

## HIV/AIDS

# Programme Plan 2005-2009 for Southeast Asia

### 1. Regional Context

Poor livelihood with few opportunities for income generation and poor development of social services causes migration of both men and women to areas with better opportunities. This work migration contributes to the spread of HIV/AIDS back to remote areas. Within the region, the official figures vary from high prevalence in Cambodia, Thailand and Myanmar to low reported prevalence in Vietnam and Laos. The epidemic is mainly spread through heterosexual relations and in some areas, through Intravenous Drug Use (IDU).

Cross-border migration is an open invitation to the spread of HIV/AIDS. The South East Asia countries are all trying to improve their economic situation by opening their national boundaries with transportation routes for trade. Consequently the population seeks employment opportunities and often women become commodities for the Commercial Sex Industry (CSI).

Concerning the nationwide epidemic in the South East Asia Region: three countries have already had to contend with serious epidemic: Cambodia, Myanmar and Thailand. While it remains to be seen whether Myanmar's nascent prevention efforts will limit HIV prevalence to the 1-2% reported among 15–24-year-olds in urban areas, national adult HIV prevalence in **Cambodia** has remained stable at about 3% since 1997. Seroprevalence appears to have dropped significantly among brothel-based sex workers—from 43% in 1998 to 29% in 2002—and among urban police, largely due to the vigorous condom-promotion programme supported by government and nongovernmental organizations. Cambodia's Ministry of Health recently estimated that the country would have seen three times as many HIV infections had it not mounted this response.

**Thailand's** feted 100% condom use programme brought its rampant epidemic to heel in the 1990s, with national HIV prevalence hovering around 2% in 2002 and prevalence among 21-year-old military conscripts dropping to under 1% in 2002 (from as high as 4% in the mid-1990s).

Unusual for this region, injecting drug use has featured minimally in Cambodia's epidemic—unlike many other countries in the region, including Thailand, where efforts to limit HIV transmission through injecting drug use appear to be lagging, however: Unless rectified, this could lead to a resurgence of the country's epidemic. Injecting drug use could become the main mode of transmission, with the virus then being passed on to the other users, their sexual partners and children.

To date, **Vietnam** faces the possibility of a serious epidemic. The most recent estimate pegged national HIV prevalence at well under 1% but outbreaks among injecting drug users are already occurring. According to official estimates, 65% of Vietnam's HIV infections are occurring among drug users, due to the use of contaminated injecting equipment. Sentinel surveillance in 2002 found that more than 20% of injecting drug users in most provinces were HIV-positive.

In **Myanmar**, injecting drug use and commercial sex are responsible for most HIV infections, and there are reports that migrant workers (especially gem miners and loggers) are becoming a major conduit for the virus's spread into the wider population. UNAIDS has helped marshal a special fund to tackle the epidemic over the next three years, but significant improvements are also needed in the country's battered public-health system. To date, only piecemeal activities have been undertaken; a coordinated national response is now an absolute priority if transmission through commercial sex and injecting drug use is to be curbed.

The **Lao PDR** is a low prevalence country for HIV/AIDS with an estimated adult seroprevalence of HIV of 0.05% in 2000. A single, first case of HIV was identified in 1990. In 2003, 213 cases were identified. Through 2000 the cumulative total of reports shows 190 AIDS and 717 HIV positive individuals. Health

information systems are still weak which might result in under reporting. In 2003, an estimated number of PLHA is 1,700 (adult & children), prevalence rate (among 15-49 year-old) is 0.1%.

Although HIV seroprevalence in the Lao PDR is currently low, the future risk for an increase in HIV/AIDS transmission should not be underestimated. Risk factors include:

- increasing socioeconomic development, which is linked to the increased travel and migration, both internal and external. The existence of poverty and low living standards, which is increasingly associated with risk sexual behaviours,
- increase in the use of illicit drugs and regular use of alcohol, resulting in high risk of sexual behaviours including having more than one sexual partner.
- relatively low awareness about the existence, causes, and prevention of HIV/AIDS,
- poor implementation of universal screening for HIV of blood transfusions or blood products before use.

