

## FINAL PROJECT NARRATIVE REPORT

You will need to refer to your Project Application Form and the Agreement with WACC. Please answer the questions as fully and concisely as possible to help us learn about your completed project. The report should not exceed 15 pages, excluding appendices. Please return the report with any supporting documents and materials to WACC. We welcome stories about how individuals benefitted from the project, with photos. We also welcome case studies. Please place stories and case studies, if any, in an appendix.

### 1. GENERAL INFORMATION

<b>1.1 Project Title:</b> (as in the Agreement)	Reduce stigma and discrimination against people living with HIV/AIDS through building communication skills
<b>1.2 Project Reference Number:</b> (as in the Agreement)	1559
<b>1.3 Full Name of Organisation:</b>	Agape Community Service (ACS)
<b>1.4 Country:</b>	Myanmar(Burma)
<b>1.5 Full Postal Address:</b>	
<b>1.6 Physical Address:</b>	KZBA, Pinlong ward (7), Lanmadaw street, Kalaymyo, Sagaing Division, Myanmar
<b>1.7 Contact Person:</b>	Rev. Tual Do
<b>1.8 Telephone:</b>	00959425007671
<b>1.9 Fax:</b>	
<b>1.10 E-mail:</b>	<a href="mailto:agapecommunityservice@gmail.com">agapecommunityservice@gmail.com</a>
<b>1.11 Website:</b>	
<b>1.12 Period the project was implemented:</b> (from month/year to month/year)	April 2012 –April 2013

### 2. OUTCOMES AND IMPACT

<b>2.1 What was the project's long-term goal?</b>
The project long-term goal is to

Reduced stigma and discrimination against people living with HIV and AIDS.	
2.2 What was the project's immediate purpose and to what extent was it achieved?	
<p>Increase participation of people living with HIV/AIDS in community affairs and religious circles.</p> <p>- The participants are sharing their testimony in church services and to religious leaders, in order to open their heart to work with ACS.</p> <p>-The 10 religious leaders and local authority members learned about how to reduce stigma and how to deal with discrimination.</p> <p>-Participants gained knowledge of sexual and reproductive health and bearable stigma and discrimination.</p>	
2.3 To what extent were the expected outcomes and utputs achieved?	
<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Promoted the capacity of (30) to response HIV/AIDS related issues.</li> <li>• Increased knowledge and corrected attitudes on the PLHAs among the communities.</li> <li>• ACS activities are extended and capacity of staffs improved</li> </ul> <p><b>Outputs:</b></p> <ol style="list-style-type: none"> <li>1) 30 trained have knowledge, skills and communication strategies and materials to increase community awareness of consequences of HIV-related stigma and discrimination.</li> <li>2) HIV/AIDS awareness campaigns were conducted by the trained 30persons and reached 26 communities.</li> <li>3) IEC materials were distributed.</li> </ol>	<p><b>Indicators.</b></p> <ul style="list-style-type: none"> <li>• 30 trained person involved in HIV/AIDS related projects.</li> <li>• Out of 30 participants 12 PLHIVs and 6 community leaders actively involved in HIV related activities and others community affairs</li> <li>• Formed new Self Help Group in Tamu Township(27members) and Tedim Township (11 members) in Chin State.</li> </ul> <p><b>Indicators.</b></p> <ul style="list-style-type: none"> <li>• 30 trained people practiced their learning in 26 targeted communities and 102 community and religious leaders had been convinced.</li> <li>• 480 community members from 26 communities gained awareness on HIV/AIDS .</li> </ul> <p>3) 1500 booklets were distributed to 1500 people and 45 % readers questions.</p>
2.4 What other observations did you make? Please mention anything that may illustrate the benefits arising from the project.	
According to my observations many HIV positives are willing to participate at the training, but we could not invite 30 participants only due to limited fund. For example, only those	

