

Stepping into the Future

The new opportunities available to children and families affected by HIV/AIDS



An Impact Evaluation for the Deutsche Bank Project

September 2006



Education Development Center, Inc.
Health and Human Development Programs
Asia



Asia

Acknowledgement

Special thanks to our partners and individuals who have demonstrated tremendous dedication and initiative in working together with EDC on the Deutsche Bank project to address the HIV/AIDS crisis in this region.

Cambodia
Mith Samlanh

India
Vasavya Mahila Mandali

Lao PDR
Norwegian Church Aid

Thailand
YMCA
Sem Pringpuangkeo Foundation

Vietnam
Save the Children UK

Privacy Protection Disclaimer

All case studies presented in this report deal with sensitive and personal issues. Stigma and discrimination against people affected and infected with HIV/AIDS remain strong throughout the region. To protect our beneficiaries' privacy, all names of people mentioned in case studies have been changed. No inference should be made between the stories and pictures appearing in this report.

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Dear friends,

On behalf of Education Development Center (EDC), I am pleased to share you with our first impact evaluation of the regional HIV/AIDS program supported by the Deutsche Bank Asia Foundation. Since 2004, EDC has been working directly with local NGOs and communities from across Southeast Asia to improve the lives of children and families affected by HIV/AIDS. From crowded urban slums to remote mountainous villages, Deutsche Bank support is reaching some of the neediest and most vulnerable children in Asia. One of the benefits of our project is how it strengthens the capacity of communities to respond to HIV/AIDS. As a result of Deutsche Bank's support in communities many children now are able to continue their education and have brighter futures.



EDC staff met with local partners to produce this report to describe how Deutsche Bank support turned into productive and sustainable projects. Project staff share their experiences and children and families tell their stories of growth and hope. On behalf of EDC staff, our partners and beneficiaries, I am pleased to share these various voices, and to express my appreciation to Deutsche Bank for its commitment and vision in providing funding for this project.

We at EDC are committed to continuing our work in delivering comprehensive and innovative approaches to sustainable development around the world. Since 1958, EDC, as a global, non-profit organization, has worked in over 75 countries. Partnering with leading private corporations, governments, international agencies, universities and other organizations, our initiatives address some of the biggest challenges such as HIV/AIDS facing countries today. In our ongoing efforts in striving for excellence and vision, we thank you for your support and continued collaboration.

Angela Chen

Regional Project Director, EDC
Southeast Asia Region
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OUR MISSION:
Creating Innovations That Promote
Healthy Human Development Worldwide

ABOUT EDUCATION DEVELOPMENT CENTER, INC. (EDC)

EDC's award-winning work bridges the worlds of research, policy, and practice. Our mission is to advance learning and healthy development through collaborative work with organizations, universities, and partners worldwide.

EDC'S DIVISION OF HEALTH AND HUMAN DEVELOPMENT PROGRAMS

Develops, implements, and evaluates innovative strategies for protecting and promoting the physical, mental, and social health of individuals, families, and communities.

Executive Summary

Background

UNAIDS estimates that some 8.3 million people are living with HIV/AIDS in Asia today. The epidemic is no longer concentrated to traditional high-risk groups, but has also spread to the general population where women, youth and children bear the brunt of the epidemic. Communities throughout Asia share a common story: low HIV/AIDS awareness, individuals engaging in risky behavior, and increasing labor migration are resulting in a rapidly growing number of children affected or orphaned by HIV/AIDS. This crisis has overwhelmed the ability of governments to provide proper care and support to these children and their families. The lack of awareness among the population - particularly youth, who are most prone to high risk behavior - leaves communities ill-equipped to protect themselves from the epidemic.

Program Overview

To combat the epidemic, Deutsche Bank (DB), in partnership with Education Development Center (EDC) Inc., established in 2004 a regional HIV/AIDS programme in five countries: Cambodia, India, Lao PDR, Thailand, and Vietnam. Efforts are targeted at HIV/AIDS prevention, particularly among youth and ethnic minority groups, and at mitigating HIV/AIDS impact through care and support services for children and families affected by HIV/AIDS. Ongoing advocacy and collaboration with governments, NGOs and service providers are also critical components of the programme.

EDC and Its Partners

Leveraging its international experience, EDC works to build local NGO capacity to fight HIV/AIDS. Through provision of technical support, monitoring & evaluation, and sharing of best practices, EDC's contribution is ensuring that efforts most efficiently and effectively support children. During annual study tours, for instance, NGO partners are given an opportunity to go on field visits and are also given a forum to share and incorporate best practices and strengthen project activities in their own target communities.

Objectives and Methodology of Impact Evaluation

This impact evaluation assesses the development effectiveness and potential for long-term impact of DB's ongoing regional HIV/AIDS programme in each of the five countries. The report identifies lessons learned, best practices and innovative activities, and make recommendations to further improve the relevance, efficiency and efficacy of ongoing and future activities. As some of the country-based efforts have only been in implementation for one year, ongoing evaluation will be needed to establish medium to long-term impacts.

Data for this evaluation comes from the following: an inventory and analysis of each country's portfolio; an in-depth self-assessment completed by respective project managers, implementing partners, and stakeholders from each country; completion of a detailed background desk-review for each country completed by the EDC review team. Finally, the EDC review team held field visits to the intervention sites and conducted interviews with project staff, as well as key beneficiaries and stakeholders.



Study tours: DB partners sharing knowledge and experience

In August 2006 Cambodian partners attended a 10-day exposure trip to visit Vasavya Mahila Mandali (VMM), DB's lead NGO partner in India. The trip provided an opportunity for both sides to share experiences and lessons learned. An intensive schedule, including numerous project site visits, allowed Cambodian partners to learn about many aspects of VMM's work. Cambodian partners were particularly impressed with VMM's methods of mobilizing vulnerable communities, especially through the use of child support groups. At the end of the trip, Cambodian partners left with new knowledge and ideas about how to incorporate VMM activities into their own projects.

