

**UNDP**

**Japan Human Resources Development Fund**

**Responding to the HIV/AIDS Epidemic and its Impact in Myanmar**

**Completion Report**

23 June 2003 to 15 March 2005

**World Vision Myanmar/Japan**

## **Contractor**

**Name:** World Vision Myanmar & World Vision Japan

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## **Identification of the project**

**Name of the project:** Responding to the HIV/AIDS Epidemic and its Impact in Myanmar

**Agreement number:** C03-0019

**Type of project:** HIV/AIDS project with focus on community level capacity development

**Location:** Kyaing Tong in Eastern Shan State,  
Pha-an in Kayin State,  
Kawthaung in Tanintharyi Division,  
Pathein in Ayeyarwady Division,  
Myanmar

(Myingyan in Mandalay Division was originally included in the target location of AIDS Support Group, and World Vision was planned to provide training there. However, at the preliminary meeting held in the beginning of the project, UNOPS agreed to take on all responsibility on supervision and training in Myingyan. Therefore, WV dropped Myingyan from its operation area.)

**Start-up Date:** 23 June 2003

**Completion Date:** 15 March 2005

## **Project Start up**

From June to August 2003, while we waited for the first fund remittance, the project's geographical target area was confirmed based on a series of meetings among UNOPS, World Vision, and AIDS Support Group (ASG), another implementation partner of this project. During this time the Supervisory Committee was formed with the involvement of National AIDS Program (NAP). The roles of the Supervisory Committee were to provide technical guidance, monitoring, feedback on the result of monitoring visits, and to advice on the implementation of micro-project by CBOs. Staff Training on facilitating CBO development, HIV/AIDS prevention and care, and counseling was given to thirteen participants (2 WV staffs from each project sites x 4 locations, and 5 ASG staffs) during this initial project preparation period.

## **Challenges and Impact**

### **1. Community capacity building**

The foundational approach of this project was to build the capacity of local residents by forming Community Based Organizations and training Community Development Volunteers (CDVs). This was also in line with, and in some areas where World Vision had previously implemented projects, in the continuation of World Vision's effort. While the process was relatively smooth in areas with previous projects, it was at the same time the biggest source of the challenges.

Target population who are affected by HIV/AIDS are by definition struggling for their daily bread and survival. Even if we look at people from the same community who are not directly affected by HIV/AIDS, the education level is generally low and few people have experience in community development work or systematic management of any kind. On the other hand, CBO members should have minimum potential to take the leadership role in the community, and CDVs and health care providers should be someone who can learn and understand basic nursing and counseling. Also, HIV/AIDS was a very sensitive issue in most of the target communities – again that was why they were selected as target – which meant that the residents there did not hope to be involved in anything related to HIV/AIDS. Due to this situation, it was difficult to identify suitable persons to be trained to take a programmatic approach on HIV/AIDS prevention and care activities. Especially in communities where poverty is severe, there are not many literate people who can be candidates of CBO members or health care providers.

In order to overcome the difficulty, the project sought support from local people such as basic health staff, teachers, and community leaders, who know the potential candidates. The project also tried to maintain the volunteers whom WV trained in previous projects, so that they can grow to become CBO members and CDVs. And once the candidates were identified, the project naturally focused very much on training these people, both in community facilitation and technical issues on HIV/AIDS prevention, care and support.

Even with all these measures, the process of CBO development took months, so did the implementation of micro-proposal projects. In order to maintain the financial accountability, the project and the CBOs decided to transfer the fund for the micro-proposals according to the actual expenses rather than as advance payment. As a result, the fund disbursement for micro-proposal projects had to be continued after December 2004, which was the project end date agreed in the revised Memorandum of Agreement. In order for the project to complete funding

for the approved micro-proposals while ensuring proper fund use, the second no-cost extension was made.

Although quantitatively measuring their increased capacity is not a simple task, the project staff witnessed that the way CBOs are coordinating the activities especially the micro-proposal projects and the committed support that CDVs extend to PHAs and other vulnerable people have drastically improved in the course of the project implementation. The change has been observed in the ways that they interact with community training participants or those who receive care, their relationships, and the decrease of stigma and discrimination against PLWHA.

We see such changes not only as the positive impact of the project but as the preparation for the further prevention, care and support activities that are to be continued by the CBOs and CDVs in the future.

## **2. Community's attitude towards HIV/AIDS**

In areas where HIV/AIDS was still a sensitive issue at the time of project initiation, community people did not dare to openly talk about real situation in the community. Most of the people in such areas were afraid of this “deadly” disease and are reluctant to participate in activities to face issues related to HIV/AIDS. This made it difficult to grasp the thorough condition in the communities, even to conduct survey or assessment itself. Majority of the PHAs and their families were not willing to admit that they were infected with HIV, which prevented receiving necessary care at early stages of infection. It also required persistent effort to convince potential people to become CBO members or CDVs, because they were also afraid of HIV/AIDS.

In order to reach more PHAs, project staff regularly visited the communities and provided care and support to PHAs by teaching proper health care methods, referring to a clinic, and giving medicine and food. In the beginning of the project they intentionally visited houses with members who have other sickness or health problems, so that it appears that World Vision staff are helping sick people in general but not specifically PHAs, in order to avoid potential discrimination against the patients visited by the project staff.

As a result of such a persevering approach, people came to realize that they are cared about, and they gradually started talking, asking for help, and participating in preventive activities.

Apart from the PHAs themselves, it is usually very hard to alter conventional understanding about HIV/AIDS in communities that are not familiar with the issue, especially when there is strong religious background, which are mainly Buddhist and tribal beliefs in the target areas of this project. And it was the case when we started this project.

In relation with the previous section, the method of building up the community capacity promoted faster change in the perception among the residents. Because the members of the village or the ward spoke about HIV/AIDS, it sounded more reliable than hearing from government staff or aid agency staff who came from outside their community, thus the messages were much better accepted. When CBO members and CDVs saw that their messages were received and enlightened their fellow residents, or that their support was really making a difference in the lives of suffering friends, it worked as the encouragement to those who are engaged in the work.

### 3. Support for PLWHA and use of medicines and Home Based Care Kits

Care and support for PLWHA was the humanitarian aspect of the project, which worked as the basis of the trust by the target community. The number of PLWHAs (including HIV positive people and their families) who were supported by the project each quarter is shown below.

	Kyaing Tong	Hpa-an	Pathein	Kawthaung
1 <sup>st</sup> quarter	2	1	11	2
2 <sup>nd</sup> quarter	4	57	8	1
3 <sup>rd</sup> quarter	6	16	8	4
4 <sup>th</sup> quarter	17	6	17	11
5 <sup>th</sup> quarter	14	24	9	5

They were all supported with home based care by project staff or volunteers. There are 4 types of services provided by the project.

