

EVALUATION
on
THE FXB VILLAGE MODEL PROGRAM
IN BURIRAM, NORTHEASTERN
THAILAND

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October 15th, 2009

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FOREWORD

The HIV prevention in Thailand has orphaned so many children especially those in the area of drought and severe poverty in the northeastern communities of Thailand. Northeastern region Thailand is the poorest, least developed area of the country with its long borders with Cambodia and Laos resulting in dynamic migration phenomena and the consequence of community disintegration. Many children were left with their old aged grandparents living in poverty as their working age parents migrate to other big cities like Bangkok in Central region and Phuket in Southern region for work opportunities. Most of them are non-skilled labor and only come back home when they lost their jobs or become ill. Many of them come back with HIV/AIDS and face with community stigmatization. There is still a need to find better solutions to meet the basic needs of those orphans and vulnerable children and to help close the gap between communities and people living with HIV/AIDS.

This FXB Village was introduced to me by Khun Supattra Kattiya-aree, FXB Thailand Country Director since the program inception in 2006. It is a model approach to provide comprehensive care and support to OVC (Orphans and Vulnerable Children) and help build capacity of impoverished families and communities to achieve long term self sufficiency. When Khun Supattra contacted us for the evaluation we thought it was a good opportunity to do it as Khun Supattra was very excited about the approach.

FXB Village Model program is designed to be a 3 years program to provide comprehensive care and support i.e., nutrition support, education support, psychosocial support as well as income generating activities and health and HIV/AIDS prevention education, for beneficiaries include children and families affected by HIV/AIDS. The main goal of the program is to uplift the well being and quality of life of beneficiaries and at the same time to make sure that they will have the capacity to take care of themselves and their families in the long run. FXB Buriram Village Model is the first FXB village model implemented in Thailand due to its extreme poverty status and large migration phenomena across the border with Laos and Cambodia and migration of local working population to the big cities.

The evaluation report of the FXB Buriram Village Model Program in Northeastern Thailand is conducted by Graduate School, Thaksin University supported by FXB. The evaluation focuses on the impacts, challenges and obstacles in implementing the program.

The Graduate School, Thaksin University would like to extend our gratitude to Asst. Prof. Dr. Anyamanee Burakanond, the Advisor of this evaluation who gave so many valuable suggestions and comments to the researcher team. Also, we would like to sincerely thank Khun Supattra for sharing ideas, information and answering all sort of questions. We thank Khun Laong Thongklom, the Program's Social Worker and all the staffs and volunteers at the Village site, informants, children, families, government and non-government agencies including everybody who has provided useful information, suggestions and comments contributing to the development of this evaluation.

We hope that the results, findings and analysis of this evaluation will be useful and contribute to the implementation of FXB Village Program in other provinces of Thailand.

EXECUTIVE SUMMARY

Background

AIDS has now orphaned at least 350,000 children in Thailand. Almost two thirds of these children are concentrated in rural communities of northern Thailand. Most of these children live in impoverished families with various risk situations. The HIV/AIDS pandemic is worsening their situations. Devastating consequences children have to bear range from hunger, ill health, loneliness, lost opportunity for education, abuse, and exploitation of child rights. Even worse, they are stigmatized and trapped in the vicious circle of poverty as many have been neglected by government and society.

HIV/AIDS is not just endangering children's lives; it is killing their parents, their caregivers. Globally, 15 million children have lost at least one parent to HIV/AIDS.

According to a UNICEF report, an estimated 1.5 million children in Asia and Pacific have lost one or both parents to AIDS. Because of the slow rollout of antiretroviral therapy and inadequate scale-up of prevention efforts, the proportion of children orphaned by AIDS in the region will undoubtedly rise, even if prevalence remains low. By 2010, one out of three orphans in Thailand will have lost their parents to AIDS. In the region's social welfare systems are not strong enough to accommodate the current number of orphans, let alone a projected rise in the number of children orphans by AIDS. Further, these children become more vulnerable to human trafficking, commercial sexual exploitation and substance use. Improving children's well being requires an integrated strategy and pro-active intervention at both the family and communities levels.

The northeast of Thailand is in the focus as the poorest region but receives the least poverty alleviation budget allocation. In addition, people in the region have less access to health personnel and health infrastructure than the rest of the country. Poverty has caused large migration of people into big cities' labor markets such as Bangkok, Chiang Mai, Korat and Phuket. Currently, Aids has taken its toll resulting in the increase of orphans in the region.

The Association Francois-Xavier Bagnoud (FXB) is an international NGO devoted to combating HIV/AIDS and poverty with special attention on children, youngsters and human rights advocacy. FXB's Village Model Program launched in Thailand starting with Buriram Village as its first Village providing a comprehensive support and capacity building to orphans and vulnerable children together with their impoverished families. About 50% of all households are affected by HIV/AIDS. For most households, orphaned children have been cared by old aged grandparents. The program has also taken in households with severe poverty conditions though not affected by AIDS yet. Thus, the program reflected FXB commitment towards vulnerable children.

This evaluation report started during mid February 2009 with site visits, many discussions, reviewing program documents, interviewing concerned stakeholders and observations. The evaluation focuses on the impacts, challenges and obstacles in implementing the program to meet set objectives.