Summary of Impacts

This section below summarizes how each of EDC's partners has responded to challenges and what impacts their activities are having in their communities. From the start of activities to July 2006, the DB project has achieved the following:

- Cambodia: Since July 2004, over 290 Children Affected by HIV/AIDS (CAAs) have received free meals and life skills training; an estimated 2,400 children have received attention at day care centers and 141 families were provided counseling and referral services. Over 250 children are now attending public school as a result of time spent in the education center. 39 children are receiving vocational training and over 1,300 children have also benefited from counseling and support groups.
- India: Since May 2005, 1,945 poor children, CAA, and/or street-living children are now either continuing their schooling or are receiving non-formal education. 192 children have received vocational training and as a result 92 of these children have started their own businesses. In addition, over 735 families have been assisted through outreach activities like counseling, referral services, and emergency food aid.
- Lao: Since March 2005, over 13,000 people from poor ethnic minority groups have been reached through mobile mass-media campaigns, peer educators and workshops. 48 peer educators and over 135 village heads from these minority villages have been trained to disseminate basic HIV/AIDS and Sexually Transmitted Infection (STI) knowledge and prevention education.
- Thailand: Since April 2004, 160 AIDS orphans have been attending school as a result of scholarships in high HIV infection areas of Northern Thailand. Training has also been provided to 85 peer educators. In addition, since January 2006, 30 CAAs from the greater Bangkok area have been receiving scholarships as well as individual counseling from outreach staff.
- Vietnam: Since April 2004, scholarships have been provided to 238 CAAs and AIDS orphans and over 1,100 families have received counseling. In addition, 80 families have received business loans and 92 children have received food support. Over 2,300 people have been reached by training, workshops, celebrity talks, and other awareness-raising activities facilitated by 441 trained peer educators as well as government partners.

Highlighting best practices: A look at how DB partners are making unique impacts in their communities.

- Cambodia: Establishing two day care centers in hospitals is allowing the CAA team to identify CAAs at risk of being orphaned. The trust built between the CAA team and families is also allowing CAA staff to make difficult but critical decisions about the child's future when the parent dies. Subsequently, children are being placed in safe homes with extended or foster families.
- India: Child support groups are allowing children to help their peers stay in school, help each other with homework, and assist sick children in receiving treatment. These children also raise awareness by engaging in door to door campaigns. This community mobilization is helping children become young leaders.
- Lao: Traveling mobile teams are reaching some of the remotest ethnic minority Akha villages in Northern Lao. A first ever Akha language VCD drama is reaching this largely illiterate population and is delivering critical messages about the existence of HIV/AIDS.
- Thailand: Weekly radio broadcasts by peer educators allowed over 400 students to receive information about HIV/AIDS and prevention methods. This avenue for ongoing learning has allowed children to both gain knowledge to protect themselves as well as learn effective communication techniques.
- Vietnam: Peer educators are active throughout schools and communities. From conducting innovative and diverse activities such as educational programs and competitions, to facilitating support groups and attending monthly meetings, peer educators are creating enjoyable learning experiences for both children and youth alike.

Cambodia

Background

Cambodia, a country with a population of about 14 million people, is one of the poorest and most affected countries in the region. When parents die of HIV/AIDS there is often no place for a child to turn but the street. UNAIDS estimates that there are currently as many as 55,000 AIDS orphans in Cambodia with numbers likely to increase as more adults die from AIDS. Street living makes children susceptible to contracting HIV/AIDS due to low awareness and because some sell sex for money to buy food or turn to drug use as a coping mechanism. CAAs that are fortunate to have living family members also face tremendous obstacles. Because only one-third of Cambodians have access to basic health and social services, families affected by AIDS often have to sell off their assets to receive treatment. As a result, many children are forced to leave school to provide livelihood support to their families.

Project Overview

The country's capital, Phnom Penh, is at the center of the epidemic. To locate and assist street children and CAAs, EDC's partner Mith Samlanh (MS) has teams identifying street children in all corners of the city. These 12 integrated teams, including a CAA team, a drug abuse team, and a migration team, work closely together to address the unique needs of each child. With EDC support, from July 2004 to July 2006, the project has achieved the following:

- Day care centers at local hospitals have given care to 2,400 children and have identified over 300 children as being at-risk of becoming orphaned. A placement team then tries to place AIDS orphans into a safe environment. From 2004 to 2006, 97 AIDS orphans have been placed with extended families and 8 with foster families.
- Over 250 children have successfully transitioned to public schools after spending time in MS's education center.
- 39 children received vocational training and currently 10 children are employed full-time.
- Nearly 1,300 children have benefited from counseling and support groups.



Project Impacts

Preventing vulnerable children from going to the streets.

The two day care centers at local hospitals allow children to play, receive free nutritious meals and learn basic life skills such as hygiene while their parents are receiving medical treatment. Transportation costs for poorer families are covered so they can come to the hospitals. Some of the children attending the day care centers are CAAs who are at high risk of becoming street children when their parents die from AIDS. In addition to providing counseling and support to the families, the CAA team assists dying parents with making difficult but necessary decisions about the child's future. As Peou, the CAA team leader, points out, "Families typically do not make plans and as a result, some children end up homeless when their parents die." Placing children with extended or foster families allows children to stay in school and continue their development in a safe environment. The CAA team also provides food and emergency support as well as regular monitoring to support new families and to make sure the child is doing well in school.

Reintegrating street children and CAAs back into schools and society.

Outreach teams work tirelessly in the streets of Phnom Penh to provide counseling and to assist children in getting off the streets. 300 children are sheltered in a traditional home while they study at the MS education or training center. In-center support team members give special attention and counseling to encourage each child to complete the program. The high completion rate at the education centers allows children to quickly reintegrate into public schools. Many teachers, including mechanics teacher Mr. Um Man, see a difference in the children. "When the children first arrive, they are immature kids. But after they graduate, they are confident. If you met our graduates, you would never guess they were former street children."

