

ACKNOWLEDGEMENT

During the course of this evaluation I met many people engaged in HIV/AIDS prevention and control in the project areas. Our work could not have been completed without the participation, co-operation and goodwill of all the project staff interviewed. Each contributed to my observations and the interpretation of the project activities. I recognize the input of the Director, Project Coordinator and Project Staff of KAIROS and extend my sincere thanks while acknowledging the valuable service they had rendered to me in conducting this study



Preface

We must leave no stone unturned in dealing with the growing issue of HIV/AIDS in our country and beloved state. By this, we should do away with utterances and comments that have the inclination to stigmatize those living with the virus.

Our guidance is predicated on keen surveillance that stigmatization and discrimination against people living with HIV/AIDS continue to be a major impediment to the fight against this killer disease in our country. We believe most people, if not all of who are tested positive, will not openly declare their status once people living with HIV/AIDS continue to be stigmatized and discriminated.

Honestly, the continued fight against HIV/AIDS will be meaningless if the stigmatization and discrimination against those living with the virus does not stop. It is very important that we stop the unnecessary debate concerning where, when and how people get the disease and also we must dispel religious perception that people living with HIV/AIDS are cursed by God.

We encourage our religious leaders to also help take the issue of HIV/AIDS very seriously and that they must discourage utterances and comments that have the propensity to stigmatize those living with the virus. Like the campaign against the crippling Polio Disease, we think, by showing compassion and love for HIV/AIDS victims, the fight against the deadly disease will also be successful.

To this end, we again urge those in the habit of stigmatizing and discriminating HIV/AIDS victims to desist or else the launched campaign against the killer disease will not achieve its desired objectives.

I am happy that KAIROS is doing very much to help people to desist stigmatizing and discriminating HIV/AIDS victims in around its operational area. This process needed to be taken across the other districts and if possible across the country. I personally believe that being a faith based organization working in the field of Socio-Economic Development, KAIROS can dynamically involve in this area of most needed, where the victims get concern and considerations in their daily livelihood.

P. Antony
Development Consultant

EXECUTIVE SUMMARY

INTRODUCTION & BACKGROUND

Kannur Association for Integrated Rural Organization & Support (KAIROS) is a non-governmental organization with a statutory entity dealing with creation of awareness on HIV/AIDS to the community in Kannur & Kasaragod Districts especially in Kannur Municipality. The project, “**Supporting Community Action on HIV/ AIDS**” (*Project. No. 3172919, supported by Mensen met een Missie*), started in June 2008 with the main objective of reducing the spread of HIV/AIDS among youth through awareness creation using cultural shows, seminars, house-to-house visits and collaboration with other stakeholders in education. The impact of HIV/AIDS pandemic on our society is catastrophic. Over 70 percent of those infected is the Youth group ranging from 20 -39 years of age thus accounting for the biggest number of HIV infected group. Women are in a special vulnerable position in regard to contacting HIV/AIDS. This is because social and economic pressures are forcing women to engage in high-risk behaviours. Lack of education and awareness on HIV/AIDS and low knowledge on sex education are the major causes of the problems.

Since 2008, donors like *Mensen met een Missie* provided support to the program for the implementation of its projects for three years. KAIROS completed the three-year funding cycle. After three years of implementation, the management of KAIROS found it pertinent to carry out an evaluation, in order to compare set objectives with achievements, review strategies, approaches and practices. This report documents the findings of the final evaluation exercise carried out on the program following the end of the three-year implementation phase. The evaluation covered the period from **June 2008 to June 2011**.

The evaluation was conducted through a participatory process, which involved appointing an evaluator, wide consultations and interviews with key stakeholders in the program. Secondary data in form of project reports, program work plans, evaluation reports and annual progressive reports were also reviewed. Group discussions and key informant interviews (FGDs) were conducted to generate valuable information from the program staff, clients, community volunteers, students and officials from local governments.

FINDINGS

1. Medical and Nursing

The program has effectively responded to the medical needs of clients by treating opportunistic infections and referring complicated and bedridden cases to hospital. The number of people receiving medical care from the program is 150 (50 per year for three years). Another 80 received nutrition kit at times. This has been possible mainly because of the support of the District Head Quarters Hospitals, who have guaranteed regular drugs supply, acquisition of basic medical equipment such as HIV/AIDS testing tools, and accessing TB treatment facilities to the program. The challenges of achieving health objectives, however, include: Inaccessibility to basic but expensive drugs, including ARVs.

2. Counselling

The program is providing counselling services, including Voluntary HIV/AIDS counselling and testing, and has attracted both PLHAs and the general public seeking to establish their sero-status. About 190 counselling cases were reported during the project period including individuals and families. This is putting further strain on the few counsellors of the program and may compromise the quality of counselling. Existing gaps in the counselling function, therefore, include insufficient counselling at PLHAs' homes.

3. Income-Generating Programmes

In response to the socio-economic impact of the HIV/AIDS pandemic, the program initiated a component to support the infected/affected to run income-generating projects. Consequently, 75 persons secured financial support, and the IGP's have demonstrated that PLHAs have the potential to solve their problems with minimum external help. However, the financial packages are small and the support has been extended to only a few considering the number of PLHAs coming under the coverage of the project. In addition, the program does not seem to have the core competence in provision of micro finance, given its human resource base and organizational structure.

4. HIV/AIDS Education and Information

HIV/AIDS education and information is being carried out mainly through talk shows and awareness classes, distribution of reading materials, workshops and seminars. IEC materials about HIV/AIDS are the dominant sensitization activities. These have not only demonstrated KAIROS' leadership in the AIDS Crusade, but have also won public acceptability and recognition as evidenced by the support from Department of Health and other Health care institutions.

5. Institutional Capacity

The program has significantly improved its institutional capacity to deliver quality services by streamlining its management structures and systems and working more closely with the State's Health Department and other agencies like KASACS & NACO. Consequently, the program has attained a very good status and can also help to treat TB patients. The program has, in addition, retrained its staff.

RECOMMENDATIONS

1. Medical and Nursing

- Provide refresher training for medical staff to enable them cope with the dynamics of HIV/AIDS, especially with managing opportunistic diseases and administration of new HIV/AIDS drugs, including anti-retroviral.

- The program should link up with other key stakeholders to advocate for the government to avail ARVs to poor PLHAs.
- Caregivers should be sensitized about the need to bring clients in good time but not to wait until they are seriously sick.
- Provide training to caregivers who look after sick PLHAs. The training for family caregivers needs to include; knowledge in first aid, treatment, hygiene, nutrition and patient care, care giving, nursing, feeding, identifying problems of patients and management of drugs.

2. Counselling

- The program should train more clients as volunteer counsellors and facilitate them to counsel their fellow PLHAs.
- Improve on documentation and information management by opening files for clients, purchasing filing cabinets for storing files, and computer sets (to set-up a database for all clients).
- Provide ample time for pre-testing counselling so that the clients fully understand and appreciate the implications of establishing their sero status so that they are able to manage both the excitement and sorrow associated with positive and negative results, respectively.

3. HIV/AIDS Education and Information

- Constitute a group of artists who can perform artistic forms like drama, music, dance etc. to convey the message
- Include and increase if necessary budgetary provisions to the HIV/AIDS music, dance and drama Group to enable them carry out HIV/AIDS sensitization. Its potential in the fight against HIV/AIDS is high.
- Provide technical support to the HIV/AIDS education group in form of an external trainer to guide the group and introduce new techniques and better methods of conveying HIV/AIDS messages.
- Provide the HIV/AIDS artistic group with equipment and materials such as costumes.
- Encourage new clients with talents to join the music, dance and drama group to provide new impetus and to replace the non-performing members.
- Radio messages and jingles shall be introduced and redesigned regularly to reduce monotony that could lead to poor listenership.
- The program should develop HIV/AIDS materials targeting children out of school and community members.

4. Income Generating Programmes (IGPs)

- The program should consider exploring the services of a competent micro-finance institution to take over the functions of the IGPs.
- The program should train the beneficiaries in financial management, record keeping and business management before accessing funds for IGPs.
- Strengthen the management of IGPs by designating a staff with relevant qualifications in micro projects management to coordinate and provide support to IGP beneficiaries.
- Ensure that technical support to clients implementing IGPs is given. This could be done by enlisting the services of technical personnel at specific intervals to provide on spot project technical advice to the beneficiaries.
- Work out a transparent and clear procedure for appraising and selection of Projects/beneficiaries, especially with school support, in order to cope with the huge number of applicants, and reduce unnecessary complaints from clients.

5. Resource Mobilization and Finance Management

- KAIROS should intensify resource mobilization both internally and externally. This should involve all the key stakeholders such as the management board and heads of departments.
- The present Funding Agency should as a matter of urgency consider an Exit Funding (Bridging Grant) Program that will enable the program to continue with its operations until another source of funding is obtained. The exit plan should run for at least 18 months.

6. Monitoring

- Strengthen monitoring of program activities by developing report formats for staff and community volunteers. The quantitative data provided in the reports should be substantiated by descriptive data. In addition, regular meetings between staff and field volunteers need to be intensified as fora for sharing experiences, reviewing objectives and plans, and solving problems.
- Document new experiences and ensure that these and annual reports are shared with a wider audience of stakeholders.

CHAPTER – 1 BACKGROUND INFORMATION

1.1.Introduction

Kannur Association for Integrated Rural Organization & Support (KAIROS) is a non-governmental organization with a statutory entity dealing with creation of awareness on HIV/AIDS to the community in Kannur & Kasaragod Districts especially in Kannur Municipality. KAIROS is one of the Non-Governmental Organizations working on HIV prevention and promotion of adolescent sexual reproductive health with the major objective of inducing behaviour change among CSWs, Homosexuals, Drivers, School Children, Youth and members of Civil Society Organizations. This document is the result of the evaluation report focusing on major achievements and suggestion on points to be improved in the future. The Priority groups were young people who are at risk of HIV/AIDS, sexual exploitation, drug abuse, rape, etc. The specific groups were children and youth in/out of school.

The project started in 2008 with the main objective of reducing the spread of HIV/AIDS among youth through awareness creation using cultural shows, seminars, house-to-house visits and collaboration with other stakeholders in education. The impact of HIV/AIDS pandemic on our society is catastrophic. Over 70 percent of those infected is the Youth group ranging from 20 -39 years of age thus accounting for the biggest number of HIV infected group. Women are in a special vulnerable position in regard to contacting HIV/AIDS. This is because social and economic pressures are forcing women to engage in high-risk behaviours. Lack of education and awareness on HIV/AIDS and low knowledge on sex education are the major causes of the problems.

Since 2008, donors like *Mensen met een Missie* provided support to the program for the implementation of its projects for three years. KAIROS completed the three-year funding cycle. After three years of implementation, the management of KAIROS found it pertinent to carry out an evaluation, in order to compare set objectives with achievements, review strategies, approaches and practices. This report documents the findings of the final evaluation exercise carried out on the program following the end of the three-year implementation phase. The evaluation covered the period from 2008 to June 2011.

