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South East Asia HIV and Development Project

MAE CHAN WORKSHOP ON INTEGRATED COMMUNITY
MOBILIZATION TOWARDS EFFECTIVE MULTISECTORAL
HIV/AIDS PREVENTION AND CARE



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**MAE CHAN WORKSHOP ON INTEGRATED COMMUNITY
MOBILIZATION TOWARDS EFFECTIVE MULTISECTORAL
HIV/AIDS PREVENTION AND CARE**

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FOREWORD

Mae Chan, a community in Thailand bordering Lao People's Democratic Republic, Myanmar and in close proximity to Yunnan, China, has experienced a large influx of population movement and high HIV prevalence. This community's response to HIV/AIDS has been chosen and documented by the United Nations Joint Programme on AIDS as a "good practice" example. To bring the objectives of the UNAIDS' "good practice" documentation one step further, the UNDP South East Asia HIV and Development Project (UNDP-SEAHIV) in collaboration with UNAIDS-APICT, organized a training workshop in Mae Chan from 20 to 22 November 2000. Health-care workers, social welfare employees, school teachers, monks, local government officials and communities were invited to participate in learning about this holistic approach to mobilize communities towards HIV prevention and care. The workshop aimed to build the sectoral capacities of Savannakhet, Lao People's Democratic Republic; Pingxiang-Guangxi, China; Dien An, Viet Nam; and Battambang, Cambodia in community based HIV prevention, care and support. The participants were selected from rural communities with the potential for such a community-based approach.

This report is a record of the proceedings from the "Mae Chan Workshop on integrated community mobilization towards effective multisectoral HIV/AIDS prevention and care". UNDP-SEAHIV also published the following three companion documents:

- Sermons Based on Buddhist Precepts: A response to HIV/AIDS, December 2000
- Our Families, Our Friends: An Action Guide, January 2001
- Sang Fan Wan Mai: Youth response to HIV prevention and care, 2001

The Mae Chan Model is a positive step in reducing vulnerability to HIV in the mobile population and associated communities, and promotes supportive environments in the host communities. By involving community hospitals, social welfare services, schools, Buddhist temples and the rest of the community, it is truly a multisectoral response towards the prevention of HIV and the provision of care and support for people affected and infected by HIV/AIDS.

LEE-NAH HSU

Manager

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1. HIV EPIDEMIC AND RESPONSE IN CHIANG RAI

Chiang Rai, located in Northern Thailand near the Lao and Myanmar borders, has a total population of 1.25 million, of which 13 per cent are hill tribes. Health care is provided by one provincial hospital, 15 community hospitals and 201 community health centres. The main economic base of the province consists of rice and orchard farming with small-scale cottage industry trading. In 1999, there were 4,130 reported AIDS cases in the province.

Mae Chan Hospital is a 90-bed community hospital situated in Mae Chan District of Chiang Rai Province. The first case of AIDS was reported in the district in 1988. Since then, the community hospital has initiated many activities to provide care for people with HIV/AIDS, both in the hospital and community. Hospital care included HIV counselling and testing services, methadone clinic, Anti-Retroviral (ARV) therapy clinics, home-health care, nutritional support, prevention of mother-to-child transmission, isoniazid hydrochloride (INH) Tuberculosis (TB) prophylaxis for HIV patients, treatment of other opportunistic infections, combined drug therapy, networking and referral systems, in addition to care and support provided by priests and monks.

With the early onset of the HIV epidemic in the north, the medical staff at the Mae Chan Hospital realized that the medical approach of the community hospital was not practical. To cope with the growing number of AIDS cases, the staff understood that they needed to mobilize the entire community. As there is no cure for AIDS, the staff looked into traditional herbal medicine to find treatments. After discovering that monks in community temples had good knowledge of traditional medicine, the staff collaborated with the monks to expand their knowledge of palliative care for AIDS patients. The community gradually learned how to share the burden of care for those in need within the community.

The Mae Chan experience showed that the quality of life for people with HIV/AIDS (PWA) can be enhanced through joint support and care from both the hospital and community.

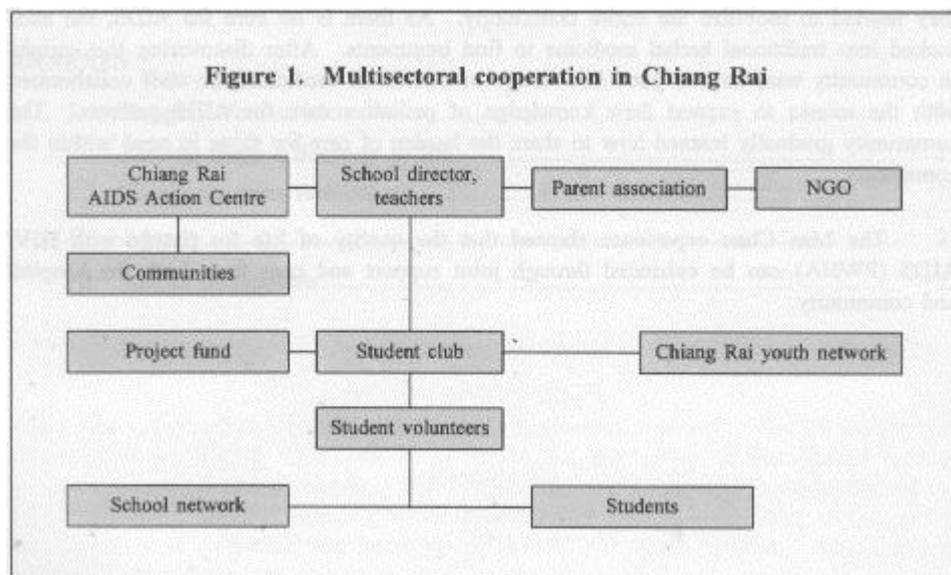
2. THE MULTISECTORAL COMMUNITY RESPONSE MODEL

As young people are particularly vulnerable to HIV/AIDS, the Mae Chan Community developed HIV-preventive education for youth to respond to the HIV crisis more effectively. By providing youth with knowledge and skills, young people are more prepared to protect themselves. In the multisectoral approach (see Figure 1), youth have identified roles and responsibilities as part of the community to contribute to HIV prevention and AIDS care and support.

Schools, youth and social welfare

The social welfare sector is of great relevance to the Mae Chan approach. The social welfare workers are involved in all sectors and subsequently connect monks, health-care workers, schoolteachers and families. In Mae Chan, schools have been particularly responsive to the needs of children affected by HIV/AIDS because the social welfare workers helped the teachers keep these children in school.

The Workshop participants visited a secondary school where students combined their studies with other family commitments. The students from secondary schools organized debates on sexual behaviour and volunteered in AIDS education.