About FXB Buriram Village and its beneficiaries

The program directly targets orphans, vulnerable children including children at risk and impoverished families affected by HIV/AIDS. In collaboration with key authorities, local associations of People Living with HIV/AIDS (PLWHA) and youth's clubs, FXB identifies and selects beneficiaries according to the following criteria:

- Degree of vulnerability of families affected by HIV/AIDS;
- Number of orphans and vulnerable children in each family;
- Determination and ability shown by families to carry out proposed activities

FXB Thailand implemented FXB Buriram Village as an integrated strategy to alleviate the suffering of OVC affected by HIV/AIDS and to better their livelihood conditions through direct support, capacity building and rights advocacy. The program has been implemented with close collaboration of concerned partnerships and stakeholders including Local Teachers Network of Buriram, Local Network of PLWHA, Child Rights Watch Volunteering Groups, and Provincial Office of Health, Social Development and Human Security and other CBOs. In due process, FXB set up a community committee with representatives of the above mentioned groups to provide advice on various issues.

The program covered three districts in the province namely Nang Rong, Chamni and Chalermprakiat consisting of 45 small villages. Under the program, the total beneficiaries stand at 368, of which 214 are child beneficiaries and 154 are adult beneficiaries from 80 families. Due to the effective family planning campaign in the past, a Thai family has an average of 2-3 children with a little more in the countryside.

About 40% of our beneficiaries speak Khmer as they are second or third generations settled on the Thai border. They eventually become Thais.

FXB VILLAGE MODEL

The FXB Village model program operates in the form of a community-based and multi-sector operational unit, which FXB set up after several field trials in order to reach the most beneficiaries with a light structure and maximum efficiency. Each Village includes about 80-85 vulnerable families. In addition to their own children, they have hosted AIDS orphans from their larger extended families; resulting in nearly 400 children as most Villages in Africa.

Each of FXB's Village model program provides the target families with a basic package of nutrition, health, hygiene, education, psychosocial and income-generation services (IGAs) as well as HIV/AIDS prevention and community sensitization. A Village can function independently or in parallel with others. Each Village is designed to last for three years, with scaled down costs each year - since the basic material for the IGAs is provided at the beginning of the program, and families become increasingly self-sufficient and more capable of managing their own medical and schooling costs each year. Staff for each model program includes one counselor, one social worker expert in IGA and one assistant cum driver.

One Village may operate independently or at the same time as others, the goal being to multiply them to respond to many cases of poor families affected by HIV/AIDS. The total budget for a FXB Village model program is of US\$ 150,000 for 3 years.

OPERATIONALIZATION

Goal

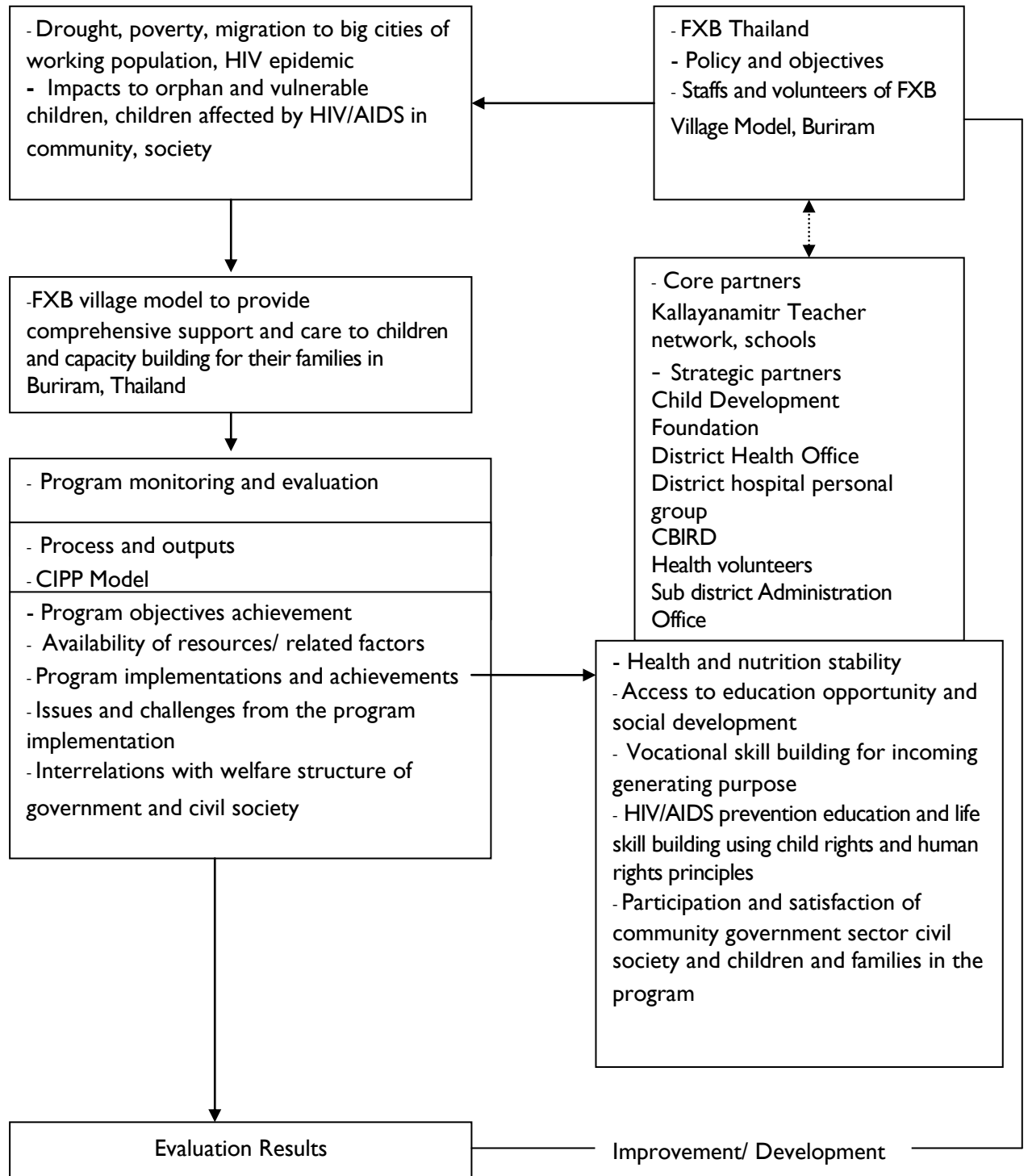
The goal of FXB Village model program is to help families affected by HIV/AIDS acquire the capacity to meet orphans and vulnerable children's basic needs.

