

A Project on  
Quality of Life Development and Network Building  
on HIV/AIDS in Rayong through Holistic Approach

Jun 2003 – May 2006

By

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# A Project on Quality of Life Development and Network Building on HIV/AIDS in Rayong through Holistic Approach

## EXECUTIVE SUMMARY

### **Camillian Social Centre Rayong**

CSC in Rayong is a social centre dedicated to prevention of HIV infections and to the care of HIV/AIDS patients and people and orphans living with HIV/AIDS who are poor, abandoned or rejected. CSC provides prevention training for students and young factory workers, community members and civil servants. It operates a palliative care unit for HIV/AIDS patients and accommodates PLWHA. It also provides a dormitory and classes for AIDS and affected orphans.

### **Past Experience and Achievements in AIDS work**

CSC gave prevention training to over 150 organisations and 3,500 trainees. CSC has encouraged and supported 8 factories, 9 schools and 3 local communities to develop their own action plans for the ongoing prevention of HIV/AIDS. It held planning meeting with leaders of 6 local communities. It has publishes a newsletter with 500 copies per issue. It has organised a celebration of World AIDS Day every year for 500

The eastern network of people living with HIV/AIDS at present has 28 local associations with a total membership of over 1,400 people in all the seven provinces of the eastern region. It pushed for the Government Pharmaceutical Organisation to manufacture more anti-retroviral medicines, Department of Communicable Disease Control to help PLWHA to have greater access to anti-retroviral medicine, and Ministry of Public Health to include medical treatment of opportunistic infections in PLWHA in its 30 Baht medical scheme.

In the seven years up to the 31<sup>st</sup> of December 2002, CSC has provided care for 753 persons living with HIV/AIDS. There were 455 male PLWHA and 298 female PLWHA. Of this total, 401 have died, 265 have gone back to live with their families after rehabilitation and 87 are presently still alive and live at CSC.

### **Current Situation on AIDS in Thailand and in Rayong**

It is estimated that each year over 50,000 Thai people will die because of AIDS. Over 90% of deaths because of AIDS will be people at the age of 20-44 years. Thailand has been affected by the HIV/AIDS since 1984. Relevant figures show that over 1 million Thai people are infected with HIV.

Infection has now spread to students and members of the young working population, who have risk behaviours.

### **Situation in Rayong**

Since 1994, there are over 1,000 cases of new AIDS patients per year. The highest number recorded was 1,172 new cases in 1998. As of 31 August 2002, the cumulative number of people living with HIV/AIDS is 8,514 cases. The highest risk factor is sexual relations at 89.3%. The group with the highest rate of sickness is those who are 25-29 years old.

## Approach

CSC adopts a holistic approach in its work, covering all aspects and dimensions of HIV/AIDS including the physical, mental, spiritual, political, social, cultural and economic dimensions.

## Sustainability

It is essential that all stakeholders be actively and sincerely involved to promote and facilitate sustainability.

## Gender Role

Empowerment of women is essential and indispensable. CSC supports women as one of the main actors and participants in its prevention program, networking and organisation, palliative care, counselling and care of HIV/AIDS orphans and affected children.

## Target Groups

1,200 workers, students and community members per year will get prevention training and about 3,000 people more will benefit from this program. We care for 90 PLWHA. We will care for 30 AIDS and affected orphans. About 1,400 people living with HIV/AIDS are members of local associations of PLWHA, and 5,200 people more and all PLWHA will benefit from the advocacy of the Eastern Network of PLWHA.

## ACTIVITY

### 1. Quality of Life Development through HIV/AIDS Prevention

Strategy 1: Develop a training centre at CSC Rayong

Strategy 2: Develop a network of people, communities and organisations to participate in the prevention of HIV/AIDS prevention.

Strategy 3: Enable communities and organisations to formulate an action plan to curb the HIV/AIDS pandemic within their spheres of influence

Strategy 4: Monitor the short and long term impacts of the training on a regular basis.

### Process

1. Sensibilisation
2. Prevention Training
3. Peer Educators and Peer Groups
4. Action plan
5. Networking

### Activities

1. One-Day Training: 48 session/year, altogether 1,200 trainee
2. A platform for panel discussion twice a year for 36 people.
3. Newsletter, 600 copies per issue.
4. Visits and study trips for 30 people per group, 8 groups per month.

### 2. Development of the Eastern Network of People Living with HIV/AIDS

Strategy 1: Empower local associations and the network in building capacity of people living with HIV/AIDS.

Strategy 2: Policy-Oriented Advocacy

Strategy 3: Promotion of HIV/AIDS Problems in Local Communities

**Activities**

1. Training on Human Rights and HIV/AIDS for leaders of 25 local associations of PLWHA in 7 eastern provinces, 2 people each.
2. Training on Healthcare for leaders of 25 local associations
3. Training on Counselling for leaders of 25 local associations
4. Support to 25 Local Associations of PLWHA
5. Meeting of the Committee of Eastern Network
6. A Platform of the Eastern Network for 25 local associations with 5 members each
7. Meeting with its partners
8. Training on Knowledge on HIV/AIDS and Human Rights for 15 communities, 15 people from each community, in 7 eastern provinces.
9. Training on Communication Skill for community members in 15 communities, 10 people from each community, in 7 eastern provinces.
10. Dissemination of Information on HIV/AIDS through Media

**3. Palliative Care of Adults**

CSC has accommodation for fifteen PLWHA and a palliative care unit with a capacity of 8 beds for the helpless terminal patients. CSC can accommodate about 60 PLWHA. PLWHA who stay at the Centre take part in the prevention training by sharing their experience to trainees or visitors that come to CSC. Those who have stayed at CSC for two weeks will be sent back to their homes and communities after receiving counselling and they are willing to go back.

**4. Home for Orphaned Children with AIDS**

CSC childcare centre now cares for 30 children. They are all from very poor families; some were rejected and/or abandoned, and eight of these children have died. They are provided with literacy classes.

**Activities**

1. Child Care of 30 children.
2. Literacy Classes
3. Tutoring
4. Outings and Excursions
5. Medical Treatment

**5. Staff Training and Monitoring**

1. Weekly Meetings
2. Monthly In-service Training
3. Semi-Annual Evaluation

**Budgeted Expenses for One Year (June 2003-May 2004)**

Quality of Life Development through HIV/AIDS Prevention	1,539,280
Quality of Life Development through HIV/AIDS Network	2,311,000
Palliative Care of Adults	3,277,200
Education for AIDS Orphans and Affected Children	4,055,740
Monitoring and Staff Development	439,800
<b>Total</b>	11,623,520 Baht
Other Contributions	= 5,590,000 Baht
<b>Requested from Caritas Switzerland</b>	<b>= 6,033,520 Baht</b>
	= US\$

**Budget for the second and third year will increase 3% per year.**

## A Project on Quality of Life Development and Network Building on HIV/AIDS in Rayong through Holistic Approach

**Project Title** : Quality of Life Development and Network Building on HIV/AIDS in Rayong through Holistic Approach  
**Duration** : Three years from June 2003 – May 2006  
**Project Holder** : Camillian Social Centre Rayong  
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### PROJECT DESCRIPTION

#### 1. Background of the Project Holder: Camillian Social Centre Rayong

Camillian Social Centre (CSC) was officially opened on January 29, 1996. It is located in Rayong because this province has the highest rate of infection in the eastern region and ranks the third in the country. The work on HIV/AIDS by CSC Rayong began in 1992 in Bangkok to respond to this new alarming situation. Later in November 1993, "Soon Bantaojai" Centre was set up to work with HIV/AIDS people. It was located in Soi Rawadee in Nondaburi Province, north of Bangkok. Due to protests of the local communities in 1996, the centre was closed down. A new location in Rayong was chosen in April 1996 to set up a centre for the work with people living with HIV/AIDS (PLWHA).

CSC in Rayong is a social centre dedicated to prevention of HIV infections and to the care of HIV/AIDS patients in their terminal stage and people and orphans living with HIV/AIDS. These people are poor, abandoned or rejected. CSC provides training sessions for students and young factory workers, community members and civil servants on HIV/AIDS infections and how to prevent themselves from this fatal disease. It operates a palliative care unit for HIV/AIDS patients who are helpless and in their terminal stage of life. The centre accommodates PLWHA, both men and women, who can still help themselves. It also provides a dormitory and classes for orphans whose parents died of AIDS and children that have been affected by HIV/AIDS.

The Camillian Social Centre Rayong is part of St. Camillus Foundation. The Foundation works, through its various social centres, in healthcare at Banpong, Ratchaburi, the care of lepers in Prachinburi, the poor elderly in Sampran and Chantaburi, in healthcare with the rural poor in Kanchanaburi and Suanpung in Ratchaburi, the poor street people in Thanyaburi, the ethnic children in Chiangrai, and people living with HIV/AIDS in Rayong. All of them are poor and marginalised people, young and old. The St. Camillus Foundation of Thailand was registered as a legal entity in 1973. Its purpose is to implement more effective charitable and welfare activities for the sick, poor and the marginalised in Thai society.

## 2. Past Experience and Achievements in AIDS work

### On Prevention

In the past years, CSC instituted programs and activities on assistance and care of AIDS patients. CSC realised that there was an urgent need for HIV/AIDS prevention. Therefore, it has developed an AIDS prevention project with its target groups through a participatory approach. In this prevention program, it has been trying to raise awareness of the values of human sexuality, sexual inequality related to HIV/AIDS and moral values. It also promoted the sharing of experiences and ideas and to develop the capacity to analyse one's own risk behaviours. However, due to delicacy and complexity of behaviours of the issue, it needs profound understanding and positive and creative attitudes that are relevant to Thai way of life to foster change towards proper behaviours. Therefore, peer educators and action plan in particular environment with follow-up of peer educators or leaders in their extension are essential to be carried on, so that these prevention activities will go on although the project is completed.

Given the above commitment in mind, CSC Rayong has worked with the public and private sectors to launch **campaigns promoting proper knowledge** and understanding on HIV/AIDS by organising and presenting 6-8 monthly sessions of HIV/AIDS prevention training programs to various groups around the area.

In the **public sector**, CSC collaborated with the provincial public health office of Rayong and the office of labour welfare and protection of Rayong in giving training on prevention, care and counselling to workers and employees in business enterprises and factories. It provided resource persons to Mabtapud Municipality to give training to housewives, leaders and committee members of local communities. It gave training to personnel of Mabtapud Municipality, police of Huay Pong and Mabtapud Sub-District Police Stations, Ban Chang, Ban Khai, Pluakdaeng and Muang District Stations.

In the **private sector**, CSC gave prevention training to over 150 organisations and 3,500 trainees. These were workers and employees in business enterprises (food shops, companies and factories), educational institutions and local communities in Rayong and neighbouring provinces.

CSC has encouraged and supported 8 factories, 9 schools and 3 local communities to develop their own **action plans** for the ongoing prevention of HIV/AIDS.

CSC **adopts a participatory approach** in its work and always supports all stakeholders in planning, implementation and follow-up of the prevention training and action plan. In the past, it held planning meetings with representatives of 6 companies located in different industrial estates in Rayong. It also held planning meeting with leaders of 6 local communities in Muang District of Rayong.

CSC publishes a prevention newsletter in a simple format to disseminate and update information on the HIV/AIDS situation at national and provincial level, government policies. Contents of the newsletter include prevention of HIV/AIDS, articles on human dignity and sexuality, quality of life. This newsletter aims at raising the awareness of prevention and promoting positive attitudes in PLWHA. It publishes over 500 copies of each issue. These are distributed to leaders of its target groups and interested people, as well as all related state agencies.

Every year at the end of November or beginning of December, CSC organises a celebration on World AIDS Day. Normally, it falls on December 1, but for the convenience of our audience who are students and workers, the celebration takes place on a weekday closest to December 1, which has been decided by all

stakeholders. CSC promotes active participation of the audience in all the activities. On that day, there will be questions and answers on AIDS, a drawing contest, a speech contest, and a debate. The theme for these activities will be taken from the UNAIDS theme of the current World AIDS Day, which will promote prevention and living together with HIV/AIDS patients. Target groups are workers from business enterprises, students from educational institutions, community members, people in general as well as PLWHA. Each year, over 500 people take part in this celebration, which takes place at CSC.

CSC always collaborates with various organisations, both public and private, to support them to initiate prevention activities in their organisations and to build network with them in this effort. In the past, it established and strengthened a network of enterprises, educational institutions and local communities in the concerted action to prevent HIV/AIDS prevention.

### **On Network of People Living with HIV/AIDS**

The eastern network of people living with HIV/AIDS was set up in 1999. Initially, there were only 9 local associations of PLWHA. Through the diligence of the field workers and the leaders of the network, at present there are 28 local associations with a total membership of over 1,400 people in all the seven provinces of the eastern region. The network develops its own work and defines its own tasks and roles. This has helped to further empower and strengthen the network. It has played an active role in the Thai PLWHA network. This is a national network of PLWHA that has been advocating and proposing guidelines and direction to the government to push Ministry of Public Health to develop a better system of care of PLWHA. For example, it pushed for the Government Pharmaceutical Organisation to manufacture more anti-retroviral medicines. It pushed Department of Communicable Disease Control to help PLWHA all across the country to have greater access to medical treatment with anti-retroviral medicine. It also pushed Ministry of Public Health to include medical treatment of opportunistic infections in PLWHA in its 30 Baht medical scheme. In addition, it has played active part in demanding for termination of patents on medicines, like the case of DDI. Locally, it helped organise buyers' club to buy cheaper anti-retroviral medicines with ongoing and systematic monitoring and counselling so that PLWHA would have greater access to anti-retroviral medicines.

The network has organised training activities to provide knowledge and develop capacity and skill of leaders to strengthen local associations of PLWHA. These training topics include knowledge on HIV/AIDS, healthcare, counselling, home visits, and group management. It also organised platforms for the sharing and exchanging of ideas and experiences with PLWHA, HIV/AIDS NGOs, and public health agencies. It has helped develop network organisations through personnel development of its committee members, personnel and leaders, so that they can effectively strengthen and empower local associations to work as a network with common aims. In the past years, it has given greater co-operation to its partners by taking part in their activities, sharing of information and mutual aid.