- ❖ Home Based Care Kits: The project staff or volunteers visited the PLWHAs and provided basic care using the Home Based Care Kits. All the medicines and needles/syringes purchased in bulks are put in the Home Based Care Kits and were utilized during Home Based Care. The project did not provide medicine and medical equipment directly to clinics and hospitals. The support for medical services at medical institutions was provided by Referral Services written below.
- ❖ Case-specific care and support
  - Emergency support: When especially needy persons with HIV are identified, the project provided special support such as food and other survival materials.
  - Care and Support for Orphans and their Guardians: When especially needy orphans or their guardians are identified, the project provided special support such as food and other survival materials.
  - Referral Service: When PLWHAs who need advanced medical care are identified, the project staff or volunteers referred them to a local clinic or a hospital. After paying for the medical care, the PLWHAs would come back to the project staff and the project reimburses for the medical services provided at the clinic/hospital plus for the medicines prescribed by a doctor. In this case the kind of medical care and medicine provided for the PLWHAs are left to the medical doctor.

The amount spent for each type of support is as shown below:

	Kyaing Tong	Hpa-an	Pathein	Kawthaung
Home Based Care Kits (bags, medicine, needles/syringes)	US\$1,509	US\$1,677	US\$5,212	US\$1,986
Case-specific care and support	US\$14	US\$89	US\$779	US\$1,114

Care and support extended through these activities gave dignity and hope to the people who otherwise might have given up living with positive healthy attitude.

#### **4. Hope for livelihood betterment**

Loan program was one of the unique features of this project. While it is often noticed that much of the problem around HIV/AIDS arises from poverty, direct intervention to this aspect within the scope of HIV/AIDS elimination project has not become common.

Thanks to the loan program, vulnerable people in target areas had the opportunity to expand their production or small business, which gave them more security in life and ability to cope with HIV/AIDS. In cases where the clients are PHA or their families, they obtained additional income to cover their medical expenses, which used to occupy a large portion of their household expenditure. When community people who are not PHA received loans, part of their repayment plus interest was compiled and given to other people as new loans, and another agreed portion was accumulated as Community Development Fund, which will be utilized for future activities of HIV/AIDS prevention, care and support.

In the course of preparation and implementation of the loan program, there were some obstacles and difficulties. For instance, when the project tried to identify loan clients and loan methodology, it sometimes took a very long time because of the local context that there is almost no business opportunity with which clients could make regular short-term repayment of capital and interest, especially in remote rural areas such as Kyaing Tong. Also, when the local authorities receive unfavorable information related to income generation activities or micro-credit, the project had to stop all the loan disbursement and collection until the cease-order is lifted. The typical case happened in Kawthaung, because of which the loan disbursement had to be made in January and February 2005. This was another reason for the second no-cost extension.

However, after all these challenges, the clients who have received the loans are steadily making the repayment and strengthened their economic status. At the end of the project period, the project turned out to need to disburse more loan fund than expected, for the following reasons:

##### **a. Loan season**

In Kyaing Tong, after the rain paddy season, in October to December 2004, the villagers wanted to start growing winter crops. In Pathein, after the rainy season when the weather is mild, the villagers wanted additional capital for fishing industry, ferry boat operation, and brick making. It was loan season in both areas that there was a big number and amount of requests for loan fund. Due to these seasonal requests, the project had to provide loan fund in a short period of time to concentrated batches of clients.

##### **b. Needs from the community**

When the loan fund was disbursed as above, the project selected clients and provided loans according to the result of feasibility study. In case there are more applicants who are qualified to receive loans than the budget, the project did not limit the number of clients or loan size just because of the budget, in order to ensure the equity and effectiveness of the loan scheme.

##### **c. Plan for continuation**

This project enabled World Vision to initiate loan programs in the four target areas. After considering the effectiveness, sustainability, and its impact on the community development, WV decided to continue loan activities in the four target areas after the project end, as part of its Area Development Programs set up in the respective townships. Therefore, WV searched other fund source to cover the fund capital from March 16, as well as the overspending amount

from the project period. This decision supported the implementation of loan programme according to the needs rather than according to the budget allocated for loan programme.

According to the requests and assessment, the project disbursed loans with the total amount of 31,110,000 kyat, equivalent of US\$33,661. Please see the attached “Loan Programme Completion Report” for details.

## **Area-wise Project Achievement Highlights**

### ***Kyaing Tong***

Kyaing Tong is a remote mountainous area near the border with China and Laos. Because World Vision Myanmar has been working in Kyaing Tong Township since 1997, local people know WV very well and CBOs were smoothly formed during the second quarter of the project.

#### **Objective 1**

To upgrade the capacity of the local NGOs/CBOs in formulating and implementing micro-proposals on HIV/AIDS prevention, care and support.

#### **1-1 Formation/Identification of CBOs and their capacity building**

In Kyaing Tong, people of several hill tribes live in groups according to their tribes. In order for the CBOs to be effective in community facilitation, each CBO was formed with members of one specific tribe.

The following four CBOs were formed in Kyaing Tong

1. Pan Sat Kya village tract with 21 members from Akha ethnic group from four villages (610 beneficiaries).
2. Phar Yan village tract with 21 members from Lahu ethnic group from four villages (1,820 beneficiaries).
3. Ho Kyin village tract with 21 members from Akha ethnic group from four villages (1,200 beneficiaries).
4. Naung Noon village tract with 11 members from five villages (1,200 beneficiaries).

#### **Gender issues**

CBO 4 is composed of 4 male members and 7 female members. On the other hand, in CBO 1, 2, and 3, there are 16 to 17 male members with only 4 to 6 female members in each group. This is due to the background that in the hill tribe areas where these new CBOs were formed, male community members are usually considered as the ones who earn the family’s livelihood and make decisions, whereas women are expected to be housewives and supporters. Because of this tradition, even though the standard to have 50% of female members was explained to the people beforehand and the male community members offered the CBO member positions to women, it was difficult to enforce the 50% membership of women. However, it has been observed that female members are actually actively and happily involved in the facilitation, even if they are not officially in the leadership positions. From WV’s experience with CBOs in other areas in Kyaing Tong, this is a natural and inevitable phenomenon in the context of this area and such active participation of women usually leads to gradual change in the gender relations in the community. In spite of the official figures, we are assured that the process of CBO formation and project implementation with those CBOs provided a field where such changes are promoted.

### Capacity building of the CBO members

A series of training were conducted to improve the capacity of CBOs members.