The student AIDS volunteers belonged to Sang Fun Mai, a Youth AIDS Project. This project disseminated HIV-prevention information and operated a radio talk show. As most people in Mae Chan lived in rural villages, radio was an effective media to reach them. Listeners wrote in and received advice on problems or questions they had. The participants then visited a primary school to see its World AIDS Day 2000 preparations and one of its exhibits on the children's impressions about AIDS.

The Chiang Rai AIDS Action Centre provided technical information and trainers. The schools were responsible for the activities and parents encouraged to participate. A student club was formed to handle project funding, educate student volunteers and disseminate information. In every classroom there is a student volunteer who reported activities to the student body. Funding from different sources included the Chiang Rai AIDS Action Centre, Norwegian Church Aid, AIDS Net Foundation, Ministry of Public Health, Ministry of Education, Parents Association, Student Alumni Association and Village AIDS Action Centres. The students later formed the Chiang Rai Youth Network where they became youth leaders in anti-AIDS campaign to educate other young people about HIV/AIDS.

The youth initiative is a learning process. Prevention and care activities need to be integrated through work with the community itself. The goal is for everyone to learn about HIV/AIDS, drug abuse, life values and their roles and responsibilities in a community. Students become involved in caring for affected students in the community through interactions among teachers, students, parents and the community.

Active involvement is the key response by youth to the HIV crisis. When they learn and respond to HIV crisis, they realize the value of HIV prevention. Countries should therefore target youth at an early stage when initiating responses to HIV/AIDS prevention and care.

The role of Mae Chan Community Hospital

a. Counselling and testing clinic

The anonymous counselling and testing clinic began in 1992. It offered counselling, AIDS information, venereal disease treatment and general health care. Counselling was given before and after HIV blood testing to assist clients in understanding and coping with potential infection. The clinic also provided HIV/AIDS crisis counselling to patients and their families to help them develop a positive attitude and build encouragement.

b. Methadone clinic

The Hospital set up a methadone clinic for drug rehabilitation in 1989. Combined with counselling, this resulted in a decreased number of drug dependencies. The Hospital also operated a mobile methadone clinic in villages. From 1995 to 1999, a campaign was launched in 12 hill tribe villages, which included needle and syringe exchanges, detoxification and methadone maintenance.

c. Prevention of mother-to-child transmission of HIV

The Hospital ran an azidothymidine (AZT) programme aimed at preventing mother-to-child transmission (PMCT) by trying to find the appropriate AZT doses for pregnant mothers in a cost effective treatment regime. AZT is the drug commonly used in AIDS treatment. The community hospital is currently part of a clinical trial on the prevention of mother-to-child transmission. The use of anti-retroviral drug prophylaxis for PMCT is a scientific breakthrough. The new therapies require strong policy advocacy, development of health service delivery systems and social support network.

d. TB Direct Observed Therapy Short-term (DOTS) and INH prophylaxis

Tuberculosis is the most common opportunistic infection found in AIDS patients admitted to the hospital. The Mae Chan Hospital provides INH treatment to all members of the Hospital Day Care Support Centre in order to decrease the level of potential TB infection.

e. Home-health care/home visit

The Hospital initiated home-health care in 1993 when it became evident that patients were being admitted at an alarmingly high rate. The initiation of home-health care programme led to a marked improvement in behaviour, attitude and feelings towards AIDS patients and their families within the community. With a better understanding of AIDS, the families were able to be more sympathetic towards their HIV-infected relatives or friends. In creating this supportive environment it was easier for patients to care for their own health. In turn the rate of opportunistic infections decreased. The PWHAs are now able to live with their families in dignity and emotional security.

f. Day-Care Support Centre for PWHAs

In 1993 a self-help group for AIDS patients was formed as part of the Day-Care Support Centre. The Hospital realized it could expand medical services provided for PWHAs by including other activities to improve their overall condition. The result was the Mae Chan Day-Care Support Centre which met each week and provided vocational training, counselling, and activities to create educational funds and financial welfare. The members worked together to organize activities and explore ways to generate income, while at the same time receiving medical treatment. The support group encouraged PWHAs to find the willpower to remain with their families and communities and cope with life after being infected by HIV.

Self-help groups

In Mae Chan the people sought to solve their own problems through community participation, resulting in many self-help groups. Using local knowledge to solve problems and combining support from NGOs and local government, there are now six PWHAs self-help groups in the Mae Chan District. Two of the groups are described below.

Dok Ta Lom Group

Dok Ta Lom members are mostly farmers. When debilitated by the effects of AIDS, their income lessened as their workload decreased. Today, Dok Ta Lom members receive assistance from various agencies. Vocational training was provided for knitting, handicrafts, animal husbandry and land provision to expand farming for their own consumption and sale. In 1999 the Tambon District Administrative Office provided 50,000 Baht to the Dok Ta Lom group to buy sewing machines. The group was then trained to make clothes and received 10,000 Baht to set up fisheries for income generation. Self-reliance is a vital element in sustaining this programme. The income and funds that the members generated enabled them to purchase health insurance cards that reduced the cost of medical treatment.

Local public health centres and the community hospital supported PWHAs's self-help groups by providing check-ups. The district-health centres are responsible for managing public health services and supervise sub-district health centres. People are encouraged to seek HIV testing and counselling. The sub-district health centres have a limited role in AIDS treatment but play a crucial role in providing information to the community on HIV prevention, patient care and living with PWHAs. They also give HIV-preventive education during village meetings and in schools.

The Dok Ta Lom group set up a savings fund that allowed members to save one Baht a day. The profit and interest earned were shared among the members and used for other income-generating activities. The PWHAs in this community have succeeded in leading a dignified and decent life through the Dok Ta Lom group.

Fung Sai Project and the Population and Community Development Association

The Population and Community Development Association (PDA) is located in Baan Pa Daeng Luang, Maesai District. PDA is based on the belief that the local people are best suited to shape and sustain their own development. A well-established and diversified NGO, PDA operates from Bangkok with 12 regional development centres and branch offices and three sub-centres in rural Thailand.

PDA educated villagers about HIV. As part of the PDA, the Fung Sai Project provided AIDS patients with information about medication, treatment options and funds. Sukum Jaipitak, the founder of the Fung Sai Group, donated his own land for an organic

herbal and vegetable “bank”. He hoped that through various activities organized by the group, the poor and PWHAs could earn steady incomes. The group also assisted villagers from neighbouring countries, some of whom have been evicted from their own villages because of AIDS.

The Group worked with other agencies to create an education fund to support children orphaned because of AIDS or with parents too sick to care for them. To strengthen community ties they started a credit union run by the villagers themselves. Members have the opportunity to borrow from the fund at only 3 per cent interest. The interest earned is used as emergency funds for PWHA, AIDS orphans and other needy causes.