1.2.Location Description

The program originally intended to serve people in a vast area. However, due to lack of effective HIV/AIDS prevention and care services, the program is currently serving people from Kannur and Kasaragod District only. Also, patients seeking confidential service have shunned similar services offered by providers in their home areas and instead access them from the program clinic. For its field activities and outreach services, the program has concentrated on Kannur district, and moreover, Kannur Municipality where majority of the PLHAs reside.

1.3. Program Design

1.3.1. Overview

The project was designed to address HIV/AIDS through an integrated system combining conventional health care, home-based care and community based care.

1.3.2. Overall Goal

The overall objective of this project was to bring about behavioral change among client groups and young people by creating awareness on HIV/AIDS, STDs, sexual reproductive health and drug and to bring change of attitude and behavior in the community which contributes to the reduction in stigmatization of people living with HIV/AIDS and to increase participation of infected/affected children and the youth in advocating for their own rights.

1.3.3. Objectives

1.3.3.a. The general objectives of the Project are

1. Prevention of sexual transmission of HIV/AIDS.
2. Mitigation of the community and personal impact of HIV/AIDS.
3. To strengthen and better manage HIV/AIDS prevention and care program.

1.3.3.b. The specific objectives of the project include:

- Providing training on HIV/AIDS, stigma, discrimination and sexual reproductive health for young people and community leaders, commercial sex workers and the infected and the affected.
- Providing HIV/AIDS and related education and information for house wives and young women through awareness classes, medical camps and peer discussion.
- Providing information and education on HIV/AIDS, STIs, sexual reproductive health and drug for children and young people in and out of school and the community group through IEC materials.
- To produce and distribute IEC Materials on HIV/AIDS stigma and discrimination, child right and other related issues.
- To enhance the capacity of the organization in terms of communication and documentation.
- To improve the participation of the young people in all phases of the project.

1.3.4. Target Population

The project targets clients, orphans, and clients' family members.

The objective of this evaluation is to see achievement of the project in light of its plan of actions. It will also assess the benefit of the project in information dissemination and behaviour change among its targets. The next sections present objectives, methodology, results/findings, over all conclusion and recommendations.

1.3.5. Planned Interventions and Strategies

The project proposes the following key interventions and strategies to achieve the set goal. General objectives and specific objectives:

1.3.5.a. Interventions

- 👁 Awareness Generation Programme to truck and auto drivers
- 👁 Docu-fiction display on HIV/AIDS
- 👁 Inter-face with Public Health Department and other Health Promoting Institutions
- 👁 Promotion of IGP
- 👁 ART Travel allowance for 50 poor HIV/AIDS infected
- 👁 Education support to 30 HIV/ AIDS infected and affected students
- 👁 Organizing health camps
- 👁 Organizing & conducting Street Play on the project theme
- 👁 One state level Street play competition for college students on the project theme
- 👁 World AIDS Day Commemoration
- 👁 Production and Dissemination IEC materials
- 👁 Net working and advocacy
- 👁 Training on Counseling to 30 school Teachers
- 👁 Collaboration with KSACS to organize Red Ribbon Express Program
- 👁 Signature campaign on HIV/ AIDS
- 👁 Counseling service

1.3.5.b. Strategies

- Capacity building of the primary and secondary stakeholders / vulnerable people
- General awareness programs to selected leaders, groups and target communities
- Building rapport with GO's and NGO's rendering services in the field
- Awareness building among the teachers and students in Schools.
- Participatory involvement of CBO's, Community Leaders, Health Personnel;
- Befriending and follow up of the affected persons and families.
- Prevention via promotion of ABC (Abstinence, Be faithful, and HIV / AIDS) and value education of Adolescents and Youth
- Facilitate care & support of the infected through proper hand holding & networking
- Empower PLHAS, their families to have access to quality health care

1.4.TERMS OF REFERENCE FOR THE EVALUATION

Objectives of the evaluation

- ◆ Assess the overall project and determine its contribution to the response to HIV/AIDS effort
- ◆ Assess the project in terms of efficiency and effectiveness.
- ◆ Assess the role of KAIROS in improving the knowledge base of the PLHAs and common public and its involvement in the effective response to HIV/AIDS
- ◆ Come up with concrete recommendations for a following project
- ◆ Document lessons learned and the best practices that are emerging within the UNDP supported activities

1.5. Outputs

- a) One hard copy of the evaluation report.
- b) One soft copy of the evaluation report.

CHAPTER – 2: METHODOLOGY

2.1. Overview

In order to fulfill the terms of reference and satisfy the specific issues of concern for the program evaluation, KAIROS employed methods that are found to be most suitable. These included: A detailed review and synthesis of principal documents and other relevant literature to the project since its inception; extensive informal and formal discussions with the key implementers and partner organizations, and focus group discussions with beneficiaries.

2.2. Key Respondents

Key respondents were identified and data was collected from them. These include: Program staff, beneficiaries (clients, and clients' families) and program voluntary workers. Special care has been taken to ensure a cross section of the project beneficiaries and respondents during the random sampling of key respondents.

2.3. Sampling

At the program implementation level the program coordinator, the administrator and all heads of departments were interviewed individually. Sampling also included HIV/AIDS patients (clients) receive care from the program, and affected members of the family receiving care from the community level of the project. These included caregivers. The evaluation team also consulted representatives of the Local Governments and schools. In addition, sampling included volunteers associated with the program. The samples were purposively selected and interviewed in places convenient for them.

2.4. Data Collection

A wide range of data collection techniques were used to ensure comprehensiveness, validity and reliability (for triangulation purposes). Among the techniques employed on this assignment were the following:

2.4.1. Review of Secondary Data

KAIROS devoted the initial period of the assignment to reviewing all existing literature at the program office. These included the strategic plan, project proposals, progressive and annual reports. This helped the evaluation team to capture and isolate key issues and components of the program on which they could focus during evaluation.

2.4.2. Preparatory Meetings

There were a series of preparatory meetings between the External Evaluator and the program officials to discuss terms of reference, harmonize the understanding of the task, and refine the methodology and work plan. These meetings were also used to define co-ordination mechanisms during the assignment, and to other levels of the project, like community members and beneficiaries, explain about the evaluation.

2.4.3. Focus Group Discussions

Focus group discussions were held mainly at the beneficiary level. Three group discussions were held with clients who included: those receiving care from the project at the centre and out-reach stations; benefiting children in the schools and the project staff.

2.5 Data Analysis

Data analysis and field reports were progressively compiled basing on the expected outcomes and the overall purpose of the evaluation. This ensured that information gaps were identified and dealt with while still in the field. Most of the information collected was qualitative in nature. The evaluation team, therefore, employed qualitative methods of analysis and where appropriate, quantified some results to highlight their importance.

2.6. The Evaluation Team

The evaluation is conducted by Mr. P. Antony, a Development Management Consultant, who had adequate experience and expertise in similar works. The evaluator has vast experience in the management and evaluation of HIV/AIDS projects and organizational development in Kerala.

2.7. Limitation of the Study

Though the sample clients taken for the study are spread over to several parts of North Kerala, this study is limited to PLHIVs of Kannur district of Kerala alone.

The researcher has found that there are only limited numbers of written documents, magazines or books available about the development interventions, religion, culture, custom and social change and case studies with regard to the project implementation. In this regard the researcher has to depend mostly on field research and interviews.

It is difficult to reach all the PLHIVs included in the project community because they are situated far away from the towns, with poor transportation and communication system.

The sending of questionnaire method may have only little success, as many of them know only one language. Therefore the researcher has collected the data with the assistance of the project staff (enumerators) with interview schedules with the selected samples.

When someone go to the PLHIVs and ask their views or any other information, they hesitate to express because of fear. They are not open to any strangers or outsiders. This makes it very difficult to collect the correct data of them. This mistrust may be developed in them because of some previous experiences with middlemen or government officers.

There is a limitation in analyzing the collected data, because some of them are in descriptive form and abounds information. It is difficult to make an appropriate conclusion from this form. There are also questions which are multiple edged which cannot be judged as right or wrong.

The findings which are made through this research study are not applicable to the whole PLHIVs in the target area. It is only applicable to the selected ones which are under the researcher's study. The social life and issues of PLHIVs are different from place to place in various respective.

CHAPTER – 3

EVALUATION FINDINGS

3.1. Introduction

This section provides the major evaluation findings. The findings of different sessions like analysis of available data/literature on the project, Interviews and FGDs and analysis of the data available from questionnaire are all compiled below. The achievements, challenges, gaps and recommendations will be presented and discussed simultaneously in the sections that follow.

3.2. Major Observations of document analysis

a) Vulnerable Children

The program supported the vulnerable children with an objective to support families of HIV/AIDS to address their problems adequately. In order to achieve the project goal, the following objectives were set: To support 50 vulnerable children in schools ; to increase access to medical care and their care-takers; to extend counselling services to them; provide vocational skills if found necessary when they are out of school; and to provide up to 75 HIV/AIDS infected/affected families with income-generating activities.

b) School Support

The project supported 50 children in primary and senior secondary schools. The package covered school fees (especially for senior secondary school students), and scholastic materials. Children were enrolled in both private and government schools mainly near their homes, because of the physical health of their ill parents. This observation has correlated with the FGD with other respondents. The parents of the children during the FGD reported that they had benefited a lot with assistance from the program. They also reported that they were given scholastic materials like bags, umbrella, uniform, or any other scholastic needs during the year of support. The support ensured constant attendance of children in the school throughout the year.

3.3. Findings from the Interviews

3.3.1. Interview with staff members

KAIROS is a non-profit making, nongovernmental organization It was first established in 1998 by the Diocese of Kannur. The founders decided to work actively to save the socially and economically backward communities and vulnerable sections of the society. The organization has passed through different stages to reach its present level and became a development organization.

KAIROS is an organization which is registered under the Charitable Societies Registration Act of 1860. The organization has a broad network of partners at national and international levels. Since 2008, *Mensen met een Missie* has been supporting KAIROS and the collaboration has been mainly on HIV/AIDS prevention and care. The direct targets of the project are HIV/AIDS infected and affected, community leaders, women and youth associations, schools and parents. The priority groups were people who are exposed to HIV/AIDS, sexual exploitation, drug abuse, rape, etc.

The main objectives of this project is to create awareness on HIV/AIDS, STDs, sexual reproductive health and drugs and to bring about change in attitude and behaviour among the community people, which contribute to the reduction in stigmatization of people living with HIV/AIDS.

Planned activities and achievements

The major activities planned under this project include:

- ◆ Training for school children -100 students
- ◆ Training for teachers as counselors
- ◆ Docu-fiction display
- ◆ Distribution of Nutrition Kits
- ◆ Noni distribution
- ◆ Counselling Services
- ◆ Financial assistance for ART (TA)
- ◆ IEC Materials including Street Play
- ◆ Home to home or house to house education
- ◆ Peer education
- ◆ Street Plays
- ◆ Quiz Competitions
- ◆ IEC materials
- ◆ Production such as newsletters, leaflet, library and webpage
- ◆ Counseling and referral services
- ◆ Advocacy and network

Most of the planned activities are accomplished according to plan. KAIROS' staff members believed that the activities of the project have increased the awareness of the public, youths, drivers, School children and the HIV/AIDS infected and affected on HIV/AIDS and RH.

3.3.2. *Feed Back from School Children during FGD*

The respondents constituted only girls studying in 10th standard who have attended the awareness generation classes conducted by the Organization under the project.