- HIV/AIDS awareness and prevention
- Social Mobilization
- Leadership and management
- Micro-proposal writing

### **1.2 Facilitate CBO members to take initiative, to formulate and implement community activity plan including HIV/AIDS prevention and care**

PLA exercises were conducted in 4 villages where the project established CBOs. After the exercises, CBOs developed micro-proposals for their respective targeted communities under the guidance of project staff. After the micro-proposal contents were developed, a CBO-project joint session was held to discuss financial management and activity implementation supervision and monitoring.

All micro-proposals were submitted to World Vision National Office in Yangon and approved. Micro-project activities implementation then started in May 2004 in accordance with the following plan of action.

- Capacity building of CBO members and community people
- Monthly meeting for project activity record compilation and report writing
- Meeting for sharing activity experience and lessons learned and development of next month plan
- Community training on HIV/AIDS prevention and care
- Participating in OVC immunization and nutrition status assessment and support
- Support to OVC for proper education and early childhood care and development

Four CBOs initiated activities in accordance with micro-proposals developed. Apart from monthly monitoring and evaluation meeting, cross-villages combined meetings were held usually with five representatives from each CBO. It was held for the purpose of facilitating their proposed activities. Meeting participants reviewed last month activities and shared experiences in caring patients and the challenges that they faced while working in communities. Thanks to these meetings, most of the CBOs efficiently implemented the activities in accordance with their implementation plan even though it was the first experience for them. For CBOs that had difficulty managing the activities, the project gave consultancy and encouragement.

In total, the CBOs trained 1,800 community people in the project target areas instead of 800 which was set up in their proposal.

In especially successful cases such as a CBO in Ahkhar village, CBO members were further motivated by the positive response of their community while they were giving Health Education about HIV/AIDS. Members of this CBO felt satisfaction in their performance and they keenly continued their proposed activities as their own initiative.

### **Objective 2**

To develop the capacity of the community in adopting healthy life styles and practicing preventive measures, and in provision of care and support to infected and affected individuals and families.

## **2-1 Training of CBO members for HIV preventive education and care**

Project staff trained CBO members on the following topics:

- Primary health care
- Health education
- Condom promotion in the community
- Care and counseling both to PHAs and affected family members
- Participating in OVC children immunization and nutrition status assessment, support
- Support to OVC for proper education and early childhood care and development
- Social mobilization
- PLA
- Concept paper writing
- Meeting record taking and report writing
- Development of next month activity plan

## **2-2 Recruitment and Training of CDVs for HIV preventive education and care**

50 Community Development Volunteers (CDVs) were recruited and trained as health care providers in the initial stage. After the initial training, a series of training including HIV/AIDS prevention, Home Based Care and Counseling were given to 20 CDVs selected through the help of local authority and community elders.

In addition, as part of CBOs' micro proposal activities, trained CBOs members gave trainings to volunteers on the following:

- HIV/AIDS prevention, care and support
- Convention for Right of Children
- PLA
- Primary health care
- Social mobilization
- Records taking including meeting record
- Report writing

These volunteers became able to promote the use of HIV infection preventive measures in the communities, through health education, counseling, promotion and distribution of condoms. They trained the community people especially the vulnerable age group from 15 to 49 regarding the following:

- CRC and HIV/AIDS awareness and prevention
- Nutrition and immunization
- ARI/GE, safe water and sanitation
- Reproductive health and family planning

## **2-3 Procurement and distribution of Home Based Care kits and equipment**

In accordance with the presence of PHAs in communities, home based care kits were distributed to the care providers who work under the supervision of respective CBO.

The following support was given as a continuation of Home Based Care.

## Care and Support to orphans and PLWHAs

CDVs in collaboration and cooperation with local leaders identified 150 orphans and provided necessary support; medicines for sick children, food and other essential materials for orphans of poor families.

In November 2003, an orphans' sharing meeting was organized, to which 150 orphans gathered along with their family members and health care providers. The children spoke to each other about their missed parents, their daily activities and future imagination. Even when they talk and draw about supposedly sad things, for instance "what would you like to give to your parents (who have passed away from AIDS)?" the children described their ideas delightedly. From their joyful expressions, it is believed to be a great psychological support and encouragement for the orphans to walk forward with hope.

In December 2003, a PHA sharing meeting was organized, and 40 PHAs from target villages gathered at WV office. They shared their suffering, happy stories, information related to HIV/AIDS, and knowledge/experience about healthy life style such as what kind of food is good for which health problems. They also discussed the responsibilities of PHAs in their communities.

### **2-4 Preventive activities using IEC materials**

CDVs gave HIV/AIDS education to 1,800 beneficiaries in target villages. According to the plan, at least one Health Education session per month in each target village was conducted by locally trained CBO members and CDVs.

In November and December 2003, post program/training assessment was conducted by trained volunteers. As a result, it was found that 941 people from 4 target villages understand HIV/AIDS transmission channels and ways to avoid them. For the assessment, questions, discussion, competition, and interactive assessment tool were utilized.

Exhibition billboards with HIV/AIDS awareness messages were developed in each target village tract. These boards were put up in target villages, at places where people pass by or gather for meetings. Billboards were used for informing the community people about HIV/AIDS message and information related to project activities.

### World AIDS Day activities

- Exhibition billboard competition with the title "Women, Girls, HIV and AIDS" was conducted among four CBOs. 35 care providers and volunteers actively involved in the event. They decorated the billboard not only to be fanciful but also to have effective and useful information regarding HIV/AIDS issues in the area.
- Mass walk was organized in collaboration with Department of Health. All CBO members and CDVs participated in Mass Walk around the town as a mobilization action targeting the urban community people. Approximately 3,000 people joined the Mass Walk, majority of which being the youth, plus participation by local high rank authority, well known traders, departmental officials, International NGOs, National NGOs and social groups.

## **2-5 Condom distributed to target population**

Totally over 15,000 condoms were distributed whenever the project organized health education talks for the community people. The youth were the main target group of health education as there is high mobility among them. They usually move to border areas and work there first. Later depending on the job and income opportunity, they move further and engage in high risk behaviours. Condom distribution in community was done through the volunteers, peer group leaders and local youth associations working in social welfare.

### **Objective 3**

To increase the capacity of the community, including PLWHAs, in organizing and implementing income generation activities.

World Vision Myanmar's Micro-enterprise Development Unit staff visited the project areas and provided orientation, identified target areas/communities for MED assistance, and decided appropriate loan types and methodologies for each prospective clients, and gave training to project staffs on the methodology to be used in each location.

The project faced a challenge in Kyaing Tong that the majority of the work available there is agriculture and farming, which can hardly be the source of constant income to make regular repayment in short terms. After explanation on different types of loan and frequent discussion about repayment scheme, community people have come to understand the purpose and advantages of taking a loan. The loan programme was started with a few loan clients; from these models, community people became aware of the system and its benefit. Eventually 10,750,000 kyat (US\$11,632) was dispersed to 86 clients. The interest will be used as Community Development Fund for development process for the target areas, including activities to combat HIV/AIDS.