### **On care of PLWHA, people with HIV and orphans and affected children**

CSC has been giving accommodation, assistance, counselling and rehabilitation to poor, rejected and abandoned PLWHA. In the seven years up to the 31<sup>st</sup> of December 2002, CSC has provided care for 753 persons living with HIV/AIDS or that have been directly affected by HIV/AIDS. The age distribution of these

people is as follows:

>10 years	11 – 20 years	21 – 30 years	31 – 40 years	< 41 years
57	44	303	271	78
8%	6%	40%	36%	10%

There were 455 male PLWHA and 298 female PLWHA. Of this total, 401 have died, 265 have gone back to live with their families after rehabilitation and 87 are presently still alive and live at CSC. As seen in the graph above, the majority of the persons being infected are in their prime working years.

### 3. Current Situation on AIDS in Thailand and in Rayong

The Public Health Ministry of Thailand reports that the rate of HIV infection is very critical especially among factory workers, injecting drug users, homosexual people, foreign workers, freelance professionals and pregnant women. It is estimated that each year over 50,000 Thai people will die because of symptoms related to AIDS. Over 90% of deaths because of AIDS will be people at the working age of 20-44 years old, who are the breadwinners of families.

Thailand has been affected by the HIV/AIDS pandemic since the end of 1984. Relevant figures show that over 1 million Thai people are infected with HIV. Recently in the 8<sup>th</sup> national seminar on AIDS held in 2001, the Department of Communicable Disease Control reported that in 2000 there were 984,000 people who were HIV positive. They were 29,000 new infections and 55,000 symptomatic patients. Over 289,000 AIDS patients have died. Among them, 90% were 20-44 years old, or the major working population. When we compare new infections in 2000 with those in 1991 (143,000 cases/year), we can see a decrease of 20%. One of the contributing factors to this decrease is the measure taken on prevention of new infection in risk groups under surveillance.

Although the situation of AIDS infection has calmed down a bit, it is still critical since the infection has now spread to the public, especial students and members of the young working population. These young people still have risk behaviours. It is found that the infection rate in people at the age of 15-24 has gone up 60%.

#### **Situation in Eastern Region**

The eastern region of Thailand has the highest rate of infection. Several factors contribute to this, among them: (a) a high number of persons that exhibit risk behaviour, (b) the province of Rayong has been chosen for the promotion of industrial estates. There is a large army of migrant workers from other regions that come to work in the factories. The rapid economic growth spawns the establishment of entertainment places to respond to needs of the people. Most of factory workers are in the younger age brackets and do not have clear marital status. They spend most of their time in their work and the pursuit of pleasure and generally lack information on other aspects of life.

The local communities still have a negative attitude toward PLWHA. They think that the PLWHA should be separated from their communities and put in a special place designated to them. Therefore, the PLWHA dare not disclose their status to their families and society. The rate of new infections in the eastern region is very high, ranking on the top of the chart of the country.

### **Situation in Rayong**

Rayong is a province situated in the eastern region of Thailand. It has been chosen as a hub for industrial development in the region. Over the last decade, it has seen rapid industrial and economic growth. There are several industrial estates and a large army of workers, mainly young people coming from other provinces and foreigners. This province has a big fishing industry and many fruit plantations. It also has many tourist attractions, such as famous beaches and resort islands.

AIDS and STD Control Desk in Rayong Provincial Office of Public Health reports that since 1994 there are over 1,000 cases of new AIDS patients per year. The highest number recorded was 1,172 new cases in 1998. As of 31 August 2002, the cumulative number of people living with HIV/AIDS is 8,514 cases. They are 6,174 PLWHA and 2,340 symptomatic patients. There have been 1,869 deaths, which is 22% of the group. The highest risk factor is sexual relations at 89.3%. 54.6% of PLWHA are married people. The ratio between men and women is 2.7:1. The group with the highest rate of sickness is those who are 25-29 years old. Among them, 65.1% are in the working population, followed by farmers at 6.9%, traders at 4.2%, housewives at 3.7%, fishery workers at 3.1% and civil servants at 2.4%. There is also significant spread from injecting drug users to other population groups in communities, families, housewives and infants.

### **Current Situation on AIDS Related Problems**

Each year, there will be new infections and about 55,000 people will gradually get opportunistic infections due to their low immune system. The national AIDS prevention and solution plan for 2003-2006 requests co-operation from all state agencies, private sector, religious organisations and PLWHA network to help prevent and relieve the suffering of Thai people from HIV/AIDS. It is not only a national campaign launched in the country, but also asks technical assistance and financial support from foreign agencies. Many parties take active parts in reducing the number of new infections, but the crisis of high infection rates still exists.

In the Thai eastern region in particular, the factors accelerating spread of HIV/AIDS include its location of large and small-scale industries, migrant workers and foreign workers. In addition, it is also a world famous tourist attraction, drawing large number of tourists. This situation brings about diversity in the society and a superficial lifestyle. Factual and updated information on HIV/AIDS problems are not disseminated to every corner of society. People are seriously not concerned to take care of their health. These problems or weaknesses should be tackled at all levels. All parties concerned, be they state agencies, AIDS NGOs, community organisations and PLWHA at the national, regional and local levels, especially PLWHA are significant agents in helping to a certain degree to reduce new infections.

State agencies and AIDS NGOs have helped launched campaign on AIDS prevention, but the result is not satisfactory. The eastern network of PLWHA also takes part in helping reduce new infections. It tries to support organisation of local associations of PLWHAs to promote proper understanding are to raise awareness on responsibility toward society by not spreading the virus. It also disseminates information on healthcare, physically, mentally and spiritually, and how to live together in community and society. This is one way to help raise awareness on familial fidelity, generosity and care on happy and safe living.

### **Economic and social problems**

Economic and social development in the past was focused on development of material, technology, communication, and infrastructures leading to urbanisation.

This is reflected in the growth and modernity of the country. Yet, there is no human development strategy in Thai society. As a result, Thai society clearly sees a widening gap between the rich and the poor. Human beings remain lacking development in their spiritual, physical and social dimensions, resulting in a weakening foundation of Thai society. This situation favours the infection and spread of HIV/AIDS, and also drug addiction and crimes. The solution is to turn back to human development. Clear development goal should be defined in empowerment of society with people of all genders, ages, professions and status as the centre of this development. It should also aim at raising the awareness and co-responsibility in society, which will be the driving force in preventing or reducing problems.

#### Attitudes

We have to admit that people living with HIV/AIDS are feeling rejected by their local communities. However, this situation is showing a certain degree of improvement. Some communities now accept and live with PLWHA. However, this does not imply that all communities have adopted this attitude. The eastern network realises this situation and tries to promote proper understanding gradually with smaller groups, be it families and colleagues. This method has seen some successes as well as failures depending on several factors. The most important factor is the thinking, which is a personal right. The stigma of HIV/AIDS, its frightful characteristics and the discrimination has been around for a long time without any clear reason or explanation. Therefore, campaign in this regard encounters a lot of obstacles. It takes time to change negative attitudes in the minds of each individual.

#### Impacts of AIDS

From the experience, PLWHAs suffer many indignities, such as the violation of their human rights by state officials and community members. They do not get proper health service and are discriminated against. They are dismissed from their jobs although they are still strong enough to do the work. They are discriminated against in ordination as Buddhist monks or are obliged to have blood checks when applying for jobs. These violations yield adverse effects on their spirit. Because PLWHAs are affected by stress and confused, their health deteriorates sooner. Their families and relatives are also discriminated against by not being allowed to participate in community and social activities.

Human rights are the matter that most people in Thailand do not know or understand well. Sometimes, a violation of another's rights is carried out without being aware that it is a violation, or the violated do not even realise that they have basic rights provided by law. Therefore, adverse impacts brought about by HIV/AIDS are not addressed and the law is not enforced to truly protect the rights.

#### Lack of participation of community in care and prevention

Generally, the situation of problems created by AIDS is not tackled or improved because of lack of systematic participation of PLWHAs, community and public sector. Each party does its work alone. The Public sector gives priority to its work while the private sector also does its own work. Local associations also do their own work. Therefore, prevention outputs, community-based care and campaigns to disseminate knowledge and understanding on living together are not satisfactory.

#### Access to OI and ARV Medicines

In Thailand, PLWHA die sooner than they should because of the lack of access to medical care. There is also lack of information on healthcare and different opportunistic infection. The numbers that have access to Anti Retroviral (ARV) medicines is very small. ARV medicines are expensive and medical doctors do not

want to give medical treatment to PLWHA, although opportunistic infections can be cured and ARV medicines can stop the multiplication of the virus. Therefore, PLWHA fall sick very fast.

#### PLWHA lack bargaining power

PLWHA do not take part in community activities as they should due to their own limitations. They dare not disclose themselves for fear of discrimination and rejection and the adverse impact on their family and current jobs. Therefore, the proposition and direction to address the problems and reduce impacts cannot be done easily because the PLWHA face the problems directly. Society in general still believes that the PLWHA do not have any capabilities. Therefore, their human dignity is not respected, hence lack of bargaining power in society.

#### Local associations are not strong

In working with local associations of PLWHA in the eastern region the factors that do not empower these local associations. There are health problems in leaders and members. The rate of turnover is very high due to weak health and death. PLWHAs dare not disclose themselves and joining an association is limited for fear that others will know that they are HIV positive. In addition, public health personnel do not co-operate. If they take part in the association, they will try to dominate the PLWHA thinking. They have authority and do not have trust in the local PLWHA associations. Most members of local associations are from grassroots level or are marginalised persons. There is little chance that well educated and well-off people will join local PLWHA associations as members.

## 4. General Objectives

To help alleviate the situation people living with HIV/AIDS (PLWHA) and those affected by HIV/AIDS the Camillian Social Centre of Rayong (CSC) adopted the following objectives:

- To promote HIV/AIDS prevention through training, action plans and network building.
- To protect and advocate for the rights of persons living with HIV/AIDS (PLWHA)
- To provide community support, and build up a network of PLWHA
- To co-operate with state agencies and NGOs in the eastern region of Thailand.
- To help reduce the pain of the poor and abandoned PLWHA
- To provide palliative care to the needy PLWHA in the eastern region
- To help HIV/AIDS orphans to get medical care and education, and
- To support children affected by HIV/AIDS.

## 5. Approach

It was observed over several years that most of the effort expended on AIDS by other agencies was in specialised areas. Three years ago, CSC initiated an integrated program on AIDS work: prevention, PLWHA networking, palliative care and care of orphans whose parents have died of AIDS or children that are HIV positive and children that have been affected by the virus. The current holistic approach covers all aspects and dimensions of HIV/AIDS in its overall program including the physical, mental, spiritual, political, social, cultural and economic dimensions of HIV/AIDS. This approach is very important because CSC is working with "People", not a "Sickness". Because of this, it gives equal priority to prevention, care, counselling, and network building. It invites the participation of all stakeholders to get involved in human rights issues, public policies and advocacy. It also enlists

the co-operation of adults and children to treat PLWHA with compassion and allow them to live in human dignity.

## 6. Sustainability

CSC is aware that the work on HIV/AIDS must be sustainable so that solutions to this problem are effective, efficient and long lasting. It is essential that all stakeholders be actively and sincerely involved in the work on HIV/AIDS. CSC will develop an action plan by the stakeholders to promote and facilitate sustainability. This action plan will include networking among them, training and formation of peer educators and peer groups, and PLWHA leaders. It means organising local associations of PLWHA, increasing the knowledge of its human resources, and regularly monitor and evaluate the programs.

## 7. Gender Role

Statistics show that women are most affected from HIV/AIDS infection and its impacts. Young mothers get infected and pass the virus to their children. Thanks to the mother-to-child transmission prevention program, this rate of infection has fallen sharply. Yet, they are still the main victims. Therefore, empowering women is essential and indispensable. We need to help them properly know and understand HIV/AIDS, its infection rate and the risk factors. They need to know what they can do to avoid the infection and help the infected to cope with their condition. CSC supports women as one of the main actors and participants in its prevention program, networking and organisation, palliative care, counselling and care of HIV/AIDS orphans and affected children. Women's role is not to replace the role of men, but both women and men will have their own roles, which complement one another. They share common tasks and responsibilities.

## 8. Target Groups

The people that we will try to reach are the students and young factory workers in Rayong and the other eastern provinces. We will train 1,200 workers, students and community members per year as the primary beneficiaries. It is estimated that 3,000 people who are friends, colleagues and family members of the primary beneficiaries will benefit from this program. At any given time we can care for 90 PLWHA that are poor, homeless, abandoned, rejected and who require medical care. Presently we have the capability and capacity to care for 30 children that are orphans living with HIV/AIDS or are children affected by HIV/AIDS. We will morally and if need be financially support PLWHA staying at home and the families that are directly affected. Presently this includes 1,400 people living with HIV/AIDS who are members of local associations of PLWHA, and 5,200 people who are their family members, relatives and friends. People living with HIV/AIDS all across the country will benefit from the advocacy of the Eastern Network of PLWHA.

## ACTIVITY

### 1. Quality of Life Development through HIV/AIDS Prevention

#### **Background**

Given the current situation on the spread of HIV/AIDS and its effect on the young working population, CSC Rayong realises that, it is very necessary and urgent to promote and extend prevention activities. The core prevention activities are (a) a learning process on HIV/AIDS prevention, (b) the implementation of an action plan on prevention by young people (workers, employees, students) and (c) the organisation of young people in a network to disseminate the information on HIV/AIDS. A concerted effort on HIV/AIDS prevention requires the co-operation and collaboration of the business enterprises, schools, local communities and concerned public agencies. It is also necessary to co-operate with other private organisations working on HIV/AIDS and the PLWHA network and local associations.

#### **Goal**

The goal of the prevention program is to empower individuals, families and communities on how to prevent HIV/AIDS and to increase the capabilities of everyone to find solutions to the HIV/AIDS problems that will lead to a better quality of life.

#### **Development Objectives**

- Increase the knowledge of individuals, families and communities on how to prevent the spread of HIV/AIDS
- Increase the participation of individuals, families and communities in promoting the prevention of HIV/AIDS infections.
- Strengthen and empower the society to prevent and tackle AIDS problems
- Curtail the impact of AIDS on the economy and health of the Thai population

#### **Operational Strategies**

The following strategies will be implemented to achieve the above goal:

Strategy 1: Develop a training centre at CSC Rayong

Strategy 2: Develop a network of people, communities and organisations to participate in the prevention of HIV/AIDS prevention.