The next apprentice

Vocational training at Mith Samlanh provides children with skills and real work experience. The training center is also an array of functioning micro-businesses where children practice their trades - from hairstyling and tailoring to mechanics and welding - while earning a bit of money. Market demands for these skills allow most children to find jobs once they complete their training. "The center equips the students with real skills. Our electrical students are in such demand that local businesses are coming to the center to recruit new staff," remarked Mith Samlanh's Training Center Manager, Pin Sokhom. Savvier students are also provided with financial support to start their own businesses. With proper skills and employment opportunities, many children can now afford housing and food so they can leave the streets.

Providing aid where none exists.

Mith Samlanh is often the only social support system available to many CAAs and their families in Phnom Penh. Without this support, many children would be working menial jobs to support their families. Business loans are providing families with new hope for a new future. A single mother of five young children who is HIV infected explains: "Before our family was very poor because I only sold clams. But now that I got money from Mith Samlanh to buy a sewing machine, I sell school uniforms for the children in the project so that I can afford to send my own kids to school."



Day care centers provide nutritional lunches and assistance to vulnerable children, including children at risk of being orphaned.



Mith Samlanh teams work tirelessly with street children so they can leave the streets of Phnom Penh and continue their education.

Lessons Learned and Recommendations

Early interventions can save at-risk children.

The day care centers provide a good mechanism to identify and assist families so that they can plan for the child's future. To build on this success, development of a third day care center at another hospital will allow project to identify and support more potential AIDS orphans.

Special care to CAAs and families can mitigate impacts of HIV/AIDS.

The strong trust established between the CAA team and families allows the team to assist families on sensitive issues such as foster care placement, counseling for substance or drug abuse, and training on care for HIV infected. Despite the activities' success, the sheer number of CAAs and corresponding demand for services are growing; hiring an additional CAA outreach staff to assist the current team will allow the team to reach these new CAAs. Further, continuing provision of financial support for fledgling businesses will allow families to generate sustainable income and send their children to school.

Greater collaboration with local government, service providers and other organizations.

A growing number of CAAs is putting a considerable strain on Mith Samlanh's resources. While Mith Samlanh collaborates with local organizations and has referral networks, more cooperation is needed with the local government. This partnership will strengthen the government's capacity to implement its own care and support programs.

Next Steps

- To open a new day care center at another hospital, labor, equipment and supplies are needed to build the new center.
- To meet the increasing needs of a growing number of CAAs, an additional CAA staff is needed
- To provide an economic safety net for families affected by AIDS, an expansion of financial support is needed.
- To build the capacity of the local government, more attention should be given to advocacy and increasing collaboration with the government as a possible implementing partner.

Grateful parent at day care center

"My name is Mom and I have two young children. We have been to the day care center for the past few years because my third child is sick with HIV/AIDS and is staying at the hospital. I am very grateful to Mith Samlanh. Before my kids could not read but now they can read and count numbers! I am very excited that my children are growing so well. My children study at public schools but they come here as well to get more knowledge. I think my children have even more knowledge than me!"

India

Background

In 2006, UNAIDS reported that India, a country with more than 1,095 million people, has the highest number of people (5.7 million) living with HIV/AIDS in the world, and makes up nearly 70% of all HIV infections in Asia. In poor affected families, food security, basic shelter and survival take precedence over a child's education. As a result, children are dropping out of school to support their families with meager income from menial jobs. The low status of women means that girls are usually the first to stop their education. With over 1.2 million AIDS orphans in India, these children often turn to the streets, begging, hawking and garbage picking to feed themselves. Discrimination is pervasive – from neighbors and health workers to school authorities – leading to some children being denied the right to go to school. In some cases, CAAs attending school are separated from the other children.

Project Overview

Among India's 29 states Andhra Pradesh is one of the poorest and most affected by HIV/AIDS. Most of the government's efforts have been targeted at HIV/AIDS prevention, leaving an absence of care & support for those already affected. To fill this void, EDC's lead partner Vasavya Mahila Mandali (VMM) and eight NGO partners are ensuring that some of the most vulnerable children – CAAs, AIDS orphans, street children, and children of sex workers – are continuing their education. From May 2005 to July 2006, the project has achieved the following:

- Provided 1,331 children with school materials and payment for exam fees so that they can continue formal education. Outreach volunteers make regular home and school visits to sensitize both families and teachers on CAAs right to education, thus creating a welcoming social environment that allows children to progress in school.
- Supported 614 children in gaining basic but invaluable literacy, math and life skills at the project's 16 Non-Formal Education (NFE) centers. Vocational training for 192 children, and disbursement of 92 business loans, provided these children and their families with employment and security.

- Provided individual counseling to the 1,945 children supported with scholarships. In addition, some children have attended picnics, camping trips and special outings. These psychosocial services have allowed affected children to cope with their emotional affects, and have sensitized non-affected children to the needs of their affected classmates and neighbors.



"I am not educated and because of that I am suffering. I do not want the same fate for my children. I want them to get an education and become respected people in society."

A young girl's aspirations.

In some areas of Andhra Pradesh, there are entire communities where only sex workers and their children live. Many young daughters of these sex workers often follow in their mother's footsteps. Sarala is a child of a sex worker and an AIDS orphan. The project has provided both Sarala and her brother scholarships and exam fee support. She is now going to school and has become an active community volunteer, educating children and adults about HIV/AIDS and prevention methods. Sarala, also thriving in her studies, is winning academic prizes, and has goals for the future: "My dream is to become a chartered accountant so I can have a good position in life and be a good role model to other orphans." However, without support for a higher education, talented children like Sarala will be unable to realize those dreams.

Project Impacts

Assistance allows most vulnerable children to continue school.

