Project implementation areas, i.e Jhalari, Dodhara, Chadhani, and Daiji VDCs and Mahendranagar Municipality. The participants of the training were child club members and JRC/YRC members. In total , 128 children and youth participated in the PRA. The purpose of PRA was to identify the needs of affected children and raise their awareness of educational and health rights as defined in the CRC. The members of the child clubs

were provided with PRA training and then conduct PRA on care and support activities with the vulnerable families. Following the PRA, because they are already registered with the VDC, they were able to advocate for the needs of the PLWHA to VDC members.

The following is the list of no of participants in different venues

S.N.	No of Participants	Male	Female	Venue	Date
1	25	09	16	Chandani-5	5-8, Aug, 02
2	25	16	09	Dodhara-1	11-14, Aug02
3	24	12	12	Jhalari-7	9-12, Aug02
4	27	18	09	MNR-7	7-10, Aug02
5	27	13	14	Daiji-5	11-14 Aug02
	128	68	60		

Community Mobilization

Mothers Group Mobilization

There are about 200 mothers groups in the project area. NRCS successfully mobilized all the group in the implementation area. There are 3-5 mothers group in each ward. Each mothers group has one FCHV trained by DPHO/CARE Nepal and responsible for leading, supporting, facilitating, and educating her mother's group. Six community organizers from NRCS are assisting these mother groups to conduct regular monthly meetings with close coordination of CARE Nepal, local clubs, and FCHVs. Total number of mother groups meetings that were held in the project period was 2004 with the participation of 4183 members. Mothers groups are a forum to reach women in the community and may act as agents for behavior change. It is observed that many mothers from affected families have joined these groups. In this way the mothers group has been useful to reduce the impact of the HIV/AIDS in their families and communities by the promotion of public awareness both within and outside project VDC of the AIDS epidemic and its impact as the development crisis that requires an urgent and sustained response on an unprecedented scale.

The following is the list of monthly mother group meetings within the LOG:

SN	Month	Activities	No of Meetings	No of Participants
1	January, 2002	-	-	-
2	February	-	-	-
3	March	Mother group meeting	15	293
4	April	Mother Group meeting	79	1460
5	May	Mother Group meeting	90	1815
6	June	Mother Group meeting	90	1825
7	July	Mother Group meeting	95	1915
8	August	Mother Group meeting	83	1752
9	September	Mother Group meeting	83	1733
10	October	Mother group meeting	157	3140
11	November	Mother group meeting	156	3176
12	December 2002	Mother group meeting	129	3176
13	January 2003	Mother group meeting	163	3473
14	February	Mother group meeting	163	3549
15	March	Mother group meeting	155	3505
16	April	Mother group meeting	161	3597
17	May	Mother group meeting	199	4481
18	June, 2003	Mother group meeting	186	4183
		Total	2004 meetings	

Mobilization of FCHVs

NNSWA is working in the field of HIV/ AIDS impact reduction in coordination with the District Health Office for the past one year. It has sensitized the community by mobilizing its staff and utilizing human resources in order to create enabling environment and stigma reduction. However, community/ staff mobilization alone did not bring positive changes in HIV/ AIDS impact reduction. Now it has changed its strategy to mobilize Female Community Health Workers (FCHVs) in coordination with the District Health Office. The strategy has been proved as a cost-effective method with better coordination and ownership building. The community has been empowered to learn and has benefited more as compared to the past.

The FCHVs are trained in HIV/ AIDS (care and support), home-based care and support, counseling, participatory rural appraisals, and the training of trainers (ToT). Then they teach to the mother groups and geographically clustered communities on HIV/ AIDS prevention education, rights of the HIV/ AIDS affected people, and their care and support. They are instrumental in realization of the sense of responsibility among individuals and civil society in the care and support programs.

FCHV Meetings

Joint meetings were organized with the participation of representatives from Care Nepal, local health and other institutions, and the FCHVs. Three meetings were organized in Dodhara, Chadani, Daiji, Jhalari and Mahendranagar each. Detail

discussions were made regarding the HIV/ AIDS impact reduction, STIs, care and support and opportunity to the PLWHA and their families and communities. Furthermore, the meetings collected and reviewed the FCHV progress report.

S. N.	Date	Venue	Participants		
			Female	Male	Total
1.	8 th of each month	Dodhara	45	2	47
2.	30 th of each month	Chadani	37	7	44
3.	26 th of each month	Daiji	46	5	51
4.	27 th of each month	Jhalari	37	6	43

Impact:

- FCHVs have played active role to raise awareness against the discrimination towards HIV/ AIDS affected people and families.
- FCHVs have provided care and support services to the PLWHA and their families.
- HIV/ AIDS has been considered as one of the top health problem in the community.