Strategy 3: Enable communities and organisations to formulate an action plan to curb the HIV/AIDS pandemic within their spheres of influence

Strategy 4: Monitor the short and long term impacts of the training on a regular basis.

The effective implementation of the above operational strategies also depends on the following factors: communication, sexuality, and peer groups

#### **Communication**

Many problems are caused by lack of poor communication. Being able to have good communications between a husband and wife will promote better understanding and will enable young people to talk and ask their parents questions related to sexuality. The main aim of integrating communication topics in HIV/AIDS

prevention training is to help all trainees to use the proper communication for the situation, especially during communications on sex. Therefore, trainees learn and practice communication skills. Communication is very important for the groups who get prevention training, as they are then able to extend their knowledge and understanding of HIV/AIDS to their friends, colleagues, families and community members. Communication that leads to the sharing of knowledge, experience and opinions among each other is an efficient method of learning about HIV/AIDS.

### **Sexuality**

Generally, in Thailand, open conversations on sex are unacceptable and impolite as they imply improper desire for sex. In their thinking, improper desire may yield unintentional adverse effects like unwanted pregnancies, sexually transmitted diseases (STD), or HIV infections. However, over 80% of HIV/AIDS infections are caused by sexual relationships. Therefore, the knowledge and understanding of sexuality in relation to HIV/AIDS are essential elements of the prevention training. This training stresses the important issues and links them to other training topics, such as anatomy and explanation on the means of infection in men and women. Topics include the authentic values of men and women, the benefits of marital fidelity and the proper use of a condom. This should raise the awareness of the participants and instil proper attitudes on self-prevention in sexual relations.

### **Peer to Peer Education**

Peer to peer education is a proven and effective method of communication that gets the message to the intended receiver. Trainees are made to understand and realise the importance of self-prevention from HIV infection. There must always be a motivator to foster change towards proper and safe behaviour in relationships. The best motivator is a friend or peer as they can communicate on the same level with trust. The opportunities for conversation are more numerous. Our prevention training stresses this method as an effective and concrete method of communication. It must also include methods and ongoing activity with regular monitoring for long-term result.

### **Action Plan**

To monitor and ensure that the prevention program is sustainable CSC will foster and facilitate peer groups to implement common prevention activities through an action plan. This action plan will be a sign of commitment of the target groups and an instrument for monitoring and follow-up. CSC will support these action plans by providing the necessary knowledge, updated information and the latest news on HIV/AIDS and the behaviours that put people at risk. The action plans will be implemented in business enterprises, educational institutions and local.

**Strategy 1: Build capacity of individuals, families and communities in the prevention of AIDS infection by promoting proper understanding, knowledge and raising awareness on HIV/AIDS to develop quality of life, promote human dignity and human rights.**

This strategy will focus on capacity building, promotion of participation and co-responsibility to raise awareness and develop proper life skill to prevent HIV/AIDS infection.

## Specific Objectives

1. Develop the knowledge and proper understanding on HIV/AIDS, as well as raising the awareness on the importance of prevention of HIV infection in oneself and others.
2. Raise the awareness and promote positive attitudes to accept, assist and care for people living with HIV at home and in community.
3. Support the target groups or leaders to properly and correctly extend the knowledge and understanding to others, and regularly implement activities and ongoing campaigns on the prevention of HIV infection.
4. Co-ordinate and co-operate with related state agencies and the private sector to provide assistance and welfare and the basic necessities for a living to PLWHA and give training on prevention of HIV infection.
5. There will be open, sincere and clear conversation on matters related to human sexuality.

## Process

### 1. Sensibilisation

The prevention team will approach decision-makers of business enterprises, school administrators and formal leaders of local communities to the **prevalence of HIV/AIDS and its current situation** at national, regional and provincial levels, its seriousness, population groups with highest infection rates and risk behaviours. The team will also discuss possible immediate impacts on business enterprises, schools and local communities. In particular, business enterprises will be heavily affected if their key people are infected, which is very possible. The prevention team will finally discuss with these decision-makers that prevention of these impacts and infection is possible and can be done by their business enterprises, schools and communities. The team will encourage and support them to initiate action plan on HIV/AIDS prevention in their immediate environment, which will ultimately and directly benefit them if their people are aware of this serious problem of AIDS and avoid risk behaviours.

CSC chooses to approach decision-makers in business enterprises in Rayong and neighbouring provinces because the highest rate of HIV infection is found in the young working population and so prevention in them is very crucial, and because of the highest HIV/AIDS prevalence in the province and the eastern region.

CSC also chooses to approach school administrators because the rate of new infections is rising at an alarming rate in secondary and vocational students. Therefore, awareness raising and dissemination of knowledge on HIV/AIDS are very urgent.

Local communities play important roles in the context of AIDS prevention, since they are the immediate settings of the people who are easily exposed to risk environment. Their role in prevention and dissemination of knowledge is very essential and indispensable.

The prevention team will also present a prevention-training program offered by CSC, as well as inviting them to select 25 members of their organisations (workers, employees, executive personnel, students and community members) for prevention training.

In this way, all parties will participate in the prevention program by initiating action plans and attending prevention training. Their **participation and action plans will also be helpful for monitoring and evaluation** as well as learning

problems and obstacles arising in the course of implementation of their action plans which need to be urgently addressed.

## **2. Prevention Training**

CSC Rayong will organise **one day program of prevention training with** starting 9.00 a.m. The training will take place at CSC Rayong as the base for training of its target group. CSC will **take about 25 trainees** (workers, teenage students and community members) per group, which is a manageable size and it is more effective for sharing and learning.

The training will provide knowledge and understanding on HIV/AIDS. The training adopts a participatory and holistic approach. For example, it will organise workshops so that all trainees can take part in discussion and sharing of opinions on an equal basis. To facilitate participatory approach, CSC will adopt card methods and propose topics for discussion. These topics will be related to knowledge that the training would like to present to the trainees, and will be proposed by raising questions. This will be helpful for the trainees to think. In addition, CSC will apply a role-play as part of this learning process, which will help the trainees to see realities and can do analysis on HIV/AIDS to get a clearer picture.

At the end of the training, CSC Rayong will award a certificate to each trainee.

## **3. Peer Educators and Peer Groups**

CSC will develop peer educators from among the target groups who are trainees in a one-day training at CSC. It will support those trainees who have shown capability and willingness, as well as having good human relationship, trainer and leadership qualities to take up the role of peer educators. It will train and support these peer educators through a method of peer support group, organising local groups or associations, which will regularly carry out activities on AIDS prevention.

It will also encourage and support each group of trainees to develop action plans on HIV/AIDS. Their action plans should basically aim at initiating prevention campaigns and activities among their fellow workers or students or community members. It should include the dissemination of knowledge and awareness raising to others as well as being leaders in campaigns on HIV/AIDS prevention. Through these peer educators and groups and action plan, HIV/AIDS prevention will be extended further to their immediate friends and family members.

## **4. Action plan**

To be sustainable in HIV/AIDS prevention, CSC will foster and facilitate peer groups to implement common prevention activities through action plans. These action plans will be signs of commitment of target groups and instruments for monitoring and follow-up. CSC will support these action plans by providing the necessary knowledge, updated information and latest news on HIV/AIDS and risk behaviours to business enterprises, educational institutions and local communities to implement their action plans more effectively and efficiently. This action plan is also an important instrument for monitoring and follow-up, in which CSC will learn problems and needs of peer groups in business enterprises, schools and local communities, which are helpful for it to provide necessary support. The action plan is also an instrument to ensure sustainability of HIV/AIDS prevention at grassroots level, which is also measurable and verifiable.

## 5. Networking

Another factor that is very essential in HIV/AIDS prevention is networking among related organisations. Prevention must be a concerted action and, therefore, needs co-operation from various concerned parties/stakeholders, be they workers, students, community leaders, business enterprises, schools, local communities, state agencies and other private organisations. CSC will support the networking of different peer groups and various sectors

### Activities

1. Contact executive personnel of business enterprises, educational institutions and leaders of local communities concerning training program.
2. Co-ordinate with concerned parties to recruit leaders or volunteers to attend prevention training (4 times a month). In this conversation, it will discuss issues to raise their awareness and help them to realise that HIV/AIDS is an immediate problem that need urgent solution and should not be overlooked. This conversation will take about 1-2 hours. The subject matters will include the follow:
  - Situation on HIV/AIDS in Thailand and Rayong
  - Details and objectives of prevention program
  - Knowledge and understanding between HIV/AIDS
  - Prevention from infection/risk behaviours and attitudes
  - Sources of information on HIV/AIDS, such as hospitals, counselling centres.
  - Various impacts, i.e. economic, social, community and family.

#### Target group

1. Business enterprises: 10-15 people per group.
2. Educational institutions: 10-15 people per group
3. Communities: volunteers, leaders, youth, 10-15 people per group
3. Hold meeting to plan each training program and evaluate the training at the end.
4. Design training program with the following details

**One-Day Training:** 48 session/year with the following contents.

- Ice-breaking
- Communication
- Human sexuality, family life, true love, quality of life
- Knowledge and understanding between HIV/AIDS
- Prevention of HIV infection, good attitude is acceptance.
- Exposure to PLWHA
- Identification of leaders to play a role as peer educators who will facilitate design of action plan.

#### Target group

1. Business enterprises: 25 workers and employees/group
2. Educational institutions: students, teachers, leaders and associations: 25 people/group
3. Local communities: volunteers, community leaders and youth: 25 people/group
4. Altogether, 1,200 trainee
5. Give one-day training on HIV/AIDS at CSC.
6. Support peer educators/leaders to design action plan on prevention.

7. Follow-up through visit, interview and informal meeting with leaders/local groups, 36 times per year.

Strategy 2: Promote network of people, communities and organisations in the prevention of HIV/AIDS to foster partnership in the sustainable prevention and solution of HIV/AIDS problems by mutual planning on project operation and implementation of activities in their organisations/groups, as well as sharing of information and news.

### Objectives

1. Promote co-operation with various organisations in the campaign to prevent and solve HIV/AIDS problems.
2. Support co-operation in action plan and concerted action with partner organisations to effectively implement activities on prevention and solution of HIV/AIDS problems.

### Process

1. Support organisation of the target groups as peer groups/association.
2. Build closer relationship by visiting leaders and associations to hold meetings, consultation and planning on prevention and solution of HIV/AIDS problems.
3. Support state agencies, private sector and local communities to take active part in implementation of activities to raise awareness and promote participation and good attitudes towards people living with HIV/AIDS patients, such as activity on World AIDS Day and community platforms.

### Activities

1. Contact leaders and association in business enterprises, educational institutions, sub-district administration organisations, health stations, community leaders, community learning centre and Mabtapud Municipality to mutually plan the work on HIV/AIDS.
2. Co-ordinate with members to implement activities in local groups and associations, such as designing format for assessment of risk behaviours, organise water exchange game, exposure and conversation with PLWHA to readjust attitudes.
3. Mutually implement activities with respective organisations, such as mobilisation of community members to address HIV/AIDS problems, preparation of young people before marriage, organisation of platform to discuss HIV/AIDS problems, celebration of World AIDS Day.
4. Organise a platform for panel discussion on HIV/AIDS twice a year for peer educators and leaders in HIV/AIDS work, each session for 36 people.
5. Disseminate information and news on HIV/AIDS and provide resource persons.
6. Publish quarterly newsletter, 600 copies per issue, and distribute to leaders, target groups and interested people.

## Target Groups

1. Leaders and associations in business enterprises
2. Leaders and associations in educational institutions
3. Community leaders
4. State agencies

## Strategy 3: Develop a centre of learning at CSC Rayong

CSC is a source of living knowledge garnered through a process of actual work at CSC Rayong, such as palliative care. It is an essential source for those who want to learn real life and practise the care of patients with HIV/AIDS, guidelines on activities for the PLWHA and counselling. This will include the physical work and the spiritual aspect, as well as caring for affected orphans and the eastern network of people living with HIV/AIDS. This centre of learning provides a library of life in which volunteers and interested people in the country and from abroad can come on study trips, exposures and short-term internships. The target groups will be introduced to PLWHA so that they will have a chance to talk and share experience and counselling in prevention in order to build capacity and empower families and communities.

## Process

1. Develop a centre of learning/internship for volunteers and interested people in the country and from abroad.
2. The target group comes to be in touch PLWHA to have direct experience, conversation and mutual encouragement.
3. Provide counselling service on the prevention of HIV infection, as well as giving information to workers in business enterprises, students and other interested people on distribution centres of condoms.
4. Seek co-operation for resource persons, documents and other information for training on knowledge in care and prevention of HIV infections.

## Activity

1. Contact and co-ordinate with volunteers and people who are interested to have exposure or study trips or internships at CSC Rayong.
2. Encourage visits and study trips for the development of knowledge and proper understanding on HIV/AIDS so as to develop positive attitude of accepting mutual living with PLWHA, about 30 people per group, 8 groups per month.
3. Provide counselling on physical and mental care, prevention of infection and spread of HIV/AIDS.
4. Distribute condoms to interested people.
5. Provide exposure to HIV/AIDS patients for personal conversation and mutual encouragement.

## Target Groups

1. Medical doctors, nurses, nursing students, health personnel in Thailand and from abroad.
2. Volunteers
3. PLWHA.

## Overall Target Groups of this Program

### Main Target Groups

- Workers in business enterprises in industrial estates in Rayong and neighbouring provinces, including state agencies and private organisations, altogether 400 people per year, 1,200 people for 3 years.
- Secondary and vocational students both in formal and non-formal education in Rayong and neighbouring provinces, altogether 500 people per year, 1,500 people for three years.
- Community members in 6 local communities in Rayong, altogether 300 people per year, 900 people for 3 years.

### Secondary Target Groups

- Friends, colleagues, family members and community members in the field areas, altogether 3,000 people, will directly benefit from this prevention program and its related information through their peer educators and leaders.

## Expectations

1. Individuals, families and local communities take part in prevention and solution of AIDS problems.
2. Individuals, families and local communities become more aware of HIV/AIDS situation and change their risk behaviours and adopt positive attitudes.
3. Individuals, families and local communities have a better quality of life.

