

External Review

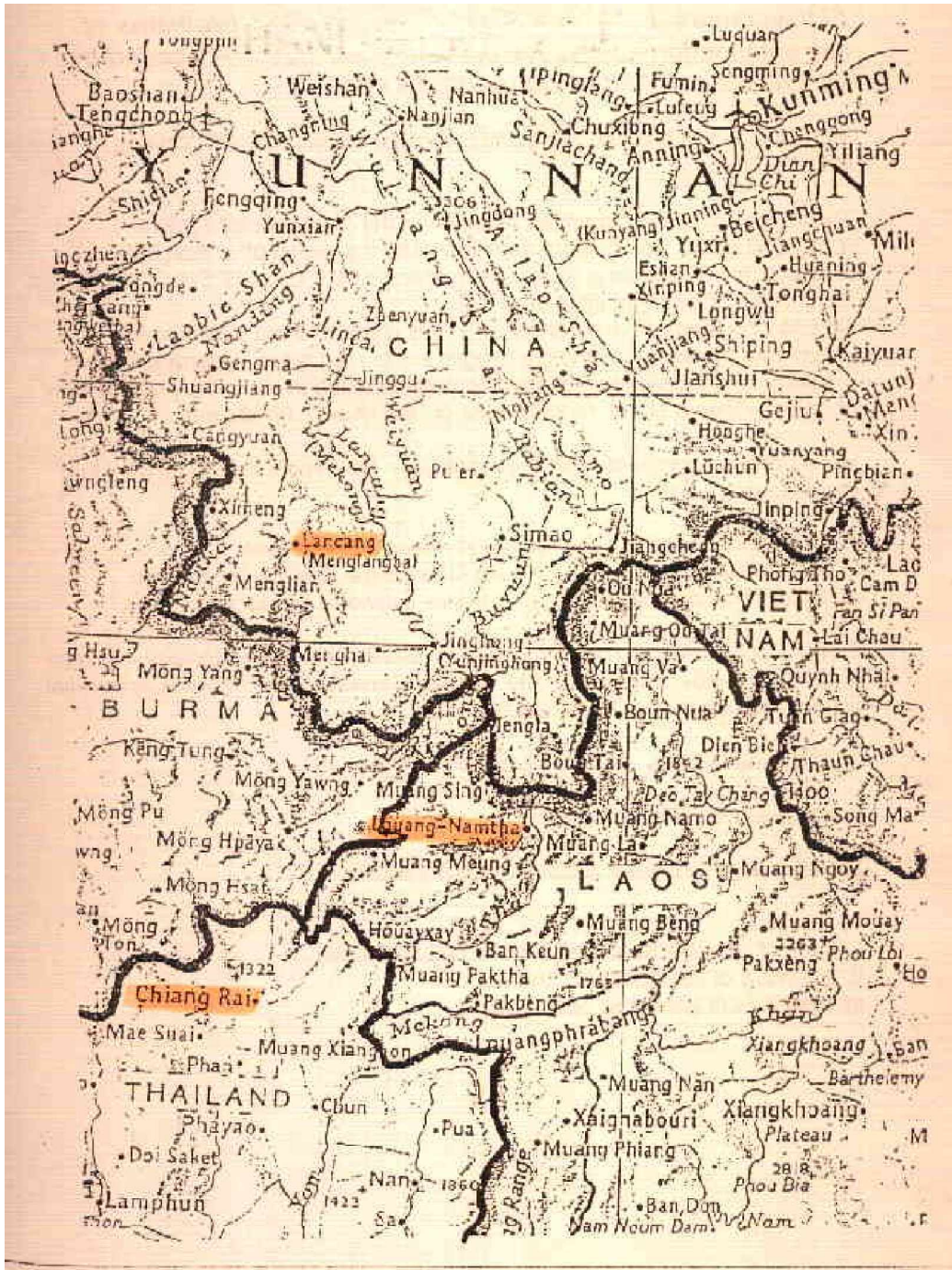
Prevention of HIV/AIDS among Ethnic Minorities of the Upper Mekong Region through Community-based Non-Formal and Formal Education.

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Map of Region Showing 3 project Sites



2.1 Project Description

The '*Prevention of HIV/AIDS among Ethnic Minorities of the Upper Mekong*' emerged from a combination of previous initiatives such as UNESCO's APPEAL project, 'Prevention of HIV/AIDS and Drug Abuse through Quality Improvement of Curriculum and Teaching/Learning Materials in Asia and the Pacific' and UNAIDS/UNESCO's Cultural Approach to HIV/AIDS Prevention for Sustainable Development. The two-year project was conceived in late 1998 with the following rationale:

'an intersectoral approach (combining UNESCO divisions: education, social and human sciences, and culture) "built on unity in diversity". The Mekong Region is diverse in terms of population, socio-cultural and linguistic differences. It has unity in terms of the similarity of issues and problems that are cross-cutting and cross-border related.'

On June 24 1999, from the UNESCO ASIA Pacific Regional Bureau for Education formerly called UNESCO Principal Regional Office for Asia and the Pacific (PROAP) contacted the UNESCO National Commissions of China, Lao PDR and Thailand regarding approval of the project to be funded by the Japanese Funds-in-Trust. The project document flagged several key targeting strategies to be undertaken in three countries of the Upper Mekong Region- China, Laos PDR and Thailand.

1. It would focus on the diversity of peoples living in the Greater Mekong Sub-region. Recognizing that socio-cultural and economic factors determine different ethnic minority groups' levels of vulnerability to HIV and respective access to preventative resources and AIDS care services the project aimed to develop culture-specific HIV/AIDS education/prevention materials to lessen this vulnerability.
2. Given the degree of increasing mobility and economic development taking place in the upper Mekong region as a whole, the project aimed to focus on certain key elements underpinning the increasing HIV vulnerability within ethnic groups throughout the region. These would expand the focus on HIV/AIDS to include related social problems of drug abuse and trafficking of women and children, both of which are promoted by cross-border networks and interactions within the region.
3. With the chief operating principle of developing education strategies, the project designated that the specific implementing agencies should be local government Education (formal and non-formal) Departments.

2.1.1 Objectives

The original project document written in August 1998 stipulated both long-term and short-term objectives as follows.

Long Term Objectives

- To contribute to HIV/AIDS prevention among minority populations in the Upper Mekong Region through non-formal and formal education.
- To facilitate mechanisms for sub-regional cooperation to address the unmet education needs of cross-national minority populations threatened by the HIV/AIDS pandemic.

Specific or Immediate Objectives

- To support and upgrade local efforts of national and local governmental organizations, NGOs, community groups, teachers and traditional healers to prevent the spread of HIV/AIDS
- To address the lack of culturally and linguistically appropriate HIV/AIDS, trafficking and drug use preventative education programs for minorities
- To address the specific educational needs of minority girls and women.

2.1.2 Target Groups

In order to maximize the effectiveness of the project activities, specific target groups within the 3 countries were chosen. Reflecting the project goals, the foremost target group was minority peoples, especially women and children within sites close to border areas. The choice of specific minority groups to be targeted was based on consultation with local governments and determined by geographic locale and levels of perceived HIV vulnerability. Targeted ethnic groups in each country are as follows:

- China: Lahu peoples
- Lao PDR: Akha, Lanten (a Yao sub-group) and Khouy (Lisu) peoples
- Thailand: Akha, Lahu, Hmong, Yao, Karen, and Lisu peoples, and Shan and Lao migrants.

To ensure the project activities were both sustainable and replicable, equally important target groups within each project site included:

- Community workers and health workers, Government officials and policy makers; Teacher/educators; and traditional leaders.

2.1.3 Project Sites

The project chose 3 pilot sites in Northern Thailand, Northern Lao PDR and Southern China each within the Upper Mekong Region. Determining criteria included close proximity to border areas; large number of ethnic minority people as local residents; high vulnerability to, and/or incidence of, HIV/AIDS, trafficking and drug abuse.

The specific sites chosen were:

Southern China: Mong Zhe County, Xishuangbanna Prefecture, Yunnan Province (later changed to Lancang County, Simao Prefecture, Yunnan Province)

Northern Laos: Sing District (Long District added later), Luang Namtha Province

Northern Thailand: Mae Chan District (Mae Fah Luang, Mae Ai, Mae Suai, Mae Sai, Chiang Saen and Viang Kham Districts added later) Chiang Rai Province.

2.1.4 Project Activities

The project document divided the intended activities in each of the 3 sites into 3 phases.

Phase 1 - Needs Assessment (initially scheduled from October 1999-March 2000)

Following the selection of specific communities in the 3 pilot sites, a needs assessment was to be conducted using a detailed UNESCO questionnaire as a model to gain information from the target communities. In each site, a training workshop was to be organized to familiarize project implementers with the use and application of questionnaire and focus group data collection. The aims of this needs assessment were

- To determine the availability and relevance of existing HIV/AIDS, trafficking and drug use materials in minority languages
- To determine how local minority communities perceived their problems and needs concerning HIV/AIDS, trafficking and drug abuse

Phase 2 - Development of Culturally Relevant Educational Material (April-December 2000)

Based on the needs assessment this phase was meant to build local capacity in the production of relevant media materials and produce a set of prototype materials used to prevent HIV/AIDS, trafficking and drug abuse within local ethnic populations. It was to involve several general stages:

- Project implementers, using local specialists, would train working teams (largely comprising local education staff) to produce culturally specific education and prevention materials.
- Working teams, with input from local communities, would produce prototype media materials based on needs identified in the first phase.
- Local community workers and formal and non-formal education departments would be trained on the use of these materials in respective target sites.
- Exchange visits would be organized for government authorities, local community leaders, relevant educators and researchers from the 3 project sites

Phase 3 - Testing of Developed Materials (January – June 2001) (comment: this is part of phase 2, the phase 3 component is capacity-building on development and utilization of materials 7/1/02)

This stage involved the careful pre-testing of the produced media materials and assessment of their effectiveness.

- Based on feedback from target communities concerning the relevance and suitability, the materials would be modified for subsequent use in the communities.
- The pre-testing phase would also involve an empirical form of evaluation that would assess changes in knowledge, attitudes and practices that have occurred as a result

of the application of the project activities in selected groups within the target communities.

Phase 4 - Utilization of Developed Materials (comment: This is still phase 3 – the phase 4 I n fact was aimed for expansion to other ethnic minority villages - 7/01/02)

A possible extension to the project was envisioned at the outset wherein the produced pilot media materials, which if proven to successfully lessen the target communities vulnerability to HIV infection, trafficking and drug abuse and improve the integration of those with HIV/AIDS, would be utilized in wider populations in the region. This would depend on the outcome of internal monitoring, external evaluation, availability of funding and UNESCO's policy directives.

2.1.5 Expected Outputs

The project document listed the following outputs and expected results.

1. Establishment of an inventory of culturally relevant materials on prevention of HIV/AIDS, Trafficking and Drug Abuse
2. Evaluation of the use of media and technology in education minority people (i.e. radio, TV, video, theater production, songs, cartoons, peer education).
3. Operational frameworks for each project site, derived from the Needs assessment.
4. Baseline data on knowledge, attitudes and practices within the pilot sites.
5. Prototype programmes and materials on HIV/AIDS, Trafficking and Drug Abuse, relevant to the cultural and linguistic needs of the minority groups.
6. Personnel trained in how to develop and evaluate the prototype materials
7. Personnel trained in how to use and implement the materials
8. Guidelines for the implementation of the prototype materials
9. Final report and evaluation of the project

A Budget Expenditure for the above 3 phases was detailed at US\$230,000 (including 13% UNESCO support costs) to be divided almost equally between the 3 project sites with some degree of adjustment depending on specific activities, size of target groups and project costs.

2.1.6 Project Structure

The project was originally conceived as an intersectoral project to be managed through productive collaboration from 3 sectors of UNESCO Regional Office in Bangkok – Social Sciences, Culture and Education. The Directors Office was the designated focal point at the start, with substantial input from all the 3 sectors, although the Education Sector was the main actor for pre-existing AIDS education activities. The original intention was that all the sectors would play equal roles providing guidance and assistance based on specialist knowledge as required, even though it was a preventive education project, with the Director as the overall administrator of project activities and budget line-items. While some intersectoral input did take place in the early days of project planning and contact with respective countries, intersectoral collaboration in the management and guidance of the project was never satisfactorily achieved and informally. The Director therefore, in 2001, assigned the coordination of the project to the Regional Adviser of the Social and Human Sciences Unit,

and a consensus was reached that that each country site was handled by the different sections respectively: Education was responsible for China, Social Sciences oversaw the Thailand activities, and the Culture section initially worked on activities in Lao PDR. At about the same time, Social Science Section and Education worked closely in handling activities in Lao PDR. Education remained in charge of activities in China. In late 2002, the UNESCO Asia Pacific Regional Bureau for hired a consultant on a short-term contract to act as an AIDS coordinator, although as the *'Prevention of HIV/AIDS among Ethnic Minorities of the Upper Mekong'* project was in its final days, this coordinator has had little very minimal role as the activities have almost been implemented.

2.2 Justification

The project and its activities were conceived and designed around perceived need. Before considering the activities and their effectiveness in turn, it is helpful to recap the rationale for the project's implementation in the first place. The overriding justification for project activities is a recognized vulnerability of peoples living in the Upper Mekong to an either existing or potentially explosive spread of HIV. This vulnerability stems from a series of related factors.

The upper Mekong is a region where economic growth and rapid modernization have, and are continuing to, introduce rapid social change to large sectors of the local population. As respective national development policies push for increased economic development the impetus for trade and mobility is evident in the rapid increase in movement of goods and people between countries in the region. While recent legislative changes have notably heightened the officially sanctioned levels of trade and tourism between countries in the upper Mekong, movement of goods and people is nothing new. Drug and people trafficking have been widespread for years throughout the region (commonly known as the Golden Triangle) and considered by many to be increasing. The rapid spread of HIV/AIDS is an attendant social and public health dilemma accompanying both social change and the legal and illegal movement across borders. This occurs, in part, for reasons that are specific to social and economic factors that characterize the lives of the residents in these areas.

The cool hills that flank the adjoining border areas of Lao PDR, Thailand and Southern China (and Burma and Vietnam) in the upper Mekong are home to a large number of ethnic groups. If we include Cambodia, the Greater Mekong Subregion (GMS) is home roughly 21 million people from ethnic minority groups. A common characteristic of minority or indigenous peoples is social marginalisation that in turn leads to poorer health, lower educational opportunities and a less secure livelihood. Each of these factors are a noticeable element within the ethnic groups in the target countries who live predominantly in the upland and mountainous areas of North Thailand, North Laos and Southern China. As can be seen in the accompanying maps, the provinces chosen as project sites have high numbers of ethnic groups, most of whom span national borders.