In order to prevent HIV, the Fung Sai Group introduced health education in schools. Every summer the Group invited young people to join a range of activities from sports events to AIDS camp where teenagers from Lao People’s Democratic Republic, Myanmar and Thailand learned about HIV/AIDS and drug-use prevention.

The Fung Sai group, with its 300 PWHA members, strengthened its community’s response to AIDS care and support.

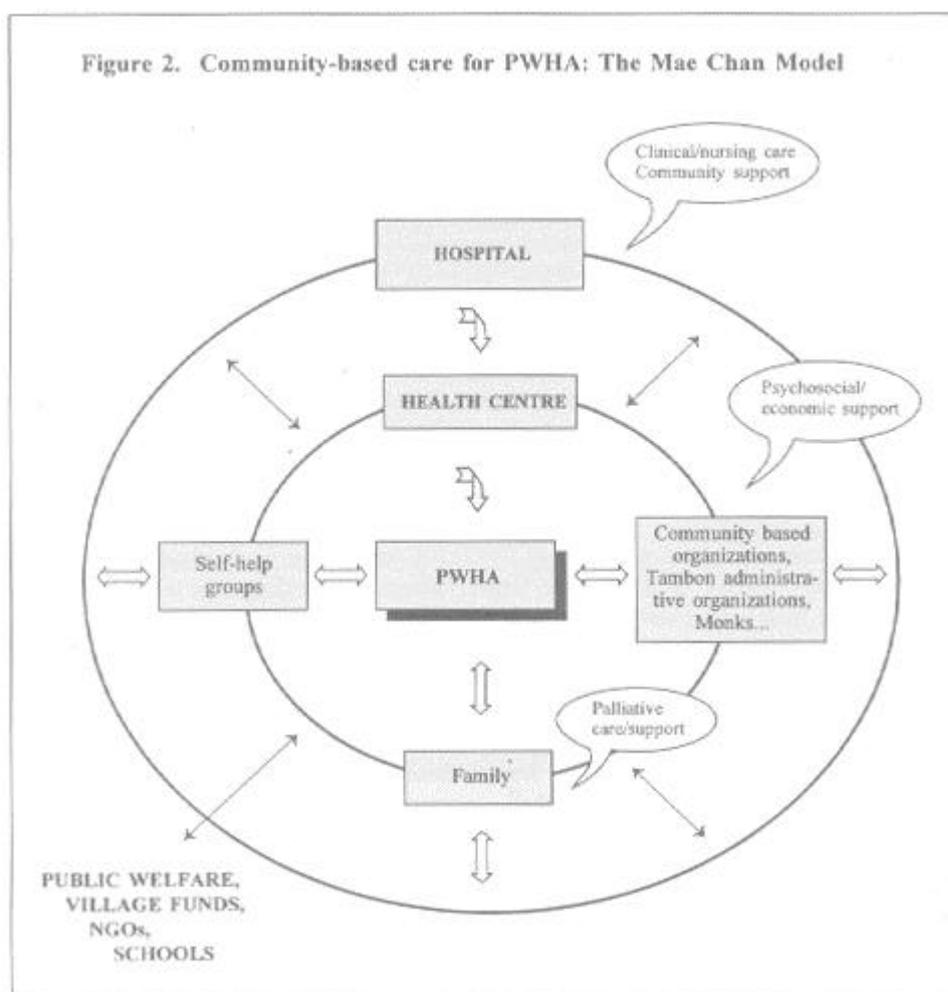
The Dhammaraksa Monk Project

As HIV infections continued to grow in the community, the number of AIDS patients increased while the number of health-care workers remained constant. Consequently, the Mae Chan Hospital asked religious organizations for assistance to give moral support and encourage the families and community to feel more comfortable in dealing with the disease and afflicted family members. A strong collaboration between the medical and the religious sectors developed in Mae Chan.

In 1992, 80 monks in Mae Chan were trained about HIV/AIDS. Their involvement was initially controversial since they are usually not involved in such issues. However, the monks were keen to help and an additional team of monks was sent to Lopburi, Nonthaburi, for training at a hospital treating HIV/AIDS patients. A health-care centre was set up next to a temple where the monks organized public speaking on AIDS and safe measures to care for the patients. The health-care centre then moved to other villages and situated itself next to local temples. The villagers were initially not well informed about HIV/AIDS, and reluctant to believe what was said about HIV transmission. Forced to try an alternative approach, the monks resorted to including HIV/AIDS in their sermons, and preached compassion to relatives and families of the PWHA.¹ The community monks now play a very important role in AIDS prevention and care in people’s daily lives.

The project was supported by the AIDS Division of the Ministry of Public Health and the local AIDS Action Centre. The monks counselled, advised, encouraged and visited the patients every weekday afternoon. They also supported health-care service centres in each village where herbs commonly used to treat certain symptoms could be grown. Since then the villagers have supported the initiative and were more sympathetic with the patients, as shown by a decrease in community rejection and increased community participation.

Figure 2 illustrates the Mae Chan Community-Based Care Model and the contribution by the Hospital and other health-care centres.



3. EXCHANGE OF COUNTRY EXPERIENCES AND PROPOSED FOLLOW-UP ACTIONS: CAMBODIA, CHINA, LAO PEOPLE'S DEMOCRATIC REPUBLIC AND VIET NAM

The country participants were asked to present their own community responses to compare what they had learned from the Mae Chan model and to propose actions for their own communities when they return home.

Battambang, Cambodia

(a) *Wat Norea Peaceful Children's Home* was created in 1992 in Battambang. It guided orphans (children aged 4-14 years old) to attain stable lives and become good citizens. The Home provided shelter, food, basic health care, training, and education based on Buddhist principals, traditional culture, social values and language training. Presently, there are 7,027 households in the community and the Wat Norea Home has 325 orphans under its care, 36 of which are girls. Most boys became monks. Some of the orphans were sent for overseas adoption and some returned to their own families.

Responding to the high HIV prevalence in Battambang in 1998, the Wat Norea Home began educating the community about HIV/AIDS, and provided counselling and home-based care. The Home received support from the Salvation Centre of Cambodia. They worked with families to accept HIV-positive members and taught relatives how to care for PWHAs.

(b) *Farmer's Life School* assists HIV/AIDS prevention in Cambodia. Rural life is being rapidly opened to the outside world through the development of the National Highway N°5 that links Cambodia to Viet Nam and Thailand. The UNDP-SEAHIV & FAO/Cambodia Integrated Pest Management Project jointly introduced the concept of Farmers' Life School (FLS) as an approach to HIV/AIDS prevention. The farmers learned crop development and how to produce healthy crops. They transferred their expertise to analyse how to reduce the risks of HIV in their communities. Through the FLS, they learned how to lead healthy lives, increased their knowledge about HIV/AIDS and reduced the risks of HIV/AIDS in their communities.

