

**Evaluation Report of the Project**

**“Strengthening HIV Resilience in Thailand  
Mobile Populations’ Source Communities”**

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## PROJECT SUMMARY

**Benefiting country and location:** Thailand, provinces of Ubon Ratchathani, Amnat Charoen and Chiang Rai

**Title of the project:** Strengthening HIV Resilience in Thailand Mobile Populations' Source Communities

**Duration of the project:** 1 February 2005 to 31 August 2007

**Executing Agency:** United Nations Development Programme (UNDP) Thailand

**Implementing Agencies:**

1. Services for Health in Asian & African Regions (SHARE) for Ubon Ratchathani & Amnat Charoen Provinces, Thailand
2. The Adventist Development and Relief Agency (ADRA) for Chiang Rai Province, Thailand

**Collaborating agencies**

1. Thailand Ministry of Public Health, AIDS Division
2. Thailand Ministry of Interior, Community Development Departments in Chiang Rai, Ubon Ratchathani and Amnat Charoen Provinces

**Project budget:** US\$ 1,002,890.67

**Type of report:** Evaluation report

## **Executive Summary**

### **Background**

This evaluation report aims to evaluate the overall performance of the project “ Strengthening HIV Resilience in Thailand Mobile Populations’ Source Communities” that proposes to reduce HIV vulnerabilities of the individuals, households and the source communities through a community development approach. The Adventist Development and Relief Agency (ADRA) and the Services for Health in Asian & African Regions (SHARE) are two implementing agencies that implemented activities to strengthen community care and support networks as well as improving community social and economic basis in Chiang Rai, Ubon Ratchathani, and Amnat Charoen.

This evaluation uses qualitative approach to collect information from concerned parties. Data collection was done during November 7-11, 2007 in Chiangrai and November 14-19, 2007 in Ubon Ratchathani and Amnat Charoen. Main data collection methods are focus group discussions with key informants in the project areas

### **Findings**

Both implementing agencies, ADRA and SHARE, established project advisory committee at provincial and sub-district levels. In order to assess needs of community members, the community forums were conducted and activities were identified.

The 3 main activities implemented in project areas to achieve the project’s objectives are :

1. Activities undertaken to improved understanding of mobility-related HIV vulnerabilities of individuals, household and the source communities by the Project communities. AIDS prevention in schools and community wide AIDS campaigns were conducted under this activity.
2. Activities undertaken towards “building sustainable economic resource opportunities through Community-based Income Generation”
3. Activities undertaken towards “strengthening community-based care, counseling for People Living with HIV and AIDS and support networks for returnees” The support of PWHAs groups in Chiang Rai and Community care an support groups were established in Ubon RatChathani and Amnat Charoen.

However, the information gathered from the field has shown that ADRA and SHARE have utilized different approaches and activities to achieve some objectives.

## **Evaluation Results**

Overall, key informants who involved in the project are satisfied with the project. They perceive that the project is a good project that its results can contribute to the better quality of life of target populations in project communities. Nevertheless, according to the evaluator, the findings of this evaluation pertain to the objectives are:

Objective 1: Improved understanding of mobility-related HIV vulnerabilities of individuals, household and the source communities by the Project communities

It is found that though the community members have better knowledge of HIV and AIDS transmission, relationship between mobility and HIV vulnerability is not clearly seen in the work of ADRA, but seen in the work of SHARE.

Objective 2: Built sustainable economic resource opportunities through community-based Income Generation

The information gathered 2 months after the end of the project have shown that many groups are still active. There are more members participating in each group. However, the marketing is one important issue that should be concerned.

Objective 3: Strengthened community-based care, counselling for People Living with HIV and AIDS and support networks for returnees

Achievement in better understanding of HIV and AIDS knowledge as well as increasing positive attitude towards People Living with HIV and AIDS in all the three provinces is gained. More People Living with HIV and AIDS disclose their HIV status resulting in accessing to support. Therefore, quality of life of People Living with HIV and AIDS has become better, particularly in Chiang Rai where the groups are strengthened by the project.

However, establishment of support network for the returnees is not clearly seen in Chiang Rai. In Ubon Ratchathani and Amnat Charoen, support to migrants is better organized by the establishing of “Safety Net Centre” to support potential migrants and the returnees in communities.

## **Issues need to be follow up**

The achievement of the project is due to several factors such as the skillfulness and commitment of project staffs, the local civic fora that bring about the consensus in priority setting that made the project activities accepted by all concerned stakeholders. The project advisory group that involved government officials in the areas can help the project sustainable. Moreover, capacity building to key leaders in communities is important that they can develop their own skill and continue the work.

The factors that may cause the problems of project implementation are, for example, the delay of the project results in a speeding up activities at the end of the project, number of filed workers, particularly SHARE project staffs, is limited, no capacity building of new players, and no incentive for core group members to meet after the project ended.