Almost all respondents (99 per cent) have got information on HIV/AIDS and have a very good knowledge level on the transmission. The majority of the respondents knew multiple sexual partnerships as mode of transmission, followed by sharing sharp items, mother to child and blood contamination. Over 85 per cent of the respondents knew two or more modes of transmission and prevention.

The majority of the respondents have confirmed the usefulness of the project in their respective communities and identified the following major benefits:

- Members of communities gained better knowledge and understanding on HIV/AIDS
- Members of communities have brought about behavioural change in protecting themselves from HIV/AIDS.
- Over half of the respondents have witnessed decrease in stigma and discrimination. Similarly, most respondents also witnessed behavioral changes among people.
- The majority of the respondents felt that a large number of people in communities were satisfied with the contents of the educational materials produced and distributed by KAIROS.



3.3.3. Feedback from direct beneficiaries during FGD

A group of 10 beneficiaries participated in the FGD. None of these respondents participated in the designing and implementing project activities. But all of them have reported that they benefited a lot from the project activities.

They said that they have gained knowledge on the modes of transmission and prevention of HIV/AIDS. They have also acquired knowledge on other sexually transmitted diseases, reproductive health (RH) and safer sex.

The respondents have witnessed that KAIROS, through the project, has made significant contribution in raising their awareness on the prevention of HIV/AIDS. Creating job opportunities and expanding health facilities which provide voluntary counseling and testing services are also important steps to curb the spread of the deadly virus.



They believe that the spread of HIV can be effectively halted through educational campaigns involving the community in general and the sexually active population in particular. They also pointed out the need to supply antiretroviral therapy (ART) to prolong the life those living with the virus.

The respondents reported that the project have helped them to gain knowledge on the modes of transmission and prevention of HIV/AIDS. Respondents said the education and training offered enabled them to identify wrong stereotypes relating to HIV/AIDS. They suggested that the project should expand so as to reach out the young generation who are more vulnerable to the virus. According to the opinion of the respondents information on HIV/AIDS in itself is not enough to avert the danger. It needs to be complemented with the creation of job opportunities as well as setting up recreational facilities.

Findings of the qualitative information from the Focus group discussion (FGD)

Participants of FGD were representatives from direct beneficiaries, staff members and schools. According to them the major activities of project included:

- 🗣️ Educating family members on HIV/AIDS.
- 🗣️ Educating people on HIV/AIDS at seminars and workshops intended for this purpose.
- 🗣️ Sensitizing school communities using mini-media.
- 🗣️ Educating Truck and Auto drivers.
- 🗣️ Focusing on and giving main support to the youth group.
- 🗣️ Disseminating HIV/AIDS information using print materials.

FGD participants have confirmed that most of HIV/AIDS prevention programs are designed by KAIROS with participation of its main staff members including the Director. People from the grassroots level did not participate in planning, implementing, monitoring and in follow up activities.

According to FGD participants the project and its activities have the following major problems:

- Financial problem. (Inadequacy of funds to support more IGPs, to conduct follow-up and to meet the expenses of travelling for ART)
- Medical services are given irregularly and the agency has no own outlet for the same.
- More emphasis is given to information dissemination but service rendering is minimal.

The Participants suggested the following:

- Generating additional fund so as to be able to implement all plans and objectives.
- Designing short and long term plans for the future
- Looking for sponsors who can fund the programmes (e.g. Quiz Programmes, competitions, etc.)
- Initiating programs on maternal health and VCT.

The Focus groups on the achievements of project activities

- Participants feel that there is a sign of improvement on stigma and discrimination but still much remains to be done.
- The Knowledge, attitude and practice of people is showing improvement in the project areas.
- Target group's tendencies to solicit further information are on increase.

FGD participants witnessed that sufficient work has been done to bring behavioral change among target groups using the awareness raising program. They also stressed the importance of environmental factors: economy, gender, policy, culture and spirituality in bringing sustainable behavioral change.

FGD participants stressed that the high rate of unemployment and unfavorable environmental conditions must also be addressed with a view to bring about significant behavioral change among the HIV/AIDS infected and the affected to safeguard them from the ill treatments of families and communities and to make them self guarding by developing a feeling of independence.

The participants have suggested staff members to assist in some technical matters to ensure skill transfer. Integrating related programs to easily meet objectives is also recommended. They advised to strengthen those activities started for the orphans and widows.

Some of the additional activities suggested by the group to maintain sustainability of project include:

- Encourage and support CBOs like SHGs, women associations, and youth associations to strengthen themselves financially and technically so that they may take over the project activities.
- Local fundraising must be strengthened to ensure sustainability
- KAIROS must initiate different means of income generation activities to ensure sustainability of different programs and conduct follow ups.
- A task force should be established at the community level that can take over projects that are phasing out.

3.4.Data Analysis

Analysis

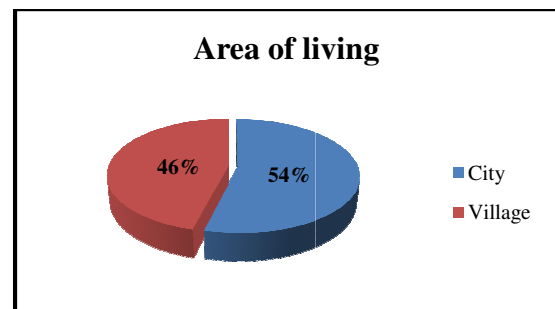
The collected data was verified and coded prior to analysis. Through the use of Excel Worksheet, this study has made use of both qualitative and quantitative methods and tools of analysis to analyze data. The analysis of data involved descriptive statistics through frequencies distribution, tables and charts as well as narrative analysis to summarize what had been collected for use in the study. Other tools were also used such as mean, median and mode.

Demography of the Respondents

The first question with its subsections denotes the demographic details of the respondents. Response to these questions reveals the area of living, age, sex, marital status and religion. Table 1 shows the no.of respondents living in villages and cities:

Table - 1

Area of Living	Frequency	Percentage
Village	23	46
City	27	54



Majority of the project beneficiaries are living in urban area and hence KAIROS has the accessibility to these beneficiaries. 54% of those who have responded to the data collection questionnaire are from city and the rest are from the villages. Though they are from village they are also seriously attended by KAIROS in this project.

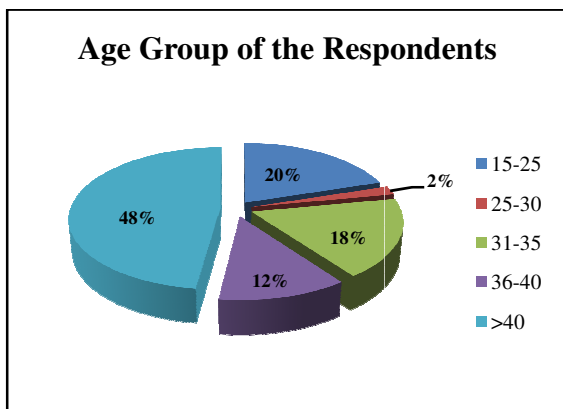


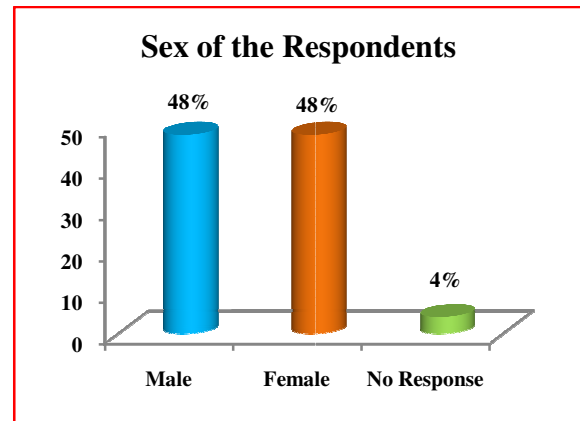
Table – 2

Age Group	Frequency	Percentage
15-25	10	20
26-30	1	2
31-35	9	18
36-40	6	12
>40	24	48

Major part of the project beneficiaries are from the age group of above 40 (48%). 20% are from the age group between 15-25 years.18% is from the age group between 31 and 35 and 12% is from 36-40 age group. It is interesting that those who are from the age group of 25-30 are only 2%. This may be because the beneficiaries selected in this age group during the sampling were less or the beneficiaries in this age group are very rare. The age group has significance in measuring the knowledge base and precautionary measures they take for prevention and spread.

Table – 3

Sex of the Respondents	Frequency	Percentage
Male	24	48
Female	24	48
No response	2	4



There is equal number of male and female respondents. However, two of the selected sample respondents did not have revealed that weather they are male of female for reasons not known. This need not happen as the questionnaire did not indicate the name of the respondents.

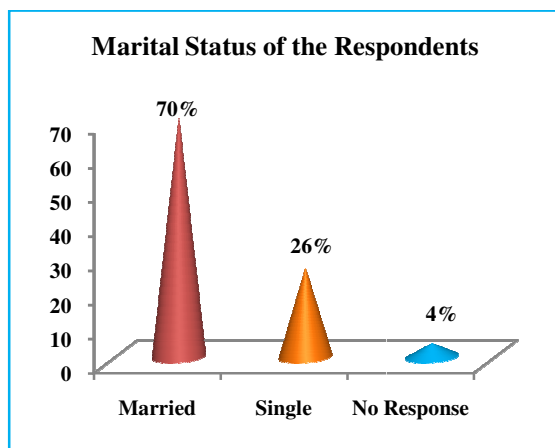


Table – 4

Marital Status	Frequency	Percentage
Married	35	70
Single	13	26
No response	2	4

Among the respondents 70% are married and this had a correlation with the HIV infection. The focus Group discussion revealed that they got infection from their partner after marriage. There are also unmarried who are infected, mainly due to having unauthorized sex knowingly, with the infected, that too unknowingly. The second category will come to 26% which is comparatively high. 4% did not want to reveal their marital status. This could be an omission from the part of the enumerators.

Among the leading religions people from Hindu community are more (74%) among the respondents and those who are infected also from the same community. The least is from the Christian community (8%). It is also assumed that the No. of infected (as revealed during the FGD and evident from the Survey) is also small among the Christians. This may be because of the value base that priests and religious are spreading among the believers. Muslims constitute 14% of the total respondents. The assumption that infected are more from Hindu community may be wrong because, the respondents include, infected, affected, students and other community members, who are the direct and indirect beneficiaries of the project.