## ***Kawthaung***

Kaw Thaug is a border town at the southern end of Myanmar, adjacent to Thailand. Both internal migrants and natives are suffering from HIV/AIDS.

### **Objective 1**

To upgrade the capacity of the local NGOs/CBOs in formulating and implementing micro-proposals on HIV/AIDS prevention, care and support.

#### **1-1 Formation/Identification of CBOs and their capacity building**

CBO formation proceeded early in Kaw Thaug because of former projects that assisted CBO formation and thus the concept was familiar to the people in Kaw Thaug. CBOs focused on HIV/AIDS issues were formed with seven members in all three target village/wards namely Chaungwa village, Shwe Hinthar and Padauk Shwe-war ward.

CDVs from the project areas who had been trained on HIV/AIDS prevention and care were selected and included as CBO members in accordance with their past performance in their communities.

21 CBO members and 7 CDVs (13 male, 15 female) were trained on leadership and project management. CBO members developed a micro-proposal after they were trained by WV staff

on micro-proposal writing. They also developed action plan for each target community group according to the micro-proposal.

Monthly monitoring management meeting was held in the first week of each month. Members of the three CBOs and other volunteers from the project target areas attended the meetings. HIV/AIDS prevention activities and issues on care and counseling were discussed in these meetings. Project staff provided support to CBO members who faced difficulties in record keeping and registers, and referral of PHAs.

### **1-2 Facilitate CBO members to take initiative, to formulate and implement community activity plan including HIV/AIDS prevention and care**

CBOs working groups held monthly meeting usually in the first week of the month. Almost all CBO members of three target village/wards attended the meeting. Sometimes volunteers from the project areas who are working with social groups also participated in the meeting. They shared experience regarding giving health education, care and support to the patients as home based care, preventive discussion with at most risk people such as fishermen and hospitality girls, boat drivers and the working youth.

OVC issue was also sometimes included in the meeting agenda. The participants showed their enthusiasm to help the children of infected and affected families. In the meeting, a set of criteria for OVC support were developed for identification of needy children in the community. The meeting usually ended with completion of next month action plan.

CBO members and CDVs were very active in identifying and helping patients with referral to clinics or a hospital for medical care and to World Vision for other support. When there is a migrant patient repatriated from Thailand, World Vision Myanmar is usually informed by volunteer for necessary action. If there is no shelter for this kind of patient, volunteers after having permission from local authority, found a place for temporary stay. They also took care of the patient until he or she is sent back to his or her native community.

As a result of active involvement of CBOs and CDVs, the community people became to accept PHAs and related families and to support their social and physical needs as a community. Such a positive change in the attitude of the people was supported by the collaborative effort of CBOs, CDVs, DOH, local authorities and other NGOs partners who have been carrying out HIV/AIDS awareness raising in Kawthaung.

### **Objective 2**

To develop the capacity of the community in adopting healthy life styles and practicing preventive measures, and in provision of care and support to infected and affected individuals and families.

### **2-1 Training of CBO members for HIV preventive education and care**

Project staffs conducted HIV/AIDS prevention training for CBO members from targeted areas. The trainees were provided with the required training module book, field notes and action plan format by which they can initiate the project activities among their communities.

By collaboration with PSI, an international NGO working on HIV/AIDS epidemic, the Project conducted a condom usage demonstration in the training.

## **2-2 Recruitment and Training of CDVs for HIV preventive education and care**

Project staff and the STD team of the local government collaboratively trained 21 CDVs (8 male and 13 female) on Home Based Care and counseling. The effect of the training was assessed with the use of pre-test and post-test questionnaires on their understanding and coping skills.

In November 2003, twelve new volunteers were recruited and trained on HIV/AIDS. Among them 10 new CDVs started their activities along with WV staff in communities. And as they are keen to learn in caring of the patients, they were trained as home based care providers later.

## **2-3 Procurement and distribution of Home Based Care kits and equipment**

Infected and affected individuals and families received emotional, physical and medical support. CBOs and CDVs learned about healthy life style for HIV infected persons, home care and decision making with their own criteria regarding HIV patients' issues.

Initially two sets of home based care kits were provided to each target area. These home based care kits contained medicines for common illness management and medicines for opportunistic infections such as herpes simplex. After the initial installment, more numbers of home based care kits were distributed according to the needs of care providers. Apart from the medicines in home based care kits, the project supplied the prescribed medicines for ill PHAs after discharge from a hospital. Also, over one thousand disposable syringes were delivered to hospitalized patients and 450 to community based health centers.

The following support was given as a continuation of Home Based Care.

### **Emergency support**

- One poor 30 years old man and one child were cared by CDVs, both required medicines and nutritional support. The male patient had to be hospitalized for nearly two weeks and could return home after his condition improved.
- A girl of 12 years old whose parent died of AIDS who was suffering from lung TB was referred to a hospital. TB campaign, a government initiative, supplied her the required medicines and the project supported nutrition. She is now in good condition and continuing her study in high school.

### **Care and support to orphans and their guardians**

- A 10 years old girl from Padauk Shwe-war ward was supported for hospitalization as she was suffering from neck gland that needed to be investigated and treated accordingly. Her parents died of AIDS and she lived with her grandmother who was struggling to care for three grandchildren. As the grandmother is so poor and cannot afford the medical expenses, the project provided all necessary support to the girl.
- One female PHA living in Shwe Hin-thar ward passed away three weeks after she received care from local trained CDVs. Her three children were left behind and were adopted by their younger aunt who is very poor and earns her living by selling fish. The project supported the required funeral expenses and volunteers provided moral support to the children and relatives.

- Three orphans whose father died 2 years ago and mother in May 2004 were supported with stationary for their schooling, nutrition and health care.

#### **2-4 Preventive activities using IEC materials**

21 CBO members (17 male and 4 female) and 5 CDVs (3 male and 2 female) from Shwe Hinthar, Padauk Shwewar and Chaungwa conducted HIV/AIDS awareness and prevention health education to community people among their respective residence areas. 800 community people were trained in HIV/AIDS awareness, prevention and life skills. Also, 30 boat drivers, 117 taxi drivers, 118 (53 male and 65 female) adolescents and 139 married women were provided with HIV awareness education in order to disseminate HIV/AIDS preventive information among their peer groups.

The following IEC materials were distributed at health education sessions.

