

RESEARCH ON AVAILABLE AND POTENTIAL SUPPORT SYSTEMS FOR
CHILDREN INFECTED/AFFECTED BY HIV/AIDS IN THAILAND
Chris Hennessey, SC UK Research & Planning Consultant, 2001

Introduction

SC(UK) is currently in the process of conducting a research study to identify where the agency could most effectively and usefully assist the national Thailand HIV/AIDS programme in reducing the vulnerability and impact of HIV/AIDS on the most vulnerable and affected groups of children. As part of the research project, it was decided to examine the existing and potential support structures at all levels for children infected or affected by HIV/AIDS. Specifically, the research study aimed to clarify the following information:

- Examine the mechanisms by which structures at all levels (government agencies, NGOs, CBOs) both are and could assist families affected by HIV/AIDS.
- What efforts are being made to mobilise communities to assist families affected by HIV/AIDS by the various stakeholders.
- What do children (infected and/or affected by ill parents or by being orphaned), ill parents, and carers see as their needs.
- Identify the percentage of children affected by HIV/AIDS who go to orphanages. Are orphanages promoted by GoT, NGOs religious and local government bodies for orphaned children? What do orphanages with infected and orphaned children see as their role (short and long term)?
- To what extent are property/inheritance rights for children being protected?
- What do community members/leaders see as the main needs of children infected and affected by HIV/AIDS and their role in assisting them?

Interviews with representatives of government, NGO and CBO organizations based in Chiang Mai and Bangkok were conducted during four working days. There were a number of constraints encountered during the information gathering phase of the research study. For example, it was not possible to arrange focus group discussions with children infected or affected by HIV/AIDS to assess their needs. Nor was it possible to arrange interviews with community leaders during the research study.

The findings of the research study are as follows:

1. Government policies

The current National Plan and Strategy for AIDS Prevention includes¹:

- Detailed guideline standards for the protection of children who are affected by HIV
- Improvement and promotion of knowledge of hygiene and of the reproductive health of families. There is also a plan to promote HIV/AIDS education, sex education, and family planning.

¹ AIDS, Impact on Children in Thailand, by Mayuree Yoktri, Superintendent, Vienping Children's Home

- Formal and non-formal education will be used as the means to encourage families, communities, NGOs and religious institutions to care for children and the elderly who are affected by HIV.
- Orphans in particular are to be guaranteed access to existing social welfare benefits, according to need and appropriateness, i.e. education scholarships.
- Social welfare benefits are to be granted to the elderly, including income generation, employment funds, medical costs and family assisting payments.
- The potential of communities is to be developed/encouraged, including the development of CBOs, and of self-help groups for positive people.
- There will be accelerated prevention, surveillance and care for children who have AIDS, or who have HIV, or are affected by AIDS (especially for children who contracted HIV from their parents).
- There will be no discrimination or reduction of quality of care.
- Abandoned children, orphans, the destitute and those whose parents have died of AIDS should receive development and care as appropriate.

Government policies concerning children and HIV/AIDS includes the right to ensure the confidentiality of HIV positive children; officially, schooling is free for children infected or affected by HIV/AIDS, although there will be expenses for school meals, stationary, textbooks, uniforms, sports kits and equipment etc. To access assistance from schools to offset such expenses it is necessary for the school to have access to hospital documents confirming the status of the child. This can be off-putting for families, and results in confidential information about the HIV status of the child being disclosed.

A District AIDS Committee in the north of Thailand, in response to concerns that children infected by HIV were unable to access some day care facilities, created nurseries which were initially only for HIV infected children. When NGOs and CBOs challenged this decision on the grounds that it would encourage segregation and increase discrimination, the policy was changed to allow access by other children. However, the initiative remains controversial.

Some commentators stated that there are few long-term government policies relating to children infected or affected by HIV/AIDS. One area where NGOs have been lobbying government for a clear policy concerns care and support for children born to HIV-infected mothers. Little in the way of follow-up care is provided to these mothers and children.