This project is a new approach to HIV prevention, a way that respects existing knowledge, local networks and the strengths of the farmers' own life experiences. This empowered rural farmers to take charge of their own destiny instead of passively waiting for outside help.

Proposed Actions by Battambang Team, Cambodia

<i>Objectives</i>	<i>Activities</i>	<i>Target Group</i>
1. Increase the response to HIV/AIDS prevention and care from the communities	<ul style="list-style-type: none"> - Organize meetings with community leaders on community response - Expand HIV/AIDS education in the communities - Organize meetings with monks and leaders to advocate the role of religion in helping PWHA - Organize training of trainers on HIV/AIDS prevention and care 	<ul style="list-style-type: none"> - Villages and commune leaders - Villagers - Head monk in all districts
2. Establish a self-help group in the community	<ul style="list-style-type: none"> - Organize meeting with relevant sectors to discuss formation of self-help group 	<ul style="list-style-type: none"> - District leaders - Commune leaders - Village leaders - Health centres
3. Strengthen voluntary testing and expand counselling service	<ul style="list-style-type: none"> - Organize training for new staff to do counselling 	<ul style="list-style-type: none"> - District and health centre staff
4. Form PWHA group	<ul style="list-style-type: none"> - Arrange for PWHAs to teach others - Arrange for PWHAs to meet each other regularly 	<ul style="list-style-type: none"> - PWHAs coming to counselling service - PWHAs who already know one other
5. Expand home-based care for PWHAs and strengthen existing ones	<ul style="list-style-type: none"> - Training on AIDS care for new staff - In-service training for existing staff 	<ul style="list-style-type: none"> - Health centre staff
6. Strengthen hospital care	<ul style="list-style-type: none"> - Organize in-service training 	<ul style="list-style-type: none"> - Hospital staff
7. Expand peer education in secondary and high school	<ul style="list-style-type: none"> - Peer education training on HIV/AIDS and safe behaviour 	<ul style="list-style-type: none"> - Popular students in all secondary and high schools

As in the Mae Chan model, the religious organizations could play an important role to reduce the impact of AIDS in the Battambang community. It was recommended that the monks be mobilized as the potential leading sector in HIV/AIDS care and support. They could initiate self-help groups and provide support and acceptance of PWHAs. If they managed to develop understanding and compassion towards PWHAs in the community, it would sustain self-help groups.

It is suggested that the different sectors represented at the workshop meet for discussion and training through focus group discussions or other strategies upon their return home. They could develop cooperation between sectors. In the case of Cambodia, there was no single best method, but the main point was that action be taken.

Pingxiang-Guangxi, China

HIV/AIDS surveillance started in Guangxi in 1985. From 1985 to 1995, there were ten HIV-positive cases who were foreigners or businessmen from other provinces of China. In 1996, however, 44 HIV cases were found among drug users in Pingxiang City, and from blood donors in Wuming County and Guigang City. Since 1997, HIV had spread rapidly. By September 2000, a total of 1,955 HIV-infected persons (including eight AIDS cases) had been detected in more than half of the counties and cities in Guangxi. Over 80 per cent of the infected are between 20-40 years of age, mostly unemployed and nearly all acquired their HIV infection from contaminated needles.

The provincial government held a meeting on HIV prevention in 1988. A provincial group for HIV/AIDS prevention was set up in 1990, consisting of leaders from 15 governmental departments, such as finance, health, police, justice, media, tourism, women's federation and trade union. Peer education existed among secondary and college students. Medical schools taught HIV/AIDS as part of their curriculum. TV, radio, newspapers and magazines played an important role in the provincial HIV/AIDS prevention campaign.

HIV surveillance sites increased from three to eight between 1995 and 1999 for drug users, sex workers, STD clinic attendees, blood donors and pregnant women.

China is at a much less developed stage in dealing with HIV/AIDS patients at the community level than Mae Chan. Different sectors and organizations in Guangxi bring into play their advantages and take different measures to control the HIV/AIDS epidemic. However, many sensitive issues relate to HIV/AIDS control in China, where it may, therefore, be more difficult to initiate a multisectoral approach than in Thailand. The public still discriminates against PWHAs. The local NGOs and health-care workers need technical assistance and training on the Mae Chan model and adapt the action guide.² At such an early stage of dealing with the problem, Guangxi needs to focus on sharing information and training to handle the HIV/AIDS crisis. There is also a need to alert the attention of the government to the issue of HIV/AIDS.

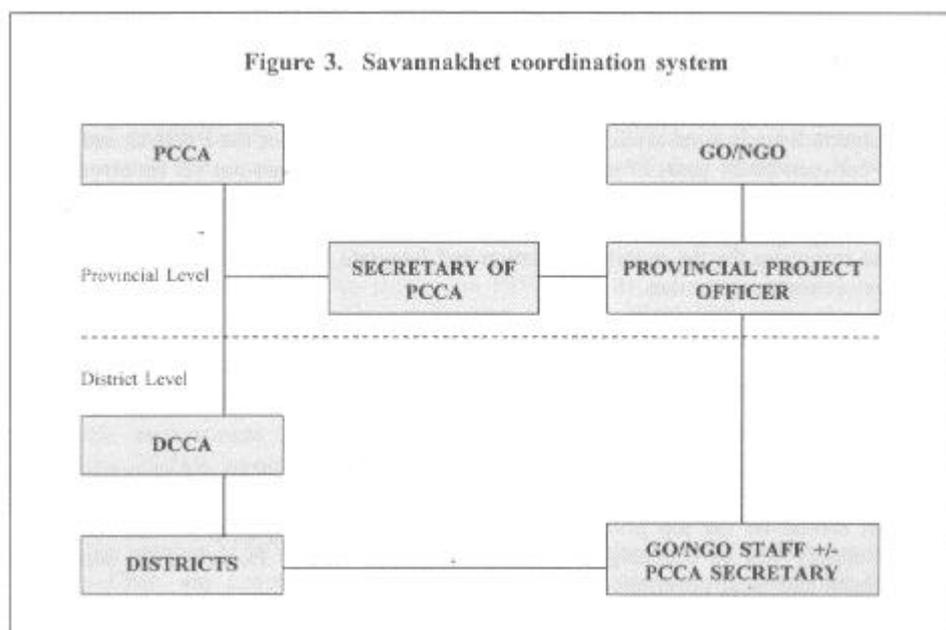
It is suggested that Guangxi mobilize its strongest sector. As part of the approach, anyone from the five sectors (health, education, religion, social welfare and community leadership) could be selected as a suitable lead sector for the particular community.