Concerning the financial support in the region - USAID, UNAIDS, FHI, World Vision are part of the major donors for HIV/AIDS program. Apart from these, the global fund is now playing a major role in supporting fund in five countries namely Cambodia, Thailand, Vietnam, Myanmar and Lao. They have received financial support on HIV/AIDS component from the global fund as follow:

Cambodia: Round 1, 2 and 4  
Thailand: Round 1, 2 and 3  
Vietnam: Round 1  
Myanmar: Round 3  
Lao PDR: Round 1 and 4

NCA South East Asia has been working on HIV/AIDS for many years, and this has resulted in an increasingly capacitated partner portfolio. We therefore have examples of strong and professional partners who can, if coordinated, do extensive capacity building of other partners. Many religious communities in the region have since long been working with HIV/AIDS. There is however a need for better coordination and more capacity building of these communities to enable them to expand and improve their work.

During the pre-conference and IAC 2004 we can see clearly that:

The strength of FBOs and their advantages in fight-against HIV/AIDS have become increasingly appear. Many of these organizations passes a good understanding of local social and culture patterns, and, in fact, their work influences social norms and behaviour at all levels of civil society. Many FBOs are linked to strong, expansive religious and social networks. NCA/SEA believes that religious institutions can provide the majority of health care and education service. FBOs have the power of mobilize large number of volunteer who are motivated by the principles of charity, service, and compassion to sustain their work with sick and dying under extremely difficult condition.

It is our challenge to support development of local structures within the churches and other religious groups – that can assure a strong humanitarian concern and engagement of the poor and marginalizes. Structures that can take on challenge towards the growing middle class to take a personal responsibilities, through fund raising to the benefit to those not getting fair-share of the coming prosperity.

Through the religious groups and PLHA networks that we have collaborated, there is a high potential in developing these groups to be involved in HIV/AIDS work. Currently, PLHA groups have improved capacity through exchange visit and link to be the network with other PLHA groups in the local area. It is essential for religious group to coordinate and mobilize to become a strong network both PLHA and religious groups. The potential connected to religious groups and their potential in social work and resource mobilization is closely link to a more open policy and inclusive policy from the government, in mobilizing and augmenting the potential of these religious groups. NCA will need to develop the cultural and humanitarian nature of these groups which will enhance strategies in consonance with their traditional role in the society.

## 2. NCA's Added Value

### At present

The regional HIV/AIDS office in Bangkok will function as a coordinating body and driving force behind the regional program.

The regional HIV/AIDS program in SEA has developed substantially in the last years, both in terms of NCA HIV/AIDS staff and partners portfolio. The long-standing presence of the regional program has provided NCA with trust and credibility from our partners as well as government institutions and international networks. NCA has, as a faith based organisation, been able to work with and maintain close dialogue with religious organisations and also to co-establish an Interfaith Committee on HIV/AIDS.

A significant strength of the NCA regional program is its priorities to *strengthen structures* that are *already present*, thus contributing to the building of sustainable local societies. The regional AIDS office in Bangkok is quite unique in the NCA family as it is staffed with more than one person. This allows the program to give priority to more than one focus at a time, and also provides flexibility in terms of new developments and acute needs.

### Ambitions:

A regional program should be a flexible mechanism where contributions go both ways – in order for the regional program to succeed; it is also necessary for the different country programs and country offices to feed into the regional process. Capacity building and closer cooperation between own staff may hence result in improved networking and cooperation also among partners in the region. The regional program will thus have networking and capacity building as one of its primary foci.

Furthermore, the regional program will take the lead in coordinating and promoting in the region, the guidelines given on HIV/AIDS in the NCA Global Strategy Plan for 2005-2009. This will specifically entail pushing and monitoring the indicators of achievement; Participation, Equity and Protection.

Religious groups have a great potential for influencing people's lives, attitude and behaviour and may thus play a substantial role in HIV/AIDS prevention, care and advocacy. As the regional program is already heavily involved in this work, NCA's regional HIV/AIDS program has a potential to further capitalize on the experiences and broaden the scope of this focus area. Hence, **interfaith** HIV/AIDS interventions and networking will be given high priority, and hopefully, NCA can act as a main contributor to the coordination and strengthening of religious HIV/AIDS networks.