Table – 5

Religion	Frequency	Percentage
Hindu	37	74
Muslim	7	14
Christians	4	8
Others	1	2
No response	1	2

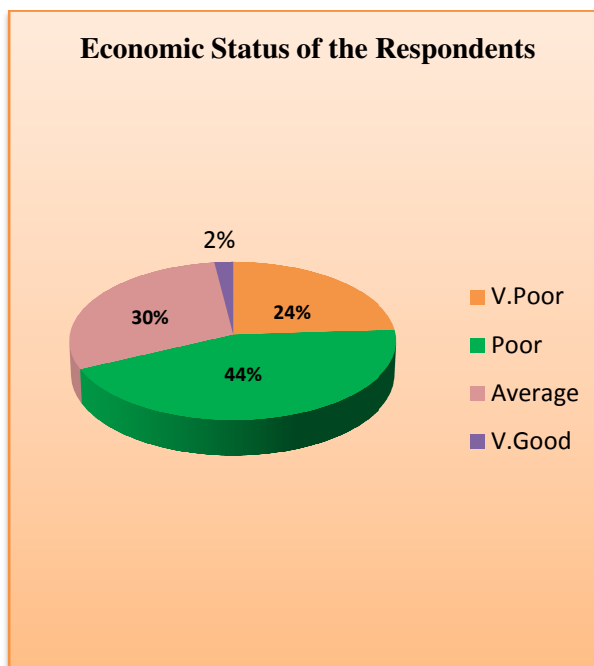
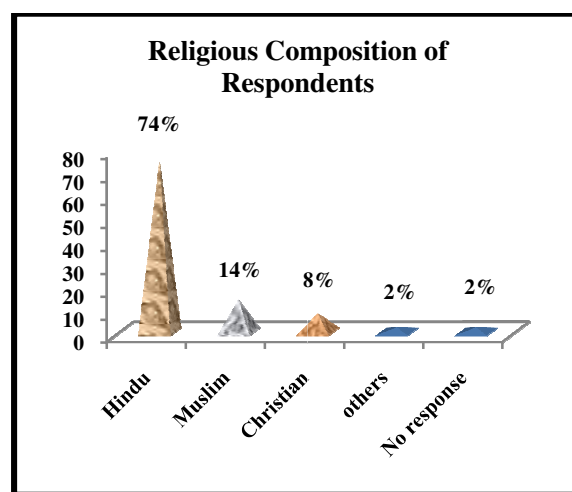


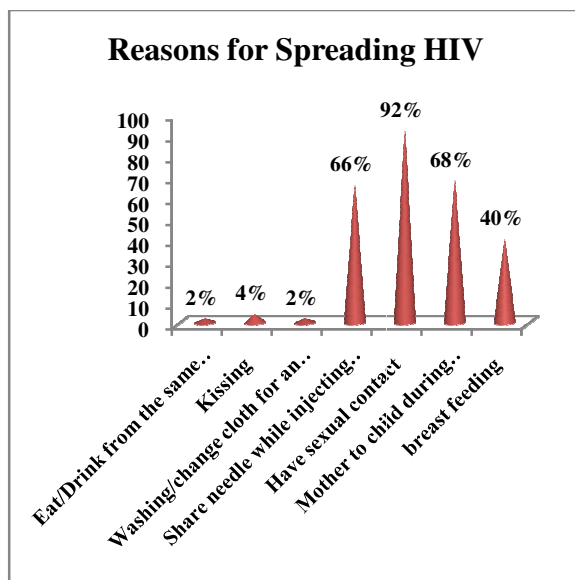
Table – 5

Economic Status	Frequency	Percentage
Very Poor	12	24
Poor	22	44
Average	15	30
Very good	2	4

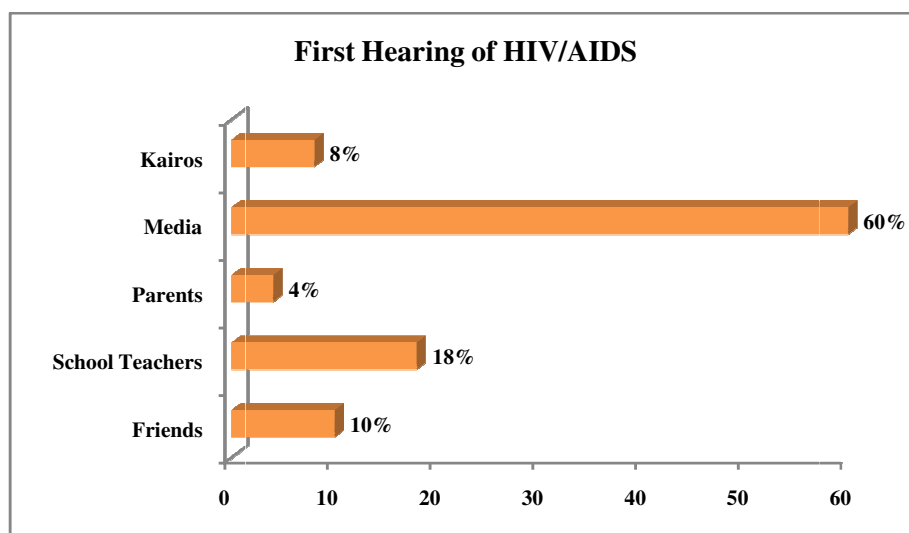
Most of the respondents are from poor economic status (44%) and 305 are from average economic status. 24% are from very poor families. Only 2% are hailing from very good economic status. It is true that people, especially women from poor families are being cheated and the virus is received from their partner. The economic status of the respondents, majority of them are also infected, has significance in getting involved in the project. Clients from poor and very poor are purposefully given weightage in this project, which is mandatory for KAIROS and in line with the objective of this project. At the same time, people from higher economic status also found a place among the project beneficiaries which is also most welcoming

Knowledge level of the Respondents

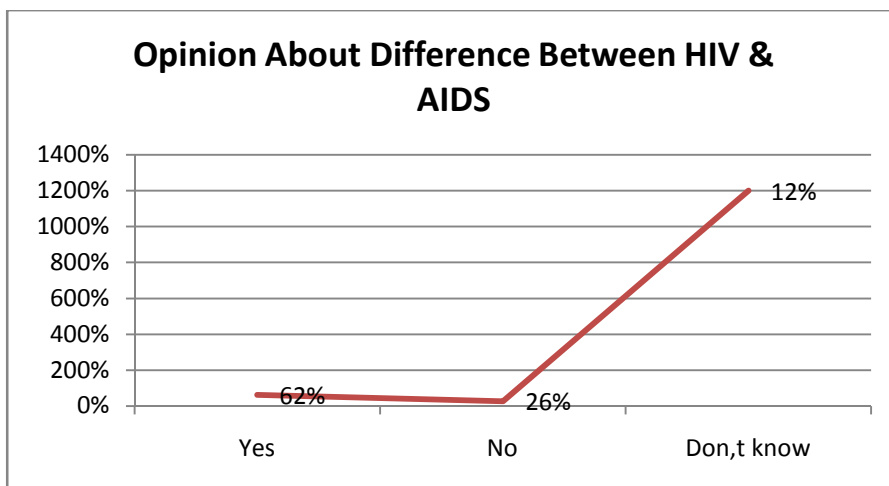
Next few questions – from 2nd to 21st – were to measure the knowledge level of the respondents. A very good response is obtained from the respondents and it shows that more or less they are well aware of the disease and the reason for its spreading



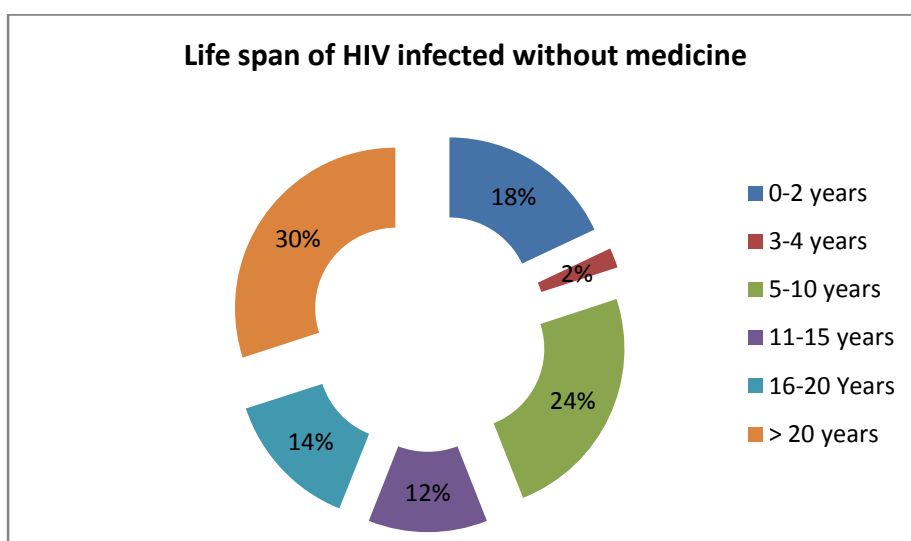
The project had disseminated the right knowledge on the reason for spreading the pandemic. Most of the people are recorded the four right answers – share needs while injecting (66%), have sexual contact, (92%)mother to child during pregnancy (68%), mother to child through breast feeding (40%) – etc are the mostly recorded answers. Even in that situation some are confused regarding the reason for spreading the pandemic. A very few are responded that Kissing, Changing Dress and eating together will also cause spreading of the diseases.



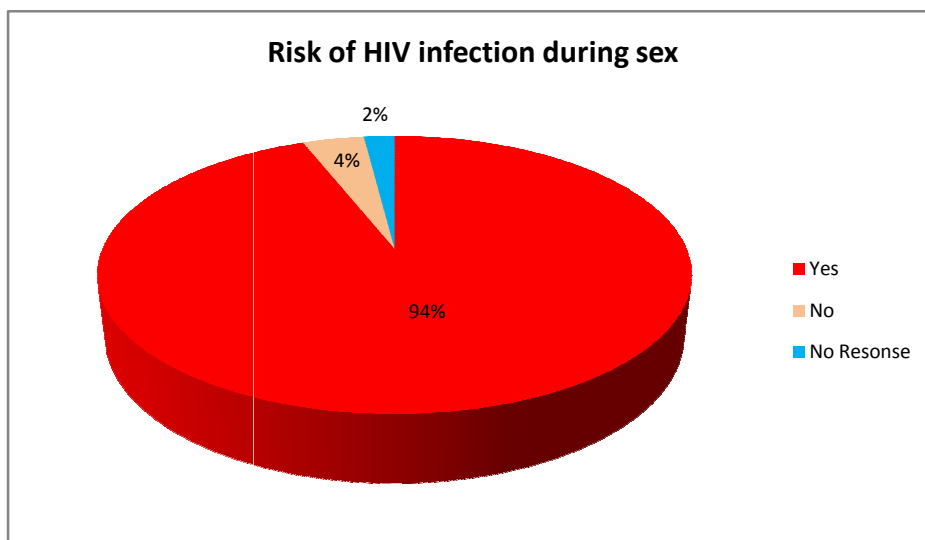
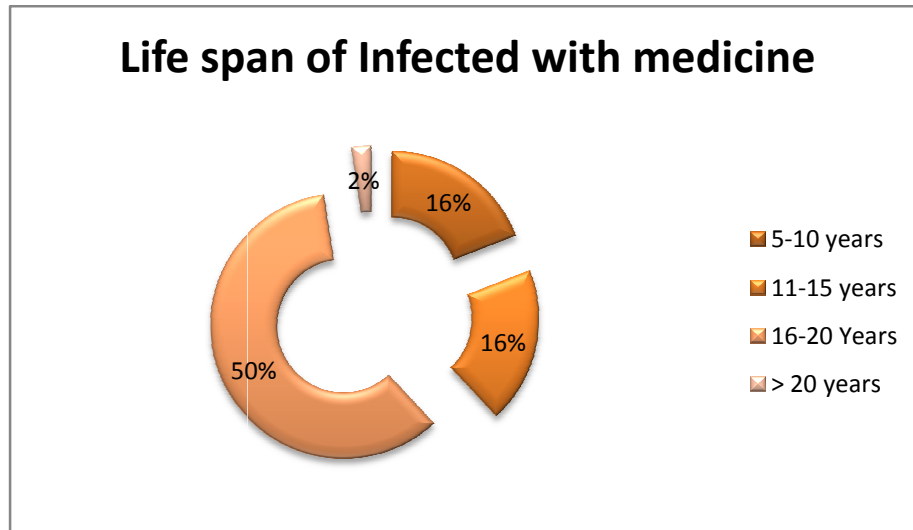
Most of the respondents first heard about HIV/AIDS from media. This means that the respondents are well aware of the pandemic before they are selected as project beneficiaries. At the same time, it does not mean that the project has nothing to do with spreading knowledge. The media provided them some preliminary knowledge about HIV/AIDS. Any way the project played a reasonable role in spreading the knowledge to the community as well. The above illustrations give the details