Organized religious sector is strong in Thailand but weak in China. Instead, China's Women's Federation have the potential of being the leading sector. The strong women's movement in Guangxi could possibly coordinate efforts. It is important to identify the strengths and weaknesses in this process to properly ascertain opportunities and threats. The most important factor is to use ones own resources and discover and build on strengths.

Savannakhet Province, Lao People's Democratic Republic

Savannakhet is located in the central part of Lao People's Democratic Republic. HIV was first detected in Lao People's Democratic Republic in 1989 and the first AIDS case in 1992. Presently, there are 632 HIV-positive individuals, 187 AIDS patients and 70 AIDS deaths.

Efforts are coordinated among district and provincial government and NGO in Savannakhet as illustrated in Figure 3.



Although the Provincial Committee for the Control of AIDS (PCCA) provides a range of activities for HIV/AIDS prevention and care, the main difficulty in applying such activities to PWHAs in Lao People's Democratic Republic is that 85 per cent of Savannakhet's population is rural, making it difficult to reach.

The PCCA in Lao People's Democratic Republic is composed of the following:

Figure 4. The Provincial Committee for the Control of AIDS (PCCA) in Lao People's Democratic Republic

<i>Provincial Committee for Control of AIDS</i>		<i>Secretary of PCCA</i>	
<i>Chair:</i>	Vice Governor	<i>Secretary:</i>	Deputy Director
<i>Deputy Chair:</i>	Director of Health Department Director of Education Department	<i>Member Representatives from:</i>	Education Department Lao Woman's Union Lao Youth Union Information and Culture Department Health Education Section Laboratory Section
<i>Members:</i>	Department of Information and Culture Lao Woman's Union Lao Youth Union Lao Trade Union Department of Labour and Social Welfare		

Lao People's Democratic Republic faces problems concerning migration. Due to its location Savannakhet has a large number of people moving through the province. Most of the population lives in rural areas. Farmers make up 53 per cent of the PWHAs and 59 per cent are between 20-29 years of age. Families and communities are not yet involved in the prevention and care of HIV/AIDS, as PWHAs are generally not accepted. This creates a problem for PWHAs, especially the growing number of affected children. There is a need to initiate responses for the mobile population and integrate HIV/AIDS prevention and care into development programmes.

Savannakhet needs to enhance the community's participation in solving AIDS problems. In order to do so a network system will be established to provide consistent care for PWHAs and affected children. HIV prevention in the community is called for to target youth.

Strategies must build on traditional family values to strengthen the community. In order to integrate HIV/AIDS prevention and care in community mobilization, health education should be the top priority to prevent people from engaging in risk behaviour. The community will be encouraged to take independent action. However, the support of public health and local government officials is vital.

Dien An, Khanh Hoa Province, Viet Nam

Dien An is a rural commune in Dien Khanh District, Khanh Hoa Province in Central Viet Nam with a population of 7,470 people and a land area of 690 hectares. There is one secondary school, two primary schools, a kindergarten and three Buddhist temples in the commune.

Farming is the main occupation for 70 per cent of the population. This commune borders Nha Trang city in the east and Dien Khanh Township in the south, and is located along the National Highway N°1 where traffic is heavy. Due to its thoroughfare transport location, Dien An is also the centre for drug use and commercial sex – major factors for HIV/AIDS.

Recognizing the impact of HIV/AIDS in the community, Dien An local authorities established an AIDS Division chaired by the Vice-Chairman of Dien An People's Committee and members from the health department and organizations, such as the Father's Front Union and Head Master of Schools.

Information-Education-Communication (IEC) for HIV prevention was communicated to the public through the mass media, union meetings, women union meetings and in school curricula. Buddhist monks gave HIV sermons at the pagodas. Training forums are also organized to raise awareness about HIV/AIDS.

The health sector's response to HIV focused on blood safety and the use of disposable syringes and condoms. The police decreased local commercial sex and drug abuse.

Seven people contracted HIV from drug use in Dien An Commune with a total of 76 AIDS cases in the district. One male transmitted HIV to his wife and child. This small, unfortunate family has already passed away. The PWHAs in the commune used to be very mobile but since their diagnosis, they remained with their families. Now all but one are dead. PWHAs in Dien An are given empathy and support, visited by members of the AIDS Division and received counselling as well as spiritual support.

Like Mae Chan, Dien An recognizes HIV/AIDS as a social crisis and conducted HIV/AIDS prevention and care in a consistent manner. HIV/AIDS prevention and care activities are nationalized as highest priorities. Strategies involved integrating HIV/AIDS activities into other social programmes; collaborating with other communities in the district to advance the establishment of a self-reliance centre for PWHAs; creating a favourable environment for them by providing better support, care and treatment; mobilizing PWHA involvement into HIV/AIDS activities; diversifying programmes and starting fund raising.

The number of HIV/AIDS cases are difficult to estimate – the highest target groups in Mae Chan are commercial sex workers (CSWs), whereas in Dien An they are injection-drug users (IDUs). The potential for religious sector's hospital-based programmes and community capacity building for income generating schemes and vocational training have yet to be explored.

It was agreed that after returning home from the Workshop, the representatives from Viet Nam would organize a seminar/workshop/forum on HIV/AIDS, invite representatives from local authorities, draw organigrams of attending organizations and target the

mobilization of religious involvement into HIV/AIDS prevention and care. With involvement from other sectors, the Dien An communities would be able to mobilize religious sectors, develop a volunteer network especially among youth, initiate fund raising, strengthen Viet Nam's HIV-preventive education for youth and establish cooperation between schools and health-care workers. The health-care sector can provide the training to initiate such a response.

Organizations and individuals are also potential sources of support for HIV/AIDS prevention and care, while local authorities/leaders mobilize resources, including human resources for HIV/AIDS activities, especially support for PWHAs.

CONCLUSION

“Our Families, Our Friends: An action guide to mobilize your community for HIV/AIDS prevention and care” is a step-by-step user-friendly guide developed by UNDP-SEAHIV and UNAIDS-APCIT for communities or organisations interested in adapting the Mae Chan Model.³ It has been translated into Chinese, Lao, Khmer and Vietnamese. Each country team has reviewed the action guide. With the exception of the Lao People's Democratic Republic team, which can immediately make use of the guide, the other country teams will need to adapt this generic guide to suit their community circumstances. Once the adaptations are made, they can conduct community training to use the model.