## **Recomendations**

- Human resource development is essential. Implementing agency should gradually build capacity of new persons to be members of community core groups.
- Expanding the length of implementing period is recommended for income generation activities. The long preparation at the beginning of the project results in a speeding up at the end of the project. As a consequence achievement of some activities can not be seen or measured.
- Marketing planning is crucial. Implementing agency should pay more emphasis to this issue.
- More options should be offered to PWHAs who are not comfortable to join income generation groups.
- By the end of the project, implementing agency should clearly identify local partners to help maintain project activities for sustainability reason.
- Involve local authorities, particularly the local administrative authorities as advisory committee so that they can assist an access to resources after the project withdraw from the areas.

- There should be lessons-learned synthesis at every level.
- The establishment of sub-district core group in Huay Kayung, Ubon Ratchathani that involves members from different sectors including local administrative authorities, community leaders, volunteers, People Living with HIV and AIDS and work closely with government officials in the area can be one example that should be replicated to sustain the activities after the project has ended.

# 1. INTRODUCTION

## 1.1 Project Background

Responding to the rapid growth of population movement of rural communities between rural areas, urban settings as well as out of the country, which often heightens their HIV vulnerabilities, this project titled “**Strengthening HIV Resilience in Thailand Mobile Populations’ Source Communities**” proposes to reduce HIV vulnerabilities of the individuals, households and some source communities in the Provinces of Chiang Rai, Amnat Charoen and Ubon Ratchatani which have pockets of HIV prevalence higher than the national average and constitute the key source communities of Thailand:

The project is funded by the Japanese Trust Fund for Human Security, through UNDP Thailand, which in turn provides a facilitating role and has overall responsibility on the project, while two international NGOs: The Adventist Development and Relief Agency (ADRA) and the Services for Health in Asian & African Regions (SHARE), with their existing rapport and established community networks in selected communities, execute the project activities on the ground. The project period was from 1 February 2005 to 31 August 2007.

## 1.2 Project Strategies

The project is articulated around two complementary and mutually supportive strategies:

- 1) Developing community social capitals through strengthening local resources base (AIDS awareness and income generation) and
- 2) Strengthening community-based counseling, care and support network for People Living with HIV and AIDS.

## 1.3 Project Immediate Objectives

These strategies are translated into three objectives:



1. Improve the understanding of mobility related HIV vulnerabilities of individuals, household and the source communities by the Project communities.

Achievement indicators for immediate objective one

- a) Improved understanding of mobility linked HIV vulnerabilities in the Project communities.
- b) Reduced stigma and discrimination of People Living with HIV and AIDS (PWHAs) and their families in the Project communities.
- c) Increased participation of PWHAs in overall Project activities: e.g. HIV prevention activities in collaboration with other members of the Project communities.

2. Build sustainable economic resource opportunities through community-based income generation (IG).

Achievement indicators for immediate objective two

- a) Increased understanding, appreciation and utilization by people in the Project communities of existing community resources, including that of human resources (e.g. including returnees, PWHAs and their families, and ethnic groups).
- b) Improved alternatives for income generation options of households, which have been relying much on external resources from outside of their own communities before.
- c) Strengthened project management skills within the Project communities.

3. Strengthen community based counseling/care/support for PHA & support networks for returned migrants.

Achievement indicator for immediate objective three

- a) Improved care and support knowledge base and network for PWHAs, for returnees and for the people in their home communities thus strengthen the communities preparedness to cope with mobility related HIV vulnerabilities.

#### **1.4 Project Target Areas**

The project areas are in 3 provinces, namely, Chiang Rai, Ubon Ratchathani, and Amnat Charoen. The ADRA implemented the project in 18 villages in 2 districts of Chiangrai Province. SHARE covers 57 villages in 3 districts of Ubon Ratchathani, as well as 40 villages in 4 districts of Amnat Charoen.

## **2. Final Project Evaluation**

### **2.1 Overall Objective of the Evaluation**

This final evaluation aims to evaluate the overall performance of the project as per the project document, the work plan and expected outputs.

### **2.2 Scope of the Evaluation**

1. Assessment of the project's ability to meet the expected results with the required level of quality and in the agreed time frame.
2. Identification of the impact of the project on the lives of ex-migrants, People Living with HIV and AIDS, and community members.
3. Identification and analysis of the key issues and problems that need to be addressed.
4. Recommendations for necessary follow-up actions.

### **2.3 Evaluation Method**

This evaluation uses qualitative approach to collect information from concerned parties. Data collection was done during November 7-11, 2007 in Chiang Rai and November 14-19, 2007 in Ubon Ratchathani and Amnat Charoen.

The data collection methods include:

- Focus group discussion of 20 groups
- Individual interview of 4 persons
- Telephone interviews
- Observations
- Review of related documents

Apart from data collection in the field, information from the lesson learned workshop organized on December 3, 2007 with participation of concerned stakeholders is compiled in this report.