Providing support for school materials, exam fees, and unforeseen emergencies is alleviating a financial burden on families. This support is allowing AIDS orphans like Venu the opportunity to go to school: "I used to work because my grandmother was too old to support me. But with my scholarship I can go to school like other children." Since poverty forces children to work, outreach volunteers either refer families to other NGOs for services or provide direct food support. As a result of this special care, children are performing better at school, there is a lower absenteeism rate, lower drop-out rate, and they have better strength and stamina thanks to better nutrition. One of the biggest benefits of the project is the increased value placed on education both by families and children. Outreach workers counsel families on the importance of keeping children, especially young girls, in school. Families are also convinced after seeing the improved behavior and discipline among their children. One mother is delaying the marrying age of her two daughters so they can finish school. "I do not have any education and my life is miserable. I want my daughters to get an education and have a better life."

Providing new hope and alternatives for children.

Non-formal Education (NFE), vocational training and business loans are giving children an opportunity to fulfill their potential. Twenty girls who are CAAs received a three-month beautician course at VMM where they were also provided with housing and food as well as English and basic life skills training. Start-up kits are allowing girls like Navya to have her own business and to plan for a brighter future. "Since my father died, my mother and I have to stay with our Aunt. Now with my beauty salon business, I hope to make enough money to support my mother and have a place of our own." NFE centers provide flexible hours so that working and street children can continue their studies and eventually reintegrate back into schools. Eager to learn, groups of children attend classes and support each other in gaining basic literacy, math, life skills and even computers skills. This practical knowledge is also reducing exploitation of working children like Srinu. "Before I went to the center, I could not read or even count money so I was always cheated. Now I can do simple math so I can help myself." Outings such as picnics, camping trips and zoo visits are also allowing children to temporarily forget problems so they can play like children should.

Communities taking action.

Teachers, religious leaders, poor families and children alike are all working together to strengthen their communities – neighborhood by neighborhood. Children in one particular support group describe their persistent efforts in the community: "We go door to door to reach people living with HIV/AIDS (PLHAs) and also to share information with our neighbors about HIV/AIDS. When neighbors show discrimination, we keep returning to counsel them." In five districts, child support groups and outreach volunteers are so effective that project staff are able to start phasing out their support. These efforts are prompting ordinary people to take increasing action about their child's education as well as HIV/AIDS. In some communities there is reduced discrimination. In schools, new parent associations are allowing parents to share responsibility in monitoring the progress of all the children, infected or non-infected alike. In one poor neighborhood, some families are donating one cup of rice each to provide affected families with food. One grandmother who is part of a "Granny Group" explains why her work is valuable: "My son died from AIDS and I am still suffering. I want to help others so they don't suffer like me."

Lessons Learned and Recommendations

Working closely with children and families is critical in keeping children in school.

The large number of children supported creates a challenge for outreach volunteers and staff to provide consistent monitoring and support. However, this assistance is critical in keeping children in school. Ongoing counseling, sensitizing of teachers and working with families to have them appreciate the value of education are necessary. Increasing the number of paid volunteers so that there is one volunteer for every 50 children would alleviate constraints on staffing and resources.

To fulfill children's potential, more support is needed.

The ability of the project to provide effective support to keep some of the most vulnerable children in school is providing brighter futures for many. However, many more children need assistance to continue their education, including siblings of the children supported. By increasing basic and cost-effective support for school materials, exam fees and counseling, the project has the potential to reach over 2,300 vulnerable children – 400 more children than are currently supported. In addition, by expanding the number of higher education scholarships, talented children will be able to continue their education and fulfill their potential.

Children supporting children

One particular child support group, Unity, is making sure that their friends are staying in school. "We study and we play together. We help each other by sharing our books, school notes, pencils and helping with house chores.

If one of us is missing from school or sick, we visit to make sure he is ok and see that he gets help so he can go back to school," commented the group's bright-eyed leader. This tight-knit group is also helping children who are not going to school. "When we study, other children also join us. We teach them how to read and count. Many now want to go to school as well." People are noticing changes. "Children before did not have a chance to contribute but now they feel they are helpful," said one grandmother. "Now when I work I don't worry as much about my grandchildren because I know they are growing up well."

Mobilizing community efforts.

The project particularly benefited from the long-standing experience, reputation and trust established by VMM and its partners in their communities. These led to increased participation and commitment of communities and even outreach volunteers to project activities. However, greater collaboration with existing NGOs, media and the government would increase visibility of the project and allow the project to reach more people. In addition, creation of Community Development Centers will enable more effective monitoring while also creating a safe environment for children, infected and non-infected, to interact, study and relax.

Next Steps

- To allow vulnerable children to continue their education, increase support to 2,300 children and ensure talented children receive scholarships to pursue higher education.
- To strengthen ability of outreach volunteers and staff to support children, increase the number of volunteers so there is 1 volunteer for every 50 children and increase monitoring budget.
- To provide a safe environment for children to study and relax and to create and support Community Development Centers.
- To increase visibility and reach of project, collaborate more effectively with NGOs, media and government



Some of the neediest children are now going to school and gaining knowledge that will allow them to have brighter futures.

Lao PDR

Background

As the pace of development in Lao PDR grows, so has the spread of HIV/AIDS. As a country with a population of over 6 million people, Lao PDR is ill-equipped to deal with the threat, none more so than the Akha, an ethnic minority group living in Northern Lao, one of the poorest areas of the country. For many years, development, basic infrastructure and government services have bypassed many of these poor villages. As a result over 90 percent of the population in some villages is illiterate and few have completed a fourth grade education. However, trade routes, including a World Bank development project that built a highway through these hills, have connected Laos with China, and brought many visitors to trade with the locals. These traders have exploited the Akha's traditional sexual culture, and brought Sexually Transmitted Infections – and the threat of HIV/AIDS – to a largely unaware group of people. Government prevention campaigns, mostly in Lao language that most Akha cannot understand, rarely reach these rural areas. As a result, the Akha are largely unaware about the existence and threat of HIV/AIDS.

Project Overview

Since March 2005, EDC and partner Norwegian Church Aid (NCA) have brought HIV/AIDS and STI knowledge and treatment to some of the most remote Akha villages in Northern Lao. By working directly with the government and local village authorities, a mobile outreach campaign featuring an innovative Video Compact Disc (VCD) drama will reach one-third of the local population by the end of this year. A trained medical doctor accompanies the mobile team to provide STI treatment. Outreach work by project staff and peer educators as well as cultural performances by Thai Akha has reached over 13, 000 people. Akha themselves are also taking an active role: 48 Akha peer educators and 135 village authorities have been trained to share HIV/AIDS and STI prevention information in their communities.

