DEVELOPMENT AND IMPLEMENTATION
OF A REGIONAL PROJECT ON HIV/AIDS/STD IN
SOUTHEAST ASIA

THE CHASPPAR EXPERIENCE

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Foreword

The public health landscape in the region has shown that despite overall gains in health over the past years, as well as advances in science and technology, health inequities between and within countries still exist. New and re-emerging diseases such as Severe Acute Respiratory Syndrome (SARS), Avian Flu, multi-drug resistant tuberculosis (TB) and malaria can undermined the gains made in sustainable development and poverty reduction efforts in the region.

HIV and AIDS continue to be one of the greatest problems faced by the countries in the region. It is a major threat to development and is a major multi-sectoral challenge, not only requiring the mobilization of the health sector, but all other sectors and civil societies.

This publication documents the accomplishments and lessons learned by the stakeholders of CHASPPAR. The impetus for this second publication of the project came from the continuing commitment of all those involved in the project to share their experiences to other groups involved in the fight against HIV and AIDS.

It was a great honor and pleasure to have been involved in the implementation of this project as it moved from one phase to the next. The spirit of collaboration developed in this project enabled the partners to get involved in similar regional initiatives.

Prof. Dr. Sornchai Looareesuwan
Secretary General/Coordinator
SEAMEO TROPMED Network
Acknowledgement

The SEAMEO TROPMED Network is grateful for the invaluable support and commitment provided by GTZ;

All stakeholders in the partner countries especially the focal persons;

Regional experts;

and various individuals, institutions and organizations who have made CHASPPAR a truly regional initiative.
LIST OF ABBREVIATIONS

ADB       Asian Development Bank
AHRN      Asian Harm Reduction Network
AIDS      Acquired Immunodeficiency Syndrome
AIDSCAP   The AIDS Control and Prevention
AMC       Asian Migrant Center
ANC       Antenatal Care Clinic (Cambodia)
APCRH     Asia Pacific Conference on Reproductive Health, Philippines
APN       Asia-Pacific Network
ASEAN     Association of South East Asia Nations
ASEAN BIMPS Brunei, Indonesia, Malaysia, Philippines and Singapore
ATFOA     ASEAN Task Force on AIDS
AusAID    Australian Agency for International Development
BIMPS     Brunei, Indonesia, Malaysia, Philippines, and Singapore
BMZ       German Ministry of Economic Cooperation and Development
BSS       Behavioral Surveillance Survey (Cambodia)
CARAM     Co-ordination of Action Research on AIDS and Mobility
CBO       Community Based Organization
CCS       Cross-Cultural Study
CDC       Communicable Disease Control
CHAS      Center for HIV/AIDS STI
CHASPPAR  Control of HIV/STI Partnership Project in Asia Region
CIDA      Canadian International Development Agency
CLE       Center of Laboratory and Epidemiology (Lao PDR)
CSW       Commercial sex workers
CUP       Condom Use Programme (Cambodia)
DCCA      District Committees for the Control of AIDS (Lao PDR)
DFID      Department of International Development
DOH       Department of Health
EU        European Union
FHI       Family Health International
GAP       Global AIDS Programme (Cambodia)
GFATM     Global Fund for AIDS, TB, and Malaria
GIPA      Greater involvement of people with AIDS
GIS       Geographic Information System
GMS       Greater Mekong Subregion
GPA       Global Programme on AIDS
GTZ       Gesellschaft für Technische Zusammenarbeit GmbH
HIV       Human Immunodeficiency Virus
HOPE      Health Opportunities for People Everywhere
HSS       HIV Sentinel Surveillance (Cambodia)
ICAAP     International Congress on AIDS in Asia and the Pacific (Malaysia)
IEC       Information, Education and Communication
IMR       Infant Mortality Rate
KAP       Knowledge, Attitude and Practice
KRA       Key Result Areas
LAN       Local Area Network
MMP-IMPACT Interactive, Motivating and Preventive Action Competence Circuit
MOE       Ministry of Education
NAA       National AIDS Authority
**LIST OF ABBREVIATIONS**

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<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>NAC</td>
<td>National AIDS Committee (Cambodia)</td>
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<td>NAP</td>
<td>National AIDS Programmes</td>
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<td>NASPCP</td>
<td>National AIDS-STD Prevention and Control Program (Philippines)</td>
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<td>NCASC</td>
<td>The National Centre for AIDS and STD Control (Nepal)</td>
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<td>NCCA</td>
<td>The National Committee for Control of AIDS (Lao PDR)</td>
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<td>NCCAB</td>
<td>The National Committee for Control for Control of AIDS Bureau (Lao PDR)</td>
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<td>NCHADS</td>
<td>The National Center for HIV/AIDS, Dermatology and STD (Cambodia)</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NIHE</td>
<td>The National Institute of Hygiene and Epidemiology (Lao PDR)</td>
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<td>NRIES</td>
<td>The National Research Institute for Educational Sciences (Lao PDR)</td>
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<td>OFW</td>
<td>Overseas Filipino Workers</td>
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<td>OI</td>
<td>Opportunistic Infections</td>
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<td>OWWA</td>
<td>Overseas Workers Welfare Administration</td>
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<td>PAC</td>
<td>Provincial AIDS Committee (Cambodia)</td>
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<td>PAFPI</td>
<td>Positive Action Foundation, Inc. (Philippines)</td>
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<td>PCCA</td>
<td>Provincial Committee for the Control of AIDS (Lao PDR)</td>
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<td>PDOS</td>
<td>Pre-Departure Orientation Seminars (Philippines)</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHD</td>
<td>Provincial Health Department (Cambodia)</td>
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<td>PHIV</td>
<td>Participation of Persons with HIV</td>
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<td>PLWHA</td>
<td>Persons living with AIDS/HIV</td>
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<td>PNAC</td>
<td>The Philippine National AIDS Council</td>
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<td>POEA</td>
<td>The Philippine Overseas Employment Agency</td>
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<td>PPR</td>
<td>Project Progress Review</td>
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<td>PRA</td>
<td>Participatory Rural Appraisal</td>
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<td>PROAP</td>
<td>Principal Regional Office for Asia and the Pacific</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>PWA</td>
<td>Persons infected with AIDS</td>
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<td>RCM</td>
<td>Regional Coordinating Mechanism</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RHS</td>
<td>Reproductive Health Survey</td>
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<td>SEAMEO</td>
<td>Southeast Asian Ministers of Education Organization</td>
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<td>SEAMEO TROMED</td>
<td>Southeast Asian Ministers of Education Organization Tropical Medicine and Public Health Network</td>
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<td>SGS</td>
<td>Second Generation Surveillance</td>
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<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
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<td>SRH</td>
<td>Sexual &amp; Reproductive Health</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>T/A</td>
<td>Technical Assistance</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TOT</td>
<td>Training of Trainer</td>
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<td>TROPED</td>
<td>Tropical Medicine</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAADH</td>
<td>United Nations Programme on HIV/AIDS</td>
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<td>UNDCP</td>
<td>United Nations International Drug Control Programme</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>UNEP</td>
<td>United Nations Environment Programme</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific, and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UP</td>
<td>University of the Philippines</td>
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<td>UPCPH</td>
<td>University of the Philippines College of Public Health</td>
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<td>VCCA</td>
<td>Village Committees for the Control of AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WPRO</td>
<td>The Western Pacific Regional Office</td>
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<td>ZOPP</td>
<td>Problem Oriented Project Planning</td>
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CHAPTER I

BACKGROUND

When Drs. Hor Bun Leng, Sithat Insisiengmay, Prakash Aryal, Evelyn Gacad – the HIV/AIDS Programme Managers of Cambodia, Lao PDR, Nepal, and the Philippines, respectively, met each other for the first time in 1996, together with officers of SEAMEO TROP MED (Southeast Asian Ministers of Education Organization Tropical Medicine and Public Health Network) and the GTZ (German Technical Cooperation Agency), little did they know that the HIV/AIDS project which they were all going to be involved, would address their concerns and needs in their HIV/AIDS prevention and control programme, would result in a lot of outputs which they had planned from the beginning, produce “best practices” which can be shared with others who wish to initiate or maintain a health project in their own country, would bring about partnerships among these and other country representatives that would last well beyond the project life, and that would be promoted and strengthened by this kind of partnership. They could not predict that this project would also enrich their personal life and that of others in the different countries who later joined the project. This personal transformation led further, to other significant developments in their country and of the region.

CHASPPAR was “born” in 1996 after SEAMEO TROP MED decided to expand its role in health and development in Southeast Asian. SEAMEO TROP MED is established in 1966 as a network mainly for education and training of health human resource. After all, SEAMEO was an organization of the education ministries of the various countries in Southeast Asian. It became a strong force in the strengthening of capabilities of public health officers, allowing cross-country exchanges and promoting a sense of regional unity and cooperation among these countries in the field of health. It set up four regional centres with what was considered major focus for health education and training: Community Nutrition in Jakarta (University of Indonesia); Microbiology, Parasitology and Entomology in Kuala Lumpur (Institute for Medical Research), Public Health in Manila (University of the Philippines College of Public Health), and Tropical Medicine in Bangkok (Faculty of Tropical Medicine, Mahidol University). These TROP MED Centres offer both short, non-degree and long term, degree courses/programmes. The central office is based in Bangkok (TROP MED Central Office). SEAMEO TROP MED has worked with international donor or technical support agencies including the GTZ on these health human resource development and other projects for several years.

The year 1994 saw SEAMEO TROP MED becoming more actively involved in responding to the need for relevant and concerted efforts against the HIV and AIDS pandemic. In South and Southeast Asia, 2.5 million were already infected, out of the World Health Organization’s Global Programme on AIDS (GPA) conservative estimate of 17 million worldwide. The figures were increasing at an alarming rate, and were similar to the situation in sub-Saharan Africa during the 1980s.

During the Ministerial Meeting on Subregional Economic Cooperation held in Viet Nam in April 1994, a consensus was reached on the importance of joint actions for HIV/AIDS (at that time, this was the correct term) prevention and control in the Greater Mekong Subregion. Two months later, June 1994, the Ministers of Health of Cambodia, Lao PDR, Thailand and Viet Nam met in Thailand and signed a joint statement calling for collaborative interventions in HIV and AIDS. In September, a Seminar on HIV and AIDS was conducted by SEAMEO TROP MED for key health personnel of its member countries and NGOs, funded by CIDA (Canadian International Development Agency), UNESCO’s Principal Regional Office for Asia and the Pacific (PROAP) also convened a regional conference attended by SEAMEO TROP MED, on the pandemic’s socio-economic effects.
The German Government Support

In November 1994, GTZ was advised by the German Ministry of Economic Cooperation and Development (BMZ), that it would be able to support an Asian region component of their supra-regional HIV/AIDS programme, which since 1989 had been ongoing in 16 countries. SEAMEO TROPMED, which had been working on various projects with GTZ, was identified as the credible, capable, and appropriate executing partner for such a project.

GTZ assists organizations and agencies in developing countries through a technical cooperation agreement, to strengthen the capability of people to bring about improvements – they wish to make (emphasis made by writer). Funds come from the German government. One of the supraregional projects of GTZ is on “AIDS Control in Developing Countries”, initially implemented in Africa. Because of the shifting of the epidemic to Asia, GTZ decided to extend the project in the region.

PRE-PROJECT PHASE

Immediately following a Regional Conference on GTZ-Supported Health Projects in Asia held in the Philippines in March 1995, a pre-project planning workshop was organized. In attendance were officials from GTZ headed by Dr. Alfred Merkle (Senior Planning Officer of the GTZ Health, Population, Nutrition Division,) and TROPMED Centres, as well as government officials and NGO representatives from different Asian countries.

It was decided that Cambodia, Laos, Nepal, and the Philippines would be the countries included in this project. But it was agreed that there will be close collaboration and sharing of experiences with other countries in the region and elsewhere, where similar programmes were currently supported by GTZ, as well as other member countries of SEAMEO. The purpose of the project was to identify and test effective means of preventing and controlling HIV and AIDS. Strategies were to include capacity building; information, education, and communication (IEC); operational research; and networking. The specific objectives and components of the project would be discussed in a planning workshop to be scheduled. The project would be attached to TROPMED Philippines, the University of the Philippines College of Public Health, (UPCPH) in Manila, specifically its Department of Health Promotion and Education.

The Planning Workshop which used the ZOPP method (problem oriented project planning) , was held from 11 to 15 September 1995 in Chiangmai, Thailand, attended by HIV and AIDS Programme Managers and other officials from the identified country implementers and other SEAMEO member countries, besides officers of GTZ and the SEAMEO TROPMED Central Office. The workshop objectives were to: (i) clarify the philosophy and principles of technical cooperation projects of GTZ and SEAMEO, (ii) jointly define the rationale; and (iii) jointly formulate the design and strategies for a regional AIDS project.