Key informants for this evaluation are:

- representatives from project committee at sub-district, district, and provincial levels
- members of village care and support groups

- Beneficiaries from project activities such as school children, teachers, People Living with HIV and AIDS and the affected as well as income generating group members
- project staffs

The field work areas are in the three provinces as following:

- Chiang Rai Province: Mae Suay and Mae Lao districts
- Ubon Ratchathani Province: Warinchamrab and Samrong districts
- Amnat Chareon Province: Patumratchawongsa and Hua Tapan districts

## **2.4 Conceptual Framework for the Evaluation**

This evaluation is a post intervention assessment. As a result, the evaluator could not observe implementing process. The information gathered for the final evaluation are based on information derived from in-depth interviews and focus group discussions with key informants, observation of existing activities at the time of the assessment, and documents such as project document and reports of the two implementing agencies. The achievement of the project implemented by ADRA and SHARE in those three provinces are assessed according to the set forth achievement indicators for three immediate objectives of the project mentioned above.

## **3. Findings**

### **3.1 Assessment on Project's Ability to Yield the Expected Results with the Required Level of Quality and in the Agreed Time Frame**

Overall, both ADRA and SHARE were able to finish all activities to fulfill the three immediate objectives. However, due to the time constraint and a short implementation period, completed outcomes of the project cannot be measured. Based on the information gathered during the evaluation, it is found that key informants who involved in the project are very much satisfied with the project. They perceive that the project is a good project that its results can contribute to the better quality of life of target populations in project communities.

The following sections present activities implemented under the project by ADRA and SHARE.

### **3.1.1 Establishing the project advisory committee**

After the **Project launch workshop in Bangkok**, both implementing agencies, ADRA and SHARE, established project advisory committee at different levels. This strategy help informing the local community and setting-up implementation schedule.

Provincial level : The committee are chaired by the governor. Members comprise of representatives from related government offices such as public health office, community development department, Ministry of Labours, Ministry of Agriculture, etc. This committee acts as consultants to the project as well as facilitating the networking of the government and non-governmental organizations.

District level : Only in Chiangrai that the project advisory committee at district level were formed. They act as mentors for the project. In Ubon Ratchathani and Amnat Charoen, though there was no committee at this level, the representative of concerned government offices were informed of the planned activities.

Sub-district level : Project committee at sub-district (or Tambon) level were core groups comprised of village headmen, representatives from Tambon Administrative Organization, volunteers, etc. Consultation were held in each Tambon to ensure that the proposed work plans were agreeable to the key players and the people. The implementing agencies decided, based on consultation with the selected Tambons, the different activities proposed by the Project.

Village level: At village level, SHARE has form a village core group comprises of 10 to 15 villagers who will responsible for coordinating and supporting activities in villages.

### **3.1.2 Arranging local civic fora**

The implementing agencies held a civic forum in each sub-district to raise the awareness of how social and economic environment of community influences accelerating mobility/migration as well as increasing HIV vulnerability and vice versa. Based on the findings and exchanges from the civic fora, the implementing agencies and each Tambon identified key priorities at Tambon

level, established a work plan, and assigned responsible persons for each action. Precisely, all participants have agreed upon prioritising action plans, planning detailed initiatives, making community's consensus on the plans.

### **3.1.3 Implementing project activities**

The main activities performed towards each of the three objectives in the targeted provinces of Chiang Rai, Ubon Ratchatani, and Amnat Charoen are summarized below.

#### **1) Activities undertaken to “Improved understanding of mobility-related HIV vulnerabilities of individuals, household and the source communities by the Project communities”**

Besides the local consultation and setting-up implementation schedule and arranging local civic for a to identification and establishment of key development priorities, the *HIV prevention and AIDS de-stigmatisation activities and knowledge dissemination* were implemented:

Both implementing agencies selected members with the most potential amongst Tambon Administrative Offices (TAO), village leaders, women's groups, youth groups, school teachers and students, community health volunteers and PWHAs from each Tambon to be a core group in conducting the HIV prevention and AIDS de-stigmatisation activities along with knowledge dissemination. In this regard, the following activities have been accomplished to various target groups.

#### **1.1 ) AIDS prevention in school:**

This activity was conducted in both primary and secondary schools in all three project provinces. It aims to communicate knowledge on HIV/AIDS to students and teachers on an ongoing and sustained basis. General information about 'Sex & HIV/AIDS' are disseminated through applying participatory learning approach. The intervention included training on Sex & HIV/AIDS education, quiz on HIV/AIDS, games and prevention activities such as demonstration of how to use condom and promote safe mobility.

The Implementing agencies also encourage students to set up activities in each school to disseminate HIV information to other schoolmates. For

example, “Safety Net” Centre was established in participated schools in Ubon Ratchathani and Amnat Charoen, while in Chiang Rai, it is called “Friend’s Corner”. Some schools disseminate HIV knowledge through exhibition board and broadcasting in school during lunch hour.