Specific objectives:

- Help poor families develop income-generating activities, so they can meet their own needs
- Facilitate access to comprehensive health care and provide nutritional support
- Make it possible for children to pursue or resume their primary and secondary education
- Provide vocational training for adolescents who have not been able to regularly attend school
- Raise awareness concerning children's rights with a focus on decreasing stigma and discrimination of HIV/AIDS affected and/or infected individuals among foster families and the larger community they live and work within
- Prevent HIV/AIDS through information sessions on the most effective ways to respond to HIV/AIDS, including the roles played by hygiene, health, nutrition, the environment, and the community development. These sessions target beneficiaries, community leaders, teachers, youth club leaders, and representatives of professional associations
- Offer individual and collective psychosocial counselling to beneficiaries in order to help them cope with direct and indirect consequences of the disease
- Form support groups of beneficiaries to encourage them to share experiences, create networks to help one another, manage collective activities, create savings and gain access to micro-credit

The FXB Buriram Village as an integrated system: A Framework for Evaluation is based on CIPP Model – Context evaluation, Input evaluation, Process evaluation and Product evaluation as presented below:

Evaluation Framework



Evaluation Objectives

1. To evaluate program objectives and measure achievement
2. To evaluate resources and program implementation according to the following activities:
 - 2.1 Health, nutrition and medication support
 - 2.2 Access to education opportunities and social development
 - 2.3 Psychosocial support
 - 2.4 Income Generating Activities
 - 2.5 HIV/AIDS Prevention with child rights protection and human rights promotion
 - 2.6 Participation and satisfaction of community, government sector, civil society and children and families in the program
3. To analyze issues and challenges in program implementation
4. To evaluate the interrelations/ connections with government and civil society welfare structure

Evaluation Methodology

The evaluation framework is based on CIPP Model (see flow chart page 7)

I. Evaluation Tools

Data from sample group and on site observations were collected as well as quantitative and qualitative data. Data collection methods are;

- Face – to face interviews
- Self –administrative questionnaires
- In depth interviews
- Focus group discussions
- Group interviews
- Observations

The program resources

- Partners such as teachers and teacher network are intensively involved in the program as well as other strategic partners e.g., district health office, local NGOs, government sectors and etc. These partners act as resource person and system facilitators.

- FXB staffs recruited to work on this program are people from the region with proper specialized knowledge, skills and experience. This is the strength of the program as the staff are very familiar with the local context i.e, area, culture and language of the implementing area. With their experience and skills, they could improve the quality of life of the target beneficiaries.

- The office was established within reach of all the target areas in Buriram. Vehicles such as motorcycle and pick up truck were used to physically reach target beneficiaries. All staff are provided with mobile phones to keep contact with the relevant partners. All

beneficiaries could directly contact the staff through mobile phone at all times especially for emergency situations. The program logistic was well organized.

Sample group for program evaluation

Sample group for the program evaluation consists of;

- Target program beneficiaries i.e., orphan and vulnerable children, children affected by HIV/AIDS, family affected by HIV/AIDS. Purposive sampling is used. There are 167 children (78%), 30 adults (20%). Total sampling size is 197 people which accounted for 54% of the total program beneficiaries.

- 6 FXB program implementing personnel

- 41 people from core partners i.e., school teachers and members so of Kallayanamitr teacher network

- 14 people from strategic partners including child right watch volunteers, NGOs, local health offices, local government offices, and local administrative authorities

Program Implementation and Control for Activities:

1. Health, nutrition and medication support
2. Access to education opportunities and social development
3. Psychosocial support
4. Income Generating Activities
5. HIV/AIDS Prevention with child rights protection
6. Participation and satisfaction of community government sector civil society and children and families in the program

Overall Results and Achievements

Overall, all the program objectives set were well achieved. Process and output, outcomes of the program ranked in very good level of evaluation. It is evident that all the activities implemented covered the target population and areas set despite the wide spreading of target areas. The success rate in accessing to orphans and vulnerable children and providing capacity building for families was reached as expected.