The status of the epidemic, factors which contributed to its spread, initiatives towards its control, and the national plans of each country were described by the delegates. According to them, control and prevention of HIV and AIDS was ineffective in Asia because (not in any order of importance):

1) Policies are lacking or confusing;
2) Existing structures and measures are not effective to address the needs of targets;
3) Coordination between organizations working on HIV and AIDS is poor;
4) Public Health sector is avoided by some individuals/groups;
5) Information and services are not accessible to migrants (in-country and inter-country);
6) Messages are not getting across;
7) The potential of unempowered target groups to take health into their own hands is not explored;
8) Care of the People living with AIDS is not wholistic.
Therefore, the participants concluded that the following conditions/situations must be achieved, if the epidemic would be prevented/controlled in Asia:

1) **Policies provide clear and consistent guidelines**

They should be uniform for all groups, include non-discrimination, based on monitoring of vulnerable groups, proper recording and reporting to policy makers and program implementers;

2) **More effective intervention measures are utilized in addressing target groups**

These should be based on research on new lifestyles, peer pressures, risk behaviors (not risk groups) other variables that impact on behavioral change; on socio-cultural backgrounds of vulnerable groups. Better conceptualization of interventions, improved and increased facilities, and human resource and their competencies, other support measures, and information on women’s rights are recommended.

3) **Coordination and collaboration among groups working on HIV/AIDS/STD is improved.**

There should be clear definition of roles, responsibilities, areas of work; adequate and effective/maximal use of multi-sectoral mechanisms as well as complementariness of funding agencies.

4) **Appropriate messages reach target groups and are followed.**

The reach and coverage of IEC activities should be expanded through collaboration among organizations conducting these and making more materials available. Messages should reinforce positive and change risky behaviors, and not contradictory. The capacity of countries to produce materials and to diagnose behavior changes should be enhanced. Mass media should be combined with face to face communication. Traditional and non-traditional channels should be used.

5) **Public health services provide reliable, confidential, and voluntary testing and counseling.**

Quality of services should be improved, and include implementation of true confidentiality and privacy. Principles of universal precautions and blood safety are followed. There is no mandatory testing.

6) **HIV-infected persons receive adequate wholistic care**

The infected should be prioritized, and have equal opportunities with uninfected in allocation of resources.

7) **The potential of individuals/groups to contribute to HIV prevention is developed.**

Data and information on the knowledge, attitudes, and behavior of infected must be adequate, and utilized. Relevant laws and policies should be reviewed, and enforced or changed as appropriate. Programmes to reach sexually active persons of varying lifestyles, situations, ages, should be implemented. Networks of infected persons and organizations working in STI/HIV and AIDS should be established and supported.

8) **Migrants (internal/external) must have access to STI/HIV and AIDS information and intervention.**

Regional solutions must be applied through regional agreements, and regular exchange of experiences and expertise, with support from international organizations. Programs should reach migrants by removing legal barriers for this to be attained.
All the delegates from the different SEAMEO countries and the other GTZ-assisted participating countries identified common priority activities (not in order of importance) that they needed:

1. capacity building (production of IEC materials, counseling, research, community mobilization, advocacy, negotiation skills for women)
2. combating of discrimination (quality of public health sector, training, women’s concerns, laws and equal opportunity policies, family and community support).
3. operational research (communication approaches/messages, communication materials, educational interventions, sex practices, models for community participation);
4. multi-sectoral collaboration (databank on potential partners, networking among government agencies, NGOs, religious groups; integration into existing programs);
5. promotion of women’s interests (skills building for women, negotiation for safer sex and acceptance by men).

The group then decided to work on six key outputs for the regional project, with several options for the country activities:

Output No. 1: Operational research on the effectiveness and acceptance of models for HIV/AIDS/STD prevention and control, particularly in the field of health education and condom promotion is implemented. (e.g., on sex practices, socio-cultural barriers, community mobilization/participatory approaches, education interventions for new lifestyles, communication approaches and materials).

Output No. 2: The technical and personnel expertise/capacities of key institutions and actors in the field of HIV/AIDS/STD prevention and care have been enhanced. (e.g. production of IEC materials, utilization of mass media and interpersonal approach, advocacy skills, management, negotiation skills, care and support for infected, etc.)

Output No. 3: Management and interlinkages of HIV/AIDS/STD Prevention and Control Programmes have been reinforced in the partner countries at all levels. (e.g. coordination and collaboration with donors/partners, regular exchanges of experiences and expertise among countries, regional solution to migration related problems, etc.)

Output No. 4: Multi-sectoral HIV/AIDS/STD prevention measures have been identified and implemented with the scope of model projects. (e.g. networking system established, integration into existing policies, programs/projects, central databank information system)

Output No. 5: The non-state sector is consistently involved in HIV/AIDS/STD activities (e.g. support of NGOs/self-help groups and individuals; collaboration with private health sectors like pharmacists, drug associations, clinics; wider spread of safer/responsible sex, etc.)

Output No. 6: Activities aimed at combating discrimination of people living with AIDS and groups with high risk behavior and promotion of women’s interests are supported in all countries. (e.g. discrimination against infected persons, those perceived to belong to “high risk” groups; gender sensitivity for service providers, mass media, men, religious groups, and improvement of women’s status)

The country representatives initially selected possible activities from the agreed upon key outputs which could be addressed by the project. They were also guided by the GTZ project criteria which included relevance, economic feasibility, and sustainability, and the SEAMEO TROPMED policies as well.

Cambodia’s priorities were (1) capacity building (production of IEC materials, counseling, research, and community mobilization), (2) programme management and linkages (migration program, problem solving, collaboration with private health sectors, (3) combating of discrimination (laws, training, and women’s concerns).
**Lao PDR** selected (1) operational research: communication approaches, educational interventions, communication materials; (2) combating discrimination: public health sector quality, community and family support, confidential voluntary testing and counseling; (3) capacity building: IEC materials production, use of mass media and interpersonal approach, research, management information system.

For **Nepal**, (1) promotion of women’s interests: multisectoral collaboration especially religious groups, skills building for women, negotiation for safer sex and acceptance by men; (2) networking and integration of approaches: government and NGOs, central databank, integration into existing projects/programmes; (3) combating discrimination: quality of public health sector, equal opportunity policies, family and community support.

**Philippines** selected (1) Operational research: sex practices, communication between partners, models for community participation and for educational intervention, communication approaches/messages; (2) multisectoral efforts: databank on potential partners, networking, integration into existing programs; (3) capability building: counseling skills, IEC materials production, advocacy, negotiation skills for women.

The participants were also asked about their other concerns and needs in implementing projects. They listed the following:

1. Negative experiences with other donors:
   - Long process/delays of fund releases
   - Too detailed and lengthy accounting procedures
   - Lack of coordination among donors
   - Hidden agendas
   - Cultural/personal difficulties not well understood or respected
   - Lack of mutual understanding/communication
   - Too many expatriate experts

2. In-country difficulties
   - Bureaucratic obstacles against innovations
   - Lack of facilities, equipment/hardware
   - Low literacy rate and poverty
   - Lack of coordination among government, NGOs, donors
   - Lack of commitment and cooperation

3. Challenges in the management and implementation of a multi-country, multi-sectoral collaborative project.
4. Distances between partners and coordinators – may affect speed and quality of decision making
5. Developmental nature of project concept and activities – will need many revisions of project proposals.
To help respond to some of the above concerns, the participants listed the following **working principles** to be adhered to in this regional project:

**Working Principles:**

- Well defined plan of action for easy implementation;
- Clear policies and guidelines;
- Adequate and timely financial and administrative support;
- Respect for partners’ ideas (spirit of equality);
- Multi-agency/sectoral involvement and cooperation, with promotion of communication among different institutions within and among countries;
- Various opportunities for sharing of experiences, information, expertise, and for meeting other people from other countries and sectors;
- Development of new/different ideas, ways of working, views of problems/people, and perspectives;
- Good documentation

At the end of the workshop, the delegates were asked to review their priorities upon their return to their countries, and think further of possible focus of their project, activities and other details.

Six months later, during the first quarter of 1996, SEAMEO TROPMED organized a regional mission to visit the identified partner countries led by its officials, Prof. Tan Chongsuphajaisiddhi (Secretary General and Coordinator), Dr. Nelia Salazar (Deputy Coordinator), and Ms. Vimolsri Panichyanon (Assistant Coordinator for Program), together with three Asian consultants: Drs. Florence Tadiar (team leader), Chanuantong Tanasugarn, and Ma. Sandra Tempongko.

The objectives of the regional mission were to (1) introduce the project to high level health and education authorities, and other relevant organizations/agencies; (2) determine the current activities, studies or researches, plans, problems and needs of these organizations and agencies; (3) validate the relevance of the proposed country projects with the country higher authorities; (4) assist the national programme/project implementers to conceptualize their project proposals to be finalized in March 1996 during a regional workshop called for the writing of these proposals.

The SEAMEO TROPMED team was well received by the key government and NGO officials who readily gave the information which were helpful in understanding the country situation and needs. The country program managers became more focused in their project concept, and the team became more prepared to give assistance to the development of the country proposal.
CHAPTER II
THE HIV/AIDS SITUATION AND PROGRAMS IN PARTNER COUNTRIES, 1996

HIV infection is spreading faster in Asia and the Pacific region today, growing at a rate of approximately 1 million new cases each year. The WHO estimates that by late 1990, there will be more HIV infections in the Asian region than in Africa. Of the approximately 3.5 million infections to date, 40 % are women. About 250,000 of these cases have developed into AIDS. The commercial sex industry, lack of complete information in transmission, prevention and control of the virus, and intravenous drug infection figure prominently in the spread of the infections. (Source: WHO and UNAIDS, 1996)

In preparation for the conceptualization of the country projects for CHASPPAR, SEAMEO TROPMED officials and the regional team visited Cambodia, Lao PDR, Nepal, and the Philippines. The objectives of this mission were to: introduce the project to relevant government and NGO officials, determine current activities, studies, plans, problems and needs relevant to HIV/AIDS/STDs, help the project implementers decide on their project thrusts and components.

In general, these countries were found to have many commonalities.

Their governments had existing HIV/AIDS/STD policies, programmes and plans. There were also NGOs in these countries working on these issues.

However, there was a need for strengthening coordination among these initiatives. Programmes were unable to reach many areas, groups, and affected individuals. Movement of people between the countries was common, and people blamed those from the other side, or foreigners who came into their territories.

Another problem identified was the inadequate behavioral research, and evaluation of activities, IEC materials and methods used in programs/projects. This led to difficulties in measuring success and impact of efforts. The continuous discovery of more and more infected persons further made evaluation problematic. And some officials in these countries complained that there was too much emphasis and reliance on condoms in preventive measures promoted.

Everyone expressed the need for the improvement of awareness, diagnosis, and management of STDs. They said that health personnel and the communities showed discrimination against infected people. There was a general feeling that there are so many competing urgent and serious problems, particularly poverty in these developing countries. A lot of technical and financial assistance and encouragement was required, they said.

The mission found out that the targeted project partner countries were at different stages or status of the HIV/AIDS/STD epidemic and levels of activities to respond to the problem. Commitment and cooperation of government and agencies also varied. The numbers and capabilities of NGOs were likewise different.
Current indicators of rapid spread of HIV in several provinces of Cambodia have caused alarm among government leaders and health authorities. In 1995, more than 3,000 people were reported as persons living with AIDS/HIV (PLWHAs). WHO conservative estimate of 50,000 to 90,000 individuals infected with HIV by the year 2000 posed serious problems for the country.

In 1992 a sero-prevalence survey was conducted by the Cambodia AIDS Program and the findings revealed that 9.5% commercial sex workers (CSWs) and 4.0% of patients with STD were found to be HIV positive. A few years later, a significant rise in seroprevalence rate among these high risk groups was observed: 39.4% CSWs and 9.1% patients were HIV positives. Dramatic rises were also seen among the police, military and pregnant women. There was no evidence of a significant problem among injecting drug users. Levels among blood donors in Phnom Penh went up from 0.1% in 1991 to almost 10% in 1995.

The increase in the epidemic in Cambodia is among the fastest in the Asia region. This is linked closely with the rapid growth of commercial sex trade in the country since early 90’s. For instance, in one commercial area in Phnom Penh alone, there are more than 4000 registered CSWs. Those working in non-commercial sex establishments as beer promotion girls, peddlers, dancers, masseurs, hotel workers, etc. are not included here. The latter are classified as indirect sex workers.

Outside Phnom Penh, the same patterns are observed with commercial sex trade growing along with economic and business centers most notably in the western provinces and the seaports of Sihanoukville and Koh Kong.

Women in the sex trade industry are most potentially vulnerable to contract HIV and other STD infections as their situation is further compounded by their low levels of education, physical and social isolation, abuse brought about by the nature of their work, and limited access to health services which reduces their ability to take preventive measures and protect themselves from infections. Recently, it was observed that younger women are getting more into sex trade business. This placed them at higher risk of HIV and other STD infections compared to other high risk groups.

Since 1992, after the alarming sero-prevalence survey results, the government took serious steps in reducing the impact of the epidemic. A National AIDS Committee was established in the Ministry of Health. A year later, the committee expanded its membership by including other ministries, bringing about a multi-sectoral approach to the prevention and control of the epidemic.

In 1996, the Committee became the International Committee for AIDS and STD Prevention and Control with representatives from the Ministries of Health, Interior Government, Education, Information, Tourism, Social Action, Veteran’s Affairs, and the State Secretariat of Women Affairs. The Committee serves as the policy-making body where strategies and guidelines for AIDS are drawn with the First Prime Minister as the honorary chairman and the Minister of Health as chairman. All provinces are represented by their vice-governors.
However, the program lacks trained and motivated staff in a number of sectors, and a coordinated and cohesive delivery of service both at the national and provincial levels. Nonetheless, public information dissemination using a variety of information and communication channels from billboards and posters, to pamphlets, booklets, radios and television remain an important preventive intervention.