What Akha are flocking to see...

A crowd of 150 Akha, ranging from the young to the old, shift in their seats. Some have traveled for hours by foot from neighboring villages to watch this evening's performance. As the VCD starts to play on a big screen, laughter of amazement and applause ring out. "Look, real Akha!" cries a young girl. For the next hour, the crowd is riveted. Scenes showing Akha actors singing and dancing rouse cheers from the crowd. Some Akha recognize the STI symptoms described in a skit about a young Akha dealing with STI. Grateful that a doctor is present, some seek treatment. Discussion continues well into the night as the outreach team and peer educators conduct games, songs and a Q&A session. As the night ends, many leave eager to tell their families and friends about the experience.

Project Impacts

Fighting HIV/AIDS with knowledge.

A VCD drama, the first media developed in the Akha language, is providing a powerful medium to reach a largely illiterate audience. Mobile outreach teams traveling to some of the most remote communities showcase these VCD dramas and distribute condoms to crowds and a 'word of mouth' phenomenon about this first ever "For Akha, made by Akha" VCD is reaching surrounding villages. The message of the VCDs is simple and non-judgmental – "HIV/AIDS and STIs exist. Use condoms to protect yourself from infection" – but the information may be life saving. Before these activities, most Akha were not aware of the existence or threat of HIV/AIDS. Now "more and more Akha are asking us for condoms," remarked local government partners. Similarly, a cultural exchange project brought Thai Akha to give performances in five villages; these events drew audiences totaling 3,500 from all around the Northern Lao hills.

Delivering treatment.

High STI rates increase a community's exposure and risk to HIV/AIDS. Therefore, to prevent HIV/AIDS the project has trained 22 medical staff and drug store owners on STI treatment and has provided one trained medical doctor to each mobile outreach activity. These activities allow Akha who recognize STI symptoms to discreetly seek treatment from various sources. This treatment is benefiting women in particular. "The low status of women in Akha culture means that many girls cannot negotiate sex and condom usage," remarked one project staff member. "The presence of these doctors is allowing many of these women who are chronically plagued with STIs to receive treatment."

Creating community action.

Unlike previous development efforts, this project requires the Akha community and its leaders to take a more "hands-on" approach. Each village works closely with local government officials to coordinate project activities and support peer educators. This partnership is strengthening the relationship between the government and communities. By conducting workshops throughout their communities peer educators are gaining confidence and becoming community leaders. One peer educator remarked "Many of my friends do not know about HIV/AIDS but I give them knowledge." Village heads also received training so that they can exert their powerful influence in their communities to raise HIV/AIDS and STI awareness and prevention techniques. Several Akha village heads also attended study tours in Northern Thailand. Inspired by the progress of their Thai Akha counterparts, these village heads are now more committed to the project and have taken the lead in coordinating activities in their village.



Rapid development has brought HIV/AIDS to remote poor villages in Northern Lao leaving its people vulnerable and ill-equipped to deal with this new threat.

Lessons Learned and Recommendations

Using innovative and appropriate media is critical.

VCD dramas and live cultural performances were effective because they delivered visual learning experiences to a largely illiterate population. The use of local Akha actors portraying real conditions generated widespread interest as many Akha take much pride in their culture. To build on this success, creation of a live drama team of peer educators will expand the project's reach and sustain interest among the Akha. Distribution of 500 VCDs and development of a best practice manual would not only benefit project staff but also schools or cultural organizations. Continuing distribution of condoms and t-shirts would also heighten prevention and awareness efforts.

More training and support needed for peer educators, village heads and staff.

Capacity remains an ongoing problem. Poor initial selection and inadequate follow-up training has resulted in weak knowledge and lack of confidence among some peer educators. To address these critical gaps refresher trainings, increased monitoring by project staff, and bi-monthly meetings will provide a structure for ongoing support to peer educators. A study tour for peer educators to visit people living with HIV/AIDS (PLHAs) in Lao will also strengthen their knowledge and commitment to project activities. To build on positive experience of the last study tour, ongoing study tours for village heads are important. To ensure adequate monitoring and support for peer educators, staffing will also need to be bolstered. A full-time project manager and an additional Akha project staff are needed.

Linking knowledge with treatment is effective.

Providing knowledge without treatment would have been ineffective as many poor Akha do not have access to health services. Distribution of condoms and STI treatment by trained doctors created access to such services. Increased awareness and STI treatment may lead to long-term reduction in the STI rate; however, currently there is



What the road may bring...

Route 17B stretches from Northern Lao into China, Burma, Thailand and beyond bringing an influx of goods, businesses and laborers. The impact has been

profound. Akha youth are now leaving villages in the remote mountainous areas where their ancestors lived for centuries in relative isolation to be closer to the road and its opportunities. Prosperity however has also brought STIs. Akha men, along with other foreign travelers and businessmen, venture into new commercial sex shops popping up along the road where an increasing number of young Akha girls are earning money to support their families. With little power or even knowledge to negotiate condom usage, young Akha girls are at risk of contracting STIs and HIV/AIDS.

no formal monitoring system in the area. Therefore, project staff will need to carefully monitor indicators such as sales of condoms, numbers of people receiving STI treatment, HIV/AIDS cases etc in order to measure project impact.

Next Steps and Expansion

- Refresher training, increased follow-ups, and bi-monthly meetings will build capacity of peer educators.
- Hiring a full-time project manager and Akha project staff is necessary for adequate project management and control.
- Creation of an Akha drama team consisting of 12 peer educators who will perform in 4 major campaigns will build on the successes of the VCD drama and cultural performance. In addition, 500 VCDs and condoms and t-shirts will be distributed at the events to raise awareness on prevention.
- Providing opportunity for peer educators to visit HIV/AIDS projects in Lao to learn and share experiences with PLHAs.
- Developing a best practice manual and a networking meeting among local organizations for dissemination of the manual's messages will main-stream project messages to reach more at-risk people.