The integration of prevention, care and community participation with good governance is critical. Good governance by community leaders is vital. Community leaders should be involved in preventing an AIDS crisis and supporting their communities, making sure that everyone receives proper treatment and care. Country teams are encouraged to take action and use their knowledge to develop effective and sustainable strategies. They would increase the community's resilience against HIV by promoting an enabling environment for HIV/AIDS prevention and care.

It is important to build HIV/AIDS responses based on traditional family values. Working together in rural communities is of great value to create relationships of mutual trust and confidence. The Mae Chan experience shows how communities are capable of taking care of their own people. It is a learning process to do so. To realize one's social capital is to learn about oneself.

ANNEXES:

I. ARTICLES FROM THE BANGKOK POST

Making death a doorway to life⁴

December First is World AIDS Day, and despite alarming HIV/AIDS figures, a district in Chiang Rai is setting an example of how the deadly virus can help strengthen, rather than weaken, community ties.

Takham Huaychai lost his only son to AIDS, and yet the disease has since brought the Chiang Rai villager almost a hundred additional “children” to his home every week.

Monday afternoons generally host a flurry of activities at Takham’s house, which serves as the headquarters for the Dok Ta Lom Club for people with HIV/AIDS, located in the Mae Rai community of Mae Chan District. Young men and women can be seen chatting about their latest medical check-ups. Some practise Tai Chi while others sip a concoction of medicinal herbs. Later, everyone will make the two-kilometre trek to the San Kong temple for a meditation session and Dhamma talk led by Abbot Phra Khru Supakitprayudh.

Despite the seemingly upbeat atmosphere, each of Takham’s new children are aware that any given gathering could be their last, as each succumbs, one-by-one, to the deadly AIDS. This grim awareness heightens the sense of compassion members of this family have for one another, which is also shown by other members of the community, some who occasionally drop by to lend a hand.

Compared to what Takham went through six years ago, this greater degree of openness about HIV and AIDS is impressive. The funeral of his son was a lonely affair, he says, since the sumptuous feast prepared for guests that day was left untouched by villagers who feared contracting the disease. “I was hurt”, the 54-year-old Takham admitted, himself a long-time public health volunteer; “I said to myself that I must get folks to accept those suffering from AIDS”. Apparently, he succeeded. Now Takham’s little house attracts visitors from far and near. As one of 14 centres for people infected with the HIV virus in Mae Chan district, his Dok Ta Lom group provides concrete

evidence that the virus does not always succeed in disintegrating communities and destroying human life and dignity. Thongsuk Khonglertsakul, who contracted HIV from her late husband, said, "I felt like an outcast before, left out of every gathering. People acted as if the [HIV] virus could jump off my body and onto anyone who got near me. But since I decided to join the group, I have come to know people with more sympathetic hearts. Now, some even invite me out for dinner."

Perhaps the best indicator of how far the Mae Rai community has progressed in confronting the HIV/AIDS epidemic is the absence of a hospice exclusively for AIDS patients. Aware that there will never be enough beds or a state budget to accommodate all those afflicted by the disease, the Dok Ta Lom group's philosophy is that every doorstep over which the virus has crossed should be turned into a warm and caring house for those in need.

For Mae Chan district, saying that AIDS has played a crucial role in boosting community ties would not be an overstatement. Members of different parts of the community – Buddhist monks, doctors and nurses, traditional healers, youths, schoolteachers, Christian ministers, and the patients themselves – do their bit to fight the epidemic.

Despite the perception that monks should avoid anything related to sex, the Sangha in Mae Chan district is probably the country's largest network of Buddhist volunteers providing care, educational campaigns and other support for AIDS patients. They also collaborate with a local Christian group. Since the disease can affect all of us, Phra Khru Supakitprayudh warned that it is utterly pointless to alienate one another on the basis of religious differences.

Each weekday, monks take turn working as counsellors in the Dhammaraksa (Dhamma for Healing) Room in Mae Chan Hospital. Others engage in preparing daily sermons for broadcast on local radio programmes. Topics range from discussions of how the five precepts are the most effective "AIDS vaccine" in the campaign to countering discrimination against HIV-infected people. An effort to reach the hill tribe people recently materialized in a series of cassettes now available in nine different languages.

Others choose simpler methods, such as visiting AIDS patients and tying sacred white strings around their emaciated wrists, thus demonstrating publicly that no virus can ever deprive one of the right to be treated as a fellow human being. The gesture also defies the commonly held myth that AIDS can be contracted through physical touch.

The spirit of community is further enhanced by monthly meetings, in which the Mae Chan Sangha and its lay counterpart participate to evaluate their work and plan ahead. The venue for the meetings rotates among different communities in the district, with an emphasis on recruiting as many volunteers as possible to contribute to the HIV/AIDS awareness campaign.

Self-reliance is a vital element in any sustainable programme, and Phra Khru Supakitprayudh cites a number of projects designed to generate food and income for HIV-infected persons and their relatives, ranging from raising fish, sewing and embroidery work to handicrafts. Offerings from lay people during religious ceremonies are either given free of charge to the sick or sold at half the price to members of the HIV network. All proceeds help fund the group's activities.

"In the beginning, it took us a while to get organized, even after a series of training programmes initiated by Dr Somsak [Supawitkul] at Mae Chan Hospital", Phra Khru Supakitprayudh said. "Then we took a study trip to a couple of hospices for AIDS patients. At the Phrahahtnampu Temple in Lopburi, we came across some folks from our own province who had travelled all the way there to seek refuge. That incident prompted us to review our duties to our own people." Upon their return, the Mae Chan Sangha drew up plans to establish a similar hospice for HIV-infected people. In retrospect, public resistance to their first initiative was a blessing in disguise. The villagers vehemently protested their choice of location, claiming it was a watershed area and that the river might become contaminated. This reaction caused a brief pause and a reassessment of the circumstances, which led in the end, to an innovative approach to the issue."

"We came to the realization that the best place for these people was right in their own communities", Phra Khru Supakitprayudh said. "We did not want to end up like other hospices with people dumping their sick relatives on our shoulders all the time."

"Moreover, allowing patients to disclose themselves is beneficial to the rest of the community as they become more aware of the extent of the problem and take greater precautions with their own health", said Sukham Jaimiphak, founder of the Fung Sai group in Koh Chang sub-district. He also said that activities run by and for those with HIV could serve as good models for other communities. His savings group boasted over 200 members with a fund of almost 200,000 Baht, raised within the first five months of operation.

Sukham donated a five-rai plot of land for the group to grow organic vegetables and herbs, with the hopes that the project would eventually be taken up by other villagers. Situated near the Thailand-Myanmar-Lao People's Democratic Republic border, he said the doors to the Fung Sai Centre were opened to all, regardless of nationality. Many migrant workers who have contracted the disease have found their second, and sometimes last, home at Sukham's little place.