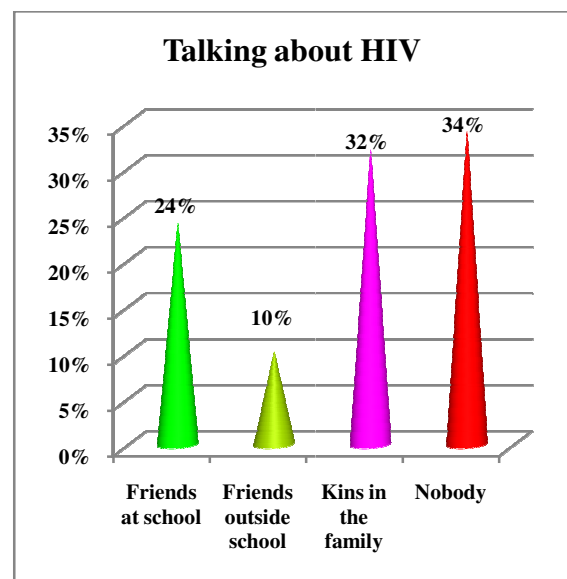
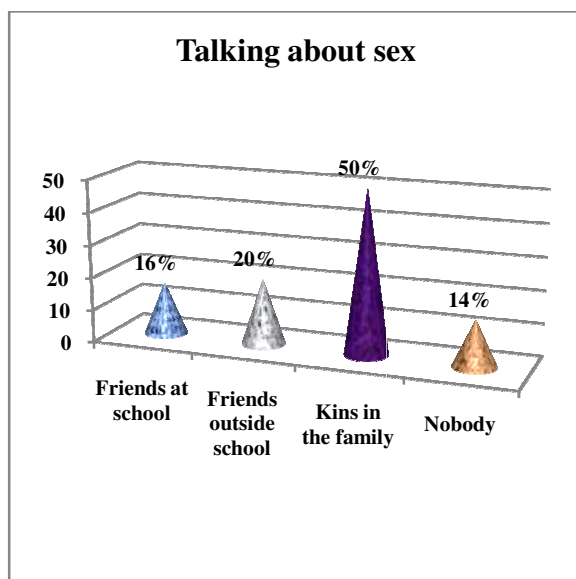
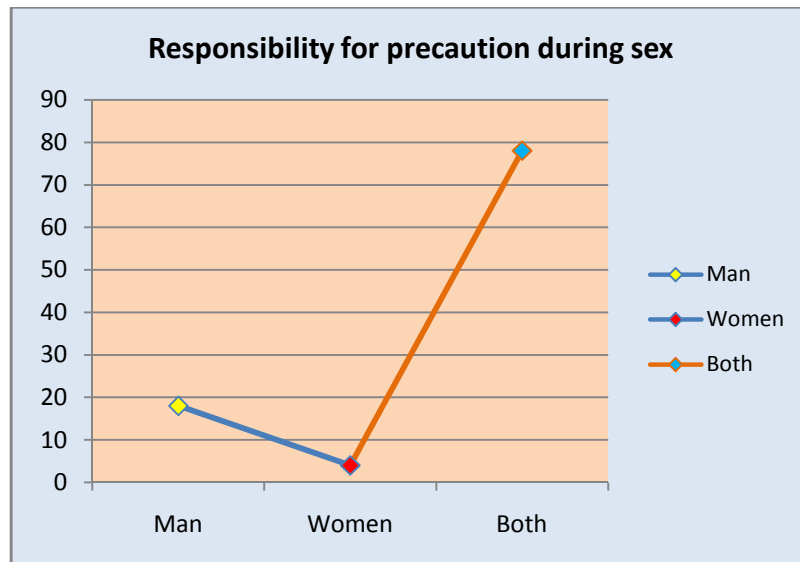
The question about their opinion regarding the difference between HIV/AIDS only 12% responded that there is no difference between HIV and AIDS. Another 12% expressed their ignorance while majority (62%) has clearly opined that there is remarkable difference between HIV & AIDS. This has correlated with the observation during the FGD conducted for the infected/affected and the school children. The above given graph gives the details



There is much confusion regarding the life-span of the infected with and without medicine. While a very good number believe that the infected can live more than 20 years. The response to the next question is also reflects the same response. However, majority is doubtful about the life span and hence the answers are varying very much. The illustrations above and below explains the situation

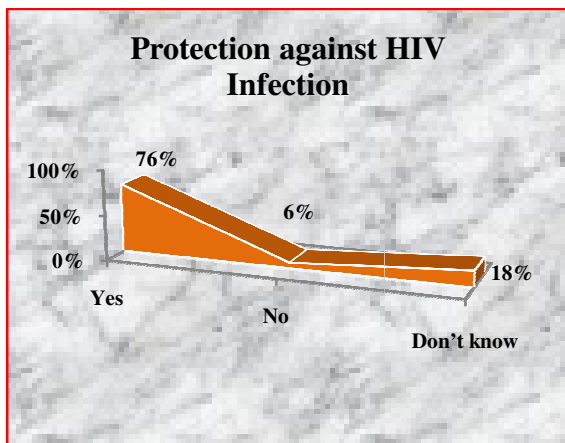
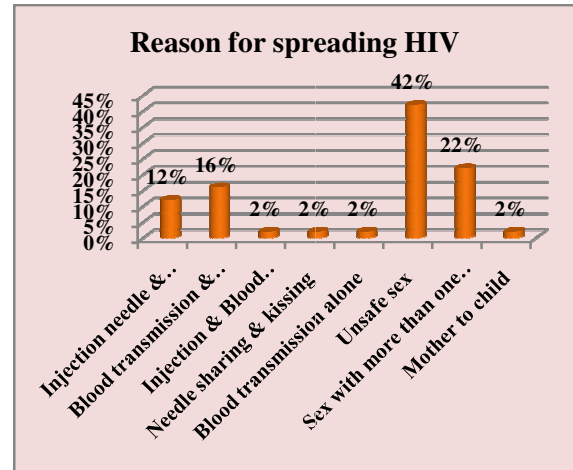


Out of the total respondents 94% says that there is risk of HIV infection during sex. They are well aware that precaution needs to be taken during sex to reduce the risk of infection. But some expressed that it is the men (20%) to take the precaution and a very few opined that it is the women to take the precaution. However, majority (80%) have responded that both the partners are responsible to ensure that precautions are taken during sex to avoid infection. Illustrations given above and below help to compare the two opinions.

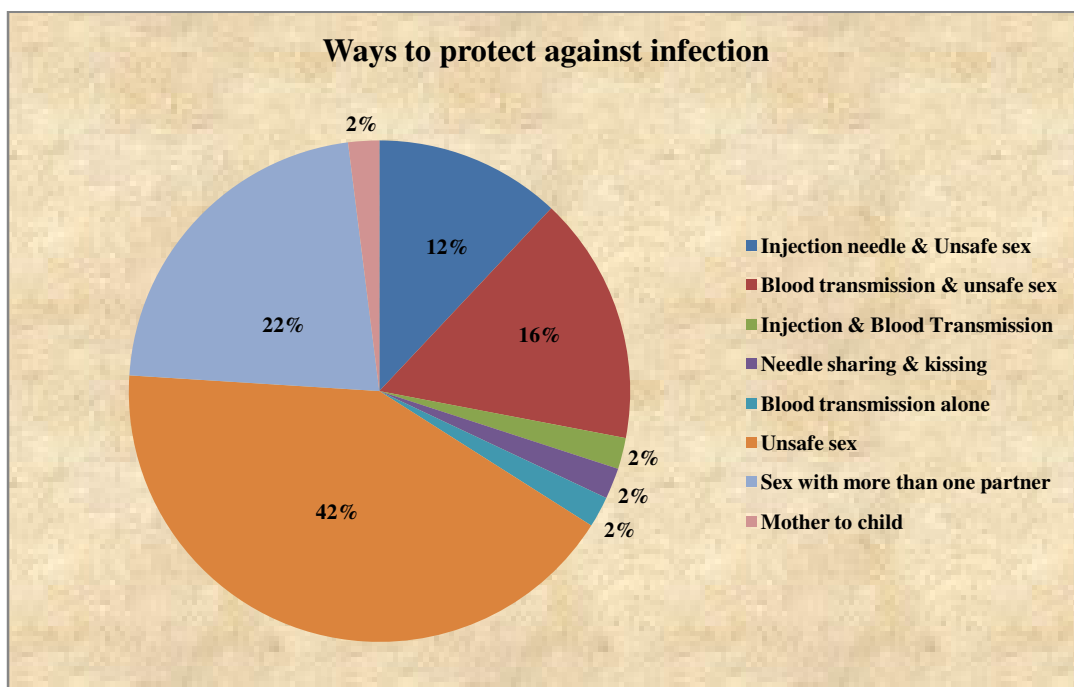


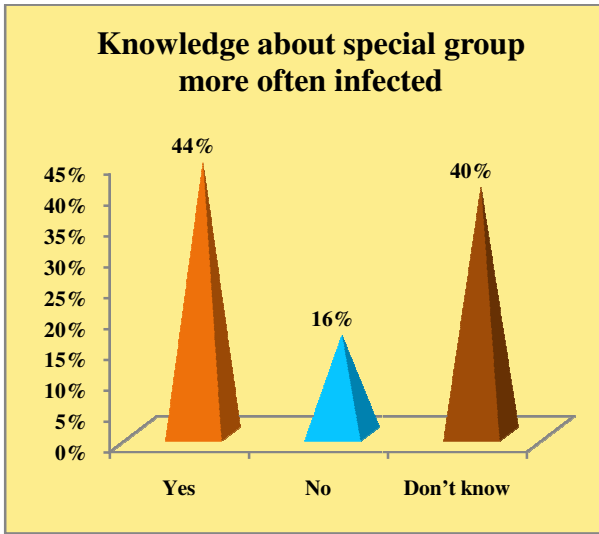
The respondents (50%) said that they usually talk with their kins in the family about sex and at the same time only 32% talk with their kins in the family about HIV/AIDS infection. This is a good sign among the respondents. But 34% responded that they will not speak anything to anybody if they are infected. Friends at school will be a good listener to some of the respondents. These respondents may be the school children who have participated in the awareness generation programme conducted by KAIROs. The 34% who responded that they will not talk to anybody may be because of the fear about the response of the community towards them if they are infected. This also correlated with the FGD with the School Children where they responded the same way. The two illustrations explain the situation

For majority of the respondents HIV/AIDS is spread by unsafe sex. 42% of the respondents are of this opinion. Another 22% responds that HIV is spread because of sex with more than one partner. This is also similar to that of unsafe sex or illegal sex. Thus majority 42% + 22% = 64%) are of the opinion that unsafe sex is the main reason for HIV/AIDS. A few are responded that blood transmission & unsafe sex together play an important role in spreading the pandemic. Illustration notifies the findings.