It is expected that this program will get good co-operation from partners and they will participate in this program in the following manner.

1. Business enterprises will send their leaders and workers to take in this program as well as introducing guidelines and policies related to HIV/AIDS in their respective enterprises.
2. Institutions in formal and non-formal education will also send their leaders and students to take part in this program as well as initiating action plan on AIDS in their institutions.
3. There will be mutual planning among CSC Rayong, sub-district administration organisations, health stations, community leaders, community learning centre, Mabtapud Municipality.
4. Public relations club of 22 business enterprises in Mabtapud Industrial Estate will help distribute information on HIV/AIDS to workers in their respective enterprises to raise their awareness on prevention of HIV infection and mutual living with PLWHA.
5. Safety in the workplace and environment club in Eastern Industrial Estate develop a project on quality of life by disseminating knowledge on HIV/AIDS and its prevention to their workers to get accurate information.
6. HIV/AIDS and sexually transmitted disease control desk of Rayong provincial public health office supports information, documentation and condoms.
7. Public relations Desk of Rayong supports various media, such as radio and television programs to disseminate information on prevention program and exchange of information.

## 2. Development of the Eastern Network of People Living with HIV/AIDS

### **Background**

In the majority of the areas, people living with HIV/AIDS (PLWHA) suffer discrimination, as well as being stigmatised and marginalised. To own up to being a PLWHA is to leave yourself open to losing your job, being ostracised from your family and being banished from the village. It's for these reasons that CSC Rayong fully supports that PLWHA get organised for mutual aid and to protect their rights as Thai citizens. As human beings, they deserve to be treated with human dignity. The eastern network of PLWHA is completely managed and controlled by PLWHA with an assembly of all the members as the supreme body and a committee as its executive arm. Committee members are representatives of the local associations of PLWHA from each of the seven eastern provinces. As of today, the network has 28 local associations and a total membership of 1,400 members. The network co-ordinators and local leaders set up the local associations.

### **Goal**

The eastern network for PLWHA has determined to achieve the following goals:

- Strengthen and empower the PLWHA that live in the eastern region
- Increase the knowledge and the bargaining power of the PLWHA
- Advocate for better monitoring services in the local hospitals
- Disseminate HIV/AIDS information to foster greater understanding by all people
- Integrate HIV/AIDS prevention operations to improve effectiveness
- Work to help all PLWHA enjoy a better quality of life.

### **Field Areas**

The seven eastern provinces of Thailand form the field area, in particular: Rayong, Chantaburi, Trad, Cholburi, Chachoengsao, Prachinburi and Srakaew.

### **Target Group**

#### **Direct Target Groups**

1. 28 local associations of PLWHA that are members of the eastern network with 1,400 members
2. Partner organisations in and outside eastern region, altogether 50 organisations.
  - 2.1 Public Sector: AIDS Division, Regional Office for Disease Control, provincial offices of public health, local hospitals and local administration organisations.
  - 2.2 Private sector: HIV/AIDS NGOs, community organisations and civil society.

#### **Indirect Target Groups**

1. Families, friends and local communities of the members of associations of PLWHA, about 5,200 people.
2. PLWHA in Thailand who are benefit from advocacy of the eastern network and local associations of PLWHA.

## Operational Strategies

### Strategy 1: Empower local associations and the network in building capacity of people living with HIV/AIDS.

The eastern network of people living with HIV/AIDS is an organisation of people coming together to open an avenue for mutual support with an aim to improve quality of life that is proper to human dignity. It takes initiatives to have access to medical treatment and accurate information, which will help the members to understand the condition of immuno-deficiency caused by HIV, as well as creating mutual understanding with their relatives and friends so that they can live together happily. It also acts as an agent among concerned organisations in the solution of HIV/AIDS directly with the infected people. This operation will develop a process and direction of development in caring and assisting PLWHA.

Part of the empowerment of local associations and their network is to develop leaders in knowledge and capacity so that they can take part effectively and actively in the assistance to PLWHA. The process adopted in training/meeting is a participatory approach in which participants take active part in planning and implementing activities. This participation is conducive to a mutual process of thinking, planning and implementation. Topics to be dealt with in this process will keep in mind outputs that can respond to the solution of problems of PLWHA. On the whole, these leaders and members will co-operate with the network, other NGOs and state agencies.

The capacity building of leaders of PLWHA, which enables them to help members of their local associations effectively, will in turn empower the network of leaders and PLWHA, which will help their organisation to be sustainable.

### Strategy 2: Policy-Oriented Advocacy

To improve the quality of life of PLWHA it is necessary to have favourable policies from the political system at the national level. What is needed is a process that will allow those who are directly affected (PLWHA) to present their real problems and needs to the policy makers and to take part in the direction of the solutions. This should be done in close collaboration with all concerned state agencies and those organisations that are helping the less fortunate that the public sector cannot reach. This group should get together to analyse the problems and develop a system that corresponds to and effectively promotes solutions to the problems of HIV/AIDS. This will generate a system of ongoing standard level of care for PLWHA in the whole country.

### Strategy 3: Promotion of HIV/AIDS Problems in Local Communities

HIV/AIDS is a sickness that infects human beings of all sexes, ages and occupations. No one is immune to the virus. PLWHA have may have a positive or negative effect on the community. Therefore, the community is an essential foundation in determining the direction that can both increase or decrease the problems. In the past, there were many ambiguities and misconceptions about HIV/AIDS. People in the communities received outdated information. Therefore, the recipients of this communication harboured a view or an attitude that did not cover all aspects the illness. They looked upon PLWHA with rejection and fear yet they were not aware of the risk behaviours that could cause HIV infections. The sharing of the

latest knowledge and accurate information will promote a better understanding of the sickness. Community leaders or those who are respected by the community are the key people who can help all the others to minimise the adverse effects brought about by HIV/AIDS. When this activity is implemented, the leaders can continuously work on the prevention of HIV/AIDS in the communities.

## Activities and Operational Process

### **Strategy 1: Empower local associations and the network in building capacity of people living with HIV/AIDS.**

#### **1. Training on Human Rights and HIV/AIDS**

##### Specific Objectives

1. PLWHA leaders will gain knowledge and understanding on human rights, especially those related to HIV/AIDS.
2. Sharing of experience and direction to address human rights violation on HIV/AIDS.
3. Build network on human rights on HIV/AIDS.

##### Target Groups

1. Leaders of 25 local association of PLWHA, 2 people each.
2. PLWHA in 7 eastern provinces

##### Operational Process

1. Co-ordinate with the centre for the protection of human rights on HIV/AIDS to mutually plan training and ask for resource persons.(CAR)
2. Contact local associations of PLWHA to invite them to send their leaders to attend a training program.
3. Organise a training session for 3 days and 2 nights with a participatory process.

##### Expectations

1. Trainees will gain more knowledge and understanding on human rights.
2. Trainees can share information to other members of their associations.
3. PLWHAs get proper information helpful for them to prevent and solve the problems of human rights violations they are facing.

##### Follow-up

1. Dream team/network committee will visit field areas to talk and gather information from local associations.
2. Take part in activities of local associations.
3. Make telephone calls to talk with leaders and concerned people, such as advisors or associations.

#### **2. Training on Healthcare**

##### Specific Objectives

1. PLWHA leaders will gain knowledge and information on basic healthcare on HIV/AIDS symptoms and opportunistic infections frequently found in PLWHA.
2. PHA leaders can assess their own health for planning on access to medical treatment.
3. PLWHA have alternative information in caring for their own health more appropriately.

##### Target Groups

1. Leaders of 25 local association of PLWHA, 2 people each.
2. PLWHA in 7 eastern provinces

3. Relatives of PLWHA in 7 eastern provinces.

Operational Process

1. Co-ordinate with Médecins sans Frontières (MSF), public health agencies, people organisations, civil society and Thai Network of People Living with HIV/AIDS to mutually plan training and ask for resource persons.
2. Contact local associations of PLWHA to send their leader to attend the training.
3. Organise a training session for 3 days and 2 nights with participatory process.

Expectations

1. Trainees will get information and gain understanding on their health and are confident that they can take care of their health, as well as be able to disseminate the knowledge and information to members of their associations.
2. PLWHA who get information can take part in healthcare and work with medical doctors to give medical treatment.
3. PLWHA who get information will have access to proper and standard medical treatment.
4. Relatives of PLWHA will have information for proper care of PLWHA.

Follow-up

1. Dream team/network committee will visit field areas to talk and gather information from local associations.
2. Take part in activities of local associations.
3. Make telephone calls to talk with leaders and concerned people, such as advisors or associations.

**3. Training on Counselling**

Specific Objectives

1. PLWHA leaders will gain knowledge and skill in counselling.
2. PLWHA leaders can take part in giving physical, spiritual and social support to their fellow members more appropriately.
3. PLWHA will gain a good understanding on infection and can plan their life appropriately.

Target Groups

1. Leaders of 25 local association of PLWHA, 2 people each.
2. PLWHA in 7 eastern provinces

Operational Process

1. Co-ordinate with ACCESS, public health agencies or Thai Network of People Living with HIV/AIDS to mutually plan training and ask for resource persons.
2. Contact local associations of PLWHA to send their leader to attend the training.
3. Organise a training session for 3 days and 2 nights with participatory process with case studies.

Expectations

1. Trainees will get information and gain clearer understanding on counselling.
2. Trainees can take part in the work to help their friends or refer them to concerned agencies properly.
3. PLWHA will get spiritual, mental and physical care, and accept the condition and gain a direction to lead their life happily.

Follow-up

1. Dream team/network committee will visit field areas to talk and gather information from local associations.

2. Take part in activities of local associations.
3. Make telephone calls to talk with leaders and concerned people, such as advisors or associations.

#### **4. Support to Local Associations of PLWHA**

##### Specific Objectives

1. Follow up and support local associations in implementation of their activities for empowerment and sustainability.
2. Provide and share information to foster broad scale campaign in the network of PLWHA.
3. Promote organisation of PLWHA to take part in the prevention and solution of problems caused by HIV/AIDS.
4. Promote understanding on goals of the work of the network of PLWHA with members and concerned local agencies.

##### Target Groups

1. 25 local association of PLWHA
2. PLWHA in 7 eastern provinces
3. Personnel of hospitals, provincial office of public health and NGOs in the eastern region.

##### Operational Process

1. Dream team of the network meet to formulate plans, activities, roles and functions in the operation by dividing the field areas into three zones (zone 1 includes Chantaburi and Trad, zone 2 covers Prachinburi and Srakaew, and zone 3 covers Rayong, Chachoengsao and Cholburi).
2. Co-ordinate with leaders of local associations to make appointment and plan activities.
3. Co-ordinate with local concerned agencies and outside, such as hospitals, provincial office of public health, people organisation/civil society, AIDS NGOs and Thai Network of PLWHA to mutually plan activities.
4. Take part in activities of local associations, such as meeting members or other activities in the eastern provinces, 2-3 associations per month.
5. Mutually analyse and evaluate the work and activities.

##### Expectations

1. PLWHA leaders will build their capacity and become a mechanism in implementing activities to prevent and solve problems related to AIDS.
2. PLWHA will get organised with proper avenue in disseminating information on self-caring and various movements as well as motivating development of proper system of care for PLWHA.
3. Partnership will be developed in a broader scale and sustainable manner for prevention and solution of HIV/AIDS problems.

##### Follow-up

1. Meeting of the dream team/network committee.
2. A platform of the eastern network of people living with HIV/AIDS
3. Telephone calls to talk with leaders and concerned people, such as advisors of associations.

#### **5. Meeting of the Committee of Eastern Network**

##### Specific Objectives

1. Build capacity of the eastern network of PLWHA as a means of empowerment.

2. Develop efficiency of the network as the mechanism in prevention and solution of HIV/AIDS problems.
3. Act as leader in advocacy to develop a system on health services all across the country.
4. Identify common operational direction.
5. Take part in the solution of problems by committee in each field area.

#### Target Groups

1. 15 committee members of the network.
2. 2 full-time staff members (a co-ordinator and a field worker)
3. 2 advisors from Agencies GOs /TNP

#### Operational Process

1. Co-ordinate with network committee to invite them to a meeting every two months.
2. Hold a meeting for two days, which will be held in different province in rotation to foster sharing of local culture with local communities and foster the communities to learn the work of the network.
3. Agenda include matters for information, follow-up and consideration.
4. Prepare minutes and send to the committee.

#### Expectations

1. The mechanism of the network will build its capacity on organisational management.
2. PLWHA will get update and accurate information.
3. Association of PLWHA will be motivated, which helps empower and sustain the network.
4. There will be a common operational direction.
5. There will be co-operation in the solution of problems.

#### Follow-up

1. Field visit to gather information and visit local associations.
2. A platform of the eastern network of people living with HIV/AIDS.
3. Telephone call to take with leaders and concerned people, like advisor of association.

## **6. A Platform of the Eastern Network**

#### Specific Objectives

1. Draw lessons on the work of the eastern network in the past two years.
2. Determine goals and plan on future work of the network to address the problems of HIV/AIDS.
3. Renew spirit of work in the members of the network.
4. Provide a platform for sharing among people working on HIV/AIDS.

#### Target Groups

1. 25 local associations with 5 members each
2. 15 members of the network committee
3. 2 full-time staff members (a co-ordinator and a field worker)
4. Partners from state agencies and NGOs, altogether 9 people.

#### Operational Process

1. Co-ordinate with network committee and partners to mutually plan process and contents to foster integrated operation.
2. Contact and invite target groups to attend the platform.
3. Organise a three-day platform through a participatory process for sharing of experience.

### Expectations

1. There will be exchange of ideas and information between the network and its partners.
2. There will be a common direction and goals for the work in the following years.
3. There will be a plan on mutual aid between the network and its partners.
4. There will be good relationship among members of the network.

### Follow-up

1. Field visit to gather information and visit local associations.
2. Telephone call to take with leaders and concerned people, like advisor of association.
3. Take part in meeting/training.

## **Strategy 2: Policy-Oriented Advocacy**

- 1. Attend meetings with provincial office of public health, regional office for disease control and HIV/AIDS Division.**
- 2. Attend meetings with its partners, i.e. CSC, CARE, CAR, MSF, ACCESS, TNPTH**

### Specific Objectives

1. PLWHA will take part in providing information on local AIDS problems.
2. PLWHA will take part in proposing direction on prevention and solution of AIDS problems.
3. To launch policy-oriented advocacy on development of public health system to cover all PLWHA.
4. Build capacity of the network of PLWHA in the work on HIV/AIDS.