There is a growing international recognition that People Living with HIV/AIDS (PLWA) need to have a prominent role in the fight against the epidemic, both at policy, advocacy and project implementation levels. Currently, many networks are too weak and not sufficiently empowered nor positioned to advocate for the rights of PLWA, e.g. the right to treatment and care, and non-discriminatory legislation and practices. The so-called GIPA-principle (Greater Involvement of People living with AIDS) has not really been applied, also in the NCA portfolio. Hence, one of the ambitions for the regional program will be to secure the application of GIPA throughout the region.

In the long run, the regional program will provide value to partners and staff. The regional approach helps develop various structures and inter-country knowledge sharing and learning. Directly, this shares cost, resources, experiences & knowledge. By developing human resources, we expect to establish regional resource teams i.e., regional training team, regional monitoring team, etc.

In NCA's budget for 2005 an amount of NOK 5.5 millions is allocated to projects where HIV/ AIDS is the major issue.

## 3. Thematic Focus

NCA believes in holistic and sector-wide approaches toward HIV/AIDS. Taming the tide of epidemic requires a change of personal behaviour as well as confrontation of social and cultural practices. This

is why **community based interventions** are necessary to make true impact. Participation and mobilization of local communities is an essential key to build sustainable and efficient interventions, and equitable distribution of resources will remain a key issue for advocacy at regional and national level in the years to come. NCA's regional program will therefore encourage and emphasise capacity building and cooperation with Community Based Organisations (CBO), and advocate for a more prominent role of such organisations in national and regional strategies. Since NCA strongly believes in multi-sectoral and holistic approaches to HIV/AIDS, there will be a number of different activities taking place under the regional HIV/AIDS program. However, there is one specific focus that will emerge as the main contribution of the NCA regional program in SEA for the coming five years:

- *Faith Based work with HIV/AIDS, with special emphasis on interfaith/multifaith efforts.*  
The potential for religious groups to make a true impact in HIV prevention and care, with a particular focus on the eradication of stigma and discrimination, is far from released. HIV/AIDS is challenging to many faith based communities, as one has to deal with issues that is traditionally controversial (if at all talked about), such as sexuality, sin, power relations etc. Substantial capacity building, networking and training is therefore needed to educate and capacitate e.g. religious leaders in the realities of AIDS, especially in regards to stigma and discrimination. Interfaith and multifaith efforts will be promoted, as this relatively new approach has shown to be fruitful in terms of developing a new understanding of the challenges the faith communities are facing with the HIV/AIDS epidemic. The regional program will give this work high priority.

#### 4. Rights Holders and Duty Bearers

To define the poor and marginalized as rights holders is crucial as we approach our work with a human dignity perspective. To be able to act as a rights holder an individual or a group has to be empowered. It is however important to recognise that people and organisations may shift from being a rights holder in one situation to become a duty bearer in another. This also has to do with empowerment and accepting responsibility in family and society.

#### 5. Geographical Focus

The NCA regional HIV/AIDS program includes following countries Thailand, Lao PDR, Vietnam, Myanmar and Cambodia. These countries are continuously experiencing social, political and economic change, but the changes are taking place at different paces and forms. Thus the challenges are different from country to country.

Therefore South East Asia has divided the target areas into three principal sections.

##### **Regional resource base**

The NCA Bangkok office functions as the overall Regional Resource Base on HIV/AIDS on behalf of the regional representative. This will for example entail coordinated efforts to do capacity building across country borders and between partners and staff. The Bangkok office can offer advise, expertise and networking to the country offices as well as the regional office. The Bangkok office will also work with targeted networking and relation building to relevant regional and global actors. For the regional program to succeed, it is important that also the country programs contribute into the regional program and vice versa.