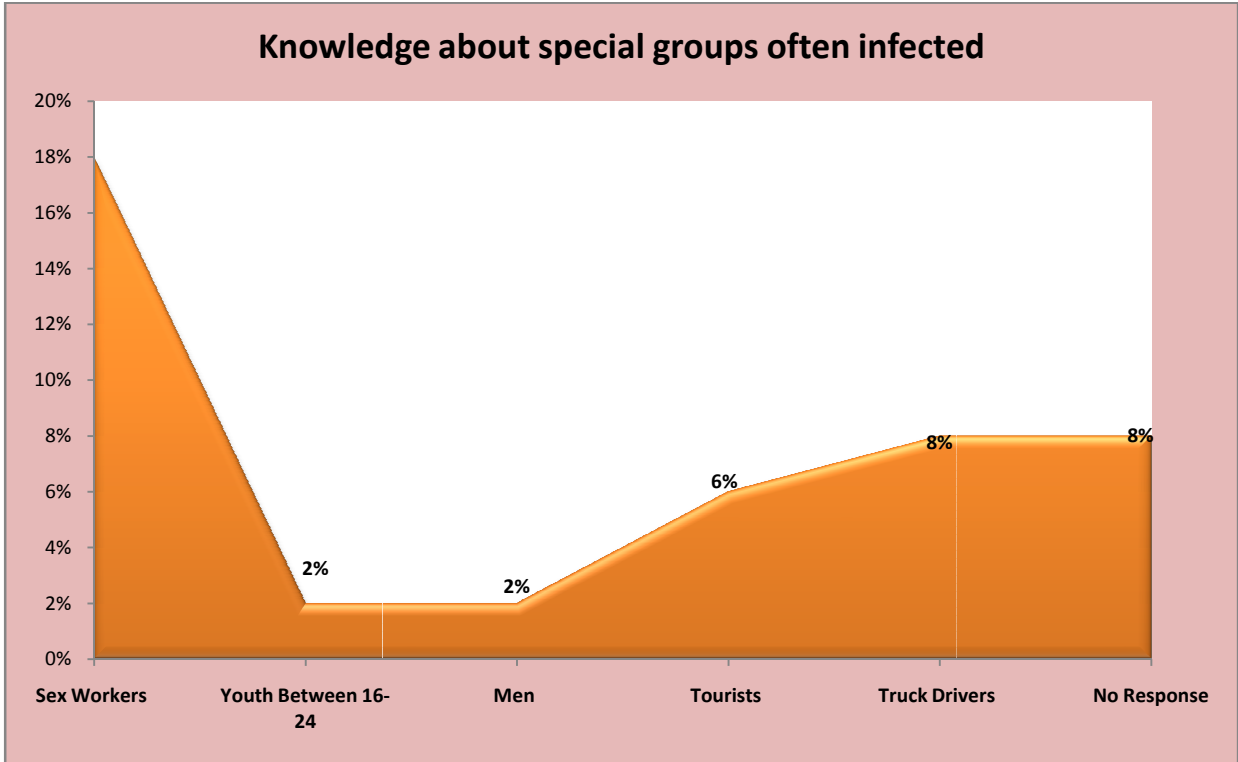
A very good number of respondents strongly believe that there is ways to protect from HIV infection This will come to 76% and only 6% responded that there is no way to protect from HIV infection. This may be because of their ignorance. But the 18% respondents who answered they do not know, have to be taken serious and correct information needs to be given to them.



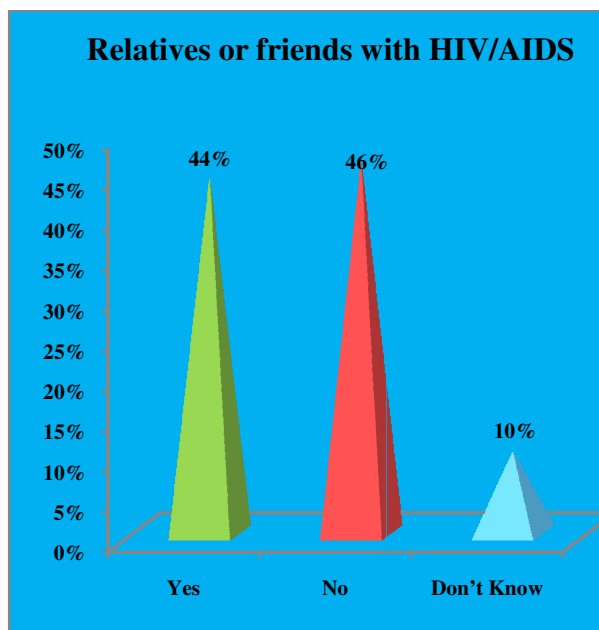
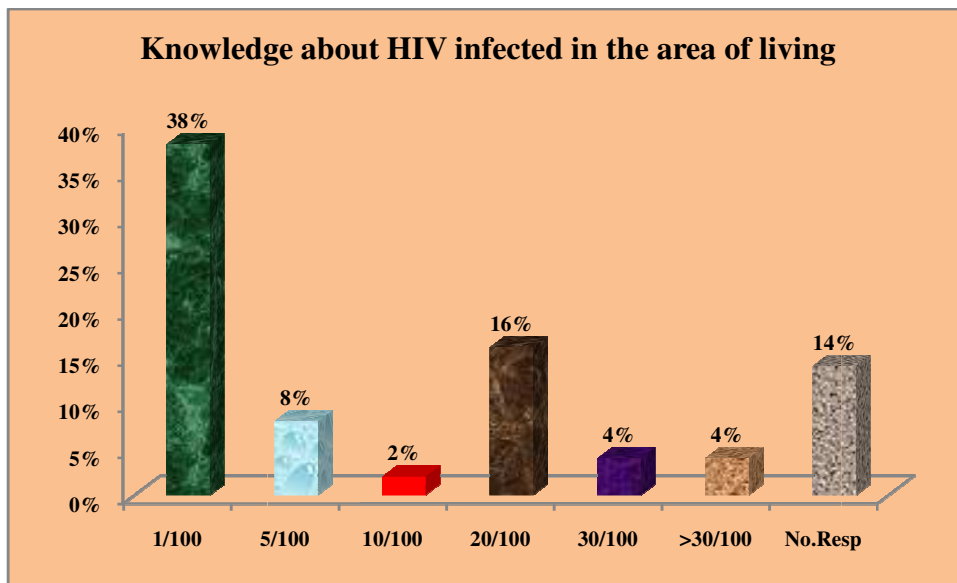
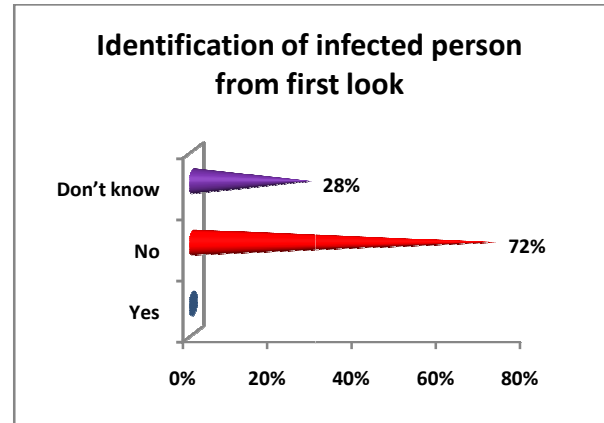


44% of the total respondents shared that there are special groups who can more often get infected, while 40% opined that they do not know any special group more often get infected. 16% said that there are no such special groups that more often get infected. Those who responded positively (Yes), have clear idea about the groups also. But unfortunately 8% of the positively answered respondents *do not know* which special group gets infected more often, so they kept silence.

The opinions of the positively answered are also different. 18% said that the sex workers are vulnerable to infection, where as 8% says the truck drivers are the group more often gets infected. 6% opined that it is the tourists. 2% each says that men and youth (16-24) respectively. The illustration is given below:

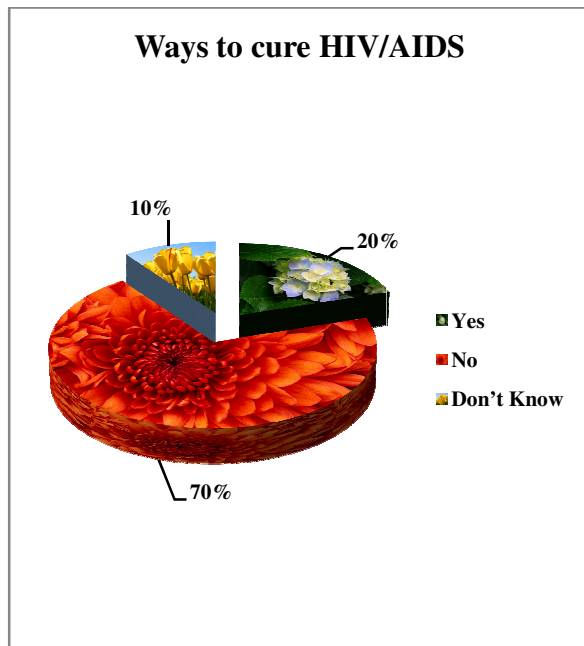
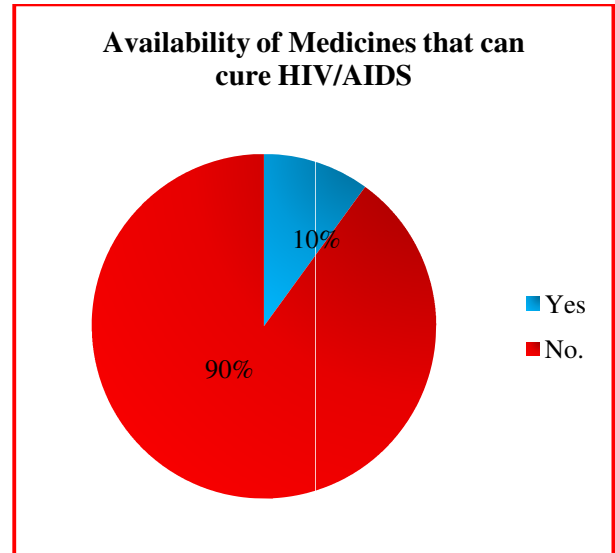


More than seventy percentage (72%) of the respondents said that HIV infected could not be identified at the first look or in their appearance. The remaining respondents (28%) do not know whether it is possible to identify a HIV infected in the first look. The response reveals that there is need to make the people understand that the HIV infected cannot be identified from among others at the first look.