2. District and provincial level

At the district level, funds for HIV/AIDS programming comes from taxation, and from the provincial AIDS budget. District AIDS Coordination Committees are responsible for coordinating HIV/AIDS responses within the district. NGOs and CBOs are represented on these committees, assisting in planning, coordination and monitoring of HIV/AIDS programmes at the district level, and reporting to the provincial AIDS committee.

The district AIDS committees in the north of Thailand are not seen as very effective. Representatives from government agencies are often fully occupied with other duties,

which limits their participation on the committees. With new policies being introduced, such as the government health insurance scheme, and changes resulting from the new Thai constitution, the district AIDS committees could become a more effective and important venue for NGOs to participate and conduct lobbying and advocacy activities.

Loans for income generation projects are available from the provincial division of social welfare, however the loans can be difficult to access. Some NGOs assist applicants with completing application forms, and by accompanying the applicant to the interview to help secure a loan.

3. Sub-district councils (TAOs)

The TAOs, or sub-district level local authorities, are becoming an increasingly important as implementation of the current government's policy for greater decentralisation gathers pace. TAOs are responsible, among other areas, for social and economic planning at the sub-district level. Funds are raised from local taxation, and from government funds channelled through the provincial and district level structures, for community activities.

NGOs in the north of Thailand have formed a group called Civil Society on AIDS, which involves multi-sectoral collaboration with TAO AIDS committees, helping in planning, and developing strategies to assist the local council provide improved social care at the community level. The skills and knowledge of TAO counsellors in terms of social issues need to be improved, and NGOs are carrying out activities to build their capacity, especially in relation to HIV/AIDS issues. UNICEF and UNAIDS have provided funding support for such capacity-building initiatives with the TAOs. In some cases this has resulted in additional fundraising by the TAOs, and the development of forums whereby groups of people living with HIV/AIDS can dialogue with council members, especially in planning local-level services.

With their own budget, TAOs have the authority to allocate funds depending on what the council considers as priorities. Traditionally, the TAOs have regarded infrastructure projects as the main priority for the allocation of funds at the local level. However, since NGOs have begun working more closely with TAOs to highlight the need for social care at the community level, funds for health and social programmes are increasingly being allocated. In one sub-district, 10,000 baht has been allocated by the TAO to local groups of people with HIV/AIDS, and 10,000 baht to local health centres for HIV/AIDS activities. TAOs vary in size and budget. With the implementation of the new Thailand constitution, TAOs will in the future have specific roles in the administrative and management of government agencies, such as education and health, at the sub-district level. However, government personnel have expressed concern about this development, especially in those areas where the capacity of sub-district council members is limited.

4. Village councils

The government has allocated one million baht for each village in Thailand for loans to families and for community-based activities. Local groups can apply for funding for projects. However, it is necessary to build the capacity of village leaders, particularly regarding the importance of addressing the socio-economic needs of local communities.

Village social welfare centres have the responsibility of implementing social welfare assistance to the community². There is a committee of up to nine villagers to administer the centres, with the village headman as chairperson. The centres are supported by the provincial Division of Social Welfare, Department of Labour and Social Benefits, in coordination with local district authorities. The Provincial Division of Social Welfare has the responsibility of promoting and supporting the centres as organisations, which can coordinate between the government, NGOs and the private sector in delivering welfare. Among the assistance the centres provide are basic support to poor families, including household items, income generation loans and grants, scholarships for children to attend school, and vocational training for local community groups.

5. Community mobilisation

The Sangha Metta Project, based in Chiang Mai, has established a network of Buddhist monks in Thailand and in the Southeast Asia region, who are trained to work in their own communities, and from their own temples, as educators and counsellors, providing moral and spiritual support, using Buddhist teachings and meditation for people living with HIV/AIDS and their families. Life skills education is also being used with children studying in temple schools, youth camps, summer ordination programmes for novices etc. It is planned that monks who have received training will be able to train other monks so that skills can be used to teach children and adults on the community. The project has conducted seminars, attended by representatives of the TAOs, with a focus on the social effects and impact of HIV/AIDS, and the need for HIV/AIDS prevention and care projects. It has been a long-term tradition for boys to enter the Buddhist temple as helpers (temple boys) or as novices (12 years+). People, young and older, usually visit the temple if they are in need of support. Some temples are offering accommodation and education to children affected by HIV/AIDS – mostly to boys. The project is conducting seminars to look at ways in which temples can provide assistance to children affected by HIV/AIDS.