In Yunnan province, out of a population of 40 million, roughly one third (13 million) belong to different minority ethnic groups. Luang Namtha Province in Lao PDR has the highest number of ethnic minority groups of any Lao province (27), comprising over 2/3rd of the provincial population, and Chiang Rai also has large numbers of the predominant ethnic groups (Akha, Lahu, Lisu, Hmong, Karen and Yao). In each country ethnic minority groups rank lower on typically measured criteria such as health status and literacy in the lowland dominant language (most indigenous languages of these groups have no written script.) Within Thai borders, many ethnic people suffer the added problem incurred by a lack of Thai citizenship despite laws dating back more than two decades that were meant to clarify and accord civil rights to the eligible minority individuals. Lack of citizenship has immediate and significant effects on social marginalisation and access to social services and economic resources.

The interrelationship of poverty, limited access to education and health services, limited political representation and pressure to change traditional subsistence based lifestyles leads to heightened vulnerability to HIV/AIDS. As the ADB notes in a recent survey of Health and Education needs of Ethnic Minorities in the Greater Mekong Sub-Region "HIV/AIDS poses a special threat to ethnic minority populations because of their relative isolation from the majority as well as the language barriers they face" (2001:15). This vulnerability can be simplified to 2 key areas.

- **Limited access to resources that prevent HIV transmission.** The most obvious of these stems from the lack of specific education/prevention material developed for ethnic groups that present and impart knowledge and options for preventive behaviour in ways that are relevant to local lifestyles and knowledge systems. It also includes relatively limited access to material resources known to minimize risk of HIV infection such as condoms and disposable needles.
- **Exposure to forces that heighten vulnerability.** These take place in a number of contexts. Generally speaking, unsafe sex and unsafe needle use are associated with a number of forces impacting on social marginalisation of minority peoples including:
 1. The pressure to leave one's home village to seek employment and a living wage in towns/cities. Throughout the Upper Mekong, the number of ethnic women involved - both voluntarily and involuntarily - in commercial sex services (usually at the bottom end of the market) is increasing. There is a concomitant increase in the presence of sex service venues available to men from ethnic minority groups (particularly in Yunnan and Luang Namtha where the growing market economy is increasing the number of venues and the number of men with disposable cash). In both instances, HIV vulnerability is increased when HIV knowledge is either inadequate or the means to safe behaviour unavailable or impractical.
 2. The pressure to change traditional drug use practices. Non-traditional drug use has been associated with state-driven attempts to remove endemic opium use and abuse amongst ethnic groups. Frequently prohibitions on opium use have

lead to the injection of illicitly marketed alternative opiates (such as heroin). In situations where needles are scarce and knowledge and/or resources to clean needles inadequate, sharing contaminated needles takes place.

A combination of these factors has led to growing rates of HIV (and the incidence of trafficking and non-traditional drug use including methamphetamines) in the project sites and lead to the project rationale that carefully targeted education is one crucial means to counter the deficiencies in state run campaigns that have not targeted ethnic groups specifically.

2.4 HIV/AIDS Situation in Project Sites.

While data is sketchy, existing indications that HIV infection is both a real and potential social and public health problem for ethnic populations in the region, making well targeted programs an essential element of the attempts to reduce the threat of HIV/AIDS, trafficking and drug abuse.

2.4.1 Thailand

For some years through the 1990s Chiang Rai Province had the highest seroprevalence levels in Thailand in several sentinel surveillance categories including direct commercial sex workers and men attending STD clinics. While levels of seroprevalence have been reduced in Thailand in recent years, to date, numbers of those infected with HIV still overshadow known infections in neighboring countries. The epidemiology of HIV/AIDS in Thailand is well known and infection and mortality trends have been widely documented and analysed as models for comparative trends in other countries in the region. One glaring lack is a detailed epidemiological picture of HIV prevalence amongst minority groups.

Roughly 1 million Thai have been infected since the pandemic was first detected in the late 1980s, and nearly 300,000 have died from AIDS. Of these, the Northern provinces have been the hardest hit with high mortality rates noticeably reducing life expectancy in these provinces. Figures specific to minority groups have not been aggregated from within the sentinel surveillance data, however a number of researchers point to the high rates of HIV present in minority villages. For example, an epidemiological survey conducted by the Northern Drug Treatment Centre in 1994 found that 52% of hill tribe heroin users were HIV positive (Poshyachinda *et al* 1997).

2.4.2 Lao PDR

From 1990 until December 2001 a total of 84,937 people have been tested for HIV within Lao PDR and 932 have been found to be infected (364 AIDS cases have been reported). However, national figures are compiled from a partial sentinel surveillance that does not include all of the 14 Lao provinces. As the NCCA notes "Limited resources mean there is only a limited surveillance system at present. Hence this figure may not be representative of the current extent of the HIV epidemic in Lao PDR" (1999:2). In 2000,

UNAIDS estimated national seroprevalence to be less than 0.1% (roughly 1300 of the 15-49 year-old population). Data on HIV seroprevalence are not collected from Luang Namtha Province. The NCCA explain this as due to an inadequate number of individuals falling into the sentinel surveillance categories so as to make testing impractical in this province. As I will describe in the following sections, there are various factors that would lead us to assume that, even if not currently high, levels of HIV could expand rapidly.

2.4.3 China

Outside of sporadic cases of HIV identified amongst foreigners or overseas Chinese, prior to 1989 HIV was first associated in large numbers in Southwest Yunnan where it was found among injecting drug users at prevalence levels of 40-80%. These infections were concentrated among ethnic and minority groups. There were over 900,000 registered drug users in China in 2001. However, the real number of drug abusers is perhaps several times higher. According to data from the surveillance system in 2001, the proportion of drug users who inject is around 60%, many of whom share needles. (British Medical Journal: BMJ 2002;324:803-804 (6 April) By June 2001, the Ministry of Health announced that the cumulative number of people in China with HIV/AIDS had reached 26,058, with a total of 1,111 AIDS cases and 584 related deaths. However more recently the Chinese government has concurred with estimates from UNAIDS that put the figure closer to one million and predict that by the end of 2005 this figure will rise to five million. If such a trend continues and there are no successful countermeasures taken it has been estimated by UNAIDS this figure will rise to 20 million by the end of 2010.

In Yunnan Province Sentinel surveillance commenced in 1992 and the five kinds of sentinel sites which included drug users, STI clinics, prostitutes, pregnant women and unlinked populations. In 1990, the ratio of male to female HIV infection stood at 40:1 and in 2000 it was 6:1. Up to 95% of those HIV infected are aged 30 years and under. In 1990, those from ethnic communities accounted for 81% of all infections but by 2000, it accounted for only 11% indicating the rapid increase in infection in the urban population, mainly amongst the majority Han population. (Asia Regional HIV/AIDS Document: AusAID 2002 pg 24)

A total of 7,973 HIV infections have been reported from 1988 to 2000 in Yunnan accounting for 50% of the total reported HIV infections in China. Currently, 60% of the deaths related to AIDS occur in Yunnan. While the predominant route of transmission remains through the sharing of needles among injecting drug users – 85% of HIV infections are found among IDU – evidence exists to show that sexual transmission started to rise from mid 1997. In 2001, sexual transmission accounts for 8.4% of known infections and 1% from mother-to-child transmission. (Asia Regional HIV/AIDS Document: AusAID 2002 pg 24)

2.5 External Review Objectives

The Prevention of HIV/AIDS among Ethnic Minorities of the Upper Mekong Region through Community-based Non-Formal and Formal Education project was initiated to address

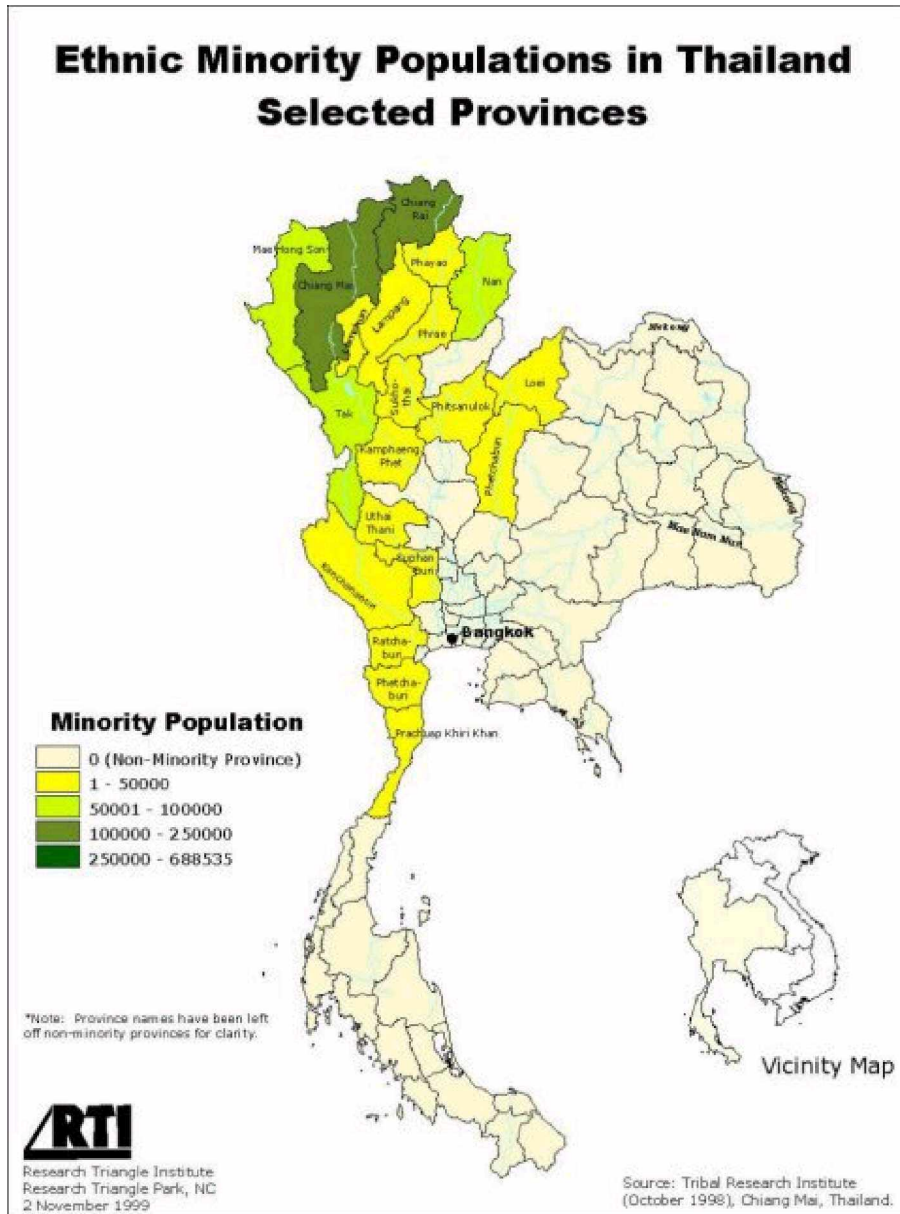
the HIV vulnerability of ethnic groups in border areas of the 3 selected countries in the Upper Mekong and minimize the related threat of trafficking and drug abuse amongst the targeted communities. Intended as a pilot project for 2 years, a follow-up phase was envisioned that would expand the beneficial impact of project activities and produced materials. Amongst other things this depends on the outcome of an external evaluation of the project. To this end an external consultation (November 12, 2002-January 15 2003) based on a SWOT analysis was consigned to carry out the following directives:

- Assess the successes and weaknesses of the project, specifically addressing the following questions
 1. Were the targeted populations reached?
 2. Were they reached in a culturally appropriate manner?
 3. Did the target population not only receive, but also internalize the messages?
 4. Were the local efforts of national and local government authorities, NGOs, community groups, teachers and traditional leaders upgraded with regard to their efforts to acknowledge and prevent the spread of HIV/AIDS?
- Assess the opportunities gained from the project and what were/are the threats
- Assess all three parts of the project at each project site
- Assess what lessons were learned from the project
- Make recommendations as to what should be included in a second phase of the project, if it is recommended at all.

The following review will address these questions and make the required assessments based on field studies conducted to the project sites in November and December 2002 (see annex of evaluation schedule and site visits). Each project site will be considered in turn, and then the overall project structure organization and its effectiveness will be assessed in light of recommendations for future activities.

External Review Findings

3 Thailand: Chiang Rai



The Chiang Rai Department of Non-Formal Education agreed to implement the project beginning in June 2000. They have been the lead agency conducting the activities in all 3 phases.

After an initial planning meeting in June 2000, a secretariat and working team was established by the Chiang Rai NFEC (Non-Formal Education Center) and village sites chosen. Activities from Phase 1 and Phase II were conducted in 8 villages in 5 districts in

Chiang Rai. In Phase III, 12 new village sites were chosen to test the materials developed in Phase II.

Phase I and II villages		
Mae Suai District	Abordoh Village Doi Lan Village* Pa Muang Village*	Akha Lisu Karen/Lahu
Mae Chan District	Jayee Village*	Lahu
Wiang Kaen District	Huai Kook Village Huai Poh Village	Hmong Yao (mien)
Mae Sai District	Mai Lung Khon/Koh Sai	Shan migrants
Chiang Saen	Sob Kham	Lao migrants

Phase III villages		
Ma Fah Luang District	Pang Pra Ratchathan	Shan migrants
	Pa Muser village*	Lahu
	Lao Sib village	Yao (mien)
Mae Chan District	Doi Taw village	Thai
	He Go village	Lisu
Wiang Pa Pao District	Mae Poon Noi village*	Karen
Mae Suai District	Saen Charuen village	Akha
	Pang Sang village*	Akha
Mae Sai District	Hua Nam Rin Fai Pa	Shan migrants
Chiang Saen District	Pasak Hang Wiang village	Lao migrants
Wiang Kaen District	Nong village	Hmong and Yao
	Mong Si La Dang	Hmong

*sample villages visited during external review

These sites were chosen based on the following criteria:

1. One village from each major ethnic group must be included, along with settlements of migrant workers from Burma and Lao PDR
2. Each site must have at least 50 families but not more than 100
3. There should be a community learning center (CLC) at each site to assist with the implementation of activities
4. Sites should be spread out over the province and include remote, semi-remote and town communities

3.1. Phase 1 – Needs Assessment

June 2000- December 2000

3.1.1 Activities

During the month of June 2000, Phase 1 activities were planned.

1 Questionnaire Preparation: With assistance from a number of local NGOs, a UNESCO baseline questionnaire was adapted for use in the village sites. Questions were modified for local applicability and sections on migration, illicit narcotics and commercial sex were added. A total of 483 questionnaires were collected.

Data in each village was collected in two ways:

- Questionnaires for 80 villagers in 6 categories – females under 25 (20), males under 25 (20), females over 25 (14), males over 25 (14), council members (6), community elders (6)
- Focus group discussion of community problems and ways to address them, and any additional information not collected by the questionnaire.

2 Project teams were established for 7 sites (activities in Chiang Saen and Mae Sai were conducted by the same team). Each team consisted of 6 members: 1 researcher from Rajabhat Teachers College, 2 villagers from project site (male and female – fluent in central Thai), 1 local CLC teacher (with some capacity in local language), 1 administrator (NFEC district staff), co-ordinator (NFEC provincial staff)

3 A 3-day training workshop took place from 7-9th July to prepare 7 working teams to conduct the needs assessment in the chosen village sites.

4 Data was then collected from 8th-30th July in each of the 8 selected sites using the modified questionnaire forms (see annex).