PLA Classes for Mother Groups

SC together with its partners employed a participatory Learning approach to behavior change communication that will facilitate community mobilisation, explore community approaches to HIV prevention and impact mitigation and educate Mothers group members about HIV/AIDS impact mitigation. PLA is also used to facilitate attitudinal change toward PLWHA. The project had operated total 100 PLA classes followed by the refresher during the project period and around 2000 mothers participated in six months PLA classes. The purpose of the PLA is to reduce the impact of HIV/AIDS and bring positive change in the attitude and behaviors towards PLWHA and their families. The classes were operated in the target communities having PLWHAs so that positive attitudes and behaviors can be developed among the families and communities of the PLWHA. Through participatory discussions and interactions the participants discuss the roles of the families and communities towards PLWHA. This approach seems to be an effective learning approach among adults. Significant outcome has been observed in the development of the capacity to seek oppurtunities for solving problems, increased participation in community activities, assistance to suspected and infected families, increased health awareness, developed human resources that have literacy and numeric skills.

Male Involvement

NRCS and NNSWA mobilized one hundred and fifty eight male volunteers in the project area , Out of which 50 male peer volunteers were trained from the target project area. They have been provided training on HIV/AIDS and in facilitating male support and involvement for project activities, structures and processes.They regularly conducted monthly meeting in their respective area and discussed on ways to support affected and infected families in the communities and interact with

and influence other men in the community. The male volunteers were chosen from among those men who are respected and able to influence the community beside being a permanent resident of the program VDCs. It is observed that male volunteers played significant role in sensitizing and influencing the behavior of the community. They collected welfare funds from their respected communities to support PLWHA and their families in emergency situation. They are working in close coordination with VACC and advocate for the rights of PLWHA.

Monthly Meeting with Male Volunteers: -

The concept and involvement of Male Volunteers in the Impact Mitigation project is highly appreciative. NRCS organized monthly meeting with Male volunteers in the different venues.

The monthly meetings conducted by Male Volunteers-

S.N.	Month	No of meetings	No of Participants	
1	April-June, 02	5	46	Quarterly
2	July-September, 02	5	42	Quarterly
1	October	5	48	Monthly
2	November	4	43	Monthly
3	December	5	53	Monthly
4	January	5	50	Monthly
5	February	5	54	Monthly
6	March	5	60	Monthly
7	April	5	50	Monthly
8	May	5	54	Monthly
9	June	5	60	Monthly
	Total	54 meetings		

The meetings were held in Dodhara, Chandani, Daiji, Jhalari VDCs and Mahendranagar Municipality.

Sensitization

NNSWA Care and Support program sensitized the gatekeepers such as VDC Municipality members, Community key gatekeepers, NNSWA Board Members, MACC and DACC, and community members on HIV/AIDS facts to effectively integrate the program in the community. Care and Support Program targeted gatekeepers with the intention they would educate others within their circle of influence. NNSWA distributed HIV/AIDS information to the gatekeepers at meetings to educate on the affects of the disease in Nepal in hopes that community members personally invest in a solution.

NNSWA aims to develop new leaders for the continuance of the program. FCHVs, community and local club members receive leadership development programs. These programs taught facilitation and communication empowerment skills. NNSWA believes sensitization and community leadership development achieve lasting effects of HIV/AIDS C and S messages.

The program conducted in Jhalari, Daijee, Dodhara, Chandani VDCs, and eight wards of the Mahendranagar Municipality had positive results. VACC and MACC support PLWHA children with free education enrollment and a combined effort to create positive living environments. Other results include community members accepting PLWHA and advocating for their rights, providing food and medicine support, and dress support.

One-Day Orientation for Red Cross Sub-Chapter Members

Nepal Red Cross Society Kanchanpur chapter (HIV/AIDS Care&Support) organized "One day orientation for sub-chapter members on HIV/AIDS Impact Mitigation " which was held in two venues to minimize stigma and taboos in regards to HIV/AIDS.

Meeting with Project coordination sub-committee/PASC/DACC/RHCC

Project conducted regular monthly meetings with project coordination sub-committee, RHCC, with the purpose of enhancing the effectiveness of the HIV/AIDS care and support program in the district.

Orientation for Redcross Female Members on HIV/AIDS Impact Mitigation

NRCS conducted an orientation for Red Cross Female members with the objective of sharing the project goals , its working strategies and defining the role of the female members.

Workshop with Media Reporters

NRCS organised a One day workshop for Media reporters on HIV/AIDS impact Mitigation to create better understanding among media reporters/Journalists regarding the nature of the program. There were total 20 Participants from different local newspapers.

Sensitization to club members

Nepal Red cross society, facilitated effective coordination with local clubs in the project operational areas. The following is the list of sensitization to club group members in different venues –

S.N	Name of Club	Date of Training	M	F	Total	Address
1	CommunityDev.Nepal (CDN)	16/05/02	25	1	26	Dodhara-1
2	Sharada Sangam youth club	30/05/02	19	9	28	Dodhara-2
3	Siddhanath youth club	18/05/02	32	-	32	Chandani5
4	Nepal Social Dev.Association	28/05/02	20	7	27	Chandani5
5	Prajatantrik youth club	27/05/02	18	16	34	Mnr-14
6	Sarswati youth club	15/05/02	24	3	27	Jhalari-9
7	Dhruwatara youth club	18/05/02	27	-	27	"
8	Betkot youth club	16/05/02	28	-	28	Daiji-6
9	Jansewa youth club	16/05/02	29	13	42	Daiji-5
10	Pasupati youth club	17/05/02	21	13	34	Mnr-8
	Total		243	62	305	

Training to Traditional Healers (Dhami/Jhakari)

It is observed people often follow the advise and actions of respected religious leaders. These leaders should be involved and supportive of the project. Thus Nepal Red Cross Society Care & Support project organized 5 days orientation training to 50 traditional healers (Dhami/Jhakari) in two venues at the dated 27/08/02 – 31/08/02 at Dodhara VDC and 28/08/02-01/09/02 at Mahendranagar Sakhi training Hall.