The Church of Christ in Thailand (CCT) AIDS Ministry's model for work with communities centres around support of the person with HIV/AIDS, and involving family members, neighbours and the wider community, with networking activities with other NGOs, CBOs, government organisations and religious organisations working in the community. Volunteers, chosen by the community, and provided with intensive training and supervision by CCT, provide the day-to-day support for people with HIV/AIDS at the village level. CCT operates a clinic, staffed by a volunteer doctor, half a day a week. During weekdays CCT operates a telephone counselling service. Discriminatory attitudes towards people with HIV/AIDS remains a serious problem in many communities. CCT believes it is necessary to encourage communities themselves to address this issue. Community volunteers and religious groups have an important role to play in educating community members on HIV/AIDS. Volunteers are provided with incentives such as reimbursing travel and administrative expenses up to a maximum of 2,000 baht per month. The volunteers work closely with health volunteers and network

² From AIDS, Impact on Children in Thailand, p. 23, by Mayuree Yoktri, Superintendent, Vienping Children's home.

with other groups and NGOs in the community. Training is aimed at building practical skills and knowledge, and building capacity and confidence to work with communities. Fundraising activities are organised during Water Festival and other major holidays, with the proceeds going to people with HIV/AIDS when they are ill, or to AIDS orphans.

6. PWA groups

There are over 460 PWA groups currently in Thailand. The CBO Mother and Child Concern was visited during the research study. This is a group of people living with HIV/AIDS, with 400 members in the San Patong area of Chiang Mai. The groups provide mutual support to others living with HIV/AIDS, and networks with the TAO and other NGOs and CBOs operating in the San Patong area. Two members represent the group on the TAO AIDS committee. The TAO has provided some limited funding to the group. Lobbying activities with the TAO are ongoing, particularly focusing on financial support for HIV affected children to continue their studies. Of the number of children living with HIV/AIDS in the sub-district, the group estimates that only a quarter receive direct support from the provincial public welfare office and NGOs. The group focuses on networking among its members, and holds regular meetings and make home visits to families affected by HIV/AIDS. People concerned about HIV/AIDS are also welcome to visit the group's office in San Patong. Psychosocial support and informal counselling is provided to children whose parents are ill or who have been orphaned by AIDS. However, the main focus on assistance to children is material and financial support, particularly to enable children to continue attending school.

Another PWA group, Women Against AIDS, based in Doi Saket, Chiang Mai, was formerly supported by SC(UK). The group has a team of trained volunteers conducting outreach visits to people with HIV/AIDS in the surrounding villages. Income generation projects are supported for families affected by HIV/AIDS. Volunteers also conduct HIV/AIDS education and awareness activities in the communities. Recently, the group has also focused on the issue of inheritance rights for children and women affected by HIV/AIDS.

Siam-Care has encouraged PWA groups to integrate with other CBOs, such as women's groups. This can break down barriers in the community, and encourages sharing of resources, and improve the effectiveness of community projects. In a pilot project in Mukdaharn province, northeast Thailand, this initiative has proved popular, especially when the community can see the benefits, such as successful agricultural and animal husbandry projects.

7. Financial and material support to children

Many NGOs and CBOs operating in the north of Thailand have programmes to provide children affected by HIV/AIDS with financial and material support to cover the costs of school textbooks, stationary, uniforms, sports kits and equipment. Some organisations are providing additional funds for food, and travel costs to district or provincial hospitals for medical treatment. However, organisations interviewed were concerned about sustainable fundraising to ensure that such assistance can continue in the longer-term.