- 8,354 pamphlets, booklets, and cartoon books for HIV/AIDS and trafficking awareness and prevention had been distributed to beauty parlors MSM, Sex Workers, the youth, fishermen and community people.
- Local ward and village authorities helped in distributing of pamphlets to community people who came to PDC office.
- 250 “Tonic for Life” booklets to PHAs and their neighbours.

#### **2-5 Condom distributed to target population**

As a part of HIV/AIDS preventive activity, 15,000 condoms were distributed to high risk groups such as sex workers, restaurant hospitality girls, seafarers, adolescents, and taxi drivers. The local volunteers, CBO members, and ward and village authorities cooperated for the distribution.

#### **Objective 3**

To increase the capacity of the community, including PLWHAs, in organizing and implementing income generation activities.

All staffs and CBO members were trained on MED methodology after orientation and needs assessment were conducted by World Vision MED staff. One credit facilitator was recruited for loan program. Although the preparation was done according to the plan, the timing of loan disbursement was postponed by the order of local authority. In the second no-cost extension period, the project was finally allowed to organize the HIV/AIDS affected needy clients for having loan to improve their income. 36 loan clients were supported and helped improve their livelihood. The income generated from the loans are used for supporting their families and HIV/AIDS combating activities through Community Development Fund.

#### ***Pathein***

Pathein is the capital city of Ayeyarwaddy Division. WV has noticed that there are migrants from Ayeyarwaddy Division who work as seafarers and construction workers in border areas both in Myanmar and a neighbouring country, Thailand. Therefore, we can assume that Pathein is one of the source communities of people who are exposed to settings that allow high-risk behaviors. Pathein is also a junction town for the tourists who head to beaches in the Division.

In terms of WV's presence in the area, it decided to expand humanitarian and development assistance in Pathein after initial area orientation, informal local situation survey including interviews with local health personnel and religious groups. Pathein ADP project thus has started in 2003.

### **Objective 1**

To upgrade the capacity of the local NGOs/CBOs in formulating and implementing micro-proposals on HIV/AIDS prevention, care and support.

#### **1-1 Formation/Identification of CBOs and their capacity building**

Advocacy meetings were conducted in ward 10 and 12 for the formation of CBOs. At the meetings, the project staff explained to community people including the ward authorities and community elders on the project activities to be implemented in the community. These meetings were followed by repeated discussions in each ward. Through this process, potential CBO members were identified among the community.

Identification of CBO members was done with the help of local authority and some other government staff living in the project areas. They gathered in WV office and discussed on CBO formation and individual responsibilities. After this, two CBOs were set up in ward 10 and 12. 9 male and 10 female CBO members were given training on HIV/AIDS awareness, prevention, care and support.

#### **1-2 Facilitate CBO members to take initiative, to formulate and implement community activity plan including HIV/AIDS prevention and care**

CBO members were trained by project staff on micro-proposal development. Draft micro-proposals were translated into English and submitted to National Office for approval. The activities that are planned in the proposals were implemented accordingly.

Training on HIV/AIDS prevention, development concept, leadership and project management was also given to CBO members. As a result, CBO members are now aware of the hazardous situation of HIV/AIDS among communities in their residence areas. After attending training they tried with their utmost effort in giving health education to the community people and caring the patient if the PHA agrees to accept the support.

Through the monthly sharing and management meeting CBO members learned more about project and there was great improvement in implementation of project activities. They were now capable in giving health education to the community people. Not only the trained care providers but also the CBO members took part in caring of patients of both PHAs and poor community people suffering from common illness.

### **Objective 2**

To develop the capacity of the community in adopting healthy life styles and practicing preventive measures, and in provision of care and support to infected and affected individuals and families.

#### **2-2 Recruitment and Training of CDVs for HIV preventive education and care**

3 CDVs in ward 12 (2 female and 1male) and 4 CDVs in ward 14 (2 female and 2 male) were recruited during October to December 2003.

Volunteer training was conducted with CDVs from other wards and all the newly recruited CDVs from ward 12 and ward 14 attended the training. The topics of the training included the following:

- World Vision and its Mission
- Development concept
- Activities which will be carried out in Pathein
- Sexually transmitted diseases
- Basic knowledge about HIV/AIDS and Dengue signs

The training was conducted on October 16. 37 volunteers and one observer from 8 wards including the target wards attended the training. Dr Aung Sein from Communicable Disease Department helped in giving a lecture on STDs.

In response to a request from the volunteers, one day training on HIV/AIDS and care and support for PHAs was also conducted.

PLA training was conducted in October 2003 followed by the practical exercises at ward 12 for learning current situation of the community. Staffs were grouped into three with three active volunteers in each team to conduct the exercises. The following points were learned from the exercises.

- There are PHAs in ward 12 and ward 14.
- Community people believe that HIV is mainly transmitted from one to another through sexual intercourse and they said that the existing patients had contracted HIV because they had sex with commercial sex workers.
- Most of the community people take medicines from shops without doctor's prescription and only a few can afford to consult general practitioners.
- Some teenagers and adolescents of both sexes have disability in walking and active living after high fever, which is presumed to be caused by Vitamin B1 deficiency (Beriberi disease).
- Women in the communities are members of Myanmar Mother and Child Welfare Association, and Myanmar Nursing Association pays visits to identify cases and provide school support. However, they have no substantial support from anyone for their survival and are struggling on their own.

The findings were shared at health education activities. The CBOs also utilized the information when they developed micro-proposals in Objective 3.

Following this, 29 new CDVs were recruited in March 2004 and training was again conducted on HIV/AIDS awareness and prevention, STIs, development concepts, and the roles of volunteers.

### **2-3 Procurement and distribution of Home Based Care kits and equipment**

The CDVs voluntarily helped sick people to have treatment by providing nursing care at home and encouraging those suspected of having HIV to have counseling and sero test. Home Based Care kits were provided to active CDVs.

Project staffs visited communities on daily basis to motivate and guide these trained volunteers. The project also supported home based care to both suspected and serologically proved patients.

## Care and Support to orphans and PLWHAs

CBO members and volunteers discussed and drafted criteria for emergency and non-emergency support. 2 male and 3 female emergency cases were provided with medicines and in-kind support.

### **2-4 preventive Activities using IEC materials**

In June 2004, training on HIV/AIDS awareness and prevention was conducted in two wards. There were three trainings and in total 237 people from target wards (145 male and 92 female) attended the training.

Active CDVs took part in giving Health Education to the community people. 495 community people (201 male and 294 female) gained knowledge on HIV/AIDS and STIs.

CBO members in cooperation with CDVs conducted HIV/AIDS awareness and prevention health education to 158 community people (47 male and 111 female) in two wards. Project staff supported them with IEC materials and condoms. In total 1,983 HIV/AIDS pamphlets were distributed.