From the analysis of survey data, it is found that the program were able to very well execute the related activities according to the work plan set. Children and family have been strengthened to be able to take care of themselves. Target children received proper care from adult caretakers in the family. Stigma and discrimination against the children affected by HIV has been reduced. The children received sufficient nutrition which resulted in better health and lower illness. Moreover, the children were educated with HIV prevention life-skill education and also have access to educational opportunity in higher level. Basic needs and rights are assured as the program managed to relate target beneficiaries with stakeholders in community.

Specific Result Areas

A. Health and nutrition and medical support

FXB Thailand worked closely with Buriram provincial hospitals to collaborate in providing health education to beneficiaries as well as following up on beneficiaries in need of health care services and related support. FXB staff regularly visit target families to enhance and promote good health and hygiene. Children and families under the program are found to have much better sanitation, health and nutrition conditions in general.

All children have been provided with three meals a day. They didn't have to starve like before as their families could now provide them food with proper nutrition. None of them have malnutrition problem.

Beneficiaries with HIV infection managed to receive Antiretroviral Therapy (ART) / medication if needed as well as opportunistic infections (OIs) treatment under the government's health insurance package called "Universal Coverage" provided free of charge. The package also covered other general treatments. FXB has extended medical support in terms of facilitation to complete required documents, receive medical services and assisted beneficiaries with transportation cost to hospitals. HIV infected child beneficiaries are in better health condition and got sick with OIs much less than often. FXB staff made close monitoring on medication adherence.

B. Access to education opportunities and social development

FXB made regular follow up on the progress of its young beneficiaries who attended school. According to the first quarterly report of 2009, FXB supported 177 students, 106 at the primary level and 71 in secondary school; some additional of 8 youngsters were supported in vocational trainings under the Non Formal Education and completed by mid April 2009. The total accumulation of youngsters in vocational trainings during 3 years was 33 persons.

Under the national statistics, only 40% of children/youngsters who completed primary school would continue to further their study in secondary school due to various factors mainly because of poverty. However, under FXB Village program 100% of primary school children went directly to secondary school. No student dropped out because of poverty or HIV/AIDS related stigmatization. Based on the first quarterly report of 2009, 100% passed the exam to move to the next grade. In addition, FXB made sure that all children in their schooling age are enrolled in their respective schooling with FXB support.

From the study, most of the children in the program had more confidence in getting higher education. Social development support played a significant role in encouraging these children to regularly attend school and resulted in better grades. The provision of school materials with guidance and support such as uniforms, books, lunch, and transportation are also a good encouragement to make children want to go to school. Also, the teacher network plays a very significant role in monitoring on the progress and situations of the children as well as collaborating with the program and related agencies in providing the children with proper support and assistance needed. Non- Formal Education Center of each district also coordinated in giving education opportunity for youth that are not in the position to attend school in the formal education system. Vocational training provide opportunity for youth out of school to continue their education development.

Social development enhanced by social and educational activities helped child beneficiaries to have an overall improvement. Activities on HIV/AIDS prevention and human rights promotion held makes socializing with other friends easier for children affected/infected by HIV/AIDS. They are highly motivated to go to school and attend activities as their friends do not discriminate them.

C. Psychosocial support

Psychosocial support was provided by trained counselor in various forms including one on one counseling, family counseling and group activities. It is an important component of the Village Model program. Mostly, FXB staffs provided psychosocial support in their regular home visits. Beneficiaries sometimes came to FXB's office to receive counseling as needed. Counseling focused on various living difficulties, income earning, domestic problems, children behavior problems as well as coping with sadness, anxiety, risk, stigma and discrimination. Beneficiaries have shown a great deal of confidence in handling their own problems and moved on with life. They could smile and laugh.

D. Income Generating Activities (IGAs)

It is evident that the beneficiary families are in better economic status. The average income earned of the 80 target families before joining the program was around USD 3-4 a day which is considered very minimum to meet daily requirements, after participating in the program their average income has increased to around USD 5-6.5 a day.

Income Generating Activities have been promoted among beneficiary families on individual family and in group basis. Combination of various sustained agricultural produces including small scale livestock and local production activities were introduced and adopted to maximize the results of the IGAs. The concept of sufficient economy was also applied to best fit with the context of the family as well as to pave the way toward sustainable self-sufficient economy. Each family received different support on IGAs from the program that fit to their specific needs and conditions. The needs and capacity assessment of the families was conducted at the beginning of the program to make sure that each family would receive the supports that fit to their needs, capacity, skills, interest and then lead to the possibility of the program to last.

In fact, the objective of IGAs is for every family to be able to grow their own food and then to generate income. Capital such as tools, simple equipments, materials plant seeds and etc were provided together with skill building and close consultation and guidance from FXB staff. Each family was supported to have a vegetable garden and small scale livestock such as cows, pigs, fish, frogs and crickets (chickens and ducks were found inappropriate due to the Avian Flu epidemic in the area). Local and traditional handicrafts were also encouraged so that each family could gain more income especially among ethnic groups such as Laos ethnic group who is specialized in mat weaving and Cambodian ethnic group for cloth weaving. IGA collective groups were set up to have the skillful family members help the family in term of skill building as well as to serve as a strong forum for experiences exchange and knowledge sharing in the community and importantly to advance as a group in making income towards cooperative concept.