During the research study, a home visit was made to an AIDS widow, with a five year old daughter and three month old son. The family used to receive financial support for income generation activities from an INGO, however that project has now ended. One NGO provides breast milk substitute for the baby. A local PWA group has been providing financial assistance to the family to enable the five year old child to attend a day care centre, however this support will cease next year due to funding constraints. The visit highlighted the need for longer-term sustainable assistance to families affected by HIV/AIDS.

One agency - Northnet Foundation, Chiang Mai - has initiated a cost-sharing scheme with local communities, which conduct fundraising initiatives to contribute half the expenses involved in supporting AIDS orphans. Currently, joint community funding in 13 sub-districts in the north of Thailand provides assistance to 250 children. The fund assists the increasing number of AIDS orphans in the catchment areas where Northnet works, who do not receive other assistance.

The Provincial Division of Social Welfare has funding provision amounting to 500 baht per month to families with children living with AIDS to assist with the child's educational and living expenses, however PDSW funds are limited. Furthermore, the application procedure is said to be complicated, and requires applicants to open a bank account, which has been off-putting to some families as it involves producing numerous documents when opening an account.

8. Counselling

In terms of counselling for children, the provincial public health offices keep lists of trained counsellors at government hospitals. Individual, family and group counselling is available at provincial and district hospitals. CDC Region 10 has conducted numerous training courses for counsellors.

All pregnant women receive pre and post HIV test counselling, and for HIV positive mothers a short treatment of AZT is given towards preventing mother to child transmission.

For most NGOs and CBOs, counselling is non-formal. Staff and volunteers work to build a sense of trust and friendship with families affected by HIV/AIDS. At children's camps, a lot of emotional issues can arise, and staff have been on hand to provide quality time with children to explore their thoughts and feelings. Also, the camps provide an opportunity to address issues of child-care at home with older children and carers. At the community level, peer-group support is emphasised for ongoing support.

Many children infected or affected by HIV/AIDS will receive support from extended family members when parents fall ill or pass away. Community volunteers provide additional support to family members, including counselling. It is important for the counsellor to make a full assessment of the child's situation, determine whether the child has been informed about his/her HIV status and that of the parents.

Most children whose parents have died from HIV/AIDS live with grandparents. Sometimes, the large generation gap can prevent adequate communication about children's worries and concerns. Important is peer-group support, such as school friends and cousins of a similar age. Community-based support groups of people with HIV/AIDS can also make home visits and provide a link with other children infected with HIV. Youth groups in the community can also be a source of support to children affected by HIV/AIDS. Village health volunteers, while primarily focused on health issues in the community, can also be a potential source of psycho-social support, depending on the level and content of the training they have undergone, and their exposure to and experience of social issues.

9. Summer camps for children and families affected by HIV/AIDS

Currently, there are at least 10 organisations based in the north of Thailand organising annual summer camps for children and families affected by HIV/AIDS. Activities for children include painting and games, and life skills education sessions are conducted. These summer camps are seen as an opportunity for children to relax, learn new skills, express themselves in a supportive environment, and develop new friendships and build peer-group support networks. Staff and volunteers of the different agencies involved provide informal counselling to children and family members. For carers, sessions on child care are organised. Coordination among the different agencies organising summer camps occurs through the Northern Thai NGO Coalition on AIDS meetings, where organisations share information about programme activities. Also, staff and youth volunteers have attended summer camps of other agencies, and this has facilitated coordination and networking efforts.

10. Medical issues

The quality of medical care differs from place to place, and the hospitals to which patients attend. Doctors in Thailand have a high status, and there tends to be little dialogue between doctors and patients about treatments options, the medication being prescribed etc. Follow-up medical care is problematic. Typically, people receive information about treatment centres by word of mouth, or through HIV/AIDS telephone advice centres.

The performance of village health volunteers often depends on the motivation of the volunteer, and the level of training and support they have received. Lessons learned from agencies working in this field indicate that it is essential to gain the support of the village leader on any community-based initiative involving local volunteers. Siam-Care is conducting a HIV/AIDS prevention project with out of school youth in Mukdaharn province, northeast Thailand, which has included training village health volunteers for outreach work with youth. Some volunteers have the capacity to carry out the work,

while others are less effective. The project has received the support of the village leader, which has increased the sense of ownership of the project, as well as enabling the project to be monitored by the village leader on a day-to-day basis.