In all three provinces, besides the Sex & HIV/AIDS education at school, extra-curricula HIV prevention camps for primary and secondary school students and for teachers for awareness raising activities were organized. Students from participated schools were gathered and exchanged their experiences.

It should be noted that in Chiang Rai, ADRA conducted training for the teachers regarding HIV/AIDS as well as the integration HIV/AIDS to their school syllabus to disseminate the knowledge on HIV/AIDS through integration within the curriculum.

### Results:

According to the interviews with school children and teachers participated in this project, it is found that;

- School children have gained knowledge in HIV transmission and prevention, and the linkage of mobility and HIV vulnerability.
- The children camps provided school children in Chiang Rai to interact with People Living with HIV and AIDS. Therefore, they have demonstrated better attitude towards People Living with HIV and AIDS. They are much more willing to interact with PWHAs and the affected.
- School children, particularly the members of student core group, in Chiang Rai can disseminate knowledge related to HIV to their schoolmates and families, while school children in Ubon Ratchathani and Amnat Charoen are reluctant to talk about HIV/AIDS knowledge to their family and elders.
- After being trained in School children, particularly in Chiang Rai, have demonstrated creative ideas in producing communication medium such as small picture books and animation short movie.

- Teachers in project areas view that the project is useful, and be willing to maintain the project on their own efforts, particularly those with HIV integrated curriculum.

### Strengths

- Teachers' training provided by ADRA results in sustainability; that is, teachers' skills and HIV integrated curriculum will assist the teachers to keep working on HIV and AIDS.

### Weakness

- SHARE's field officers work with school children, but did not transfer their skills to teachers.
- Opportunities for school children, particularly in Ubon Ratchathani and Amnat Charoen to disseminate their HIV knowledge to other people are rare because not many activities that school children, parents and community members can join together.

## **1.2) Community-wide AIDS campaign**

After repeatedly conducting the HIV prevention and AIDS de-stigmatisation activities along with knowledge dissemination with community members through community meeting, the implementing agencies facilitated the Tambons/villages to hold HIV prevention campaigns by making use of opportunities when migrant villagers return to their own villages, for example, on World AIDS day, and during village festivals such as Songkran, Loy Krathong, and planting and harvesting time. During the campaigns, information on 'Mobility and HIV/AIDS Vulnerability', HIV/AIDS IEC material, condoms were distributed as well as appropriate use of condoms was demonstrated. These campaigns allowed members of different communities, students, and PWHAs (particularly in Chiang Rai) to participate in the activities to ensure correct understanding/knowledge and appropriate attitude towards PWHAs and their families

### Results:

- The villagers in general used to believe that HIV/AIDS is easily spread and were very fearful to even be near any PWHA. From the

interviews, understanding of HIV/AIDS and mobility-related HIV vulnerability among community people improved.

- Key informants have mentioned that more number of PWHAs have participated in social activities and income generation activities.
- PWHAs participated in focus group discussions felt that HIV stigmatization has declined. They can participate in community's social activities without playfully mention their HIV status from other villagers.

In summary, both implementing agencies have done well in achieving objective 1 and the effects are clearly recognized among those in the target areas who received HIV/AIDS training directly (students, core group members).

## **2) Activities undertaken towards “building sustainable economic resource opportunities through Community-based Income Generation”**

A series of consultations were conducted with the participation of TAO, youth representatives, monks, teachers, house-wives, PWHAs and local leaders, to exchange ideas, identify the best alternatives and then conclude on the key issues for the plan of their own communities/villages. Several community forums were organized to assess community's needs and to make sure that the activities will be sustainable.

Once the type of income generation activities were identified, the implementing agencies provided capacity and skill building training sessions, study visit to model income generation activities, plan for community-based income-generation action and training for income- generation management skills. In this regard, many different income generation groups have been established, with diverse activities such as food processing, pig raising, weaving, chopsticks producing, organic fertilizer producing, and so on. Some of the income generation groups were already established, some were newly formed under this project.

Information from members of income generation groups in the three project provinces revealed that different approaches were used by ADRA and SHARE to support income generation activities. For example, ADRA provided budget in cash for materials purchasing while SHARE provided budget in form of materials. Both types of support have facilitated the production of



the groups. They do not have to look for a loan form other financial institution for material purchasing. Moreover, SHARE has set up a rule that members of income generation groups have to contribute 10% of the budget to the group as reserve fund. This contribution makes members gain more sense of ownership.

It is also found that under the implementation of ADRA in Chiang Rai, many income generation groups have set up savings scheme and revolving funds together with their income generation activities.

### Results:

- As the groups were supported, either in cash or in materials, members could receive their wage as soon as they have finished producing their product which encourages them to be work harder.
- The support from the project enable them to buy more machine, increase their skill, thus, their productivity has increased.
- Income generation groups are strengthened; that is, the groups are more skillful in management, accounting, coordinating, reporting, and so on.
- The project provided opportunity for participants to visit other groups of the same kind. Therefore, learning networks among income generation groups both from inside and outside project areas have been established.
- Group members gain supplementary income.
- The project supported several income generation groups that value knowledge of villagers such as mat weaving, cotton weaving, brown rice production, organic fertilizer, therefore, local wisdom is maintained.
- Savings scheme and revolving funds can assist the returnees to set up sources of income.