IGAs collective groups meet regularly to ensure group IGA development and its solidarity. Marketing skill was also emphasized. Target families need to be able to progress the comprehensive process of income generation. Over 80% of target families actively continue with their individual IGA as well as group IGA. All 8 IGA groups managed to continue with

their savings which they used as reinvesting capital and emergency funds. Economic empowerment is considered very important in improving livelihood conditions and developing quality of life. It is a key component to strive towards self sufficiency.

E. HIV/AIDS Prevention with child rights protection and human rights promotion

Health and HIV/AIDS education as well as child rights, human rights and gender issues and life skill capacity building were provided through various activities including trainings, community sensitisation, campaigns, community radio programs, community participation activities, discussion sessions and consultation during home visits regularly conducted. Youths have better understanding and knowledge on HIV/AIDS prevention and life skills and also have the better understanding about their rights and how to protect themselves from being violated especially for child girls who are found to be the main victims of child abuse. Any abuse cases could be reported for help at FXB local offices.

Counseling for those who have questions regarding risk behaviours and HIV/AIDS were also provided by trained staff. Voluntarily Counseling Test (VCT) was encouraged with good referring system set up with local health facilities while pre and post counseling was offered.

In connection with the Village, there are over 2,500 youth from 19 communities and 25 schools of Buriram province receiving knowledge on HIV/AIDS prevention with child rights and human rights promotion. It is to be noted that a scale up program on HIV/AIDS prevention among youths was supported by Asian Development Bank (ADB) as a 2 years program which also enhance the cooperation among related networks and the creation of youth and teacher core leaders. Although, the knowledge and education provision is originally a component of FXB Village program the parallel ADB supported new program helped a lot in terms of coverage, comprehensiveness, intensity and scaling up.

The program is also successful in raising awareness about HIV/AIDS, human rights, gender issues and living together with PLWHAs among various groups of people including people in community, teachers and government sector. Relatives and community members were encouraged to be responsible for taking care of their children especially to ensure the protection of child rights as well as to provide them with appropriate care and support. As a result, child rights network and mechanism in community was created as well as effective referring system to provide the children with care and protection as much as possible.

F. Participation and satisfaction of community, government sector, civil society and children and families in the program

From 150 child beneficiaries, the participation and satisfaction on the program were assessed. In general, the satisfaction level ranks very high. Majority of the respondents show their satisfaction in participating in the program. They expressed that FXB implemented the program very well with staffs specialized in all aspects. Also, by participating in the program gives them better confidence in pursuing higher education and helps to connect them to educational institutes they wanted to attend.

Beneficiary families also show their satisfaction on the FXB Village program. The aspect that the majority of beneficiaries most appreciated and satisfied with was the IGAs. They were appropriately supported of their own choices for conducting IGAs. The program

provided them with all the necessities in conducting the IGAs with close and continuous guidance and skill building as well as extended comprehensive assistance in network creation and markets finding/ creating to absorb IGA products. They felt more secure financially after savings groups were set up in the second year. Through IGA process, they become skilful and acquired economic empowerment.

Apart from economic aspect, the program is proved to help beneficiaries in gaining socio psychology stability. They felt that there is hope in life and were motivated to better their lives with the support received and serious involvement of their families and community

G. Satisfaction and participation of partners, networks, government sector and relevant agencies

From interviews with 46 representatives from core partners i.e., Kallayanamitr Teacher Network, schools and strategic partners such as NGOs , CBOs, district health offices, health volunteers, hospitals and other relevant local government and administrative agencies, almost all of the respondents found FXB Village program implementation very satisfactory. They found the implementation processes very effective and the part that is shown to be most outstanding in terms of satisfaction and impression is the commitments, qualifications and skills of FXB staffs. Their knowledge and skills together with their close relationship and involvement with beneficiaries and community contribute to the success of the program and encourage other partners and relevant agencies to participate in the program and to continue with group activities.

SUMMARY OF ACTIVITIES

Year 1

Most of the activities were all about ground work preparation and to build understanding and trust with beneficiaries and community as well as relevant agencies and strategic partners. Participation from families and community were encouraged. Beneficiaries were supported with fundamental needs as well as basic knowledge and skills which would lead to further their capacity building. At this stage basic supports such as nutrition, accommodation improvement, sanitation knowledge, psychosocial support, health education, education support, medical care, IGAs and etc. were fully provided by the program to prepare beneficiaries for the next stage. Close situation monitoring and assessment were also conducted.

Year 2

Improvement of children and families in the program have been noticed at this stage. They acquired better health, psycho social conditions and better attitude and knowledge. At this point, most families were observed to be more independent and moved forward sufficiency. From single family activities, networks building were introduced. They learned to work together as a group and brainstorm to plan their IGAs forward. The support from the program was reduced to 75% and most families managed to come up with another 25% to take care of their family particularly the school expenses. This earned them the sense of confidence and independence in taking the lead. More profound education in various dimensions such as child rights, gender issues and human rights were given to the beneficiaries. The interview results showed that understanding on human rights and gender issues gearing the behaviour change and reduce risk behaviours among youths.