### Target Groups

1. 15 members of the network committee
2. 10 members of the dream team
3. 10 members of paramedic team
4. 1 co-ordinator and 1 field worker

### Operational Process

1. Send representatives of the network to take part in advocacy.
2. Take part in planning of advocacy.
3. Disseminate information to PLWHA in the network through local associations.

### Expectations

1. There will be sharing of ideas and real problems among people concerned.
2. There will be a participatory operation and mutual acceptance.
3. There will be common direction for the work on HIV/AIDS to achieve the objectives.
4. There will be direction on solution of HIV/AIDS problems with more partners.

### Follow-up

1. Field visit to gather information and visit local associations.
2. Telephone calls to take with leaders and concerned people, like advisor of association.
3. Take part in meetings and training.
4. Email

### **Strategy 3: Promotion of Prevention and Solution of AIDS Problems in Local Communities**

#### **1. Training on Knowledge on HIV/AIDS and Human Rights for Local Communities**

##### Specific Objectives

1. Communities will gain knowledge and proper understanding on HIV/AIDS and human rights.
2. Community can live and take care of PLWHA properly.
3. Build network in the work on prevention and solution of HIV/AIDS problems in local communities.
4. Reduce spread of HIV/AIDS.

##### Target Groups

1. Community members, leaders, people organisations, civil society, and PLWHA in 15 communities, 15 people from each community, in 7 eastern provinces.
2. Personnel of local state agencies, such as local administration organisations, municipality, schools, provincial prosecutors, Council of Lawyers in 15 communities in 7 eastern provinces, 5 people from each community.

##### Operational Process

1. Contact leaders of local communities and state agencies to present activities and mutually plan activities, as well as defining roles and functions to foster participatory operation.
2. Co-ordinate with ACCESS and centre for protection of human rights on HIV/AIDS or local public health stations to mutually plan process of operation and personnel.
3. Organise training in local communities for two days each.
4. Evaluate outputs of the training.
5. Mutually plan follow-up of prevention and solution of HIV/AIDS prevention with local communities and set up a centre to accept complaints on human rights violations on HIV/AIDS.

##### Expectations

1. Trainees will gain knowledge and understanding on HIV/AIDS and human rights.
2. Trainees can disseminate information to other community members.
3. There is a network of people in preventing and collaborate in the solution of human rights violation on HIV/AIDS.
4. PLWHA will get information and be able to prevent and solve the problems of human rights violations.

##### Follow-up

1. Take part in activities on HIV/AIDS in local communities.
2. Make telephone calls to talk with leaders and concerned people.
3. Outputs of the work of the centre for accepting complaints.

#### **2. Training on Communication Skill for Community Leaders**

##### Specific Objectives

1. Community leaders will learn communication skill, which will enable them to disseminate accurate information effectively.
2. Promote participation of local communities in disseminating proper information on HIV/AIDS effectively and continuously.

- Promote collaboration between local communities and the eastern network of PLWHA.

#### Target Groups

- Community members, leaders, people organisations, civil society, and community members in 15 communities, 10 people from each community, in 7 eastern provinces.
- Personnel of local state agencies, such as local administration organisations, municipality and schools in 15 communities in 7 eastern provinces, 5 people from each community.
- PLWHA in 7 eastern provinces

#### Operational Process

- Contact leaders of local communities and state agencies to present activities and mutually plan activities, as well as defining roles and functions to foster participatory operation.
- Co-ordinate with CARE Thailand, ACCESS or local public health stations and Thai Network of PHA to mutually plan process of operation and personnel.
- Organise training in local communities for two days each.
- Evaluate outputs of the training.
- Mutually plan ongoing activities with local communities.

#### Expectations

- Trainees will learn skill on communication on HIV/AIDS properly and accurately.
- Local communities will have plan on ongoing communication on HIV/AIDS.
- There is campaign to provide knowledge and understanding on HIV/AIDS and mutual living with PLWHA in the broader community.
- Local association of PLWHA will be integrated as part of local community.

#### Follow-up

- Take part in activities on HIV/AIDS in local communities (action plan).
- Make telephone calls to leaders and concerned people.

### **3. Dissemination of Information on HIV/AIDS through Media**

#### Specific Objectives

- Disseminate information, knowledge and understanding on HIV/AIDS to broader society.
- Launch campaign to foster proper care of PLWHA.
- Motivate society to learn and be aware of problems and impacts of HIV/AIDS, and take part in solution and prevention of the problems.

#### Target Groups

- Community members in 7 eastern provinces.
- Local state agencies in 7 eastern provinces.
- PLWHA in 7 eastern provinces.

#### Operational Process

- Co-ordinate with ACCESS and Thai Network of PLWHA to produce media, such as radio spot, poster and newsletter.
- Co-ordinate with local radio stations in the eastern region, local administration organisations and municipalities to present the activity and mutually disseminate information and news.
- Disseminate information through radio program for one year. There will be change of useful topics every month.

4. Disseminate information through posters to be posted at various places, such as local administration organisations, municipalities, health stations, schools or different places with exhibition on health. This will be done for one year.
5. Disseminate information through newsletter with improvement of contents, news, and movements on the work on HIV/AIDS of the network and partner organisations. This newsletter will be published quarterly and will be distributed to state agencies, NGOs, community organisations and members of the eastern network of people living with HIV/AIDS.

#### Expectations

1. People will receive updated, accurate and useful information for planning their life properly to prevent HIV/AIDS.
2. PLWHA will receive information and be aware of proper care of their health.
3. Local communities will gain knowledge and understanding on HIV/AIDS, which will enable them to take part in the care of PLWHA and live with them happily and normally.

#### Follow-up

Field visit to talk with community members and local associations of PLWHA.  
Enquire information from centre for acceptance of complaints.

## **Palliative Care of Adults**

CSC provides care to PLWHA who are in the terminal stage of AIDS. Some of them are sufficiently strong enough to help care for the helpless patients in their terminal stage of the illness. Most of the patients are poor and rejected and cannot stay with their families or in their communities anymore. CSC will admit only the patients that have been referred by social workers that belong to public hospitals or public welfare offices. This will ensure that state agencies get involved and are informed of the current situation. It is also a means to ensure that these patients are really poor and abandoned. Those who are admitted normally have CD<sup>4</sup> counts lower than 200 and many of them have tuberculosis or have developed viral meningitis and are helpless.

CSC has accommodation for fifteen PLWHA and an intensive care unit with a capacity of 8 beds for the helpless terminal patients. PLWHA that still have physical strength help do the daily chores at the centre. CSC pays the PLWHA to do the laundry, clean the offices, cook the meals, sweep the floors, rake the grounds and care for the patients in the palliative care unit and the childcare centre. It also supports the PLWHA to take up handicraft activities, like batik making to earn additional income.

CSC can accommodate about 60 PLWHA. Most of the PLWHA stay inside the centre grounds while some with families stay outside in rented accommodation. Earlier, CSC purchased a health card for every patient at Baht 500 per year. This card allowed them to receive free medical treatment at the public hospitals for one year. However, the government has come up with a medical scheme for every Thai people, which replaces health card. At present, each Thai citizen pays only 30 Baht for each visit to hospital. This amount includes all diagnosis, medical treatment, x-ray, medicines, operations, etc. At the beginning, the government did not allow opportunistic infections and anti-retroviral to be included in this medical scheme. Through a joint effort in advocacy of local associations of PLWHA and their eastern network, the government has accepted to include opportunistic infections in this

medical scheme. As for anti-retroviral medicines, the government has provided free medicines only to certain number of cases due its limited budget. However, it plans to cover all cases soon.

PLWHA who stay at the Centre take part in the prevention training by sharing their experience to trainees or visitors that come to CSC. This sharing is a valuable contribution to the prevention in that it helps trainees to get a better understanding and develop positive attitudes towards PLWHA. Those who have stayed at CSC for two weeks will be sent back to their homes and communities after receiving counselling and they are willing to go back. This will help them to reunite with their families, relatives, friends and communities.

## Home for Orphaned Children with AIDS

### **Background**

The children who are the victims of this AIDS epidemic pose serious problems to the Thai society and the Thai government does not have a clear policy or action on this issue. Some children infected with HIV became orphans when their fathers and mothers died of AIDS. Some are orphans because their relatives could not take care of the additional burden. Others are orphans because their relatives were reluctant or refused to take care of them. Consequently, they have no one to take care of them. They lack the love and warmth they would have received from their natural families. They do not have an opportunity to get an education. If these children grow up, they will certainly become a burden and may even become a critical problem to the society.

A childcare centre is set up to accommodate and care for children whose parents have died of AIDS or are PLWHA at CSC. Due to the serious problem of HIV infection, orphans who have lost their parents because of AIDS and who are also infected with the virus are referred to CSC because they are abandoned. The children with HIV/AIDS parents are accepted so that they will be able to live with their parents until their last day. This is one way to promote family atmosphere, which is helpful for psychological well being of the children. The front building of the Centre serves as accommodation and classrooms for AIDS orphans.

### **Experience Caring for HIV Orphans**

CSC childcare centre now cares for 30 children. They are all from very poor families; some were rejected and/or abandoned when they were in the final stages of AIDS and eight of these children have died. The children are now all given medicine, especially anti-retroviral medicines to prolong their life. The anti-retroviral medicine is a gift of life. The children are quite weak and it is difficult for them to go to regular schools. They are provided with literacy classes so that when they grow up they will be able to read and write. These classes will also enable them to get a formal educational qualification that can be used to find jobs in the future.

### **Objectives**

Our objectives are:

1. To provide and promote a good family atmosphere for orphans with HIV and children affected by AIDS
2. To develop the children's psychological and social well being.

3. To provide children who are powerless and unprotected with security in their lives.
4. To enable orphans with HIV and children affected by AIDS to live a normal life.
5. To provide an education to the children so that they will obtain the necessary knowledge to lead productive lives as adults
6. To develop the children as good human resources for society and assets to the country.
7. To motivate families and society to be aware of the significance of the adverse effects on families, children and youth from risk behaviours that lead to HIV infections.

### **Target Groups**

The target group for this project is for 30 orphaned children living with HIV/AIDS and/or children whose mothers are living with HIV/AIDS. Twenty-five of the children are HIV positive while five are children affected by AIDS.

### **Activities**

#### **1. Child Care**

CSC takes care of 30 children. Twenty-five children are HIV positive while four are children affected by AIDS.

##### **Objectives**

1. To extend love and warmth to children.
2. To provide the proper food necessary for their ages.
3. To enable the children to take care of themselves and help others.
4. To guide the children to adulthood, and
5. To enable the children to live their lives as a member of the society.

CSC provides the children with shelter and meals. Two baby sitters are assigned to take care of these children as nannies. The two are also HIV positive and so understand the pain that the children must endure. At the child care centre, the boys and girls have separate bedrooms and each is equipped with six beds. In the morning, the nannies wake the children up, ensure that they bathe and dress, and cook breakfast for them. To promote a family atmosphere, the children have their lunch and dinner in the CSC common dining room together with the adults who are living with HIV/AIDS. The nannies take care of the children again in the late afternoon from the time the children finish their classes until they go to bed. At night, they take care of any sick children; as many of them are weak because of the virus. They also take care of giving medicine that is prescribed by a part-time nurse and medical doctors to the children. Once a week, the nannies will conduct a check-up to monitor health conditions of each child.

The children are assigned domestic chores as part of their disciplinary formation. This is necessary to help the children feel at home, become self-sufficient, and develop a sense of responsibility, which will be beneficial to them when they grow up. Domestic chores are also necessary for the children to have physical exercise to keep them physically strong to counter their sickness.

#### **Literacy Classes**

Education is very essential in life. To lead a good life and survive in society one needs to get an appropriate education. Children affected with HIV have great difficulties getting an education. The parents of HIV positive children dare not take

them to school. There may not even be a school that will enrol them. Some children began their studies but had to leave their schools because they developed AIDS symptoms. Although the children living here are HIV positive, they are still members of the society. Therefore, education is essential for their future life in society. Realising this need, CSC provides literacy classes for orphans with HIV. CSC provides the teachers and organises classes relevant to their health conditions and ages. We have adopted a child-centred approach so that the children will develop physically, mentally, intellectually and psychologically, and be ready to join formal education system as they grow up.

The objectives of the literacy classes are:

- To provide physical and intellectual development
- To prepare them for formal education in school system.
- To provide the children with knowledge and capacity for application in daily life.
- To produce responsible and productive adults.

### **Tutoring**

CSC has four children living at the childcare centre who are quite strong. They live with their HIV positive mothers, and though infected by HIV, they attend classes in local schools. As persons living with HIV/AIDS, they are more susceptible to infection than other children so a tutor is made available for them to help with their homework assignments. Tuition is offered on an individual basis during the afternoon or in the evening.

### **Outings and Excursions**

Children want to learn and they are curious to learn everything. Children with HIV do are physically weak and rejected by society. Staying within the confines of the Centre will hinder their psychological and social development. CSC endeavours to take the children out every week to visit parks, beaches, museums, shopping centres, and other places of interest. As an example, the teachers take the children to a supermarket and allow them to help choose their food, personal items like toothbrushes, candies, stationery, and so on. The children are also taken to the beaches that are not far away from the Centre to have fun. These activities help to broaden the children's view of the world, develop positive attitudes towards life, and improve their physical, psychological and intellectual well being.

### **Medical Treatment**

As most of the children living here are children living with HIV, many of them are physically weak and get sick very often. They need medicines to help them recover as soon as possible; otherwise their lives are gravely at risk. This is why the teachers and nannies have to be aware of the health of these children and closely monitor them. A part-time nurse also helps take care of their health. If necessary, they are taken to a local hospital for check-ups by medical doctors. CSC has a good relationship with the local public hospitals.

Being HIV positive, the children need regular blood tests for CD<sup>4</sup> levels and viral load; the results of these tests dictate their anti-retroviral drug doses. These drugs are essential for the children to prolong their lives. Without the regular medicinal doses, it is most probable that they would develop AIDS symptoms much faster and have a shorter life span.