##### **In-country**

Working within the countries of South East Asia has become more accepted by the various government bodies. Presently, NCA has been able to effectively work within Lao PDR, Vietnam and Cambodia. Currently, there are still limiting factors within Myanmar that NCA is working through. Any development work within Myanmar runs the risk of acting as a support to the present regime and should therefore be based on thorough considerations. Each country is progressing with HIV/AIDS education programs and NCA will work accordingly to the needs.

**Cross border & along borders**

The SEA countries are geographically and culturally diverse, but there still remain common traits that call for urgent HIV/AIDS intervention. Cross border migration continuously create fertile environment for HIV/AIDS epidemic. This is especially challenging in terms of protection of young people, whose vulnerability increases with uprooted ness. Since NCA is already present in these countries, it is ideally placed to implement activities along and across borders.

**6. Objectives**

<p><b>Overall objective:</b>  NCA's and partners' total work related to HIV/AIDS in the region is enhanced and strengthened</p>
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<b>Objective 1</b>	<b>Indicators</b>	<b>Sources and means of verification</b>
1. The ability of Faith Based Communities (FBCs) to support and implement HIV/AIDS prevention & care programs has improved.	Increased number of religious leaders are addressing HIV/AIDS related stigma in their daily work Increased number of AIDS related services are provided by FBOs and FBCs.	Annual and activity reports from NCA and partners
<b>Outputs</b>		
SEA regional interfaith group is institutionalized and operating Religious leaders are trained on providing correct HIV/AIDS information as well as anti-stigma work as a matter of faith	Meetings and trainings held for/with SEA interfaith group Number of religious leaders trained	Activity report from faith based partners and networks Interview with religious leaders and people infected/affected Assessment of content of information given by FBOs/religious leaders

<b>Objective 2</b>	<b>Indicators</b>	<b>Sources and means of verification</b>
2. Increased financial resources for NCA's and partners' HIV/AIDS programs have been mobilized	Increase of available funds	3. Budgets
<b>Outputs</b>		
NCA and/or partners have established contact with some of the international funding sources on HIV/AIDS in the region Funding has been sought through new channels, e.g. through cooperation with private sector	Number of applications /proposals developed Number and size of grants received Contacts with business and other possible funding sources	Annual reports Annual budgets

Objective 3	Indicators	Sources and means of verification
3. Professional HIV/AIDS competence and capacity has increased for NCA staff and partners	Country offices are able to fulfil the country plans and be active players in the regional program Number of presentations by NCA and partners at national, regional and international AIDS conferences	Annual reports Conference programs
<b>Outputs</b>		
Capacity building initiatives for staff and partners are effectuated The competence of the BKK office is strengthened and improved NCA and partners are actively involving PLWA and their networks in program development and implementation Linkages to strategic alliances and networks are strengthened	Country advisers actively seek advise and technical input from BKK office BKK office is invited/used as resource base also outside NCA family Participation by NCA staff, partners and PLWA in national/regional/international conferences	Country reports Numbers of training held and feed-back from participants on these Numbers and diversity of presentations held Occasions where NCA is invited to present at or take part in "external" meetings arranged by e.g. UNAIDS, National authorities etc

### Assumptions and risks

The intended results of program activities depend on a continuation of many existing situations, under the limited conditions of a one-party governance country (Myanmar), political instability could jeopardize the program as unexpected conditions may erupt at any period of time. This does not affect only within its nation but along the border countries as well. In SEA region the cross-border program are Thailand/Myanmar, Thailand/Lao, Thailand/Cambodia, and Lao PDR /Vietnam.

Secondly, the risk falls on an emerged situation of civil conflict among religious groups. And thirdly, the efficiency in implementing HIV/ADIS program is also relies on the HIV/AIDS policy and political policy of its country.