who are paid their travelling cost (food and lodging) could participated in this project.
2.5 If you observed any unintended positive outcomes arising from the project, please describe.
As result of the project, networking with others like- minded organizations is stronger..
2.6 If you observed any negative outcomes arising from the project, please describe.
.Because of limited budget, the project could not provide training for all who are willing to attend the training
2.7 Did you observe any long-term impact (positive or negative) in the wider context that might be related to the project interventions?
Changes of behaviour and attitude of community members will maximise the project's long-term impact.
2.8 What methods did you use for assessing outcomes and impact?
Participatory Rural Appraisal(PRA)
2.9 Please describe the actual direct beneficiaries and indicate the number of women and men. Please also mention any indirect beneficiaries.
The 30 (male 13, female 17 ) trained people are direct beneficiaries. And 247 women and 233 men (total 480) indirect beneficiaries are the relative or close friends of the participants of project.
2.10 What is the likelihood that the project outcomes will be sustained over the medium and long term? Please explain.
Continuous capacity building of community members will ensure the sustainability of the project.
.11 What has been the most important change brought about by the project and what is the key evidence for this change?
Changes of behaviour and attitude is the most important change that the project produced. Key evidences: positive mindedness of PLHAs eg. before the project started, they expected from outside help, but now they have ownership spirit on their own affairs.

### 3. ACTIVITIES

3.1 Please provide a summary of the major activities carried out in comparison with those planned. In the case of significant changes, please explain the reasons. If applicable, please report on specific activities for women and men respectively.		
Planned activities	Actual activities ( <i>state if they were specifically for women, for men, or for all</i> ):	Explanation of change
1. Advocacy meeting	1. Conducted advocacy meeting 4 times as planned.	1. Done as planned.
2. Conducted communication skill training.	2. Conduct communication skills training for (30) community leaders	2. Done as planned.
3. Awareness campaigns	3. Conduct awareness campaigns on HIV/AIDS in (26) communities.	3. Conducted awareness campaign at 26 communities out of 30 targeted communities due to exchange rate.
4. IEC distribution	4. Distributed booklets to 1500 people.	4. Done as planned.
5. World AIDS Day		5. Conducted with 6

celebration	5. Celebrated World AIDS Day at Kalaymyo.	positive groups and invited (15) church elders and community leaders.
3.2 How did the beneficiaries react to the programme activities?		
The beneficiaries react through their life style and learned how their fellow PLWHIV can be supported to cope with stigma at homes, workplace, churches, and in the community.		
3.3. If the project is primarily purchase of equipment, please describe what kind of impact / change the equipment is bringing to the beneficiaries.		
No		
3.4. If the project included a workshop, seminar, or consultation, please attach the list of participants, the themes/topics of their speeches/papers, and any statement, declaration, or other material published.		
<p><b>Day One:</b> In the morning of the Sunday, the two members from MPWN raised the awareness of HIV/AIDS and shared personal experiences how to overcome their positive lives at the church. It was aim to reduce stigma and discrimination among the church community.</p> <p>Training open ceremony was started at 1:00 afternoon at the Wesley Hospital. Male 13 and female 17 total 30 participants were attended. Facilitators were the members of MPWN. First one of the religious leaders from Kalay started the training by prayer.</p> <p>Then the group started introduces each other. After that Naw She Wah explained the objective of the workshop. And then, Pre-test started to discuss about the topic of " why communication skills is important" .feedback from group work.</p> <p><b>Day Two:</b></p> <p>Recap- Explain definition of stigma and discrimination by using discussion. All session were included with related game and group work and let them to present back. Communicators play a vital role on this process and not only the group leader but also all members should take the responsibilities to achieve the goal.</p> <div data-bbox="751 604 1244 981" data-label="Image"> </div> <div data-bbox="293 1559 759 1912" data-label="Image"> </div> <p><b>On day 3:</b> Recap. Facilitator explain effectiveness of communication skills- listening and questioning skill. Moreover, the group followed the session of different types of communication like role play.</p> <p>Next, the group raised the awareness of sexual and reproductive health facilitated by volunteer facilitator. At the begging, asked how do you understand about sexual and reproductive? Participants replied it was related with sex, breast feeding, save motherhood, reproduction. After that, divided male and female group and let male group to draw a female organ and let</p>		

female group to draw a male organ. After that, they shared reproductive organ and their function with power point. Then facilitator explained about contraceptive pill and condom demonstration. And the group followed STI sessions.