Year 3

Children and families were found to be self-sustainable. The families can now provide full 3 meals to the children. They have better sanitation and health in general. Education supports came mostly from beneficiaries themselves. Proactive interventions were emphasized. FXB staffs gave more frequent visits to make sure to provide the families with best consultation and capacity building as well as to help them pave the way forward after the end of the program. At this stage, community mechanisms and networks have already been developed i.e., child rights protection mechanism, capacity building mechanism and IGAs networks. Stigma and discrimination toward PLWHAs and children affected by HIV/AIDS were reduced through community sensitisation processes as shown by the results from interviewing with the PLWHAs and children affected by HIV/AIDS in the community. The cooperation and network with relevant support agencies have been strengthened to ensure sustainability and scaling up of the program

CONCLUSION

We all agree that overall evaluation of the program was very positive. We are greatly impressed by the quality and commitment of staffs and the vision of the Country Director who operated with good knowledge of local culture and earned a great deal of trust among beneficiaries and community's members. Furthermore, the design of the program is thoughtfully crafted with broad coverage of important components. As the program was operated in the form of a community based and multi-sectorial participation, the community committee set up played a crucial role to assist in the selection of target beneficiaries and throughout the program implementation.

Generally, we found that the program has been implemented effectively despite the country's political situation which is rather unstable. The program has tremendously improved the living conditions of a large number of orphans and vulnerable children. These would include evidences that they eat three meals a day with good nutrition instead of one or two, they stay healthy, they feel happier, they make progress in school, they continue toward life-skill development and etc. In the meantime, the program also provided opportunity for adult beneficiaries to earn more income through IGAs and they can now take full responsibility to care for their children. They are very proud of that.

With existing social support structure in local communities, FXB has developed networks of collaboration to refer the beneficiaries for further assistance if needed. This would ensure sustainability as local communities are deeply involved.

The research team also met with a number of beneficiaries (as attached stories) under the program while working on the evaluation. Some of them told us their remarkable stories, their difficulties and how they came along with the program and doing better as time passed by. Hope has been installed while they've acquired more life coping skills in solving their problems. They have developed positive attitude towards life and feel confident to move on. Even though some old grandparents expressed their concern over their young grandchildren in affected HIV families if they passed away.

We further noticed the good work on HIV/AIDS awareness raising in community of Buriram which helped closer the gap in the community among members and further promoted understanding and compassion for People Living with HIV/AIDS to have a place to stand in the community as part of their dignified human rights.

LESSON LEARNED

1. The drought conditions, poverty situation, the migration to big cities of working aged population

FXB Thailand has the implementing area in the Northeastern of Thailand (Isaan) which is the area where its population is still suffering from socio economic disparity in the much graver stage than other regions of Thailand. Also, most of the population in the working age move from their hometown to go work in big cities leaving their non-working family members such as children and elderly people unattended. The elders thus become the caretakers of the children. The main reasons of the population movement are the drought of the area, inadequate infrastructure development, lack of employment opportunity and the lack of educational opportunity. Excessive agricultural labours are unable to find jobs in the area and thus facing poverty situation resulted in the weakening of family and community.

However, these people migrated to the big cities are tied closely to their hometown and culture. Even though they moved out, they still keep contact with their families and wanted to come back home especially when they are in vulnerable situation like get infected or sickened with HIV/AIDS.

2. Capacity building of the target families

56% of target families under the program (45 families out of 80 families) are HIV affected families with elders living with children and do not have proper support due to the lack of family members in the working age. They have to take care of their child members in their families while they find it even more difficult just to take care of themselves. The main challenge is to motivate and encourage the elders to take a lead in taking care of the family by joining the program which would help them with capacity and skills building. The approach to this is to best utilize social capital available to strengthen the capacity building mechanism as well as to create safety net in the community to best serve the beneficiary families as a member of the community.

Also, FXB staff worked in a well rounded manner to best utilize all the resources from the program and social capital in the area. FXB staffs are hard working and understand the program implementation well. They patiently worked to assist beneficiaries with activities and continued to provide psychosocial support with good spirit.

3. Heritage, Child Adoption and Custody

Most of the child beneficiaries in the program are HIV affected children who lost their parent(s) to AIDS and others are orphans by different causes. A number of these children are taken care of by their old aged grandparent(s). The grandparents are old and not healthy. They tend to pass away before the children can grow old enough to take care of themselves. This causes issues on child custody and heritage among relatives. A will legally prepared by the grandparents can be very helpful to the children as it can protect the children from being taken away or chased out of their house after their grandparents' death. It also helps to identify the proper caretaker in replace of their grandparents. However, to prepare for a will is locally believed to be a sign of bad luck which brings death to those who make one.

FXB took initiative to discuss on the issue of will preparation as well as custody planning with a number of grandparents for the best interest of children. As this is among problematic issues remained in the region, FXB further discussed the issue with the National Child Protection Committee under the Ministry of Social Development and Human Security for policy advocacy on child protection with regard to heritage, adoption and custody. In the meantime FXB staffs also cooperated with relevant government agencies to work out reported abuse cases in order to assist children in the target areas. As per the judicial process, if any disputes cannot be resolved, the issue will be brought to the court to ensure the right protection of children.