## 7. Rationale for choice of Core Partners, Strategic Alliances and Resource Organisations

Partners		Core Partners	Strategic Alliances	Resource Organisations
Partner's name	Abbrev.			
<b>Cambodia</b>				
Lutheran World Federation	LWF	X		
<b>Lao</b>				
National Committee for Control of AIDS	NCCA	X		
Provincial Committee for Control of AIDS	PCCA	X		
District Committee for Control of AIDS	DCCA	X		
Village Committee for Control of AIDS	VCCA	X		
<b>Myanmar</b>				
Myanmar Council of Churches	MCC	X		
Association for Theological Education in Myanmar	ATEM	X		
<b>Thailand</b>				
Population and Community Development Association	PDA	X		
AIDS along Thai-Cambodia Border	ATCB	X		
Public Health Office, Chiang Rai	PHO – CR	X		
<b>Vietnam</b>				
National AIDS Committee	NAC	X		
Provincial AIDS Committee	PAC	X		
Local AIDS Committee Board of Management	LAC – BOM	X		

Partners		Core Partners	Strategic Alliances	Resource Organisations
Partner's name	Abbrev.			
Provincial IEC Centre		X		
Provincial Venerology and Dermatology Centre	PVDC	X		
Youth Union	YU	X		
Women Union	WU	X		
Health Centre	HC	X		
Religious groups		X		
Provincial People Committee	PPC	X		
Population and Development International	PDI			X
<b>Other partners</b>				
Church of Christ in Thailand	CCT			X
Christian Conference of Asia	CCA			X
North Eastern Thailand	NET – Surin			X
Joint United Nation program on HIV/AIDS	UNAIDS			X
Ecumenical Advocacy Alliance				X

## **CAMBODIA**

### **LWF – Lutheran World Federation/Department for World Service Cambodia Program**

LWF Cambodia has collaborated with the NCA Regional Office since 1999. Initial networking contacts to learn more about the Thai experience with HIV/AIDS, led to exchange visits by LWF staff and government health workers and the eventual establishment of a joint LWF – NCA cross boarder HIV/AIDS prevention and awareness pilot project in December of 2000. This small beginning has played an enormous role in preparing the LWF Cambodia Program for this proposed serious expansion of the HIV/AIDS component into its Integrated Rural Development Projects. LWF is now ready to build our NCA partnership into a Community-based HIV/AIDS awareness, prevention and home-based care initiative. Presently, NCA supports LWF in conducting activities in 5 provinces: Battambang (Cambodia/Thailand border), Kampong Chhnang, Kampong Speu, Kandal, and Takeo.

Year of foundation: LWF has worked in Cambodia since 1979

Mission: Through holistic and sustainable development the LWF Cambodia Program will facilitate the empowerment of poor and vulnerable individuals, groups and communities in rural areas to improve their community organization and infrastructure, address human rights concerns, improve their food security, protect and manage their environment, and improve their health and education services in order to attain a better quality of life

Constituency (representing whom): Lutheran

Thematic focus: Basic health & sanitation, Water for life

Geographical focus: Battambang (Cambodia/Thailand border), Kampong Chhnang, Kampong Speu, Kandal, and Takeo

Strategies: Empowerment, Rights-based advocacy, Capacity building, Sustainability, Integrated Rural Development, Networks and Partnerships, Graduation

Role/ strength in civil society: Networking, Empowering, Participatory

Particular achievements: Close collaboration with government, Participatory Monitoring and Evaluation

Start of cooperation (year): 1999

NCA's rational or the relationship: Integrating HIV/AIDS program into Integrated Rural Development Projects Planned increase, decrease or phasing out: 2006

Partners other than NCA: Australian Lutheran World Service, Church of Sweden, DanChurchAid, Evangelical Lutheran Church in America, FinnChurchAid, DCA/ECHO, DCA/European Union, SAWA Cambodia

## **LAO PDR**

The Lao PDR National HIV/AIDS/STI Plan was endorsed by a national advocacy workshop in November 1997. The NCA interventions in Laos are a part and parcel of the National Policy on HIV/AIDS. NCA co-operates with the National Committee for Control of AIDS (NCCA), an organization comprised of representatives from all ministries throughout the government. The NCCA promotes and co-ordinates the National Response of HIV/AIDS. NCA also co-operates with the Provincial, District, and Villages Committees for Control of AIDS (PCCA, DCCA, VCCA in five provinces).