#### **4. Volunteers**

Volunteers regularly offer their time to CSC. Volunteers may be local people who will come to the child care centre of CSC regularly, one or two, or more days a week, but stay only for a few hours on each visit. The centre also has foreign volunteers who come for a short stay of a few months and help teach the children every day. The centre also has foreign volunteers who stay for one year or longer terms. The volunteers help to ensure that the children have their meals and take their medicine. They may teach some subjects or accompany the children in the activities held at the centre or in the neighbourhood. They also help take the children to local hospitals if they are sick, need medical attention or when they have their viral load checks. Other volunteers help in the palliative care unit by feeding the more debilitated PLWHA. They help to ensure that the PLWHA are afforded every opportunity to be treated with human dignity.

#### **5. Counselling Service**

CSC offers a counselling service to PLWHA and their families. Results of the counselling to date indicate that people that lived in conditions of poverty usually have a low level of education and exhibit behaviour that leads to drug addiction. When people become infected with HIV, they are abandoned by their families and ostracised by their communities. They usually have to quit their jobs and there is no place for them to stay or live. Most of them go into denial, do not believe the doctor and want to have a recheck by another doctor to see if they really are infected with the virus. Some of them try to escape from this fact and want to take revenge. Others slip into a state of depression because they cannot do the things they used to do in the past. They think no one understands them and that no one wants to take care of them. They are worried about their children and about work. Some contemplate suicide while others pin their hopes in medicines.

CSC will continue to offer a counselling service to PLWHA as well as their relatives with the following objectives:

- Listen and be attentive to the PLWHA, relatives and friends
- Build a trusting relationship with the people
- Help the PLWHA to identify, name and solve their own problems
- Give the target encouragement and constructive suggestions
- Follow up with each person on a timely basis

#### **Activities**

The counsellor will advise those people who have had their blood checked and know that they have certainly been infected with the virus to stay with their families or community. They should be encouraged to lead their life as usual and lessen the social burden without staying in public or private convalescent homes. Being infected with HIV does not mean immediate death. Some people with HIV continue their work and live for several years. Some people cannot make up their mind to accepting the fact. They have not had a blood test or nor do they dare see a doctor for fear of knowing that they are HIV positive. It should be suggested that they have their blood tested. If they are not infected, they will be happy, but if they are infected, then they need medical care as prescribed by physician.

Most of relatives and concerned people ask how a PLWHA can stay in CSC,

what they have to do and at what stage are PLWHA admitted into CSC. First, if the PLWHA do not develop complications, CSC would suggest that they stay with their families. If the PLWHA is hospitalised with complications and is rejected by the family, social workers in the hospital will recommend the PLWHA to contact CSC. CSC will admit PLWHA in their terminal stage and those who are homeless or rejected by their families, relatives and communities.

#### Indicators

1. Five leaders are able to negotiate for their groups.
2. The groups are able to mobilise resources.
3. Twenty people with HIV/AIDS per month gain more knowledge.
4. Ten members gain more knowledge.
5. Ten members can help their friends.
  - Four members could give counselling service.
  - Three members could do a home visit.
  - Three members could visit other groups.
6. All leaders possess capacity in communication.
7. Four people with HIV/AIDS get a visit per month.
8. A group of people with HIV gets a visit per month.

### **6. Staff Training and Monitoring**

CSC is fully aware that the program on HIV/AIDS is very important and needs to be carefully studied, planned, implemented, monitored and evaluated regularly. The staff members play a very crucial role in the success of this work. Therefore, they need ongoing training to build their capabilities. The best learning method is actual practice, participation in the work, the sharing of ideas, analysis of past experiences, monitoring the results and drawing of lessons from the work. CSC will provide the following capability building training for its staff members.

#### Objectives

- To train staff members with the necessary skills and capacity to carry out their work more effectively and efficiently.
- To support staff members in their work through ongoing monitoring, sharing of ideas and experience.
- To foster co-operation and mutual aid among staff members.
- To develop the staff members' conceptual understanding of the holistic approach.

#### Activities

##### **1. Weekly Meetings**

Regular staff meetings are the most effective instruments of monitoring. Staff meetings are platforms where all concerned staff members come together to monitor progress of the work, identify problems and obstacles and search for relevant solutions. They also allow the staff to participate in planning, decision-making and evaluation of the work as a whole. Therefore, CSC will hold a meeting every week for staff members of each program. When necessary, a joint meeting of staff members will be held on specific topics.

##### **2. Monthly In-service Training**

There is a need for ongoing development and training to cope up with new situations and new developments. Members of the prevention team need additional

training and development to build their capabilities for the work. It is necessary to provide some training to PLWHA to equip them with knowledge and skills needed for their work.

The subjects to be dealt with in each session will be on techniques and skills needed for their work, such as project proposal and report preparation, documentation, research, co-ordination and co-operation, network building, monitoring and evaluation, and training techniques. This in-service training programme will be held outside the centre to leave their routine jobs and workplace behind, so that they will be refreshed and are more prepared to learn new skills. Each session will be held at nearby location for a full day every month or more often as deem necessary.

### 3. Semi-Annual Evaluation

CSC plans to organise a semi-annual evaluation session all its staff members. Each session will take three days and will be separated into two parts. The first part will be allocated to reflection on the work, roles and functions, operation in the past, problems and obstacles, overall situation and developments on HIV/AIDS. The second part, about one day, will be dedicated to mutual recreation or sight-seeing to deepen relationships, strengthen teamwork and boost the spirit and strengthen commitment of the staff members.

### 4. Monitoring Consultant

CSC will hire a monitoring consultant to work for the centre for three days a week. This monitoring consultant will be in charge of four main tasks. First, he will help CSC, through close collaboration and participation of all the concerned staff members, to design a framework for regular monitoring and evaluation of the overall work of CSC. He will also help CSC and its staff members to do the planning, writing project proposal and reports. Second, he will help CSC to do actual monitoring and evaluation of its work. Third, he will help CSC to organise staff development programmes through various activities on capability building, such as in-service and staff training. Fourth, he will help establish and maintain contacts with other donor agencies and private benefactors to raise funds to support the work of CSC.

### Budgeted Expenses for one Year (June 2003-May 2004)

Total Cost for the first year	=	<u>11,623,520</u> Baht
Contribution:		
- St. Camillus Foundation	100,000 Baht x 12 months =	1,200,000 Baht
- Thai Government	=	760,000 Baht
Requested from other donor agencies and benefactors		
- MISSIO Austria	=	630,000 Baht
- Individual benefactors	=	<u>3,000,000</u> Baht
	Total	= <u>5,590,000</u> Baht
Requested from Caritas Switzerland	=	<u>6,033,520</u> Baht
Contribution in kind - Food, clothes and toys from local people		
	- Anti-retroviral medicines from children campaign	
	- Specific medicines for children	

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## Plan of Activities on Quality of Life Through HIV/AIDS Prevention

<b>Activity</b>	<b>Frequency</b>	<b>Implementation</b>
1. Contact and co-ordinate with concerned agencies on prevention training.	All Year	1. Contact and co-ordinate decision-makers of organisations/enterprises to mutually develop action plan on prevention, including organising prevention training and implementing ongoing activities.
2. Meeting of prevention team (and resource persons).	48 sessions/year	2. Plan training program and conduct pre and ex-post evaluation.
3. Design training program.		3. Training program will be designed according to the relevance and convenience of trainees, which includes orientation session, intensive and one-day training. Certificates will be awarded to trainees on completion of the one-day training program.
4. Training on knowledge on HIV/AIDS.	48 sessions/ year	4. Organise training program for target groups.
5. Develop Action Plan.		5. Leaders or peer educators will play a significant role in extension of HIV/AIDS prevention.
6. Follow-up.	36 sessions/ year	6. Field visits/interviews/informal meetings to enquire on progress of the extension.
7. Publish newsletter.	Quarterly	8. Distribute the newsletter to peer educators/leaders of the target groups or interested people.
8. World AIDS Day/platform for panel discussion on AIDS.	Once a year	9. Promote participation of stakeholders and partners to have active role in the organisation of this activity.
9. Meeting with partner organisations.	Twice a year	10. Evaluate common activities.
10. Operate a centre of learning/internship.	8 times a month	11. Volunteers and interested people from Thailand and foreigners come to have direct experience on their study trips or exposure programs, as well as internships on the care of PLWHA and counselling.

## Logical Framework

### Quality of Life Development through HIV/AIDS Prevention

Level	Description	Indicators	Means for Verification	Beneficiaries	Assumptions
<b>Goals</b>	Empower and build capacity of individuals, family and community on prevention and solution to HIV/AIDS problems for a better quality of life.	70% of target local communities take part in preventing impacts of HIV/AIDS problems to improve the quality of life.	<ul style="list-style-type: none"> <li>- From personal conversations.</li> <li>- Monitoring</li> <li>- Written report</li> </ul>	<u>Primary</u> <ul style="list-style-type: none"> <li>- 500 workers and employees in business enterprise per year.</li> <li>- 700 students and teachers in educational institutions per year</li> <li>- 100 members of 6 communities in Rayong per year</li> </ul> <u>Secondary</u> <ul style="list-style-type: none"> <li>- 3,000 workers, employees, students and community members</li> </ul>	<ul style="list-style-type: none"> <li>- Good co-operation from:               <ul style="list-style-type: none"> <li>: Business enterprises in Rayong and neighbouring provinces.</li> <li>: Formal and non-formal educational institutions</li> <li>: Local communities in Rayong</li> </ul> </li> <li>- The above institutions regularly implement AIDS prevention activities in their organisations.</li> </ul>

Level	Description	Indicators	Means for Verification	Primary Beneficiaries	Assumptions
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<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Build capacity and promote participation of individuals, families and communities in the prevention the spread and reduction of HIV/AIDS</li> <li>2. Strengthen a foundation and empower society to prevent and tackle HIV/AIDS problem.</li> <li>3. Curtail impact of HIV/AIDS prevalence on the economy and health of the Thai population at the individual, community and national level.</li> </ol>	<ol style="list-style-type: none"> <li>1. Leaders of business enterprises take part in prevention and reduction of spread and infection of HIV/AIDS at the ratio of 1:5.</li> <li>2. Leaders of educational institutions take part in prevention and reduction of spread and infection of HIV/AIDS at the ratio of 1:5.</li> <li>3. Community leaders take part in prevention and reduction of spread and infection of HIV/AIDS at the ratio of 1:5.</li> <li>4. Leaders in business enterprises, educational institutions and community can build network on HIV/AIDS to support prevention and solution of HIV/AIDS problems.</li> </ol>	<ul style="list-style-type: none"> <li>- Visit to groups/leaders</li> <li>- Personal interview</li> <li>- Conversation</li> </ul>	<ul style="list-style-type: none"> <li>- Individuals, families and communities take part in prevention and solution of HIV/AIDS problems.</li> <li>- Individuals, families and communities are more aware of HIV/AIDS problems.</li> <li>- Individuals, families and communities have better quality of life.</li> </ul>	<ul style="list-style-type: none"> <li>- Concerned organisations give good co-operation.</li> </ul>
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Strategy	Objectives	Activity	Indicators
<p><b>Strategy 1</b> Build capacity of individuals, families and communities in the prevention of HIV/AIDS infection by promoting proper understanding, knowledge and raising awareness on HIV/AIDS to develop quality of life, promote human dignity and human rights.</p>	<ol style="list-style-type: none"> <li>1. Develop knowledge and proper understanding of HIV/AIDS, raise awareness on the importance of prevention of HIV infection.</li> <li>2. Raise awareness and promote the acceptance, assistance and care of PLWHA at home and in the community.</li> <li>3. Support the target groups or leaders to properly and correctly extend the knowledge and understanding to others, and regularly implement activities and ongoing campaign on prevention of HIV infections.</li> <li>4. Co-ordinate and co-operate with related state agencies and the private sector to provide assistance and welfare on basic necessity for a living to PLWHA and give training on prevention of HIV infections.</li> <li>5. Promote open, sincere and clear conversation on matters related to human sexuality.</li> </ol>	<ol style="list-style-type: none"> <li>1. Co-ordinate with target groups on prevention program.</li> <li>2. Recruit leaders and volunteers for prevention training.</li> <li>3. Planning meeting on training.</li> <li>4. Develop training program.</li> <li>5. Give training on knowledge on HIV/AIDS.</li> <li>6. Develop action plan in business enterprises.</li> <li>7. Develop action plan in educational institutions.</li> <li>8. Monitoring the work with leaders and associations.</li> </ol>	<ol style="list-style-type: none"> <li>1. There is regular co-ordination with business enterprises/educational institutions, local communities, state agencies and private organisations.</li> <li>2. There is co-ordination with concerned people to recruit target groups for prevention training.</li> <li>3. In every training session.</li> <li>4. One day training and platform for sharing.</li> <li>5. Give training on HIV/AIDS and its prevention with target groups, 48 sessions per year.</li> <li>6. The ratio of 1:4 of business enterprises will develop action plan in their organisations.</li> <li>7. The ratio of 1:3 of business enterprises will develop action plan in their organisations.</li> <li>8. Field visit, interview, informal meeting, 36 times per year.</li> </ol>

Strategy	Objectives	Activity	Indicators
<p><b>Strategy 2</b> Promote network of people, communities and organisations in the prevention of HIV/AIDS prevention.</p>	<ol style="list-style-type: none"> <li>1. Promote co-operation in the campaign to prevent and solve HIV/AIDS problems.</li> <li>2. Support co-operation in an action plan and concerted action with partner organisations to effectively implement activities on prevention and solution of HIV/AIDS problems.</li> </ol>	<ol style="list-style-type: none"> <li>1. Co-ordinate planning and mutual implementation.</li> <li>2. Co-ordinate the implementation of activities with groups and associations.</li> <li>3. Mutually implement activities in organisations.</li> <li>4. Provide resource persons, information and news.</li> <li>5. Publish newsletter.</li> <li>6. Hold joint meeting with partner organisations to evaluate the common work.</li> </ol>	<ol style="list-style-type: none"> <li>1. Contact and co-ordinate with partner organisations.</li> <li>2. Co-ordinate with concerned people in partner organisations to meet leaders and associations to implement common activities.</li> <li>3. Once a year.</li> <li>4. When requested by partner organisations, leaders, associations.</li> <li>5. Quarterly</li> <li>6. Twice a year.</li> </ol>
<p><b>Strategy 3</b> Develop a centre of learning at CSC Rayong.</p>	<ol style="list-style-type: none"> <li>1. Act as a source of living knowledge through actual work of CSC Rayong, such as palliative care.</li> <li>2. Develop, train and form new generation of HIV/AIDS workers in other institutions for sustainable home-based and institutional based care of HIV/AIDS.</li> </ol>	<ol style="list-style-type: none"> <li>1. Volunteers in Thailand and from abroad come for internship, study trip and exposure program.</li> <li>2. The public in Thailand and foreigners visit CSC.</li> <li>3. They will have direct experience with PLWHA.</li> <li>4. There is request for training.</li> </ol>	<ul style="list-style-type: none"> <li>- The number of volunteers interested in internship and study trip at CSC.</li> <li>- The number of the public visiting CSC.</li> <li>- There are requests from other organisations for resource persons.</li> </ul>