The following is the list of no of participants (Dhami/Jhakari) in different venues and dates-

SN	No of participants	Venue	Date
1.	30	Mahendranagar Sakhi training hall	28/08/02-01/09/02
2.	20	Dodhara VDC Hall	27/08/02-31/08/02
Total	50		

Media Approaches

Media approaches are most effective when they are used to support interpersonal activities or to create awareness of specific issues. The project used the most common media approaches:

Video Film Shows

NRCS staff presented video shows in 28 different places in the project area. In total 1510 people observed the program. The HIV/AIDS film shows created awareness on HIV/AIDS in the community.

The following is the list of venues and no of participants-

SN	Venue	Date	Time	Participants	No of Show
1	Prabhat V. Niketan MNR-13, Badaipur	12 July 02	10-11:45	60	1 show
2	Prajatantrik youth club, MNR-14	12 July 02	4-5:45	75	1 show
3	Chandani-7, Bazar	7 July 02	10-12:30	95	2 shows
4	Chadani-7, Old custom	7 July02	4-5:25	46	1 show
5	Chandani-7, Chakki Bazaar	7 July 02	1-3:30	106	2 shows
6	Chandani-8, Sharada S. school	8 July 02	7-10:00	165	2 shows
7	Chandani-6, Hat Bazaar	9 July 02	8-11:00	190	2 shows
8	Dodhara-1, Babathan	9 July 02	12-3:00	202	2 shows
9	Jhalari-7	25 July 02	7-9:00	60	1 show
10	Jhalari-YIC	25 July 02	10-1:00	50	1 show
11	Jhalari VDC hall	26 July 02	10-12:00	40	1 show
12	Jhalari-HP	25 July 02	2-4:00	50	1 show
13	Jhalari-7, Kaluwapur	26 July 02	7-9:00	70	2 show
14	Jhalari-Bazar	26 July 02	7-10:00	30	1 show
15	Jhalari-9, Amarpur	28 July 02	11-1:0	60	"
16	Daiji-1Champhapur	31 July 02	7-10:00	70	"
17	Daiji-5, VDC	31 July 02	11-1:00	25	"
18	Daiji-5, Bhamka	31 July 02	2-5:00	70	"
19	MNR-8, Tilachaur	27 July 02	7-9:00	50	"
20	MNR-7, Haldukhal	27 July 02	10-1:00	40	"
21	MNR-3, Tilakpur	28 July 02	8-9:00	50	"
22	MNR-6, Aithpur	30 July 02	7-9:00	40	"
23	MNR-8, Thapachaurah	27 July 02	3-6:00	50	"
24	MNR-7, Bal Jagriti Bhawan	21 July 02	8-12:00	40	2 shows
25	MNR-3 Triveni Chowk	20 July 02	7-10:00	50	"
26	MNR-6, Bankhet	18 July 02	7-9:00	50	1 show
27	MNR-8, school	27 July 02	1-3:00	50	2 shows
28	Daiji-4, Bagoon	22 July 02	7-12:00	56	"

Street Drama

NRCS organized a five days street drama training for JRC/YRC members. Using the trained group, the project conducted 13 street dramas in different places of the project area,. Around 3000 people observed these activities. The Drama dessiminated important information in a community setting and was successful on attracting large groups of people.

The following is the date, venue, no of audiences and checklist of drama shows-

Venue	Date of show	No of Audiences	Observer
Dodhara-9, Omkar L.S.School	10 th Aug 2002	200-300	Mamita Thapa
Dodhara 7 Ambika L.S.	10 th Aug 2002	200-250	Mamita Thapa
Dodhara 5 Bhairab L.S.	11 th Aug 2002	100-150	Mamita Thapa
Dodhara 1 Rastriya L.S.	13 th Aug 2002	300-350	Mamita Thapa
Dodhara 3 Bhanu H.S.	14 th Aug 2002	400-450	Mamita Thapa
Dodhara 8 Nishantol	15 th Aug 2002	150-200	Mamita Thapa
Dodhara-1 Babathan	16 th Aug 2002	400-500	Mamita Thapa
Jhalari VDC Office	17 th Aug 2002	100-150	Mamita Thapa
Jhalari, Pipladi Road	18 th Aug 2002	300-400	Anu Chaudhary
Daiji mainchok	19 th Aug 2002	300-400	Anu Chaudhary
Samadaiji Chok	20 th Aug 2002	300-400	Anu Chaudhary
Samadaiji Chok	21 st Aug 2002	150-250	Anu Chaudhary
Suda Chok	22 nd Aug 2002	500-600	Anu Chaudhary
MNR Chammanchok	23 rd Aug 2002	400-500	Manoj Bhatt/GS Rana
Tilachaud School	24 th Aug 2002	500-600	Manoj Bhatt
Chandani-3 Pipal Chok	25 th Aug 2002	300-350	Sunita Chand
Chandaini VDC Office	26 th Aug 2002	600-700	Sunita Chand
Chandani-2 Devichok	27 th Aug 2002	150-200	Sunita Chand
Chandani, Latthaghat	28 th Aug 2002	200-300	Sunita Chand
Dodhara-6 Dhakanaghat	29 th Aug 2002	100-150	Mamita Thapa