Misconceptions about transmission route continue and perceptions on the risky behaviors remain among many people. STD services are inadequate and unable to meet the needs of the population at risk. The risk of HIV transmission also results from poor facilities, lack of efficient information system, and improper screening of donated blood.

Lao PDR

The state of HIV/AIDS epidemic in Lao PDR is relatively young with the first HIV positive person identified in 1989 and the first case of AIDS in 1991 at Mahosot Hospital with history of frequent travel to Bokeo, a province adjacent to Chiang Rai in northern Thailand. As of March 1996, the cumulative total of HIV positives had grown to 113 coming from almost all provinces with a total of 14 deaths reported. Male to female ratio is 1:1, mostly affecting the 20 to 39 years of age with heterosexual contact as the main route of transmission. It is estimated that by year 2000, the number of HIV positive persons will increase from 1500 to 2000. High risk sexual behavior is the main determinant of HIV transmission. The presence of underlying factors such as poverty, illiteracy, lack of information about the disease, migration of people from rural to urban areas and to other countries looking for jobs, altogether contribute the spread of infection. It is, however, assumed that HIV prevalence is low at less than 1%.

The Lao PDR government set up the National Committee for Control of AIDS (NCCA) in November 1987, composed of different ministries, youth and trade unions. The current chair is the President of the National Council of Ministries. The National Institute of Hygiene and Epidemiology (NIHE) serves as Secretariat. With assistance from WHO, the NCCA developed a five-year plan emphasizing four main strategies: prevention of HIV transmission, reduction of personal and social impact of HIV infection, HIV/STD epidemiology surveillance, and policy and programme formulation, management and coordination. HIV testing was initiated in 1993 for surveillance purposes among students, military recruits, bar workers, villagers, pregnant women and prisoners. The second testing was done in 1994, and a third in 1995.

Future plans of NCCA include obtaining data base for effective coordination. Training of health professionals is perceived as necessary by hospital administrators as teacher training is to the Ministry of Education. Epidemiological and behavioral sentinel surveillance is planned. Youth is the top priority of the National AIDS Control Programme. While there is general lack of funds for planned activities, there is an observed high level of commitment and motivation to work together.

NEPAL

As of December 1995, Nepal had identified only 345 HIV positives, out of which 51 had AIDS and 28 of them had died. These were mostly males, ages 20 to 29, and either clients of sex workers or were STD patients who got infected through heterosexual transmission. One case of prenatal transmission was also reported. About 4.6% of the HIV-infected individuals were housewives and 17% belonged to the 16 to 19 years age group, where females were more than four times the number of males. It is estimated that the number of cases will reach 100,000 by the year 2000 if preventive or control measures are not strengthened and implemented.
Nepal’s response to the epidemic began with its National AIDS Control Programme implemented by the National AIDS Coordinating Committee, which is tasked to provide technical and policy support. The Committee was established in 1992 and is headed by the Ministry of Health. Its members include the Social Sectors of the Planning Commission, representatives of seven NGOs and other sectors/organizations, and Secretaries of fourteen Ministers, and the Prime Minister. The Secretariat is the National Centre for AIDS and STD Control (NCASC).

Very little data on STDs is available in Nepal. But with the establishment of STD centers in six district hospitals, and the anticipated upgrading of four to six more centres under the ECC assisted project, additional information inflow, improved capabilities in diagnosis, management and control of STD in Nepal are expected. Even with the low prevalence rate of HIV, health officials still believe that there is a need to assess the situation based on relatively limited testing and the few reported cases of HIV and AIDS.

Open borders between Nepal and India enable frequent movement of people to and from these countries, making it more difficult to conduct HIV/AIDS/STD education and surveillance. Long stretches of roads within and at the borders of Nepal usually leave transportation workers “bored and lonely”, one factor for prostitution to thrive along these routes. Sex workers are usually mobile and difficult to track down.

Although many health professionals have shown concern and awareness of the epidemic, there is still an indication of discrimination against PWAs. Since most programmes concentrate on prevention, care and support for infected persons is often neglected. Confidentiality is almost always breached, especially since Nepalese culture dictates that only the husband should have access to test results.

Local and international health NGOs abound in Nepal. However, coordination of their activities is lacking and reports on their accomplishments have neither been submitted nor shared with NCASC and other concerned organizations.

Most villages and districts in Nepal are situated in hilly terrain, making access very limited, and although there is adequate condom supply, distribution is difficult. Despite awareness campaigns, condom use is negligible and people do not usually know where to get them.

AIDS/STD prevention and control is given top priority in the National Policy of Nepal. It utilizes the strategies of multisectoral approach, decentralization, integration, rational and safe blood supply, proper reporting, safer sex practices among groups with high risk behaviors – including sex workers, migrants, and injectible drug users. Nepal’s next focus is on STD control, HIV/AIDS surveillance, and safer blood supply. Plans include integration of HIV/AIDS/STD care, family planning, and reproductive health, into the primary health care setting – targeting district level services.

PHILIPPINES

The first reported AIDS case was in 1984. As of July 1996, cumulative AIDS cases reported was 265. There were 790 HIV positives. Estimated prevalence is 18,000, with both heterosexual and homosexual transmission accounting for 70% of these cases. There is notable limited transmission through injecting drug users in spite of the fact that they are found in the Philippines. Infection among males is concentrated on the 20 to 39 years age level, primarily in the 30-39 age group. Infected females are in the 20-29 years age bracket. HIV infection has been noted in all regions of the country, although infection appears to be concentrated around large urban areas.

The National HIV Surveillance System was established in 1993. Currently there are ten serological surveillance sites throughout the country but there are plans to expand the number of sites to 16 by mid-1997. Undertaken are six monthly HIV testing of male and female sex workers, men who engage in sex with other men, male STD patients, and injecting drug users. The process is done through anonymous and unlinked voluntary testing. Current HIV infection rate estimates less than 0.1% of the general population.
The number of HIV infections is expected to reach 90,000 by year 2000 (Chin, J; National HIV Symposium, 1993). Syphilis screening is done on all sera collected through the National HIV Surveillance System, which is on its third round of surveillance.

In 1995, special studies of military recruits and prenatal women revealed no HIV infection. The Behavioral Surveillance System shows initial data on low usage of condoms, a significant number of sexual partners, and sharing of drug injection paraphernalia.

The Philippine National AIDS Council (PNAC) is a multi-sectoral national policy and advisory body for all HIV/AIDS prevention and control activities in the country. PNAC members include different relevant government departments and 5 NGOs. It has formulated the National HIV/AIDS Strategy, which adheres to the principles of multisectoral involvement in national and local responses to the infection. It also involves the upholding of human rights and exercise of responsibilities of PWAs and HIV-infected persons. It promotes people empowerment, HIV infection prevention, universal precautions and utmost safety to minimize HIV transmission through health procedures, a confidentially guaranteed and all-voluntary HIV antibody testing, and adequate pre-and post-testing counseling. The formulation of socio-economic development policies and programs includes consideration of impact of HIV infection and AIDS.

The national response carries four main strategies: prevention of sexual transmission; prevention of transmission through blood; prevention of prenatal transmission; and reduction of impact on the individual, family, community, and society.

The National AIDS-STD Advisory Committee oversees policies and directions of AIDS/STD protection and mitigation efforts, while the National STD Technical Committee is tasked with developing national guidelines on STD management and control.
CHAPTER III

PHASE I (JUNE 1996 TO DECEMBER 1997)

After the regional mission, the Asian consultants (Drs. Tadiar, Tanasugarn, Tempongko) were appointed as the Project Regional Experts Team by SEAMEO and approved by GTZ, to develop further and operationalize the project. This team was multi-sectoral and multi-disciplinary in composition (combination of basic education and professional practice in medicine, nursing, medical technology, health or school administration and health education), with extensive and rich experiences in teaching, research, organizational management, health care provision, tri-media/communication, consultancies, etc., in a variety of settings and levels (personal, family, community, urban/rural/slum areas, local/national/international), as staff/president/director/manager/consultant of or in partnership with different institutions/organizations (government, NGO, academe, professional/civic/religious/grassroot and other groups). And they were all accomplished women Asian experts who received their education and training, and had worked in Asia as well as in other countries.

The Regional Experts Team developed a plan that would involve the partner countries in all phases of the project, and that would facilitate the implementation of the country projects through regional capacity building workshops/seminars/visits/tours/conferences throughout the year, based on the identified needs common to the partner countries. CHASPPAR (Control of HIV/AIDS/STD Partnership Project in Asia Region, the approved project name proposed by Dr. Tadiar), would then have both in-country activities that would be implemented by the national AIDS programme (except in the Philippines where the project was based at the TROPMED Philippines - University of the Philippines College of Public Health), and regional activities which would involve representatives from these countries and organized by the regional team and other invited experts, mainly from Asia. Other SEAMEO country members would also be invited to these activities.

Proposal Writing Regional Workshop

The Proposal Writing Workshop was held in March 1996, where all the partner countries, Vietnam and other SEAMEO member countries participated. Guidelines for the in-country proposals were as follows: (1) projects were to strengthen the respective National AIDS/STD programmes; (2) objectives and strategies were in line with the medium term national health plan and policies; (3) duration of the first phase will be one year, with results achievable by June 1997; (4) project teams and activities will be multi-sectoral and multi-agency in nature; (5) there may be several project components although there had to be a major theme/thrust or specific focus/target; and (7) budget must be within the funds available. Each country finalized their project proposal. These were reviewed by the regional team and SEAMEO TROPMED, before submission to GTZ.

In-Country Projects, Phase I

The following projects were finally approved for implementation in the partner countries:

Cambodia

The project purpose was to strengthen HIV/AIDS/STD prevention by improving the services at STD clinics, Maternal and Child Health Centers, and Hospital Antenatal clinics in nine provinces. The capability of health workers on STD management would be strengthened through training of trainers (health educators) and of health providers. Prototype IEC materials would also be developed, pretested, produced, and distributed by the trained health educators in these provinces. Another component would be an outreach program for “indirect” sex workers (dancing girls, massage workers, beer promotion girls) to protect themselves from contracting HIV or STD through trained outreach workers using specific IEC materials. A behavioral research on sex practices among “direct” and “indirect” sex workers, including condom use, would also be conducted after research methodology training of health staff, to help develop appropriate teaching methods and IEC materials for both health personnel and sex workers.
The project would be the responsibility of Dr. Hor Bun Leng, AIDS Program Manager, National AIDS Office, together with his deputy, Dr. Seng Sutwantha.

**Lao PDR**

A multi-sectoral and multi-approach project involving the *Ministry of Education* (curriculum development), *Ministry of Health* (feasibility study on sentinel surveillance), and *Lao Youth Union* (IEC skills development) was chosen.

A teacher’s manual and student handbook on HIV/AIDS/STD had been recently produced, under a previously funded project by an international donor agency. The CHASPPAR project would support its pre-testing, including the development of pre-testing guidelines and orientation of the lower secondary school teachers on these guidelines. In addition, development of the curriculum, teaching guides, textbooks for high school level instruction on AIDS and STD, and formulation of the curriculum evaluation tool, as well as training of the teachers on the curriculum would be funded by the project. The curriculum development team would visit relevant institutions in Thailand, and then pre-test the material, before its finalization.

*In charge of the Ministry of Education project were Dr. Khamphay Sisavanh and Mrs. Phouangkham Somsanith, Director and Deputy Director, respectively, of the National Research Institute for Educational Sciences (NRIES).*

The Sentinel Surveillance Feasibility would test 900 persons including antenatal clinic clients, blood donors, and service women, after a protocol for blood drawing is developed and approved by a team from Mahosot Hospital, the Red Cross, Reference Laboratory, Military, and the National Institute of Hygiene and Epidemiology (NIHE). Results would be utilized in the evaluation of the sentinel service.

*Drs. Sithat Insisiengmay, Director, Center of Laboratory and Epidemiology (CLE) and Secretary of the National Committee for the Control of AIDS (NCCA), and Dr. Khonthong Bounlu, Head of Virology and Epidemiology Unit and Deputy Chief, Laboratory of Serology and Virology, handled the Ministry of Health project.*

The Lao Youth Union would facilitate videotape development. Two IEC videos on HIV/AIDS/STD would be produced after a brief hands-on training course on video/TV production in Thailand, to be followed by an audience analysis and pre-testing in Lao. Representatives from two TV stations would participate in the project, besides some Youth Union officials.

*Mr. Somkiao Kingsada, Project Officer, Lao People Revolutionary Youth Union was responsible for the youth project.*

**Nepal**

Development of a community based model of care for persons infected with AIDS (PWAs) was proposed. A participatory qualitative action research study on the needs and experiences of PWAs and their caregivers would be conducted, using a code of ethics. Information would also be gathered from government agencies, NGOs, and community groups. The model will be based on the results of the study. This will be presented to government agencies, NGOs, and other relevant groups/individuals.

*A project steering committee headed by the National AIDS Program Office under Dr. Prakash Aryal and Dr. Bikash Lamichhane, would take charge of the project. Ms. Kate Butcher of GTZ Nepal would provide technical assistance.*
**Philippines**

The project team planned to work on two components: (1) a community-based education and health program for the youth, aimed at strengthening HIV/AIDS/STD control in a selected city through partnership with schools, health centers, and NGOs; and (2) development of a national database system of organizations, agencies, groups, individuals involved in HIV/AIDS/STD work.