## Plan of Action on Development of the Eastern Network of People Living with HIV/AIDS 2003-2006

Activity/Program	Field Areas	Target	No. of Activities		
			2003	2004	2005
1. Training on Human Rights and AIDS	7 eastern provinces, i.e. Rayong, Chantaburi, Trad, Prachinburi, Srakaew, Chachoengsao, Cholburi	25 associations	1	2	1
2. Training on Healthcare		25 associations	1	2	1
3. Training on Counselling		25 associations	1	2	1
4. Support to Local Associations of PLWHA		25 associations	25	30	35
5. Meeting of the Committee of Eastern Network		25 associations	6	6	6
6. A Platform of the Eastern Network		25 associations	1	-	1
7. Attend meetings with state agencies and partners	In the eastern region Outside eastern region	25 associations	20	20	20
8. Training on Knowledge on AIDS and Human Rights for Local Communities	7 eastern provinces, i.e. Rayong, Chantaburi, Trad, Prachinburi, Srakaew, Chachoengsao, Cholburi	15 communities	5	5	5
9. Training on Communication Skill for Community Leaders		15 communities	5	5	5
10. Dissemination of Information on AIDS through Media		15 Stations	12	12	12

## Logical Framework

### Development of the Eastern Network of People Living with HIV/AIDS

Problem	Output	Goals	Strategy	Objectives
<p>11. More new infections.</p> <p>12. PLWHA do not have access to ARV and OI medicines for proper treatment.</p> <p>13. Community and PLWHA have an attitude that AIDS leads to death and cannot be cured.</p> <p>14. Impacts of HIV/AIDS progression on oneself and people around them.</p> <p>15. Lack participation of community in care/prevention of HIV/AIDS.</p> <p>16. Rights of PLWHA and relatives are violated.</p> <p>17. PLWHA working with local associations of PLWHA do not have income.</p> <p>18. Local associations of PLWHA are weak.</p> <p>19. PLWHA lack bargaining power.</p>	<p>1. Local groups (associations of PLWHA) are set up</p> <p>2. Network leaders develop their knowledge and build their capacity.</p> <p>3. Take part in policy-oriented advocacy on:</p> <p>3.1 Include OI medicines in 30 Baht medical scheme</p> <p>3.2 GPO produces more and cheaper ARV medicines.</p> <p>3.3 Provide greater access to medical treatment with ARV medicines.</p> <p>4. Demand for lifting patents on ARV medicines, such as DDI.</p> <p>5. Push the government to develop a health system in hospitals for medical treatment of PLWHA covering the whole country.</p> <p>6. PLWHA take part in prevention and solution of HIV/AIDS problems and reduce gap in society.</p>	<p>1. Build capacity of eastern network of PLWHA.</p> <p>2. PLWHA improve their quality of life.</p>	<p>1. Empower local associations and the eastern network in building capacity of PLWHA.</p> <p>2. Launch policy-oriented campaign.</p> <p>3. Promote prevention and solution of HIV/AIDS problems in local communities.</p>	<p>1.1 Obtain information on healthcare and be able to take care of oneself.</p> <p>1.2 Take part in healthcare of service providers.</p> <p>1.3 Take part in disseminating information to others.</p> <p>1.4 Foster effective operation as a network.</p> <p>2.1 Co-operate with public sector in the solution of problems of PLWHA.</p> <p>2.2 Propose guidelines and direction on solution to public sector.</p> <p>3.1 There will be partnership in an effort to address HIV/AIDS problems in local communities to accept PLWHA in living together.</p>

Activity	Target Groups	Partners	Indicators
1. Training on human rights in respect of HIV/AIDS. 2. Training on healthcare 3. Training on counselling 4. Support to local associations 5. Meeting of network committee 6. Regional platform of the eastern network and PLWHA.	1. PLWHA in 7 provinces 2. Leaders from 25 local associations.	1. AIDS NGOs coalition 2. Public health agencies 3. Thai Network of PLWHA 4. Local associations of PLWHA	1. All training activities are implemented as planned. 2. Four more local associations are set up. 3. Local associations of PHAs can continuously implement healthcare activities. 4. At least 50% of PHAs who come for medical treatment at local hospitals visit health service centre at least once.
1. Take part in meetings with provincial offices of public health, regional office of disease control, AIDS Division. 2. Attend meetings with partners, such as CSC, CARE, CAR, other networks.	1. 14 network committee members. 2. 10 members of the dream team. 3. 10 members of the paramedic team. 4. 1 co-ordinator and 1 field worker.	1. AIDS NGOs coalition 2. Public health agencies 3. Thai Network of PLWHA Local associations of PLWHA	1. At least 80% of PHAs get service from local associations and regularly get OI medicines. 2. At least 50% of members of local associations with symptoms of AIDS have regular access to ARV medicines.
1. Training on knowledge on HIV/AIDS and human rights for local communities. 2. Training on communication skill on HIV/AIDS for community leaders. 3. Disseminate information through various media, such as radio program.	1. 15 community members from each of 15 communities in 7 eastern provinces. 2. Local state officials, such as local administration organisations, municipality, hospitals, 15 communities, 15 members each, in 7 eastern provinces.	1. HIV/AIDS NGOs coalition 5. People organisation, civil society 6. Mass Media 7. Thai Network of PLWHA s Local associations of PLWHA	1. There is at least 1 centre of complaints in the east. 2. There are 2-3 leaders at district level in 10 districts of 7 eastern provinces who take active part in solution of AIDS problems. 3. There is information dissemination through 15 radio stations in 7 provinces regularly every quarter.

<b>Means of Verification</b>	<b>Follow-Up/Monitoring</b>	<b>Assumptions</b>	<b>Risks</b>	<b>Expectations</b>
1. Documents 1.1 Report on operation 1.2 Questionnaire/evaluation 1.3 Report on training/meeting/monitoring 1.4 Invitation letter and acceptance to take part in activities. 1.5 Training/meeting documents 2. Various aids. 2.1 Radio tape. 2.2 Posters 3. Places/personnel 3.1 Operational centres of local associations of PLWHA 3.2 Complaint centre for human rights complaints on HIV/AIDS 3.3 Local radio stations in the eastern region.	1. Field visit to talk and gather information. 2. Attend meeting and take part in activities. 3. Make telephone calls to monitor the work. 4. Action plan 5. Email 6. Conduct survey.	1. Leaders can lead training. 2. Local associations have personnel interested in healthcare. 3. Public sector and people organisations realise the importance.	1. Leaders have ill health. 2. PLWHA have economic problems with no income for their livelihood. 3. Public sector does not provide accurate and factual information/co-operation. 4. Local communities do not give co-operation/do not realise the problems.	1. Leaders disseminate information on basic healthcare to members of local associations, PLWHA in general and their relatives. 2. Members apply the information in their daily life. 3. There are more leaders who can work with the eastern network. 4. Health security scheme covers medical treatment of PLWHA. 5. Communities in the eastern region take part in prevention and solution of HIV/AIDS problems. 6. There is partnership in the operation.

<b>Stakeholders</b>	<b>Relationship with Problems and Solution</b>	<b>Potentials</b>	<b>Limitations</b>
1. PLWHA	- They are the affected. - They need empowerment to enable them to	- Know problems and needs. - Can get organised to empower	- Ill health - Low income

	live in society.	themselves.	<ul style="list-style-type: none"> <li>- Do not want to disclose themselves as PLWHA</li> <li>- PLWHA do not give co-operation.</li> </ul>
2. Relatives of PLWHA	<ul style="list-style-type: none"> <li>- They are partners in the prevention and solution of HIV/AIDS problems.</li> <li>- They are affected people.</li> </ul>	<ul style="list-style-type: none"> <li>- Have capacity in care and assistance to PLWHA</li> <li>- Disseminate information on healthcare, prevention and mutual living in community.</li> </ul>	<ul style="list-style-type: none"> <li>- Lack knowledge</li> <li>- Negative attitude</li> <li>- Poor family economic condition.</li> <li>- Lack good relationship in family.</li> </ul>
3. State officials	<ul style="list-style-type: none"> <li>- They are service and assistance providers.</li> <li>- They can give advice and moral support.</li> <li>- They are decision-makers on policy to help PLWHA.</li> </ul>	<ul style="list-style-type: none"> <li>- They are knowledgeable.</li> <li>- Are ready to take action.</li> </ul>	<ul style="list-style-type: none"> <li>- Have heavy load of work.</li> <li>- Outdated information.</li> <li>- Unfavourable bureaucratic system.</li> <li>- Lack participation</li> </ul>
4. NGOs	<ul style="list-style-type: none"> <li>- They are working on HIV/AIDS and with other less-fortunate people.</li> <li>- They are assistants in empowering local associations of PLWHA.</li> </ul>	<ul style="list-style-type: none"> <li>- Have interest and commitment.</li> <li>- Have process in communication on HIV/AIDS.</li> <li>- Can approach the target group well.</li> </ul>	<ul style="list-style-type: none"> <li>- Do not have regular budget.</li> <li>- Insufficient personnel.</li> </ul>
5. Community/village	<ul style="list-style-type: none"> <li>- They are the ones who create problems and can take part in the solution.</li> <li>- They are affected people.</li> <li>- They are the driving forces for solution.</li> </ul>	<ul style="list-style-type: none"> <li>- Can give moral support and assistance to PLWHA.</li> <li>- Know problems in community and can help address the problems.</li> <li>- Can approach the target groups better.</li> </ul>	<ul style="list-style-type: none"> <li>- Lack information</li> <li>- Heavy load of work</li> <li>- Young people go out to work elsewhere.</li> <li>- Lack of financial resources</li> <li>- Lack participation</li> </ul>

<b>Stakeholders</b>	<b>Relationship with Problems and Solution</b>	<b>Potentials</b>	<b>Limitations</b>
6. Thai Network of PLWHA /	- Has the role and task in organising PLWHA and empower their associations.	- Act as a co-ordination centre for local	<ul style="list-style-type: none"> <li>- Insufficient and irregular budget.</li> <li>- Lack knowledge and confidence in</li> </ul>

regional networks	<ul style="list-style-type: none"> <li>- Help reduce the number of AIDS patients and new infections.</li> <li>- Disseminate accurate, in-depth and update information to the broader circle so as to reduce physical, mental, spiritual and social health problems of PLWHA.</li> </ul>	<p>associations of PLWHA and concerned state agencies.</p> <ul style="list-style-type: none"> <li>- They are agents which gather problems and needs of PLWHA.</li> <li>- Launch advocacy on national policies.</li> <li>- Build capacity of leaders of associations of PLWHA.</li> </ul>	<p>operation.</p> <ul style="list-style-type: none"> <li>- Lack opportunity to apply their capacity.</li> </ul>
7. Local organisations, such as local administration organisations, municipality, sub-district chief, etc.	<ul style="list-style-type: none"> <li>- Act as operators in charge of solution of community problems.</li> <li>- They are agencies that are directly affected.</li> <li>- They can develop a plan to help PLWHA.</li> </ul>	<ul style="list-style-type: none"> <li>- Have their own budget.</li> <li>- Have bargaining power and can co-ordinate with various agencies well.</li> <li>- They are local organisations which can address the problems on ongoing basis.</li> </ul>	<ul style="list-style-type: none"> <li>- Give priority to material development.</li> <li>- Give priority to infrastructures.</li> <li>- Do not give co-operation and do not take up their responsibility.</li> <li>- Lack knowledge and understanding.</li> <li>- Too much work under their responsibility.</li> <li>- Lack personnel.</li> </ul>

**Plan of Action on Capacity Building of Staff,  
Monitoring and Evaluation  
2003-2006**

Activity/Program	Target	No. of Activities		
		2003	2004	2005
Weekly monitoring and consultation	12	52	52	52
Monthly in-service training	12	12	12	12
Semi-annual evaluation session	12	2	2	2

## Detailed Budget

<b>1. Quality of Life Development through HIV/AIDS Prevention</b>		
<b>Activity</b>	<b>Budget</b>	<b>Total</b>
<b>1.1</b> One-Day Training, 48 sessions a year, 25 trainees per session		
Meeting of training team, 200 Baht x 48 sessions	9,600	
Sharing with PLWHA, 300 Baht x 48 months	14,400	
Training aids (slide, handouts), 75 Baht x 25 trainees x 48 sessions	90,000	
Stationery (pen, paper, etc.), 70 Baht x 25 trainees x 48 sessions	84,000	
Lunch and coffee breaks, 100 Baht x 25 people x 48 sessions	120,000	
Venue, 1,500 Baht x 48 sessions	72,000	390,000
<b>1.2</b> Follow-up of Action Plan, 3 times a month		
Transportation, 1,500 Baht x 3 times x 12 months	54,000	
Newsletter, 4 issues x 5,000 Baht	20,000	74,000
<b>1.3</b> Platform on AIDS with Stakeholders		
Documentation and Stationery, 100 Baht x 36 people x 2 times	7,200	
Venue, 1,500 Baht x 2 sessions	3,000	
Lunch and coffee breaks, 100 Baht x 36 people x 2 sessions	7,200	
Transportation, 100 Baht x 36 people x 2 sessions	7,200	24,600
<b>1.4</b> Network building		
Transportation, 2,500 Baht x 12 months	30,000	
Meeting with partner organisations, 5,000 Baht x 2 times	10,000	40,000
<b>1.5</b> Centre of Learning		
Sharing with PLWHA, 300 Baht x 8 times x 12 months	28,800	
Coffee break, 30 Baht x 30 people x 8 times x 12 months	86,400	115,200
<b>1.6</b> Office Utilities		
Telephone, fax, Internet, 4,000 Baht 12 months	48,000	
Postage, 1,000 Baht 12 months	12,000	
Office repair, 2,500 Bath x 12 months	30,000	
Electricity, 5,000 Baht x 12 months	60,000	
Water, 1,500 Baht x 12 months	18,000	168,000
<b>1.7</b> Personnel		
A project co-ordinator, 15,000 Baht x 13 months	195,000	
An assistant co-ordinator, 13,000 Baht x 13 months	169,000	
Two trainers, 13,000 Baht x 2 trainers x 13 months	338,000	
Social security and welfare, 1,960 Baht x 13 months	25,480	727,480
<b>Total</b>		<b>1,539,280</b>