Information Dissemination

Monthly Bulletin on HIV/AIDS and health has been regularly published by NRCS. It has been very effective for sensitization of general public.

Advocacy

Regional Advocacy Workshop on HIV/AIDS

Save the Children US organised a 2-day "Regional Sensitisation and Advocacy Workshop for Key Stakeholders on HIV/AIDS" at the Bheri Technical Training Institute, on September 3-4, 2002 at Nepalgunj. The Workshop aimed at,

- Sensitizing participants to the need for prioritizing HIV prevention and Care programming especially among groups at particular risk
- Orienting participants to HIV prevention and Care initiatives in the region
- Creating a supportive and enabling environment for HIV and Care initiatives
- Identifying and exploring approaches for networking, co-ordination and collaboration among different key players in the government, local government sectors, the media, donors, INGOs and local NGO sectors especially in Dang, Banke, Bardiya, Kailali and Kanchanpur Districts.

Highlights

The Workshop was a milestone for all sectors working on the HIV/AIDS prevention and Care programs in the Mid and Far Western Developmental Regions of Nepal in creating a learning environment and identifying collaborative approaches to maximize the reach and effectiveness of HIV prevention and Care programs.

The Workshop helped participants internalize the need for an urgent coordinated response to HIV/AIDS and Care and the understanding that this must be by the local government and its line agencies through integrating and mainstreaming HIV/AIDS prevention and Care initiatives into the district health programs.

Participants called for a strengthened national response to the need for Care, Support and Counseling and a prioritization of home based care over institutionalized care in the context of Mid and Far Western Nepal.

Outputs

- All participating organizations committed to strengthen the District AIDS Coordination Committees
- The District Development Committee of Kailali committed NRs. 25,000 towards funding for the DACC, and VDC contribute some amount towards HIV prevention.
- The Kanchanpur District Development Committee committed support to the DACC, Kanchanpur, through having each VDC contribute NRs. 5000 amount towards HIV prevention to the DACC, which it would match.
- A time bound Action Plan to, strengthen the DACCs so that they may take a lead role in prevention programming in the districts, enhance collaboration and co-ordination of all key players, avoid duplication and ensure available resources are best allocated and utilised.
- A commitment from Save the Children US to follow up and support the process initiated by this workshop.

Impact of the sensitization effort

- Local club members started supporting PLWHA.
- MACC and VACC members supervised and supported the implantation of C and S in communities.
- PEs played an active role to reduce the stigma of HIV/AIDS.
- PEs sensitized communities on HIV/AIDS.
- PEs accompanied STI and HIV suspected cases to the health institute for diagnosis and treatment.

Counseling

Care and Support program supporters and field workers received counseling skills. The counseling training provided skills that aided HIV/AIDS patients to express their thoughts and emotions increasing. The ability for PLWHA to process and vocalized their concerns without judgment allowed for better health management. The ability

to express one's thought may also lead to behavior change. Counselors walk through a life experience with patients; helping them learn about their actions and behaviors. Through the process of counseling, counselors provide vital information on HIV/AIDS/STI.

The NNSWA Care and Support program provided counseling trainings to FCHVs. The Counseling through FCHVs helped people to understand their problem, identify and develop solutions, and make their own decisions about what to do. Other counseling benefits include teaching people how to have healthy hygiene and nutrition habits.

NNSWA provided peripheral, lay preventive, basic and refresher counseling trainings. These trainings occurred in Jhalari, Daijee, Dodhara, Chandani VDCs, and eight wards of the Mahendranagar Municipality. The program helped change communities by working with one person at a time. Also, all counselors treat the patient with respect allowing clients to make personal decisions.

Impact:

- Cooperation increased between FCHVs, PEs, NNSWA staff, and Health Institutes.
- Six places at HP/PHC/SHP and MZH established and ran functioning counseling centers.
- Good referral system functions between FCHVs and PEs with Health Institutions and NNSWA staff.