CDC-Region 10 has begun anti-retroviral (combination) therapy for 600 people living with HIV/AIDS in the north of Thailand. Medical follow-up is provided every three months for those receiving the medication. Paediatricians in the north are now lobbying for combination therapy for children living with HIV/AIDS, to begin during the next financial year. However, due to the expense of anti-retroviral therapy, it is likely that the number of children benefiting from the therapy will be small.

One weakness in the current system is that following the birth of a child to a HIV positive mother, following their return home there is very little follow-up care provided by the hospitals. Clear guidelines are required for medical personnel on follow-up medical care for the mother and child.

The government's new medical insurance scheme means that patients with opportunistic infections can now be treated at a greatly subsidised rate in designated government hospitals. The scheme is currently being introduced throughout Thailand. To qualify, patients are required to register at their home of origin and apply for a medical insurance card. However, anti-retroviral therapy is not included in the scheme, due to the large cost of drugs, and the limited medical expertise and medical equipment essential for follow-up of patients.

There are many children infected with HIV who do not receive adequate medical care, particularly at the village level. Some organisations believe that teams of mobile doctors working at the village level to conduct medical screening and follow up of children with HIV/AIDS would be beneficial. Existing doctors working at the district or sub-district level are already severely overstretched. Some organisation, for example MSF-Belgium and CCT, operate multi-disciplinary home care teams that make regular home visits to people living with HIV/AIDS, and arrange referrals to HIV/AIDS treatment centres as necessary.

11. The role of schools in community-based support

A project supported by SC(UK), implemented by PPEO-Chiang Mai together with head-teachers and teachers of 32 primary schools in the province, involves the wider participation of members of the community. The school has been a catalyst for conducting outreach activities in the local communities, and this has been particularly successful in rural and semi-urban areas where the project has been implemented. Teachers reported that among the most significant changes that have come about as a result of the project has been the attitude of the local community towards people with HIV/AIDS, which was previously characterised by fear and discrimination. This was reported to be now much less the case. Through newsletters and leaflets produced by the schools and delivered by students to parents, the level of knowledge and awareness in the local community has increased, although such activities are now fewer due to lack of funds available to schools for such activities. Activities in the community that have been

initiated or supported by the schools include establishing a library, organising debates on HIV/AIDS issues, organising role plays, poetry competitions, focus group discussions, and awareness raising on World AIDS Day. Other initiatives have included a notice board for HIV/AIDS material, visits by teachers to families to discuss HIV/AIDS issues, and the formation of volunteers groups in the villages. However, schools situated in urban areas have experienced difficulties in conducting outreach on HIV/AIDS awareness activities in the local communities, as most working adults are employed outside of the area.

The NGO Thai Youth Against AIDS Programme (TYAP) which received initial funding support from SC(UK) shortly after its establishment in 1996, has formed a teacher support network in the north of Thailand, which brings together teachers to analyse problems that cause young people to engage in high risk behaviour and trains them on topics of adolescent violence, drug abuse, and AIDS prevention. Teachers examine the issues and solutions to help support young people in decision-making, and through participatory learning, are better able to support peer leaders to run AIDS prevention activities with their peers.

Thai Life Skills Development Foundation (TLSDF), based in Chiang Mai, focuses on encouraging child-friendly schools in six provinces in the North and Northeast of the country. The objective of the programme is to support and develop life skills for children in difficult circumstances, particularly the HIV affected. The NGO conducts workshops and sessions on child rights and life skills for both NGOs and government agencies. A learner centred approach is encouraged i.e. active learning, development of self-esteem, skills for dealing with stress and bereavement, communication and counselling techniques. A recent development has been life skills activities in social welfare homes in Chiang Mai where there are a high proportion of AIDS orphans (one quarter of all children), mostly from hill tribe communities.