- Providing opportunity for People Living with HIV and AIDS and the returnees to be income generation group members.

### Strengths

- SHARE supports income generation groups in the form of materials, not cash. This could be the right way as support in the form of budget could be risky if the groups can not manage properly.
- Contribution of 10% of budget from group members could make the members to gain sense of ownership.
- Study visits and building network among many different income generation groups in different areas could lead to a better learning process.

### Weaknesses

- In case of no monitoring and controlling system, providing support in a form of cash to income generation groups could be at risk of corruption.
- Many income generation groups are still totally dependent on external resources.
- Neither ADRA nor SHARE had pro-active marketing plan for income generation groups.

### **3) Activities undertaken towards “strengthening community-based care, counseling for PWHAs and support networks for returnees”**

To fulfil objective 3 regarding community based care and counselling for PWHAs, different approaches were implemented by ADRA and SHARE in their respective provinces.

**Chiang Rai Province.** ADRA did not establish care-support groups to provide community-based care, counseling for PWHAs and support networks for returnees. However, there are already existing PWHA and those affected groups with members supporting each other before the project implementation. ADRA supported these PWHA groups by providing knowledge in home-based care and financial support for them to set up their own activities. The activities of PWHA groups are:

1. monthly group meeting at Tambon level, and once a month at community hospital
2. home visit to PWHAs who are sick
3. credit scheme for PWHAs for investing in their occupation
4. emergency support such as building a house for a very poor and sick PWHA

From focus group discussions with members of PWHA and those affected groups, it is found that:

- The work of ADRA has empowered the existing strong HIV support groups and rehabilitating the weakened groups.
- Credit scheme can assist supplementary income to People Living with HIV and AIDS. This credit scheme is very useful to the PLWHAs because it is difficult for them to get a loan from financial institutions.
- The monthly meeting among members is crucial that they feel their mental and psychological health has been much better since the introduction of the project.

#### Strengths

- Revolving fund for People Living with HIV and AIDS support groups will assist the groups to keep their activities on even after the project has withdrawn from the areas.

**Ubon Ratchathani and Amnat Charoen Province.** SHARE organized core groups at village and sub-district levels (Village/Tambon care and support group). Each targeted village chose five representatives who were trained by SHARE on HIV/AIDS prevention and basic care and counselling for PWHAs. Each representative looked after 10 households with PWHAs to supplement the work of village health volunteers. These core groups at

village level took turn to provide home visiting to People Living with HIV and AIDS and other patients once a month with a budget of 50 baht per visit per PHWA/patient. SHARE also assisted People Living with HIV and AIDS to access to public services and welfares such as living allowance of 500 baht/month/PWHA from their respective Tambon Administrative Organization (TAO) or from their respective Municipality Administrative Organization. Under the implementation of SHARE, each village has received a box of medicine for primary treatment. However, it is found that in some communities after the project has ended, there is no budget to buy medicine to fill up a medicine box.

### Strength

- SHARE provided capacity building to the care and support groups. This is worthy as they can apply to activities in their everyday life.

### Weakness

- The allocation of budget for home visiting was limited and approved only on request during the implementing project period. After the project has ended, there was no budget left with the care and support group. Home visiting in some communities under SHARE has been declined because of a shortage of budget.

Regarding the support networks for returnees, it is found that establishment of support network for the returnees is not clearly seen in Chiang Rai. There is no explicit activity planned for returnees. They see that relatives can be the main supporters for returnees. If those who move back have no job, they can participate in income generation groups. If they would like to get a loan, their relatives may borrow from the saving group.

However, in Ubon Ratchathani and Amnat Charoen, support to migrants is better organized by the establishing of “Safety Net” to support potential migrants and the returnees in communities. The project has conducted initial consultations on networking of returnees with target communities. It was found that the returnees had no information about what they had to face in the working place, HIV/AIDS, trafficking, and so on. Hence the project approach is beneficial since it contributes to better equip people prior to their decision to move or migrate. The different emphasis of the two implementing agencies may be due to different rates of migration between Chiang Rai in the North and Ubon Ratchathani and Amnat Charoen in the Northeast.

### **3.2 Identification of the impact of the project on the lives of ex-migrants, People Living with HIV and AIDS, and community members.**

Despite the fact that the coverage of the project is limited it is fair to say that the project has contributed to lessen stigma and discrimination towards PWHAs and their families. Undoubtedly, disseminating HIV knowledge and facilitating positive attitude towards People Living with HIV and AIDS to project communities has been successful. This activity helps community members deeply understand how HIV transmit from one to another person. It also helps improve attitude toward living with PWHAs.