Capacity Building

Capacity building provides positive reinforcement for program development. It aids the growth of programs through quality support and direction. Capacity building starts with a need and then expands to improve workers in their working areas. In the Care and Support program, the need involves access to information about HIV/AIDS. Community members are ignorant of HIV/AIDS information, what it is, how it is spread, and how to prevent this deadly disease. The Care and Support Program used capacity building to inform the community about HIV/AIDS to educate, prevent transmission, and reduce the stigma associated with the disease. Starting at the grass roots level, Care and Support tapped into the key players of the community to build on their HIV/AIDS capacity. Migrant workers, sex workers, families of affected persons, PLWHA, government officials, NGO personnel, and health professionals received capacity building training in order to improve their knowledge of HIV/AIDS and share with others in their working area. Another key to the success of the program involved educating FCHV. FCHV exist in the community to provide health information to neighbors. FCHVs had home based care refresher training, TOT for curriculum development, and home based care. Ten community leaders as well as MACC and VACC underwent care and support training. Affected families received refresher home care service training. Twenty health care providers were trained on refresher palliative care and opportunistic infection. Twenty NNSWA staff received training on how to facilitate integration of

C and S Program. Private practitioners also had training on palliative care. As a result, Kancharpur achieved tremendous improvement in HIV/AIDS knowledge.

Home Based Care training to project staff

SC/US trained project staff from partner NGO on Community Home Base care. The training will run for five days. The training focused on basic nursing care, nutrition, the use of the universal precaution, basic counseling skills, diagnosis of the opportunistic infections and referral.

Home-based Care and Support Training to FCHVs

In this quarter, 75-targeted FCHVs, both involved in ARI treatment and active FCHVs, were provided with a five-day's home-based care and support training. Local health institutions were coordinated and had involved local health workers as resource persons. The training was held at Dodhara and Daiji VDC buildings. Bhim Sinal, Sharada Bhattarai, Bishna Joshi, Bishna Khadka, Bishnu Sunar and Renu Rai had facilitated the trainings.

Objectives:

- Revisit HIV/ AIDS and STIs education, and give introduction to home-based care and support
- Introduce counseling
- Inform about opportunistic infections and help their management, and make aware on the importance of communication to the change in behavior.
- Inform the role of FCHVs and community in reducing the harms of HIV/ AIDS.
- Clarify need of home-based care and support and motivate in it.
- Highlight the importance of HIV/ AIDS care and support program.

A brief description of the home-based care and support trainings conducted in the second quarter is presented in the following table:

S. N.	Duration of the Training	Venue	Participants		
			Female	Male	Total
1.	6-10 March, 2003	Daiji	19	--	19
2.	7-12 March, 2003	Dodhara	14	--	14
3.	6-10 March, 2003	NNSWA	19	--	19

Impact:

- FCHVs are involved in providing home-based care and support works to the individuals and communities affected by HIV/ AIDS.
- A habit of exchanging the experiences learned in the mother group meeting has developed.

Home based care training to 24 affected families

Following the training to FCHVs NNSWA together with FCHV's trained the affected families on the sanitation and hygiene, proper management of waste and body wastes, basic nursing care, nutrition, use of the universal precaution, use of the Care kit, HIV Care and Transmission, Proper planning and management of the household resources.

District counseling training to 2 District staff

One male and one female counselor supported through NNSWA's sub-grant and trained at United Missions to Nepal to provide risk assessment, preventive, pre-test and post-test and supportive counseling in relation to HIV/AIDS and STDs as well as counseling in relation to reproductive health issues. The Centre was carefully positioned as a district Counseling Centre to facilitate access by reducing the stigma that may be associated with those who visit it/would like to access its services. The Centre serviced counselees referred from the Departments of Gynecology and Obstetrics and the Department of STDs of the Mahakali Zonal Hospital, from private practitioners and from 6 Peripheral Counseling service outlets situated in the PHCs , HPs and sub HPs in the project.

Counseling Training For peripheral health care providers

Pre-existing male and female staff of the health facilities staffed peripheral counseling Centres. Counselors were trained by United Missions to Nepal . The training included risk assessment, preventive and supportive counseling. These centres counseled STD clinic attendees as well as those referred by FCHVs, private practitioners and Dharmi/Jhakri from the surrounding VDCs and the target communities.

Counseling Training to FCHVs

Of the 50 FCHVs targeted for counseling training, 28 of the FCHVs who were providing treatment of ARI and the female community volunteers of the Mahendranagar municipality received a 5 days long counseling training. It is expected that the trainees can provide best counseling in the community as well as make the community aware of the risks of HIV/ AIDS. The chairman and executive director of the NNSWA inaugurated the training. Ganesh Joshi, Bishna Joshi, Sharada Bhattarai, Lawa Dev Joshi and Bhim Sinal had facilitated the training.

S. N.	Duration of the Training	Venue	Participants		
			Female	Male	Total
1.	22-26 March, 2003	NNSWA	28	--	28

Objectives:

- Give introduction of counseling
- Enhance counseling related knowledge, attitudes and practices of the participants
- Provide information about the stages of counseling skills
- Revisit HIV/ AIDS and update knowledge and skills

Impact:

- Development of HIV/ AIDS counseling knowledge, attitude and skills in the participants.
- Commitment of the FCHVs towards their own counseling roles
- Advocate on counseling

Peripheral Refresher Counseling Training

In the second trimester, 6 health workers were to be trained with three day's refresher counseling training, which was provided to 5 health workers in two phases. The Sakriya Unit, United Mission to Nepal, facilitated the training. The participants noted that the training was totally different and most effective. They viewed HIV/ AIDS counseling as a serious matter.