5 This data was summarized and presented at a workshop on the 30th July 2000. This data was to provide the basis for subsequent project activities.

6 In August and September 2000, the village level data was analysed and a workplan for Phase II activities was designed.

3.1.2 Strengths

- A large body of data was gathered from a range of village sites representing a cross-section of ethnic groups in the province
- Researchers gained experience in investigating social issues relating to HIV/AIDS, prostitution and trafficking and drug abuse
- Villagers had the opportunity to reflect on the dimensions and problems caused by illicit drugs and commercial sex in their community and the real and/or potential threat of HIV/AIDS
- Allowed the working teams to appreciate the importance and inherent difficulties in utilising appropriate communication technologies with people of differing ethnic background
- Collaboration between villagers and different levels of government education staff was encouraged

3.1.3 Weaknesses

- Survey questionnaire too long (11 pages), too many questions, some questions inappropriate
- Villagers felt put upon to have to spend so much time answering the questions, especially during rainy season which is planting season
- In many instances, due to shortage of time, questionnaires were simply distributed to village families for respondents to answer at home, with the result that many questions were not answered (many questionnaires had only about 25% of the questions answered).
- The NFEC staff felt many questions were answered falsely due to the sensitive and intrusive nature of the questions.
- Data unreliable due to the inherent difficulties in using a questionnaire format for sensitive and stigmatized issues, which in turn makes accurate targeting of subsequent activities difficult.

3.1.4 Discussion.

The project is fundamentally based on an adequate needs assessment. The purpose of the needs assessment - in all 3 project countries - was to provide a baseline level of data from which to plan and develop subsequent activities and media materials. Thailand has had a longer history of detailed social research into the background and impact of HIV/AIDS including issues of ethnic vulnerability, commercial sex and drug abuse. Therefore, there is an existing body of literature and experience that has, on the one hand, provided much useful data already about HIV vulnerability and on the other hand, alerted the project teams to the difficulty of ascertaining with any accuracy levels of drug use, sexual behaviour and knowledge of AIDS. This has, in turn, lead the NFEC project staff to treat their data with caution – they note clearly in the analysis report that not all the data is accurate. Likewise, when I asked local teachers, about the validity of the data collected by questionnaire they were blunt in their appraisal that not all questions were answered truthfully (when they were answered at all).

In detailed reports to UNESCO, the NFEC has tabulated the summarized responses to the questionnaires. In what seems a somewhat arbitrary demarcation responses are divided between those over and under 25 years of age. With very few exceptions, it is impossible to tell whether the variation in answers from different villages represents fundamental distinctions in knowledge and behaviour of the villagers – or simply different understandings and adeptness at handling the questions. For instance, in some villages, such as Jayee and Abohdow, respondents said they had a very high chance of being infected with HIV in the next five years. In other villages, the villagers answered it was extremely unlikely. It is impossible on the basis of this one question to determine how the individuals perceive risk to themselves, and why, in the case of those answering they were at high risk, this is an unavoidable situation. As with all multiple choice KAP surveys, attitudes and behaviours can (sometimes) be counted – but the meaning underlying those understandings and acts, which fundamentally determines their incidence and the context in which they take place, will not be uncovered.

However, the project reports do indicate that some general trends and situations can be inferred from the questionnaire data that has been corroborated by the focus group discussions.

- There is some level of knowledge of HIV/AIDS in each community, and given the high levels of seroprevalence in Chiang Rai, some personal knowledge of those infected and affected (and everpresent stigma). This indicates the effects of many years of generalized HIV/AIDS prevention campaigns throughout Thailand. The project staff further assess that this knowledge is not well integrated into local understandings in ways that adequately influence risk behavior.
- Drugs are widespread in ethnic communities, ranging from traditional opium use through to isolated heroin use and fairly high-levels of amphetamine use.

- Most villages have had some experience with women working in the commercial sex sector (more voluntarily than forced), although it is difficult to arrive at any valid empirical assessment of its scale and variability across groups.
- Large numbers of villagers are not fluent in spoken or written Thai
- Most would welcome media materials on HIV/AIDS, trafficking and drug abuse in their local language

Many of these insights already existed as working knowledge within Thai Government sectors and NGOs who work in HIV/AIDS programs. So it appears the main outcome of the needs assessment was the experience of collecting data rather than the accuracy of the data itself. This, in itself, is a valuable lesson for project staff and working teams, and it is duly recognized as such – in the 1st Phase report the Project Team notes that a key outcome was cooperation and participation of local resource people. But recognition that the needs assessment had shortcomings only benefits the project's impact if it is a lesson learned and adjusted for in the future. Benefits of cooperation and collaboration between Government, NGO and local participants aside, at this point there is no indication that the lack of in depth data has been made up. If the key lesson from Phase 1 is that data from overly detailed questionnaires is not to be trusted in its entirety, then it provides no real help in finely targeting the subsequent media messages. As we shall see, strategic decisions were made that meant the lack of finely-detailed and specific community information was compensated for by the adoption of generic messages that did not require characteristics specific to each of the different ethnic groups.

3.2 Phase II Production of media materials

December 2000-July 2001 (actual time for completion took somewhat longer and budget logjams delayed the start-up of Phase III activities)

In December 2000 the project Secretariat (Chiang Rai NFEC) prepared a Phase II project implementation plan. Phase II activities carried out over 6 months consisted of

1. A review of the problems relating to HIV/AIDS, trafficking and drug abuse ascertained in the needs assessment in each of the 8 project sites. (January 2001)
2. Workshops with the same 6 member working teams from each village site that had conducted the needs assessment, with one change - the researcher in each team was replaced by 2 media/communications specialists (also from Rajabhat Institute). These workshops prepared the teams to train villagers in media production in four areas – print (poster, pamphlet) audio (cassette) audio-visual (video) and folk art (puppets). (February 2001)
3. Study Tour (for working teams) to Phra Bhat Nam Pu Temple in Lopburi - a well known hospice for large numbers of AIDS patients; and to Chiang Mai Drug Dependence Treatment Centre (March 2001)
4. Workshop on media production for each working team (March 2001)

5. Media production of four types (video, audio, poster and puppets) in the 8 village sites carried out by working teams and village participants (March-May 2001)
6. Workshop for communications specialists and NFEC project staff to review media materials produced in 8 sites and condense to core themes (June 2001)
7. Produce working kits (6) of core media materials compiled from those produced in 8 sites for testing in villages. Each set to consist of teaching/education materials: video (on HIV/AIDS, commercial sex/trafficking and drug abuse) tape cassettes (same 3 issues) posters (3 issues) and flipchart. Plus manuals for teachers on media production and use of education material. (July – November 2001)

3.2.1 Strengths

- Involved local villagers in media production and assessment of social problems
- Imparted an array of media production skills
- Made learning about HIV/AIDS fun and engaging
- Produced materials in local language that villagers are tremendously proud of
- Reinforced the importance of local cultural reproduction
- Created a sense of local ownership such that materials can be replayed and messages reinforced regularly

3.2.2 Weaknesses

- Lack of time and adequate training to produce sophisticated materials up to standards that people were familiar with, or had seen elsewhere. Few risks taken - tried and true production techniques of recycling news items was often the preferred choice.
- Video cameras had to be rotated – not much time for each village to make videos
- Rainy season meant many villagers (and working team members) otherwise engaged
- Only included certain members of community with less personal involvement in real life vulnerability, eg drug use or commercial sex
- Need to fictionalize - accurate local scenarios seen as too sensitive for local consideration
- Not always broadly participatory, working team and/or village leaders sometimes set the goals and agenda
- One-off event, now seen as something in the past. Posters not replaced, tapes and videos no longer re-broadcast
- Messages placed too much emphasis on warning rather than suggesting choices.
- Budget hold-ups meant not all activities could happen in a timely and coordinated fashion

3.2.3 Discussion

Beginning in March 2001, the working teams spent several weeks in their respective project sites developing media materials. Prior to this they had received training and a study tour to a temple hospice in Lopburi (so they could see what AIDS was 'actually' like.) The villagers, who were part to this study tour commented that the visit to Lopburi and spending time with AIDS patients was enormously instructive and emotionally powerful.

The media production involved participants from the villages assisting with the material production in the four required categories. In general, the participation was limited to specific groups, in some villages participation came from mainly older household members

such as housewives association (*glum mae baan*), in other villages school students became actively involved. .

The specific individuals involved in the media production felt it was much more fun than the needs assessment phase and they learned a lot in the process. This is an important outcome and should not be underemphasized. At the same time, however, the general consensus from these individuals in the 3 Phase II villages I visited was that the groups with the most specific risk practices via drug use or sexual contact were the ones least likely to be involved. Overall it was mainly the village leaders who voiced their opinions as to the content of the media materials and the most appropriate messages.

Media production is a complex process and, while absolutely necessary, the project has been ambitious in its undertakings, particularly in that it has focused on a large number of different ethnic groups. This can be seen in the wide range of materials produced during the community production phase. As to be expected there are both successes and shortcomings. By and large, the video and audio materials were largely interviews with village leaders about the dangers of HIV. Occasionally narratives of men visiting karaoke bars are included. Or, as in the instance of the video finally selected for subsequent use - a woman returns to her home village infected with HIV. This is clearly seen as a relevant and real scenario (however, as I will discuss further, outside of stressing testing before marriage that helps the groom, it does little to provide a sense of alternatives to this scenario for the woman involved). In one village, Jayee, the video was initially intended to be a similar story of a woman who had worked in the city and returned with HIV. But it was not filmed as it was felt it was too close to home (several cases have actually occurred) and would offend family members of the deceased women. It is a fine balance – for media to be effective it must be deemed relevant, perhaps local sensitivities could have been more successfully negotiated here. There is commonplace talk that AIDS is widespread in the village. So they ended up filming interviews with the headman about HIV infection and transmission instead. It was felt that the video from Lopburi (Phra Bhat Nam Pu Temple) was far more hard-hitting – to the point of some people refusing to watch it (due to all the dramatic symptom shots of people in latter stages of AIDS illnesses).

Likewise, the posters and audio tapes recycled news items through interviews and voiceovers rather than local village enactments. This emerged because of the very real issues of limited knowledge and time available to create innovative or sophisticated media products. Setting modest goals was in most cases the practical solution to the task at hand. And most materials relied on existing products (news items, health department material) repackaged in local language. This is not a bad thing in and of itself. However, it does highlight that in a highly sophisticated media culture like Thailand, people (especially the media consultants) are aware of the limitations in creating something genuinely original and of suitable quality. Thus, in most cases, the media products repackaged imported ideas rather than creating genuinely local product as this was easier to achieve with limited time and skills. To some extent this is inevitable given that all AIDS knowledge will be imported to a degree,

however treatment of issues could have received more local flavor. Overall, it appears the specifics of local situations received less priority than broader more-general issues, in particular as relates to drug use (one village member of the working team said they had tried to put local details of drug use in to the tapes but the only word they got from local village youth was about the pleasures of drugs, so they decided against that).

In short, the main emphasis in much of the media material appeared to be 'translation' rather than production per se. In some villages, due to the limited number of video cameras (3) time constraints precluded any video production whatsoever. In contrast, the puppet shows seem to have involved more of the local (women) in their production in ways they are familiar with (sewing) and the stories told by the puppets proved very successful. While this is not mass media per se, it does indicate that certain media styles can have widespread uptake.

As I interviewed villagers involved in this stage of media production in late 2002, more than 12 months after the initial production phase, some could not remember in any detail that contents of the different materials they produced. Others felt that as a once-off event it was useful, but only up to a point - little had changed in terms of any on the ground behaviours in the villages. In the 3 Phase II villages visited by the external review, the materials had received little local reproduction or re-broadcasting (the audio tapes had received the most replay – but this was still extremely limited). Although this is largely because the project activities were purely meant as a production phase with no on-going support for continued use of the materials, it also signals a general sense that the objectives were to produce materials for other purposes rather than local consumption. Speaking for the village as a whole, informants felt its impact was minimal in terms of increasing AIDS prevention. Those that had seen the videos produced, according to one local teacher, had no desire to see them again, and posters had by and large disappeared.

If anything, for some villagers, project activities had increased the anxiety rather than providing any reassurance or alternatives. In Jayee, for example, many of the young women still regularly go to Hat Yai (in the South of Thailand) for work. Attempts to alter this trajectory by village elders have not been successful, and rumour has it the previous headman was shot for trying too militantly to refashion village values. Likewise in Doy Lan, now that they have citizenship, many of the women also go to Hat Yai to work in bars or massage parlours – the village was described as having a highly regarded reputation for this akin to the (in)famous district in Phayao (Dork Kham Tai). In both villages, awareness had been raised of the potential link to HIV infection in their home community but there remains little ability to change the overriding pressures that induce such migration in the first place.

Nevertheless, the project intent at this point was to produce materials for subsequent use, not have it be a preventive activity per se and in this respect, all those involved seem to have internalized both positive aspects and knowledge from the experience of learning about media production. In other words, as the project staff recognize, it is the process that has been of the most value in the media production and this shouldn't be downplayed. Villagers

were clear that HIV/AIDS issues had never received such concerted attention in the local context before. Having the emphasis on production in local languages also carried a lot of weight both practical and symbolic. And this will have a residual effect, even if over time the lack of ongoing activities causes it to be seen as a one-off event. If/when the project returns with finalized materials in a later phase, knowledge and experiences gained in this production phase will be easily reinforced.

3.3 Phase III – Pre Testing the media materials before final production.

May-November 2002

3.3.1 Activities

1. Workshop for project secretariat on how to evaluate knowledge change through use of media materials (May 2002)
2. Selection of 12 village sites to pre-test media materials developed and condensed from Phase II activities
3. Workshop for working teams on how to pre-test media materials with target audiences (June 2002)
4. Testing and evaluation of media materials and their effectiveness in 12 villages (2 months July-August 2002)
5. Assessment and analysis of evaluation and pre-testing results (September 2002)
6. Modifying and Improving a master-set of media materials for use in ethnic villages throughout Thailand

3.3.2 Discussion

The chief objective of this phase was to assess the efficacy of the materials produced in Phase II and further modify them for final production. Evaluation specialists were brought in to assist develop the methodology during this phase. It consisted of determining the villager's responses to the media materials in general – through questions concerning each of the materials suitability and appropriateness for use in the local village context. Questions also concerned specific knowledge of HIV/AIDS and solicited opinions about the social background to social problems of child prostitution and drug abuse and what activities they undertake in the village to address these problems. (see annex)

3.3.3 Evaluation

Questionnaires were used in pre-test and post-test fashion to determine the effectiveness of the media materials. Selected villagers in each of the 12 villages (total 387 villagers) were divided into 4 groups: old people/elders, married men, and married women, and young men and young women. With teachers and village volunteers included a total of 423 persons took part in this trial phase.

The evaluation phase took about 10 days in each village. Pre-test questionnaires were issued to all participants prior to use of the media materials. Following their completion, local teachers were enlisted to conduct training sessions using the media materials developed in Phase II. The teachers were also required to familiarize themselves with HIV/AIDS knowledge from existing manuals on HIV/AIDS education.