A KAP survey would be conducted among in and out of school youth, teachers, parents, community leaders, and health workers and then given training on HIV/AIDS/STD, leadership, planning, mobilization. Teachers and health personnel were going to be trained in counseling and in giving HIV/AIDS/STD information to the youth. A module on HIV/AIDS/STD would be developed and integrated into the secondary level curriculum. Training on syndromic approach to STD management would also be conducted. A community hotline service would be established in collaboration with HOPE Foundation, a local NGO. Statistics about the utilization of clinics for STD consultation and counseling would be collected before and after the project. To evaluate results and outcomes, a post-KAP survey would be conducted in schools and communities.

The second component was for the Department of Health to establish an AIDS/STD Philippine Information Network to facilitate coordination of activities and projects by its AIDS Unit. The database was expected to contribute to monitoring and sharing of resources and information among all agencies and organizations concerned in HIV/AIDS/STD work. and to the development and improvement of its HIV/AIDS/STD plans and programs.

The first component would be carried out by the Health and Nutrition Bureau of the Department of Education, Culture, and Sports, headed by Dr. Adelfo Trinidad. Dr. Evelyn Gacad, DOH AIDS manager, was in charge of the second component.

**The Over-All Design of Country Projects**

Considering all these in-country projects, it can be seen that the key outputs of the regional project as agreed upon would be attained. One unique policy of CHASPPAR was NOT to prescribe a uniform set of activities, since its aim was mainly to assist the national AIDS program in the attainment of their particular agenda, based on their needs and priorities. Another reason for this was because the purpose of the regional project was to identify and test effective means of preventing and controlling HIV and AIDS. So each country decided which strategy to “test” to use, given their various needs, situations, national priorities and agenda.

All the countries requested for technical besides financial assistance for their projects. The regional team was expected to provide technical assistance, and would tap other experts in the region when needed. The team also encouraged the project proponents to identify and utilize existing experts in their countries and asked them to submit a list of these resources. SEAMEO because of its regional centres of learning, its long history of health human resource development and other health related projects, had a continuously updated database of possible resource persons institutions, organizations, agencies, who or which could be requested to help in the project, and of facilities which could also be utilized – both at the country and the regional levels.

**CHASPPAR Organogram**

The executing institution of the project CHASPPAR would be the SEAMEO TROPMED Network, under the leadership of its officials - Dr. Prof. Tan Chongsuphajaisiddhi, Dr. Nelia Salazar, and Ms. Vimolsri Panichyanon. The Regional Team of Experts was headed by the Team Leader, Dr. Florence M. Tadiar, and its members were Dr. Chanuantong Tanasugarn and Dr. Ma. Sandra Tempongko.

Roles, responsibilities, and relationship of the various partners (Regional Experts Team, SEAMEO, GTZ, which compose the Management Committee and the Steering Committee where the Focal Person per country was included) were defined and explained at the first steering committee meeting at the end of the regional proposal writing workshop.
The CHASPPAR Partners and their relations may be depicted with the following diagram:

![Diagram of CHASPPAR Partners and their relations]

Each country had its own project team, headed by the focal person, who was the National AIDS Programme Manager. The other in-country team members were usually from his or her staff. In the case of the Philippine CHASPPAR, the project team was headed by the Dean of the UP College of Public Health (TROPMED Philippines), and the technical project leader was the Chair of the Health Education Department who was concurrently a member of the Regional Experts Team. The other members were the National AIDS Program Manager, and the Director of the School Health and Nutrition Bureau. In Lao PDR, the secretary of the National Committee for the Control of AIDS (NCCA) was the focal person, while the project leaders of each component were members of the steering committee.

Other Regional and International Activities

During the March 1996 Proposal Writing Regional Workshop, a proposed calendar of regional activities and schedules were presented. It was decided that another regional workshop would be held in May 1996. This time, it would be on Project Management, to enable project team members to strengthen their knowledge and skills in managing/implementing their in-country projects. Visits to HIV/AIDS/STD programs would be made in Chiang Rai, Thailand where the workshop was going to be held.

The expected output of the Project Management Workshop was a one-year management action plan for their in-country project implementation. Topics included in the workshop where consultants from SEAMEO and GTZ were invited to discuss were: Management Functions, Decision Making and Problem Solving, Financial and Logistics Management, Personnel Management, Appropriate Language and Terms for HIV/AIDS/STD Programmes, Reporting System. Case studies, critical incidents from projects, group dynamics, individual and group exercises, oral and written reports, besides the lecture/discussions were the methods used.

The rest of the regional and international activities during Phase I of CHASPPAR were the following:


  The aim of the seminar/workshop was to improve knowledge, skills, and attitudes in developing, conducting, and monitoring research activities in their in-country projects. It included quantitative and qualitative methods, ethical principles in research, relevance and benefits of participatory approach in conducting HIV/AIDS/STD research. Each country developed a proposal for the research component of their project.
Dr. Caridad Ancheta (Training Director) and other faculty were from the UP College of Public Health, other units of UP, and Chulalongkorn University, Thailand. CHASPPAR Regional Experts and officials of SEAMEO TROPMED, GTZ, and UNESCO also served as resource persons.

- **Steering Committee Meeting in Bangkok, November 1996**

  This was held to update the committee members from the partner countries on the status of their projects: accomplishments, facilitating factors, constraints and needs. The members were consulted on proposed regional activities and informed about preparations to be made.

- **Policy Study Tour in Chiang Mai, March 1997.**

  Ministers/high officials of women affairs, labor, transport, media, legislative bodies, etc. met with people living with AIDS in the community and hospitals, program officers, and counterpart officials at the border with Burma and in Bangkok, including Senator Michai (“Mr. Condom” of Asia). This activity was intended to motivate the participants to support and be more committed to the HIV/AIDS/STD programmes in their countries, particularly in advocating for bigger resource allocation for their implementation.

- **Advocacy Skills Workshop in Manila, April 1997.**

  The Philippine delegates to the Policy Study Tour in Thailand were invited as resource persons: the journalist (Rina David) who had already written a series of articles in her column in the daily newspaper with the biggest circulation (Philippine Daily Inquirer), about the issues on HIV/AIDS while she was still in the study visit; the head of the migrant workers welfare agency (Philippine Overseas Employment Agency); and the chief of staff of the legislator assigned to the migration issue. The group paid a visit to Senator Juan Flavier, who used to be the Secretary of Health and head of the Philippine National AIDS Council, before his election to this position. An advocacy plan was developed by each country, and commitments to implement the plan were obtained from the participants who came from various sectors of government and NGOs.

  It was decided that training in communication skills would be conducted at the country level, so that there would be no language problem to tackle.

- **Data Analysis, Monitoring, Evaluation, in Bangkok, July 1997**

  This workshop aimed at strengthening the knowledge and skills of project teams in analyzing their data, as well as in monitoring and evaluating their projects. Held in Bangkok July 1997, Dr. Pratap Singhasivanon (Head, Department of Tropical Medicine, Mahidol University), was overall technical coordinator. The five participants selected from each country, were requested to send preliminary data prior to the workshop to be used as examples during the training.

- **First Annual Meeting in Pattaya, Thailand, September 1997**

  This was organized to give an opportunity for CHASPPAR partners to learn from each others’ experiences during the first year of project implementation, to describe and understand methods/processes used, to explain the impact of CHASPPAR on the national responses to HIV/AIDS/STD, and to share proposed plans of action for CHASPPAR Phase II.

  Dr. Wiwat Rojanapithayakorn, a Senior Expert of the Department of Communicable Disease Control, Ministry of Health, Thailand, gave a talk on “Update on the AIDS Situation in Asia: Problems and Issues”. The country partners shared their achievements, the enabling factors, problems/constraints, solutions to the problems encountered, lessons learned, and the effect their project had on their country’s responses to the epidemic. National situation and responses in Myanmar and Vietnam were also presented by their country representatives.
• Fourth International AIDS Congress in Manila, October 1997, with a Pre-Congress Presentation of CHASPPAR at the UP College of Public Health.

A Pre-Congress Seminar was organized by CHASPPAR at the UPCPH, where the HIV/AIDS situation and project achievements, facilitating factors, challenges met, and further plans of each of the CHASPPAR partner countries were presented. A seminar on the integration of reproductive health projects or programs was also held, with the main paper delivered by Dr. Alfred Merkle, Senior Planning Officer of the GTZ Health, Population, and Nutrition Division. Reactors were from the DOH, Ford Foundation (international NGO) and a local NGO (Women’s Health Care Foundation).

Dr. Ulrich Vogel, GTZ official overseeing CHASPPAR, shared the situation of HIV/AIDS in Africa, experiences of GTZ in that region, and the GTZ AIDS Supra-Regional Project. A Poster Exhibit at the entrance of the seminar hall displayed pictures and papers from the country projects. As was the practice of SEAMEO TROPMED since the beginning of CHASPPAR, the Vietnamese-GTZ AIDS Project was also featured, not only in oral presentations, but in the poster exhibit.

At the Main Congress, the CHASPPAR country managers and team members, as well as regional experts, presented papers on their national programs and their CHASPPAR projects: Dr. Tia Phalla and Dr. Seng Sopheap of Cambodia team spoke on their HIV/AIDS situation and the behavioral surveillance activities; Mr. Somkiao Kingsada of the Lao Youh Union on their TV spots production; Dr. Adelfo Trinidad and Dr. Ma. Sandra Tempongko on the Philippine school based project activities. Dr. Alfred Merkle shared his thoughts about integration of family planning and HIV/STD in reproductive health, Dr. Tanasugarn explained the Lao CHASPPAR school based project; Dr. Ma. Elena Borromeo included the CHASPPAR assisted activity in her talk about the Philippine National AIDS program. SEAMEO Consultants Dr. Supang Chantavanich and Fr. John Barry, both of Thailand, spoke on the impact of cross border initiatives in the AIDS epidemic, and on counseling, respectively. Delegates also participated in the poster presentations during the congress.

The Steering Committee utilized this gathering for their meeting to share progress of their-country projects, make adjustments of previous plans, and discuss details of future activities.

• XI International AIDS Conference, Vancouver, Canada, 7 to 12 July 1996.

The theme of the conference was “One Hope. One World”. Dr. Hor Bun Leng of Cambodia and Dr. Sithat Insisiengmay of Lao, and CHASPPAR Regional Team leader Dr. Tadiar attended the conference. They agreed with many people from developing countries that while life of PWAs in rich countries were being prolonged due to advances in research and technology, people in poorer countries continued to suffer and die younger because of lack of no access to even basic needs and services. So while there was agreement that the theme was relevant appropriate, and desirable, the road to this goal was even more difficult. Instead of reaching it, policy and decision makers and other factors were bringing about less hope for many, and several worlds instead of just one.

• Seminars in Germany, 15 July to 1 August 1996

CHASPPAR participated in several activities organized by GTZ in Germany during the summer of 1996: the regular Summer Seminar, Division 412, Technical Pool, training in project cycle management focusing on monitoring and evaluation, visit to the Institute of Tropical Hygiene and Public Health at Heidelberg, and to the AIDS-Hilfe and Pro-familia organizations in Frankfurt, and UNAIDS in Geneva. The Regional Team Leader presented CHASPPAR during some of these activities.

• Second GTZ Regional Conference, Kathmandu, Nepal, 14 to 18 April, 1997

SEAMEO TROPMED officials and the Regional Team Leader presented CHASPPAR and learned from the experiences of other GTZ-supported health projects in Asia.
Phase I In-Country Project Accomplishments

Actual implementation of the country projects started June 1996, when project funds became available. The country projects were scheduled for only one year of operation, to enable all parties to know each other and their capacities, to understand better their roles and relationships, and determine problems/constraints of this regional AIDS project to be executed by SEAMEO TROPMED, with assistance from GTZ.

These are the accomplishments and experiences of the CHASPPAR country partners, Phase I as reported by the focal persons during the First Annual CHASPPAR Workshop, September 1997:

Cambodia: Improvement of STD Services and Outreach Program for Indirect Sex Workers in Cambodia (Based on the report of Dr. Hor Bun Leng)

STD Case Management Training of trainers and implementers (district health care providers) was conducted. Health educators were trained on IEC development. Leaflets, radio spots, posters, newsletters, stickers and t-shirts were designed, produced, distributed/utilized, with technical assistance provided by Dr. Tempongko. Outreach information materials were developed and services were provided to “indirect” sex workers in Phnom Penh and 8 provinces after recruitment and training of staff. Pre- and post- KAP surveys were conducted among this population group. A behavioral survey was done on “direct” and “indirect” sex workers after Dr. Tempongko assisted them in developing their study design and in data analysis, and the staff attended a course on research methods.

Factors that facilitated the implementation of the project included: the dynamic leadership of the project focal person and deputy; the effective teamwork of the project team (NAC and the National AIDS Program members); involvement, support, and commitment of policy makers which were made possible by the team; provision of technical assistance by a regional expert, multi-sectoral and NGO involvement; and the support and cooperation of brothel owners.

Problems and concerns met in the project were: difficulty of reaching the free lancer indirect sex workers (not under the control of managers); lack of a sense of community among these sex workers which made locating them problematic; low use of safer sex practice despite perceived “high” level of awareness on HIV/AIDS prevention methods; lack of negotiation/motivation skills among the sex workers for condom use; transfer of trained health workers to other fields; inadequate time for the implementation of the outreach program for indirect sex workers, delays in the release of funds, and non-evaluation of the IEC materials produced.

The country project staff appreciated the fact that CHASPPAR had (1) helped improve staff and management competencies; (2) provided a model of work process; (3) developed networking and coordination to avoid duplication; and (4) suited its management processes with the partner’s national program activities.