S. N.	Duration of the Training	Venue	Participants		
			Female	Male	Total
1.	8 – 10 January	UMN, Kathmandu	3	2	5
2.	10 – 12 March	UMN, Kathmandu	--	2	2

Objectives of the Training:

- Provide counseling services in collaboration and coordination with the sub-health post, primary health center and Mahakali Zonal Hospital.
- Strengthen referral system.

Impact:

- A functional HIV/ AIDS counseling service is in place within the sub/ health post, PHC, and Mahakali Zonal hospital of the working areas (Dodhara, Chandani, Jimuwa, Mahendranagar, Daiji, and Jhalari)
- Increase in the number of persons seeking HIV serological testing after counseling
- Increase in the number of partner treatment during STIs
- The treatments of opportunistic infections to suspected and affected families are given top priority by the health institutions

Counseling Services

The local health workers from Jhalari, Daiji, Dodhara, Chadani and Mahendranagar municipality have received basic counseling training and are involved in providing counseling services regularly. Though there is a lack of confidential counseling room, counseling is done with some difficulties. The local health institutions have

been counseling to the needy males and females. Flip charts and flashcards are used for the training. The counselors and community people believe that these materials are highly effective. The number of persons who received counseling training in the second quarter of the year is as follows:

S. N.	Service Area	Types of Counseling	Participants Counseled			STI Cases		
			Female	Male	Total	Female	Male	Total
1.	Dodhara		64	3	67	64	3	67
2.	Daiji		16	2	18	16	2	18
3.	Jhalari		14	2	16	11	2	13
4.	Jimuwa		24	4	28	18	1	19
5.	Mahakali Zonal Hospital		--	--	61	--	--	--
Total			119	11	130	109	8	117
HIV Infected			--	--	--	10	--	10
General Patient			--	--	--	--	35	35

Care and Support Training

A total of 15 VACC and MACC representative were targeted to provided training on care and support. 18 representatives participated in the training. Topics such as HIV/ AIDS, STIs, counseling, communication and care and support were discussed while at the training. The trainers were; Ganesh Dutta Joshi (DPHO), Dr. Sheblesh Raj Kayastha, Bal Bahadur Mahat (DPHO), Sharada Bhattarai, Bishna Joshi, and Bhim Bahadur Sinal. The training was held at the NNSWA training hall.

Objectives:

- Teach basics of HIV/ AIDS and STIs
- Inform importance of communication on HIV/ AIDS
- Make aware on counseling and its importance
- Disseminate national HIV/ AIDS policies and strategies
- Give knowledge on the care and support program
- Brief on the roles and responsibilities of the VACC and MACC representatives in implementing the care and support program

S. N.	Duration of the Training	Venue	Participants		
			Female	Male	Total
1.	2059/10/12 - 2059/12/16	NNSWA	5	13	18

Impact:

- HIV/ AIDS has been taken as a serious development problem by the VACC and MACC.
- There is active community participation in HIV/ AIDS impact reduction program.
- FCHVs and PEs are motivated to involve with the program.
- Local health and educational institutions are encouraged to provide free services to the children from the suspected and affected families.

Community Based care and Support Program Opportunity Training

Five day's community based care and support program opportunity training was provided to 10 local leaders. The training program was inaugurated by Mr. Bal Bahadur Mahat, DACC member-secretary and DPHO. Mr. Ashok Bikram Jairu, Executive Director of NNSWA, delivered the welcome speech.

Bhim Bahadur Sinal, Sharada Bhattarai, Bishna Joshi, Dr. Shubhash Raj Kayastha and Ganesh Dutta Joshi had facilitated the training.

The opportunities that can be provided by the community to the HIV/ AIDS affected individuals and families were discussed in the training.

S. N.	Duration of the Training	Venue	Participants		
			Female	Male	Total
1.	14 – 20 March, 2003	NNSWA	5	5	10

Peer Educator Training

Peer education has become one of the successful methods for creating HIV/ AIDS awareness and prevention for the last decade. NNSWA conducted peer education training in coordination with VACC. The three-day training on the peer education was basically focused on the care and support and HIV/ AIDS impact reduction. Sharada Bhattarai, Rena Rai, Bishnu Sunar, Bishna Joshi and Bhim Sinal facilitated the training. The local health workers assisted in the training as a resource person.

S. N.	Date of the Training	Venue	Participants		
			Female	Male	Total
1.	6 – 8 January, 2003	Chadani	25	--	25
2.	6 – 8 January, 2003	Dodhara	25	--	25
3.	12 – 14 January, 2003	Dodhara	--	18	18
4.	19 – 21 Feb., 2003	Jhalari	20	--	20
5.	18 – 20 Feb., 2003	Jhalari	--	10	10

Objectives:

- Revisit and discuss on HIV/ AIDS
- Provide in-depth knowledge on care and support
- Inform about counseling and its importance
- Disseminate the home-based care and support
- Describe opportunistic infection and its management

Impact:

- PEs are continuously participating in the program
- PEs are playing an active role in the HIV/ AIDS impact reduction program
- PEs are helping positively to the community worker in the village level.