<b>2. Development of the Eastern Network of People Living with HIV/AIDS Per Activity/Month</b>		
<b>Activity</b>	<b>Budget</b>	<b>Total</b>
<b>2.1 Training on Human Rights and AIDS</b>		
Accommodation, 300 Baht x 30 people x 3 days	27,000	
Food, 100 Baht x 30 people x 7 meals	21,000	
Transportation, 400 Baht x 30 people	12,000	
Venue	3,000	
Honorarium for resource persons, 2,000 Baht x 2 people	4,000	

Documentation and materials	2,000	
Co-ordination	2,000	71,000
<b>2.2 Training on Healthcare</b>		
Accommodation, 300 Baht x 30 people x 3 days	27,000	
Food, 100 Baht x 30 people x 7 meals	21,000	
Transportation, 400 Baht x 30 people	12,000	
Venue	3,000	
Honorarium for resource persons, 2,000 Baht x 3 people	6,000	
Documentation and materials	2,000	
Co-ordination	2,000	73,000
<b>2.3 Training on Counselling</b>		
Accommodation, 300 Baht x 30 people x 3 days	27,000	
Food, 100 Baht x 30 people x 7 meals	21,000	
Transportation, 400 Baht x 30 people	12,000	
Venue	3,000	
Honorarium for resource persons, 2,000 Baht x 3 people	6,000	
Documentation and materials	2,000	
Co-ordination	2,000	73,000
<b>2.4 Support to Local Associations of PHAs</b>		
Transportation, 400 Baht x 3 people	1,200	
Food, 100 Baht x 3 people	300	
Lodging, 200 Baht x 3 people	600	
Documentation	100	
Co-ordination	100	2,300
<b>2.5 Meeting of the Committee of Eastern Network</b>		
Accommodation, 300 Baht x 20 people x 2 days	12,000	
Food, 100 Baht x 20 people x 7 meals	14,000	
Transportation, 400 Baht x 20 people	8,000	
Allowance, 200 Baht x 20 people	4,000	
Venue	3,000	
Documentation and materials	2,000	
Co-ordination	1,000	44,000
<b>2.6 A Platform of the Eastern Network</b>		
Accommodation, 300 Baht x 150 people x 2 days	90,000	
Food, 100 Baht x 150 people x 7 meals	105,000	
Transportation, 400 Baht x 150 people	60,000	
Venue	3,000	
Documentation and materials	3,000	
Co-ordination	3,000	264,000

<b>2.7 Attend meetings with state agencies and partners</b>		
Transportation, 400 Baht x 3 people	1,200	
Food, 100 Baht x 20 people x 7 meals	600	
Co-ordination	2,000	
Documentation	1,000	4,800
<b>2.8 Training on Knowledge on AIDS and Human Rights for Local Communities</b>		
Accommodation, 300 Baht x 25 people x 1 day	7,500	

Food, 100 Baht x 25 people x 7 meals	17,500	
Transportation, 400 Baht x 25 people	10,000	
Honorarium for resource persons, 2,000 Baht x 2 people	4,000	
Documentation and materials	2,000	
Co-ordination	2,000	43,000
<b>2.9 Training on Communication Skill for Community Leaders</b>		
Accommodation, 300 Baht x 25 people x 1 day	7,500	
Food, 100 Baht x 25 people x 7 meals	17,500	
Transportation, 400 Baht x 25 people	10,000	
Honorarium for resource persons, 2,000 Baht x 2 people	4,000	
Documentation and materials	2,000	
Co-ordination	2,000	43,000
<b>2.10 Dissemination of Information on AIDS through Media</b>		
Materials (blank cassette tape), 20 pieces x 20 Baht	400	
Sound lab	4,000	
Delivery	600	
Co-ordination	1,000	6,000
<b>2.11 Personnel management</b>		
Salary for the network president, 13,000 Baht x 13 months	169,000	
Salary for a co-ordinator, 12,500 Baht x 13 months	162,500	
Salary for an office secretary, 12,000 Baht x 13 months	156,000	
Salary for field worker, 12,000 Baht x 13 months	156,000	
Social security, 750 Baht x 4 people x 13 months	39,000	682,500
<b>2.12 Office administration</b>		
Rent, 5,000 Baht x 12 months	60,000	
Office supplies, 3,000 Baht x 12 months	36,000	
Utilities, 5,000 Baht x 12 months	60,000	
Co-ordination, 4,000 Baht x 12 months	48,000	
Documentation, stationery, 2,000 Baht x 12 months	24,000	228,000
<b>Total</b>		

## Summary of Budget for One Year

<b>Development of the Eastern Network of People Living with HIV/AIDS</b>		
1. Training on Human Rights and AIDS	71,000	
2. Training on Healthcare	73,000	
3. Training on Counselling	73,000	
4. Support to Local Associations of PLWHA	57,500	
5. Meeting of the Committee of Eastern Network	264,000	
6. A Platform of the Eastern Network	264,000	
7. Attend meetings with state agencies and partners	96,000	
8. Training on Knowledge on AIDS and Human Rights for Local Communities	215,000	
9. Training on Communication Skill for Community Leaders	215,000	
10. Dissemination of Information on HIV/AIDS through Media	72,000	
11. Personnel management	682,500	
12. Office administration	228,000	2,311,000

**Budget for Jun 2003-May 2006**  
**Development of the Eastern Network of People Living with HIV/AIDS**

Activity	Year 1 (Jun 2003 – May 2004)			Year 2 (Jun 2004 – May 2005)			Year 3 (Jun 2005 – May 2006)			Total
	People	Session	Budget	People	Session	Budget	People	Session	Budget	
1. Training on Human Rights and HIV/AIDS	30		71,000	60	2	142,000	30	1	71,000	284,000
2. Training on Healthcare	30	1	73,000	60	2	146,000	30	1	73,000	292,000
3. Training on Counselling	30	1	73,000	60	2	146,000	30	1	73,000	292,000
4. Support to Local Associations of PLWHA	3	25	57,500	3	30	69,000	3	35	80,500	207,000
5. Meeting of the Committee of Eastern Network	20	6	264,000	20	6	264,000	20	6	264,000	792,000
6. A Platform of the Eastern Network	150	1	264,000	-	-	-	200	1	349,500	613,500
7. Attend meetings with state agencies and partners	3	20	96,000	3	20	96,000	3	20	96,000	288,000
8. Training on Knowledge on HIV/AIDS and Human Rights for Local Communities	125	5	215,000	125	5	215,000	125	5	215,000	645,000
9. Training on Communication Skill for Community Leaders	125	5	215,000	125	5	215,000	125	5	215,000	645,000
10. Dissemination of Information on AIDS through Media	-	12	72,000	-	12	72,000	-	12	72,000	216,000
11. Personnel management	4	13	643,500	4	13	643,500	4	13	643,500	1,930,500
12. Office administration	-	12	228,000	-	12	228,000	-	12	228,000	684,000
<b>Total</b>	<b>-</b>	<b>-</b>	<b>2,272,000</b>	<b>-</b>	<b>-</b>	<b>2,236,500</b>	<b>-</b>	<b>-</b>	<b>2,380,500</b>	<b>6,889,000</b>

<b>3. Palliative Care of Adults</b>		
<b>Activity</b>	<b>Budget</b>	<b>Total</b>
<b>3.1 Accommodation</b>		
Food, 60 patients x 50 Baht x 30 days x 12 months	1,080,000	
Electricity, 20,000 Baht x 12 months	240,000	
Kitchen-laundry, 6,500 Baht x 12 months	78,000	
Washing powder, 6,000 Baht x 12 months	72,000	
Disinfectant, 2,400 Baht x 12 months	28,800	
Stationery, 5,000 Baht x 12 months	60,000	
Telephone-postage, 4,000 Baht x 12 months	48,000	1,606,800
<b>3.2 Palliative Care</b>		
Basic medicines, 30,000 Baht x 12 months	360,000	
Food supplement, vitamins, medical supplies, pampers, cotton, gauze, disinfectant, bed sheet, blanket, , 20,000 Baht x 12 months	240,000	
Travelling, 50,000 km x 3 Baht	150,000	750,000
<b>3.3 Personnel</b>		
1 part-time nurse, 8,000 Baht x 13 months	104,000	
5 ass. Nurses, 5,000 Baht x 5 people x 13 months	325,000	
1 driver, 5,000 Baht x 13 months	65,000	
1 gardener, 4,000 Baht x 13 months	52,000	
2 cooks, 6,000 Baht x 2 people x 13 months	156,000	
2 cleaners, 6,000 Baht x 2 people x 13 months	156,000	
Social security, 400 Baht x 12 people x 13 months	62,400	920,400
<b>Total</b>		<b>3,277,200</b>

<b>4. Education and Care for AIDS Orphans and Affected Children</b>		
<b>Activity</b>	<b>Budget</b>	<b>Total</b>
<b>4.1 Childcare</b>		
Food, 30 children x 60 Baht x 365 days	657,000	
Supplementary meals, milk, 17,000 Baht x 12 months	204,000	
Bedding and clothes, 5,000 x 12 months	60,000	921,000
<b>4.2 Education</b>		
Clothes, student uniforms, 9,000 x 12 months	108,000	
Stationery, school materials, 8,500 x 12 months	102,000	210,000
<b>4.3 Caring</b>		
Basic medicines, 8,000 Baht x 12 months	96,000	
Transportation to and from hospital	48,000	
Blood tests & anti-retroviral medicines	1,248,000	1,392,000
<b>4.4 Outings and excursions</b>		
Transportation, 18,000 Baht x 12 months	216,000	
Staff training, 5,000 Baht x 12 months	60,000	276,000

<b>4.5 Scholarship for 50 orphans affected by AIDS</b>		
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For formal education, 50 students x 500 Baht x 12 months	300,000	
Stationery, 1,000 Baht x 12 months	12,000	312,000
<b>4.6 Home-visit</b>		
Transportation	30,000	30,000
<b>4.7 Salaries</b>		
One part-time nurse, 5,000 Baht x 13 months	65,000	
Two teachers (university graduates), 12,000 Baht x 13 months x 2 teachers	312,000	
Two teachers (undergraduates), 9,500 Baht x 13 months x 2 teachers	247,000	
One babysitter, 6,500 Baht x 13 months	84,500	
One housekeeper, 6,500 Baht x 13 months	84,500	
Social security, 330 Baht 6 people x 13 months	25,740	818,740
<b>4.8 Utilities</b>		
Electricity, water and gas, 8,000 Baht x 12 months	96,000	96,000
<b>Total</b>		4,055,740

<b>5. Monitoring and Staff Development</b>		
<b>Activity</b>	<b>Budget</b>	<b>Total</b>
<b>5.1 Monthly staff meeting and in-service training</b>		
Documentation, 50 Baht x 12 people x 12 months	7,200	
Venue, 2,000 Baht x 12 months	24,000	
Transportation, 1,000 Baht x 12 months	12,000	
Food, 200 Baht x 12 people x 12 months	28,800	72,000
<b>5.2 Semi-annual evaluation sessions, 2 sessions a year</b>		
Documentation, 200 Baht x 12 people x 2 sessions	4,800	
Venue, 2,000 Baht x 3 days x 2 sessions	12,000	
Transportation, 2,000 Baht x 2 sessions	4,000	
Board, 500 Baht x 12 people x 2 sessions	12,000	
Lodging, 5,000 Baht x 2 sessions	10,000	42,800
<b>5.3 Monitoring and evaluation consultant, three days a week</b>		
Consultancy fee, 25,000 Baht x 13 months		325,000
<b>Total</b>		439,800

## Budget Summary For One Year (Jun 2003 – May 2004)

Programs	Budget	Total/Baht
<b>1. Quality of Life Development through HIV/AIDS Prevention</b>		
One-Day Training	390,000	
Follow-up of Action Plan	74,000	
Platform on AIDS with Stakeholders	24,600	
Network building	40,000	
Centre of Learning	115,200	
Office Utilities	168,000	
Personnel	389,480	1,539,280
<b>2. Quality of Life Development through HIV/AIDS Network</b>		
Training on Human Rights and AIDS	71,000	
Training on Healthcare	73,000	
Training on Counselling	73,000	
Support to Local Associations of PLWHA	57,500	
Meeting of the Committee of Eastern Network	264,000	
A Platform of the Eastern Network	264,000	
Attend meetings with state agencies and partners	96,000	
Training on Knowledge on HIV/AIDS and Human Rights for Local Communities	215,000	
Training on Communication Skill for Community Leaders	215,000	
Dissemination of Information on HIV/AIDS through Media	72,000	
Personnel management	682,500	
Office administration	228,500	2,311,000
<b>3. Palliative Care of Adults</b>		
Accommodation	1,606,800	
Palliative Care	750,000	
Personnel	920,400	3,277,200
<b>4. Education for AIDS Orphans and Affected Children</b>		
Childcare	921,000	
Education	210,000	
Caring	1,392,000	
Outings and excursions	276,000	
Scholarship for 100 children affected by AIDS	312,000	
Home visits	30,000	
Salaries	818,740	
Utilities	96,000	4,055,740
<b>5. Monitoring and Staff Development</b>		
Monthly staff meeting and in-service training	72,000	
Semi-annual evaluation sessions	42,800	
Monitoring and evaluation consultant	325,000	439,800
<b>Total</b>		<b>11,623,520</b>

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