They planned to employ and train peer educators in conducting small group discussions, and to promote safer sex. They would place educational posters in public toilets and make condoms available in these places. For the behavioral survey, they would utilize self-reporting scheme in establishing the level of safer sex practices. And they planned to enhance the skills of “direct” sex workers to provide information to the “indirect” sex workers.

Lao PDR: Multisectoral HIV/AIDS/STD Control and Prevention Project in Lao PDR (Based on the report of Dr. Sithat Insiengmay)

To strengthen the curriculum development skills for lower secondary school teachers, a working team on AIDS education was formed. Workshops on pretesting of the developed curriculum, and evaluation and data analysis skills building were conducted. The developed curriculum, textbooks, and teachers’ guides were revised, printed, and tested in five schools. A study tour in Thailand for curriculum developers and teachers was organized. Technical assistance was provided by CHASPPAR regional expert Dr. Tanasugarn.
TV spot production training (video camera shooting and editing techniques) was held for the Lao Youth Union by resource persons led by Dr. Tanasugarn in Vientianne. The trainees produced three TV spots which they pre-tested among youth leaders, secondary and vocational school students. A follow-up training of the media team, together with health staff, was held in Bangkok. The TV spots produced in Lao were afterwards revised based on what they learned in Thailand and on the results of pretesting through focus group discussions among students. Evaluation of the TV spots was done through questionnaires.

A TV program and newsletter published by the Lao Youth Union, and staff who could do English translation of articles to be sent to newspapers were already existing. These facilitated the project implementation. However, the Lao Youth Union needed more information on HIV/AIDS/STD. On the other hand, the government was reluctant to the broadcasting of HIV/AIDS related activities because they were anxious about what message was appropriate for the Lao people.

The Sentinel Surveillance Feasibility Study was started in two provinces among pregnant women, bar workers, truck drivers, and boat operators, after purchase of testing kits. No HIV positive was found among the women in antenatal clinics, but two service women were found positive. However, hospitals were not prepared to handle AIDS patients, because of the lack of trained physicians in this area. Proper and relevant training of physicians was therefore recommended.

A modification of the methodology was needed to avoid breach of confidentiality in HIV antibody testing procedures. They then employed “double coding” system for blood collection, and “double binding” during follow-up to maintain confidentiality. They combined HIV and hepatitis B testing in the sentinel surveillance where HIV antibody testing remained anonymous unlinked while hepa B results were reported. They were going to expand the sites and number of participants for each group to reach a total of 1200 persons, and include boat sailors/seafarers and long distance truck drivers.

Factors that facilitated the CHASPPAR Lao program were; (1) strong commitment of high level authority; (2) a working team in each responsible institution; (3) multi-sectoral mobilization of partners; (4) close collaboration among different partners, within each sector like school administrators and parents; (5) an existing National TV and radio programs and Lao youth newsletter; (6) technical and financial assistance from CHASPPAR; and (7) adequate social preparation conducted.

A basic problem that was pointed out was the lack of coordination among the different sectors handling the CHASPPAR project. It was suggested that a full time project coordinator or an additional staff be appointed to assist then AIDS Program Coordinator who had been serving as focal person for the Ministry of Health project, but was now tasked to implement more government health programs and projects. Other constraints/needs cited were: overloading of staff or part-time work devoted to project and delay in release of funds. Technical assistance was needed in some areas of the project.

Lessons learned were (1) a multi-sectoral approach is needed in AIDS prevention and control; (2) active participation of different partners is vital; (3) technical support of CHASPPAR expert was effective, and (4) the NCCA needed a core body that will coordinate and manage all the different components of the project.

**Nepal:**

*Community Based Model of Care for PWAs (People living with HIV/AIDS)*

(From the report of Dr. Parkash Aryal)

A steering committee was formed, research team members were identified and hired, with the guidance of the Nepal GTZ health project officer, Ms. Kate Butcher, who had participated in CHASPPAR activities from its conception.

A Code of Ethics was formulated for the conduct of the research that would be the basis for the development of the model of care to be proposed after the research findings were analyzed. A total of 28 PWAs were identified and interviewed on their health needs by the research team, with the help of NGOs and Ms. Butcher. The social needs of the PWAs and their caretakers were gathered. Data analysis was facilitated by Dr. Tanasugarn and the results were presented to various agencies and sectors.
Nepal country project team felt that they had a well developed work plan and research framework (learned from the CHASPPAR regional workshop on research in Manila), and the team as well as the steering committee felt they were efficient. They were also happy about the acceptance of recommendations of the NGOs by the Nepal project steering committee. This included contacting the AIDS network, and inclusion of HIV positive individuals in the research team.

The concerns and needs were (1) limited time for the research; (2) inadequate skill in the use of the PRA approach and in analysis of the qualitative data; (3) frequent unavailability of PWAs due to their mobility and scattered locations; (4) discrimination feared by PWAs; (5) poor coordination with NGOs.

Lessons learned were: the vital need for action researches and the value of research in supporting PWA programs.

Philippines: Community Educational and Health Program for the Youth and National HIV/AIDS Data Base for the Philippines (from the report of Dr. Ma. Sandra Tempongko)

The youth was the special focus of the Philippine CHASPPAR project, as suggested by the National AIDS Program Manager who mentioned that the country was tasked by the ASEAN to develop HIV/AIDS programs for this vulnerable group. And Bacolod, a rapidly growing city with very active local school supervisors, located outside Metro Manila where not much work on STD/HIV had been done, was selected. Partners identified were the Department of Education School Health and Nutrition Division and the specific institutions in this city (Bacolod) under the department, as well as an NGO, and the Sangguniang Kabataan – the government supported youth organization.

Preparations for the project included information to the relevant individuals including the government officials concerned; signing a Memorandum of Agreement with HOPE, an NGO, to provide hot line services after training of a counselor in an existing program in Manila (Remedios AIDS Foundation). Four modules for the school based intervention were reproduced after field testing in secondary levels integrating HIV/AIDS concepts. Training was conducted among teachers after a syllabus for the use of the modules was developed. For the community baseline survey, interview schedules were developed as well as coding manual, and encoders were hired and trained. A research assistant was employed and also trained.

Other activities conducted were the training of school health and social hygiene clinic staff on the syndromic approach to STD diagnosis and management, counseling sessions with school counselors, expansion of the hot line services to 24 hours, and the establishment of good referral system. Community youth education on HIV/AIDS were integrated in the activities of the Sangguniang Kabataan, a government youth organization. This was intended to facilitate the institutionalization of the program in a structured and stable state organization in the community.

A seminar-workshop to plan for the integration HIV/AIDS education in youth activities, which included basic orientation on HIV/AIDS, was held in the project city of Bacolod among 200 youth leaders. This led to the conduct of a series of seminars (28 as of June 1997) where about 200 youth attended per activity.

As to the Department of Health component of creating a data base for organizations, institutions, individuals involved in AIDS work (National AIDS/STD Prevention and Control Homepage), a National STD/AIDS monitoring system, and a Local Area Network (LAN), the logistics were set up during this phase. A Geographic Information System (GIS) was installed and staff was oriented on this system.

Regular meetings of the multi-sectoral steering committee, involvement and commitment of local officials and community leaders, selection of the proper partner NGO, presence of active youth groups in the study areas, a good social preparation, all facilitated project implementation. The difficulties met were the desire of more areas to be included in the project, so explanations had to be made to officials as to the pilot-testing nature of the activity; limited time and personnel to implement the project (the research assistant resigned after a short period); minimal collaboration with the other GTZ supported project in the Philippines.
Lessons learned from the Philippine project were: (1) A multi-sectoral steering committee is useful in setting policies and guidelines; (2) There is a need for adequate orientation on the objectives and rationale of the project and the roles of each agency sector during the social preparation stage; (3) Coordination is more effective if done at all levels; and (4) Projects which are based on the needs of countries are more sustainable than donor-driven ones.

**Phase I Facilitating Factors**

The following factors could be considered as facilitators in the implementation of CHASSPAR, Phase I:

1. Donor Agency (GTZ) and Executing Institution (SEAMEO) had already worked well together, and both had various previous and on-going other involvements in the partner countries;
2. The project planning workshop included development of a problem and objective tree, setting of priorities, agreements on desired characteristics and on working principles for the project.
3. Regional team members identified were multi-disciplinary, and came from different countries. They were involved in the planning, and visited the partner countries before project conceptualization and operationalization.
4. Roles and relationships of all partners were clarified, and working principles were agreed upon.

**Challenges Met during Phase I**

At the start of the project, the following challenges had to be addressed:

1. *How to start, implement, monitor, assist a regional project where:*

   a). Multiple partners were located in several countries, separated by long distances:
   - Executing Agency was SEAMEO TROPMED, located in Bangkok, Thailand
   - Funding Agency was GTZ, based in Eschborn, Germany
   - Coordinating Office headed by the Regional Team Leader was in Manila, Philippines
   - Regional Experts Team were based in Manila and Bangkok
   - Country implementers, headed by Country Focal Persons were in Cambodia, Lao PDR, Nepal, and the Philippines.

   b). Partners were from different cultures, religious orientations, political systems, languages. They had other varied characteristics and major problems/needs which had to be considered in the prevention and control of HIV/AIDS/STD. For example, Cambodia had a “highly developed” sex industry; there were frequent changes in officials and assignments in Nepal plus there were so many NGOs, both local and international, that compete for time and energies of the trained and capable people; Lao PDR was noted for its conservativeness, and numerous traditional and cultural barriers; and the Philippines was struggling against the conservative, politically influential religious sector in its HIV/AIDS/STD and reproductive health program.

   c). There were rapid changes in the members of the country teams, including the Country Focal Person, with inadequate turnover processes and orientation of new team members. This led to non-compliance with directives sent, delayed reports, late or no replies to communications.

   d). Country Program staff were often limited in number and competencies, so that the project staff became overburdened with additional activities, and sometimes since they were all away doing their activities out of their offices, often in the provinces, so communication flow was also impeded. Bureaucratic regulations also contributed to the need for prompt replies and submission of reports.
There were only three full-time staff: the Regional Team Leader, Program Associate, and Administrative Assistant in the Manila Office, who were coordinating the activities among far-off countries, organizing the regional activities, and working so far from the Executing Agency with the Finance Staff in Bangkok and the head office of GTZ in Germany.

2. **How can commitment of partners be deepened, expanded, sustained?**

The following strategies were used to respond to this challenge:

a) The in-country projects were appropriate and relevant to the country/people’s needs. The country focal persons decided on their country project and regional activities, based on their country’s health plan. At the end of each regional workshop, the delegates as a team develop a country action plan to apply what was taken up in the workshop.

b) All the processes utilized in the conceptualization, implementation, monitoring, evaluation, and provision of technical assistance, were participatory in nature.

c) There was a lot of demonstration of understanding, acceptance, encouragement, efforts to inspire, and intensive, multiple sessions for advice. One objective was mutual empowerment, and building of trust and confidence between and among partners. This was a useful principle that was followed in the case of the partners which were having problems in implementing their projects.

d) Activities to gradually and continually “infect” and “affect” relevant individuals, agencies, organizations, other groups, within the countries and within the region to contribute to or participate in the attainment of project goals and objectives were integrated into project plans, and to “convert” them to become advocates for the goals of HIV/AIDS/STD programmes, thereby expanding the project reach to other sectors, other locations, other disciplines and professions.

An example of this is the in the selection of persons and agencies to be invited to regional activities as participants. The objective was to ensure that a variety of groups would attend these activities, so that they can help in the further implementation and success of CHASPPAR efforts. Efforts were exerted so that different sectors, including “non-state”, and agencies were invited to the regional workshops, thereby continuously expanding the reach of the project to more and more groups at different levels, and ensuring the multi-sectoral approach to HIV/AIDS prevention and control.

e) The project partners and country project implementers and also policy and decision makers were given as many opportunities as possible to be exposed to a variety of experiences, expertise, cultures, and situations.

The venue of regional activities was rotated among the different countries. This way, the participants from the other countries, saw and observed the actual situation and context of the in-country project. At the same time, more people in the particular country where the workshop was held could be invited to attend, including high level authorities of various sectors as well as persons living with HIV/AIDS and NGOs – without much additional cost. This also allowed more people to understand the rationale of the in-country projects, difficulties and challenges which they experienced. Furthermore, this gave a chance for staff of the inviting country to be strengthened in their organizing and advocacy skills, and even their negotiating skills. More local resource persons could be also identified for future activities in the country or to be invited to the other countries. There was always a cultural show or activity during these affairs, which contributed to the bonding of friendships among the project partners. These established relationships continued even after the project ended, and facilitated other developments and projects which involved the partners who met and worked in CHASPPAR.

CHASPPAR supported attendance of regional team and many times, country project team members to regional or international conferences/congress on HIV/AIDS, also reproductive health (Asia-Pacific Conferences), and related conferences – where they were encouraged to present papers, posters, or serve as session moderators, or other roles, and indeed, many of them were given such opportunities.
Example of exchange visits supported by CHASPPAR to Thailand were on curriculum development by Lao teachers, research on PWAs/caregivers for Nepal project team, video production for Lao youth, and care and support of PWAs for policy makers/influentials (media) from all the partner countries (Bangkok and Chiang Mai).

f). Technical assistance was readily provided whenever requested for particular areas. Justification of the need and agenda of consultancy or technical support had to be explained for mutual understanding. The principles of respect for partners and their situation, autonomy, and independence were also adhered to in fielding experts or consultants to the various partner countries. A technical expert sometimes provides assistance and guidance to various components of the country project in one trip. This was possible because of the multiple fields of expertise of each of the regional team members and other consultants invited. For example, Dr. Tanasugarn was able to help the school curriculum development as well as the youth IEC project components during the same trip, and she made the arrangements for the trip of the two delegations to Thailand, and served as their coordinator during the whole period.