Sukham said, "Last month, one of the Burmese residents at our organic farm passed away. Sadly, we have many like him, folks with nowhere to turn. His employer kicked him out after he contracted the disease and he couldn't cross the border back to his own village". Ostracism by the community and other forms of discrimination, both blatant and subtle, are admittedly prevalent in many areas. It was to be several years, for example, before Sukham's wife and son began to understand his work. "They might have thought I was a bit crazy", he said, chuckling.

Sukham said, "I've never had any relatives suffering from AIDS, so it was difficult for them to see why I had to stand up on behalf of others. I had no other motive than compassion. For me, the disease stems from ignorance, not vice." Even now, the head of the Fung Sai group believes his

past achievements are only the tip of the iceberg. The numbers of HIV-infected people and AIDS-related deaths have dropped sharply in his community – from three to four cases per village to virtually none in other villages. However, as long as people continue to be drawn into the sex trade, either as service providers or customers, the disease is unlikely to go away, Sukham pointed out.

A few kilometres away, villagers at the Mae Rai sub-district have successfully exerted public pressure to close down nighttime entertainment establishments in their neighbourhood. Unfortunately, there's little to stop more from popping up to serve the ever-increasing demand for entertainment.

Sukham is also concerned by the rise in the number of pregnant mothers with HIV and of the scenario within a few years where there will be an increasing number of orphans as parents succumb to the disease. So instead of a hospice, the northern communities may soon see scores of orphanages built to accommodate such children. Will the end ever be in sight? Dr Somsak, who has been leading a campaign to counter AIDS in Chiang Rai Province, says that realistically speaking, the disease will continue to be around for at least the next two decades. "But to start reversing the trend now", he said, "is to yield a victory for future generations." And it seems village folks like Takham and Sukham are paving the way.

Cambodia faces new enemy⁵

Cambodian monks and farmers are joining forces to counter AIDS epidemic in Battambang Province

After an almost endless civil war, Cambodia is now facing a new battle: the AIDS epidemic. Since the first AIDS case was discovered here in 1991, the prevalence rate among adults aged 15 to 49 has climbed to 4 per cent, nearly twice Thailand's national average, and definitely higher than any other country in the world except those in sub-Saharan Africa.

By the end of last year, Cambodia found itself burdened with 220,000 adults and children infected with HIV. The statistic is alarming considering the population is just a little over 10 million. There is light at the end of the tunnel: a small group of monks and farmers are teaming up to curb the country's fiercest foe.

Since 1992, the Venerable Muny Van Saveth has been running the Wat Norea Peaceful Children's Home in Battambang Province. Originally catering to orphans whose parents had been

killed in the war, the charity programme has for the past two years been expanded to include children orphaned by AIDS.

“The goal of Buddhism is to help liberate people from suffering”, said the soft-spoken monk. “In recent years, the traditional role of a temple as a refuge for those in distress may have been forgotten, but I see it as my duty to revive it.”

Despite initial reluctance from senior monks at the temple, the Venerable Muny Van Saveth eventually convinced his elders to let him try. Now out of 54 monks, ten have been helping him oversee daily operations.

For almost a decade, the Wat Norea Home has been taking care of 325 orphans, aged four to 14, of which 36 are girls. Again, the Venerable Muny Van Saveth recalls an early struggle to have girls included on the list of beneficiaries. After consultation with the several parties involved, the Wat Norea administration finally agreed to allow nuns to look after homeless females. The majority of young male residents have been ordained – 242 to be exact – and provided with religious education free of charge. Others have been sent to state-run schools.

Partially funded by a non-governmental organization called Salvation Centre of Cambodia (SCC), the Wat Norea Home project also seeks support from the lay community.

However, the Venerable Muny Van Saveth is concerned that the real size of the epidemic remains clouded in light of public discrimination. Last year, he launched a project to educate the community on the HIV/AIDS virus, as well as to provide counselling and home visits as a means to encourage more tolerance on behalf of patients. Four rooms have been set up at the temple as temporary sanctuaries for HIV-positive people. He estimated that over 7,000 families have gained access to the scheme, and so far 14 people infected by the virus have received special care from his team.

At times, though, it seems his battle is a losing one. There is never enough medicine for the sick children, and the shortage of beds for those showing up at the temple’s doorstep is a common phenomenon. Often, caregivers are at a loss to find transportation for the gravely ill to hospital. As the villagers who live near the temple do not fare any better, both monks and their charges have to go hungry every now and then.

But to wait despondently for outside help would be counter-productive. However, Cambodia’s National AIDS Authority, an independent agency set up in January 1999 under the Prime Minister’s Office, appears to be plagued by an inadequate budget and the difficulty of coordinating different agencies.

Along Route 5, the country’s superhighway that links Thailand to Viet Nam, a growing number of farmers are learning the essentials of how to prevent HIV/AIDS infection. The “Farmers

for Life School (FLS)” project was established by the Food and Agriculture Organization to promote more ecologically friendly cultivation methods. The pilot programme, to run until 2001, was funded (*and with technical support*) by UNDP South East Asia HIV and Development Project.

Sin Chhit Na, a Core Trainer at the FLS, noted that since its inception earlier this year, 114 farmers, among them 42 women, have enrolled in the school.

For 16 weeks during the planting and harvesting seasons, members of the FLS regularly attended a weekly class, each lasting half a day. Here, they learned not only the science and technique of keeping pests under control in a way that does not harm the environment, but also how to avoid AIDS.

As the farmers developed the ability to critically analyse the ecology of rice fields, they also became more adept at assessing the threats and constraints on their livelihood, as well as weighing options available to them.

“One of the main factors that contributes to the AIDS epidemic is the high mobility of the population”, said Sin. “After the harvest, a lot of villagers migrate to work in the big cities – some even go as far as Thailand – leaving their children behind without proper care. Thus the vicious cycle continues.”

“Everyone wants to get rich quick. Little do they realize that they may earn more, but they end up paying more as well. So we teach farmers techniques to efficiently plant food crops, as a way to keep them on their own land”, said Sin, himself a farmer before he was recruited into the FLS project.

Despite the short period of time, Sin believes his project has started to yield some fruit. A few families have opted to stay in their communities. Now there are fewer closed doors with the cross sign on them, traditionally believed to guard against evil spirits during the landlord’s absence.

Hopefully, more will follow. And perhaps Cambodia will finally be able to call a truce in this new war.