An innovative VCD drama is delivering critical knowledge about the existence of HIV/AIDS to ethnic minorities. To date, the VCD has reached over 13,000 people.

Thailand

Background

Thailand is a country with a population of over 64 million people and HIV/AIDS is the leading cause of death in Thailand with UNAIDS reporting 21,000 AIDS-related deaths in 2004 alone. While the government's prevention campaign during the 1990s has been credited with saving millions of lives, efforts now are less robust. This problem is most glaring in marginalized areas – in Northern Thailand where many ethnic minority groups reside or in peri-urban areas of Bangkok, for instance, cycles of poverty exacerbate the lack of opportunities and push many young people to migrate to big cities in search of jobs and a more glamorous life. Lacking life skills training and negotiation skills many become destitute and desperate, and begin engaging in high-risk behaviors, exposing themselves to HIV through commercial sex work or injection drug use. To make matters worse, many of these young migrants return home and unknowingly infect their spouses; the mother then often unwittingly passes her disease to newborn children. Finally, as parents succumb to AIDS, children are often left in the care of their elderly grandparents or to fend for themselves; the material strain this places on these children often results in their dropping out from school to work.

Project Overview

EDC has provided two targeted interventions in Thailand to increase HIV/AIDS awareness and prevention as well as to provide care and support to AIDS orphans and CAAs. The first project is in Northern Thailand, the other is a new project in peri-urban communities outside of Bangkok. The following outlines each project:

- Northern Thailand. From April 2004 to July 2006, 85 peer educators, many of whom are ethnic minorities, were trained in HIV/AIDS prevention. 160 AIDS orphans are currently going to school as a result of scholarship support. Innovative methodologies included workshops which provided opportunities for AIDS orphans and their grandparent caretakers to strengthen their relationships and close the generation gap and radio-broadcasts for peer educators to reach their classmates with information on HIV/AIDS.

- Nakhorn Pathom. From December 2005 to July 2006, EDC and partner YMCA have provided 30 CAAs with scholarships, financial support for health services and support for a savings scheme. These children also attended a 3-day HIV/AIDS prevention and life skills camp. Home visits and family support groups support CAAs and their families. YMCA is also working with a government youth leadership program to train 35 youth leaders to raise awareness to over 1,500 primary and secondary students in the province.

Project Impacts

Raising awareness in schools.

In Northern Thailand, peer educators actively participated in weekly and monthly meetings and workshops, a 3-day camp on HIV/AIDS prevention, and visits to share experiences with people living with HIV/AIDS (PLHAs). After training and a visit to a local radio station, peer educators were able to reach over 400 students through weekly radio broadcasts. By the end of activities in May 2006, peer educators had increased knowledge and confidence and many feel that they can help others protect themselves from HIV/AIDS. Porntip, a 16 year old peer educator, is now able to take care of her HIV infected brother. "Before I had no information to help my brother. Now I can help my brother access treatment. When he is sick, I know how to make him feel better."



Scholarships are allowing AIDS orphans to continue their education

Best practices on peer education: Learning from DB partners from around the region.

Building on its experience and expertise, EDC and its partners have been actively training peer educators around Asia to raise awareness and prevention efforts in many communities. Below is a list of some best practices that EDC has identified:

- **Combining fun with learning:** In Vietnam, activities such as game competitions, educational playgrounds and celebrity talks are effective because they allow children to actively participate. By creating enjoyable learning experiences, children are more likely to gain important skills and knowledge.
- **Delivering appropriate materials:** In Lao, peer educators are reaching even the most remote villages and illiterate villagers, through innovative visual media such as cultural performances and VCD dramas. Ethnic minority groups are receiving critical information about HIV/AIDS prevention through this culturally sensitive material.
- **Diversifying training experiences:** In Thailand, lessons learned revealed that to strengthen interest and capacity of peer educators, training experiences need to go beyond the school setting. Some suggestions included more frequent visits to learn from the experiences of HIV/AIDS infected people, use of technology such as VCDs as training material and receiving training from other facilitators such as local doctors or health officials.

Material support allows AIDS orphans and CAAs to continue their education.

Often elderly grandparents become the primary caretakers and income earners for the entire extended family when their children die from AIDS. Support to children for school fees, uniforms, books and school supplies are alleviating the burden on these families, allowing children to go to school. For one grandmother who is supporting both her HIV positive grandchild and mother, the scholarship is critical. "I worry every day about how I can support my family now that my daughter is too sick to work. It gives me hope that my grandchild can at least go to school." Further, project staff train teachers, sensitizing them to the special needs of the children. By creating a friendly learning environment, children are able to focus on their studies thus resulting in children remaining in school. YMCA staff are also advocating to the government to waive school fees for the children. In addition, small initial contributions are encouraging families to start saving for the child's future. A staff member remarks that when she visits families, "Most rush to show us their bank account books. They point at how they are making regular deposits."



Strengthening relationships of families affected by HIV/AIDS.

YMCA is reaching out to vulnerable families through home visits and family support groups. During family support groups, parents receive parenting training and children and parents are encouraged to share their experiences with each other, making their relationship stronger. In Northern Thailand, a series of "2 Generation" workshops provided opportunities for CAAs and their elderly grandparents to strengthen their relationships. Group activities such as singing, dancing, and drawing allowed these families to break through the generation gap so they could talk and share their experiences. The children were also given training on how they can take better care of their aging grandparents. One indirect benefit of these activities is that an informal support network has formed among the grandparents. According to one grandmother, "I met several grandmothers who are in similar situations. We often meet now to share our troubles and to support each other."