A very good number of the respondents know people who have infected. Nearly half of the sample respondents (44%) are aware that there are people with HIV/AIDS living around them. At the same time a more or less equal number of respondents said that there are no HIV/AIDS infected around them. Only 10% responded that they do not know whether any HIV/AIDS patients are living around them. This knowledge about the people with HIV aids living around them provided them an opportunity to share their feelings and form a group that come together to fight against the discrimination only because they bear the virus.

A very good majority of the respondents (90%) have responded that there is no medical cure for the deadly disease. Only 10 percent reported that there is medicine. The interesting thing is that these 10% have no answer to the question “what medicine”. Therefore it can be assumed that the positive answers may be from the non-infected or from those who did not get correct information about it.

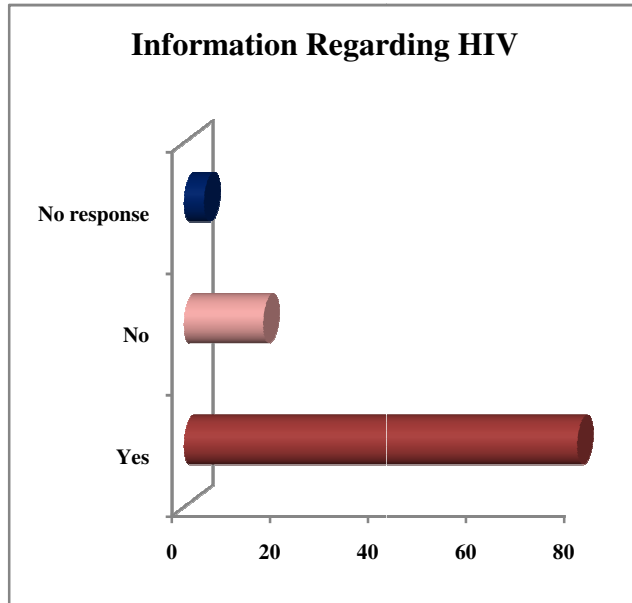


The response to the question whether there is any way to cure the diseases has to read along with the former question regarding the availability of medicine for the treatment of the disease. The answer for the former is coinciding with the answer of the latter. 70% responded that there is no way to cure the disease. Another (20%) reported that there is some way to cure the diseases, who wanted to console themselves against the diseases. But the response of 10% (don't know) has correlation with the former one as those who have responded 'yes' did not know what medicine. This conclusion is applicable here also.

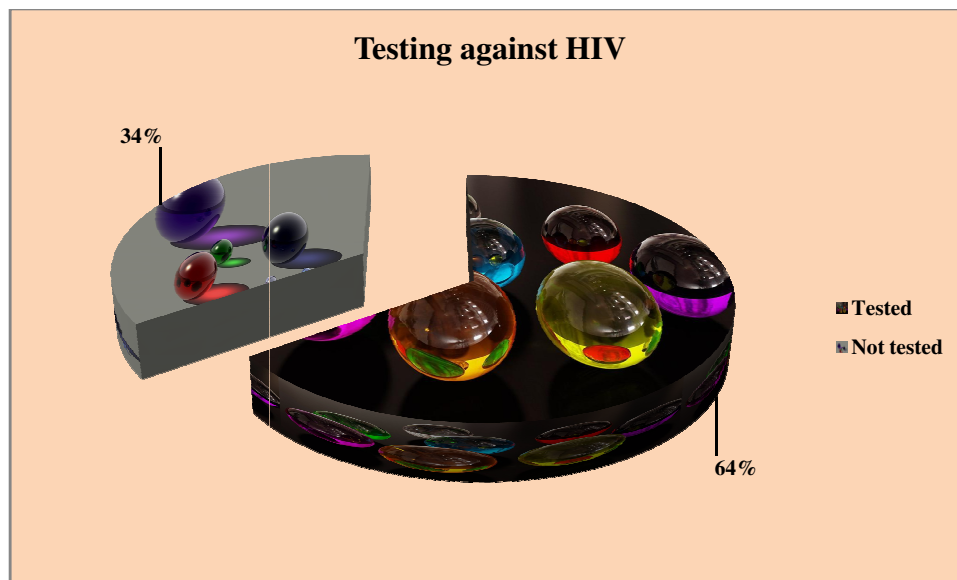
There is no need to measure the responses of the next (20th) question as this is a mere repetition of the 11th question in the questionnaire. The answers are found to be the same. This is mistakenly repeated by the evaluator.

Measuring Stigma

The next few questions are to measure the level of stigma among the respondents. The project holder claims that the project helped to reduce stigma among the project beneficiaries after carrying out all the project activities during the last few years. Let us see what happened.

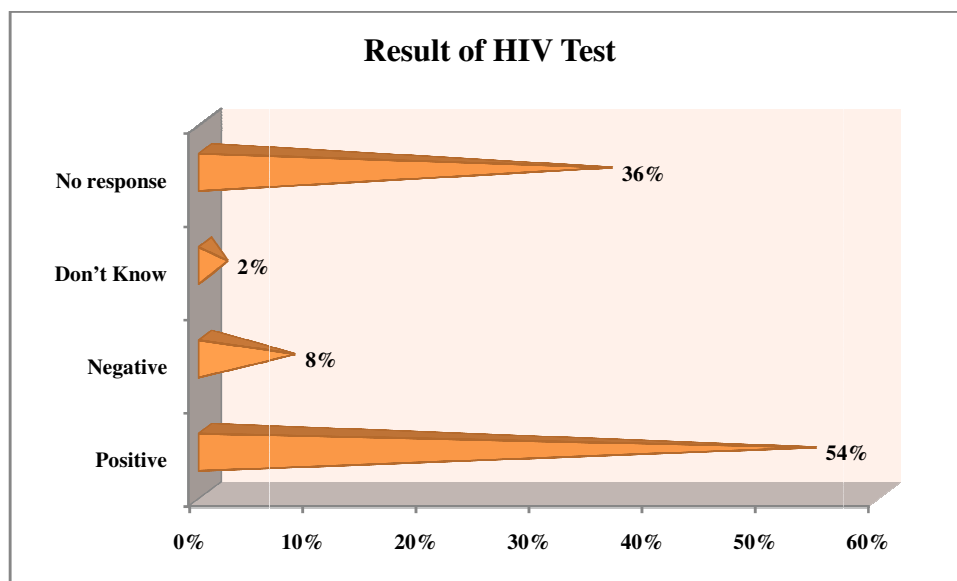


Response to the first question regarding obtaining of adequate information about HIV is considerably favourable as 80% has responded that they received adequate information. This has to correlate with the question that from where they first heard about HIV. Majority received information from media and not from KAIROS. However, it has to be understood that KAIRO played a major role to spread the information and concretize and confirm such information among the clients. Only 16% said that they did not get adequate information. This group may be those attended only some seminars and workshops. However, this high quantity of negative respondents needs to be further attended.



64% expressed that they have undergone test to find out whether they are infected or not. But there are 34 % not tested and 2% not even responded to this question. The positive respondents are mainly the infected and those who are affected among the respondents. Negative answers are from those who are the mere beneficiaries of the project. This has to be correlated with the belief of the people that if tested their mental piece will be gone. The

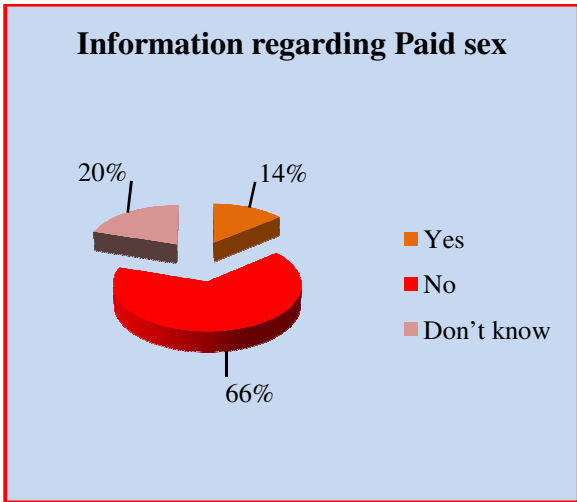
answers to the question No. 23 had to correlate with these findings that 30% still do not want to test against HIV aids. This is clear evidence that people did not become aware of the need of HIV test and the stigma is still there to a certain extent.



The figure given is a clear evidence and correlation with the response to the former question. 54% against the 64% tested for the HIV infection are found to be positive. Again this high percentage is of the reason that KAIROS made all the efforts to persuade people to test for HIV AIDs. The next question is relevant only to those who have not tested yet **“Would you like to test yourself for HIV?”** 30% of the respondents still do not want to test for HIV. This depicts the presence of stigma among the people even though they are conscientized and educated through information dissemination. This response again has a correlation of the findings of the FGD in which many clients of the project has participated that stigma is still prevailing. Even the knowledgeable Medical Personnel are also discriminating the people with HIV/AIDS.

Majority of the respondents (48%) said that they would tell to their partner if they are infected with HIV/AIDS. 26% would share with their friends and 10% each would tell the fact to their mother and relatives respectively. The response to the question with whom would you tell if you are infected with HIV / AIDS is a good sign that they wanted to bring their close relatives to let the tragedy know. This will help them to take early to the doctor or to a counseling centre. Another 10% do not want anybody to know that they are infected.

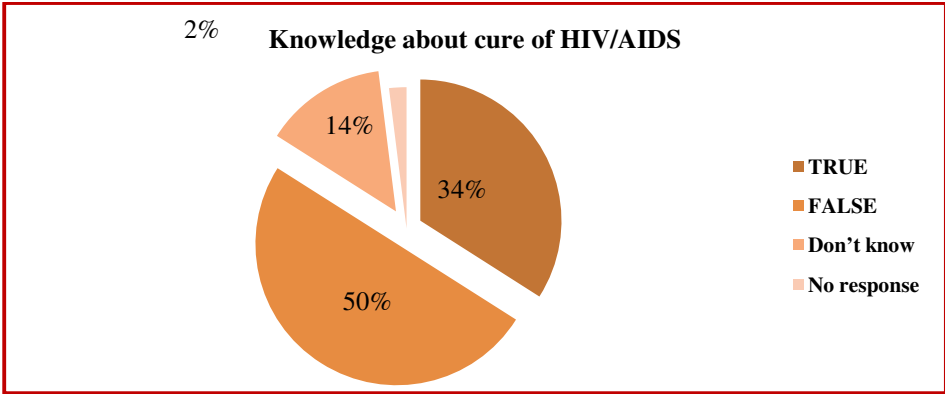
Likewise, the response to the next question would you like to have children if you know that you are infected is also a sign of the knowledge level of the respondents. They are aware that the chance of transferring the virus from mother to child is very high, 82% of them do not want children if they are got infected. Only 6% said that they would like to have children. This may be because they have hope of getting a non-infected child though the chance is very rare. During the FGD, it was revealed that there are incidents among the project beneficiaries having children uninfected for the infected. Another 6% are not sure whether they wanted children as their response is ‘don’t know’. Both those responded ‘no’ and ‘don’t know’ did not give any reason for their response.