## **MYANMAR**

**Myanmar Council of Churches (MCC)** is NCA's main partner inside Burma. 13 member churches constitute MCC and several associated institutions, and represent the main civil society network in Burma nationwide. Many of MCC's member churches have access to geographical areas out of reach for most INGOs based inside Burma and have the potential to reach approximately 30% of the IDPs in Eastern Burma. As a partner to MCC NCA has access to information from areas which otherwise is sealed off for INGOs and the UN agencies in Burma. MCC has a unique space in Burmese society and is independent of the Government and the partnership with MCC does not compromise NCA political position of not engaging with the SPDC Government.

- Year of Foundation: MCC was established in 1914.
- Mission: Unity of the Church and Unity of Mankind
- Constituency: The protestant churches of Burma
- Thematic focus: MCC's thematic focus features HIV/AIDS, Integrated Rural Development, Water and Sanitation, Emergency Relief, Micro Credit. Violence against Women.
- Geographic focus: Covers nationwide but most churches in Chin, Kachin, Karen, Karenni and Shan State.
- Strategies: Capacity building and mobilization of churches
- Role/strength in civil society: Nationwide network with potential to mobilize the churches down to the village level
- Particular achievements: MCC has been able to establish space for its work in the restricted context of SPDC ruled Burma.
- Relationship with NCA: NCA has been a Round Table partner from its inception in 1990. Relationships have further developed over the last 6 years through HIV/Aids program as an entry point. Several initiatives for future cooperation are being discussed.
- NCA's rationale for relationship: Natural choice of partner since it represents the churches in Burma as well as a partner with overlapping agendas.
- NCA's added value to relationship: Capacity building and networking.
- Planned increase, decrease or phasing out: Planned to increase cooperation provided that capacity is expanded.
- Strategic potential for future co-operation: MCC represents the largest civil society network in Burma. There is potential further cooperation on several issues e.g. Emergency relief for IDPs, resettlement of refugees, trafficking of women and children, peace and reconciliation, however, it is crucial that MCC address the capacity issue. It is a possibility to develop bilateral partnerships with member churches with capacity.
- Other partners: Ecumenical sister organizations such as Christian Aid, Dan Church Aid, DED, ICCHO, Diakonia and churches such as Church of Sweden, Anglican Church of Canada, the Reformed Church of the Netherlands and National Council of Churches of Australia.

**Association for Theological Education in Myanmar (ATEM)** is the national umbrella organization for 26 theological educational institutions in Burma and is a partner in the HIV/AIDS program. ATEM is associated member of MCC.

- Year of Foundation: 12 May, 1986
- Mission: Equipping His Saints for His Ministry
- Constituency: The protestant theological institutes association
- Thematic focus: Education at Master and Doctoral Level (abroad) for strengthening theological education in Burma, improve quality of theological education, standardizing curriculum, publishing text books, research and documentation and Curriculum and information material on HIV/AIDS for member institutions and the churches.

- Geographic focus: Covers nationwide with seminars and bible schools in Chin, Kachin, Karen, Karenni, Mon and Shan State and in several divisions in the lowland.
- Strategies: To educate to the principal level to relay their knowledge and awareness of HIV/AIDS to their students and at the same time produce IEC materials based on biblical and theological understanding in ethnic languages
- Particular achievements: Prepared the ground for theological institutions to adopt program modules on HIV/AIDS in the curriculum.
- Relationship with NCA: As ATEM is educational arm of MCC and has a good result towards HIV/AIDS program; the cooperation with NCA will continue along with cooperation with MCC.
- Start of cooperation: Cooperation since 2002.
- NCA's rationale for the relationship: Strengthen theological institutions nationwide with the potential to reach large number of students and church network.
- NCA's added value to the relationship: Capacity building and networking.
- Planned increase, decrease or phasing out: Planned to increase capacity building for the staff
- Strategic potential for future co-operation: The cooperation with ATEM can be expanded to cover other relevant thematic issues in addition to HIV/AIDS.
- Other partners: WCC, Association for Theological Education in South East Asia

## **THAILAND**

### **PDA – Population and Community Development Association**

PDA is the largest non-government organization in Thailand. For more than 27 years, PDA has helped communities to take control of their own circumstances and become more self-sustaining. Going through stages of development in family planning, general public health, water and sanitation, and environmental measures.