Examples of the technical assistance requested by and provided to the partner countries were the following:

- Training in pretesting and interviewing
- Curriculum Development
- Teaching – Learning Methods
- Behavioral Research: review of the study design proposed by the team, refining of the research instruments, and designing the materials for training of the local field researchers in Cambodia.
- IEC Materials Development
- Video Production Training of Youth, Health Workers
- Research Proposal Presentation
- Project Accomplishments Presentation

g). Frequent communications were made, including issuance or reminders about policy guidelines, the past agreements, and the country reports. Accomplishments, enabling factors, constraints, recommendations, and plans for the next reporting period (quarterly) were included in the regular reports. The Regional Team members, SEAMEO TROPMED and GTZ officials visited country projects to monitor progress, provide support and advice when needed, and attend or participate in major activities of the country projects.

It should be noted that during that time (1996), communication facilities/information technology were still not quite modernized. Telephone lines and fax machines were unreliable. So much time and effort were expended just to send letters or announcements. Activities had to be coordinated well and monitored.
WE LEARNED MANY LESSONS FROM THE EXPERIENCE OF THE FIRST PHASE, WHICH WAS ACTUALLY AN EXPLORATORY PERIOD FOR A REGIONAL HEALTH PROJECT AMONG THE PARTNERS.

WE KNOW NOW THAT BESIDES BEING UNIFIED IN OUR VISION, MISSION, GOALS, OBJECTIVES TO IDENTIFY AND TEST EFFECTIVE MEANS OF HIV/AIDS STD PREVENTION AND CONTROL, WE NEED TO EMPHASIZE THE IMPORTANCE OF ACHIEVING THESE THROUGH THE USE OF AGREED UPON, ACCEPTABLE, CULTURALLY SENSITIVE PROCESSES, IN WAYS THAT DEMONSTRATE OUR MUTUAL RESPECT FOR EQUALITY AMONG PARTNERS. THE BUILDING OF FRIENDSHIPS AMONG US WAS QUITE CRITICAL.

WE HAVE FOUND CHASPPAR A VALUABLE VEHICLE OR FORUM BY WHICH WE CAN LEARN FROM EACH OTHER, UNDERSTAND EACH OTHER’S SITUATION AND PROBLEMS AS WELL AS CAPABILITIES AND NEEDS, BE MOTIVATED AND INSPIRED TO WORK EVEN BETTER IN OUR OWN COUNTRIES AND WITH ALL OTHERS, PARTICULARLY IN COMBATING A COMMON ENEMY – HIV/AIDS/STD
PHASE I

CHASPPAR participates at the 6th International Congress on ADO in Asia and the Pacific.

PHASE II LAUNCHED

New perspectives for the future.
A favorable progress review of CHASPPAR paved the way for a Phase II. In July 1997, an assessment of CHASPPAR was conducted by a GTZ-appointed Project Progress Review (PPR) Mission, headed by Dr. Josef Decosas, public health consultant based in Ghana; Dr. Wiwat Rojanapithayakorn, Senior Expert in Preventive Medicine from Thailand, and Dr. Nina Castillo-Carandang, Health Social Scientist and Professor of Medicine from the Philippines.

The review results and recommendations by the PPR Team were presented in a Replanning Workshop organized in Bangkok, attended by all the CHASPPAR partner country teams as well as representatives from Vietnam, Myanmar, China (Yunnan Province), Indonesia, and Malaysia. Officers of regional organizations – the ASEAN AIDS Task Force, the Asian Research Center for Migration, and the European Commission AIDS Coordinating Unit, also participated.

The CHASPPAR partners were asked to reflect on the observations of the review mission, then to validate, negate, or further augment these findings.

The PPR Mission proposed that CHASPPAR should focus its services on its strengths and its comparative advantages, and unique identity as a regional entity in relation to other regional organizations, its mission and core competencies. The discussions set the stage for a clearer agenda for collaboration and linkage with other regional organizations offering different competencies and services.

The participants identified the following core competencies and strengths of CHASPPAR/SEAMEO TROPMED:

- **institutional strengths**: well established regional organization with good networking/partnerships and linkages with countries/organizations, with a long history of institutional capability building activities, with qualified and experienced staff; regional experts from various sectors
- **image or political/social influence**: flexible, non-bureaucratic, non-politicized (health is) can advocate and influence policy makers; able to work with people well; has demonstrated capability to lobby with donor agencies.
- **project strengths**: project team capabilities are varied and complementary; research were on both operations and behavioral aspects; community based approach was utilized and included youth as participants; effective training, technical assistance, information dissemination, and management support.

Based on these strengths, the country partners agreed that CHASPPAR should focus its services during this next phase on:

- Capacity building through human resource development and training, and consultancy services for national programs, program implementers, policy makers, country trainers
- Networking to increase access to services and regional networks
- Advocacy for multi-sectoral approach, political support and commitment
- Information exchange among people working in HIV/AIDS/STD in Asia and other regions.
Moreover, the identity of CHASPPAR was defined by the workshop participants. It was agreed that:

- **CHASPPAR** is a regional project for the prevention and control of HIV/AIDS/STD within a reproductive and sexual health framework;

- It is a south-to-south collaborative programme which coordinates with other projects/organizations;

- It is a flexible, inter-governmental body with strong government links, but without the usual government constraints;

- It is a multi-lateral partner project, which supplements country programmes in a forum that allows national program’s freedom to follow its own direction and strategies;

- It could serve implementers of HIV/AIDS activities (National AIDS Programmes, NGOs, other sectors, GTZ partner organizations/institutions and their staff and structures) and other participating institutions in HIV/AIDS/STD work;

- Its area of work should be in SEAMEO member countries and their neighbors; and

  - *It is NOT a commander, NOT dictated by the donor agency’s priorities; it is NOT a funding agency.*

The reviewers expressed concern that CHASPPAR was country-centered and intervention-oriented. They suggested the formulation of a strategic plan or definition of purpose and objectives, based on the institutional mandate of SEAMEO and the limited financial support.

So the partners developed the following to guide them in conceptualizing and operationalizing their next activities:

- Perspective of HIV/AIDS/STD is within the framework of reproductive/sexual health. An integrated approach should be applied in the implementation of CHASPPAR activities.

- HIV/AIDS/STD should be perceived as a problem of life skills rather than a biomedical issue. Operations research and community-based approach should be utilized in the projects.

- Client-orientation is need-specific, need-oriented, demand-driven, and considerate of the local situation. There must be sensitivity to partners’ socio-cultural dynamics, respect and acceptance of country values.

- Partnership, collaboration, coordination are valued. Country autonomy is CHASPPAR’s philosophy. Projects should improve, complement, supplement, strengthen existing country programme so it becomes a joint endeavor with the National AIDS Programme and address gaps.

- Interventions have a regional character, and there is active sharing of lessons learned among the partners and others. There are no “priority countries”, only priority needs of the countries. Regional, sub-regional components are defined while being responsive to specific country needs.

- Sound project management principles are practiced. Goals for each country are clearly defined. Objectives lead to action, good administration is observed, and regular reports are submitted. Program review focuses on quantitative and qualitative aspects.

- Principles of development cooperation include: relevance, quality, sustainability, participation, flexibility, multi-sectoral involvement, and sensitivity to gender and ethical issues, respect for human rights, confidentiality. GTZ and SEAMEO guidelines are to be considered when planning and implementing activities.

- Approach to be used is multi-disciplinary and multi-sectoral. This should be promoted in the National AIDS Programmes (NAPs), and advocated when working with them.
PLANS FOR PHASE II

The participants of the Replanning Workshop agreed also on the development goal, project purpose, and key result areas (KRA). The partners submitted their proposed activities under each KRA for their in-country project and regional activities were also recommended.

**Development Goal:**

Transmission of HIV/AIDS/STD among the population in partner countries is reduced and negative social and health consequences for HIV/AIDS/STD infected persons are minimized.

**Project Purpose:**

Partner countries’ national programs for the prevention and control of HIV/AIDS/STD are more effectively delivered.

**KEY RESULT AREAS AND ACTIVITIES:**

**Key Result Area 1.**

*Operational research into the effectiveness and acceptance of models for HIV/AIDS/STD prevention, control, and monitoring, especially in the promotion of behavior change is implemented and the results are applied.*

- **Cambodia** would conduct three pilot projects: (1) integration of HIV/AIDS/STD education in existing police health service structure of the Ministry of Interior; (2) Integration of HIV/AIDS/STD education in existing health volunteer network of Ministry of Women Affairs; (3) Community Care and Hospice Service. So they were going into partnership with other Ministries, and provide actual services for PWAs in the communities.

- **Lao PDR** Ministry of Education decided to strengthen HIV/AIDS/STD preventive education in the lower secondary schools through the improvement of their textbook and teachers’ guide, production of instructional materials, tools for testing, orientation of their administrators/school principals, training of teachers, and use of the AIDS curriculum. The Youth Union would produce video and TV short drama after relevant training in Bangkok. The Ministry of Health would present the results of their first sentinel data analysis, and design the second round which was going to be applied in 2 new sites. They would do periodic sample collection and testing, data entry and analysis.

- **Philippines** would conduct a baseline survey on STD/HIV/Reproductive Health in the Mindanao Autonomous Region among women of various ethnicities.

**Key Result Area 2.**

*The technical expertise and capacities of personnel in key institutions and of other actors in the field of HIV/AIDS/STD prevention and control are strengthened.*

- Resource materials for teacher training to implement the HIV/AIDS/STD modules tested in Phase I would be developed and field tested in the **Philippines**. The surveillance system of **Lao PDR** initiated in Phase I was to be evaluated and improved. They wanted to enhance their knowledge and skills to do this. Integration of the HIV/AIDS/STD curriculum in **Lao PDR** urban and rural schools was supported.

- **Cambodia** wanted to learn lessons from their Phase I project. So, for the next phase, they also asked to be strengthened in their capacity for the evaluation of the IEC materials they had developed, and the pilot outreach programme for indirect sex workers.
Key Result Area 3.

The management and interlinkages of HIV/AIDS/STD prevention, control, and monitoring programmes in partner countries are strengthened at all levels.

*Lao PDR* would be assisted in the establishment of a system for coordinating the different program components, and in the implementation of an advocacy plan for more program support among line ministries.

Strategies for preventive education among overseas workers with relevant agencies were the focus of the *Philippines*. This led to the production of the HIV/AIDS Module for the use at the Pre-Departure Orientation Seminars (PDOS) for Overseas Filipino Workers (OFWs), in collaboration with the Philippine Overseas Employment Agency (POEA), under the Department of Labor. A module on HIV/AIDS for maritime schools was planned to be developed and integrated into their curriculum.

Key Result Area 4.

Multi-sectoral HIV/AIDS/STD prevention and control measures are identified and implemented within the scope of activities initiated in Phase 1.

Integration of HIV/AIDS/STD in activities of youth organizations (*Sangguinang Kabataan* in the *Philippines*) and its institutionalization as a regular program of the Department of Interior and Local Government, and the take-over and expansion of the CHASPPAR previously assisted NGO “hot line” services by the local government and/or the involved NGO, was going to be facilitated in the *Philippines*.

Key Result Area 5:

The non-state sector (non-government, people’s, and civic, professional, community-based organizations) is consistently involved in HIV/AIDS/STD activities.

Regional meetings/workshops were going to be organized to strengthen in-country partnerships, and media involvement in AIDS programs. Non-state sector representatives would be invited to participate in regional as well as country activities. A meeting of spiritual leaders from partner countries was going to be convened to demonstrate and discuss their role in the care and support of PWAs and their families. In Nepal, NGOs providing care and support to PWAs would be assisted in more effectively carrying out their work.

The comprehensive community based program of the youth, hotline services to be delivered by the NGO, would continue under the Philippine project.

Key Result Area 6:

Anti-discrimination of HIV-infected persons, groups in high risk situations, and disadvantaged groups, and empowerment of women are supported in all partner countries.

Issues of discrimination, confidentiality, and gender in relation to HIV/AIDS would be discussed in regional workshops. Women’s organizations in multi-cultural environments from partner countries would be supported to visit the Injecting Drug Service (IDS) programs in Indonesia, Malaysia, and Thailand.
Key Result Area 7:

GTZ-supported Primary Health Care and Reproductive Health projects in Asia are strengthened in their HIV/AIDS/STD work.

Collaborative activities were planned to integrate HIV/AIDS/STD preventive education in GTZ-supported activities of the Ministry of Education and youth unions in Lao PDR, and of women in Nepal Primary Health Care projects.

CHASPPAR Offices

Another concern expressed by the reviewers is the separation of the technical/program office in Manila and the administrative/financial office in Bangkok, which was costly and created many difficulties among the partners. It was decided that only one office would be maintained – at the SEAMEO TROPMED Central Office in Bangkok. The Assistant Coordinator for Programs of SEAMEO TROPMED was appointed to take over the roles of coordinator of both the technical/program as well as the financial/administrative aspects of the project, since the Regional Team Leader would not be able to relocate to Bangkok. So the Manila Project Office and the position of a Regional Team Leader were abolished. The Philippine CHASPPAR country project took over the previous regional project facility.