A brighter future for an AIDS orphan

My name is May and I am 11 years old. I live with my mom and grandma. My dad passed away from AIDS when I was 4 years old. Both me and my mom have HIV. My grandma has to work because my mom is too sick. I know that my mom and grandma always worry about money. But since I have gotten a scholarship, they are happier since they see me go to school. I tell them not to worry so much because I am doing well in school. One day I want to be a teacher.

Lessons Learned and Recommendations

More attention on behavioral change.

While peer educators have acquired basic HIV/AIDS knowledge, it takes time for behavior and attitudes to change. For example, 18% of peer educators surveyed would not buy from a vendor if they knew that person had HIV/AIDS. These survey results and discussion with peer educators indicate a greater need for training that goes beyond just delivering basic knowledge toward altering perceptions and changing behavior. Future projects will benefit from more diverse activities, such as regular visits with HIV infected people, an activity which may have provided opportunities for peer educators to interact and to better understand the situation of HIV infected. This would help to mitigate common misconceptions and lead to reduced discrimination and stigma. These lessons learned from peer education activities in Northern Thailand have been shared with YMCA staff to strengthen their prevention activities. This will allow YMCA to deliver quality training and support to 35 youth leaders in the province.

A comprehensive approach is needed to support families.

The YMCA project serves as a good model of how families can be supported through a range of services. In particular, saving schemes and parenting training encourage families to take an active role in their child's development and future. Ongoing training and activities such as family camps will allow family members to be sensitized to special needs of their CAAs and infected family members.



These groups of peer educators are helping to protect their friends and peers from HIV/AIDS through innovative means such as weekly radio broadcasts in their school.

Next Steps and Expansion

- Maintaining scholarship support for 160 AIDS orphans in Northern Thailand so they can continue their education.
- Training 35 youth leaders to provide critical HIV/AIDS prevention information to over 1,500 primary and secondary students throughout the province.
- Training and family camps to sensitize families to the special needs of CAAs and infected family members.
- Provide additional financial support to strengthen the advocacy efforts of YMCA.

Vietnam

Background

Vietnam, a country of over 84 million people, has a very young population with one-third of the people (24 million) falling in the 10-24 range. It is also a country that is experiencing an HIV/AIDS epidemic among its young people. In Vietnam, low levels of basic HIV/AIDS knowledge and drug use among youth are fueling the spread of HIV/AIDS. In 2003, UNICEF estimated that 60% of reported cases were among youth and young adults under 30 years old indicating that prevention and treatment services in the country are often inadequate. UNAIDS estimates that 100 Vietnamese are currently being infected each day. Many of these newly infected people, though young, are already parents with young children themselves – and as many lack awareness of their status, and knowledge on how to prevent mother-to-child transmission, the disease is affecting and infecting children at alarming rates. Discrimination and poverty are not only preventing families from accessing basic services but are also creating barriers to children continuing education.

Project Overview

Since April 2004, EDC and Save the Children UK (SCUK) have been filling the HIV/AIDS prevention gaps. SCUK has taken the innovative step of working directly with local governments as implementing partners. 441 trained peer educators and 66 awareness-raising activities (workshops, educational playgrounds, celebrity talks etc) have educated over 2,300 children, youth, teachers and local authorities on HIV/AIDS. The project expanded from two to four provinces in 2005 to include a new care and support component. 238 CAAs are currently attending school thanks to scholarship support. 92 CAAs are also receiving nutritional food support. To make the intervention holistic and family-based, outreach volunteers have assisted over 1,100 affected families through counseling and referral services, and have provided 80 families with business loans. In addition, support groups, counseling and outings such as picnics and zoo visits are helping to mitigate the psychological impacts of HIV/AIDS on CAAs and their families.

Project Impacts

Raising awareness and reducing discrimination in schools and communities. Peer educators conduct innovative activities such as recruiting local celebrities to talk about the importance of safe behaviors, and playing HIV/AIDS games in educational playgrounds. The result of these events is that children and youth not only gain knowledge about HIV/AIDS prevention but they are also changing their attitudes about people with HIV/AIDS. According to Nhu, a peer educator, "Before I was scared of people with HIV/AIDS. After becoming a peer educator, I now know how to protect myself and to take care of people with AIDS. I want to help those who are discriminated against." In particular, workshops are helping to sensitize teachers and local authorities on the special needs of CAAs. Before, many CAAs could not attend schools because of discrimination. After being educated about the difficulties experienced by CAAs and their families, a lead government official in Bac Giang city waived all school fees for CAAs in the area. The project is also highlighting the impact of HIV/AIDS on children. Some CAAs have spoken out about their experience in regional and national forums, raising the awareness of policymakers.



Peer educators

With their enthusiasm and "can do" attitude, peer educators are the core of the project. They conduct lively and entertaining workshops, educational playground events, and competitions in different schools and areas around their communities. These young people, ranging from 13-19 years old, are providing knowledge so that their friends and others can protect themselves from HIV/AIDS. Lan, a 17 year old peer educator, feels very helpful. "My friends always come to me for information because they know I have knowledge. I tell them where to buy condoms because I do not want them to get infected."

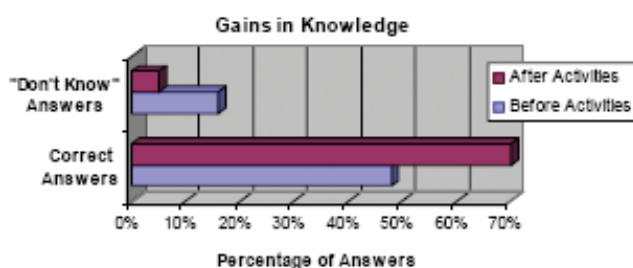
Mitigating impact of HIV/AIDS on CAAs and families.

Home visits by outreach volunteers, counseling, support groups and outings such as picnics for children and families are alleviating CAA's sense of isolation. Outreach volunteers are also providing critical information to poor families to help them mobilize existing resources in the community. Families are educated about how to access existing government support schemes and services, ARV treatment, clothing, nutritional support etc. To keep children in school, scholarships, nutritional support and business loans are also provided. According to one grateful father, "I am too sick to work right now and my wife can barely support the family by just selling bread. With these scholarships, my three children can continue to go to school and will have a good future."