II. WORKSHOP AGENDA

**Integrated community mobilization towards effective multisectoral
HIV/AIDS prevention and care**

<i>Date</i>	<i>9:00-12:00</i>	<i>13:00-17:00</i>	<i>19:00-21:00</i>
Sunday 19 November 2000	Travel to Chiang Rai		
Monday 20 November	<p><i>Presentations</i></p> <ul style="list-style-type: none"> • HIV epidemic and response in Chiang Rai Dr. Somsak Supawitkul • Mae Chan model on community-based care <ul style="list-style-type: none"> - Introduction Dr. Surachai Piyavara Wong - Concepts and approach Dr. Somsak Supawitkul Ms. Sawarin Sinsomboontong 	<p><i>Site visit</i></p> <ul style="list-style-type: none"> • Community and PWA Groups <ul style="list-style-type: none"> - Dok Ta Lom group 15 km. from Mae Chan Mr. Narongchai Jaiwong Mr. Boontawee Sittiwong - Fung Sai Project (PDA) 35 km. from Mae Chan Mr. Worapot Lorpetarapong 	<p><i>Plenary meeting</i></p> <ul style="list-style-type: none"> • Country presentations on their community responses <ul style="list-style-type: none"> - Lao People's Democratic Republic - Viet Nam - China - Cambodia Dr. Somsak Supawitkul Ms. Sawarin Sinsomboontong Ms. Bongkot Supawitkul
Tuesday 21 November	<p><i>Professional attachment</i></p> <ul style="list-style-type: none"> • Medical profession <ul style="list-style-type: none"> - Roles of health services on AIDS Dr. Somsak Supawitkul - Nursing care model Ms. Bongkot Supawitkul - Counselling, home care, day care centre Ms. Sompong Saejeo Ms. Unchalika Pintatum • Religious sector <ul style="list-style-type: none"> - Buddhist temple PK Sommai PK Supakitprayuth • Schools, youth and social welfare <ul style="list-style-type: none"> - School and youth activities Ms. Jansuy Janpeng Ms. Jinda Kankaew 	<p><i>Country teams</i></p> <ul style="list-style-type: none"> • Self-review • Preparation for next day's discussion 	
Wednesday 22 November	<p><i>Country presentations and interactive discussion</i></p> <ul style="list-style-type: none"> • Mae Chan Model: Learning, sharing, adaptation and application Dr. Somsak Supawitkul Ms. Sawarin Sinsomboontong Ms. Bongkot Supawitkul Ms. Unchalika Pintatum Ms. Sompong Saejeo 	<p><i>Discussion</i></p> <ul style="list-style-type: none"> • Review of morning discussion • Review and revision of Draft Guide <p style="text-align: center;">Return to Chiang Rai</p>	<p><i>Observe youth activities at Night Bazaar</i></p>

III. LIST OF PARTICIPANTS

Cambodia

Dr. Chom Sopheak, Director, Provincial AIDS Office
Venerable Muny Van Saveth, Monk, Pagoda Norea
Mr. Chhit Na, FAO/IPM-UNDP Joint Project Trainer
Ms. Chheng Veasna, Deputy Director, Provincial AIDS Office and Education
Department
Dr. Tan Sokhey, Ministry of National Defence

China

He Huifang, Chairperson, Pingxiang Women's Federation
Li Haoji, Deputy Director, Pingxiang Education Bureau
Zhang Jun, Vice Chief, General Office of the Pingxiang Government
Gu Yacai, Deputy Director, Pingxiang Health Bureau
Liu Wei, Director, Guangxi Centre for HIV/AIDS Prevention and Control

Lao People's Democratic Republic

Mr. Somchanh Douang Baychith, Youth Secretary
Dr. Oanom Phongmany, Deputy Director, Provincial Health
Ms. Somlith Southalaek, Deputy Director, Provincial Education
Mr. Sikay Hiemchampakham, Director of Social Welfare
Mr. Kheuang Xamounkhoun, Director of Lao front for Construction

Viet Nam

Ms. Le Thi Cuc, Provincial AIDS Committee, Nha Trang
Ms. Pham Thi Hao, People's Committee of Dien An commune
Ms. Nguyen Thi Van, Women's Union, Dien An commune
Mr. Bui Huu, Headmaster of the Dien An Upper Secondary School
Ms. Pham Thi Huong, Translator, Hanoi

Resource Trainers

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Dr. Surachai Piyaworawong, Director, Mae Chan Hospital
Dr. Supalert Netsuwan M.D., Medical Doctor, Mae Chan Hospital
Ms. Sawarin Sinsomboontong, Technical Health Officer, AIDS and STD Division,
Chiang Rai Provincial Health Office

Ms. Bongkot Supawitkul, Chief Nurse, Mae Chan Hospital
Ms. Sompong Saejeo, Nurse, Mae Chan Hospital

Ms. Unchalika Pintatum, Nurse, Mae Chan Hospital
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PK Supakit Prayuth, Monk, Mae Chan Monk AIDS Project
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Ms. Jinda Kankaew Deputy Chief, Sang Fun Wan Mai, Youth AIDS Project
Mr. Narongchai Jaiwong, Technical Health Officer, Mae Rai Community Health Centre
Mr. Boontawee Sittiwong, Pastor, Nateetam Church
Mr. Worapot Lorpatarapong, Head, Planning Division, Population and Development Association
Ms. Orathai Rajoun, Deputy Chief, Chiang Rai AIDS Youth Network
Ms. Kittima Kantisin, Committee, Chiang Rai AIDS Youth Network

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Phimjai Kananurak, Administrative Assistant, UNDP-SEAHIV

- ¹ Sermons Based on Buddhist Precepts: A Response to HIV/AIDS, United Nations Development Programme South East Asia HIV and Development Project, December 2000, ISBN: 974-680-177-5.
- ² Our Families, Our Friends: An Action Guide, prepared by UNDP South East Asia HIV and Development Project, ISBN: 974-878-657-9, February 2001.
- ³ Ibid.
- ⁴ *This article is from the Bangkok Post, Outlook, 30 November 2000 pages 3 and 5 by Vasana Chinvarakorn based in part on a recent workshop entitled “Integrated Community Mobilization Towards Effective - Multisectoral HIV/AIDS Prevention and Care”, organized by the UNDP/UNOPS South East Asia HIV & Development Project in Mae Chan district, Chiang Rai, from 20 to 22 November 2000.*
- ⁵ *This article from the Bangkok Post, 12th December 2000 page 5, by Vasana Chinvarakorn, based in part on a recent international workshop organized by UNDP South East Asia HIV and Development Project. For more information on the Wat Norea Peaceful Children’s Home, contact Wat Norea, Norea Commune, Sangker District, Battambang Province, Cambodia. The Farmers for Life School project’s address is FAO, Community IPM, PO Box 53, Phnom Penh, Cambodia.*

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to have access to knowledge, and to have access to income and assets:
to enjoy a decent standard of living.*

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