REGIONAL MISSION FOR PHASE II

During the first quarter of 1998, a regional mission was conducted by the officials and regional experts of the SEAMEO TROPMED-GTZ CHASPPAR to the partner countries. The mission aimed at thanking the health authorities of each country for their cooperation and support during the initial phase of CHASPPAR, obtain their approval for the next phase, and finalize the in-country project plan for the second phase. It was also an occasion for the introduction of Prof. Sornchai Looareesuwan, the in-coming Secretary General/Coordinator of SEAMEO TROPMED to the partner country officials and project managers. Exchanges of information were held with other international organizations supporting or working on HIV/AIDS/STD and reproductive health related programs and projects, including those assisted by GTZ. Approval of the proposed second phase country projects were based on the result of the dialogues and observations during the visits.

Decisions on the focal person or CHASPPAR country project manager were arrived at during the visit. For Cambodia, Dr. Tia Phalla took over from Dr. Hor Bun Leng who was on a scholarship to take up his Masters in Public Health in the USA. Dr. Tia Phalla was now the National AIDS Programme Manager. He would be assisted by Dr. Seng Sut Wantha, the program deputy since Phase I. In Lao PDR, Dr. Sithat remained as overall project manager to oversee the activities of the three sectors (health, education, youth), while Dr. Khanthong would take charge of coordinating the project. The steering committee would be organized and directed by Dr. Sithat. There were no changes in the Philippines; the steering committee was headed still by Dr. Veronica Chan, the dean of the UPCPH (TROPMED Philippines) and the members were the same. It was decided that Nepal would no longer be involved in CHASPPAR.

PHASE II ACCOMPLISHMENTS

CHASPPAR in-country projects for Phase II were built on the activities in Phase I. The partner countries accomplished practically all what were approved from their proposed plans. These are presented here according to the various KRAs agreed upon during the Re-Planning Workshop after the Project Review was conducted and shared.

KRA #1: Operational Research

Cambodia:

Integration of HIV/AIDS education in the police health service structure was undertaken among the police staff at the provincial and district divisions of two (2) provinces in Cambodia, to promote behavior change towards risk reduction related to HIV/AIDS through peer network of policemen.
Baseline information was collected, and based on this, a trainers’ curriculum and appropriate IEC materials were developed. A network of 30 trainers and 48 peer educators at different levels were formed, and later trained. The peer educators trained 5,670 policemen at various levels. Monitoring and supervision was done by the trainers, and refresher courses for the trainers and peer educators were also conducted.

Qualitative evaluation showed increased understanding of HIV/AIDS, decreased reported visits to brothels, increased use of condoms when visiting brothels, among the policemen; and increased awareness, concern and support for HIV/AIDS education among the police officials.

Cambodia, Lao PDR, Philippines:

“Cross-Cultural Studies on Healthy and Risky Behaviors in Risky Situations” was undertaken at the Cambodia-Thailand border, Lao-PDR and Vietnam border, and among Filipino migrant workers in Hong Kong.

The research conceptual framework, design and methodology of the study were developed in a consultative meeting in Kunming, Yunnan Province, China in May 1998. Besides the CHASPPAR country partners, representatives from Vietnam, Thailand, Myanmar, and PR of China were in attendance.

Both quantitative and qualitative data were collected. A technical consultative meeting was organized to discuss the initial analysis of data gathered. A technical paper was expected to be written, but some sites still had to continue with the quantitative phase. The Philippine study initial results were presented to consular officials and relevant groups in Hongkong as well as in Manila. The Laksao, Lao – PDR qualitative results were presented to the Ministry of Health and additional data to be gathered were identified. The Cambodia-Thailand border study was also presented to the site officials and community members for information and validation.

The study was continued in Phase III of CHASPPAR.

KRA #2: Capacity Building

Country Project Activities

Preventive Education

Philippines:

In Phase I, HIV/AIDS/STD was integrated in the curriculum in the secondary level course after field testing of the modules. The need for a reference material for the teachers in the integrated curriculum was identified. In Phase II, the development and field testing of such a material was done. Identification of the content involved teachers, students, parents, health experts. Pre-test, revisions, and actual utilization of the material were also conducted. The reference material included chapters on reproductive health, sexual health, gender relations, sexually transmitted diseases, and HIV/AIDS. Process evaluation of this activity showed improvement of the knowledge level of teachers on important issues and concerns related to HIV/AIDS/STD, so it strengthened their ability to respond to students’ questions about these issues. Revisions were made after the process evaluation results were analyzed. The material was utilized not only for sessions on the integrated curriculum but for other topics as well.

Lao PDR

The country also built up on the project for teachers which was implemented during Phase I. Integration of life skills approach and methodology in textbooks and teachers’ guides was done during this phase. Curriculum developers were trained on life skills approach and content. Instructional materials developed in Phase I were revised, after the analysis of the curriculum integrating HIV/AIDS prevention.
An in-country workshop for teachers implementing preventive education in formal (24 schools) and 5 non-formal institutions was conducted, to ensure that evaluation will be part and parcel of the implementation of preventive education.

For the Lao Project, the National Research Institute for Educational Sciences of the Ministry Education tapped UNICEF and UNESCO to add to the CHASPPAR funds.

**PWA care and support**

Care and support of PWAs was the concern of Nepal in a national workshop organized by government, with participants from government agencies, NGOs and others. Both medical and psychosocial needs of PWAs were identified, to help in giving support to people living with HIV/AIDS.

Improved competencies for the home and community-based care of PWAs, was the objective of a workshop for 22 Cambodian participants at the Mae Chan Hospital, Chiangrai, Thailand, organized by CHASPPAR in cooperation with the Chiangrai Provincial Health Office, AIDS Division.

**Regional Activities**

- **Sentinel surveillance** training workshop for HIV/AIDS was held in Vientiane, Lao PDR for 11 Lao participants and 5 Cambodians. Resource persons came from the Thailand Ministry of Public Health and Faculty of Tropical Medicine, Mahidol University.

- **Health Promotion and Total Quality Management of Hospitals** was the subject of study of hospital officials from Lao PDR in Bangkok and three other provinces in Thailand, in coordination with the Ministry of Public Health, Thailand.

- “**AIDS Update**” was the topic of a satellite workshop organized by SEAMEO TROPMED for their member countries including CHASPPAR partners during the International Conference on Global Public Health Perspective, held in Bangkok, Thailand, November 1998. Different aspects of the status and future of AIDS prevention and control program were discussed.

- A CHASPPAR Regional Workshop on **Human Rights, Ethics and Gender**, in relation to HIV/AIDS was held in Vientiane, Lao PDR in March 1999. Resource persons were lawyers Mr. Sok Siphana of the Cambodian Legal Resources Development Centre, and Alfredo Tadiar of the Philippine Reproductive Rights, Health and Ethics Center. Gender specialist Dr. Carol Sobritchea from the Philippines was also a resource person. PWAs from partner countries actively participated and contributed their perspectives. Case studies were analyzed to apply the concepts discussed by the experts. A large number of Lao PDR participants attended the workshop.

- **Youth and Teacher Participation in HIV/AIDS/STD Initiatives** was the topic of the CHASPPAR Regional Workshop attended by 52 representatives from partner countries, plus Indonesia, Malaysia, Thailand, and Vietnam. This was held April 2000 in Bacolod City, the CHASPPAR Philippines project site. The youth’s perspectives on HIV/AIDS/STD programs, lessons learned from teachers’ and youth involvement in these initiatives, and more effective and acceptable approaches for youth interventions were shared. Bonding of the youth, even with a lack of proficiency in using a common language, was evident and led to confidence building and commitment to the program. Friendships among the youth were established in this workshop.
CHASPPAR supported 21 representatives from SEAMEO TROPMED members to the Workshop on Transfusion Transmitted HIV: Practical Approach to Safe Blood Transfusion in Bangkok, October 1999. Risk assessment and cost benefit analysis of interventions among blood donors were discussed.

In addition, 25 representatives of member countries working in clinical laboratories were funded by CHASPPAR to attend the IX Congress of the International Society of Hematology, Asian-pacific Division held in Bangkok in October 1999. Capability of participants to detect HIV in potential blood donors and to provide safe laboratory services was enhanced by this meeting.

**KRA # 3: Management and Inter-linkages Strengthening**

CHASPPAR provided both hardware and software to the National Committee for Control of AIDS Bureau (NCCAB), of Lao PDR during this Phase II. Capability building was on the areas of management, advocacy, and training skills.

For Cambodia, financial management and the use of English language were the areas where the National Center for HIV/AIDS, Dermatology, and STD (NCHAD) staff were trained with the support of CHASPPAR. Staff from another GTZ-assisted project and of the National Institute of Public Health were included in the training course. Moreover, CHASPPAR together with UNAIDS, gave assistance to the government of Cambodia to organize the First National Conference on HIV/AIDS/STD in Phnom Penh, Cambodia. More than 600 delegates attended the conference. CHASPPAR regional and other international experts delivered papers.

In Bacolod City, Philippines, technical assistance and IEC materials were provided by CHASPPAR to the Sangguniang Kabataan (national government supported youth organization) in Bacolod, for the integration and sustainability of their HIV/AIDS/STD program. At the same time, advocacy for the continued administrative and logistical support by the provincial and city governments of Bacolod to the hotline services were supported by CHASPPAR.

**KRA # 4: Multisectoral measures**

**Preventive Education**

The youth organizations in both Lao-PDR and the Philippines worked closely with the health sector in the implementation of preventive education activities, which were initiated and supported by CHASPPAR during the Phase I of the project.

**Migration Study**

In the Philippine study of overseas Filipino workers in Hong Kong, the foreign affairs, labor, social welfare departments as well as non-government organizations with programs/projects related to migration issues and concerns were included in the planning and implementation of the study. Results were presented to these groups.

The Cambodia-Thailand study also involved both government and non-government sectors at the border. UNAIDS participated in some activities too.

Local officials of different sectors at the Vietnam-Lao PDR borders were involved as well in the study done by Lao-PDR.

Because of all the multi-sectoral participation in the conduct of the study, commitments were made for collaboration among them in the planned interventions based on their findings.
KRA # 5: Involvement of non-state sector

CHASPPAR supported attendance of people’s, professional, civic, community-based organizations from partner countries in regional as well as in-country activities and at international meetings, as participants or resource persons.

KRA # 6: Anti-discrimination and women empowerment

PRERANA, an NGO of Pleas in Nepal, was supported by CHASPPAR through their National Centre for AIDS and STD Control. Funds were given for setting-up their office facility; one meal a day program to start a revolving fund; weekly relaxation, alternative therapies, appropriate in-house training programs for the members; weekly visit to their office, and management training for the members.

KRA # 7: Linkages with other GTZ, PHC, RH projects

To attain the Key Result Area no. 7, which was to work more closely with GTZ-supported Primary Health Care and Reproductive Health projects in Asia, CHASPPAR during this Phase II, established linkages with other GTZ projects in Primary Health Care and Reproductive Health Projects in Asia.

CHASPPAR provided financial and logistics support, in collaboration with GTZ project in Cambodia for the training in qualitative research at their National Institute of Public Health. Technical assistance was provided by CHASPPAR to GTZ Nepal’s Primary Health Care Services in the Northern Region of Dhading, Nepal, to increase awareness and perception of risks of communities and enhance their management capabilities. In addition, staff from the GTZ Reproductive Health Project in Accham District, Nepal was supported to observe care and support activities in HIV/AIDS in Thailand. *GTZ Lao-PDR*: CHASPPAR experts were involved in development activities of the National Institute of Public Health in Lao PDR.

GTZ Vietnam was also assisted by CHASPPAR in the conduct of their in-country workshop on “Confidentiality, Privacy, Power Relations and Ethics in HIV/AIDS/STD”. Lawyer Alfredo Tadiar and gender specialist Dr. Florence Tadiar were funded by CHASPPAR to serve as resource persons in the workshop in Hanoi, after the regional workshop on the topic was conducted by CHASPPAR in Lao PDR.

Furthermore, CHASPPAR participated in other GTZ-organized activities: the 5th Regional Conference of GTZ-supported Health projects in Asia, held in Cambodia; a meeting on Quality Management in Human Resource Development and Management; a conference on the integration of HIV/AIDS/STD in reproductive health projects at the Eschborn, Germany headquarters of GTZ; the Xth International Conference on AIDS and STD in Abidjan, Cote D’Voire.

Regional/International Organizations/Meetings/Activities

Phase II of CHASPPAR can be characterized as the initiation of a more vigorous networking with other organizations and participation in regional activities, after it clarified its identity and gained confidence in its strengths. The technical expertise of CHASPPAR, both at the regional and national levels started to be recognized. There was a marked increase in membership and collaborative endeavors of CHASPPAR with various international/ or regional agencies. Some groups where CHASPPAR became an important member are as follows:

- UNDP/UNAIDS Task Force on Mobility and HIV Vulnerability – since 1999
- Regional Coordinating Mechanism (RCM) Thematic Working Group on HIV/AIDS
ASEAN Task Force on AIDS (ATFOA): CHASPPAR became a partner in the implementation of the Medium-Term Work Program to operationalize the ASEAN Regional Programme on HIV/AIDS Prevention and Control, 1995-2000. CHASPPAR co-organized workshops, provided technical support/resource persons, financial support for participants coming from CHASPPAR partner countries, paper presenters in scientific sessions.