Discussions with 4 PWhA groups in Chiang Rai show that their health, both mental and physical, has improved since their groups have been strengthened by the project. Not only activities conducted in communities, but PWHAs also have received positive support from the field staff of both SHARE and ADRA, who act as role model for non-PHA in the way they interact with PWHAs, working on reducing stigma on a daily basis.

People Living with HIV and AIDS feel that they are better accepted by others. They can participate in community social activity and interact with other members as if they have no HIV and their social isolation declined. Some have stated how their lives have been better when they are able to meet with others in group monthly meeting. Most of them have been recovered from their sickness because of they have been using ARV for years. However, they perceive that *“mental support is better than medicine”*.

Similarly, in-depth interviews with PWHAs in Ubon Ratchathani and Amnat Charoen have found that they felt good when the care and support groups visited them at home. They could get the impression that there are groups of people who care and willing to support them. However, due to shortage of funding after the project ended, home visiting has been lessened. One interviewed PWhA have never been visited since then. Nevertheless, some village care and support group members, particularly those who are village health volunteers, may perform that activity on their own without any budget.

Findings from discussions with community core groups in Amnat Charoen, though most of sub districts under the project do not have PWhA groups due to small number of PWHAs in each village, some PWHAs living in the project communities who did not participate in the project activities have come to ask the care and support group members about the means and modes

of available supports and care regarding medicine or small grants to generate incomes and the project was able to either respond to their needs or refer them to the existing PWHA group such as “Palang Jai Group” of Amnat Charoen Province.

Regarding the impact of community based income generation activity on lives of ex-migrants, People Living with HIV and AIDS, and community members, it is found that members of income generation groups are satisfied with the support of ADRA and SHARE. Most of the members have had migration experience. The explicit policy of the income generation groups that give priority to ex-migrants and People Living with HIV and AIDS to participate in group activities has increased opportunity for them to earn supplement income. Though the income generation activity cannot substitute the income from working outside communities, it has improved alternatives for income generation options of households. The training to improve skills made the income-generation groups’ members gain more confidence on running their activity.

### **3.3 Identification and analysis of the key issues and problems that need to be addressed**

#### **3.3.1 Key factors contributed to the achievement of the project**

- The local civic fora have contributed to jointly engage government officials, village leaders, women’s groups, youth groups, school teachers and students, community health volunteers and PWHAs. It also brings about the consensus in priority setting that made the project activities accepted by all concerned stakeholders.
- The organizing of project advisory group at provincial, district, and sub district levels that involved government officials in the areas could bring about sustainability as when the project ends these officials will help communities to keep their activities on.
- Capacity building to key leaders in communities is worthy as they can apply to activities in their everyday life.
- Skillfulness and willingness to work of both ADRA and SHARE’s field workers result in that they are admired by communities’ members.

- Project staffs worked closely as “mentor” and closely monitoring of ADRA and SHARE project staffs lead to achievement of the project and the community members could develop their own skills.

### **3.3.2 Key problems for the achievement of the project**

- Key leaders and players in communities, particularly Tambon core group, have other missions and tasks to be responsible for. This might result in a non-continuity of HIV activities after the project ends. There is no incentive neither opportunity for them to meet each other as previously did during the project period.
- Many selected key players are those involved in health care such as Community Health Volunteer. They understand health issues and be willing to help people, but they also have many others missions to be responsible for.
- Number of field workers, particularly SHARE project staffs, is limited while the project covers many communities which are large and scattered areas.
- The delay at the beginning of the project results in a speeding up at the end of the project. As a consequence achievement of some activities can not be seen or measured. Some activities have started in the year 2 and may not have any problem. However, if any problem occurs after the project has withdrawn, there would be no one to help solve the problem. The short period of implementing activities also have not produced tangible outcomes, particularly the income generation groups such as cattle raising group. In this regard, we cannot assess the success.

### **3.3.3 Differences in strategies and activities**

Both ADRA and SHARE followed the strategies stated in project document carefully. However, there are some significant differences in strategies and activities implemented in their respective project areas. The major differences are found in the allocation of budget to income generation activities and the support of PWHAs.

Budget allocation to Income Generation Activities: As mentioned in section 5.3.2 that ADRA supported income generation groups in a form of cash to purchase materials and building. Though, members of the IG groups are trained in management skills, if there is no monitoring and controlling system of income generation groups it could be at risk of corruption. On the contrary, SHARE has restricted rules in supporting the income generation groups. The income generation groups would get a support in a form of materials. They were not allowed to buy heavy instruments nor build any building. The members said that they were pleased with these regulations because *“when the support from SHARE is over, there still something left for them to continue working”*.

Different activities to support People Living with HIV and AIDS : ADRA supported existing PWHA groups in a form of lump sum to manage their activities such as monthly group meeting, revolving fund, saving scheme, emergency funds, and home visiting. After the closure of the project, the groups are able to continue their activities because revolving fund for People Living with HIV and AIDS support groups assists the groups to keep their activities on.