Response to the question regarding the paid sex in the neighbourhood is a mixture of negative and positive answers. 66% responded that there is no paid sex around their neighbourhood and 14% said they know people who are still having sex for payment. The second category may be commercial sex workers and most of the respondents though being infected; it has to be assumed, leading a good life. 20% responded do not know whether there is any paid sex around them.

Half of the respondents (50%) know that it is false to say that most of the infected will quickly show that they are infected. But a quite good number of the respondents (32%) said that it is true that the infected will show the signs that they are HIV bearers. 18% of the respondents are unaware of this situation. This has to be read along with the response to 14th question for which majority have responded that an infected person could not be appeared as such he is under the clutches of a serious disease as in the case of other diseases. But the response of 32% of the respondents have to be taken serious as to the effort of KAIROS through this project - education and information dissemination had not communicated properly or the clients still are not aware of the fact there is no identification of an infected from among uninfected. The fear may be a reason for the still existing stigma among the people and the beneficiaries.

As in the case of the former question 50% of the respondents opined that there is no chance of curing the disease, where as 34% still believe that there is a cure for the disease. What made this 34% believed to have there is cure for the disease is not known. Not even from the FGD it is revealed that they believe there is a cure. 14% are the ignorant about whether there is cure or not. 2% of the total respondents did not respond to the question. How this hope is roused among 34% of clients is interesting. It could be a failure from the part of the educators, or they may be consoled by the counselors. In both case this is serious drawback or short fall of the project activity related to awareness generation.



Similarly 70% of the respondents opined that teenagers are more likely to get infected. 18% said that there is no such chance. 10% opined that they don't know. The high rate of response (true) can be a reflection of the feeling that it is the teenagers fall easily into unsafe sex, as unsafe sex has been reported by majority as the main reason for spreading HIV/AIDS.

Questions from 32 to 43 exclusively are to measure the level of common knowledge of the participants of the project/programmes. A very good range (56-98 percentages) has revealed that they acquired good knowledge from different educational programmes conducted by KAIROs as part of the project. Different questions got different responses ranging to very low to very high depending upon the contents to be revealed. Still there are many respondents who do not know many things to be known by them regarding the spreading, cure and medical treatment of the infected. The awareness generation programmes conducted for the school children are also created comparatively good results but leaving space for betterment.

CHAPTER – 4 **CONCLUSION**

This chapter is concluding the result obtained from the assessment conducted to assess the impact of KAIROS' awareness campaign and offers recommendation for the enhancement of effective project and sustainability in future. It also highlights the benefit associated with reduction in HIV/AIDS.

4.1. Results

KAIROS is fairly conducting well its intervention despite the fact that effort is needed to increase HIV/AIDS education to the people, especially youth and the affected. The survey recommended having a measurable positive impact in the key area of improving knowledge, attitudes and practices related to risky sexual behaviour which in turn, should reduce the incidence of transmission of HIV/AIDS and other STDs over the long term.

The survey results coincide with the results obtained from other exercises like FGD and Interviews, that measurable positive impact as far as HIV/AIDS education is concerned by KAIROS.

4.2. Recommendations

Results obtained imply that a combination of strategies is useful to bring about HIV/AIDS awareness/education in the community. The following are recommended:

1. KAIROS should collaborate with other organization for reaching more youth and infected/affected people.
2. Increasing the number of training to the groups so that they can remember easily the education given.
3. More effort/strategy is needed to reach female youth since they are mostly susceptible to infection than male youth.
4. The facilitators should be well trained and competent enough for effective behavioural change communication.
5. A proper incentive system needs to be instituted to increase the number of training sessions.
6. Intervention targeted to adolescents can be effective in changing attitudes and sexual behaviour if they include multiple channels of communication.
7. Education and awareness should be extended to all areas within the operational limit by creating AIDS committees at street level/grassroots level to be responsible with planning activities to prevent the disease.

8. Promote peer education strategies as youth are free and can talk about sex. Single sex groups are easier to organize and plan their activities to prevent the spread of HIV/AIDS spread, though mixed group are important and can talk free.
9. More support from KAIROS to CBOs to increase learning material that is Information Education Communication materials (IEC) as most CBOs have no ability to produce the materials.
10. KAIROS should look on the weaker economic situation of women, which has greatly influenced the HIV/AIDS epidemic. Programs should be initiated to reduce the level of vulnerability for girls and women and should be encouraged since they are forced to trade sex for income because of poverty.
11. This kind of project should be carried out in different areas of Kannur & Kasaragod Districts to reduce the spread of HIV/AIDS among youth as the situation seems to be the similar in many areas.

Overall Discussion

As to the project staff information most of the activities planned under the project were accomplished. This has been also confirmed by the consultant with document review by refereeing their quarterly, six months and annual reports. The major problem identified by the staff member s was budget limitation to accomplish planned activity.

The budget does not go with the activity. They tried to integrate with other sources. According to the project staff awareness on stigma and discrimination has increased in the community and observed some behavioural change in the area of information seeking, counseling, referral services and others. The major challenges or problems such as gap between objectives and performance, lack of completeness in the service and not fulfilling some needs be addressed in the future.

In general the program staff noted that the project is able to successfully achieve its goals by limited resources and dedicated staff. However, they said that additional input needs to be injected to bring about substantial impact on the population.

The in-depth interview with the HIV/AIDS infected and affected (the direct beneficiaries of the project) revealed that they are getting further knowledge on modes of transmission, prevention and on the importance of preventive precautionary measures. The stakeholder FGD participants believe that there is a sign of behavioral change in the project area. They testified that open discussion on sexuality, care and support, assisting children, using precautionary measures are on the increase.

The FGD student participants suggested that the manual, the peer education system and other strategies that are currently used by the project should be improved and updated with the current information and the situation of the student population in higher classes in the project area. They stated that KAIROS and other actors working on HIV communication must work more to come up with more innovative communication strategies.

Overall Conclusions

- ⌚ Most of the planned activities accomplished by the project involved the staff members. This was confirmed during interview with staff members and documents' review.
- ⌚ The project is observed to have good documentation practices.
- ⌚ The majority of the study subjects are aware of at least two modes of transmission and prevention of HIV/AIDS.
- ⌚ The majority of the respondents confirmed as the project led to increasing awareness, avoiding stigma, discrimination and encouraging open discussions on matters relating to HIV/AIDS.
- ⌚ The strategy adopted by the project to bring about behavioral change is not refined and lacks effective means of follow-up to observe new developments. In addition, there are no well formulated messages for specific audience groups.
- ⌚ The target groups have confirmed having benefited from the project through getting sufficient knowledge on preventive/precautionary measures and other skills.

Overall recommendations

The efforts and results of KAIROS towards preventing and controlling HIV/AIDS are encouraging. Therefore, it is advisable to support its project activities both financially and technically. This will strengthen the efforts of the organization to contribute more to the reduction in the incidence rate of HIV/AIDS. For instance, KAIROS plays an important role in increasing the awareness of young people on HIV/AIDS by using Information-Education - Communication materials such as newsletters, fliers, booklets and newspapers. The evaluator has observed that a newsletter propagating anti-HIV/AIDS message need to be popularized among youth readers. However, absence of such newsletter is a barrier from reaching more young people who seem to be enthusiastic about the messages in the papers. The absence is mainly attributed to the financial constraints of the organization. Hence, this can be an area for the donors to extend their support to KAIROS.

Future interventions of KAIROS should never disregard the emphasis on reducing misconceptions surrounding condom and its reliability. Appropriate Behavior Change Communication (BCC) messages promoting the benefits of condom use and skills of proper use should be developed and communicated to the target youth groups and other community members in the project area.

The contribution of the project in reducing stigma and discrimination is significant. Therefore, the effort in this direction should be further strengthened by facilitating different discussion forums and most importantly by linking HIV/AIDS with different human right instruments.

In the coming phases, if there is any, the project should focus on experience sharing between different clients and institutions and designing innovative ways of motivating peer educators. This is instrumental in facilitating exchange of good practices among different stakeholders and keeps peer educators motivated and maintain high level of enthusiasm of participation. KAIROS should further develop its behavior change communication strategies in terms of focusing on specific target audience and development of well-formulated messages.

The target groups of the project should be limited to well-defined and focused groups instead of targeting diverse types of targets. There should be an ongoing assessment of its BCC strategy to ensure that it is designed to appeal to specific target audience in particular, the youth (in school or out of school youth), concerns and attitudes. The messages the project wants to convey should be updated and redesigned to make sure they address the problems of the youth. This could be done through conducting assessment and analysis to identify knowledge gaps, beliefs, needs and concerns of the audience youth.

KAIROS should consider the possibility of setting up a mechanism to closely follow-up change in behavior among its target beneficiaries so that it will facilitate ways to reinforce and maintain new behavior for long. Innovative ways could be designed to motivate people with new attitudes and develop behavior by arranging meetings on grass roots levels and launching campaigns. Furthermore, symbolic awards may be handed over to those demonstrating behavioral change in recognition of their attitudinal/behavior change or through other ways.

KAIROS should strengthen its link and referral network with partners that provide counseling, Blood testing, STI treatment, care and support services, etc. It should create a strong collaboration and working relationship in order that the clients demanding those services could easily get them. HIV/AIDS training manuals need continuous updating and inclusion of recent facts and figures. The project should promptly upgrade the current training and teaching materials. This also applies to all information, education and communication materials being produced by the project. The good working atmosphere and documentation system observed at KAIROS should be maintained and strengthened further.

Concluding Remarks

I have learnt some lessons from this evaluation. These include, Recognition of the indispensable roles of grass-root actors especially the Anti-AIDS Clubs and peer groups, the commitment and practical support of community members can be effective in ensuring ownership. Location of programmes and interventions in communities such as markets and schools (Awareness Generation Programmes) allows the needy community greater access to such services and reduces vulnerability. Providing alternatives and mainstreaming economic empowerment interventions to improve livelihoods of the beneficiaries could go a long way to reduce risky behaviours, vulnerability to HIV infection and dependency. Partnerships based on mutual understanding can encourage accountability, responsibility and transparency. The lack of HIV/AIDS focal person limited full engagement in joint planning, management, monitoring and evaluation of activities.

With regard to sustainability, the effort of introducing cost-sharing mechanism, though not successful during the lifetime of the project, has paved the way for implementation in the coming years, as KAIROS seem to be serious about it. However, KAIROS does not seem to well design its phase-out strategy from the project, for which none of the stakeholders witnessed about their readiness and the support they got from KAIROS to sustain the project's achievements, except that everyone of them seem to be emotionally attached to the objectives and the observable benefits of the project. In other words, despite the very positive attitude of the community, the fate of the project goals as well as the community volunteers linked to it remain in dark as it is not linked to any sustainable structure.

Anyway, it is time for me specially to thankfully remember the Director of KAIROS, Rev. Fr. Benny Manappattu for hopefully entrusting me this study and who had given me all support and guidance. I should also thankfully remember Rev. Sr. Jaya, the Project Coordinator and her team for having been instrumental for completing this study and for preparing this document. Last, but not least, I extend my sincere gratitude for all the staff members of KAIROS for welcoming me to conduct this study.

Antony. P.

(Development consultant)

C.M. Nagar, Pilathara



The Project Staff with the Director