Local training consisted of broadcast of the audio cassettes and videotapes concerning each of the 3 themes: HIV/AIDS, child prostitution and drugs. Posters and flip charts were also used as teaching tools. Brochures and puppet shows were included in the training sessions at the discretion of the teachers. The villagers were invited to take brochures to read for themselves. Focus groups discussions were conducted both during specific sections of the training and at the end of the overall sessions. At the end of the exposure to all the media materials, the participants answered the same set of questions concerning knowledge and attitudes that they had answered prior to the trainings. In addition they were asked to comment on the appropriateness of the materials they had seen or heard.

Analysis of this data shows a wide range of improvement in knowledge concerning each of the 3 targeted issues in each village

HIV/AIDS

least improvement 0.64% most improvement 26.78% average 7.69%

Child Prostitution

least improvement 2.56% most improvement 35% average 17.57%

Drug Abuse

least improvement 0.46% most improvement 13.09% average 4.13%

These results show overall improvement but a wide range of outcomes. In some cases villagers started with a low level of knowledge and made good improvement; in others they had a fairly high level of existing knowledge and the campaign didn't change much. In other villages with a low level of knowledge, little improvement was made. In all villages, some knowledge levels went backwards although in different groups in different places – in other words they answered fewer questions correctly after the training than before.

The attitudes summarized in the project report indicate a fairly consistent improvement in such issues as stigma towards those with HIV and a recognized need for local initiatives and social support such as parental love for children and work schemes for young women to discourage drug abuse and entry in to commercial sex.

Each of the materials was also evaluated according to its interest value, clarity and effectiveness. A majority of villagers (ranging from 70% upwards) felt the posters, flipcharts, brochures, newspaper reprints, audio and videotapes were interesting, clear, informative and suitable. The questions that had the biggest variance concerned the correctness of the local language with nearly 30% at times feeling it was incorrect.

Meanwhile, the village volunteers, leaders and community teachers were asked to rate the utility of the teaching manuals on HIV/AIDS, drugs and prostitution and media

production techniques (specifically puppet production). As with the larger respondent base, each item received a very positive response.

Villagers were also asked to indicate whether they had used additional materials used in the trainings that included manuals and brochures produced by other organizations on HIV/AIDS testing, community care for those with AIDS and sexuality. Villagers had the chance to familiarise themselves with these when the teacher had used them during training or when they the materials themselves to read. The survey showed they had all been used during the training.

3.3.4 Material Modification

Based on comments and information from the evaluation activities, the project staff (with assistance from several NGOs) then made several amendments to the set of core materials. It was also decided that certain visual improvements were needed such as better color and definition of the images. It was decided to concentrate on less images rather than cluttering the posters and brochures. In the HIV/AIDS poster this image was to support the idea of care for those with AIDS rather than any prevention message. It was also decided that Thai language was adequate as a script as very few of the villagers could read a transcription of their ethnic language, whereas a majority could read Thai. It was decided to upgrade the sound and clarity of the video material and improve the local dialects used in the audio tapes.

A final list of materials to be included in a traveling kit of teaching materials includes (see specimen copies in appendix:):

Posters: (with Thai script)

HIV/AIDS – Emphasize sharing and caring for those with AIDS

Drug Abuse – Focusing on the evils of trading (death) and the negative outcomes of addiction (madness)

Prostitution – Depicts the horror of life for trafficked women

Cassette Tapes (dubbed into local language)

HIV/AIDS – a narrative about causes of infection, a mother treating her infected child, herbal medicine used to alleviate symptoms and suggestions for showing friendship to those infected

Drug Abuse – Interviews and presentations dealing with the negative social impact of amphetamine drug abuse for individuals and society, drug abuse and its effects on the individual and those around him/her, punishment for those using and selling drugs, how to prevent drug problems

Prostitution – Interviews that detail how ‘gangsters’ deceive young women and force them into prostitution, the terrible effects of prostitution on the young women and the laws that control and punish perpetrators.

Video tapes (dubbed in to local language)

HIV/AIDS – A piece on making puppets and developing a narrative with them that teaches about HIV/AIDS, a piece from the Phra Bhat Nam Pu Temple in Lopburi that shows AIDS patients in last stages of life and then death, a piece from Sop Kham village (Lao migrants) that tells the story of a young man who marries an infected widow who returns to the village and is then himself infected.

Drug Abuse – a series of news items about crazed amphetamine drug addicts inflicting damage on themselves and others showing newspaper pictures explained by a voiceover

Prostitution – A piece produced by the Prime Ministers Office that tells the story of Buagaew, a young Thai village girl whose parents (unwittingly) sell her into prostitution. She is imprisoned, abused, contracts HIV and dies.

Flipchart

A series of cartoon pictures used as a training tool (with teaching cues) that depict modes of transmission and preventive behaviour

Brochures (in Thai)

HIV/AIDS – details of how to live with and help those with AIDS, and ways that those with AIDS should take care not to spread infection

Prostitution - details of reasons behind and dilemmas faced by women entering prostitution. Includes hotline numbers for support.

Drugs – details of how amphetamine abuse destroys the individual and society, and list of legal punishments faced by different degrees of using and selling

In addition, the kits include

Newspaper Clippings: (for use as a teaching tool) of stories detailing updates in AIDS care: the violence associated with amphetamine abuse and incidence of police intervening in the sale of sex.

Manuals (produced by other agencies): ‘AIDS and yourself 2002’, ‘Volunteer to prevent AIDS’, ‘the Adaptation of Social Values to Prevent Prostitution’, ‘Using Learning Materials to prevent HIV/AIDS’, ‘Narcotic abuse and Prostitution with community participation’, and ‘Puppet Production’.

3.3.5 Strengths

- Sophisticated methodology adopted to thoroughly assess practical and educational effectiveness of media materials developed in earlier phases of project
- Teachers and project staff had opportunity to learn at close hand the complexities of teaching about HIV/AIDS, drug abuse and trafficking in cross-cultural setting

- Commitment of project staff to conducting the project in comprehensive and appropriate way to maximize its effectiveness
- Hands-on involvement of working teams in using different media to address problems of communication differences
- Experience for project workers in synthesizing key messages to address specific social issues and problems in ethnic communities
- Production of a useful and comprehensive set of training materials
- Participation of wide sectors of village communities in reflecting on and suggesting strategies for appropriate media use in campaigns to lessen local social problems of HIV/AIDS, drug abuse and trafficking
- Has promoted detailed community discussion of factors that promote HIV infection, drug abuse and prostitution and thereby heightened understanding of the social nature of these problems and both the individual and community responsibility in preventing them
- Evaluation process has marked impact on village level appreciation of their role in preventing social problems

3.3.6 Weaknesses

- Because the materials are to be used in different ethnic groups, generic images must be utilised decreasing the sense of local relevance; apart from the audiotapes (and the voices dubbed into the video) people don't see themselves in the materials in terms of specific cultural identification
- Because of generic nature of images and messages, locally specific issues (such as heroin use in some villages) are not included
- Many images still come from lowland Thai rather than ethnic group
- Still some misinterpretation of graphic materials that leads to misunderstandings about nature of HIV transmission (eg that HIV comes from the physical surroundings of a brothel rather than use or non-use of a condom.)
- Disinterest in materials and information a) because some villagers regard themselves to know all they need to know; b) because some media styles were seen as 'boring' (news items), or unappealing (cartoons) on the flip chart.

3.4 Summary

The project in Chiang Rai has been successful and productive both as a process and as a set of outcomes. Over the course of two years the NFEC of Chiang Rai has embarked on an ambitious and highly important project to assist with lessening the incidence and impact of HIV/AIDS, trafficking and drug abuse amongst ethnic minorities. Its achievements in each phase have been numerous, ranging from detailed involvement and cooperation at many levels of government and community through to the production of genuinely useful materials of many different types. At each stage it has required engaged participation at the different organisational levels. It has a chance to build on this experience by reproducing both the process and the materials.

3.4.1 Opportunities

1. **Build on relationships and trainings already conducted.** The project has operated with careful and sophisticated planning and comprehensive cooperation from the various levels of government bodies and target communities. This process can be replicated in wider geographical areas by utilizing existing bureaucratic networks.

These methodologies of training and encouraging participation can readily be extended through the NFE networks and other NGOs in the region.

2. **Utilise the products of this project** A detailed and comprehensive set of materials have been produced in a series of different media. Through use of these materials, many details have been provided to the villagers to assist their understandings of, and how to address, HIV/AIDS, trafficking and drug abuse. In particular the detailed nature of some of the material has dramatically strengthened village level ideas of what promotes prostitution and the conditions women end up in these circumstances. There is an opportunity to both build on this knowledge in the local villages already targeted and readily expand this knowledge to a larger constituency.
3. **Expand use of materials to other sites.** The project warrants further financial assistance to make sure these pilot activities are able to generate improvements in a far wider geographical area than that presently covered. A next phase of the project anticipates extending the use of the prepared media materials to the roughly 4000 ethnic minority and border villages in province throughout Northern Thailand. Existing networks such as the Non-Formal Education Departments, Hilltribe Learning Centres and NGOs are ideally placed to use the outcomes of the project and contribute to alleviating the impact of HIV, drugs and trafficking. The provision of media materials will allow teaching sessions to focus on this triad of social problems that will, I believe, have a genuine effect on raising knowledge and preventive behaviour. This could be done at relatively small cost as prototype materials already exist, and the networks are already in place.
4. **Create Additional Materials.** Villagers have gained skills and experience in creating media. These can be used again with lessons learned from previous activities. As I will describe below, some areas need further attention. One consideration would be to utilise VCD technology as the presence of VCD players is increasing rapidly in ethnic villages. There is a great appeal in seeing local actors regardless of the quality of the production. New local pieces should be created specific to each ethnic group with minimal cost and used to complement the existing materials in the schools (both formal and non-formal).

3.4.2 Threats/Recommendations

Given the ambitious nature of the project in addressing the broad parameters of the social problems at stake, and taking as its target population such a wide range of ethnic groups there are several shortcomings and threats that need to be highlighted and corrected/allowed for. If not the overall effectiveness of a project targeting ethnic minorities will be compromised. We can think of these both in terms of the process and the materials.

1. **Process becomes too top-down and training oriented** The cooperation between different levels of operation appears to have been extremely good. The NFEC clearly functions effectively at the village level and has the respect from various counterparts

to ensure that its activities function smoothly. The project should have no difficulties expanding its reach. An area that will need careful monitoring, however, is that the expansion of media materials doesn't become a simplified exercise in top-down training. The benefits from the earlier stages largely derived from the participation of villagers. This needs to be maintained in any expansion of the project. The nature of some of the materials (eg the didactic format of the audiotapes and punitive messages of the drugs posters) already lends itself to telling people what to think and do rather than encouraging local solutions to problems.

2. **The need to further produce or adapt more finely targeted materials.** The materials are still largely visually generic (and based on lowland Thai images). Clearly it was a strategic decision to use one set of materials for all ethnic groups with the only adjustment being that of the audio language or voiceovers. This means that none of the final images are locally produced (apart from one section of the videotape which was produced by Lao migrants – virtually identical in presentation to lowland Thai). One of the key objectives of local participation of ethnic minority peoples is to generate a sense of local identification with the images on the screen or paper. The newspaper images, or cartoon drawings, or Thai story of Buagaew do not visually and psychologically reinforce a sense of local relevance regardless of how apt or widespread the problems being described are. The complex problem is how to address problems in a general way and still make them locally relevant. The external review finds that the existing materials are effective, but only up to a point. They need to be complemented by additional materials that visually highlight local ethnic community members. While this is difficult in contemporary Thailand where ethnic groups increasingly dress, behave and speak like lowland Thai, it is still possible to utilise specific cultural markers (in addition to local languages) in the production media pieces. These need to be decided upon at the community level and incorporated into certain key media pieces.
3. **Because issues have been generalized to all target communities, certain important localised topics have received less attention.** As the project staff recognize, starting with Phase I, there were limits to how deep both assessment and treatment of local problems was able to go. A number of key localized issues have therefore received minimal attention.

HIV/AIDS transmission. In each village visited by the external review, men indicated they were likely to use condoms if they had sex in a commercial context such as with a woman from a Karaoke Bar. They invariably suggested they were unlikely to use a condom with a local village woman or one from a neighboring village they had just met, particularly if she were from the same ethnic group. This would be an ideal and highly important topic to treat using local actors and the local context. (The video piece from the Lao migrant village touches on this as it describes a local

'poisonous' widow returning home, but it stresses testing prior to marriage not condom use). Condom use in the local context should be the topic of a video piece

Drug Use. All the material comes from widely publicized news items and focuses solely on methamphetamines. In some villages, heroin is still more commonly used than methamphetamines, and shared needles the more ominous threat. Material with more local characteristics could usefully focus on this issue. In addition to heroin use, for instance, the local contexts such as hunting or laboring when methamphetamines are used could be portrayed to maximize the sense of local identification rather than purely punitive and negative images. Likewise the link between amphetamine use and potential increased sexual risk could be highlighted

Trafficking. The video of Buagaew is emotional and effective in terms of highlighting the dilemmas of young women sold into prostitution. But while not irrelevant -and indeed useful in alerting parents to the specific horrors their daughter might face - it is somewhat sensationalized and emphasizes a classic stereotype. Far more commonly, women in the highland villages choose to go and work in the cities and towns. Some end up in bars and massage parlours, more often than not at their own volition. More emphasis could have been placed on producing materials that focus on women's choices, the broad pressures they face to make money in the first place, and where these pressures come from so that alternative choices can be encouraged that suggest options other than prostitution. This would of course require creative thinking but could well involve a level of community participation that might encourage a community level search for alternatives.