**On day 4:** Recap Sessions, the group continuous HIV/AIDS and followed stigma and discrimination. In the beginning, facilitator explored where and when can become stigma and discrimination? In all level can become stigma and discrimination replied by participants. Such as rich and poor, educated and uneducated, ect....



After that facilitator discussed style, root cause of stigma and discrimination and what benefit could become for the future using the problem tree strategy.

And the group followed who should be disclosure and who are not. Facilitator explained some could be benefit after disclosure their status and some are not. In this regard, people should consider who should be disclosed and who should not.

## Day 5

Recap- continuous communication skills by group discussion on stigma and media, stigma in the workplace, stigma in FBO, stigma and family feedback from the group member post test follows

After that took the documentary picture and closed the 5-day training workshop.

## List of participants

No	Sex	Name	Org
1	M	U Sangte	Gospel
2	F	Lalmingmawi i	Gospel
3	F	Mingthanmawi i	Karuna
4	F	Lal thantuangi	"
5	F	Cing Do Lun	Gospel
6	F	Lal Chuan Mawi	Wesley
7	M	Sianpu	Tamu
8	F	Cingkhan Mang	Gospel
9	F	Khimtling	Gospel
10	M	PauSuan Man	Gospel
11	M	Daisuankham	Tedim
12	M	Thangkhanlian	Gospel
13	M	Liantuanġ	Microwave
14	M	Khamdodal	ZYA
15	M	Cinliankhai	Tedim
16	F	Khinmalat	Tedim
17	M	Enzago	Gospel
18	F	Ngaipi	Gospel
19	F	Thatetwai	Gospel

20	F	Manngaihlan	Volunteer
21	M	Rev.Cinsianpau	KZBA
22	M	Thanthun	Gospel
23	F	Zenkhanmañ	Gospel
24	F	Cingtawi	K.W.P.G
25	F	Aungmyoothan	Fullmoon
26	M	Lahtin	Fullmoon
27	M	Father Ginlamkap	Khampat
28	M	Thangte	Munlai
29	F	Gonngaihlian	Gospel
30	F	Puii	Salvation Army

#### 4. CHANGES IN THE ORGANISATION

4.1. Please note any important changes or events that took place that directly affected the project. These can relate to management, planning, staffing, or other matters.

- Gained knowledge of communication within the organization and initiate the development of communication skills for internal and external
- Gained knowledge of sexual and reproductive health and bearable stigma and discrimination
- Understood the need and importance of communication skills.

#### 5. CONTEXT

5.1 Please note any important changes in the following contexts since the project began and summarise the implications for the relevance of the project.

Political:	Fearlessly stood for justice, clear claiming equality and rights for everyone and condemning exploitation and oppression.
Social:	Fight against injustice, rejection and social evils
Natural environment:	Decreased rapidly

5.2 To what extent is the project still relevant in the present-day context? Please explain.

The project is still relevant in the present-day context because the activities implemented are in line with the local context (same area, the same people, the same goal and the same needs.)

#### 6. YOUR ORGANISATION'S LEADERSHIP ROLE AND NETWORKING WITH OTHERS

6.1 Has the project and the support from WACC helped your organisation be in a better position to provide leadership for further initiatives of your own or of others? If so, please explain.

Yes, because

- The project leads more effective of work to reduces HIV/AIDS transmission, stigma and discrimination; ACS used witnessing, sharing of experiences, and interviewing with the PLHAs themselves to the public, and organizes forum and social gathering as a tool.
- ACS has more space in HIV/AIDS related field.

6.2 In what ways has your organisation articulated and shared good practices, lessons learned, and/or resource materials with other organisations working on similar or related concerns? If you have not done so, do you plan to do so? How can WACC assist?

-Wesley Hospital freely lend a room for our PLWHA Forum and lend a car for sharing testimony to different churches.

-Some book materials and condom are provide by MSI and Civil Hospital

-We could shared our experiences at local NGO quarterly coordination meeting.

-We have no regular fund, except from WACC.

-We need help for technical guide and financial assistance from WACC



## Peer educator share her testimony at World AIDS Day



Rev. Tual Do preached on HIV reduce HIV transmission

Related stigma and discrimination

Version June 2012