SHARE encouraged the establishment of Tambon/village care and support groups to provide care and support to PWHAs in communities. For each home visiting, SHARE allocated an amount of 50 Baht per PLWA. From the interview with one PWHA, home visiting in some communities has been terminated because of a shortage of budget due to the closure of the project.

The different activities to support PWHAs implemented by ADRA and SHARE may be due to different context regarding number of PWHAs in the northern and northeastern regions. The groups of PWHAs in Chiang Rai have been established long before the project started, while there was no such group in the northeastern project areas. Moreover, PWHAs in Chiang Rai felt that they are just like normal people, they are not sick. They do not need special care. What they need is alternative source of income since they find it difficult to get a loan.

### **3.3.4 Marketing strategies**

Based on information gathered in the field, it is found that both ADRA and SHARE did not much assist income generation groups in marketing planning. During the time of the evaluation, marketing is still not a serious problem since many of the income generation groups have been formed and



running on their own before the project started. They already have markets for their products. Some group leaders use their own personal connections to find the outlets for their products. However, there are types of products that are highly competitive in the market such as cotton weaving and brown rice producing groups may face marketing problem in the near future. These income generations groups have enjoyed the support from implementing agencies to buy raw materials and been able to produce a lot of products. However, there is no pro-active plant to find new market. Raw material such as rice may be spoiled if it is kept for a long period of time.

## **4 Conclusions and Recommendations**

### **4.1 Conclusions**

In summary, according to the perceptions of all key informants, the project is a good project. It has contributed to the improved quality of life of target groups in project areas. Nevertheless, the analysis of information gathered for this final evaluation, the findings pertain to the objectives are:

Objective 1: Improved understanding of mobility-related HIV vulnerabilities of individuals, household and the source communities by the Project communities

It is found that though the community members have better knowledge of HIV and AIDS transmission, relationship between mobility and HIV vulnerability is not clearly seen in the work of ADRA in Chiang Rai. The mobility related HIV vulnerabilities, though prompted by the evaluator, is rarely mentioned. However, key informants in Ubon Ratchathani and Amnat Charoen clearly stated the issue as one important objective of the project.

Both ADRA and SHARE' work are successful in reducing stigma and discrimination of People Living with HIV and AIDS and their families in the Project communities. The PWHAs interviewed perceived that they have been accepted in joining community events. Moreover, there was an increased participation of PWHAs in overall Project activities: e.g. HIV prevention activities in collaboration with other members of the Project communities. PWHAs were invited to be resource persons for AIDS training in schools. Some are income generation groups.

Objective 2: Built sustainable economic resource opportunities through community-based Income Generation

The two organizations have successfully increased understanding, appreciation and utilization of existing community resources, including that of human resources of community members. As we can see from income generation groups that use raw materials in communities or local knowledge such as organic fertilizer, mat weaving, brown rice production, cotton weaving, and traditional massage.

The income generation activities also improve alternatives for income generation options of households, which have been relying much on external resources from outside of their own communities before. Moreover, the training provided by the project has strengthened project management skills within the Project communities. The information gathered 2 months after the end of the project have shown that many income generation groups are still active. The budget supported by the project is left as revolving fund. Many groups reported that amount of money they have is increasing. There are new members participating in some groups after the project has ended.

However, the marketing plan is one important issue that should be concerned.

Objective 3: Strengthened community-based care, counselling for People Living with HIV and AIDS and support networks for returnees

It is found that achievement in better understanding of HIV and AIDS knowledge as well as increasing positive attitude towards People Living with HIV and AIDS in all the three provinces is gained. More People Living with HIV and AIDS disclose their HIV status resulting in accessing to support. Therefore, quality of life of People Living with HIV and AIDS has become better, particularly in Chiang Rai where the groups are strengthened by the project.

It is found that establishment of support network for the returnees is not clearly seen in Chiang Rai. However, in Ubon Ratchathani and Amnat Charoen, support to migrants is better organized by the establishing of “Safety Net” to support potential migrants and the returnees in communities.

## 5.2 Recommendations

- Human resource development: For the project of the same kind, all key players on the ground should not be those who have already had responsibility for many community activities. Many selected key players are those involve in primary health care such as Community Health Volunteer. They have basic primary health care and be willing to help people, but they also have many others missions to be responsible for. Implementing agency should gradually build capacity of new persons to be members of community core groups.
- Expanding the length of implementing period is recommended for income generation activities. The long community preparation at the beginning of the project results in a speeding up at the end of the project. Some activities just started in year 2 of the project, as a consequence, achievement of some activities can not be seen or measured.
- Alternative options of support for People Living with HIV and AIDS should be considered. Some income generation activities may not be appropriate for PWHAs such as food processing. This is because some PWHAs perceive that others may object to their participation in food processing. Some may be not willing to join and work in the group. Other kind of support such as individual skill training should be an option for them.
- Marketing planning is crucial. Implementing agency should pay more emphasis to this issue. Though at the time of the evaluation, this is not a serious problem as the groups started running on their own before the project came. It may happen in the future if the groups have no plan and cannot adapt themselves to the competitive market system.
- By the end of the project, implementing agency should clearly identify local partners to help maintain project activities for sustainability reason.
- Involve local authorities, particularly the local administrative authorities as advisory committee or core group members so that they can assist an access to resources after the project withdraw from the areas. And the collaboration from relevant government agencies will not be difficult.