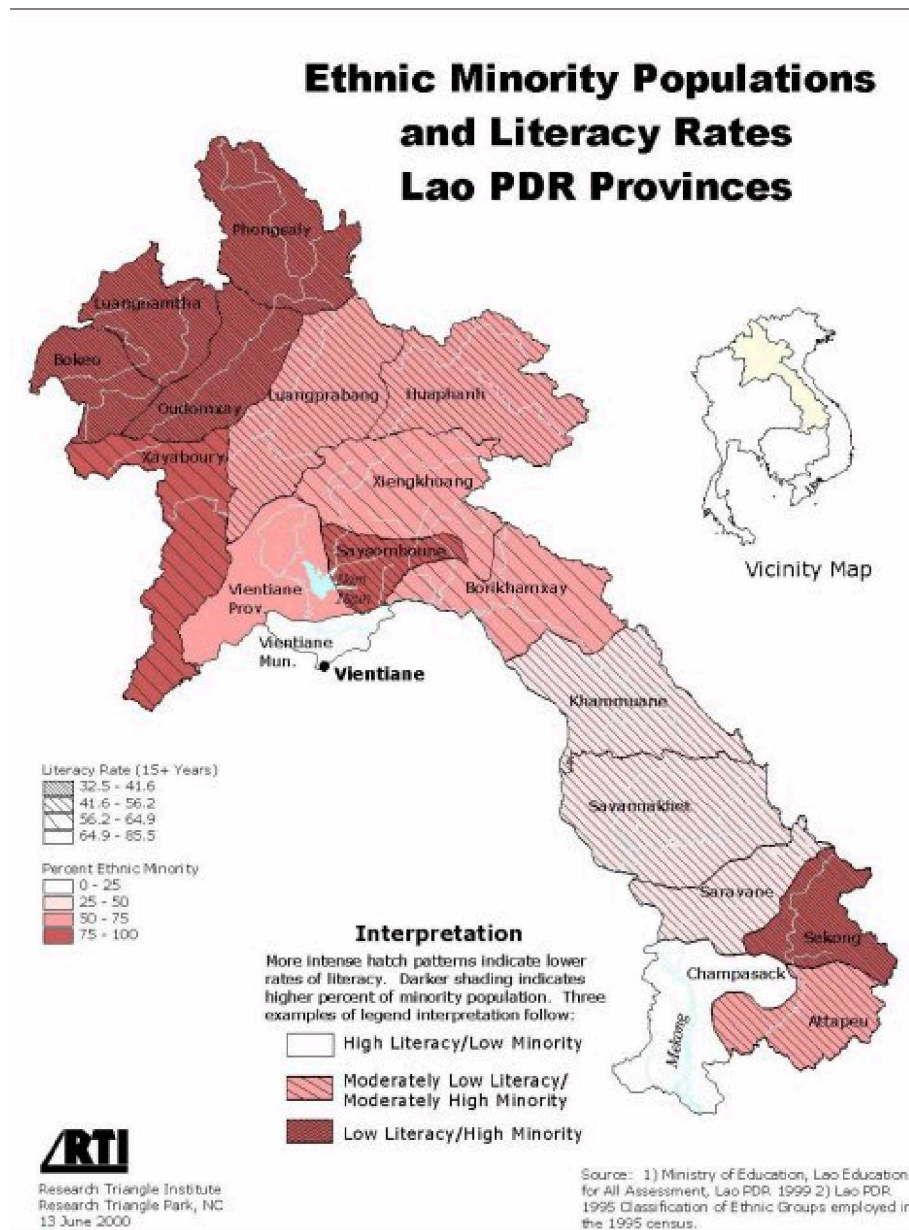
- 4 Some choices of images need careful thought (and perhaps reconsideration or at least balancing).** In some instances, the choice of messages repeats a trajectory chosen by most mainstream Thai campaigns with possibly similar negative consequences. For example:

1 The choice to include the video piece from Phra Bhat Nam Pu Temple is based on the villager's response that it is more effective and memorable than anything they produced. But precisely what is remembered needs to be carefully investigated and the value of this section of tape reconsidered. Its first section consists of many close-upshots of disfigured men and women dying from AIDS. In the background, sounds of gross discomfort and moaning are supposed to represent hell. It is powerful material but what people remember is the horror of AIDS. Villagers said they could not watch it more than once. Others said they couldn't eat after seeing it. The abbot's calm words that follow this section pale in comparison to the emotive force of the images of death and dying. Buddhism has a long tradition of reinforcing the transience of human existence through graphic images of bodily dissolution. But, most ethnic villagers are not Buddhist. And what has happened so noticeably in other parts of Buddhist Thailand (and elsewhere) is people remember the fear they experience watching these images and bring that fear (and denial) to

any context where AIDS is relevant. The poster saying we can all live together with HIV/AIDS is strongly contradicted by the underlying fear and horror promoted by this video. Secondly, it reinforces that one can 'see' AIDS. In other words, the sheer emotive power of this piece, that brings the reality of death from AIDS very close to people, needs to be carefully balanced with other pieces that stress how it can be avoided not simply through fear and distance but careful negotiation of safety at many stages of their lives.

2 Some images in the flipchart need careful attention during any training. The cartoon pictures are somewhat ambiguous in parts. Eg the image stressing that one HIV positive partner must always use a condom with his/her spouse needs careful explanation. Villagers we spoke with expressed general dislike for the cartoons and said they would prefer real pictures. This is another area where local images might be included, particularly individuals wearing local attire. Villagers said they would prefer local images with the drug pictures as well – although one ethnic group inevitably felt the dealers and user should be portrayed as neighbouring ethnic groups not themselves (this is of course not desirable)

4. Lao PDR – Luang Namtha Province



Originally intended to be included as part of another UNESCO eco-tourism project in Luang Namtha Province, the project team and its advisors chose Muang Sing, subsequently Muang Long, as the district sites in which to focus activities. This is a logical and sensible decision given that these are previously remote areas that, following the construction of a new road that links China with the Burma border (and Thailand downriver), now have large numbers of transient tourists and traders passing through. Social change is occurring very quickly in the villages proximate to this road, with public health issues of HIV/AIDS being of pressing concern. To date there have been minimal HIV/AIDS activities for village

communities in the province, although the French NGO, Ecoles Sans Frontieres have included HIV/AIDS material in their reproductive health project that targeted 20 villages in Muang Sing and Muang Long from 1998-2001, and the Lao National Front and Norwegian Church Aid have done training for district officials in HIV/AIDS prevention awareness.

The Lao NFE team, therefore, chose 4 villages with which to begin pilot activities. Each of these villages is close to either the road from Luang Namtha to Muang Sing or the road from Muang Sing to Chiang Kok passing through Muang Long. They each have a school with a resident teacher (who also teaches evening classes for adult literacy organized by the Non-Formal Education Department).

The target villages are:

Muang Sing

Sophi Mai Village (Akha)

Yang Luang Village (Akha)

Muang Long

Pakha Village (Lanten)

Pon Samphan Village (Khoy - Lisu)

(All four villages were visited by the external review).

In mid 2000, the Secretary General of the Lao National Commission for UNESCO consigned the Non-Formal Education Division of the Ministry of Education as the implementing agency and together they devised a plan of action based roughly on the template of 3 phases that was to be used in each country site (described in section 1).

4.1 Phase I – Needs Assessment

The planning began with an orientation meeting and pre-assessment mission conducted from August 21-25th 2000. The team mission comprised The Secretary General the Lao National Commission for UNESCO, the Deputy Director General of the Non-Formal Education Department (NFED) and The Director of the National Committee for the Control of AIDS (NCCA). The mission team introduced the project and its objectives to government provincial and district officials and conducted a field study data collection in the four target villages. During this mission, the team interviewed village leaders and representatives of the Lao National Front (elders).

The field mission tabled a number of basic demographic and socio-economic details for the province and the two districts, highlighting the high degree of ethnic diversity – more than 66% of the provincial population is made up of ethnic 'minority' peoples in 27 different officially recognised groups. The report indicated the high levels of traditional drug use (although recently made illegal it is now being gradually prohibited by government law enforcement) and a growing incidence of amphetamine use, which the team linked with the new transport thoroughfares bisecting the province. The reported HIV/AIDS situation is not serious at any overt level. The report mentioned that only 2 provincial residents have been known to have died from AIDS. But no testing is done in this province and the HIV situation is

essentially unknown. It was felt that risk factors such as the presence of a growing number of bars and discotheques and high levels of traditional pre-marital sex in certain ethnic groups means that there are high levels of potential vulnerability.

The mission made the following analysis from this field study:

1. Villagers lived harmoniously in their natural environment
2. Villagers have low levels of education, but are following instructions to grow alternatives to opium
3. There are insufficient schools to accommodate local children after 2 years of primary school
4. Villagers have little knowledge of methamphetamines
5. Villagers have little capacity to improve their living standards
6. Lack of infrastructure to control tourism and illicit behaviour such as drug trafficking within the province
7. No ability to test for HIV/AIDS

Based on these findings the team made the following recommendations for project activities

- Care should be taken not to introduce activities or ideas that are beyond the villagers capacity to implement
- Schools should be target of activities and investment as it is a sustainable way of doing community development
- Skills imparted should be appropriate to the environment
- HIV/AIDS awareness building should be continued
- Continue to teach tourists not to disrupt village lifeways
- Assist authorities with equipment to fight drug trafficking
- Provide hospitals with HIV testing equipment

In October 2000, the Lao Project secretariat formulated the next two steps that would lead into Phase II.

1 An orientation workshop. This was conducted from 5-12 December 2000 in Muang Sing. The workshop included 54 participants from National, Provincial, District and Village Levels (6 representatives came from each of the target villages). Supervisory committee for the project was established (the existing Provincial Committee for the Control of AIDS). Two days of learning-based focus groups discussion concerning HIV/AIDS took place, facilitated by the Director of NCCA. Trainings/orientation on sustainable agriculture and income generation were included so as to introduce ideas on how to improve overall village livelihood. One day was devoted to discussion of how sports and music can act as preventative activities lessening vulnerability to HIV/AIDS. For example, traditional musical skills were presented as having market value to gain income from tourists and thus lessen the need to seek work outside the village or have young women entertain guests in the village in other ways, such as massage. Likewise having village sports teams builds a sense of local pride and lessens the desire to seek entertainment elsewhere. A final day was spent visiting the target villages in Muang Sing. The workshop identified a series of needs based on giving HIV/AIDS knowledge and developing income generation skills. These were tabled for the next stage.

2 An Implementation Stage would focus generally on literacy and the quality of life in the target villages as the means to do HIV prevention. The idea behind this was to develop life skills and income generation so as to reduce vulnerability to HIV risk behaviors brought about by poverty and lack of education. It was proposed that the NFE would conduct training in such areas. Media materials to assist the project would consist of a manual on producing traditional medicines as an alternative to opium and another on how to produce healthy meals.

This Needs Assessment Phase ended in May 2001 with the contractual agreement to carry out the following activities by December 2001 as listed in a budget request:

1. Develop and print manuals on:
 - a. Preventive education against HIV/AIDS
 - b. Food processing
 - c. Herbal Medicine
 - d. Fruit Propagation
2. Develop and produce cassette for HIV/AIDS prevention in Akha and Lanten language
3. Conduct training workshop on HIV/AIDS prevention in Minority Teachers Training College, Luang Namtha Province
4. Organize Vocational training on food processing, fruit propagation and herbal medicine in the 4 target villages
5. Purchase small scale market gardening tools, musical instruments and sports equipment for each of the target villages
6. Monitor the above activities and prepare evaluation reports.

Upon finalizing the contractual agreement for the above activities it was realised that no official needs assessment had taken place that approximated the formal questionnaires being used in the other country sites. It was agreed that this would then take place in conjunction with specific Phase II activities. It took place in two stages. From 20 May – June 4th 2001 a data collection was conducted by NFE staff documenting basic village statistics such as village demographics, education levels, amount of land under cultivation and general health situation (# of opium smokers). A second questionnaire was prepared and conducted in October 2001 in each of the target villages (see appendix). It included very basic questions about HIV/AIDS (Do you know about AIDS - yes/no), drug use (does anyone in your village take any the following narcotics?...), and about sexual behavior (Do you know anybody in your village who has gone to a bar or commercial sex venue – if so what age were they?) Data was broadly summarized in the Report of Phase I Needs Assessment completed in mid 2002.

4.2 Phase II – Preparation of Media Materials

Phase I had determined that optimal prevention activities to lessen vulnerability to HIV/AIDS, trafficking and non-traditional drug abuse in the chosen villages were to be of two types. Media materials (largely booklets plus a cassette), and village level income generation activities and sports and cultural activities that reduced potential risk behaviours.

The activities began with a 3 day training workshop in each village during June – July 2001. Provincial and District Health, Education and Women's Union staff facilitated the trainings. In each village the specific focus was on members of community level

organizations such as village leaders, elders (*Naew hoom*) and youth and women's unions (*Sahaphan mae ying* and *Sahaphan num saaw*). An additional training was conducted at the Minority Teachers Training College in Luang Namtha. These trainings focused on increasing awareness of HIV/AIDS and increasing familiarity with condoms. Posters (4 different types) from PSI were used as teaching tools and condoms distributed. There was also a focus on what were perceived as traditional customs that heighten vulnerability to HIV infection such as 'typical' pre-marital sex. In each village, it was stressed that such practices are antiquated and backward. Village leaders were told to prohibit the construction of the customary shelters where young people can sleep together and to remove the existing ones.

Follow-up activities from July-October 2001 that were targeted to address village poverty and promote alternative activities for young people involved the distribution of sports and agriculture equipment. For instance, in Muang Sing the two target villages each received:

A mechanized plough, barbed wire, hoes, axes, spades, adzes, saws, machetes, hammers and nails, water containers, vegetable seeds, pesticides, traditional Lao musical instruments (*kaen* and *sor*) t-shirts, footballs, volleyballs, volley ball nets.

When these items were brought to the village, the NFE staff carried on recommending changes in traditional lifestyle to accompany this support. Sports teams were organised in each village and inter village competitions started. Communal market gardens were established by dividing the village into 3 groups each with their own shared plots of roughly 10 hectares.

By the end of 2001, functioning market gardens had been established in each village. In the meantime, prototype booklets on the topics of herbal medicine, fruit propagation, and food preparation were prepared. In early 2002, members of the project team from the Lao PDR NFE came to a media production workshop organized by the Thai NFE in Bangkok. By mid 2002, UNESCO Bangkok decided that it did not want to support the continuing production of materials that were not directly presenting issues of HIV/AIDS, trafficking or drug abuse. So they requested that the Lao project staff concentrate on producing the HIV/AIDS prevention manual (and not the manuals related to income generation) and instead reproduce the posters from PSI for use in project activities. These posters (see appendix) present 4 topics: Modes of HIV transmission; Ways in which HIV is not transmitted, how to prevent HIV/IDS transmission and risk behavior for HIV transmission. The Lao project staff had decided it will reproduce these in Lao language as (apart from the Lanten) there is no alternative indigenous script to use.

At the time of the external review the Lao project office had just received the budget to proceed with the production of these materials. It appears no specific testing of their applicability has been done in the villages although they were used during trainings. It remains unclear whether a tape cassette will be produced and if so what will be its contents.

4.3.1 Strengths

- Activities see HIV vulnerability, trafficking and drug abuse as broad based social and development issues not resolvable by simple quick-fix mandates
- District level staff and teachers have gained experience teaching about HIV/AIDS
- HIV/AIDS education integrated with Non-Formal education classes for wide uptake
- Villagers seem to have learned basic elements of HIV transmission and modes of prevention quickly and efficiently
- Villagers have less shyness about condom use than many lowland groups and there are less social obstacles to their use
- Good cooperation between villagers and NFE staff, villagers are very responsive to project initiatives
- Young men have enthusiastically formed sports teams and play *tagaw* regularly
- In two of the villages, the market gardens have produced reasonable amounts of food and small profits
- Premarital sex has lessened due to pressure from the elders which has decreased the number of early pregnancies and created greater opportunities for young women to carry on schooling

4.3.2 Weaknesses

- Initial data collection and situation analysis did not ascertain specific local risk context thoroughly and subsequent activities not targeted directly towards local situations of vulnerability
- Activities not able to address broader risk contexts with any success
- Proposed media materials not adequately effective to prevent HIV vulnerability
- Proposed media materials imported from elsewhere, have no local input and do not target local risk context specifically. They are not seen as locally relevant to prevent HIV, trafficking or drug abuse
- Limited participation from local communities
- Moral (cultural imperialist) undertones to campaign attempts to change traditional sexual customs are damaging and unsustainable
- Broad-based development activities unsustainable, communal gardening not locally popular; activities like these are not easily replicated in other villages without substantial budget inputs
- Too piecemeal in approach; due to budget hold-ups activities have happened intermittently

4.4 Discussion

Even though the needs assessment was only partially completed and inadequate in its social analysis, it is possible to suggest that HIV vulnerability (and to varying extents, the associated problems of trafficking and drug abuse) is rapidly increasing in the local villages although in ways that differ from village to village.