For the above action, FXB has tried hard to tackle one of the most difficult issues concerning vulnerable children in such situation.

4. IGAs scaling up for sustainability

IGAs intervention under the program gives means to beneficiaries and families to acquire foods and income earning. To a large extent, this activity is proved to be a successful intervention as it helps to empower beneficiaries and gives benefits to community at overall level. However, the main challenge is on the scale up of activity to become sustainable or to continue self sufficiency for the families after the program ends. FXB has assisted to create strong community network development as part of capacity building mechanism as well as marketing development to absorb IGA products. As the program strategy towards the third year focussed on collective group work, saving, sources of microcredit support and network development, these are the key factors to achieve self sufficiency and long term sustainability. A thought through process under FXB's three years operation with close monitoring, guidance and commitment is good to deal with the challenge.

With the good groundwork, it is hopeful that target families and community will be able to scale up their IGAs and to enhance what they have achieved now towards sustainability of economic capacity. This is considered a great impact on beneficiaries as well as community.

5. Cost effective approach

The program's structure is light in terms of budget and administration while the impact is immense.

The program budget was set at US\$ 150,000 for three years covering 80 households. Thus, the average cost for providing care, support and capacity building boils down to just US\$ 1,875 per household.

Furthermore, since a typical FXB household comprises about 5 people the unit cost works out to US\$ 125 per person per year. This means US\$ 125 includes cost of goods, services and relevant community activities as well as salary cost for 3 programs staff and related administrative expenses.

This is more cost effective than what the Thai government could achieve with the same amount of money in government operated social programs. For example with US\$ 125 the Thai government manager to provide one year educational scholarship for one student in secondary level education. Thus, the government could only provide school support for one student per year with US\$ 125. Whereas, for US\$ 125 FXB could provide school

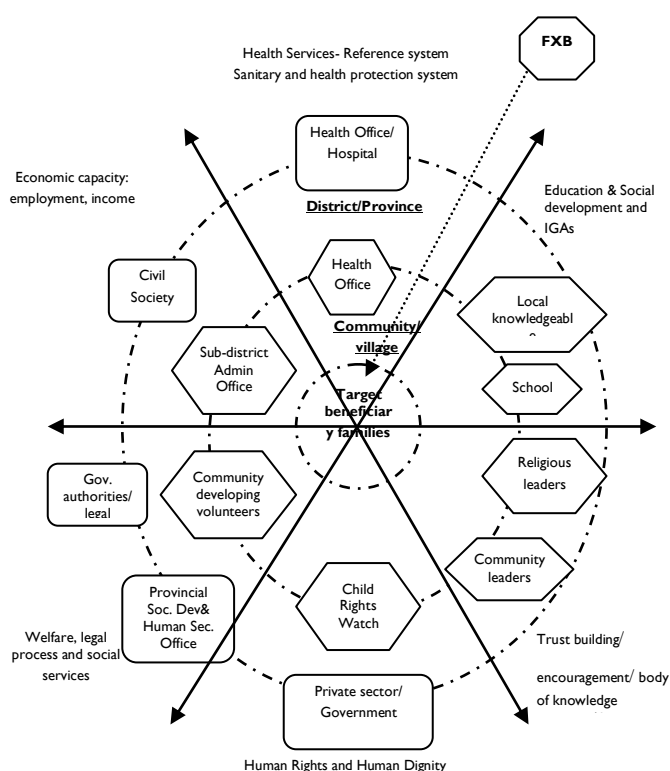
support, nutrition, medicines, psychosocial support, IGAs and training for HIV/AIDS prevention, child rights advocacy and human rights activities as well,

Since school fees in Thailand are under government's subsidies as well as medical costs, FXB Village Model can further maximize the benefits through better facilitation for our beneficiaries to have equal access to both school and medical services with quality. This proves to be very supportive for children in the program.

6. Inter relations and coordination with government and social welfare structure

The program strategies have been adjusted over time to best utilize the existing local welfare structure and local policy in order to achieve cooperation among the concerned agencies which will lead to the stability and sustainability as illustrated in the diagram below:

FXB Village Model System



RECOMMENDATIONS

1. The strategy to build network with government and non-government agencies and other networks effectively responds to the issues and needs of HIV/AIDS affected and vulnerable children in northeastern part of Thailand as well as to ensure the continuity of the support and sustainability of the program. The strategy of FXB is to provide the proactive approach to implementing the Village program which brings positive results.

2. More comprehensive baseline data should be collected. Standardized data collection should be conducted in 3 periods i.e., in the beginning, mid-term and at the end of the program, focusing on data on nutrition, health, sanitation, psycho-social, schoolings and

income earning of the beneficiary families to help in monitoring the progress of the program as well as to assess the impact of the program.

3. The comparative study between the target population and the population outside the program living in the same community or the same context should be conducted to assess the impact of the program. However, ethical concerns has to be approached carefully.

4. Issues on orphans and vulnerable children should be advocated to be included in the national priority which currently is not yet the case. FXB Thailand should continue its strong advocacy work alongside its program implementation.