12. Orphanages

Vienping children's home is operated by the Provincial Division of Social Welfare Office, Chiang Mai. In year 2000, a total of 262 children were cared for in the home. Of this number, 32.6 percent had been abandoned, and 6.9 percent were street children. A total of 41.71 percent of children were returned to their families, 32.62 percent were adopted by foreign families, 6.42 percent were adopted by Thai families, and 9.63 percent (18 children) died, 13 from AIDS related illnesses.

Children affected by HIV/AIDS (who are HIV negative), who cannot be placed with family members, are generally placed for adoption.

There are currently 12 private homes operating in the north of Thailand, and half of all children in care are placed in the private sector. A number of these, including Baan Agape, Baan Mitratorn and Kuadaram Foundation, care for newborn babies to six years of age, including HIV positive children.

Vienping has introduced a foster placement programme for children preparing to return to their natural families or placed for adoption. Foster families receive a stipend from the Division of Social Welfare to offset expenses incurred in caring for a foster child. There are weekly visits by a social worker to the foster home to monitor and review the situation. The scheme has reduced the number of children living in Vienping, and has enabled staffing reductions to be made, thus reducing the budget for child care in Welfare Homes.

In year 2000, 114 children born to HIV positive mothers were admitted to Vienping. There were a further four children admitted who were affected by HIV.

In year 2000, Vienping conducted a survey in Chiang Mai province to collect data on AIDS orphans, and children whose parents are living with HIV/AIDS. The survey found that there were 1,479 children whose parents had died of AIDS, and 1,906 children whose parents are HIV positive or who have AIDS. Vienping is advocating for additional government and private resource allocation to help support extended family members who are caring for orphaned children, as well as direct support for children whose parents have HIV/AIDS.

The Support the Children Foundation was established in 1992 at a time when few organisations were developing services for children infected with HIV, with funding support from the Francis Xavier Foundation and private donations. The organisation operates four homes for children infected by HIV who have been abandoned by their parents and families. Each home cares for six children, with a carer on duty 24 hours a day. The homes are situated in different parts of Chiang Mai city, to reduce possible discrimination within the local communities. Referrals come from Vienping Children's Home. Abandoned children are registered with the provincial social welfare department, and a HIV test is carried out. If the child tests HIV positive, they are placed at Vienping initially, then referred on to the foundation or other similar private orphanages. Children placed at the foundation who are later confirmed to be HIV negative are referred back to Vienping, and are usually placed for adoption.

The foundation conducts HIV testing, including viral load testing. The foundation has introduced anti-retroviral therapy for the 24 HIV infected children currently cared for, at a cost of 2.7 million baht per year. The therapy has dramatically reduced the number of opportunistic infection seen among the children.

All the children attend local state schools. However, discrimination by parents, teachers and head teachers has been experienced. The foundation staff have worked closely with head teachers and teachers to address concerns and if necessary conduct HIV/AIDS awareness training.

The foundation cares for the children in its homes until 18 years of age. Plans for aftercare were uncertain. As the children in the homes were abandoned they do not have contact with family members. The foundation is currently considering inviting another agency to conduct sex education and HIV/AIDS awareness with the children in its care.

13. Property rights

In discussions with the NGO Centre for AIDS Rights (CAR), it appears that few organisations are focusing on the issue of inheritance rights for AIDS orphans. From anecdotal information collected, there appear to be cases where property and belongings have been taken away by grandparents or other extended family members when the child's parents have died.

Most organisations supporting children and families affected by HIV/AIDS are concentrating their efforts on ensuring adequate food and clothing is provided, supporting small-scale income generation projects to improve the family's economic position, and ensuring access to education by AIDS-affected children. CAR has staff with legal training. The organisation is possibly interested in being involved in researching the issue of inheritance rights, however it does not currently have the capacity to take on this additional focus.

Discussions by SC(UK) with members of the Thai National Coalition on AIDS children's sub-group on the issue of inheritance rights is recommended. The director of CAR is the coordinator of this sub-group.