For example: Pon Samphan Village (a large village of nearly 130 households) seems to have the most obvious risk context. Villagers readily describe how men from 'outside' (govt. officials, traders, soldiers and young men sometimes high on methmethamphetamines,) on occasion come from the nearby district town of Muang Long into the village to have sex with young village women. There are no local sanctions against this occurring – it takes place casually and without fanfare. Young women also labor in ricefields outside the village and at times will receive extra money for sexual services although this is not seen as a commercial exchange. The visiting men will sometimes bring condoms but not always – the young women won't insist on them. The young women in Khouy villages are sexually independent

(they traditionally have small sleeping rooms separate from the main house where they can entertain young men). The project has made attempts to get rid of these houses but with limited success. The point is that the contact with men outside the village and then relatively free sexual relations within the village could allow broad levels of HIV transmission. Two women from this village have left to work in the service sector in a neighbouring provincial town. (There appears to be limited evidence of trafficking of women and children from these districts, although the external review heard anecdotal evidence of a number of young men from ethnic groups in a neighboring district of NaLae leaving to work in gay bars in Chiang Mai in Thailand.)

The other 3 target villages have less obvious risk contexts although what is relevant in each of them is the increasing sexual contact between local villagers and those of other highland and lowland groups. For example, in Yang Luang, there are more presently more young women than men of marrying age, and these days some women go to nearby China in search of a husband. At times sexual relations will take place with several men before a marriage takes place with either a Chinese Akha or (rarely) a man of another ethnic group. In both Akha villages, the young men commented that Chinese Akha women come into Muang Sing and Muang Long, at times sleeping with local men (sometimes for money). In a review of HIV vulnerability in Pakha Village (consigned independently by UNESCO) Jacques Lemoine commented about traditional Lanten courting,

What is going on later in the night when the girls go back home and men feel a sudden urge to go out should be left to imagination. It is heart-breaking enough to admit that such innocent and refreshing customs need be thoroughly investigated in the light of HIV epidemics. From this point of view, these nice ladies could well be the open gate to the virus, provided a distant villager or a stranger would raise their curiosity and be given the opportunity to satisfy it. If it does not necessarily kill the cat, it may well introduce a dangerous parameter in the equation of collective protection through a strongly homogeneous community the villagers are presenting as their response to HIV menace.... Obviously, the villagers, duly informed by recent prevention campaigns, think they can feel safe with all the social moral and religious guardrails they have. In so doing they are perfect victims to be in case of accidental unpredictable infection [sic] (2002:33)

The presence of relatively open opportunities for young villagers to sleep with others before marriage means all the target villages could potentially be at risk for the spread of HIV. This is exacerbated by current social changes and increasing monetarisation within the region. Increasingly outsiders come into the villages- eg. Chinese traders come to negotiate sugarcane deals. Likewise, the villagers leave the village - young men can now make more money through labouring (and illegal activities such as drug selling) than previously, presenting the occasional opportunity for visiting the increasing number of commercial sex venues. The growing presence of methmethamphetamines in the local villages adds both motivation and risk to this occurrence. Porn movies (VCDs), a recent intrusion, are now found commonly in the target villages. According to one village leader, the lack of sexual coyness in ethnic communities means that sexual experimentation with outsiders could well be encouraged through the popularity these movies.

None of the above factors means HIV will automatically spread widely in the target communities; but it can be said that the opportunity exists. Some local villages have had very rapid and pervasive gonorrhoea epidemics indicating that once a sexually transmitted pathogen has a foothold in the local community it can spread widely. All of which highlights that local risk contexts exist with very specific characteristics. These issues could have been the subject of media materials produced with far more local participation. Instead, it was decided early on in the project that a broad based development-oriented approach was preferable as a form of gradual social change and improvement.

The choice of income generation activities for HIV prevention is not, in and of itself, a misguided notion. HIV vulnerability, trafficking and drug abuse are frequently linked to poverty and lack of choice. The sports equipment has been very successful in encouraging youth activities in the target villages that *might* have reduced the inclination to experiment with drugs slightly. But as a stand-alone activity, the project's focus on market gardening and agricultural activities is not adequate to address the above-mentioned risk factors. There are too few HIV/AIDS prevention activities presently targeting village communities to assist the villagers to make careful and informed choices. The Department of Education alone cannot successfully handle a broad based development approach. Many development agencies have tried for years to improve the standard of living of ethnic groups with mixed results. It is a process that takes concerted and sustained approaches. And it must be appropriately targeted. For instance the communal gardens are not popular and ultimately unsustainable because, according to the villagers interviewed, the returns are not equal to the inputs. Some villagers do more work than others and get less back. So factions have emerged and most villagers are returning to their private plots for vegetable production. In one village, the villager who donated his land for the good of the project will take it back for his own use next year. In another village, the garden is run by the teachers and students as no adult villagers wanted to take part. Even were the market gardens to prove sustainable and capable of generating small returns, there is no convincing argument that this money would lessen the vulnerability to AIDS. At present the headmen reproduce the project staff's axioms: that the money will allow men to buy condoms. This appears an optimistic hope at best given the vast range of material goods villagers would like to purchase. Other villagers were far more confused as to the connection between growing vegetables and AIDS prevention.

This highlights a further dilemma associated with limited amount of local participation. At present, villager elders are responding enthusiastically to the directives targeting local premarital sex. They told the external review team that they liked the idea because of the development money attached to it. Village headmen said it must be the right approach because it came under the guise of an official development project and is therefore undoubtedly good for the village in general. Certainly, becoming pregnant when very young can be counter-productive for a young woman who wants continue her studies. But social norms change slowly and usually only when there are obvious and ongoing incentives that suit the majority of villagers. How sustainable the idea that the young men and women stop

sleeping together because the government officials tell them to remains to be seen. Already they are finding easy alternatives to the traditional courting houses that have been targeted for removal by the project admonitions. The headmen were clear they are stressing (enforcing) such changes because they are tied to material rewards. Once these stop coming, not only might the social pressure subside, cynicism towards similar initiatives in the future might also be created.

All of which is to say, good relationships have been established between the NFE and the villagers but the activities need to be more carefully targeted to be effective in the long run. **The compromise solution to simply produce the manual on HIV/AIDS (that stresses AIDS symptoms) is probably the least effective choice.** Simple media materials could be produced that utilise local images and voices. These could then be readily used in other village sites. For example there are over 100 Akha villages in Muang Sing and Muang Long. Even if they are modest in quality, the appeal of seeing and hearing material produced locally would far outweigh any production shortcomings. The external review considers that the expressed concern that such choices would scapegoat certain ethnic groups is unwarranted and readily circumvented.

4.5 Opportunities

1 Build on trust and cooperation

Good working relationships have been established between the government agencies and local communities. These should be utilized to carry activities to a deeper level addressing local risk behaviours in a more effective way

2 Coordinate with other agencies working in health education

There are many NGOs working in the region, some of which have health and HIV/AIDS activities. The NCCA is planning on coordinating activities with these agencies so as to maximize effectiveness of operations. There is an opportunity for the NFE to build on existing activities and add new activities to combine with other agencies' operations in the same target villages.

3 Use cassette tapes in local languages discussing local issues of risk vulnerability

Audio is an ideal medium to use local language to spread knowledge, raise awareness and promote discussion. Already, local Akha in Muang Sing have experience recording audio tapes for other development agencies activities. One local singer is well known throughout the region for his 'chants' - his tapes are broadcast on Thai ethnic radio stations. With community participation, scripts could be prepared and locally produced that could easily be used in a large number of villages addressing issues of *local* risk in relation to HIV, trafficking and drug abuse. Some budget would be required for loudspeaker systems, but even where this is not feasible, cassette players are owned by many villagers

4 Consider producing a VCD using local participants

VCDs are increasingly popular in ethnic villages. There is already a VCD player in each of the target villages (one village had 5 players). One VCD using local actors would be effective in making the messages relevant and appealing. It is clear from other projects that there is enormous appeal in seeing one's own ethnic groups on video (VCD). This would require collaboration with other govt. agencies, but the expertise is slowly growing in Lao to allow such exercises at relatively low cost. Care would need to be taken to ensure it is truly participatory at each step. Given the high number of ethnic villages in Lao PDR, over time a VCD (or several – one for each chosen ethnic group) could achieve wide coverage.

5 Maintain HIV prevention activities over a sustained period of time with new teaching aids, so it doesn't appear as a one-off teaching session alone

Knowledge levels have improved in each of the villages but activities need to be sustained so as to consistently reinforce the need for careful behaviour. The inclusion of HIV/AIDS and drug abuse material within the school teaching curriculum is a good step in this direction. It needs to be maintained and facilitated with the addition of new teaching aids.

6 Set up networks of condom distribution to build on rapid uptake of project messages

It appears villagers (particularly the Akha) have responded well and quickly to the idea that condoms can prevent the spread of disease. This awareness needs to be supported through the provision of condoms. Knowledge is useless unless one has the ability to act on it. If possible a small amount of budget should go to condom distribution, or instigate the collaboration of other NGOs that work on condom social marketing such as PSI to provide this service

7 Expand village sites.

If media materials are produced that are applicable in the target villages then these could easily be used in other villages. There are numerous ethnic villages in Luang Namtha and NFE teachers and NGOs working in villages of the same ethnic group could utilize media materials within their existing education based activities.

4.6 Threats/recommendations

There are a number of issues that need to be considered carefully in any extension of project activities. While the existing project activities have created good working relationships, certain activities need to be reconceptualised and expanded to increase their depth and effectiveness. At present, several threats and/or shortcomings exist that undermine the achievement of the overall project objectives.

1 Activities will carry on unchanged or slowly fade.

Current activities are not relevant enough to ultimately achieve project goals of HIV, trafficking and drug abuse prevention. The existing activities need to be built on to focus their impact more directly on the local risk context. This should entail media products prepared with far greater local participation. School students can help in poster production, local men and

women can assist in the production of audiotapes and, if possible, a VCD. Local talent exists - it needs to be included.

2 Villagers not suitably engaged

At present, the villagers have had little consultation and involvement in preparation of materials or activities. The specific HIV and trafficking initiatives have operated primarily through teaching mechanisms. This is important and can assist in knowledge and awareness raising but needs to be complemented by local participation to further embed the knowledge into local understandings.

3 Activities will continue to rely on top down and morals based approaches.

There is a tendency in the project activities to see traditional customs as the 'problem'. By emulating lowland Lao sexual customs will not prevent HIV spread. By stigmatizing behaviours as backward or primitive simply drives them underground and establishes the basis for cultural antagonism in the future. The project activities need to operate from the premise that each culture has its specific risk context for HIV and drug abuse. By focusing on the local context, practical measures that ensure safety rather than wholesale culture change need to be stressed. Thus, condom use in the context of multi-partner sexual relations needs to be emphasized rather than the prohibition of pre-marital sex.

4 Teachers have inadequate training and limited motivation

To set in place more directed, participatory and sustainable activities, local NFE teachers will need further training. At present capacity is limited and complicated by heavy workload, low salary and high turnover. Training can be done in collaboration with other NGOs (such as GTZ, ESF and NCA) who have extensive programs working with building capacity of the teaching staff in these districts.

5. China.

Yunnan Province, Simao Prefecture, Lancang County, Zhu Tang Township

Map: Yunnan Province (red), Southwest China



Lancang County (cream)



In early 2000, the Chinese National Commission for UNESCO appointed the School-based Health Education Program Office, part of the Yunnan Provincial Education Commission, Yunnan Provincial Government to implement the project. This office, established in 1998 to provide guidance on health education, has experience in conducting

HIV/AIDS education projects in many of Yunnan's schools where it works directly with Department of Education staff at the various levels of government.

In May 2000 a field visit was made to choose a project site. Zhu Tang township in Lancang County was chosen. Lancang County, close to the Burma border has 23 townships with a large number of ethnic minority groups (mainly Lahu, Wa, Akha, Yi and Dai), together comprising 77% of the 459,156 County population. Zhu Tang township has been designated as part of the Lahu Autonomous Region (which includes other townships) based on its high ethnic composition. This designation means it is subject to certain compensations and dispensations in national policy regulations.

Zhu Tang Township, Lancang County, Simao prefecture was chosen as the project site because of the following:

1. It's location in the upper Mekong Region, close to borders with Burma;
2. A high percent of the township population are Lahu (80%)
3. Compared with other ethnic minority groups in neighbouring areas, the township has low levels of education – an overall literacy rate of only 7%
4. Good existing relationships with between the Yunnan project staff and the County officials who already have experience with HIV/AIDS prevention work and are supportive of inter-department/multi-sectoral participation in on-going health education activities;
5. The County has a very active network of relationships with township and community level officials.

Zhu Tang has a population of about 33,000. There are 175 villages in 11 administrative zones. As mentioned, Yunnan Province has a high proportion of China's HIV infections most likely due to its proximity to Burma, Lao PDR and Vietnam (and Thailand). Of these cases, Simao Prefecture has the highest number of infections in the province. Nearly 5% of those tested between 1997 and 1999 in Lan Xang County were HIV infected (although it is unclear what this sample is taken from). Amongst drug users it was up to 37%. However, Zhu Tang Township itself had little or no known incidence of HIV infection.

5.1 Phase I Needs Assessment

In July 2000, the baseline UNESCO questionnaire was modified to suit local needs and translated into Lahu by the Provincial and County project staff. It was decided to involve the local middle (secondary) and primary school teachers and students in Zhu Tang township in all stages of the project activities. 40 students, 10 teachers and 50 villagers from Zhu Tang pre-tested the questionnaire and a final version was produced (see annex). Some questions concerning sexuality were deemed inappropriate such as how many sexual partners have you had?

In addition to helping modify the questionnaire, local teachers and translators from the middle school were trained in the use of this questionnaire. Three administrative zones (comprising about 60 villages) were chosen to be the sites of the needs assessment. In July 2000, the questionnaires were distributed to 579 villagers and 567 students (in both primary schools (352) and the middle school (199)). The villagers received only very basic questions about language ability and HIV/AIDS. The students received additional questions on HIV

transmission, sexual practices and drug use. Data collection took 10 days. In the summary report from Phase I, the questions on sexuality and drug use were not included, as apparently many students did not answer them.

The analysis of the basic HIV/AIDS knowledge shows much higher levels of understanding amongst the middle school students reflecting the influence of prior health education programs. Primary school students showed knowledge but on average roughly 50% answered incorrectly. The levels of knowledge amongst villagers was lower than this averaging less than 50% who answered the questions correctly.

This led the project team to make some basic conclusions concerning the target population.

- There are very low levels of education (7% literacy level) – only recently has schooling become mandatory
- Majority of the villagers can communicate only in Lahu language and can not communicate in the Chinese National language, Mandarin
- Most of the villagers lack information on HIV/AIDS prevention and knowledge levels are low
- Some families have radios in their households
- Most villagers watch TV and would like to listen to information about HIV/AIDS prevention in this way
- No materials on HIV/AIDS Prevention are available in Lahu language
- There is a strong commitment for most teachers and students to do health education for HIV/AIDS prevention in their schools and communities
- Information needed on any 'issue' should be delivered through the schools
- Many Lahu people use drugs (marijuana, opium, etc.)
- Most people extremely poor

On other words, the needs assessment identified very basic needs concerning HIV/AIDS knowledge (or lack of) and the need for materials in local language. Very few media materials in general are produced in Lahu – in Lancang one ½ hour per day is broadcast on the radio with no budget nor equipment for translation services. However, the needs assessment uncovered virtually nothing about sexual behaviour or drug use. Despite some mention of the need for informal data collection and the use of focus groups, data from questionnaires was almost exclusively relied upon. The operating assumption was that after years of government moral purity campaigns, issues of sexuality were too difficult to uncover at this point.

5.2 Phase II – Media Production.

Following the needs assessment, the county and provincial project team decided to produce media of 4 types: VCD, audiotapes, posters and pamphlets (plus notebooks for the teachers who were to implement the subsequent trainings). With assistance from the Province based Yunnan School based education Office – the Lancang County Education Department was the main organizing agency and the Zhu Tang Township project workers were the main implementers of this phase. This included primarily teachers and students from the Middle School and the Central Primary School both in the main town of Zhu Tang. The media production took place in the first half of 2001

VCD Production

In consultation with provincial staff, the Lancang County project members (including a media specialist) agreed upon the basic themes of the VCD. Following the needs assessment it was felt that basic HIV/AIDS knowledge should be presented in a way that was culturally appropriate. It was decided that

1. All footage would be local
2. The VCD would include local geographical introduction, drug and local HIV/AIDS epidemic situation, HIV/AIDS knowledge, community care,
3. Lahu Minority culture and custom were to be the soul of the video,

With these directives, Middle school teachers organised their students to assist in a series of narratives. Students had prepared material for these clips in regular classroom essay writing competitions and drama classes. The VCD consists of 3 parts:

Part 1 an overview of Lancang and Lahu culture which sets the stage for the message that social development is bringing many changes including 'disasters' like AIDS through social vices like commercial sex, gambling and drugs.

Part 2 – focuses on 'protecting the offspring of the calabash' a reference to a Lahu origin legend. It provides basic HIV information and a mini-drama of a man who goes to a karaoke bar and gets HIV and infects his wife (not acted by students). It details the 3 modes of transmission, the ways in which HIV is not transmitted, and ways to avoid risk behaviours.

Part 3 – concentrates on avoiding discrimination for those with HIV/AIDS. Students enacted little dramas and stressed wholesome activities such as personal hygiene and diligence at school.

In all 350 hours of footage was chopped down to the final 30 minutes. A draft version was aired at the Middle School and at a minority school in Kunming for further modification and a final version dubbed into Lahu by late July 2001. 200 copies were then mass produced.

Several months later (Nov 2001-Feb 2002), a second 30 minute VCD was produced as it was felt that this was the optimal means of reaching the villages. This second VCD was produced with less input from the Yunnan project staff. It includes more examples of local song and dance performed for local audiences by students, interspersed with student skits about the dangers of smoking, the threat of HIV infection from contaminated needles/and or contaminated blood in private clinics, and the dangers of drug addiction.

Both VCDs have been distributed to all Zhu Tang villages. They are intended as an accompaniment to participatory training activities that form part of Phase III.

Audiotapes

An audiotape was made that consisted mainly of government HIV/AIDS information that was translated into Lahu language. Some local music was added as a soundtrack. It was to be broadcast in local community centers and village schools.

Poster

The art teacher at the middle school designed a poster oriented to the themes of the project. It derives from a Lahu origin myth depicting a golden calabash (gourd) as the source of the Lahu people. A calendar was included to make it useful and 3 sections of small drawings depicting: modes of transmission of HIV, things that do not transmit HIV (eg mosquitos) and ways of preventing infection.

Brochures

Three brochures were produced as auxiliary educational material. The target audience was students rather than villagers. Two of the brochures consisted of simple messages accompanied by pictures that were selected from student drawing competitions in the secondary school. Drawing competitions are a regular part of the school curriculum, and for the first term in 2001 all students were asked to focus on HIV/AIDS. 30 pictures were selected from over 350 completed by the students. One of the brochures had pictures drawn by the school art teacher – this brochure focuses specifically on Lahu in traditional dress. All brochures have scripts in both Mandarin and Lahu (about half the Zhu Tang population is Christian and can read a Lahu script). The three brochures focus on:

1. 'correct and good behaviour'- life skills such as caring for others, social hygiene, avoiding vices etc;
2. modes of transmission and how to avoid them, non-discrimination;
3. Lahu people working together to avoid HIV/AIDS

A small notebook was also produced for teachers to keep records of their training activities. It has brief refresher notes on HIV/AIDS information.

5.3 Phase III Use of the materials - Capability building, training and education for villagers

Once all the materials had been reproduced (200 VCDs and audiotapes – at least one for each of the 75 primary schools in Zhu Tang, 15000 posters and brochures – one set for each of 7500 households in Zhu Tang), several more training workshops were held in Zhu Tang. The first workshop for county and township project team members in June 2001 established basic activities and gave the platform for supervising the intensive education phase that was to follow. In July 2001, key teachers from township primary school and middle school received training in supervision, evaluation and reporting. In August 2001, a 3 day training took place for nearly 300 teachers from primary school, middle school project team members, township leaders and other associated staff. Teachers were trained in basic HIV/AIDS education – epidemiology and aetiology and so forth, and in the required means of monitoring and reporting of their work.

This laid the basis for the following phase, which entailed intensive HIV/AIDS training in each of the 7500 households in the 175 villages of Zhu Tang township. Teachers from

each of the 75 rural primary schools were to visit each household over the following 3 months and conduct extensive training on HIV/AIDS for household members. The VCD would be played first for all the villagers to watch as a lead in activity. Then, in evenings and on weekends the teachers would visit each household. At times this involved extensive walking to the more remote villages (and was reminiscent of the barefoot doctor scheme). Posters and brochures would be delivered to each household and a 30 minute (at least) training would take place.

Between October and December 2001, 285 primary school teachers from 73 primary schools went to 7500 families to conduct household and face-to-face education in each village. Before the teacher left each household, each household member present was required to answer some basic questions on HIV/AIDS (modes of transmission, ways of non-transmission). If these questions were not answered correctly, the teacher would repeat the education until they were answered correctly. A form signed by both teacher and householder (a thumbprint) was required from each household attesting the correct answers had been obtained. These forms were collated and recorded back in Zhu Tang with the result that nearly 7500 signed or stamped forms were collected. This verified that every household had been visited and trained. Annex X shows a summary of the number of households visited in each administrative site and an example of the questions asked to the householders. Each teacher was also required to fill in the notebook with details of each household/village training and these were also collected within the township as a record of activities. Village officials (cadres) monitored the number of posters distributed to check there was one in each household and kept records of the number of times (see annex X) the VCD was played – (a few more remote villages required that television sets were brought to the village)

5.4 Evaluations

In order to assess the efficacy of these training methods, 3 different evaluations were carried out amongst villagers as a well as a debriefing of all the teachers to gain feedback on their activities.

In Nov 2001 four evaluation teams (teachers from the middle school) went to 485 families (roughly 40 from each administrative zone) to evaluate the impact of the teachings. Results showed that 480 families had posters on the wall, 447 houses had been visited by primary school teachers, 88.9% of visited villagers saw the VCD, 88.5% of the visited villagers could list two means of the HIV/AIDS transmission, 88.1% of them know at least two ways that HIV/AIDS is not transmitted, 86% of them know how to protect themselves by using a condom in multi-partner sex.

A second evaluation took place when 60 villagers (from 50 villages) were asked to answer questions when they attended a local fair in Zhu Tang township (42% were female).

Evaluation of 60 Villagers at Local Fair Day

	Yes	No	Don't Know
Poster in the house	59 / 98.3%	1 / 1.7%	
Teachers had visited home	58 / 96.7%	2 / 3.3%	
Watched VCD	43 / 71.7%	17 / 28.3%	
Heard radio tape	46 / 76.7%	14 / 23.3%	
HIV associated with drug use	55 / 91.7%	1 / 1.7%	4 / 6.7%
Multi sexual partner and HIV	56 / 93.3%	1 / 1.7%	3 / 5%
Share the needle and HIV	56 / 93.3%	4 / 6.7%	
Vertical transmission	56 / 93.4%	4 / 6.7%	
HIV identified from looks	2 / 3.3%	52 / 86.7%	6 / 10%
Mosquito can transmit HIV	27 / 45%	25 / 41.7%	8 / 13.3%
Condom can prevent infection	48 / 80%	12 / 20%	

A third evaluation took place in early 2002. For this assessment, a computer randomly chose 84 families from the 3 administrative zones that had been part of the original needs assessment. These households were visited to assess knowledge levels in an absolutely unbiased way with the following results.

Random Evaluation of 84 Villagers in 3 administrative zones

	Yes
Poster in the house	98.8%
Teachers had visited your home	97.6%
Watched VCD	86.9%
Heard radio tape	83.3%
HIV associated with drug use	83.3%
Multi sexual partner and HIV	88.1%
Share the needle and HIV	88.1%
Vertical transmission	91.7%
HIV identified from looks	10.7%
Mosquito can transmit HIV	52.4%
Condom can prevent infection	72.6%

As can be seen the project activities have increased the knowledge levels tremendously in virtually all sectors of the community. Some misperceptions remain, eg mosquitos. One elderly villager we interviewed thought people with HIV change color – this was because in the VCD several shots of Westerners are used, and black and white pictures included. Only one image of someone with AIDS symptoms was used in the VCD.

5.5.1 Strengths

- Strong collaboration and cooperation between different government levels and different government sectors
- Tremendous commitment from primary and secondary school teachers who learnt to become health educators
- Participatory at the schools level; teachers mobilized genuine talent in student artists and performers
- Effective community level interaction – this is the first time teachers have visited villagers households in Zhu Tang
- Has created media materials that are both appealing to villagers and effective in imparting culturally appropriate knowledge of HIV/AIDS
- Lack of emphasis on AIDS symptoms
- Familiarity with activities organized at a mass scale - Effective planning and coordination to ensure each household received attention
- Has developed a workable methodology for resource poor area with limited knowledge of HIV/AIDS
- Has effectively focused on young people as the conduit of knowledge
- Has not simply taught about AIDS symptoms but focused on social development
- Villagers have learned and internalized some messages, some of which have influenced behaviour – eg insisting on disposable needles at clinics.

5.5.2 Weaknesses

- The project chose a target population based on economic and knowledge scarcity rather than risk behaviours per se
- Activities increased knowledge but have focused minimally on behaviours
- Local risk practices not well analysed by quantitative needs assessment; little familiarity with qualitative data collection
- Little emphasis on condom use, or increasing condom familiarity
- Teachers too shy to demonstrate condoms directly
- Too much emphasis on rote knowledge reproduction rather than discussion of relative risk
- Assumptions that some issues cannot be broached in cross-cultural village settings

5.6 Discussion

On any overt measure, the activities have been tremendously effective, efficiently organized and sensitively carried out with commitment and enthusiasm. The VCD is not a product of high-tech sophistication, yet it carries enormous appeal. The decision to maintain a Lahu orientation and emphasis comes through very clearly. All villagers interviewed found the VCD enjoyable and entertaining to watch. Many of the posters have subsequently weathered and disappeared over time, but they too were seen as valuable items. One village woman had stored hers in safe keeping so it wouldn't deteriorate up on the wall. This is in response to what is seen as a 'gift' from the teachers. The household visits impressed the villagers immensely for the caring it demonstrated. This is perhaps the most effective element of the activities. There is a pervasive sense that the activities were done for the benefit of the villagers – this has assisted enormously in the importance with which they treat the information. In many respects, this positive relationship between villagers and teachers highlights a series of factors that came together have made this project such a success in its implementation and uptake.

Firstly, the various government sectors mutually recognized the importance of the activities. HIV/AIDS has (finally) been acknowledged at the national level in China as a serious threat. The commitment shown by the county and township officials indicates a serious acceptance of the need to counter what are seen as major social problems arriving in tandem with economic development.

Secondly, the villagers have never received education of this type before. Barefoot doctors are becoming a distant memory and the fact that teachers, who are accorded respect anyway, made the effort to visit each house was highly regarded. Schooling has only become mandatory in the past 10 years in this area so villagers are still becoming familiar with its positive benefits. Education delivered to the door for the first time was therefore seen as extremely important. (It is interesting to note that the Chinese Federal government has recently indicated it will send 1 million teachers to the rural areas to do AIDS education) One family, which we interviewed in the fields, had been told months previously by the teacher they might be tested on their knowledge at some later date. They were both nervous and excited that they have a chance to prove their retention. Villagers are aware that everyday life has changed enormously in recent times. It is no surprise to them that possible problems accompany this 'development'.

A third factor that has been instrumental in the ease with which the project has been carried out is the lack of specific risk factors associated with marginalized sub-groups. The project has aimed for a broad-based knowledge improvement. Apart from geographic remoteness and relatively low material standards of living, the project did not aim to address socially remote individuals such as drug users or individuals actively involved in sex work. This was a deliberate choice but in many respects it made the project more manageable and a base level of knowledge fairly easy to instill. This is not to short sell the project's achievements. However, it is worth considering specific contexts a little more closely when thinking of future activities.

In its choice of Zhu Tang township, the project chose to set in place preventative knowledge rather than try to change any specific risk behaviours per se. In other words, its intention was to cut a firebreak before a problem emerged rather than attempting to alleviate an existing HIV problem. Certainly the knowledge levels they have instilled will go some way to lessening future vulnerability. All the people interviewed felt that at some time in the future their village may come under threat. Upon discussion this was felt due to the fact that nowadays 'people go out of the village'. In the past, for both economic and political reasons this seldom took place. Nowadays both young men and women increasingly leave the village. Villagers felt the young men were the most headstrong these days and no longer subject to village customary social control. This inevitably meant the potential for men to visit karaoke bars in the towns. These are a rapidly growing presence in all towns and cities. This in turn implicates risk for women as well as men. Some details of women leaving to work in karaoke bars was mentioned by teachers. In some areas, brokers will offer money for the indentured services of the young woman although it is unlikely work in bars is mentioned directly.