- There should be lessons-learned synthesis at every level.

## **RECOMMENDATIONS: TOWARDS SUSTAINABILITY**

Despite the time and implementation constraints, there are significant changes in communities due to the project initiation. One model that is worth mentioned is the establishment of a Tambon core group that still active after the project ended. This example can be learnt from the “Bua Ban” group in Huay Kayung sub-district in Ubon Ratchathani.

- Key leaders and players in communities have other missions and tasks to be responsible for. This might result in a non-continuity of income generation and HIV activities after the project ends. Therefore, strong core groups should be established at sub-district level.
- The Bua Ban group involves several stakeholders such as local authorities, community leaders, volunteers as well as well People Living with HIV and AIDS. They also work closely with government officials in the areas that could bring about sustainability as when the project ends these officials will help communities to keep their activities on.
- The group also has the well established groups to act as a “mentor” of newly established groups in the project. The “Sadoa Wan Group” is a group of PWHAs in Warinchamrab district. They assist the PWHAs in Huay Kayung to form the “Ban Chuen Group” under the project and to conduct group activities.

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## ANNEX



### TERMS OF REFERENCE FOR SPECIAL SERVICE AGREEMENT

POST TITLE: Project Evaluator  
AGENCY/PROJECT NAME: Strengthening HIV Resilience in Thailand Mobile Populations' Source Communities  
COUNTRY OF ASSIGNMENT: Thailand

#### 1) GENERAL BACKGROUND

Responding to the rapid growth of population movement of rural communities between rural areas, urban settings as well as out of the country, which often heightens their HIV vulnerabilities, the project proposes to reduce HIV vulnerabilities of the individuals, households and some source communities in the Provinces of Chiang Rai, Amnat Charoen and Ubon Ratchatani. The project is articulated around two complementary and mutually supportive strategies: 1) Developing community social capitals through strengthening local resources base (AIDS awareness and income generation) and 2) Strengthening community-based counseling, care and support network for People Living with HIV and AIDS.

The project is funded by the Japanese Trust Fund for Human Security, through UNDP Thailand, which in turn provides a facilitating role and has overall responsibility on the project, while two international NGOs: ADRA and SHARE, with their existing rapport and established community networks in the proposed communities, execute the project activities on the ground.

The project will complete its implementation in the field by the end of August 2007. Final evaluation is, therefore, required in order to assess the overall performance of the project as per the project document, the work plan and expected outputs.

#### 2) OBJECTIVES OF THE ASSIGNMENT

To evaluate the overall performance of the project

### 3) SCOPE OF WORK

5. Assessment of the project's ability to meet the expected results with the required level of quality and in the agreed time frame.
6. Identification of the impact of the project on the lives of ex-migrants, People Living with HIV and AIDS, and community members.
7. Identification and analysis of the key issues and problems that need to be addressed.
8. Recommendations for necessary follow-up actions.

### 4) DURATION OF ASSIGNMENT, DUTY STATION AND EXPECTED PLACES OF TRAVEL

- Duration of assignment:
- Expected places to travel: Chiang Rai, Ubon Ratchathani and Amnat Chareon provinces

### 5) FINAL PRODUCTS

Evaluation reports in English and Thai.

The evaluation reports will be shared with a "workshop on lessons learned of the project", which is expected to take place very soon after the evaluation. The reports will be key input provided to the Final Project Steering Committee, which is planned for the end of November 2007.

### 6) PROVISION OF MONITORING AND PROGRESS CONTROLS

The UNDP project facilitator will observe and monitor the work of the contractor in the field occasionally. Progress will be reported to the facilitator periodically.

### 7) DEGREE OF EXPERTISE AND QUALIFICATIONS

- Master degree in population and/or social development
- Extensive experience in project evaluation skills and techniques
- Related experience in the area of HIV and AIDS and rural development
- Related experience with rural communities
- Capacity to work autonomously
- Excellent analytical and drafting skill in English and in Thai

**8) REVIEW TIME REQUIRED**

5 working days

**9) CONSULTANT PRESENCE REQUIRED ON DUTY STATION/UNDP PREMISES**

PARTIAL

INTERMITTENT

FULL TIME

No. The contractor will work autonomously.

**10) PAYMENT TERMS**

Please indicate any special payment terms for the contract.

Hourly

Currency:

Amount:

Daily

Currency:

Amount:

Weekly

Currency:

Amount:

Output based lump-sum  
scheme  
(Please also specify the  
payment terms)

Currency:

Amount: