THAILAND FINAL REPORT

October 2002–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

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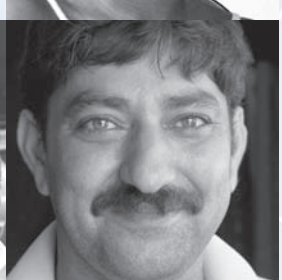
Family Health International

Impact
Implementing AIDS Prevention and Care Project











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Thailand Final Report
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for

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Submitted to USAID
By Family Health International
November 2007

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Family Health International (FHI) and the Implementing AIDS Prevention and Care Project (IMPACT) staff are indebted to Thailand's Ministry of Public Health (MOPH) and, in particular, the Director of the Bureau of AIDS, Tuburculosis, and Sexually Transmitted Diseases, for their guidance and cooperation during the implementation of the IMPACT program. The MOPH-appointed program advisory committee provided crucial insight into the trends of the national HIV/AIDS epidemic and identified the most important gaps in services. Accordingly, IMPACT/Thailand was able to best target its program strategies and activities in order to achieve maximum impact for the national AIDS prevention and care program.

FHI would like to acknowledge the tremendous support from the United States Agency for International Development (USAID) and its Regional Develoment Mission/Asia (RDM/A) in particular. Their confidence in FHI's ability to implement complex and diverse programs through IMPACT/Thailand was greatly appreciated. FHI believes that this confidence was rewarded by the achievements described herein. The RDM/A also provided important technical guidance to FHI and its partners throughout the duration of the IMPACT project to help refine and refocus interventions as the Thai epidemic has evolved.

FHI hereby thanks all of the women, children, and men who participated so fully in the design and implementation of the vast and diverse program activities that comprised IMPACT/Thailand. We sincerely hope these efforts made a positive difference in your lives.

GLOSSARY OF ACRONYMS

A^2	Integrated Analysis and Advocacy
AEM	Asian Epidemic Model
AFRIMS	Armed Forces Research Institute of Medical Sciences
AIDS	Acquired Immune Deficiency Syndrome
ANE	Asia and the Near East Bureau (USAID)
ARC	American Refugee Committee
AusAID	The Australian Agency for International Development
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATS	Amphetamine-Type Substance
BCC	Behavior Change Communication
CA	Cooperating Agency (U.S.-based recipient of USAID award)
CBO	Community-Based Organization
CMU	Chiang Mai University
CO	Commissioned Officer
CT	Counseling and Testing
DOC	Department of Corrections
EOP	End of (IMPACT-funded) Project
EWC	East-West Center, University of Hawaii
FY	Fiscal Year
FHI	Family Health International
HADF	Hill Area and Community Development Foundation
HBV	Hepatitis B Virus
HBC	Home-Based care
HCV	Hepatitis C Virus
HDF	Human Development Foundation
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injection Drug User
IEC	Information, Education, and Communication
IMPACT	Implementing AIDS Prevention and Care Project
INGO	International Nongovernmental Organization
LOE	Level of Effort
LOP	Life of (IMPACT-funded) project
MARP	Most-at-Risk Population
MBI	Macfarlane Burnet Institute for Medical Research and Public Health
MCH	Mae Chan Hospital
MM	Methadone Maintenance
MOPH	Ministry of Public Health (of Thailand)
MSH	Male Sexual Health
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NCO	Noncommissioned Officer
NGO	Nongovernmental Organization
OI	Opportunistic Infection

ONCB	Office of the Narcotics Control Board
OPTA	Office for the Population and Technical Assistance Team
PATH	Program for Appropriate Development in Health
PDA	Population and Community Development Association
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PSI	Population Services International
RDS	Response Driven Sampling
RIHES	Research Institute for Health Sciences, Chiang Mai University
RSAT	Rainbow Sky Association of Thailand
SOP	Standard Operating Procedures
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWING	Service Workers IN Group
TG	Transgender
TUC	Thailand MOPH and U.S. CDC Collaboration
TURF	Total Unduplicated Reach and Frequency
USAID	United States Agency for International Development
USFDA	United States Food and Drug Administration
VCT	Voluntary Counseling and Testing

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I. EXECUTIVE SUMMARY

The Implementing AIDS Prevention and Care Project (IMPACT), managed by Family Health International (FHI), was a key partner of the Royal Thai Government through its provision of technical assistance and support of HIV prevention and care activities for the most marginalized populations: hill tribes with endemic opiate dependence; HIV-infected Burmese migrants in Thailand; men who have sex with men (MSM) in Bangkok and Chiang Mai; low income people living with HIV/AIDS (PLHA) in Bangkok, Kanchanaburi, and Chiang Rai; and uniformed personnel in border areas. Between fiscal years 2003 and 2007, USAID obligated US$3.1 million to IMPACT/Thailand to undertake HIV/AIDS prevention and care activities.

By 2007, FHI and its collaborating partners, including local and international nongovernmental organizations (NGOs) and government agencies, had made the following significant accomplishments:

- "Sex Alert"—A branded, innovative mass media and outreach initiative focused on reducing risk behaviors and increasing use of HIV/sexually transmitted infections (STI) health services among high-risk MSM in Bangkok and Chiang Mai. The campaign was the first large-scale national campaign in Thailand specifically targeting MSM. It was a collaborative effort with the Ministry of Public Health and the Bureau of HIV, TB, and STI.

- Outreach to MSM and MSW—Approximately 51,291 men in parks, saunas, and gay-preferred entertainment areas in Bangkok and Chiang Mai were reached through outreach and peer education activities under FHI's HIV prevention program.

- Analysis of the epidemic—FHI partnered with the East-West Center (EWC) at the University of Hawaii to analyze HIV data using the Asian Epidemic Model to inform strategic planning and decision-making. The results of the data and information analysis were used to support the development of a national HIV prevention goal to reduce the rate of new HIV infections by half in three years (2006-2008). This goal was announced in the Universal Access Initiative meeting by the government and was subsequently incorporated into the National HIV/AIDS strategic planning processes under the 10th National AIDS Plan and the Universal Access Initiative.

- Provided quality HIV care to the most marginalized populations—Supported clinical services, preventive services, and community-based activities for neglected populations, reaching 2,598 PLHA and their families' prevention, care, and support services.

- Provided the only community-based methadone treatment project for hill tribes in Thailand—The sub-project served as a model program for integrating methadone treatment with HIV prevention, care, and support in the community setting.

- Assessed prisoner risk of HIV infection—In partnership with the Macfarlane Burnet Institute for Medical Research and Public Health, FHI conducted a rare assessment of HIV transmission risk in prisons to inform future programming.

In summary, the IMPACT project provided HIV prevention, care, and support services to hard-to-reach populations to compliment the Royal Thai Government's efforts to expand services to underserved populations, given its limited resources. These efforts not only assisted in reducing the risk of HIV transmission among most-at-risk-populations but also provided critical care and support services to marginalized PLHA throughout the country. These efforts contributed to strengthening the capacity of local organizations and the government and helped to enhance long-term sustainability of program activities and impact.

II. PROGRAM OBJECTIVES, STRATEGIES, IMPLMENTATION, AND RESULTS

A. Introduction

When the USAID/Regional Support Mission (RSM) closed in 1996, overall foreign aid to Thailand was dramatically reduced and USAID funding for HIV prevention and care activities was very limited. The growing intensity and complexity of the HIV epidemic in Thailand created a complex challenge for the Government of Thailand and affected the health and developmental needs of the country. In 2000, levels of HIV remained high among men who have sex with men (MSM), injection drug users (IDUs), fishermen, and some migrant groups, with little sign of abating. Emerging patterns of risk behaviors, particularly among youth, strongly indicated the potential for the rapid spread of the epidemic. Beginning in FY03, the USAID/Asia and the Near East Bureau (ANE) obligated funds to the IMPACT Project to prevent HIV transmission among vulnerable populations, including hill tribes and mobile/migrant groups near border areas, and to provide care and support to those already infected.

Before launching project interventions, FHI reestablished and formalized its historically strong relationship with the Thai Ministry of Public Health (MOPH), which oversees all HIV prevention and care activities in the country. After a tripartite meeting between USAID, FHI, and the MOPH in December 2002, a MOPH-FHI HIV/AIDS Program Committee was formed, with the Deputy Director-General of the Department of Disease Control serving as the chairperson.

Over the five years of the IMPACT/Thailand project, interventions for MSM intensified as infection rates within this group increased. In addition, FHI strengthened the component of IMPACT preventing HIV infection in migrant populations, intensified its interventions with Burmese migrants, and expanded care and support services to low-income and hard-to-reach PLHA in the second half of the implementation period.

Design and Implementation

The diverse population and program needs required careful assessments and tailored interventions for each of the beneficiary communities. FHI hired a team of full-time program staff to manage the program, who were based in FHI's Asia Regional Office in Bangkok. In addition, FHI's Asia Regional Office technical staff, local, and regional consultants provided technical assistance and guidance throughout project implementation. Ultimate programmatic and technical oversight was provided by FHI's Asia Regional Office staff.

B. Country Context

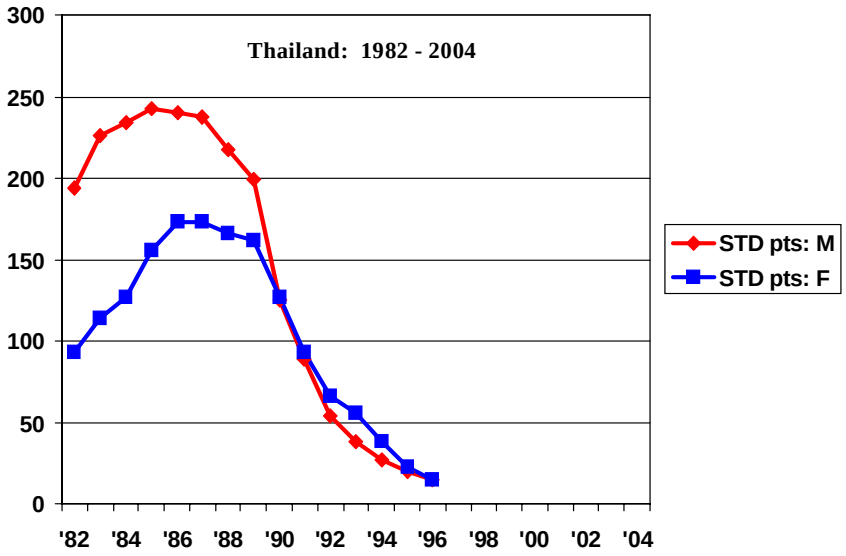
Thailand is a developing country in the heart of the Southeast Asian mainland, covering an area of 513,115 square kilometers. The population of Thailand reached 63.36 million persons at the end of 2003, of whom 25 percent are under the age of 15 years. The adult literacy rate of Thailand in 2001 was 95.7 percent and life expectancy is 68.9 years. The National Economic and Social Development Board implemented the Ninth National Economic and Social Development Plan (2002-2006), a strategic plan that served as a framework for medium-term national development. In the Ninth Plan, major emphasis was placed on balanced development of human, social, economic, and environmental resources.

To ensure the good health of the Thai population, the Royal Thai Government introduced universal healthcare at only 30 baht per hospital visit in October 2001. Government officials receive free medical care under the Medical Welfare Scheme and private employees paying into, and are covered under, the Social Security Scheme.

HIV Prevalence in Thailand

Thailand is unique among countries in the world for having extensive serological, biological, and behavioral geographic data over time for different populations related to STI and HIV risk. This wealth of data enables analysts to pinpoint the emergence and evolution of the various HIV epidemics in Thailand and define the precursors and determinants of HIV spread in the country (see Figure 1).

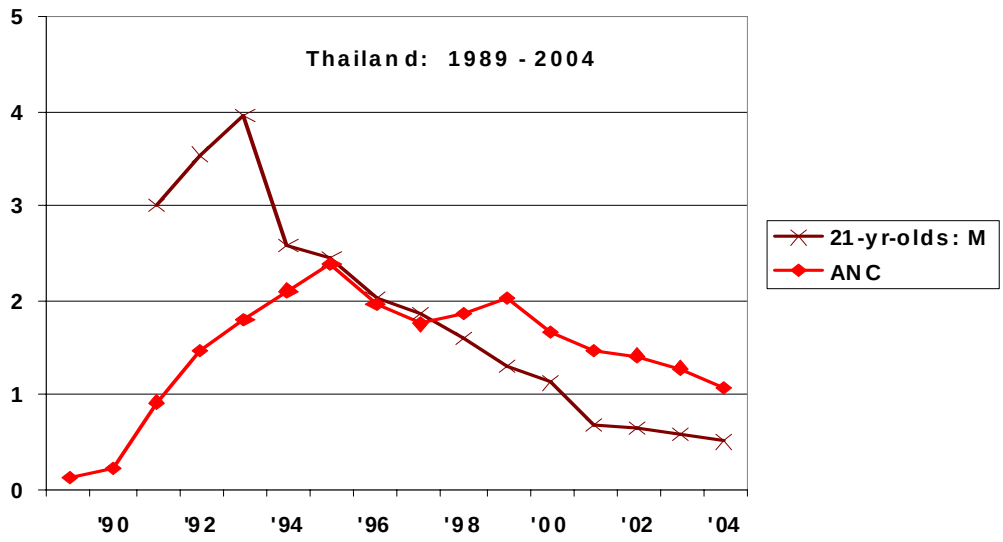
Figure 1: Trends in STI caseloads at government clinics by sex.



Source: Bureau of Epidemiology, Ministry of Public Health, Thailand

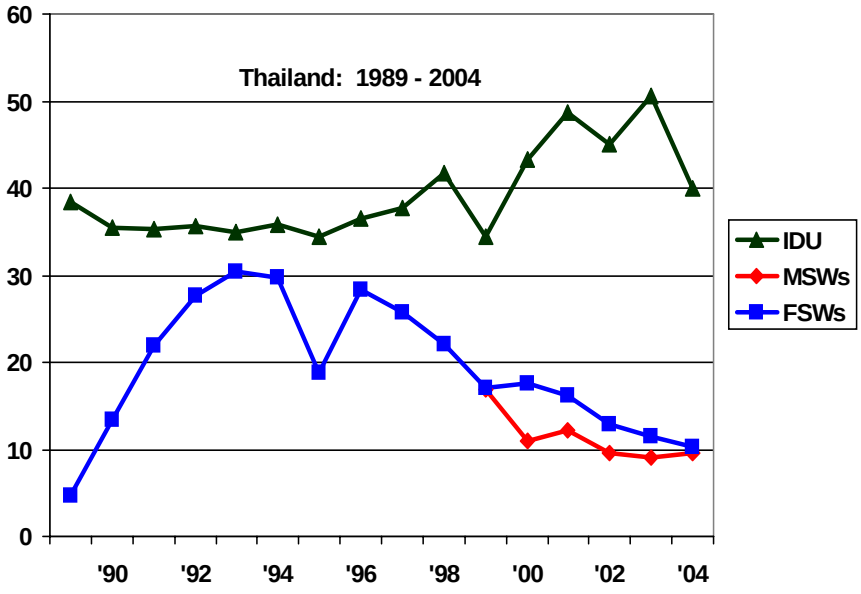
Numerous publications have documented the dramatic HIV increase in the late 1980s, followed by the response, and then the declining incidence as found in national samples of young men and pregnant women (See Figure 2). Disturbingly, HIV remained persistently high among IDUs over the ensuing years, and has accelerated among MSM in some geographic locations (see Figure 3). While the MOPH continues to maintain vigilance, and generally provides a complete package of prevention and care services to the mainstream heterosexual population, the burden of treating the expanding caseload of clinical AIDS patients limits the ability of the Thai Government to meet the needs of most-at-risk populations.

Figure 2: Trends in HIV prevalence among selected populations with lower risk.



Source: Bureau of Epidemiology, Ministry of Public Health;
Armed Forces Research Institute of Medical Sciences, the Royal Thai Army

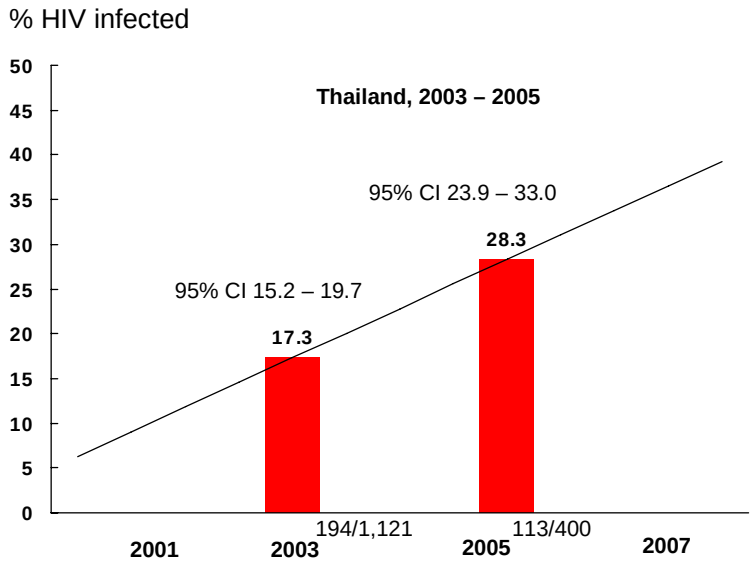
Figure 3: Trends in HIV prevalence among selected populations with higher risk.



Source: Bureau of Epidemiology, Ministry of Public Health, Thailand

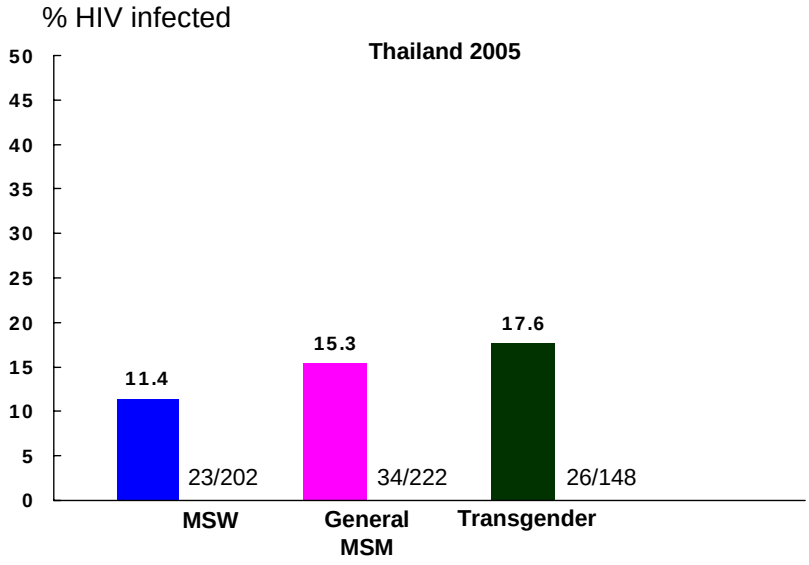
As has been observed in parts of the United States, the decline in HIV incidence among MSM has reversed as prevention fatigue takes its toll and as treatment optimism spreads. Although many factors might be contributing to the rise of HIV among MSM in Bangkok and Chiang Mai, these two factors alone are enough to fuel a resurgent epidemic – providing an ominous warning for the other vulnerable groups of the population and the national prevention program (see Figures 4-6).

Figure 4: HIV prevalence among MSM in Bangkok



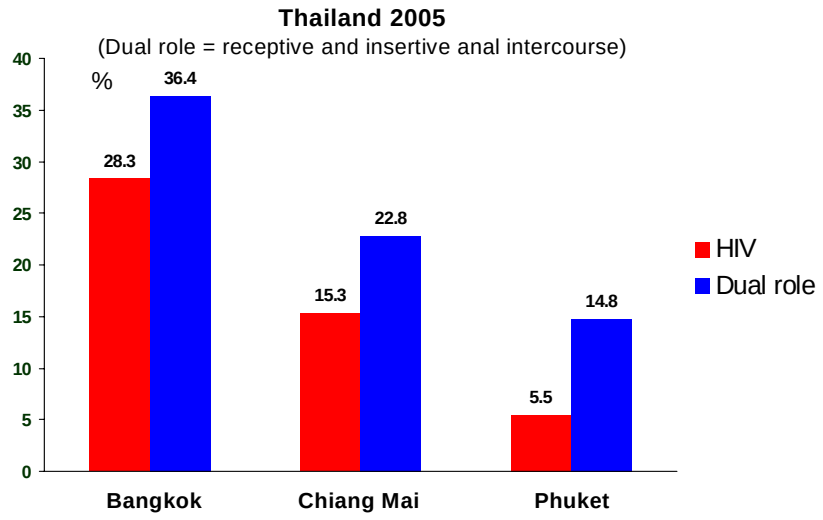
Source: Thailand MOPH and U.S. CDC Collaboration

Figure 5: HIV prevalence among MSM populations in Chiang Mai



Source: Thailand MOPH and U.S. CDC Collaboration

Figure 6: HIV prevalence and dual role behavior among MSM in Bangkok, Chiang Mai and Phuket



Source: Thailand MOPH and U.S. CDC Collaboration

While opium and heroin use are declining in the region generally, there is a visible increase in the use of amphetamine-type substances (ATS), most of which are consumed in pill form but some are injected intravenously. At the same time, the Thai Government's "War on Drugs" has complicated gaining access to the population of ATS users.

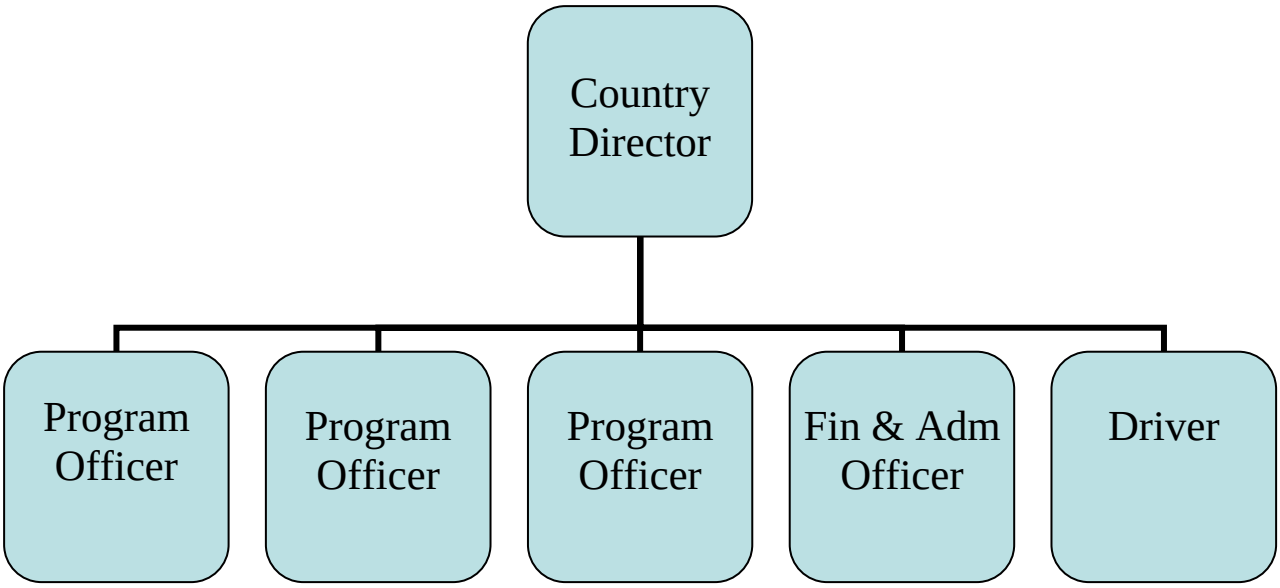
At the time this program began in late 2002, Thailand's economy had not yet fully recovered from the baht devaluation in 1997, the ensuing recession, and the collapse of numerous nonperforming loans. This slow recovery meant that many low-income Thais were barely surviving at the margins of society. The government's social security safety net and 30 baht health care program for the indigent was not meeting the needs of many families infected and affected by HIV when IMPACT/Thailand was launched.

To add to this complex situation, in 2006, the Thai Government began implementing a devolution process whereby budget allocation for line ministries was shifted from central to provincial offices. This decentralization strategy is likely to adversely affect small NGOs who work on HIV issues across provincial boundaries and may have uneven political support from province to province.

C. Implementation and Management

With its regional office for Asia and the Pacific located in Bangkok, FHI had the advantage of having existing bilingual staff and strong management systems in place to help jump-start IMPACT/Thailand activities in FY03. Initially, a single program officer was assigned to provide full-time program development support, with assistance as needed from other FHI regional staff

and consultants. As the program expanded, the staff complement grew, eventually reaching its peak level of effort (LOE) in 2005 as shown in the following organogram:



As mentioned earlier, an advisory committee was established in 2002 by the MOPH to provide guidance to IMPACT and to help monitor HIV/AIDS trends and resolve constraints to implementation during FY03-04. This committee included the following 13 members:

1. Deputy Director-General, Department of Disease Control (Chair)
2. Director, Bureau of AIDS, TB, and STD
3. Director, Bureau of Health Promotion
4. Chief, STD Division
5. Director, Bureau of Drug Prevention, Office of Narcotics Control Board
6. Director, Thanyarak Drug Treatment Center
7. Senior Scientist, Medical Science Research Institute, Chulalongkorn University
8. Representative, Policy and Strategy Office, Office of the Permanent Secretary
9. Representative, FHI
10. Representative, USAID
11. Representative, HIV/AIDS Prevention Sub-Division for Behavior and the Community
12. Chief of the AIDS Sub-Division, Department of Disease Control (Secretary)
13. Representative from International Collaboration Sub-Division

The committee met on a quarterly basis to review, approve, and provide recommendations for FHI/USAID's HIV activities in Thailand. In addition, beginning in FY05, FHI Thailand provided periodic informal program updates to committee members from the MOPH.
FHI staff provided regular support and program oversight through project site visits and meetings with Implementing Agency (IA) representatives. In addition, in order to strengthen program activities, IMPACT contracted the services of 18 consultants over the life of the project in the following technical areas:

- Qualitative and quantitative assessment
- Project design
- Implementing interventions with IDUs, MSM, and Burmese migrants

- CT and home-based care
- Training and evaluation
- Curriculum development

See Attachment 2 for specific details of these consultancies.

During the course of project implementation, IMPACT/Thailand worked with many hard-to-reach populations including Burmese migrants. Therefore, the language barrier was an issue in project implementation. In addition, FHI/Thailand provided rapid HIV test-kits to Mae Tao Clinic. Procurement of U.S. Food and Drug Administration-approved rapid HIV test kits was new in the country at that time. FHI/Thailand spent considerable time seeking procurement information and approval, which delayed the full operation of VCT services. Moreover, turnover of key staff responsible for the MSM projects affected the continuation and smooth operation of the MSM projects. Nevertheless, FHI/Thailand was able to overcome these obstacles and continued providing HIV prevention, care, and services to most-at-risk populations in Thailand until the end of the IMPACT project.

D. Country Program Timeline

Table 1: IMPACT/Thailand Timeline by Fiscal Year (FY)

	FY03				FY04				FY05				FY06				FY07			
Planning and Organization	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Obligation of Funds																				
MOPH Endorsement of Program																				
Strategic Design and Revisions																				
Placement of Full-Time Staff																				
Provision of International and Regional Technical Assistance																				
PROGRAMS																				
Reducing Injection Drug Use and HIV Transmission Risk Among Hill Tribe Communities																				
Situation Assessment																				
HIV Prevention, Care, and Support and Community Mobilization in Akha Communities																				
HIV Prevention and Care for Drug Users and Families in Akha Communities																				
Providing Care and Support for Migrant Burmese PLHA in Thailand																				
HIV Prevention and MTCT Interventions among Burmese Migrants																				
Services to Improve HIV Interventions for Burmese Migrants																				
Rapid Testing Quality Assurance for Mae Tao Clinic																				
Providing Care and Support for Low-Income and Hard to Reach PLHA in Bangkok Kanchanaburi, and Chiang Rai																				
Care for PLHA in Bangkok Slums																				
Positive Partnership in Bangkok Slums																				
Care and Support to PLHA																				
Preventing HIV among MSM and MSW in Bangkok and Chiang Mai																				
HIV Prevention among MSWs in Bangkok																				
HIV Prevention among MSM in Bangkok																				
Male Sexual Health Program in Northern Thailand																				
Situation Assessment of Knowledge and Perceptions of Prison Staff on HIV Prevention and Care, and Existing HIV Interventions in Prisons																				
Targeted Multi-Media Campaign																				
Post-Test of the "Sex Alert" Campaign																				
Preventing HIV among Border Military and Police																				
Assessment of Uniformed Services and Female Sex Workers in Kanchanaburi Province																				
Assessment of HIV/STI Behavioral Risk among Military in Kanchanaburi																				
Behavior Change Interventions among the Thai Military in Kanchanaburi																				
HIV Policy Analysis																				
Thailand A²: Integrated Analysis and Advocacy																				

E. Program Objectives, Strategies, and Activities

Despite being considered a model program for the rest of the world, the Thai Government expressed that it was unable to address all of the HIV prevention and care needs of its people without external assistance. Thus, in December 2002, the MOPH recommended that FHI, with assistance from USAID, proceed with plans to augment existing Thai Government and local NGO services for Burmese migrants, injection drug user (IDUs), and MSM. These populations are marginalized and, perhaps as a result, are considered most-at-risk populations (MARPs) for HIV infection.

IMPACT provides a continuum of prevention-to-care services through targeted interventions. As with other IMPACT programs around the world, FHI initiates its programming with a science-based assessment of the baseline situation and needs of the target population. The assessment is required to provide first-hand and up-to-date knowledge to inform the design of interventions and, thus, reduce inefficiencies. Next, whenever possible, FHI contracts with NGOs and government implementing partners to link client-sensitive services with sustainable government programs and clinical oversight. FHI serves as the mediator and mentor for these collaborations, which are a hallmark of its successful programs globally. These partnerships are also an integral feature of the continuum of prevention-to-care, as they create a referral network to and from the clinical services and the community of beneficiaries. Clinical services are needed for prevention, for example in counseling and testing (CT) and opportunistic infection (OI) prophylaxis; prevention is needed in the PLHA care setting, for example for prevention of mother-to-child transmission (PMTCT) and for universal precautions when giving home-based care.

FHI believes in strong evaluation and triangulation of data sources to arrive at sound and defensible conclusions of program effectiveness or outcomes. In this program, IMPACT established systems to collect monitoring data, pre- and post-intervention behavioral measures, and qualitative data via in-depth interviews and focus group discussions. Finally, FHI firmly believes in exiting a project once the job is done, or when the local agencies can maintain quality services with host government funding. As a technical agency that has always been supported by time-limited awards, FHI is keenly aware of its temporary role in these programs, while always trying to ensure a permanent and positive effect through its programs.

For the IMPACT response in Thailand, with objectives to reduce new HIV infection among most-at-risk populations (MARPs) and to increase access to comprehensive prevention, care and support, and treatment services, FHI established six major program components. Nine local NGOs, six international NGOs, and five government agencies collaborated to implement the assessments, interventions, and handover activities through 19 subawards. Numerous other agencies and individuals were involved as technical advisors and consultants. The following summarizes the programmatic strategies for each of the six program components:

Reducing Injection Drug Use and HIV Transmission Risk among IDUs and their Families in Akha Communities
The baseline assessment for this primarily ethnic Akha population prescribed a strategy of reducing demand for injection drugs through peer and community support combined with methadone maintenance**.** Community mobilization was employed to foster a sense of local ownership and reinforce core HIV prevention themes

Providing Prevention, Care, and Support for Migrant Burmese PLHA in Tak Province
This program aimed to strengthen the links between HIV-infected Burmese living in temporary settlements on the Thai side of the border with a local private clinic and government clinics. In addition to blood screening and HIV counseling and testing, the programs addressed prevention of vertical transmission and primary prevention among migrant factory workers. Home-based care (HBC) was also provided to HIV-positive mothers and families.

Providing Care and Support for Low-Income and Hard-to-Reach PLHA in Bangkok, Kanchanaburi, and Chiang Rai
This program joined three well-known indigenous NGOs with strong HIV program credentials to expand and strengthen the safety net for PLHA in Bangkok's poorest communities and disadvantaged groups in two provinces. The program combined telephone counseling and referral with income-generating loans and home-based care with antiretrovirals from government hospitals to build the health and confidence of struggling PLHA.

Preventing HIV among MSM and Male Sex Workers in Bangkok and Chiang Mai
Thailand's leading NGOs for MSM and male sex workers joined forces to establish a standardized prevention program for most-at-risk men made up of peer trainers, peer educators, outreach, print media, drop-in centers, hotlines, community activities, referrals for HIV counseling and testing, and STI services. A separately funded award was made to a professional advertising agency in late 2005 to highlight recent dramatic increases in HIV prevalence among MSM for targeted HIV prevention multi-media campaign in Bangkok and Chiang Mai. In addition, the "Sex Alert" Campaign was launched by FHI and endorsed by Ministry of Public Health and USAID to raise awareness of safe sex and condom/water-based lubricants use. The program also promoted HIV/AIDS and STIs health services among MSM in Bangkok and Chiang Mai through several channels of media (i.e. print ads in life style and gay-oriented magazines, road shows, text messages, Tuk tuk ads, banner ads on web sites, advertorials). After the campaign, a survey evaluating the performance of the campaign was conducted. The results of the survey showed the desired high coverage rate was achieved. Among MSM exposed to the campaign, the level of acceptability and relevance of this campaign was very high. These findings confirm that the campaign had a positive impact on MSM sexual and health-seeking behaviors in both targeted cities.

HIV Prevention in Prisons
FHI conducted a rapid qualitative assessment in four selected prisons in Central Thailand at the request of the Thai Department of Corrections (DOC). The objectives were to both assess the knowledge and perceptions of prison staff on HIV prevention and care and existing HIV interventions in the prison system and to explore strategies to establish more effective HIV interventions from the perspective of prison staff. The DOC provided access to prison staff and the particular prisons to be assessed. A structured qualitative questionnaire was developed in collaboration with the DOC to assess prison staff knowledge on HIV transmission routes,

existing HIV intervention programs in prisons, suggestions of prison staff on practical approaches and feasibility of prison-based HIV intervention programs, potential barriers to such interventions, and potential solutions to overcome those barriers. A total of 110 prison staff from four prisons was interviewed during February and March 2005.

The assessment revealed that sexual and skin-piercing activities still pose significant risks of transmission in prisoner populations. Results were referred to the DOC and were shared with organizations deemed potential partners for further HIV prevention implementation programs in prison settings.

Preventing HIV among Border Military

Following initial assessments of knowledge and attitude deficiencies, IMPACT implementing partners prescribed a strategy of peer leaders, peer outreach, and visual media with storylines tailored to the challenges of the border armed services and interspersed with HIV prevention themes. Condom vending machines were introduced on a pilot basis in various locations in base camp and Surasee camp hospital in Kanchanaburi Province, which were well received by the military. An assessment of police in the same geographic area revealed persistent risk behavior practices. Results were referred to the local department of police for HIV prevention implementation.

Data Analysis and Advocacy Program (A^2)

The world's premier modeling experts for the Asia Epidemic Model (AEM) from East-West Center, University of Hawaii, were contracted to work with the Thai Government and NGO counterparts to refine the data inputs for a computer model of the epidemic in Thailand. The two components of the project were designed not only to show the data and information on the future HIV situation but also to help evaluate the impact of the past interventions supported by a variety of organizations in Thailand while projecting various scenarios through 2010 as a tool to advocate for more appropriate HIV policies.

F. Program Results

Data on project results consist of quantitative measures of project outputs and outcomes, as well as independent qualitative reports of achievements and constraints.

The output data are summarized in Table 1 (Numbers drawn from SAR and RDM/A reports):

Table 1: IMPACT/Thailand Program Achievements from FY03-FY07

Program Output Data from FY 03- FY 07	
	No. of Beneficiaries
Behavior Change	
Outreach Activities	**51,291**
Mass Media	**109,252**
STI Management	
Diagnosis/Screening	**223**
Treatment	**32**
CT	
Pre-Test	**794**
HIV Test	**728**
Post-Test	**630**
PMTCT	
Pre-test Counseling	**4,247**
HIV Test	**2,835**
Post-test Counseling	**2,443**
ARV Prophylaxis	**31**
Care and Support	
Home and community-based care (for both PLHA and family members)	**2,598**
People Trained	
Behavioral Change through Community Outreach	**440**
Counseling and Testing	**167**
TB/HIV	**77**
Lab-Related Activities	**32**
Home and Community-Based Care	**13**
Strategic Information	**8**

Highlights include the following:

Reducing Injection Drug Use and HIV Transmission Risk among IDU and their Families in Akha Communities

- Within one year, 78 Akha villagers were weaned off opiates and onto substitution therapy.
- Twice as many villages subscribed to the treatment program as originally targeted.

Providing Care and Support for Migrant Burmese PLHA in Thailand

- From the beginning of PMTCT program, 2,835 pregnant women were tested for HIV and 31HIV-positive women referred for PMTCT. None of the 26 infants was HIV-positive after receiving HIV testing at 12 and 18 months.
- 468 Burmese PLHA and families received home-based care in one year.
- 1,050 blood donors were screened and blood specimens sent to the governmental hospital for HIV testing (single year).
- 654 Burmese received CT, of whom 629 received post-test counseling in one year.
- Three laboratory trainings for rapid HIV testing and four monitoring visits were conducted by Research Institute for Health Sciences, Chiang Mai University (RIHES).

The trainings and monitoring visits were useful in strengthening laboratory staff capacity for conducting HIV rapid testing.

Providing Care and Support for Low-Income and Hard to Reach PLHA in Bangkok, Kanchanaburi, and Chiang Rai

- Over 600 indigent PLHA were enrolled in the home care program.
- 1,400 calls were made to an HIV hotline per quarter.
- 29 partnership (one HIV-positive and one HIV-negative) received low-interest loans for income-generating activities to improve self-sufficiency and raise self-esteem.

Preventing HIV among MSM and MSWs in Bangkok and Chiang Mai

- Over 4,000 male sex workers were reached by trained outreach workers in 2005 alone.
- 27,000 MSM and MSW clients in parks, saunas and gay-preferred entertainment areas were reached through outreach activities.
- 46,000 educational and motivational print materials were distributed.
- Over 250,000 condoms were distributed in parks, saunas, and gay-preferred entertainment areas.
- Targeted multi-media campaign:
    - 95 percent of respondents were able to recognize at least one element of the campaign.
    - 89 percent of respondents received information package including condom and water-based lubricants during road shows.

HIV Prevention in Prisons

- A rapid assessment of risk inside prisons was completed and identified male-to-male sexual behavior often associated with sexual violence and nonsterile surgical techniques associated with penis modification practices as likely routes of HIV transmission.
- In collaboration with the Department of Corrections, trainings of prison staff were conducted as an initial step for HIV prevention programming in prisons.

Preventing HIV among Border Military

- 337 peer trainers, peer leaders, outreach workers, and volunteers were deployed to increase prevention awareness and action among military personnel stationed at the border.
- 1,000 leaflets were produced and distributed.
- 3,045 educational comic booklets were distributed.
- 42 sets of posters were displayed.

Analysis and Advocacy Policy Project (A^2)

- The project was presented and launched in April 2005 at a meeting among national HIV/AIDS partners from NGOs and the government.
- The first part of the project, an analytical component, included the collection of existing HIV/AIDS epidemiological, behavioral, and response data. The acquired data was then used as input into the Asian Epidemic Model (AEM) to project future course of the national HIV epidemic (throughout 2005).

- Governmental and nongovernmental organizations were identified and attended consultative meetings to endorse the data and information and then chose the appropriate indicator for measuring future targets of interventions (early 2006).
- The AEM projected the five most-at-risk population in the future including MSM, IDU, sex workers, discordant couples, and youth.
- In addition to projecting the future course of the HIV epidemic, the AEM also produced three HIV prevention scenarios for future planning. (By using information from these scenarios along with financial data from field programs as input, the GOALS model, which was created by the FUTURES Group, can also project the financial cost for each scenario for HIV prevention planning.)
- The results of the data and information analysis from AEM (and GOALS model) were used to support the development of a National HIV Prevention goal to reduce the rate of new HIV infections by half within three years (2006-2008). This goal was announced during the Universal Access Initiative meeting by the government and was subsequently incorporated into national HIV/AIDS strategic planning processes under the 10th National AIDS Plan and the Universal Access Initiative.
- As a result of the announced goal, many consultative meetings among more than hundred participants from government and nongovernmental organizations were conducted to support the development of evidence-based strategies, policies, and programs incorporated under these national HIV/AIDS strategic planning initiatives.

Please see the case studies and success stories in Section V for rich sources of detailed information on the implementation successes and/or challenges.

III. LESSONS LEARNED AND RECOMMENDATIONS

Despite the impressive and widely described success of the Thailand HIV prevention and care program during the decade of the 1990s, gaps remained at the start of the new millennium. FHI and the IMPACT Project supported by USAID helped address these gaps and intensified prevention efforts for populations experiencing persistently high prevalence or a resurging HIV incidence.

Perhaps not coincidently, the populations that IMPACT was tasked with helping were many of the marginalized groups of Thai society – those who could not easily afford self-treatment or the costs of prevention and those who fall through the government's social welfare safety net. In this program, the principal beneficiaries included Burmese migrants living in Thai border communities, recovering opiate-dependent hill tribe villagers and border military troops, MSM and MSWs, and indigent PLHA in Bangkok.

Given these varied populations and range of HIV program needs, IMPACT divided the work into six discreet programs, which were generally defined by type and geographic location of beneficiary, as described above. This strategy enabled multiple implementing agencies (IAs) to work together in a complementary manner, instead of in isolation. Also, this collaboration fostered a closer relationship among indigenous NGOs and local government agencies – a partnership that FHI believes is the key element to high quality and sustainable HIV programs everywhere. For example:

- A private clinic (Mae Tao) was paired with a public hospital (Mae Sot) to create a comprehensive service for HIV-positive Burmese migrants, with IMPACT as the funding mechanism bringing these two clinics together.
- The sub-project for PLHA living in urban slums of Bangkok was designed in such a way that the two NGOs (Population and Community Development Association and Mercy Centre) needed to link with government hospitals for care and treatment to create a sustainable intervention.
- The Hill Area and Community Development Foundation was partnered with the Mae Chan District government hospital to free Akha tribal communities from drug dependence and reduce HIV transmission through the unsafe injection of illicit drugs. FHI staff served as coaches and intermediaries for this collaboration.
- The MPlus+ NGO coalition in Chiang Mai continues to implement programs for MSM and male sex workers in close association with Chiang Mai's Provincial Health Office and Sexually Transmitted Infections Center #10, who provided free STI treatment and referral to appropriate care and treatment for MSM and MSWs.

While IMPACT was correct in urgently mobilizing interventions for these vulnerable populations, the program could have benefited from a more in-depth analysis of the factors behind the changing epidemics. For example:

- There is still no clear understanding why HIV prevalence remains high among Thai IDUs despite the continuous attrition in this population due to death, successful detoxification, and ongoing abstinence from drug use among those infected.
- Similarly, while it is clear that the MSM and MSW populations are experiencing a serious increase in the transmission of HIV, it is unclear why this is so—especially

among a sub-group of the population that was traditionally so self-supportive and risk-conscious.
- Despite the extended availability of free methadone for opiate dependent individuals, , drop-out and relapse remain problematic especially among those who inject. What social factors are impeding the elimination of injecting practices in these communities?

In some cases, IAs, while accurately targeting the appropriate populations and behaviors, did so without a deep understanding of the key antecedents of persistent or resurgent risk practices. Thus, program outcomes may have been less than optimal.

Recommendations

Overall, the Thai Government should put more emphasis on HIV prevention for most-at-risk populations, particularly MSM. Currently, there are many international organizations and donors working with MSM. Collaborative and integrated efforts among these organizations and the Thai Government could help reduce HIV transmission and enhance care and support services for these populations. In addition, care and support services should be tailored to the needs of most-at-risk PLHA. Moreover, the response to HIV among IDUs requires major strengthening. According to a 2005 WHO report, HIV prevalence among IDUs has been stable at approximately 40 percent for many years; the Thai Government needs significant support to address this situation.

The following are recommendations for each project:

Akha Hill Tribe Communities with Opiate Dependent Villagers
- Recognizing the crucial role of village volunteers in community-based HIV prevention, care, and support is a very important concept that emerged during the implementation process.
- It is vital to attach importance to the village volunteer's personal qualities and capabilities and his or her socio-political position, and establish strict selection criteria in the project planning phase with this population. This would also legitimize the relevance and importance of the village volunteers in such projects.

Burmese Migrant PLHA and Non-PLHA
- Continue to support the development of model programs that could be adapted and utilized in other countries. In addition, increase necessary access to care, support, and treatment for most-at-risk populations, people living with HIV, and their families. The Mae Tao Clinic, which serves 58,000 Burmese migrants annually is clearly an important part of this effort and is making significant contributions to HIV prevention and care in the region.

Low-income and Hard-to-Reach PLHA
- Patients are able to communicate their needs to PLHA caregivers without fear of discrimination while caregivers are able to provide patients with first-hand experience and distinguish patient problems as pharmaceutical, emotional, or infection-related in nature. Caregivers are also able to overcome grass roots challenges in gaining community trust.
- Care for PLHA caregivers should be provided by professional psychiatrists/counselors on regular basis, as it is essential to release stress while working as HBC staff.

- Partnering with the families and reaching out to local communities and local government hospitals resulted in increased communication and collaboration and had a positive effect on the lives of PLHA.
- More careful market analysis for activities supported by the PLHA partnership loans would improve prospects for income generation and eventual repayment. In some cases, more effort could be made in helping the PLHA to find the appropriate markets for the goods and services they produce.
- High mobility among the populations in urban areas makes it difficult to maintain contact with low-income PLHA in Bangkok. This factor hinders repayment of partnership loans and access to care.
- Support for PLHA was more frequent and continuous in the provincial programs in Kanchanaburi and Chiang Rai. Key factors in this success were the use of PLHA as peer outreach staff and the hotline for maintaining phone contact with beneficiaries.
- People who live in the city have limited time and difficulty accessing transportation, and telephone counseling is a more workable approach than face-to-face counseling. In addition, some people feel more comfortable and confident talking on the phone because of concerns about confidentiality.

MSM in Bangkok and Chiang Mai

- Outreach workers must take into consideration the existing sub-cultures and their level of literacy and language fluency, given that selected MSWs were migrants.
- The outreach activities for bar-based MSWs would be strengthened by formalizing a "peer education network." There are many models for "peer education" that could be adapted to the outreach activities at these establishments. This might include special training for selected bar-based MSWs, who would function as "peer educators." Consideration should then be given to issues of compensation and status for this role.
- In Chiang Mai, there is a high turnover rate among target group members, almost 80-100 percent every six months. Therefore, education activity plans must take into account this time limitation, and must be packaged as essential.
- IEC materials for both nondisclosed and HIV-positive MSM should be readily available. Potential channels to distribute IEC materials might include websites and user-friendly pamphlets.
- Staff capacity should be strengthened in the area of program management and care and support for HIV-positive MSM/MSWs.
- Referral networking should be strengthened to increase health services seeking among targeted populations.
- Targeted multi-media campaigns should continue and focus on three media channels: magazine, websites, and events.

HIV Prevention in Prisons

- Male prisons in Thailand are likely risk environments for HIV transmission. HIV education for prison guards should be considered an essential interim intervention while more overt prevention activities are being explored. Most HIV transmission is likely to occur through sex between men rather than through sharing of injection equipment during illicit drug use.
- The recommendations from the assessment covered the following areas that could benefit from future USAID assistance:

- Capacity building of prison staff; and
- Risk reduction through promotion of prevention and care services.

Further details are available in the assessment report (hard copy on file with USAID).

Military Men Stationed at International Border Zones

- For this population, communication media using images and a story line (e.g., a comic book) is the preferred mode of transmitting information and motivational messages for HIV.
- Future efforts need to continue to educate nonmobile individuals to increase HIV knowledge and skills so that they can become focal points for educating individuals who rotate back to the station from inaccessible locations.
- Because of the hierarchical nature of the military, it is imperative that the management levels of military units buy into the project from the earliest stages.

Analysis and Advocacy Policy Project (A^2)

- Clarification about the concept, roles and responsibility, scope, focus, and achievement of the project to the team members was crucial and needed to be updated from time to time. Also, the project benefited immensely from management by individuals experienced in informative data and policy processes.

IV. HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

A. Implementing Partner List

NAME	ORGANIZATIONAL TYPE	GEOGRAPHIC LOCATION	TARGET POPULATION	BUDGET	INTERVENTION	PROJECT DATES
PATH	INGO	Chiang Rai	Drug users, family members, village communities, local government officials	$25,819	Situation analysis or program/ project assessment	01/03-05/03
Hill Area and Community Development	Private foundation	Chiang Rai	Injection drug users	$129,081	BCC Community mobilization	09/03-09/05
Mae Chan Hospital	Government	Chiang Rai	Injection drug users	$78,771	Community-based methadone program, HIV prevention	08/03-08/05
Mae Tao Clinic	Private foundation	Mae Sod, Tak	Burmese migrants	$165,988	CT PMTCT HBC Blood Safety	04/03-09/05
Mae Sot Hospital	Government	Mae Sod, Tak	Burmese migrants	$30,000	PMTCT Blood Safety	07/05-06/06

NAME	ORGANIZATIONAL TYPE	GEOGRAPHIC LOCATION	TARGET POPULATION	BUDGET	INTERVENTION	PROJECT DATES
RIHES	University	Mae Sod, Tak	Burmese migrants	$17,707	Lab technical assistance on laboratory capability	03/05-09/05
Human Development Foundation	Private foundation	Bangkok	PLHA	$102,511	Home-based care, BCC (telephone counseling)	06/04-09/05
Population and Community Development	NGO	Bangkok	Poor people living with HIV/AIDS	$44,200	Income generation	06/04-09/06
ACCESS	NGO	Bangkok	PLHA	$102,357	BCC (telephone counseling), counseling, HBC	03/05-02/06
McCaan	Private company	Bangkok	MSM, MSWs, TG	$220,000	BCC	10/05-08/06
Ipsos	Private company	Bangkok	MSM/male sex workers/TG	$11,120	Survey	12/06-01/07
SWING	Private foundation	Bangkok	Male sex workers	$171,270	BCC	09/04-09/05
RSAT	NGO	Bangkok	MSM	$110,409	BCC	09/04-09/05
PATH	INGO	Chiang Mai	MSM/male sex workers/TG	$401,814	BCC, HIV testing, and CT	12/02-01/05

NAME	ORGANIZATIONAL TYPE	GEOGRAPHIC LOCATION	TARGET POPULATION	BUDGET	INTERVENTION	PROJECT DATES
Macfarlane Burnet Institute for Medical Research and Public Health	Institute	Central region	110 prison staff	$24,279	Situation analysis or program/ project assessment	11/04-05/05
OPTA	Other	Kanchanaburi	Military personnel	$7,852	Situation analysis or program/ project assessment	01/04-07/04
ARC (American Refugee Committee)	NGO	Kanchanaburi	Uniformed services including military and police, female sex workers, high-risk ethnic minorities, cross border migrants including displaced persons, and women living along border	$59,395	Situation analysis or program/ project assessment (an assessment of behavioral risk for HIV and STIs)	10/02-07/03

NAME	ORGANIZATIONAL TYPE	GEOGRAPHIC LOCATION	TARGET POPULATION	BUDGET	INTERVENTION	PROJECT DATES
Armed Forces Research Institute of Medical Sciences	Government	Kanchanaburi	Military men	$165,834	BCC	08/03-08/05
EWC: Providing Regional Support Integrated Analysis	Other	National	National policy makers and planners	$291,023	HIV policy analysis	10/04-09/05
Rak Thai Foundation	NGO	Bangkok	General populations	$5,000	HIV campaign for World AIDS Day 2004	12/03
Thai NGO Coalition on AIDS	NGO	Bangkok and 12 other provinces	NGO staff and member of PLHA youth and general populations	$10,000	Provision of scholarship to attend the Thailand 2003 National AIDS Seminar; Road Show activities within 12 provinces	07/03-09/03 09/05-11/05
MTV	Company	Bangkok	Youth and general populations	$3,000	Road Show activities within 12 provinces and concert at Thammasat University	09/05-11/05

B. Subproject Highlights

Reducing Injection Drug Use and HIV Transmission Risk among IDUs and their Families in Akha Communities

Implementing Agencies	Hill Area and Community Development Foundation, Mae Chan District Government Hospital, PATH-Thailand (only situation analysis)
Geographic focus:	Chiang Rai, Northern Thailand
Target population:	Akha Hill Tribe Communities and IDUs
Length of support:	2 years
Level of support:	$233,671

Background

The Akha live in the mountainous areas now belonging to Burma, Laos, Vietnam, and China. In February and March 2003, FHI and PATH conducted a situation assessment in seven Akha villages and among government officials, local administrative, and public health authorities in Bangkok, Chiang Mai, and Chiang Rai to assess the needs and to investigate the feasibility of establishing community-based methadone treatment programs for HIV prevention among Akha drug users. The main findings of the situation assessment revealed a consensus regarding the need for community-based methadone maintenance programs in Akha communities in Mae Chan district of Chiang Rai province. The report and recommendations of the situation assessment, as well as FHI's objectives, included community mobilization with hospital back-up as integral components of the overall project. The Hill Area and Community Development Foundation (HADF) was identified as the most appropriate local NGO to take the role as the coordinating partner in community mobilization. A total of seven Akha villages were initially targeted for the program. The Mae Chan Hospital was contracted to manage volunteer providers and clinical oversight for the methadone maintenance (MM) service, develop standard operating procedures for MM, assist with development of guidelines for drug use counseling, and serve as a source of referral for care and support related to clinical HIV infection. HADF's role was to create community advisory committees, promote community participation in drug treatment and rehabilitation of ex-IDUs, promote social reintegration of former drug users, provide HIV counseling, and serve as a link between the Akha beneficiaries and local authorities.

Accomplishments

The project's contribution to reducing HIV risks amongst the drug users in these marginalized hill tribe communities is important in relation to the Thai Government's other priorities in elimination of illicit drug use. By targeting the Akha and former drug users, the project has helped to fill a gap in the need for HIV prevention and care for hill tribe drug users in Thailand.

At the end of one year, 78 Akha villagers were on methadone maintenance. The early positive effect of the project on the local communities is reflected in the application by six additional villages to join the methadone treatment program. The project went beyond the direct and concrete benefits to a specified target group by empowering village volunteers and the local communities in general. It built the organizational capacity of the communities in many aspects, including realizing self-sufficient ways of HIV prevention, care and support.

The project is the only community-based methadone treatment project integrated with HIV prevention, care, and support for hill tribes in Thailand. It may serve as an example for HIV

prevention, care, and support for drug users and families in the Akha communities in other locations or countries and in other hill tribe communities in Thailand. With the existing grassroots connections between many Akha communities, the project may actually reach a much broader audience than originally stipulated in the proposal.

The methadone treatment program has become a channel to open up the villagers' homes, families, and daily lives for the staff of both IAs, who do not reside in the Akha villages, and has kept them open to help them achieve long-term sustainability.

At the present stage, the community-based HIV prevention and care project for the Akha drug users and their families has a high chance of becoming a community-owned project with the support from local authorities and institutions. There is a potential to expand, as more local communities have already applied for methadone treatment. It may become a model for other countries.

Constraints

One of the main lessons learned concerns the allocation of time and timeframes. Two years turned out to be insufficient for the scope of work and for the vision of achieving community ownership. The nature and pace of community mobilization, and working with communities for general, longer-term sustainability—and thus wider benefits and larger target groups—require at least three years of support to fully achieve a self-sustaining community-operated project.

IMPACT/Thailand also organized a grant writing workshop for both IAs in order to enable them to attract funding from other donors. This workshop resulted in the production of one proposal that is being submitted to select donors.

Recommendations

Recognizing the crucial role of the village volunteers in community-based HIV prevention, care, and support is a very important concept that emerged during the implementation process. It is vital to attach importance to the village volunteer's personal qualities and capabilities and his or her socio-political position, and establish strict selection criteria in the project planning phase with this population. This would also legitimize the relevance and importance of the village volunteers in such projects.

Providing Care and Support for Migrant Burmese PLHA in Tak Province

Implementing Agencies	Mae Tao Private Clinic, Mae Sot District Government Hospital, RIHES (only laboratory quality improvement)
Geographic focus:	Mae Sot District on the Thai-Burma border
Target population:	Migrant Burmese PLHA
Length of support:	2 ½ years
Level of support:	$213,695

Background

Since the takeover by the junta in Burma in 1988, millions of Burmese residents have crossed into Thailand. Many are at increased risk for HIV/AIDS due to their low socio-economic status, lack of access to services, and isolation from their families. In the Mae Sot district of Tak province bordering Burma, there are approximately 150,000 Burmese migrant workers, seasonal migrants, and refugees. Since 1989, the privately-funded Mae Tao Clinic has been providing health services for the Burmese. The staff consists of five physicians and over 80 health care workers. Despite severe restrictions imposed by the Thai Government, Mae Tao Clinic's caseload continues to grow. For example, in 2000 their caseload was 28,000, representing a 43 percent increase over the previous two years. Two areas of health care were identified that needed external assistance: (1) blood screening/donor referral of Burmese blood donors and (2) prevention of mother-to-child transmission of HIV among pregnant Burmese.

FHI provided funds through a subagreement to the Mae Tao Clinic, with laboratory support and clinical mentoring from the Mae Sot District Government Hospital and training in HIV diagnostic testing by the Research Institute for Health Sciences (Chiang Mai University). The project objectives were to provide voluntary counseling and testing and HIV education to blood donors, migrant workers, pregnant women and their families, and high-risk Burmese; to strengthen the knowledge and skills of clinic health workers and community health volunteers in HIV/STI counseling; and to provide home-based care and support to HIV-infected mothers, husbands, and infants residing in the catchment area of the Mae Tao Clinic.

Accomplishments

During 2003, 2,453 pregnant women were tested for HIV. Thirty-five (1.4 percent) were HIV-infected, 209 (8.5 percent) had hepatitis B, and 61 (2.5 percent) had syphilis.

During the 9-month period from July 2004 to September 2005, 3,612 pregnant women received HIV counseling, of whom 2,484 elected to be tested for HIV. Of these, 2.65 percent were infected with HIV. HIV positive women were referred to Mae Sot Hospital for follow-up care and monitoring. One thousand seventy-four Burmese received CT, of whom 1,061 received post-test counseling. Use of rapid test kits has resulted in an increased post-test counseling rate.

As of September 2005, home-based care was provided to 494 Burmese PLHA and their families living in the catchment area.

During May 2004 through September 2005, 1,560 blood donors were recruited, of whom 1,359 were screened for HIV. The average proportion of infected samples was 0.9 percent.

See the accompanying case study in Section V for more details.

Constraints

The Mae Tao Clinic has invested considerable effort in establishing PMTCT; however, the site has faced ongoing loss due to the lack of follow-up of pregnant women, especially HIV-infected mothers. In response to this, Mae Tao Clinic has added a home-based care component. However, there are several issues that HBC volunteers faced including illegal status, mobile population, and geographical difficulties. For instance, HBC volunteers are migrants who have no work permits in Thailand. Therefore, they are afraid of being catch and exile to depart.

Recommendations

It is important to continue to support the development of model programs that could be adapted and utilized in other countries, as well as increased access to care, support, and treatment for most-at-risk populations, people living with HIV/AIDS, and their families. The Mae Tao Clinic serves 58,000 Burmese migrants annually and is clearly an important part of this effort and is making significant contributions to HIV prevention and care in the region**.**

Providing Care and Support for Low-Income and Hard-to-Reach PLHA in Bangkok, Kanchanaburi, and Chiang Rai

Implementing Agencies	Human Development Foundation, Population and Community Development Association, ACCESS
Geographic focus:	Low-income and hard to reach areas of Bangkok, Kanchanaburi, and Chiang Rai
Target population:	Indigent PLHA
Length of support:	2 years
Level of support:	$249,068

Background

Despite the impressive expansion of Thailand ART access program and the 30 baht health scheme for the indigent, gaps remain, especially for the urban poor in Bangkok. The Human Development Foundation/Mercy Centre (HDF/Mercy Centre) is an active NGO working on HIV in Bangkok slum communities. Their core work includes an adult AIDS hospice, a mother and children's home, and a home-based care project for PLHA and their families. In consultation with the Thai Government and USAID, IMPACT made the decision to support Mercy Centre to expand and strengthen their current home-based care in partnership with the Population and Community Development Association (PDA) to improve the self-esteem and quality of life for PLHA in low-income areas of Bangkok and vicinity. The original scope of the project was to support 400 PLHA but it had expanded to 600 during the life of project. A third NGO, ACCESS, was contracted to provide hotline support and referral services for PLHA to the partner agencies and home-based care to PLHA in Bangkok, Kanchanaburi, and Chiang Rai.

Mercy Centre was responsible for:

- Identifying needy PLHA and providing phone or face-to-face counseling;
- Referring eligible PLHA to government hospitals for clinical care;
- Providing home-based follow-up care for PLHA enrolled in the program;
- Identifying and refer eligible PLHA for PDA's positive partnership program; and
- In collaboration with PDA, providing community education on HIV.

The Mercy Centre activities are complemented by the "positive partnerships" component of PDA which extends low-interest loans to PLHA for income-generating activities to improve self-sufficiency and raise self-esteem. The loans are awarded to a partnership of at least two individuals, one HIV-positive and one HIV-negative. As funds are repaid (with minimal interest), the fund is intended to revolve so that an increased number of individuals can access loan funds. Partnership teams are given training in financial and marketing skills and OI management.

Accomplishments

- Over 600 PLHA have enrolled in the program, a 50 percent increase over the original projected objective.
- The home-care staff are PLHA themselves and receive strong and continuing support from Mercy Centre.
- 39 partnerships of 78 individuals have received PDA loans totaling over $13,000.

Constraints

- Less than half of the original loans have been repaid to the revolving fund (only 42 percent as of late 2005). This threatens the sustainability of the program. Nonperforming loans are, in part, attributable to low sales of home craft products, intermittent bouts of HIV-related illnesses, and unforeseen financial demands on the borrowers.
- High mobility of the urban PLHA and their partners has impeded the ability to maintain contact and regular follow-up with the beneficiaries.
- The fact that Mercy Centre's caseload is expanding suggests that the Thai Government's safety net measures for low-income are not adequately meeting the needs of many PLHA in Bangkok.

Recommendations

- There needs to be a more careful market analysis for activities supported by the partnership loans to improve prospects for income generation and eventual repayment.
- The implementers need to be more proactive in matching markets for the products and services produced by the PLHA.
- When poor PLHA are caregivers, patients are able to communicate their needs without fear of discrimination while caregivers are able to provide patients with first-hand experience and distinguish patient problems as pharmaceutical, emotional, or infection-related in nature. Caregivers are also able to overcome grassroots challenges in gaining community trust.
- Care for PLHA caregivers by professional psychiatrists/counselors on regular basis is very essential to release their stress while working as HBC staff.
- Partnering with the families and reaching out to the communities and local government hospitals can break down major barriers and uplift the lives of PLHA.

Preventing HIV among MSM and MSWs in Bangkok

Implementing Agencies	SWING, RSAT
Geographic focus:	Bangkok
Target population:	MSM, male sex workers (MSWs)
Length of support:	2 years
Level of support:	$305,958

Background

For centuries, Thailand has been aware of sex between men. Although the first case of HIV infection in Thailand, detected in 1984, was in a man who had sex with men, the epidemic that emerged in the late 1980s primarily affected female sex workers, their clients, and injection drug users. After a hesitant start, the government's response to HIV, combining widespread condom promotion and care programs for people living with the virus, succeeded in reducing the number of new annual infections from 143,000 in 1991 to 29,000 10 years later. However, throughout the 1990s, high rates of HIV were detected through national sentinel surveillance among some male sex workers in Thailand: up to 16 percent in 1998.

A 2005 survey in Bangkok and Chiang Mai—conducted by Thailand's Ministry of Public Health, the Thailand MoPH – U.S. CDC Collaboration, Thai Red Cross Society, and Rainbow Sky Association of Thailand (RSAT)—indicated that HIV transmission was accelerating among MSM and is critically high among MSWs and transgender populations (TG) in Bangkok and Chiang Mai.

Since 2003 when the prevalence of HIV among MSM populations in Bangkok was 17.3 percent, prevalence has risen alarmingly to 28.3 percent in 2005. Prevalence among MSWs in Bangkok who had not been included in the 2003 surveillance survey was included for the first time in 2005 and the results were alarming; HIV prevalence of 22.6 percent among street-based MSWs and 15.4 percent among venue-based male sex workers.

The HIV prevalence among MSM in Chiang Mai also reveals a similar crisis. The survey found that transgenders were the highest risk population with an HIV prevalence of 17.6 percent, followed by other MSM (15.3 percent), and MSWs (11.4 percent).

In response to the epidemic and to strengthen and increase the coverage of interventions targeting MSM and MSWs, IMPACT contracted with two NGOs experienced in working with these populations in Bangkok (SWING and RSAT). Both agencies employed similar core strategies involving a drop-in center combined with outreach, peer education, links to services, and a hotline. SWING targeted 5,000 MSWs and 15,000 male clients of MSWs. RSAT targeted an additional 30,000 MSM.

Accomplishments

In 2005, the following outputs were reported by the two NGOs:

SWING:

- 4,000 male sex workers reached by trained outreach workers;
- 700 clients of male sex workers reached by trained outreach worker; and
- More than 100 male sex workers made multiple visits to drop-in center.

See SWING success story in the Attachments, Section V.

RSAT:

- 600 calls to hotline;
- 1,700 visitors to drop-in center;
- 46,000 print materials distributed at seven MSM gathering spots including brochures, flyers, postcards, and leaflets;
- 114 peer outreach workers/volunteers trained;
- 9,000 outreach contacts in parks by trained outreach workers;
- 1,400 outreach contacts in 11 gay saunas distributing 3,169 condom packets; and
- 17,000 contacts made in gay-preferred entertainment areas by trained outreach workers.

Recommendations

- IEC materials for both nondisclosed and HIV-positive MSM should be in place. Channels to distribute IEC materials should be expanded to include websites and other appropriate means.
- Staff capacity should be strengthened in the area of program management and care and support for HIV-positive MSM/MSWs.
- Referral networking should be strengthened to increase health services sought among targeted populations.

HIV Prevention in Prisons

Implementing Agencies	Macfarlane Burnet Institute for Medical Research and Public Health
Geographic focus:	Central region
Target population:	Prison staff
Length of support:	6 months
Level of support:	$24,279

Background

There have been reports of high HIV prevalence and incidence among incarcerated drug users in Thailand. There is potential for HIV transmission among inmates in the prisons as well as to the partners of released inmates who might be HIV-infected. However, HIV intervention programs in Thailand have been very limited due to understandable differences of situations, institutional mandates, and heavy workloads among law enforcement officers, health officers, and inmates. There is a need for collaboration among law enforcement officers, health officers, and inmates in the prisons to establish effective HIV intervention programs in the prisons.

It is widely assumed that unprotected sex occurs among male prisoners while incarcerated in Thai prisons. To gain a better understanding of the risk environment in prisons, FHI contracted with Burnet Institute to conduct an assessment with prison staff and provide recommendations for action. However, no intervention with men in prison was funded by IMPACT.

Accomplishments

Key findings of the assessment of prisoner risk in prisons in central region included:

- Greatest potential for HIV transmission in prisons is associated with unprotected male-to-male sex often associated with sexual violence, followed by unsafe tattooing, and penis modification practices.
- In general, prison staff had limited knowledge of prevention, treatment, and care; however, they were well aware of the existence of practices among prisoners that might put them at risk for HIV transmission.
- HIV prevention programs could be developed or improved in the prison with leadership from Department of Correction.

Recommendations

- Male prisons in Thailand are a likely risk environment for HIV transmission. HIV education to prisoner guards is an essential interim intervention while more overt prevention activities are being explored.
- Working in sensitive settings such as prisons requires commitment from prison management. Without their support it would be difficult to commence programming.

Preventing HIV among MSM and MSWs in Chiang Mai

Implementing Agencies	PATH, Chiang Mai Provincial Health Office, MPlus+
Geographic focus:	Chiang Mai, northern Thailand
Target population:	MSM, male sex workers (MSWs), transgenders
Length of support:	4 years
Level of support:	$401,814

Background

A 2005 survey in Bangkok and Chiang Mai—conducted by Thailand's Ministry of Public Health, the Thailand MoPH – U.S. CDC Collaboration, Thai Red Cross Society, and Rainbow Sky Association of Thailand (RSAT)—indicated that HIV transmission is accelerating among MSM and is critically high among MSWs and transgender populations (TG) in Bangkok and Chiang Mai.

In addition, as of 2002 in Chiang Mai Province, the Ministry of Public Health DDC-10 reported that approximately 8 percent of male bar workers in commercial venues catering to male clients tested HIV-positive. In the 1990s, several efforts to address male sexual health and MSM issues were introduced in Chiang Mai Province. A male sexual health approach successfully reduced HIV and STIs in army recruits, and small-scale efforts were introduced for MSM by the MOPH. In the mid-1990s, a local NGO was established called "Chai chuay chai" (men helping men) to generate support and health promotion among MSM in Chiang Mai. While short-lived, this program was the first to address MSM issues in Chiang Mai. Thus, with prevalence at a dangerous level among the core group of MSWs, IMPACT contracted with PATH-Thailand to conduct an assessment, develop a communication strategy, and implement BCC interventions with vulnerable MSM in Chiang Mai. The interventions also included HIV awareness raising and risk assessment for the general male population. During the course of implementation, PATH organized a local entity, MPlus+, to assume operational leadership of the program. IMPACT contracted with the Chiang Mai Provincial Health Office manages funding to MPlus+, and to provide oversight and technical supervision to the program.

In 2004, USAID mandated a strategy modification to focus on most at risk populations. Revised beneficiary targets were set for the remaining two years of implementation as follows:

- 3,000-4,000 MSM;
- 800 male sex workers; and
- 200 transgenders.

The types and number of locations covered by outreach activities include:

- Commercial sex establishments (13)
- Saunas (3)
- Public places: parks (5), beer bars (7), and public toilets (7)

In addition, MPlus+ organized public campaigns to attract social gatherings for many of the self-identified and nongay-identified MSM. The campaign messages promoted safe and healthy sexual lifestyles. Community radio programs were developed for airing. Also, an STI treatment service was added to the drop-in center in the second half of the project duration. Finally, a select group of pharmacies was trained to offer MSM-friendly services and products for male sexual health.

Accomplishments

In 2005 the following outputs were reported:

- Approximately 20 patients per month attended the evening STI clinic, which was open two days per week.
- 2,500 people reached via MPlus+ outreach education, among these 1,800 are intended targeted MSM population.
- 1,000 MSM visited/participated in drop-in centers, already 600 had become MPlus+ members and indicated willingness to be contacted to participate in MPlus+ activities.
- 800 MSM volunteers participated in MPlus+ public campaign activities.
- 230 MSM examined at STI clinics, and 135 MSM undergoing VCT.
- 23 pharmacy personnel trained to be familiar with MSM issues as well as HIV/STI and MSM sexual health concerns.
- 23 service records for MSM health consultation.
- 30,000 condoms distributed.
- 32,000 MPlus+ magazines distributed.
- 4,000 pamphlets distributed.
- 156 MPlus+ broadcast sessions on two radio stations (twice and once a week.)
- Over 3,000 people attend the four public events organized by MPlus.

Constraints

- High turnover of outreach staff.
- Late night outreach in parks is dangerous for persons going alone. Therefore outreach is done as a team, which limits coverage potential.
- While most MSM are aware of HIV and would use condoms in most sexual encounters, they make an exception for loved ones or regular partner(s). This is an obstacle that affects both the heterosexual and same-sex populations.

Recommendations

- The outreach activities for bar MSWs would be strengthened by formalizing a “peer education network.” There are many models for “peer education” that could be adapted to the outreach activities at these establishments. This might include special training for selected bar MSWs who would function as “peer educators.” Consideration could then be given to providing them with some compensation and status symbols for this role.
- In Chiang Mai, there is a high turn over rate among the target group, almost 80-100 percent every six months. Therefore, education activity plans must take into account this limited duration of programming, and activities must be packaged as essential.

Targeted Multi-Media Campaign for MSM

Implementing Agencies	McCann Worldgroup
Geographic focus:	Bangkok and Chiang Mai
Target population:	MSM and MSWs
Length of support:	1 year
Level of support:	$220,000 (RDM/A - IMPACT)

Background

A 2005 survey in Bangkok and Chiang Mai—conducted by Thailand's Ministry of Public Health, the Thailand MoPH – U.S. CDC Collaboration, Thai Red Cross Society, and Rainbow Sky Association of Thailand (RSAT)—indicated that HIV transmission is accelerating among MSM and is critically high among MSWs and transgender populations (TG) in Bangkok and Chiang Mai. Since 2003 when the prevalence of HIV among MSM populations in Bangkok was 17.3 percent, prevalence has risen alarmingly to 28.3 percent in 2005.

While FHI has been supporting a variety of agencies to conduct community mobilization, outreach, and STI control for HIV prevention among MSM in Bangkok and Chiang Mai, HIV prevalence continues to increase among this population. Therefore, USAID and FHI collaborated to intensify the prevention communication component by contracting with a professional advertising agency to conduct a targeted multi-media campaign in 2006. The terms of reference for the campaign are as follows:

> Develop and implement an effective and innovative targeted multi-media campaign for the benefit of high-risk MSM in Bangkok and Chiang Mai with messages that aim to reduce risk behaviors associated with HIV and other sexually transmitted infections (STIs) and increase use of HIV/STI health services among these groups, including HIV counseling services and testing (CT) and STI services.

The eight-month campaign, endorsed by Ministry of Public Health and USAID, called "Sex Alert," conducted by McCann Worldgroup, was implemented from February to September 2006. MPlus, SWING, and RSAT were involved in the campaign to co-organize some of the campaign's activities such as hotlines, road shows, IEC materials distribution, and others among target group. The campaign was the first relatively large-scale campaign in Thailand specifically targeting MSM. Before finalizing the design of the campaign, pretesting of the logo and messages was organized in two cities by an independent agency. The campaign was launched and presented with a press conference including remarks from the director of Bureau of HIV, TB, and STI from the MoPH and the RDM/A mission director. The campaign utilized several media channels, print advertisements (magazines and newsletters), text messages, radio spots, banners linked to three websites (MPlus, SWING, and Rainbow Sky) and risk assessment online, call centers, road-shows, and small media (posters, leaflet, booklets, and condom and water-based lubricant packages) to reach both open and hidden MSM.

Accomplishments

A mid-term review of the project was conducted during the fifth month of the implementation by FHI/Thailand and showed:

- High coverage of the "Sex Alert" campaign in both cities at that time.
- MSM in both cities are on average exposed to two different media channels.
- Intensity of the campaign is moderate: less than half of the participants are exposed more than 10 times to the messages in the past three months.

- Level of acceptability and perceived benefits of the campaign is high.

Constraints

- Length of the campaign was limited to six months.
- Lack of private sector experience in HIV interventions required a huge amount of technical assistance from the FHI team.

Recommendations

- One of the main recommendations was to plan a final evaluation of the coverage of the campaign conducted by an independent agency. This evaluation is presented in the next section of this report.

Post-Test of the "Sex Alert" Campaign

Implementing Agencies	Ipsos
Geographic focus:	Bangkok and Chiang Mai
Target population:	MSM, MSWs
Length of support:	2 months
Level of support:	$11,120

Background

After the targeted multi-media campaign was completed, FHI contracted with a professional survey agency to conduct a post-test study of the "Sex Alert" campaign. The study, which had been conducted three months after the end of the "Sex Alert" campaign, was a comprehensive evaluation aimed at assessing the final coverage of the campaign in each city; the acceptability of the campaign; understanding and relevance of messages conveyed through the campaign; understanding and relevance of the communication channels used; and developing recommendations for the next campaign.

The data collection method was developed through a respondent driven sampling approach. The study was conducted in December 2006 among 350 respondents in Bangkok and Chiang Mai cities.

Methods

- The method was based on a validated framework used by Ipsos for communication tracking and post-test campaigns adjusted to take into account the specificity of the "Sex Alert" campaign.
- One of the main principles of this framework is to clearly separate the "reach" and the "response" in the evaluation:
    - The "reach" of the campaign is mainly measured through "proven recall" and "recognition." "Proven recall" identifies the percentage of respondents able to play back, spontaneously, at least an element of the campaign. "Recognition" measures the number of respondents who claim to have seen the ad when exposed to the de-branded ad boards. It is a measure of the total visibility potential of the campaign.
    - The level of "response" included generally the impact on the image of the organization and the ability of the campaign to influence attitude and behavior. More emphasis was given to the second aspect. In this study, actual and intended behaviors were measured.
- When there was no earlier measurement of attitude and behavior within the targeted group (wave zero), the overall efficacy of the campaign had been assessed by comparing the level of response between three segments:
    - The "unexposed" who did not remember the campaign, neither at spontaneous level nor after seeing examples of the campaign.
    - The "aided recognizers" who were able to remember the campaign after being shown examples but not on a spontaneous basis.
    - The "proven recallers" who were able to remember spontaneously at least an element of the campaign.

Accomplishments

Reach

- The overall reach of the campaign was impressive: 95 percent of respondents were able to recognize at least an element of the campaign. The level of proven recall was much lower (25 percent), keeping in mind the test had been conducted three months after the end of the campaign when the common practice is at the end or one month after the end of the campaign.
- The distribution of information packets including condom and water-based lubricants, during road shows and separately, had reached 89 percent of respondents (98 percent of MSW).
- The reach was higher in Bangkok (30 percent of proven recallers, 96 percent exposed to the campaign) than in Chiang Mai (17 percent of proven recallers, 93 percent exposed to the campaign).

Response

In terms of response, proven recallers were found more likely in the past six months prior to the interview to seek further HIV/AIDS knowledge on Internet, undergo an HIV test and STI check-up, and to use condoms consistently with any type of male partners compared to those who were not exposed. Among those who had been exposed to this campaign, the level of acceptability and relevance of this campaign was found to be very high as well. These findings clearly show that this campaign has had a significant impact on MSM sexual and health-seeking behavior in both targeted cities, and suggest continuing to use this effective intervention to complement the current outreach activities.

- The response had been assessed by comparing actual and intended behaviors across the three segments. The results showed clearly the impact of the campaign with significant differences between the segment of “proven recallers” and “aided recognizers” and between the segment of “proven recallers” and “unexposed.”
- The results were less differentiating when it came to intentions as nearly everybody claimed intent to use condoms and water-based lubricants in the future. Although it indicated a level of consciousness, these results should not be taken too optimistically.

Coverage of Different Media

- The coverage had been measured using the number of recognizers as the denominator:
    - Magazines: 72 percent
    - Web sites: 68 percent
    - Events: 25 percent
    - SMS: 11 percent
    - Call-centers: 9 percent
- In Chiang Mai, the tuk-tuks had a high level of recognition (58 percent); although the incidence of proven recall was much lower (12 percent), the radio spots were recognized by 19 percent of respondents.
- The results also indicated some level of overlap between the coverage areas of the different media. A TURF analysis1 was conducted to measure the additional coverage of media, in addition to the most successful ones: magazines and web sites.

[1] **TURF analysis** (Total Unduplicated Reach and Frequency) is a statistical model that can used to answer questions like “where should we place ads to reach the widest possible targets?”. Using TURF analysis can easily arrive at an optimal set of media for unduplicated reach and frequency of a campaign, as desired by the target audience.

- When starting with magazines, the results indicated that websites provide significant additional coverage, meaning that 16 percent of respondents were not reached by the magazines, but were reached by the websites. Events and road shows did not provide significant additional coverage but have to be considered carefully, as they are also an opportunity to distributing condoms and lubricant. The other media—text messages, call centers, and tuk-tuk and radio for Chiang Mai—did not provide any significant contribution to additional coverage.
- When starting with web sites, the results were quite comparable. The second best performing media, in this case the magazines, helped to reach an additional 20 percent of respondents. Events were the third channel identified, and all the other media were unable to increase the total coverage.

Message Communicated by the Different Media

- The message communicated by the key media was found to be remarkably homogeneous and focused on a clear idea: "use condom every time when having sex." However, the other messages focusing on undergoing an STI check up and HIV test was also mentioned by evaluation participants.

Acceptability of the Campaign and the Various Media Involved

- The overall likeability score was quite high, at parity with the successful commercial campaigns.
- The campaign was described as new, different, and relevant. There was no indication of wear out or unbelievability.
- All media were found relevant, except the "tuk-tuk" and "radio" in Chiang Mai generated some level of reservation among participants.

Constraints

- Absence of quantitative pretest (wave zero) to compare the results of the final evaluation.
- Delay in implementing the final evaluation—three months after the end of the campaign.

Recommendations

- The targeted multi-media campaign was determined to be a relevant and effective approach to increasing coverage and response among MSM populations. There was a clear link between the quality of recall (proven recall versus aided recognition) and safe sexual behaviour. However, the incidence of proven recall is reducing over time and will generate a risk of "lip service" attitude—high intention, lower practice—if the campaign is not continued.
- In terms of media, it seems possible to reduce the cost of the campaign by focusing on three major media: magazine, website, and events.

Preventing HIV among Border Military

Implementing Agencies	Armed Forces Research Institute of Medical Science (AFRIMS), American Refugee Committee (ARC) (assessment only), Office for the Population and Technical Assistance Team (OPTA) (BSS baseline only)
Geographic focus:	Thai-Burmese border
Target population:	Male military and police
Length of support:	2 years
Level of support:	$233,081

Background

Despite impressive achievements of the Thai national AIDS program in reducing male risk behavior, gaps remained as of 2003. A rapid assessment conducted by AFRIMS, ARC, and OPTA concluded that there are significant HIV risks among military personnel stationed on the Thai-Burma border in Kanchanaburi Province. Key findings of the assessment include:

- There is a shift in sexual networks of military men from direct sex workers to indirect sex workers (direct sex workers provide only sexual services to clients; indirect sex workers sell sex part-time, receiving money or other kinds of support for their services). There are also other sexual networks which include women and, in lesser proportion, other males with high-risk behaviors.
- Condom use with sexual partners from these expanded risk networks and with the regular partners is low and could be an entry point for another wave of HIV and other STI epidemics in Thailand.
- Military personnel in general have considerable knowledge of HIV and other STIs but the knowledge is not comprehensive, particularly among younger conscripts.
- Barriers to condom use exist, including alcohol consumption, negative attitudes towards condoms, and lack of access to condoms in some areas such as along the Thai-Burmese border.
- High-risk behaviors are identified not only among the conscripts but also among noncommissioned officers (NCOs) and commissioned officers (COs).

The rapid assessment also informed the development of the strategic planning organized by AFRIMS, ARC International, and FHI through a participatory workshop involving different levels of the regional and national military hierarchy. The strategic planning workshop concluded that HIV prevention interventions are needed for all levels of military and the paramilitary personnel-based in Kanchanaburi. A behavior change communication (BCC) strategy was tailored to the target population (who rotate back and forth from border zones), which included peer leadership, life skills, condom promotion, and development of a series of cartoons.

IMPACT/Thailand contracted with a consultant to conduct a companion assessment of HIV risk among police stationed in Kanchanaburi province. The team produced a 200-page report describing low to moderate risk among these men. However, IMPACT chose not to fund interventions because the local police authority was able to identify alternative sources of funds for this activity from the national police bureau.

Accomplishments
In 2004, the following outputs were achieved:

- 56 peer educators were recruited and trained.
- 41 peer leaders were recruited and trained.
- 64 outreach workers were recruited and trained.
- 60 volunteers were trained.
- 6 project staff were recruited and trained.
- 25 commissioned officers were reached with intensive outreach education.
- 39 noncommissioned officers were reached with intensive outreach education.
- 1,000 leaflets were produced and distributed to promote the peer education program.
- 3,045 educational comic booklets were distributed.
- 42 sets of posters were displayed.
- 715 project leaflets were distributed.
- 20 condom vending machines were installed; 945 condom packets were sold.

In 2005, the following outputs were achieved:

- 116 volunteers were trained.
- 2,400 condoms were sold through vending machines; 300 pieces were distributed free.
- 6 project staff were retrained.
- 25 public health officers were trained on CT.

Constraints
The constant deployment and rotation of troops to and from inaccessible border areas meant that the project was reaching the target population indirectly, when they were stationed at base camp. Thus, there was physical and time distance between the site of interventions and the location of risk behavior venues. This gap could compromise message retention and reinforcement of prevention themes. Some of the condom vending machines broke down, at which point local stores and the army infirmary became the preferred source of supply. The follow-up round of the behavioral survey was not conducted because the original cohort of respondents had been transferred outside the project site.

Recommendations
For this population, communication media using images and a story line (e.g., a comic book) is the preferred mode of transmitting information and motivational messages for HIV. Materials containing just text, posters, or wallet cards are less likely to be effective.

Future efforts need to continue to educate nonmobile individuals to increase HIV knowledge and skills so that they can become focal points for educating individuals who rotate back to the station from inaccessible locations.

Analysis and Advocacy Policy Project (A^2)

Implementing Agencies	EWC
Geographic focus:	National
Target population:	Thai policy makers and National HIV program planners
Length of support:	1 year
Level of support:	$291,023

Background

Thailand has collected a great deal of HIV data each year, however, only a few organizations and individuals have analyzed and used data to direct programs strategies and activities. In addition to not using data in the most effective process, the results have not been presented to key decision-makers properly to meet their needs. In 2003-2004, East-West Center (EWC), Family Health International (FHI), and the Health Policy Initiative of Constella Futures began implementing a process called integrated analysis and advocacy (A^2 for short). In this process, an in-country synthesis specialist supported by an advisory Technical Working Group and a local Advocacy and Data Use Group gathered the available data and, working with a regional support team (from EWC, FHI, and the Health Policy Initiative), critically analyzed this data to identify trends, patterns, and data gaps; synthesized country information into a clear picture of the local situation; and then developed models to explore intervention alternatives. This was then followed by implementation of an advocacy and data use strategy in-country, which made use of the analysis and models to strengthen and improve the response. The A^2 process was begun in Thailand in 2004. The process was well received by authorities in the country, and the local A^2 team contributed to redirection and focusing of responses in the country particularly the adoption of a national prevention goal of cutting infections in half by 2010 by the Thai Ministry of Public Health.

Accomplishments

- The project was presented and launched to the government and nongovernment partners in April 2005.
- An HIV/AIDS projection for Thailand (2005) was completed using the Asian Epidemic Model (and the financial cost for HIV prevention scenarios with the GOAL model from FUTURES Group).
- A proposal to reduce HIV new infections by half in three years (2006-2008) was submitted to the Director General of the Department of Disease Control and announced in the Universal Access Initiative meeting in early 2006 by the government. This proposal was established as a goal of the 10th National AIDS plan. In addition, the government of Thailand later extended the prevention goal of reducing new HIV infections by half by 2010.

Constraints

- Although there is a great deal of data available in Thailand, many data gaps still exist including information on indirect sex workers, condom use, and the STI situation. It is expected that a large national survey will be conducted in late 2006 that will provide more updated data for these important issues. Once more informative and high quality data are available, they will guide program activities more effectively.
- While there are clear understandings about how to analyze data, ideas on effective advocacy and policy analysis are still very new and thus need refinement. Plans need to

be changed along the way to accommodate the changes in policy infrastructure, which need to be reviewed on a regular basis.

Recommendations

- To ensure a clearer and updated understanding of the country's HIV/AIDS situation, the project should also include data on HIV/AIDS prevention and care responses, such as activities being implemented, their coverage, and effectiveness, in addition to on-going data collection of epidemiology, behavioral data, and other factors that may affect the behaviors of key populations.

World AIDS Day Events

Implementing Agencies	Rak Thai Foundation, Thailand NGO Coalition on AIDS, MTV Thailand
Geographic focus:	Bangkok and provinces
Target population:	General population and youth
Length of support:	Short-term
Level of support:	$18,000 ($5,000 each for 2003, 2004, and $8,000 for 2005)

Background

Thailand has a history of active participation in events on World AIDS Day and the weeks surrounding December 1st each year. IMPACT/Thailand provided small funds to enhance a wide variety of interventions aimed at the general population. The event in 2005 is a good example.

Accomplishments

For World AIDS Day (WAD) 2005, IMPACT/Thailand participated in a "Positive Life" Campaign, which FHI collaboratively supported with MTV, UNAIDS, UNFPA, UNICEF, and other sponsors. The objective of the campaign was to convey three main messages that encouraged youth and the general population with or without HIV to:

- Act Positive! (protection and prevention as an accepted lifestyle)
- Think Positive! (living together without stigma or discrimination)
- Stay Positive! (being looked after with compassion by HIV-negative caregivers)

FHI/Thailand provided funding support for a "road show" format including youth performance, exhibition booths, symposia, and other attractions, which were conducted in 12 provinces of all four regions of Thailand: Ayutthaya, Chiang Mai, Chiang Rai, Cholburi, Kanchanburi, Khon Kaen, Nakhon Ratchasima, Nakhon Sawan, Rayong, Surathani, Ubon Ratchathani, and Yala. It was estimated that at least 1,500 youth and other general population members participated in the event at each site.

It is noteworthy that FHI staff members were actively involved during WAD events as implementers and not simply as grant managers. For example, FHI organized a booth including materials with information about HIV, small exhibitions, IEC materials, and interactive games.

Constraints

None.

Recommendations

FHI's participation in WAD events shows a willingness to stay involved at the grassroots level, side by side with other NGOs local agencies and community members. As long as funding and staff are available, it will be most useful for FHI to continue to play an active role in these annual events.

V. ATTACHMENTS

A. Attachment 1: Country Program Financial Summary

LOP Funding/Estimated Expenditures

USAID Funding	**Obligated Funds**
IMPACT	**3,111,000**

Expense Detail Summary	**Estimated Expenses**
I. Subgrants	
American Refugee Committee: Assessment of Behavioral Risk for HIV and STI Infection	45,009
Armed Forces Research Institute of Medical Sciences: BCC	151,500
East-West Center: HIV Policy Analysis	36,416
Hill Area and Community Development: BCC Community Mobilization	112,763
Human Development Foundation: HBC and BCC (Telephone Counseling)	54,393
Macfarlane Burnet Institute for Medical Research and Public Health	22,813
Mae Chan Hospital: Community-Based Methadone Program-HIV Prevention	42,583
Mae Tao Clinic: CT, PMTCT, HBC and Blood Safety	107,299
Mae Sot Hospital: PMTCT Blood Safety	30,000
Office for Population and Technical Assistance: Situation Analysis	6,480
Population and Community Development: Income Generation	41,010
Program for Appropriate Technology in Health: BCC, HIV Testing, and CT	327,067
Rainbow Sky Association of Thailand: BCC	145,253
Research Institute for Health Sciences: Lab Technical Assistance	7,348
Service Workers in Group: BCC	94,475
Thai PATH Methadone: Situation Analysis or Program/Project Assessment	20,970
University of Illinois: Human Capacity Building	8,969
Total Subgrants	**1,254,348**
II. Country Program Support *	**1,856,652**
LOP Projected Expenses	**3,111,000**

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***** Country Program Support consists of country office costs, consultants, technical assistance, direct funded activities (e.g. conference trainings, World AIDS day activities) , etc.

B. Attachment 2: Case Studies

Case #1: Thailand's Mae Tao Clinic: Clinic Addresses Health-Services Gap along Thai-Burmese Border

The Mae Tao Clinic provides desperately needed health care services to Burmese migrants living and working in Tak Province, Northwest in Thailand

With support from the President's Emergency Plan for AIDS Relief, USAID helps the Mae Tao Clinic in Mae Sot, Thailand, to provide life-saving health care services to the estimated one million Burmese migrants living in the area along the Burmese border. USAID made funding and technical assistance available to the project through FHI and the IMPACT/Thailand program.

Established in 1989, the Mae Tao Clinic works with nongovernmental and community-based health organizations, the private sector, individual donors, and the Thai Government to increase the availability and effectiveness of health care along the Thai-Burma border, where undocumented workers—about two-thirds of all Burmese working in Thailand—are denied services from other sources. Without access to services or education, many migrants and their families, particularly women, have little knowledge of HIV risk factors. This lack of awareness, combined with the ongoing exposure of male migrant workers to female sex workers in Thailand, created an urgent need for HIV services, counseling, and treatment in Mae Tao.

Staffed primarily by volunteers and, occasionally, Western-trained physicians who spend a few weeks or months in residence, the Mae Tao Clinic works to fill this gap. The clinic provides reproductive health care and family planning, pre- and post-natal care, and education programs aimed at disease prevention, particularly for HIV. USAID and FHI have helped the Mae Tao Clinic improve the quality of and access to counseling and testing, prevention of mother-to-child transmission services, blood safety screening, and home-based care (HBC) among the clinic's total caseload of more than 58,000 Burmese migrants yearly.

Between April 2003 and March 2005, the clinic delivered counseling and testing services to 3,000 clients (60 percent from the STI clinic), 20 percent of whom were HIV-positive. To strengthen the CT component, 20 counselors were trained to provide counseling and testing and rapid testing was introduced. In the same period, to ensure blood safety, the clinic screened 2,536 blood specimens, of which 2 percent were found to be HIV-positive. With encouragement from IMPACT/Thailand, the clinic began working more closely with Mae Sot Hospital to prevent mother-to-child transmission of HIV. From July 2004 to March 2005, a total of 2,123 pregnant women received counseling, and 1,590 of them were tested for HIV, of whom 3.2 percent were HIV-positive. A total of 39 HIV-positive pregnant women were referred to the PMTCT program at Mae Sot Hospital and were followed up with closely by the Mae Tao HBC team. In FY 05, the clinic strengthened community outreach and improved support for HIV-positive mothers, their infants, and their husbands. Thirty Mae Tao Clinic volunteers were trained to conduct home-based care. HBC volunteers also provided care and support to 177 PLHA and their families.

Continuation of support for these types of model programs will encourage other countries in the Greater Mekong Sub-region to adapt and utilize these effective approaches. The Mae Tao Clinic

is clearly an important part of this effort and is making significant contributions to HIV prevention and care in the region.

A mother proudly shows off her healthy newborn daughter at the Mae Tao Clinic.

Case #2: Olé's Story

"When I first met Service Workers IN Group's (SWING's) outreach staff and read a brochure they handed to me, it was hard for me to believe that there would be such an organization like SWING, which really intends to give a hand to MSWs, whom most people don't think deserve any help."

"I then tried to avoid meeting the outreach workers as I thought they might be like others who would try to get to know you just to take advantage. But as time went by, they kept coming to us at the bar, talking in a friendly way and giving information about HIV and safe sex education. I gradually started to see that they are not like the others. Still, I had some doubts if SWING sincerely wanted to help male sex workers. So I made up my mind to come to their drop-in center after being encouraged to do so several times, and eventually joined their activities.**"**

That evening was the first time that Olé realized he could fully trust in SWING and it proved to be the beginning of one of the best things that has happened in his life.

Speaking in the northeastern Thai dialect and with happiness shining in his eyes, "Olé" told how he first learned about Service Workers IN Group (SWING) which was founded in September 2004 with technical and financial support from USAID and FHI through the IMPACT/Thailand program. SWING is the first, and so far, the only local nongovernment organization in Thailand working on preventing HIV transmission among male sex workers and their clients in Bangkok through outreach interventions using tested behavior change communication methods. They have conducted outreach and organized activities and workshops with bar-based and street-based male sex workers around the clock. In addition, their drop-in center was established to create a supportive environment for sustained behavior change among male sex workers.

Surang Janyam, Director of SWING, said that Olé was the first registered member of SWING. After one year of operation, SWING had mushroomed to approximately 500 members. Olé is a very active member of the group, who always comes by the drop-in center when he has time, and has often brought along friends from the bar. He is a good entertainer and always makes people laugh with his witty sense of humor and his talent for singing northeastern Thai folk songs (Mor Lam).

When time allows, Olé joins in-house activities and capacity building classes such as English and meditation classes. He rarely misses the English class, which primarily focuses on general English conversation skills and safer sex negotiation. Olé said the English class was very useful because he could apply the acquired knowledge, and would refuse his clients if they didn't want to "play safe" with him. After taking the SWING English classes for 10 months, Olé's English speaking and reading improved markedly. Olé regularly encourages and persuades his friends at the gay bars to come to SWING's drop-in center to attend these classes or join the group activities.

Olé said that he also enjoyed other training programs and activities such as HIV, STI, safe sex training, and goal-setting activities, which encourage members plan for their future which, unsurprisingly for many of them, is a future without the need to sell sex.

SWING has always initiated new activities to serve the needs of their target population and has just implemented a new activity called “Saving for Future.” This activity was conceived following observations that most SWING members do not have bank accounts; they have a hard time accumulating enough money for the minimum deposit to open an account. Partly as a result, they kept wasting their spare money. The savings activity was introduced to help them put aside some money each day with SWING. SWING staff members collect the money for bank deposits and give each member a passbook. Members can withdraw the money any time they want when they have an emergency. The members agreed to use the interest earned from their savings for a donation to help underprivileged people and abandoned children.

Olé is one of many successful SWING members who gained awareness and skills from the project’s various activities. He saved more than $1,000 through the savings plan activity and said that he planned to leave prostitution in April 2006 and move back to his hometown in the northeast. He planned to set up a small business and leave his current lifestyle behind. Olé has now left prostitution and opened a small beauty parlor in his home town in the northeast. We wish him the best and congratulate him for his great success.

HIV Training for Outreach Staff

Thematic Session “Condom Demonstration” at a Drop-In Centre

Case #3: Community-Based Methadone Treatment as Part of HIV Prevention, Care, and Support among Akha Drug Users in Northern Thailand

The injection drug user (IDU) population in Thailand is concentrated along the heroin and amphetamine trafficking routes that enter the country in the northern hill areas from Burma and Lao PDR, the world's second and third largest opium producers. The people in these remote areas, the so-called "hill tribes," have a further history of opium cultivation and its consumption as medicine. Heroin was introduced to the Akha hill tribe villages in the 1980s and has since devastated entire communities that had neither knowledge of HIV transmission nor access to help.

Drug eradication is high on the Thai Government agenda, but most national efforts currently target amphetamine-type substances (ATS), which are by far the most widely consumed illicit drugs in the country. The IDU population in Thailand remains proportionally small and marginalized in terms of receiving government support for treatment and care. Two ministries are involved in the coordination of all drug-related issues: the Ministry of Justice and the Ministry of Public Health. The majority of Thailand's anti-drug efforts culminated in the War against Drugs (2003-2004) when troops were sent to the border areas and villages in northern Thailand to eliminate the drug distribution and sales networks.

Much of the needed HIV awareness and drug dependence treatment in the local Akha communities was provided by an AusAID-sponsored community-based methadone treatment project (1996-98), run by the local hospital in Mae Chan. Mae Chan Hospital (MCH) continued dispensing methadone upon the villagers' request after the withdrawal of the funding, but was forced to discontinue methadone treatment in 2000 due to the lack of resources.

MCH and the beneficiary communities held discussions with FHI regarding the Akha concerns over drug use, HIV prevention, and care services, and on issues of technical advice and resources. With IMPACT funds and technical assistance, a project emerged that would integrate a community-based methadone program with HIV prevention and care and combine these with community mobilization to ensure sustainability after the eventual withdrawal of funding. A local NGO, the Hill Area and Community Development Foundation (HADF), was selected as the second implementing agency (along with MCH) to plan, organize, and lead a wide range of activities in engaging the communities in HIV prevention, care, and support.

Most of the attention of MCH during the implementation process focused on the daily methadone treatment in the seven priority Akha villages, and following up the villagers' health conditions through home visits. Methadone was provided by MCH village volunteers under the supervision of the director of MCH. HADF and its volunteers engaged in vigorous community mobilization and explored different approaches and strategies for involving the entire community in HIV care, prevention, and support. The carefully selected and trained village volunteers were of indispensable help to both IAs.

One of the early tangible signs of the project's positive impact was the request to MCH by six additional villages for community-based methadone treatment. In the second year, the former drug user groups had taken a lead in some activities initiated and introduced by HADF. The IAs and volunteers confirmed that the ideas about sustainability and community ownership were taking root, and believed that this ultimate goal was within reach.

The IMPACT project in northern Thailand's Mae Chan and Mae Fah Luang districts was the only community-based methadone treatment program in Thailand at the time of implementation, and earned a good reputation amongst the authorities. The experience showed how a successful community-based drug-related HIV intervention project, from preparations and assessment to implementation and phasing out, can be achieved with active participation from the communities and a few committed local agencies, even when the government's priorities remain elsewhere.

One of the main lessons learned concerned the allocation of time and timeframes. Two years turned out to be insufficient for the scope of work and for the vision of achieving total community ownership. The nature and pace of community mobilization, and working with communities for general longer term sustainability (and thus wider benefits and larger target groups) require at least three years of support to fully achieve an endurable community-operated project.

The exhaustive and detailed list of project goals, strategies, and activities in the IPMACT sub-awards compelled both IAs, which each had only one project coordinator as full-time staff, to set priorities. Both IAs ranked working with the communities for sustainable HIV prevention, care, and support higher in importance than awareness building on the relevant issues and knowledge networking amongst the authorities involved in the district/provincial level decision-making. The Community Advisory Committee (CAC), consisting of various authorities and representatives from the NGOs and local communities, did not fully succeed. The IAs nevertheless recognized that local authorities' support is necessary for longer-term sustainability or for scaling up interventions.

The project demonstrated that community participation is crucial for sustaining drug dependence treatment and HIV prevention, care, and support. MCH admitted that this directly enhanced its medical services to the communities. The village volunteers who, through their participation in daily village life, had first-hand knowledge about the feelings, moods, views, and problems of former drug users, PLHA and their families, and the former IDUs now on methadone treatment, constitute an integral part of a successful project. Recognizing their role as such helps to define their responsibilities. Among other lessons learned, an assessment that would identify the communities' special needs and gauge the situation on the ground must be a part of preparations for any project.

The lessons learned from the Akha hill tribe villages provide ideas not only for organizing community-based methadone treatment in Thailand but also at other needy (and remote) communities in the world. Projects with foci other than working with communities may also benefit from the lessons from this IMPACT project.

Case #4: Mercy Centre Breaks the Great Divide

Last year, the parents of three children living in the slums of Bangkok learned that they were HIV positive. Today, both parents maintain jobs, and are able to take care of their family while receiving ARV treatment through the Mercy Centre. Established by the Human Development Foundation (HDF), this faith-based NGO offers outreach education, and home and hospice care to persons living with HIV/AIDS. HDF currently works in 34 slums around Bangkok. The Mercy Centre's orphanage is home for over 200 boys and girls, and its kindergarten program in 33 schools has served 4,000 children with HIV.

Located near the Klong Toey slum area, home to 100,000 Bangkok low-income residents, the Mercy Centre's home-based care team (who are recovering PLHA) enter the slums, where houses are built over stagnant water and decaying garbage, in order to provide care and support for PLHA and families. With support from IMPACT/Thailand, between October 2004 and March 2005, 600 PLHA and families received care and support, as well as assurance that they will receive proper treatment for opportunistic infections and ARVs from government hospitals. The team also works on case-based management to increase ART drug adherence, secure treatment for opportunistic infections, ensure compliance with medical appointments, and arrange hospice care when needed. Mercy Centre's humanitarian assistance supports care of the physical health and social wellbeing of the individual. In addition, to increase access to care and support for PLHA, Mercy provided face-to-face counseling to 742 clients, and telephone counseling to 2,370 clients.

The Mercy Centre has been in the slums of Bangkok for more than 30 years and has close ties with the local communities through its 33 kindergartens and women's groups. It also operates an HIV hospice. Mercy found that when hospice patients returned home, they faced many problems – lack of work, hostility from family and neighbors, and not enough money for ART treatment. As a result, Mercy started a home-care program, which now has 11 staff, nine of whom are HIV-positive.

IMPACT/Thailand has supported Mercy Centre's home-care visits, which involve the whole family and focus on:

- Checking for symptoms of secondary infections;
- Emphasizing the need to take the ARV drugs as prescribed;
- Discussing family problems;
- Explaining issues to neighbors; and
- Providing basic necessities such as dry food, shampoo, medicines, and cash for the family as a whole.

Despite the poverty and poor conditions in these communities, the challenge most commonly described among PLHA here is not about physical discomfort, but the fear of discrimination and stigma within the community. Mercy Centre programs help dispels misconceptions about PLHA in the community. The slum children are also beneficiaries of HDF/Mercy Centre school programs that mainstream children who are HIV-positive or whose parents are HIV-positive into public schools in order to institutionalize stigma reduction at the home, school and workplace.

Case #5: Income Generation for PLHA in Bangkok

Based on the home visits to PLHA described in Case Study # 4 above, Mercy Centre realized what their clients needed most were jobs. Thus, FHI linked Mercy with PDA (Population and Community Development Association), an NGO established in 1974, to produce an income-generation scheme through micro-credit. IMPACT provides the funds, technical support, monitoring, and feedback on the program. The beneficiaries are PLHA in metropolitan Bangkok. The core goals of this project are to help PLHA who normally could not obtain loans from the commercial banks, and reduce community discrimination by pairing HIV-negative individuals with HIV-positive counterparts to form a borrowing partnership.

The Income-Generation Scheme
A PLHA finds a non-HIV-positive partner to work with in the scheme. A loan is then provided to each of the partners, up to a maximum of $300, the norm being about $250. The repayment period is 12 months and there is an interest charge of 0.5 percent, so that the first monthly repayment on a loan of $250 would be $26.50, the second month $26.38, and so on.

The loan is intended to allow the partners to set up and run their own small business, either jointly or separately. To begin with, the partner chosen is normally a relative. The typical small enterprises include the following:

- Making or buying and selling handicrafts;
- Operating a food stall;
- Selling food in factories;
- Making funeral flower arrangements;
- Selling laundry services;
- Operating a small grocery store;
- Selling fresh flowers; and
- Selling body accessories such as rings and watches.

The partners receive some training in marketing and accounting from PDA.

The Case of "M"
"M" is HIV-positive and his HIV-negative partner in the scheme is the sister of a friend. They work together on a factory lunch business. They used the loan of $250 each to buy cooking equipment, pots, pans, dishes, and the raw materials such as vegetables and meat to make Thai curry. Their day begins at 4 a.m. when they leave home for the factory, which they reach at 5 a.m. Then they are off to the market to buy fresh produce and back to the factory to prepare the food. The lunch period is from 11 a.m. to noon. Finally it's time to count the day's income and head home. In a good month, they each make a profit of $75.

"M" feels satisfied that he is able to do a job like anyone else. "My mental health is much better because I am not worried about how to pay for my medical treatment." He spends about $25 a month on medicine, fees, and transport related to his HIV infection.

His aim is to let others know he has HIV but that he can survive. He believes if he opens himself to the world, the world will understand him. Before, he was afraid of others' opinions. But now, he wears the T-shirts of organizations like PDA and Mercy with HIV-related messages – "I am confident to show who I am." He has recommended and referred three other PLHA to join the

program. He would like to see the program continue because he knows there are many more PLHA with no means of generating income who feel bad about themselves.

"M" says he is more proud of himself, wants to live longer, and can do what he planned to do before. "M" never attended PLHA support groups before, but now delivers talks to such groups. Individuals can support themselves because they have more income. The nonpositive partner is also a positive example. Thai culture is oral and people learn attitudes from what others say and do, rather than from books. The partners also spend time together outside work, and the community notices this. So the negative partner disseminates positive messages about working with PLHA.

Another Example: "P"

"P" and her sister-in-law travel to the Cambodian border every couple of months to buy second-hand clothes, using their PDA loan of $300 each. They clean the clothes themselves and then resell them at a roadside stall in the evenings. On a good day they will make sales of $12.50, and a profit of 300 percent on a single bag of clothes. "P" is very happy to have joined the scheme. "I have something I can do, it motivates me to get up and do things. Before I was a burden to my family, but now I am helping my family."

Practical Tips

- It is easier to find a relative as a partner at first. They are closer, more understanding, and provide comfort. Even if the HIV-negative partner is only in it for the money at first, experience shows they get closer to the PLHA and gain more compassion. If one's family fully accepts you, then others will too.
- One organization may find it difficult to implement this scheme single-handedly. It is better to find a partner organization such as HDF, which provides background information on the loan application and also provides care to PLHA.
- It is realistic to expect lower repayment rates in this program than other micro-credit programs because of the borrowers' greater probability of periodic illness and failure in occupational development activities.
- It is valuable to involve PLHA in the home care program as home visitors, since they can offer additional first-hand insight and empathy.

Case #6: SWING Advocacy with Owners of Entertainment Establishments

Background

Service Workers IN Group (SWING) was first established in September 2004 with technical and financial support from USAID and Family Health International (FHI) to implement HIV interventions targeting male sex workers and their clients in Bangkok. SWING is the first and still the only local nonprofit organization in Thailand working on this issue (as of November 2005). This project aims to prevent HIV transmission among MSWs and their clients and other partners. HIV among MSM soared from 17.3 percent in 2003 in selected sites in Bangkok to 28.3 percent in 2005 according to a study conducted by Thailand's Ministry of Public Health (MoPH), the MoPH-U.S. CDC Collaboration (TUC), Thai Red Cross, and Rainbow Sky Association of Thailand.

SWING has applied several approaches to outreach for both bar-based and street-based MSWs in Bangkok. One of their main activities is field outreach in sex establishments to organize workshops with MSWs. Each workshop focuses on safe sex education, and dissemination of HIV information. However, gaining access to the sex establishments is not an easy task for SWING, which is a relatively new organization. This case study describes SWING's advocacy strategies with bar owners in Silom and Saphan Kwai areas in Bangkok to allow them to conduct workshops and outreach activities inside the sex establishments.

Problems

Bar owners were not initially cooperative with SWING's outreach team and did not allow them to enter their bars or even speak to their staff (MSWs).

Analysis of the problem

- Most bar owners did not know SWING and were reluctant to participate in the project. They refused to let the SWING outreach team enter their bars because they were afraid that the outreach team might be media people or spies of the police or that they were conducting research.
- Most feared that the outreach team might disturb or make trouble for their clients.
- Many bar owners assumed that their staff already knew a great deal about HIV prevention and condom use, so they felt there was no need for SWING to do anything more.

Objective

- To gain trust and seek cooperation from the bar owners to allow the outreach team to implement a workshop and outreach in the bar as well as encourage their involvement in the project.
- To raise HIV awareness with the bar owners and alert them that HIV can affect their business.

Target Audience

- Bar owners
- Bar managers
- Male sex workers

Resources

- Documents about SWING and the project.
- Free condoms and lubricant to be distributed in their outreach activities to MSWs and the bar owners.
- Contact information of condom/lubricant manufacturers for discounts on future purchases.
- Gifts or products promoting HIV prevention that can be used in the establishments, such as coasters, calendars, and posters.
- Time and effort of the SWING staff to make frequent visits and attend events/parties organized by the bar owners.
- SWING T-shirts to make the bar owners feel they are part of the team.

Allies

- Supportive bar owners in Silom and Saphan Kwai areas.
- Local NGOs working with bar owners, such as Rainbow Sky Association of Thailand and Bangkok Rainbow.

Action Plan

- SWING visited each of the bars located in Silom and Saphan Kwai areas to meet with the bar owners and introduce the project, asking for permission to access the bar premises to implement outreach (talking to the staff about safe sex and giving free condoms and lubricant) prior to the bar opening time. This phase took about one month to complete.
- After the first month, SWING maintained regular contact with the bar owners who were cooperative and allowed them access to the staff. SWING visited the bars at least once a week (during Months 2 and 3).
- In collaboration with FHI, SWING organized a meeting inviting all bar owners to a presentation at which SWING presented all activities in the project, asking them to contribute suggestions as to how best to help MSWs prevent HIV transmission. In the meeting, the IMPACT/Thailand Country Director was present to assure the bar owners that there was no hidden objective to this project, and called for collaboration with the bar owners to allow SWING to conduct outreach and organize periodic workshops in the bar. The dates and times of the workshops would be scheduled based on the convenience of the bar owners (during Month 4).
- SWING sent a letter asking for permission to conduct workshops in each bar, and started activities in the bars that agreed to collaborate. Whenever possible, SWING invited the bar owner or manager to attend the workshop with their staff, so that they could learn more about HIV prevention and HIV prevalence among MSWs (Month 5, and ongoing).
- SWING maintained contact with the bar owners and greeted them every time they conducted the bar outreach (at least every week from Month 5 onward). For those who still did not agree to collaborate, the SWING outreach team continued to pay visits to greet them on occasion (from Month 5 onward).
- SWING participated in special events in the bar and volunteered or helped organize a show/performance (from Month 5 onward).
- SWING sent a birthday gift or flowers to the special events or birthday parties of the bar owners, and the SWING team participated in such events wearing SWING T-shirts to represent their organization (from Month 5 onward).

- After attending the events and helping organize shows, many bar owners who refused to collaborate at first started to see that SWING could make contributions to their bars and help their business. After repeated visits, SWING was eventually able to persuade the resistant bar owners to allow them access.
- Also, as SWING gained trust from more and more bar owners, SWING asked them to talk to those who still refused to cooperate with the program. In this situation, bar owners might be more persuasive agents of change.
- SWING also worked closely with other local NGOs working with MSM, such as RSAT and Bangkok Rainbow. When any of them organized a meeting or workshop with bar owners, they invited SWING to join and introduce SWING members to make it easier for SWING when they start doing outreach in a new area.

Achievements

- More than 80 percent of the bars located in Silom and Saphan Kwai areas chose to participate in this project and almost all the bar owners know of SWING. They were very cooperative and allowed the SWING team to conduct outreach and organize workshops in their sex establishments with their staff (MSWs).
- Many bar owners requested that SWING organize workshops for newly recruited staff. They began to value to concept of promoting the bar to clients as high quality and hygienic.
- Several new MSWs learned about SWING and services at SWING's drop-in center from the bar owners or bar managers. Some bar owners even brought their staff to SWING to learn about HIV.
- Some bars in other areas heard about SWING from the network of bar owners who had allowed SWING to conduct outreach and run workshops. They then requested that SWING organize the same activities in their bar. This cascading effect provided a natural expansion of coverage to surrounding areas.

C. Attachment 3: Technical Assistance Roster

Name	Date	Days	SOW
Athichad Rochanahastin	Feb. 2005	8	To assist CT Technical Officer for CT Training for Burmese Migrants
Ohnmar Aung	Jan. 2005	14	Translator for CT and HBC Training for Burmese migrants
Anurak Boontapruk	Feb. 2005	18	To interview prison staff for prison assessment
Chaisak Kiattipong	Feb. 2005	18	To interview prison staff for prison assessment
Ohnmar Aung	Jan. 2005	14	To interview prison staff for prison assessment
Siraseth Nethngam	Feb. 2005	9	To interview prison staff for prison assessment
Thissadee Sawanying	Feb. 2005	9	To interview prison staff for prison assessment
Nonthathorn Chaipech	Oct. 2005	10	To conduct and facilitate outreach training program and revise and finalize the curriculum for RSAT and SWING
Kalaya Euw	Jun. 2005	4	To conduct CT training for nurses, public health officers to provide CT to military men
Nipa Ngamtrairai	Mar. 2005	10	To help facilitate assessment in prison
Karin Dean	Sep. 2004	50	Document lessons learned for methadone maintenance program in Chiang Rai
Nonthathorn Chaipech	May 2005	15	To conduct training needs assessment and assist RSAT and SWING develop outreach curriculum
Nunthawan Yuntadilok	May 2005	16	To review and develop a life skills curriculum for military men
Rajcha Torsup	Jun. 2005	4	To conduct CT training for nurse, public health officers to provide a CT to military men
Sirinate Piyajitpirat	Jun. 2005	5	To conduct grant writing workshop for methadone maintenance treatment
Wanna Sariyacheva	Jun. 2005	4	To conduct CT training for nurses, public health officers to provide CT for military men
Martin Foreman	Mar. 2004	20	MSM intervention in Bangkok
Philippe Girault	Oct. 2003	1	MSM intervention in Bangkok
Tawesak Nopkesorn	Dec. 2003	61	To help in conducting assessment for project design and development for police
Philippe Girault	Oct. 2003	5	BCC intervention project for military men
Myat Htoo Razak	Nov. 2002	109	Research ATS Use and HIV
Myat Htoo Razak	Aug. 2003	15	Research methadone treatment program experience
Thomas Guadamuz	Jul. 2004	30	MSM intervention in Bangkok
Myat Htoo Razak	Jul. 2003	7	CT/MTCT interventions for Mae Tao clinic

Name	Date	Days	SOW
Philippe Girault	Oct. 2002	50	Assessment for project development for military men
Philippe Girault	Nov. 2002	31	Assessment for project development for military men
Philippe Girault	Mar. 2003	12	Assessment for project development for military men
Philippe Girault	Jun. 2003	12	Assessment for project development for military men
Tawesak Nopkesorn	Feb. 2002	39	Assessment for project development for military men

D. Attachment 4: Summary List of Publications, Products, and Other Deliverables

ASSESSMENTS AND AD HOC REPORTS

Chiang Rai

- "Situation Assessment and Recommendations on Feasibility of Establishing Community-Based Methadone Maintenance Programs for HIV Prevention and Care in Akha Villages in Mae Chan District" (2003)

- "Project Summary of Community-Based Methadone Treatment as Part of HIV/AIDS Prevention, Care, and Support among Akha Drug Users in Northern Thailand" (2005)

Kanchanaburi

- "Rapid Assessment among Sex Workers and Military in Kanchanaburi, Thailand" (2003)

- "Rapid Assessment among Police in Kanchanaburi, Thailand" (2003)

- "Behavioral Surveillance Survey Regarding HIV Transmission among Military in Kanchanaburi" (2003)

PDA Projects

- "Process Documentation Report on PLHA Partnership Loan Management" (2005)

- "Positive Partnership" Project Baseline and Evaluation (2003, 2005)

Macfarlane Burnet Institute for Medical Research and Public Health Project

- "Situation Assessment of Knowledge and Perceptions of Prison Staff on HIV Prevention and Care" (2005)

Mae Tao Clinic Project

- Annual Report (unpublished) (2003-2004)

PATH Projects

- "Assessment Report (December 2002 – March 2003): A Project on Male Sexual Health in Chiang Mai," submitted on May 2003

Integrated Analysis and Advocacy Project

- HIV projects for Thailand (2005)
- Synthesis report (2006)
- Technical report (2006)

BCC MATERIALS AND MEDIA

- Counseling handbook (Chiang Rai)
- "Aseu history," Drug User VCD B (Chiang Rai)
- Comic books for military men
    - CT

    - HIV transmission
    - Condom use awareness
- SWING Postcards
- RSAT postcards and small cards
- SWING condom kits
- PATH brochures and flyers

TRAINING CURRICULA

- SWING and Rainbow Sky Association of Thailand Outreach curriculum
- Grant Writing Curriculum for Chiang Rai Projects
- Life Skill Curriculum for Military men
- Advanced CT training module, available in Burmese
- Home base care curriculum, available in Burmese

NEWSLETTERS

- Chiang Rai "Project Progress" Newsletter B
- RSAT Newsletter
- PATH Newsletters "More than Men" – 13 issues to date

E. Attachment 5: References

Armed Forces Research Institute of Medical Sciences, The Royal Thai Army. The Bi-annual Sentinel Sero-Surveillance among New Recruited Military Conscripts who Aged 21 Years Old, 1991 – 2004.

Bureau of Epidemiology, Ministry of Public Health. The National Sentinel Seroprevalence Survey of HIV-Infection in Thailand, 1989 – 2004.

Koetsawang S., Topothai K. "Pilot Study of the Male Commercial Sex Business in Bangkok, Thailand: The New Possibility of HIV Transmission." UNFPA Bangkok, Thailand, 2003.

Thailand MOPH and U.S.CDC Collaboration. HIV Prevalence among MSM Populations in Bangkok, Thailand, 2003 and 2005.

World Health Organization. "External Review of the Health Sector Response to HIV/AIDS in Thailand." WHO Regional Office for South-East Asia, 2005