Community people now have knowledge on HIV/AIDS and they disseminate the information among their own community. Some of them even started helping CDVs' work.

### **2-5 Condom distributed to target population**

15,720 condoms were distributed to community people including the youth, housewives and students. Condom distribution was conducted in Health Education sessions and other discussions with respective community groups.

### **Objective 3**

To increase the capacity of the community, including PLWHAs, in organizing and implementing income generation activities.

World Vision MED staff in cooperation with Pathein team staff conducted field assessment, and the project staff were given training on loan methodology by the MED Coordinator. Confirmation on loan methodology in between MED department and Pathein team was completed in June 2004. After this the project team set up the client selection criteria with the involvement of CBO members and some community elders. Two loan committees were formed in project target areas in July 2004 and a total amount of 4,685,000 kyats had been disbursed to 85 clients.

Credit facilitator and team leader attended MED review meeting in September. As more people in the community realized the benefit of the loan program, we could distribute loan to 29 clients from ward 10 with 3,250,000 kyats.

From December 2004, more amount of loans were disbursed, of which, 32 loans were distributed to the dependants of PHAs, the disabled, trafficking victims and other vulnerable groups within the ADP communities, and 115 loans were disbursed to poor entrepreneurs within the ADP communities to expand the micro enterprises. The total loan taken by the community people in Pathein at the end of project life reached 10,100USD, which was 135% of the original target amount 7,500USD.

## *Hpa-an*

Hpa-an is the capital city of Kayin State and on the bank of Salween river. Hpa-an is about hundred miles from Myawaddy, a border town with Thailand. It is the main transit area for many migrants from Myanmar who intend to move to Thailand.

As Hpa-an is a new project area of WV, an advocacy meeting was held with Hpa-an Township Peace and Development Committee (PDC). This enabled the smooth cooperation with authorities of target villages.

### **Objective 1**

To upgrade the capacity of the local NGOs/CBOs in formulating and implementing micro-proposals on HIV/AIDS prevention, care and support.

#### **1-1 Formation/Identification of CBOs and their capacity building**

Local situation assessment was conducted through key informal interview, in dept interview with local basic health staffs, schoolteachers, and community elders. The assessment revealed villagers' sources of income, young people's recreational habits, migration patterns, presence of suspected PHAs in the community, and community people's attitudes toward those suspected people. Based on the results, three village tracts were selected as project target areas. Advocacy meetings were held with village authorities and villagers.

CBOs were formed in Kauseinban, Kautamalane, and Eindu. Kauseinban CBO has 25 members (20 male and 5 female), Kautamalane CBO has 11 members (8 male and 3 female), and Eindu CBO has 15 members (7 male and 8 female). For CBO members of Kauseinban and Kautamalane, the project staff explained the objectives of CBOs, CBO membership and individual members' responsibilities. CBO members in Eindu were trained on HIV/AIDS awareness and prevention.

#### **1.2 Facilitate CBO members to take initiative, to formulate and implement community activity plan including HIV/AIDS prevention and care**

The project gave micro-proposal writing training to CBO members. After the training with the help and guidance from the project staff, they developed proposals and submitted to NO for approval. In addition to the activities in the micro-proposals, CBO members gave occasional trainings on HIV/AIDS awareness, project management, health education including usage of health education kit and basic home care and support.

CBO members tried their best in implementation of project activities. They regularly had monthly project review and monitoring and evaluation meeting. The experience and lessons learned were shared in the meeting. It was observed that they gradually improved their activity management skills every time they come back to the monthly meeting. They developed project action plan for the next month and were involved in every HIV/AIDS preventive and care activity.

### **Objective 2**

To develop the capacity of the community in adopting healthy life styles and practicing preventive measures, and in provision of care and support to infected and affected individuals and families.

## **2-1 Training of CBO members for HIV preventive education and care**

As CBO members have low level of education and most of the village elders are also generally uneducated, the project gave training to 14 male and 10 female members on March 11, followed by occasional refresher courses in the form of two-way discussion. All of the participants now have knowledge on how HIV is transmitted from one to another. CBOs' sub-groups were trained to give Health Education using Health Education kits.

## **2-2 Recruitment and Training of CDVs for HIV preventive education and care**

27 volunteers (14 male and 13 female) were recruited after an advocacy meeting with respective local authorities of Eindu, one of the target village tracts. They were trained on HIV/AIDS and home based care.

Among the already existing community volunteers in Kawt-ma-ke village, 15 persons (6 male and 9 female) were trained as CDVs.

10 volunteers (5 male and 5 female) from Donyin village tract, which is composed of four villages namely Pine-yan, Don-tho, Hti-tar-hpa-lo and kawt-tha-loot, were selected and trained on HIV/AIDS prevention.

CDV identification and selection were carried out based on thorough discussion with village level PDC, elderly people, and local basic health staffs. Also, a retired Health Assistant in Eindu collaborated in CDV selection by sharing local context and identifying candidates.

After the recruitment, the following trainings were provided for the CDVs.

	<b>Village</b>	<b>Training given</b>	<b>male</b>	<b>female</b>	<b>Total</b>
1.	Kauseinban	HIV/AIDS awareness & prevention, leadership, management	20	5	25
2.	Kauseinban	HIV/AIDS awareness & prevention	14	10	24
3.	Eindu	HIV/AIDS awareness & prevention	7	8	15
4.	Kautamalane	HIV/AIDS awareness & prevention, leadership	8	3	11
5.	Kau Mar Kae, Kau Daing, Kau Thin Shue	HIV/AIDS awareness & prevention, leadership, management	19	15	34
6.	Kautamalane	HIV/AIDS awareness & prevention	8	9	17

## **2-3 Procurement and distribution of Home Based Care kits and equipment**

Medical and nutrition support was provided to 11 PHAs, and 2 female persons were suspected to be HIV positive. Home Based Care kits were provided according to the request from caregivers. Project staff also took time whenever possible to have a talk with PHA to encourage them and reduce their anxiety.

### Care and support to orphans and their guardians

Project provided food and stationary for schooling to 10 orphans (3 boys and 7 girls) in Eindu and 6 orphans in Kautamalane.

### **2-4 Preventive activities using IEC materials**

Village level festival in Pha-an, known to the local people as “Our-day,” is a very popular event organized by Peace Groups almost every month during dry season. There is a variety of gambling during the festival period and so is commercial sex. WV staffs visited Our-day festival in Eindu and interviewed sex workers about their clients. It was learnt that majority of the clients are the youth and majority of the male youth in the village come for sex at the festival. The service is provided in outdoor mosquito nets and they seldom use condoms. The result demonstrated the area of needs for prevention activities.