OBSERVATIONS

- While one section of the current National AIDS Strategy states that AIDS orphans in particular are to be guaranteed access to existing social welfare benefits, according to need and appropriateness, i.e. education scholarships, in practice many children affected by HIV/AIDS are not receiving government welfare benefits. Provincial Division of Social Welfare funds for welfare benefits are limited. In many cases, NGOs are providing financial and material support to children affected by HIV/AIDS, although many of these organisations are experiencing ongoing fund-raising difficulties, which might affect the sustainability of such programmes.
- Initiatives such as Northnet-Chiang Mai's joint funding scheme with local communities to support HIV affected children, involves communities in identifying more sustainable fundraising efforts and places the community itself at the forefront of providing required assistance.
- Most children abandoned by their parents, who cannot be placed with extended family members, are received into government or private children's homes. Those who are HIV negative are generally placed for adoption, while children living with HIV/AIDS generally remain in long-term institutional care. Efforts are being made to develop foster care as an option for children in government or private homes, particularly for children who are due to return to their natural families, although fostering is a relatively new option in Thailand and is still being developed as an alternative to institutional care. Long-term planning by

children's homes, including planning for after-care, is an area for greater attention.

- Medical practitioners and NGO managers have noted the need for clear follow-up guidelines for hospitals regarding HIV positive mothers and their child on discharge from hospital. Currently, there are inadequate follow-up arrangements in this area.
- The current National AIDS Strategy encourages the development of self-help groups of people living with HIV/AIDS in Thailand. There are over 460 such groups in operation currently. However, in discussions with the national network of HIV positive people, and groups interviewed for this study, many face serious funding difficulties, raising a question about the sustainability of some of these groups.
- Despite the right of every child to attend school in Thailand, there continue to be numerous cases of schools refusing to admit HIV positive children. Such cases are being investigated by organizations such as the Center for AIDS Rights, while many NGOs and PWA groups are conducting HIV/AIDS education activities with schools and communities. However, it is clear that discriminatory attitudes and practices continue to exist at all levels within communities, including parents, local doctors, and village leaders, as well as among some school head-teachers and teachers.
- The promotion of HIV/AIDS education in the formal and non-formal education systems forms part of the National AIDS Strategy. Life skills education activities are being promoted by provincial primary education offices, although implementation is at the discretion of individual schools. The Office of the National Primary Education Commission has expressed interest in discussing collaborative efforts with SC(UK) together with other players in receiving technical and other support in addressing broader issues of concern to the welfare of children, within a life-skills education framework.
- Initiatives such as the Civil Society on AIDS, a multi-sectoral collaboration of NGOs, CBOs and others, supporting the development of the TAO AIDS committees, are contributing to more effective HIV/AIDS programme planning and strategy development at the sub-district level. The expansion of such programmes from the north of Thailand to other regions of Thailand would contribute to the building of the capacity of TAOs in planning and implementing local HIV/AIDS services, particularly important as the decentralization process takes effect.
- The recruitment of motivated volunteers, who receive intensive ongoing training and support, as catalysts for HIV/AIDS programming activities at the village level has proven a successful strategy in terms of effectiveness and sustainability for a number of NGOs, such as CCT, Siam Care, Ban Lao Youth Group and TYAP.

The volunteers work directly with the person affected by HIV/AIDS, family members, neighbours, and the wider community, and liaise and coordinate with NGOs, CBOs, government officials, the village committee, and religious leaders. The documentation and dissemination of successful models of community programming would assist other agencies in adopting such approaches.

- The majority of NGOs providing assistance to children affected by HIV/AIDS focus on financial and material support for daily living, such as food, clothing and household items to families, and meeting the expenses related to attending school, such as text books, stationary and school uniforms. Summer camps are also being organized which provide a relaxed and informal venue for children to play, make other friends, develop a support network, and for family members to discuss issues of concern with agency staff and volunteers. Informal counseling is also organized at the camps. On a day-to-day basis, NGO and CBO staff and volunteers make informal home visits to support families affected by HIV/AIDS, providing an opportunity for family members to share their concerns and receive guidance and counseling.
- There are few organizations working to the right of inheritance to property and assets on the death of their parents. From discussions with NGOs, this would be an area for further research.

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