Fellowship between PDA and NCA has developed for 8 years and become concrete through project implementation along the border of Thailand, Myanmar and Lao. One of the most progressing project activities is 'Fang Sai Group' which is developed to be a resource place for other interested partners who wish to conduct activity along the border in their own target area. With the successful implementation PDA is one of NCA's main partner in developing other border projects in the future.

Year of foundation: 1975

Mission: PDA has helped communities to take control of their own circumstances and become more self-sustaining

Thematic focus: Family planning, rural development Program,

Geographical focus: Cover nationwide

Strategies: Empowerment, Business for society

Role/ strength in civil society: Networking, Empowering, Participatory

Particular achievements: Business for society

Start of cooperation (year): 1996

NCA's rationale or the relationship: Developing border projects & HIV/AIDS program, developing to be a resource center for other partners in SEA

Strategic potentials for future co-operation: Develop to be a potential network in the SEA region

Partners other than NCA: German Agro Action, UN Family, PSI, AusAid

### **PHO – Public Health Office**

NCA has developed partnership with PHO for more than 10 years in combating with HIV/AIDS the northern part of Thailand. Through the past years PHO provided well collaboration and cooperation in conducting prevention and care program. These work have grown with the success and developed to be main resource place for others NCA partners to learn as well as share experiences in the similar fields. Some of the main work are: developed youth network, HIV/AIDS and Drugs & Monk Network, HIV/AIDS Day Care Center, PWH/A Network, etc.

### **CCT AIDS Ministry (CAM)**

**Social Development and Service Unit, The Church of Christ in Thailand**

CCT AIDS Ministry (CAM) is a Christian organization working on AIDS issues primarily in Northern Thailand. CAM was founded in 1991 by a group of Christian leaders concerned with the growing AIDS epidemic in Thailand. It has since expanded its role across the country.

CAM supported a holistic approach and intervened in the crisis of AIDS victims and affected persons such as family and community members. It has been doing so in friendship and moral support and educating people about AIDS, wellness and community life.

#### **NET Foundation**

During 1978-81 many Cambodia fled the wars in their country into the Kingdom of Thailand. On such events some of the NGOs met and agreed to work together in helping these Cambodian refugees at Kapchoeng District, Surin Province, with financial support from the Canadian Government. The project was carried out for 6 years: 1981-1987. Shortly before the project expired, all parties concerned met again and agreed to register the project as a legal body in Surin. In 1986 the project registered as a foundation in Surin called "The Northeastern Thailand Development Foundation" or "NET Foundation".

NCA implemented HIV/AIDS programs with NET for 7 years and terminated in the end of 2000. The program was developed along the border of Surin/Thailand and Udon-Mechai/ Cambodia. In 2000, NCA ended support as NET Foundation only focus their project activities in Surin Province, however NCA wishes to expand activities to cover more area along the border of Thailand/Cambodia.

#### **VIETNAM**

Since 1999 HIV/AIDS has been an integrated part of the program Nordic Assistance to Vietnam (NAV). In implementing HIV/AIDS program, NCA co-operates with government agencies at different levels including: National AIDS Committee, Provincial AIDS Committee, Local AIDS Committee Board of Management (BoM), Provincial IEC centre, Provincial Venerology and Dermatology Centre, Youth Union, Women Union, Health Centre. Due to Vietnam being a communist one-party regime with a limited civil society, NCA has been mainly working with and through government structures and government agencies. Close linkages and cooperation with these levels provides a potential for influence and advocacy, which would otherwise have been limited.

In 1996 NCA started involving religious groups, Buddhist monks and nuns and Catholic sisters in the HIV-activities. The religious groups have over the years developed a strong commitment and ownership to the projects and established their own BoM from 2000, becoming more independent. They are providing care services, which are otherwise non-existent, and they set a good example of civil society playing a positive role as social actors.