Based on the assessment including the above, CBO members and CDVs conducted HIV/AIDS awareness raising, prevention health education, discussion on VCT and care, and training on the proper usage of condoms. In total 2,183 people (928 male and 1,255 female) attended these trainings and education/awareness raising sessions.

Hpa-an township STD team leader, UNOPS regional facilitator and WV jointly conducted a mass HIV/AIDS health education talk in local well known monastery in Taung Galay village. STD team leader led topics regarding history and prevention of HIV/AIDS. UNOPS personnel gave a talk on home based care and Hpa-an WV team leader discussed on stigma and discrimination. Total number of participants was 289 men, 298 women, and 54 monks. The event was organized by the leader monk Ashin Pyin-nyar-tharmi, who is famous in the area and it is expected that the event had influence on the Buddhist community.

2,100 peaces of a variety of pamphlets (HIV/AIDS awareness prevention pamphlets, pamphlets for migrants and anti-trafficking pamphlet, 700 “You can say No” leaflets, 100 “tonic for life” booklets) were distributed to participants.

### **2-5 Condom distributed to target population**

11,590 condoms were distributed at Health Education and training to community people. Additional 3,500 condoms were given to CBOs for them to distribute in their activities.

### **Objective 3**

To increase the capacity of the community, including PLWHAs, in organizing and implementing income generation activities.

Income generation training was facilitated by World Vision’s MED department. MED department staff visited project areas for initial orientation, field assessment, and methodology confirmation. Possible and effective production for loan program and selection of eligible clients were discussed.

Project team leader held meetings with CBO members and active CDVs and set up loan criteria for selection of loan clients. Altogether 23 male and 44 female clients from poor and HIV/AIDS affected families were selected and provided with small loans.

As most of the loan clients are doing pig husbandry and plantation, animal husbandry trainings and agricultural trainings were conducted in kautamalane village. Technical specialists from government department facilitated the trainings focusing on pig and chicken husbandry and vegetable plantation. 22 male and 13 female loan clients attended the husbandry training and 36 male and 8 female clients participated in agriculture training.

At the end of project, in total USD 10,761 of loans were disbursed, of which 12 loans were distributed to the dependants of PHAs, the disabled, trafficking victims and other vulnerable groups, 104 loans were disbursed to poor entrepreneurs to expand the microenterprises (Microenterprise Loans) and 2 loans were disbursed to poor entrepreneurs to expand the small enterprises (Small Enterprise Loans). As of March, 2005 total loan outstanding portfolio reached US\$ 9,316 and percentage of women among loan recipients was 64%.

## ***All Locations***

### Monthly Meeting in Target Communities and Field Travel for M & E

Project staff travelled regularly to the target areas and conducted monthly monitoring meetings. Through the examination of field notes, patient registers and action plans, it had been found that there were improvements of CBOs members' performance in implementation of project. Difficult problems and constraints were also solved in the meeting through participatory approaches with community volunteers, CBOs members and local authorities.

### Advocacy meetings

In the context of Myanmar, it is indispensable to hold formal meetings to introduce planned activities to respective local government authorities. By these meetings the project can ensure the positive collaboration with the local entities. The project started the arrangement for the meetings after UNOPS successfully obtained the official agreement with National AIDS Program to implement this project. The meetings were held as below and at these occasions, the local authority and respective department personnel such as Department of Health gave their commitment to cooperate with WV for the project. After we held these meetings the continuation of the project was found to be smooth and increased support was extended from different levels of local government departments.

<b>Date</b>	<b>Level</b>	<b>Participants</b>	<b>Total</b>
1-6-2004	<b>Patheingyi</b> Divisional	Divisional Peace and Development Council secretary, Divisional Health Director, Departmental officials, INGO, NNGO personnel,	106
8-6-2004	<b>Hpa-an</b> Township	State Health Director, Township departmental officials, INGO, NNGO representatives	31
15-6-2004	<b>Kyaing Tong</b> District	District Health Director, Medical superintendent, departmental officials, NNGO representatives	42
1-7-2004	<b>Kaw Thawng</b> District	District Health Director, Medical superintendent, departmental officials, NNGO representatives	70

End of report

**Pictures of project activities**

**Objective 1 – CBOs development**



Development concept training for CBO members



CBOs monthly meeting



Micro proposal development with CBO members



HIV/AIDS awareness raising and life skills training organized by CBO members



Health Education sessions conducted by CBO members



OI management training for CBOs conducted in collaboration with Department of Health



PHA participates in joint training of CBO members and CDVs

**Objective 2 – Community capacity development & care and support**



Exhibition for HIV/AIDS awareness raising in cooperation with local STD Team and other NGOs



HIV/AIDS awareness raising for restaurant hospitality girls



HIV/AIDS awareness raising workshop for CSWs and hospitality girls





HIV/AIDS awareness and prevention training for CSWs and MSM



HIV/AIDS campaign at a monastery  
Many Buddhist monks participated in the event



World AIDS Day slogan; in Myanmar it reads  
“Uplift the life of women, free from AIDS”



World AIDS Day event  
marathon competition



Home Based Care for PHA by a volunteer



PHA referred to a hospital



Support for OVC –  
education materials

**Objective 3 – Income generation activities**



Loan client orientation session



Project staff explaining loan programme



Loan client of brick making signs the contract and disbursement record



Brick making process



Loan client – basket making



Agriculture skills training



Loan collection



## Advocacy meetings



HIV/AIDS advocacy meeting with township authorities and other NGOs, May 04



HIV/AIDS advocacy meeting with district authorities, July 04

## Explanation for questions from UNOPS

### a) Salary of the staff whose salary was charged only during the last quarter

- Shwe Win – as known to UNOPS, Dr. Shwe Win has been working for the project since the inception of the project. However, because his salary was re-budgeted in another project before this project was approved, this project did not need to pay for his salary until September 2004. Afterwards, starting from October 2005, World Vision's salary charge system was changed from budget based to actual time spent based.
- This project was supposed to finish in December 2004, which was extended due to the project activity situation. In order to continue and complete the activities during the extension period, some field based staff (Community Development Facilitators) were temporarily hired from other projects. As a result, there are some staff whose salary was charged only in the last quarter.

The following staffs received the salary from this project in the last quarter

Staff	Designation	Township	Salary paid for
Zin Yaw	CDF	Hpa-an	Jan + Mar
Tharapy	CDF	Hpa-an	Jan + Mar
Margae Paw	CDF	Hpa-an	Jan + Mar
Donald	CDF	Hpa-an	Jan + Feb + Mar
Aye Aye	CDF	Kaw Thaug	Jan + Feb + Mar
Debora	CDF	Kaw Thaug	Jan + Feb + Mar

### b) Christmas incentive for staff

According to World Vision Myanmar's Human Resources guideline, all national staff members of WVM receive Christmas incentive as benefit. The amount is fixed according to the length of their service with the organization, regardless of the salary level. The calculation is (200USD x working period in months) divided by 12, which means that all staffs with more than one year service duration are entitled to receive 200USD as Christmas incentive. Due to this calculation system, the amount of Christmas incentive compared with the base salary is quite large in cases where the staff works for a long time but with limited increment.