Developing capacity of communities and local governments to respond to HIV/AIDS.

Participatory annual reviews and regular meetings attended by all stakeholders create action plans which are used by communities to strengthen their response to HIV/AIDS. Monthly and quarterly meetings by local government partners also help peer educators and outreach volunteers improve their activities. Individuals are also taking the initiative in their community. A volunteer in district 8 of Ho Chi Minh City who had lost her son to AIDS is running a 24-hour HIV/AIDS help hotline from her coffee shop. According to this volunteer, "I want to help other families because I know how hard it is to cope with HIV/AIDS. When I receive calls, mostly from worried mothers who do not know how to take care of their sick children, I counsel them and refer them to health centers."

Table 1 HIV/AIDS knowledge in HCMC: Measuring gains in knowledge after workshops



Source: SCUK surveys conducted in HCMC, January-March 2006

Pre and post-tests are conducted after each awareness-raising activity. These results are a random sample of forms collected from 746 participants in Ho Chi Minh City. The data shows an increase of 45% in correct answers and a decline of 62.25% in 'Don't Know' answers after attending an activity.

Lessons Learned and Recommendations

Combining learning and fun creates interest among children and youth.

Activities conducted by peer educators such as educational playgrounds are effective because they allow children and youth to actively participate. Creating enjoyable learning experiences increases the likelihood that children will learn. However, it takes ongoing training and strong supervision by local government partners to develop skilled peer educators, and both stakeholders need additional training. Finally, transportation costs need to be covered for rural peer educators who often have to travel long distances to conduct activities.

Reducing discrimination requires raising awareness at all levels.

Discrimination still exists in many communities evidenced by outreach volunteers reporting that many affected families do not want to disclose their status. Maintaining awareness-raising events and expanding their scope will both reinforce the messages and elicit the new behaviors. Empirical evidence has demonstrated that only consistent message delivery can change community consciousness about HIV/AIDS. Training more community peer educators will also allow the project to reach other vulnerable groups such as out-of-school, migrant and street children. Additional support for advocacy to government policymakers will allow SCUK to leverage its international reputation to change laws and policies so more CAAs and their families are eligible for special government subsidies and assistance.

Next Steps and Expansion

- Support activities in new areas: provide peer educators with more training on communication techniques and basic HIV/AIDS knowledge, and sharpen skills of outreach volunteers by providing child-counseling training. In addition, increasing per diems for these two groups will help to cover costs of transportation and prevent drop-out.
- Maintain existing activities: provide additional financial support to increase the number of government partners, peer educators and volunteers.
- Respond to the increasing number of CAAs: additional funding will allow currently un-supported children continue their education. Expanding the number of support groups will ensure that children and families receive proper counseling.

Who said learning was boring? A look at an educational playground activity

Crowds of children are gathered together giggling and screaming as they watch their friends furiously scribble down the ways that HIV/AIDS can be transmitted. Smiles appear on the children's faces when they receive a prize for correct answers. Others rush off eager to play the other HIV/AIDS games. Welcome to an educational playground, a fun place for learning. Peer educators bring together large groups of 50-100 children from around the community to these play areas. Educational playgrounds allow children to continue their learning during the summer in a fun and enjoyable environment. "I like to come here to play with my friends. We all like the HIV/AIDS games especially when we win prizes," commented one child.



Peer educators are the core of the project. They create fun and innovative learning experiences throughout the community.



Counseling and assistance support children and their families in accessing basic but critical services like education, health check-ups, and even loans so families can start businesses and generate income.

Looking Ahead

As the epidemic continues to impact the next generation of leaders throughout South-East Asia there is a strong need for more comprehensive efforts in strengthening the capacity of communities to respond to HIV/AIDS. There are no easy solutions; the problem demands effective and targeted interventions which will address the complex and deep-rooted factors contributing to the spread of HIV/AIDS.

EDC continues to be committed to deliver comprehensive and focused strategies tailored to the unique challenges in each country and has identified key areas for strengthening and expanding the current program. EDC recommends the following:

1. "An ounce of prevention is worth a pound of cure": Strengthening prevention for vulnerable groups

Simple lack of prevention knowledge about HIV/AIDS put youth, ethnic minorities, out-of-school children, street children and young migrants at high risk of being infected, with obvious drastic consequences. Innovative drama VCDs in Lao and day care centers identifying potential orphans in Cambodia are just two examples of how creative prevention activities can be effective. Increasing the number of prevention activities targeting these vulnerable groups is the first line of defense against the spread of HIV/AIDS.

2. Education for a Brighter Future: Supporting more children in continuing their education

The impact of HIV/AIDS is pushing families into deeper poverty by forcing children out of school to support their families by working menial jobs. To ensure that children stay in school scholarships for more children and increased support to more families through income generating schemes such as business loans and vocational training are critical.



3. "Teach a Man to Fish and He will Eat for a Lifetime": Strengthening the capacity of our partners

Communities and local organizations must be empowered and trained to take on the battle against HIV/AIDS themselves. However, increasing numbers of needy children are straining limited local NGO human resources, risking staff burn-out and "AIDS fatigue." Given the ever escalating need, hiring additional staff and providing on-going training is critical to maintain high-impact benefits. The annual study tours are one innovative training opportunity that can be continued as they expose partners to best practices and lessons learned. These study tours also create a productive forum for developing innovative approaches in combating HIV/AIDS. Capacity building initiatives such as these are essential in creating a solid institutional base for organizations continuing to tackle HIV/AIDS in the coming years.



More and more children, families and communities are becoming devastated by the impact of HIV/AIDS. Building on the momentum and achievements accomplished in the past two years, the DB/EDC project has the potential to reach the most needy communities and children. Working hand in hand with different communities across Southeast Asia, EDC is committed to providing its expertise and experience so that communities are better able to respond to HIV/AIDS. With Deutsche Bank's support, delivery of critical and timely interventions is possible.



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