#### **PDI – Population and Development International**

PDI's American base is in Bethesda, Maryland. PDI also has established a South East regional headquarters in Bangkok, a representative office in Hanoi, and maintains active project offices on Thailand's Eastern and Western borders. PDI's first major project began in 1989 with funds from the MacArthur Foundation supporting an initiative called South-to-South Global Innovations. The principal objective of this project was to share Thailand's development experience with neighboring countries. Since first project initiatives, the organization has steadily expanded our efforts in the region. PDI maintains active projects within, Vietnam and the trans-boundary areas of Thailand. These projects fall within three broadly defined program areas: 1) Integrated Community Development, 2) Reproductive Health, and 3) Population and Environment

PDI established partnership with NCA in the beginning of 2001 with an inception of HIV/AIDS program in Vietnam. The main objective is to support local authorities and community participate in HIV/AIDS prevention and care, with 3 main project outputs 1) staff capacity building, 2) building up and running effective communication models, and 3) KAP survey on HIV/AIDS.

## **8. Monitoring and Evaluation**

The regional office will call for annual meetings for NCA staff to discuss and touch base on the status of the country and regional HIV/AIDS programs. This will be a helpful tool in terms of supervising the

direction and development of the programs as well as improving cooperation and linkages within the region.

## **9. Assessments**

### **9.1 Assessment of relevance in relation to national plans and priorities**

#### **National AIDS Policies and NCA AIDS Programs**

Obtaining recognition from the government concerning NCA-AIDS programs has occurred within each country with the exception of Myanmar. The government of Laos has recognized the threat of the HIV/AIDS epidemic. The interventions on capacity of Provincial, District, and Village Committees for Control of AIDS are recognized as important for managing to keep the epidemic at bay.

In Vietnam National AIDS Committees are actively influencing national policies and advocating for political will and they are invited to NCA workshops/ evaluations etc. Thailand is one of the main actors and initiator of AIDS Programs. The NCA interventions in Thailand are therefore constantly gaining the governments attention through effectiveness and professionally. In Myanmar the picture is more complicated as religious organizations and NGOs are not recognized as actors in community assistance. In 1999, the National AIDS Authority (NAA) was established in Cambodia to provide co-ordination, policy support and resources mobilization.

### **9.2 Assessment of relevance in relation to Norwegian development assistance goals**

The Norwegian Government's overall goal is poverty alleviation and their action plans are based on UN eight global millennium goals, where fighting HIV/AIDS is one of the goals. Presence of large Norwegian companies represents a potential co-operation especially related to HIV/AIDS that again will be inline with overall development goals.

### **9.3 Assessment of expected risks**

See chapter 6, under Assumptions and Risks.

### **9.4 Assessment of sustainability**

At present, in low prevalence countries the knowledge of awareness of risk and danger of the pandemic is increasing. Programs are running in a participatory learning basis as well as there is a strategy support in implementing activities in the local communities which will support behaviour change among the beneficiaries, youth and PLHA. Traditional wisdom and values are used. These increase the sustainability of the programs.

Fund raising activity is now become an essential part of the program, it is important to increase a quality of life of PLHA and assist them to earn income to become financial independence. Small fund raising activities calls 'positive partnership' is an example of employment opportunities for PLHA and non-infected people. As they work together, it will reduce stigma and increase income at the same time. This experience will be shared to neighboring countries and gradually improve their livelihood.

The role of religion (Christian and Buddhist) is changing from denial to acceptance and through this recognizing the relationship between doctrine ways of life, and HIV/AIDS, communities are becoming less stigmatizing and more accepting. The challenge for NCA is to increase capacity of faith-based groups and enhance involvement of religious leaders which will lead to policy change that will sustain the HIV/AIDS program.

### **9.5 Assessment of NCA's contribution to local partners beyond financial assistance**

Lesson learned from the program will become a practical role model for other existing network in the regions, as well as local indigenous communities such as advocacy work, enhancing religious role in HIV/AIDS work, strengthening local needs. For example, the program will strengthen local needs on accessing to ARV and strengthening ARV care and counselling. In broader results, it helps health personnel in outreaching the community and indirectly reducing costs of the government budget.

Impact results – clearly, ARV recipients received comprehensive care and counselling with will extend their lives longer.

See also chapters 2 and 7.