### c) TB drugs provision

Village Health Care Providers (VHPs), who were recruited and trained among Community Development Volunteers, are trained not only in home based nursing care but also in notification of STIs and TB in lung. The purpose is for early diagnosis and treatment in order to prevent further dissemination of the diseases. VHP are asked to refer those patients with suspected signs and symptoms to Department of Health for prompt treatment. Whenever the patient was referred to a physician especially in Kaw Thaug, it usually takes a whole day for investigation and confirmation. At one of these cases, it was in the evening when the patient received the result of investigation as TB and treatment prescription from a physician. As TB Campaign Office was already closed at the time and this patient had to be given the first anti-TB drug immediately, the patient asked the project to cover the cost of the first day medication. After the one day medicine paid by the project, this patient was referred to TB Campaign for continuous medication.

d) ART drugs

When the project staff referred HIV positive persons to clinics for OI management, three of them were prescribed for ART. Two of them were referred back to WV for the cost of ARV by Pathein STD Team Leader. One was already under ART, and another was for the initial medication. After one time support for each, they were back under the care of STD Team Leader. One child was referred back to WV for ARV cost by a pediatrician. WV continues to cover the cost of ART with long-term fund, while the medical treatment, supervision and care are undertaken by the pediatrician. In addition to the medical support, WV supports the grandmother of this child with livestock for improved economic condition, and with a tube well that provides safe water for the child and his family.

Attachment to the Financial Report:

## **Overall**

In reality, there was additional US\$3,661 expenditure under loan programme, as shown in the Loan Programme Report. However, we did not include this amount in the financial report and tried to disburse loans from other fund sources prepared for other clients, because we were not sure whether there would be any budget left at the end of the project that was 15 March 2005.

Although we later found out that we could still have used the fund from this project, we did not do so because the project period was over when the final figure was calculated.

As a result, the financial report shows underspending amount of US\$2,023.

## **Explanation for budget reallocation of more than 25% of each budget lines**

### 1.2 Technical Supervisor (-US\$3,341 = 77%)

Due to WVM's organizational change, we moved the supervising responsibilities to field staff. This tendency was strengthened further as the project approached the completion.

### 1.3 Training Officer (-US\$2,600 = 100%)

We planned to hire trainer, however, we decided to ask the current WVM staff to provide necessary training considering the advantage of knowing project context.

### 1.4 Site Project Managers (+US\$4,297 = 50%)

For the reasons stated under 1.2, the workload of site project managers significantly increased.

### 1.5 Accountant (+US\$1,668 = 59%)

For the same reason as 1.4, the workload of field accountant significantly increased.

### 2.1 Travel (+US\$560 = 37%)

Project staff charged some of monitoring trip cost as travel cost. Also, the staff responsible for coordinating and giving training to the project field staff needed to travel to project sites frequently toward the end of the project, in order to ensure that the project activities are wrapped up properly. Due to the high cost of long-distance travels to remote areas, the expenditure was increased rapidly.

### 2.3 Volunteer Incentive (+US\$728 = 203%)

At the time of budget revision we decreased the budget for volunteers because we had managed to encourage volunteers to work without notable incentives. However, during October to December 2004, the project organized many gatherings in collaboration with Department of Health, such as State National Day exhibition in Shan State (Kyaing Tong) and Karen State (Hpa-an), and World AIDS Day in all project areas. All volunteers were involved in these occasions. This required much more budget for volunteers than expected.

### 2.4 Training, meeting costs (-US\$5,133 = 43%)

At the time of budget revision we increased the budget for training and meeting because we were planning to hold many of them in the last quarter. However, when it came to actually hold training and meetings, trained volunteers actively organized and paid for most of the

training/meeting expenditure so that there was less cost to be covered by the project as training/meeting cost itself. Instead the project paid part of the cost to volunteers as incentive as explained in 2.3 above.

#### 2.5 Translation (-US\$75 = 75%)

Translation was outsourced only in Kawthaung. In other project sites the project staff translated CBO proposals and other documents.

#### 2.9 IEC Materials (-US\$1,406 = 80%)

Because UNOPS kindly provided the IEC materials for free, we did not use much of the budget. Although UNOPS and WV discussed offsetting this by issuing an invoice of respective amount but it was decided not to make the additional procedure. Therefore, we suppose UNOPS can directly charge the expenses to this project if considered appropriate.

#### 2.11 Syringes and Needles (+US\$1,906 = 91%)

National AIDS Program does not allow NGOs to provide needles and syringes except IDU and emergency cases. Although we kept the budget to be ready for emergency cases, such cases were rare compared to our projection. Instead, provision of additional medicines was found necessary as Home Based Care Kits content refill. Therefore, some of the medicines for Home Based Care Kits that were purchased in bulks were charged to this line.

#### 2.12 Office Equipment (-US\$3,439 = 40%)

By the time the project started, some of the office equipment that was planned in the proposal budget had been purchased by other projects that started earlier. We reviewed the conditions of the equipment especially computers at the end of the project and decided to replace only old ones (3 to 5 years old). Relatively new equipment was not replaced, which resulted in less spending.

#### 2.13 Rentals (-US\$966 = 35%)

Other projects of World Vision running in the same areas provided the office space at special rent fee.

#### 2.14 M&E Cost (-US\$192 = 26%)

Project staff charged some of monitoring trip cost as part of 2.1 travel.

#### 3.1 Communication (+US\$299 = 64%)

Because the office fixed phone usually does not work to communicate between project sites and Yangon office, the concerned staff needed to use Internet phone and iPStar connection for telephone and emails, which are more expensive than fixed phone connection. While the use of these alternative tools somehow contributed to improve the communication among remote project sites, it cost more than the estimate.

#### 3.2 Logistic Support (+US\$219 = 757%)

At the time of budget revision we assumed that there would be little logistics support cost born by this project in the coming quarters, from past record with little charging of logistics cost. However, from October 2004 the other fund source that used to cover the logistics cost in Kawthaung stopped. Since electricity and fuel cost in Kawthaung is expensive as they pay in Baht, the overspending amount rose up.

#### 3.3 Administrative Support (+US\$587 = 38%)

In order to improve the work efficiency, sections of World Vision that are responsible for this project expanded the office space in the final quarter, which caused the overspending.