Results:

- Community leaders advocated for PLWHA and achieved free school enrollment for children, clothes support, case money, and food support.
- VACC and MACC played vital roles to reduce stigma of HIV/AIDS in communities.
- Health care providers received training on HIV/AIDS transmission thus reducing discrimination of PLWHA.
- Health care providers offered services for opportunistic management after palliative care training.
- Families started caring for HIV affected persons.
- Local government (VDC, Municipality, health institutions, and education office) started supporting PLWHA.
- Community supported families during funerals.
- Communities offered good to children of parents with HIV/AIDS.
- PLWHAs shared their personal stories to assist the Care and Support Program.

Training on palliative care including opportunistic infection to health care providers (health worker)

NNSWA trained 23 health care providers for 5 days (24th- 28th august 2002) on diagnosis, treatment and control of the symptoms like pain, tiredness, anxiety, sleep disturbance, mouth sore, Nausea, fever, Cough, , Diarrhea, skin problem, respiratory problem, pruritus, vomiting and educating the patient is an essential tenet of palliative care. So the providers were trained to help to understand the limits of any treatment and its outcome.

Monitoring and Supervision

Ongoing Monitoring and Supervision was established in the project. Observation of project workers during the activities, One to one meetings with project workers of the partners (NNSWA and NRCS)to answer their question and observe them at work, Group meetings to resolve common problems and evaluation at the end were the main Monitoring tools adapted during the project. However the observation, group discussion and the meetings were done as follows which contribute to the smooth operation of the program:

VACC Meeting

Two VACC meetings were organized in each of the four VDCs namely, Daiji, Jhalari, Dodhara, and Chadani VDCs. The representatives of Care Nepal, Nepal Red Cross Society, NNSWA, poverty alleviation, local clubs, mother group chairpersons, teachers, social leaders and the chairpersons of the women groups had participated in the meetings. The agenda of the meetings were; mobilization of PEs, participatory literacy classes (PLAs) observation and supervision, advocacy on the rights of the HIV/ AIDS impacted individuals and families.

The details of the training is given in the table below:

S. N.	Date of the Training	Venue	Participants		
			Female	Male	Total
1.	2059/11/09 B. S.	Daiji	7	7	14
2.	2059/11/10 B. S.	Daiji	6	5	11
3.	2059/12/11 B. S.	Daiji	6	6	12
4.	7 March, 2003	Dodhara	6	7	13
5.	28 Feb. 2003	Chadani	6	11	17
6.	2059/10/11 B. S.	Jhalari	3	5	8

Impact:

- VACC is providing continued cooperation and assistance.
- It has better realized their responsibility to participate in HIV/ AIDS impact reduction program.
- It has been instrumental in providing opportunity for education and health to the HIV affected families in coordination with the concerned institutions.
- It observes and supervises participatory literacy program and provides constructive suggestions and assistance.
- It creates awareness against negative connotations of HIV/ AIDS and has assertive role in creating an enabling environment.

Establish a good working relationship between the governmental and non-governmental organizations.

DACC Meeting

A DACC meeting was held in DACC Office with the purpose of enhancing the effectiveness of the HIV/ AIDS care and support program in the district. A review of the ongoing care and support program was made in the meeting.

S. N.	Date	Venue	Participants		
			Female	Male	Total
1.	2059/10/06	DACC Office	2	24	26

RH Coordination Committee Meeting

The RH Coordination Committee meetings were held twice in the second quarterly period. The meeting discussed on the HIV/ AIDS impact reduction and the care and support program. The participants from the concern agencies made commitments for their assistance in order to ensure the inter-sectoral coordination.

S. N.	Date	Venue	Participants		
			Female	Male	Total
1.	23 Feb., 2003	NNSWA	1	8	9
2.	24 March, 2003	NRCS	2	8	10

Staff Meeting

Every month, up to three staff meetings were held in this quarter. The staff included were those involved in evaluation, supervision and the program administration. Agenda discussed during the meeting were the problems faced by and their solutions, report writing and work plan. The meetings were very important in vitalizing the program efficiency. Moreover, it was crucial to develop a sense of responsibility among the staff.

Review Meeting

The SC/US, NRCS staff and NNSWA staff participated in the joint review meeting. The meeting reviewed the progress of the program, barriers faced by the program with their solutions, and the future programs. Both the partner organizations respected the right of the PLWHA and their families. The mutual understanding and relationship between the two partners has demonstrated catalyst role in implementing the care and support programs.

S. N.	Date	Venue	Participants		
			Female	Male	Total
1.	2 February 2003	NNSWA	12	6	18

Final evaluation

In May 2003, evaluators were engaged by Save the Children USA (SC/US) to conduct a final evaluation of the *HIV/AIDS IMPACT Mitigation through Mobilizing Affected Communities Project* in Kanchanpur District, Nepal. SC/US undertook this evaluation as a part of their funding agreement with the United States Agency for International Development (USAID) and to document the project's experiences and lessons learned.