Condom use was not a prominent element of the project activities or information in either the VCD or teacher training sessions (in part because of the widespread social unease with such topics). So, the growing incidence of men visiting karaoke bars or women considering work in this sector was not addressed in terms of preventive behaviour (apart from the general message of condom use for any multi-partner sexuality). In other words, there is room for messages attached far more directly to specific contexts and behaviors. Zhu Tang has several karaoke bars and local men do visit them – condom use is not in any way mandatory (although condom sales at the local hospital have gone up dramatically in the past year –precisely who is using them is unclear). The effectiveness of making messages more specific is clear when we consider the one risk context that is mentioned several times in both the VCDS, printed matter and trainings – the risk from contaminated needles. One young villager told us that he had no qualms insisting the town Doctor use a disposable needle when he visited him recently. In short, in future activities it would be sensible for the focus to move from fact-based material to that emphasizing specific risk situations. All the villagers talk about ‘going out’ as the biggest risk – material detailing options for safe behaviour could be presented more effectively.

More importantly, if the project broadens its scope it should/must consider other contexts. Lancang County has a very high HIV prevalence. This is not coming from Zhu Tang township. The project chose not to focus on these, at this point, so that it could develop a good working methodology. However some of the successes in this period will not be so easily replicable when dealing with pre-existing risk situations.

For instance, drug users with high levels of HIV infection are not found in the Lahu villages of Zhu Tang. There, opium use was in the past prevalent but has recently been reduced by government mandates that remove all users to rehabilitation centers for at least 6 months. Needle use is virtually non-existent in this township. Addressing drug users in other Lancang townships will require far more sensitive approach strategies than those developed in this phase, although the participatory approach developed between teachers and students might be able to be modified to work in a peer-based youth group fashion. Likewise, mobile populations of migrant laborers and transitory sex workers will be a far harder constituency to reach and the new methodologies will be needed.

The original project objectives emphasized trafficking and drug abuse as key components. These are fundamental elements of high levels of HIV infection in Yunnan and Lancang but to date not addressed by the project activities. It is hoped the high levels of care taken with the existing project can be reproduced when addressing these more problematic areas.

5.7 Opportunities

Carry on activities in existing project sites

One teacher made the point that knowledge needs constant reinforcement. This is not just to sustain knowledge levels. It is equally important to maintain the sense of caution. If a threat

is highlighted with as much attention as HIV/AIDS has been in the Lahu villages, then it needs follow-up to ensure villagers don't see it as meaningless propaganda and something no longer worth being concerned about.

Add additional messages

Now that knowledge has been introduced, add follow-up activities emphasising the specifics of local risk and increasing hands on familiarity with condoms.

Integrate other government agencies

Skills building in condom use could be handled by health official rather than teachers many of whom are single women and too shy to teach about condoms directly. Likewise village leaders should take a more active role in maintaining awareness of prevention activities

Assist County officials from other sectors to use ethnic materials

The local response to use of local language was tremendous. This experience could be repeated in other government activities – such as local radio broadcasts

Build on successful experience by expanding to other townships

A basic methodology has been established that is very successful in raising awareness of HIV/AIDS. This could be replicated in other townships and counties although media would need modification depending on ethnic group

Modify approaches and materials for focusing on specific target groups

Lancang has high levels of HIV in specific sub-groups eg drug users. Its proximity to borders mean many travel to and from other countries. A commercial sex industry is expanding rapidly employing mainly women from ethnic minority groups. Each of these contexts needs attention and carefully targeted activities. These could be modified from lessons learned in the existing project.

Offer assistance to other counties and townships in developing their own activities

A relatively cost effective means of bringing high levels of HIV/AIDS awareness has been trialled. This model could be copied by other townships and counties in Yunnan and other provinces. The overall emphasis on cultural sensitivity must be maintained

5.8 Threats/recommendations

Not all follow-up activities will be carried out with cooperation and commitment shown in this phase.

Some teachers, although a minority, streamlined their household visits by teaching several families at once. It is possible second phase activities will meet with less enthusiasm from teachers who regarded it as the hardest work they have ever done.

Villagers will feel further attention to HIV/AIDS is unnecessary

Some villagers, particularly young men, already felt the project was irrelevant to them. It is possible this attitude will grow, especially as it relies on conviction of teachers to persuade them of the relevance.

Subsequent activities will be less effective at addressing root cause of vulnerability

Given the tremendous economic growth and social change occurring throughout China, forces prompting young men's and women's movement to towns and cities to work will increase. Village based activities will not be able to adequately address vulnerability that occurs away from home.

Existing moral codes will hamper attempts to deal with sexuality, condom use and needle sterilization directly

There is a sense that the best way to prevent AIDS is to insist on traditional (Chinese) morality. Ideas of sexual propriety and drug prohibition seldom effectively eradicate risk but make it even harder to address.

Other government agencies might not have the same commitment to participatory action

As the project enlists other sectors to expand its reach, care must be taken to maintain original project ideals of cultural sensitivity. If success relies on the monitoring of actions performed rather than their impact then there is a risk of an increased reliance on top-down modes of teaching and enforced knowledge transfer.

As more vulnerable target groups are targeted, punitive action might seem the best approach

HIV/AIDS prevention relies on individuals being empowered to make safe choices. The notion of rehabilitation, which is usually applied to those who are specially vulnerable to HIV, is not the best approach in this instance. This will require careful negotiation with the various government sectors involved

6 SUMMARY

The Project started as a genuinely intersectoral initiative meant to combine approaches and expertise that existed within UNESCO. Not only was its operating rationale multisectoral and intended to capitalize on different countries shared expertise, so too its objectives focused on a combination of social problems in a target site that merged geographic zones from different countries. It has been an ambitious and extremely important attempt to address the very real problems of HIV/AIDS, trafficking and drug abuse amongst ethnic groups who flank the borders of Southern China, Northern Lao PDR and Northern Thailand. Many of its objectives have been achieved, but it must be considered as only the first step. The project has established a foothold in an area and amongst people who have had too little attention in addressing the types of dilemmas that are associated with HIV, prostitution and non-traditional.

Despite a clear number of concrete achievements, inevitably there are shortcomings. It is crucial that lessons are learned from this project if further headway is to be made against this interlinked 'triad' of problems that stem from the social, political and economic marginalisation that typically characterizes minority groups in this region. The project has run for two years and under this timeframe can do no more than lay the groundwork for future activities. To effectively combat any of the number of forces that promote vulnerability to HIV/AIDS, trafficking of young women and girls, and drug abuse requires concerted effort over long periods of time. The chief focus of this project has been empowerment, and thereby prevention, through education. Such processes take time to bear results. Thus the existing project should be judged on the integrity of its processes not on any empirical assessment of reduced vulnerability at this stage. We can summarise the projects achievements and shortcomings in the following manner (see table).

A review of current activities also allows suggestions for follow up activities. It is the recommendation of this external review that such follow-up and ongoing activities are necessary and important. Pilot activities create potential. This potential must be realized through further careful planning and modification and, most important, the on-going recognition that long-term support is crucial in contexts where communities have had few options for controlling their social and physical vulnerability to each of the issues addressed by this project.

6.1 SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> ▶ Focused on HIV, trafficking and drug use as cross border and regional issues rather than simply national problems. ▶ Focused activities on ethnic groups and their culturally specific vulnerability. ▶ Developed participatory activities with ethnic groups. 	<ul style="list-style-type: none"> ▶ No coordination of activities and exchange of experience between countries. Essentially operated as 3 separate projects that happen to be in contiguous regions ▶ No focus on mobile populations or mobility across borders ▶ Not all materials derived from ethnic

<ul style="list-style-type: none"> ▶ Produced materials useful in raising awareness and combating HIV, trafficking and drug abuse. ▶ Raised local awareness of social problems of HIV, trafficking and drug use. ▶ Non-formal teaching networks and local teachers are very effective linking mechanisms with local communities. ▶ Teachers have enormous commitment and excellent access to local communities. ▶ Developed excellent cooperation between ethnic communities and NFE (Dept. of Education school based program in China) who were seen to be genuinely concerned with communities well being. 	<p>groups, many materials imported from lowland cultures.</p> <ul style="list-style-type: none"> ▶ Not always participatory for each community, at times, sub-communities most at risk least involved. ▶ At times, too much emphasis on teaching knowledge rather than encouraging safer or sensible choices of action. ▶ Too much focus on stereotypical reproductions and mainstream responses to problems, eg. emphasis on AIDS symptoms. ▶ Too little focus on actual ways and specific practices to reduce vulnerability HIV, trafficking and drug abuse. ▶ Budget hold-ups have made activities disjointed rather than continuous ▶ Traditional healers were not used as resource people in any project site
<p>Opportunities</p> <ul style="list-style-type: none"> ▶ Expand activities to much larger constituency of ethnic groups ▶ Focus more specifically on specific risk practices ▶ Establish collaboration between countries to focus on mobile populations ▶ Continue to promote ethnic communities involvement in attempting to solve the problems of HIV/AIDS, trafficking and drug abuse... ▶ Continue to utilise NFE (Dept. of Education in China) as key education and empowerment network ▶ Further develop teachers (and higher levels of the NFE) ability to understand and assist with social development issues that relate to HIV, trafficking and drugs ▶ Expand cooperation with other government agencies and NGOs working in health and social development ▶ Develop new materials in ongoing participatory way ▶ Exchange knowledge concerning key issues and developed media materials with other project sites 	<p>Threats</p> <ul style="list-style-type: none"> ▶ Difficulties that have limited pilot project achievements seen as insurmountable rather than problems that can be solved ▶ No further development of materials – seen as too hard and time consuming ▶ No cooperation with other agencies. Teachers have no time to do more than ‘teach’ the problems of AIDS, drugs and prostitution, knowledge might not influence behaviour ▶ Villagers lose interest – feel that they have know about the problem already ▶ Teachers have little incentive to maintain commitment to assisting with problems ▶ Sub-groups most at risk are the hardest to engage and work with ▶ Communities not fully integrated into decision-making process ▶ Little change in outside forces underlying trafficking and drug abuse ▶ Donors will not take the lead in coordination of exchange meetings

6.2 Recommendations

The overriding strength of the project is its emphasis on choosing appropriate approaches that integrate local customs and language. The project has laid the groundwork to carry this process further. Several basic recommendations can be made for a subsequent stage of activities.

- Ø **The Non-Formal Education Departments (the Education Department in China) in the respective countries remain the best agencies to carry on activities (in collaboration with Formal education where necessary).** They can and should avail

themselves of outside media expertise where and when necessary. Their particular expertise is in bringing knowledge and skills to remote and marginalized communities that they are integrally involved with. This should be further capitalized upon. The depth of this community involvement has already shown clear-cut results in the existing activities where, at minimum, all the target communities have learned more about HIV/AIDS. Community level teachers, with the active support from the respective NFE (and education) departments, need to expand their roles in this context beyond just giving knowledge. In essence, their roles become more closely aligned to community development extension workers (clearly the NFE and community level teachers already function in this capacity but it needs wider recognition and ongoing support). In this capacity they are ideally positioned to be able to discern the broad range of factors that promote the specific problems of HIV/AIDS, trafficking and drug abuse in the communities in which they work. The project needs to support them in the task of continuing to engage the local communities in thinking through and finding ways to address these problems. In other words, they remain the catalyst and the mechanism by which ongoing community level activities can be organized as part of their ongoing teaching duties. The activities can be focused on updating and continuing to use ethnic-based media materials so there is ongoing recognition that once-off activities cannot solve the problems.

Ø **Coordination and collaboration needs to be established between countries involved in this project. To date, the project has operated as 3 individual projects with little or no contact between sites (even one key objective was to establish sub-regional cooperation). This can be rectified in 2 ways.**

1. Have exchange meetings where project team participants share experiences and knowledge. As well as capacity-building, this will build a sense of mutual purpose. If included, village representatives of the same ethnicity could also build cross border alliances. (COMMENT: opportunities were provided for DNFE Lao PDR to visit project sites in Chiangrai, and for both Lao PDR and Chiangrai project officers to meet in Bangkok during a meeting on HIV/AIDS Preventive Education among Adult Learners; the 3 country project officers also had opportunity to meet in Manila during the Adult Learner's Project Consultation Meeting, October 2001.)
2. Build in an objective in the next phase that focuses on mobile populations. The 3 sites are contiguous to each other and yet there has been neither discussion nor attempts to contend with vulnerability of people moving between these sites. While the NFE and community teachers can focus on the activities in the villages as source communities, it will need additional and closer targeting strategies to address the mobile populations themselves. [If possible Burma should be included in this sub-set of activities but this may not be possible]. Some degree of cross border collaboration will need to be established. For instance 100 cargo boats are moored at the Chinese town where the Mekong reaches the Burmese border. At least 10 boats a day go back and forth to Thailand. Large numbers of trucks from China meet these boats

further down river at a Lao port. Focusing on boatmen and traders would be one example of a target group that could be reached in all 3 project sites in a coordinated fashion. The Thai site could expand its networks in the Mae Sai target communities to focus activities more specifically on the transient people coming and going to Burma. Likewise Mong Lian and Jing Hong in China (Counties next to Simao) have new roads that carry an assortment of people back and forth between Burma and China.

- Ø New media materials need to be produced. This does not need to be at a large scale, nor require a large budget, but the existing materials should be complemented with a selected choice of new items. This will provide the teachers with the opportunity to keep activities alive – it will have the obvious benefits of requiring on-going participation at the village level both in terms of deciding the content of the new materials and in terms of the discussion the new materials will create. In Thailand, materials dealing with the specifics of drug use within villages, and of condom use between young men and women in the village context are two examples of topics that could be covered (individually for each group). In Lao PDR, material with local images and voices should address local risk factors far more closely. In China, materials that focus on groups with obvious vulnerability should be produced, and existing materials augmented with a closer focus on condom use. Thus the generalized focus would be on actions and choices not simply warnings.
- Ø UNESCO needs to provide careful assistance in the planning and budget provision and sensitive guidance when and where necessary. While sub-regional cooperation is necessary to bring the cross-border themes into mutual planning and targeting, it is also unmistakable that each country has its own specific context in which HIV/AIDS vulnerability takes shape. UNESCO as coordinating body must assist to overcome any shortfalls in existing capacity. Generally speaking NFE (and community level teachers in China) do have enormous experience at assisting disadvantaged groups at the grass roots level. But experience with alternative educational strategies is not the same as tackling the complex issues raised by HIV/AIDS, trafficking and drug abuse. Ascertaining what forms of knowledge are the most effective, how this should be disseminated and then, most importantly, finding means of encouraging knowledge to actually empower specific choices are skills that take time to develop. UNESCO can provide assistance with recognizing shortfalls and finding ways to rectify these in the capacity of the teachers and their implementing agencies. This needs to be done carefully and diplomatically. Even though the overarching objective of the project is to build a combined approach to HIV/AIDS prevention, each country has its own operating principles based on bureaucratic and individual capacities. The experience in one country is not automatically applicable in the others. Any exchanges between the countries must be based on clear understandings of the different constraints each of them face. A key role for UNESCO is

to facilitate both in-country capacity building and constructive exchange between countries. For the most part these will be quite separate activities.

Annex 1

Questionnaires:

1.1 Questionnaire from Thailand

1.2 Questionnaire From Lao PDR

1.3 Questionnaire From China

Annex 2. Examples of Media Material

2.1 Thailand Media Material

Posters (3)

Video covers, Audio Covers

2.2 Material from Lao PDR

Posters (4)

2.3 Material from China

Brochures (3)