5. Shared ownership of community among all relevant partners, agencies and networks is the key to realize the scaling up and sustainability of the program. FXB should somehow continue to catalyse the cooperation and push the community to take up more responsibility towards OVC.

ABBREVIATIONS

ADB	-	Asian Development Bank
AFXB	-	Association Francois-Xavier Bagnoud (known as AFXB or FXB)
AIDS	-	Acquired Immunodeficiency Syndrome
ART	-	Anti Retro Viral Treatment
CBO	-	Community Based Organization

CBIRD	-	Community Business Initiative in Rural Development
CIPP	-	Context, Input, Process and Product Evaluation
HIV	-	Human Immunodeficiency Virus
IGAs	-	Income Generating Activities
NGO	-	Non Governmental Organization
OIs	-	Opportunistic Infections
OVC	-	Orphans and Vulnerable Children
PLWHA	-	People Living with HIV/AIDS
VCT	-	Voluntarily Counseling Test

Appendix I

Story of Granny Aum, the Fighting Spirit of the Northeastern FXB Buriram Village, Thailand



Taking care of the household, two granddaughters and working very hard just to feed herself and her granddaughters is such a difficult endeavour for a 72 year old lady like granny Aum. Granny Aum lives with her two granddaughters, Supattra, 14, and Sukanya, 10, in a single storey shack with tin roof. Her life as a

wife, mother and grandmother has never been easy. The same time that her husband fell ill, HIV/AIDS also severely attacked her daughter's health. She ended up being an old lady taking care of a sick husband, a sick daughter and two little grand daughters. She was too weak to do any type of labour job. The best thing she could do for her dependents was to grow vegetables and trade them for meals. Granny Aum used to make desserts for sale in the village. The ingredients were easy to find on her little plot of land. Fresh ingredients combined with tasteful skills of the granny made it not too difficult for granny Aum to earn some little money for a living. But things changed after her daughter became sick with AIDS. Granny Aum could no longer sell any of her desserts anymore. Nobody would buy anything made by her for fear of getting HIV/AIDS. The entire village seemed to know that her daughter had HIV/AIDS which made her sick and would finally kill her.

"My granddaughters are good students but since their friends in school start talking about how their mother got sick, they got bad grades"

Granny Aum talked about her two granddaughters. What happened to the children's parents does affect them. They were caught in depressive situation resulted by poverty, lost of parents and people's mal -perception towards people with HIV/AIDS. The elder one seems to be able to cope with these emotional constrains better than her younger sister. Sukanya is known as a frowny girl. She hardly smiles or laughs. She is one sad quiet girl who lost her parents with HIV/AIDS and got discriminated by her friends for her unfortunate life.

Granny Aum lost her beloved daughter to HIV/AIDS not long after her husband passed away. Being a widow and a grandmother to two little broken hearted orphan girls was unbearable, not to mention the fact that she could hardly fill up their stomachs nor hers. Even though she never gave up, the granny was in a very depressive situation. It seemed like there was neither hope nor a helping hand for her and her family. It had been like that for a few years until FXB came along.

With a modest help from FXB Village Program and granny Aum's spirit, she now has a beautiful vegetable garden that not only feeds her family but also makes her money, a small fish pond that provides a main nutrition resource for herself and her growing granddaughters and for her to sell. She also has a couple of piglets that will grow and will add to the family earning. The granddaughters become a big help to their grandmother. They go to school and work in their little garden after school. The girls now are happier. They have friends at school they are proud of themselves and their grandmother. The once house of poverty and sorrow has become alive with hope and spirit. Granny Aum never gives up and she has proven that a little bit of help from those who care does make a difference.

Appendix II

Story of Chakkawal, the Courageous Boy



"His name is Chakkawal and he is very shy", replied from one of FXB staffs. Chakkawal with the nickname of "Man" is 14 years old infected with HIV. He lost his mother to AIDS at a very young age. His father then went to work in another province leaving him behind with his old aged grandmother eversince.

The two of them live in a one story home made of cement block with rusted zinc roof in Buriram village. Chakkawal had to stop his schooling early last year because of his ill health as the infection spread around his eyes worsening by the symptom of opportunistic infection. Evenmore painful, he was ostracized by some friends in the school. When he became better he has never wanted to go back to school. He spent his time mainly at home with his grandmother.

FXB staffs often visited him and encouraged him to continue his love for art creation since they earlier noticed his liking. He could draw pictures and signs very well. Once in a while he was asked to make signs for small earning. Still, they observed his deep anxiety and sadness.

FXB staffs motivated Chakkawal to take part in our prevention activities supported by ADB to learn and understand more about "AIDS" as well as to meet more friends. Eventually, he went through the trainings and fortunately got to know many friends in the program. He said "I was very happy to learn about AIDS and understand how to live with it hopefully....positively....I used to think before that my chance to live was close to zero and.....thank to you for asking me to participate".

He further agreed to have a media corner on HIV /AIDS information set up in front of his home to help educate people in community.

He added a small art club for more friends to join every Saturday and Sunday. He is very proud of himself to look after the media corner and help providing related information as asked.

Today Chakkawal has been assisted to attend a vocational course in Art provided by the Non-Formal Education Department in Buriram.

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