The *HIV/AIDS IMPACT Mitigation through Mobilizing Affected Communities Project* in Kanchanpur District was funded from June 14, 2001 to June 13, 2003 by USAID, to reduce the susceptibility and vulnerability of children and families to HIV/AIDS in communities from where male migration to India is endemic. This was attempted through capacity building, community mobilization, development of community program options, creation of referral and linkage systems, and the initiation of care and support activities. The implementation of this project was undertaken by SC/US in partnership with two local non-governmental organizations (NGOs): the Nepal Red Cross Society (NRCS) and the Nepal National Social Welfare Association (NNSWA).

To help assure a systematic exploration of project performance, an evaluation matrix using four accepted criteria was developed to organize key questions and data collection: (1) **Relevance**, (2) **Effectiveness/Efficiency**, (3) **Impact**, and (4) **Sustainability**. The findings and recommendations of this evaluation are organized by these four criteria. (**refer the evaluation report for detail**)

5. Lesson Learned

- PLWHA need welfare support provided to themselves and their families.
- Income generation programs increase the self-sufficiency and self esteem of PLWHA
- PLWHA family members found the driving and maintenance program useful in providing skills and financial income at an essential time in their lives.
- Affected persons need financial support for medicine
- Kanchanpur District believes that the C and S Program needs to be continued
- Coordination and linkage increased the effectiveness of the program
- Volunteer Counseling Testing Service is essential in this District
- HIV/AIDS orphan children need a care home center

6. Challenges

- High expectations from PLWHA
- Suspected and at-risk persons increased requests for blood tests
- Difficult to make linkage for HIV/AIDS orphan children
- Welfare activities difficult to manage properly
- Care and Support Program area and district HIV/AIDS cases increased
- DACC, MACC, VACC, and PACC mobilization difficult after phase out of C and S Program

7. Impact

- Community support PLWHA positively
- Counseling service regularly provided by PCH/HP/SHP and MZH
- Community people advocating for hygienic food and better environment for PLWHA
- DDC, VDC, DACC, MACC started a HIV/AIDS budget for Care and Support Program
- VEC and DEO supported 79 children of PLWHA with free school enrollment
- FCHVs support PLWHA families willingly
- One child of PLWHA receive 1000 RS/quarter by the Municipality for studies
- DEO committed first priority to children of PLWHA for school scholarships
- Skill Development Office ready to provide sewing training for PLWHA and families
- Concerned line agencies want to give job opportunities for PLWHA in tailoring and transport business occupation

8. Achievement

As the evaluation report rightfully pointed out the project has, with the exception of the replication of project approaches throughout Kanchanpur District (replication has been done in two VDC), substantially achieved the objectives set for it in the initial project documents, as articulated in the **Immediate Results** and **Expected Impacts** listed below.

Intermediate Results:

1. Program options to work with families vulnerable to HIV/AIDS identified by migration.
2. Increased capacity of local NGOs to facilitate and support community efforts to provide care and support for people living with HIV and their families, including children.
3. Increased capacity of the community to support households affected by HIV/AIDS.

Expected Impact (at the end of 2 years):

1. Increased access and utilization of counseling and care (institutional and home based) services by PLWHAs and their families
2. VACCs have developed and instituted (structures and systems in place) realistic plans for protection, care and support of vulnerable and/or affected households
3. District level and peripheral level counseling services and referral system set up
4. DACC/DDC replicate the project approaches in other VDCs of Kanchanpur District.

The main accomplishment of the project was the development of a “platform” upon which to build a community-based care and support program. Without efforts to build awareness, reduce stigma and discrimination, build capacity, and community mobilization, it is unlikely that a sustainable community HIV/AIDS impact mitigation response could ever be built.

9. Summary of Deliverables to Date

Deliverable	Number
Mothers' Groups Mobilized	200
Mothers' Groups Members	4000
FCHV Mobilized – Care and Support	200
FCHV Mobilized - Counseling	100
Male Peer Workers Mobilized	160
Youth/Junior Red Cross Circles Oriented	40
Red Cross Circle Teacher Leaders Oriented	80
Out-of-School Peer Educators Mobilized	12
Traditional Healers Oriented	50
Public Health Care Providers Oriented and Trained – Care and Support	20
Public Health Care Providers Oriented and Trained - Counseling	8
Private Health Care Providers Oriented and Trained	24
People with HIV or Family Members Trained in Home-Based Care	30
DACC,VACC/MACC Members Mobilized	47
Vacc formed	4
Dacc formed	1
Macc formed	1

10. Budget

The USAID grant disbursements were divided into two phases: June 14, 2001 to September 30, 2002, and October 1, 2002 to June 13, 2003. In Phase 1 US\$ 100,948.14 was spent, while in Phase 2, US\$ 99,051.86 was spent, giving a total expenditure of US\$ 200,000. For detail pls refer **Final Financial Report (SF 269)**.