In addition, CHASPPAR expanded its visibility through more active and frequent participation in scientific conferences in the region, provision of technical expertise in other projects, as well as co-organization of regional conferences, study tours, and dialogues on HIV/AIDS/STD and related issues.

CHASPPAR regional experts presented papers, were resource persons or participated at the following events:

- 32nd Asia Pacific Consortium of Public Health Conference, Hong Kong.
- National Conference on Seafarers Vulnerability to HIV/AIDS and Drug Abuse, organized by UNICEF, UNDCP, UNAIDS.
- 5th International Congress on AIDS in Asia and the Pacific (ICAAP), Kuala Lumpur, Malaysia: CHASPPAR co-organized with WHO, UNAIDS, UNDP, NGOs, a session on Mobile Population and HIV/AIDS. October 1999. CHASPPAR and the UNAIDS Task Force organized a session on “Mobile Population and HIV/AIDS” in this conference. Dr. Tanasugarn presented a paper, “Cross-Border Issues and HIV/AIDS: How are we dealing with them?, which included the CHASPPAR cross-cultural study findings. Poster presentations from this CHASPPAR regional activity were displayed.
- Second International Interdisciplinary Conference on Women and Health, University of Edinburgh, Scotland. Two CHASPPAR regional experts presented a paper on the CHASPPAR cross-cultural study done in Hong Kong among Filipino migrant workers.
- 12th AIDS International Conference in Geneva, Switzerland: Two CHASPPAR officials were sent as delegates.
- UNESCO Preventive Education Activities:
  - The initiatives of CHASPPAR on Preventive Education for HIV/AIDS during Phase I in Lao PDR and in the Philippines, were expanded and broadened through collaborative projects with the UNESCO Principal Regional Office for Asia and the Pacific (UNESCO PROAP) in other countries as well.
  - A regional workshop in China on the state of the art, opportunities and challenges of preventive education in Asia were attended by CHASPPAR partner countries, plus China, India, Indonesia, and Malaysia.
  - CHASPPAR also worked with UNESCO to develop Training for Trainers Manual for preventive education, first drafted by the Philippines, and revised after presentation to regional experts from other UN bodies and relevant institutions. This manual has been translated into several languages for utilization in Asian countries.
- 13th International AIDS Conference in Durban, South Africa: Two CHASPPAR regional experts were supported to attend. They participated in meetings of the GTZ supported reproductive health/HIV/AIDS/STD projects in various parts of the world, and shared their experiences and perspectives during the discussions.
SEAMEO TROP MED Network Governing Board Annual Meetings in Vietnam where updates on CHASPPAR activities were presented.

The Second CHASPPAR Annual Conference was held in conjunction with the International Public Health Conference hosted by Mahidol University Faculty of Public Health, in collaboration with UNICEF, WHO, UNEP, UNFPA. This was in line with the value of networking and collaborating with other agencies and institutions, and in maximizing opportunities for joining activities with them, and utilization of existing resources and programs.

Project on Migration and HIV/AIDS

It was also during Phase II that the issue of mobile/migrant populations became a focus of the partner countries, to have a more “regional” activity. This concern was actually identified as early during the project planning workshop in 1996 to be one of the conditions for the epidemic to be effectively addressed. Concerns raised during the planning workshop were the lack of health information on migrants especially among those with illegal status; the neglect of the problem of internal migration which is often not perceived as serious as cross country migration; language and cultural differences among cross border/migrant populations; sustainability of interventions in border areas; the need for cost sharing among partner countries in cross border problems.

However, Phase I was the exploratory, “getting to know you” and capability building stage of CHASPPAR for the partner countries. After clarification of CHASPPAR’S identity and its strengths, CHASPPAR was now more prepared, to address the need of mobile/migrant populations (internal and external) to have access to STI/HIV and AIDS information and intervention.

A consultative workshop to develop the regional project on migration and HIV/AIDS was organized by CHASPPAR in Kunming, Yunnan Province, P.R. China, from 18 to 22 May 1998. The objectives of the workshop were to discuss personal and environment factors/variables in culture, beliefs, values and systems related to preventive behavior in risky situations; identify common risky situations and problems at the borders; identify area and scope for a research study to be conducted by all the partner countries.

Invited as resource persons were a transnational migration expert (Dr. Michael Tan of the University of the Philippines), medical anthropologist from Mahidol University (Dr. Preecha Upayokin), and legal, human rights and ethics expert (Prof. Alfredo Tadiar, University of the Philippines). Representatives from CHASPPAR country partners were joined by delegates from PR China (Yunnan), Thailand, Vietnam and Myanmar. GTZ and the Family Health International as well as SEAMEO TROP MED officials and CHASPPAR regional experts also participated in the meeting. Regional expert Dr. Tanasugarn led the discussion on “healthy behaviors”. Whereas most studies on HIV/AIDS tend to focus on the negative impact of the disease or human behaviors that predispose to infections, it was believed that there may be lessons to be learned from understanding behaviors relating to healthy lifestyles which protect people from acquiring the disease.

The participants agreed that

“Regional solutions must be applied through regional agreements, and regular exchange of experiences and expertise, with support from international organizations. Programs should reach migrants, with removal of legal barriers for this to be attained”.

The country situations in migration/population mobility were presented by each of the countries. Activities to address the issues raised were proposed by the participants. The Philippines expressed concern over the labor migration to different countries which needed multi-agency response. Cambodia identified 15 critical border areas with Thailand, Lao and Vietnam affecting fishermen, shrimp farmers, construction workers, sex workers, and loggers. Lao PDR said the critical provinces were along the Golden Triangle and the Khammoune province, or the so-called “special economic zone.” Nepal’s migration and cross border problems involved the whole southern border with India which is “open” with 20 entry/exit points to both nationalities without visa requirement.
After the consultative meeting, the “Cross-Cultural Study of Healthy and Risky Behaviors in Risky Situations” (CCS) was started by all the partner countries to contribute to the improvement of migration control intervention programs with emphasis on issues related to development AIDS among partner border countries. Cambodia made their study in Poi Pet, their border area with Malai and Arunyaprathet, Thailand. Lao did their research in Khamkeut district (Laksao), Bolikhamxay province, its border town with Huong Nguyen district, Ha Tinh province, Vietnam. The Philippines is surrounded by oceans, so it decided to conduct its study on their Overseas Filipino Workers in Hong Kong, where about 140,000 Filipinas (95% females) serve as domestic helpers.

Preliminary Reports on the various country studies were disseminated at different national/regional/international meetings, conferences, and occasions, either as oral or poster presentations during Phase II of CHASPPAR.

Organizational Development Activities of CHASPPAR Regional Office

Regional mission visits to member countries by the regional team members and SEAMEO TROPMED officials were undertaken to assist national program staff on certain issues/concerns related to their CHASPPAR activities. These included advocacy to policy makers, assessment of the country needs in human resource development and technical concerns, clarification of problems, and identification with the staff of measures to overcome barriers and challenges in implementation.

Consultative meetings among all the partners were regularly conducted on CHASPPAR related issues. Results of review/assessment teams sent by GTZ to CHASPPAR were discussed and utilized by the Steering Committee. Updates on the regional cross-cultural studies were also shared among the partners, who gave and got ideas on how to improve their studies from each other.

Hiring of a full-time, Bangkok based project coordinator who will attend to the programmatic needs of the project was decided during one of these meetings, with the participation of GTZ officials.
December 2002 was the end of CHASPPAR. Although small in funding and short in project life, CHASPPAR had already completed a lot of its proposed activities, and had made an impact on the lives of the project implementers and enhanced their country programs.

It was most fitting that the last phase was spent mainly on the assessment, improvement, integration, institutionalization of activities or utilization of outputs which were started and continued in the earlier phases of the regional project, and in the application of capabilities built up or strengthened during the project implementation. The AIDS program managers and staff of the various partner countries who were involved in CHASPPAR became even more enthusiastic and committed to continue their collaborative efforts in the prevention and control of HIV/AIDS/STI in the context of reproductive health, rights, gender, and ethics. And their personal friendships became more solid. The active support of GTZ and the competent and humane management by SEAMEO TROPMED of this significant regional project were fully appreciated by all the project implementers.

PREPARATIONS FOR PHASE III

In November 1999, a short-term consultant, Dr. A. A. Kielman, was hired by GTZ to conduct a project needs assessment and to help consolidate the project. He confirmed the high potential of CHASPPAR to positively contribute to the control of HIV/AIDS in Asia. He was able to again validate the findings of the previous PPR mission, that the project was seen as a valuable partnership among participating countries and also among regional organizations and agencies. He took cognizance of the strengths of CHASPPAR which included its flexibility, non-threatening approach and helping attitude, as well as its high quality technical team, which all contributed to its credibility and acceptance not only among the partner countries but also by the rest of the Asian region. He suggested some administrative, structural, and functional changes to maximize its impact.

The report of the consultant was discussed during several meetings between SEAMEO TROPMED, the partner countries, and GTZ officials. They deliberated on how these recommendations could be adapted in Phase III.

In October 2000, the Third Annual Meeting of CHASPPAR was held in Siem Reap, Cambodia, to assess the previous phase project implementation, and to plan details of Phase III, bearing in mind the findings of the GTZ consultant.

As has been the policy and practice of CHASPPAR from its conception, all the partner countries came together and approved the new Vision, Mission, and Goal of CHASPPAR, with participation of other member countries of SEAMEO TROPMED.

NEW VISION, MISSION, GOAL

Vision:

HIV/AIDS in the Asia Region and its impact on national development as well as the welfare of individuals and communities is minimized, through effective partnership.

Mission:

To respond to the identified needs of Asia for the creation/enhancement of an enabling environment for the control of HIV/AIDS/STD at the national, regional, and international levels.
Goal:

National programs of partner countries and regional efforts against HIV/AIDS/STI are enhanced to reduce social and development impact of HIV/AIDS/STI.

Also during the internal evaluation meeting, a decision was reached to discontinue the participation of Nepal in the project, because of too many problems and difficulties that could not be overcome by the project. A proposal to include other countries in the Southeast Asian Region or the ASEAN countries was made. Anyway, from the planning of the project, these other countries had attended CHASPPAR activities. Sourcing of funds from other agencies or organizations was recommended by the partners for the sustainability of CHASPPAR activities.

Just before the end of Phase II, the Regional Team, led by SEAMEO TROPMED officials, visited all the partner countries again, for an in-country project review. They updated the country officials on activities of CHASPPAR, and looked into the accomplishments, problems, and concerns of the country projects.

ACCOMPLISHMENTS, PHASE III

The key result areas agreed upon during the Phase II were maintained. They were again based on the current priorities of the partner countries as well as the overall goal and expected results of the GTZ AIDS Program in Developing Countries. The activities conducted in the earlier phases were also considered in the planning for the next phase. Proposed activities were submitted to SEAMEO TROPMED, which reviewed them under the leadership of the new technical full time project coordinator who was brought in during this phase. It was fortunate that Dr. Ma. Sandra Tempongko, one of the Regional Experts who was part of the Regional Team from the beginning of CHASPPAR, and who was the first Philippine in-country project focal person, was persuaded to accept the post. She had to relocate to Bangkok and was instrumental in expanding the participation of CHASPPAR in more activities in Asian countries as well as in other regions, and also in more international scientific and other activities and undertakings related to HIV/AIDS.

CHASPPAR continued to have two components: (1) regional activities mainly in the areas of human resource development, information exchange/sharing, networking, research; and (2) in-country projects complementing and supplementing National HIV/AIDS Programmes of the partner countries.

Both in-country project and regional activities are described below, under each of the Key Result Areas. Most of the Phase III projects were built on or were expansion of the activities conducted during the earlier phases.

Key Result # 1: Operational Research

The purposes of CHASPPAR’S research activities were to (1) generate new information that will provide inputs to better planning and implementation of programs and projects in partner countries; (2) field/pilot test new initiatives; (3) assess existing projects/activities; and (4) enhance research capacity of stakeholders in partner countries.

During this phase, the following research studies were conducted:

Cambodia:

- Comparative Study of Cambodian and Vietnamese Sex Worker Lifestyles and Sexual Practices

In-depth interviews and focus group discussions among the two predominant groups of sex workers in brothels, in five provinces located in different regions were conducted. The findings of significant differences between the two groups in terms of preventive behaviors, attitudes towards HIV/AIDS, future plans, provided new insights in the development of more appropriate and effective prevention and care programs for the two groups. This responded to the need identified
during the first project planning workshop (1996) for more effective intervention measures in addressing target groups, based on factors that impact on socio-cultural backgrounds of vulnerable groups.

- **A Study on Risk Behaviors among Massage Parlor Girls in Phnom Penh, Cambodia**

  The existing knowledge, attitudes, and behaviors of the girls in selected parlors were determined through structured interview schedule. Risk factors and possible barriers to programs, and existing opportunities that can be tapped were gathered from the interviews. The study results were shared with groups and organizations developing and implementing programs for this specific group.

- **A Study on Common Opportunistic Infections among Cambodian HIV/AIDS Cases**

  The study was conducted in three hospitals in Cambodia that provide treatment and care to a large number of PWAs. The results helped program managers and other stakeholders to develop and deliver more appropriate services to PWAs, in the context of limited resources.

**Lao PDR**

- **KAP Study related to HIV/AIDS among the Ethnic Minorities of Salavan and Luang Namtha Provinces in Lao PDR**

  Because of inadequate access to information and services due to geographic inaccessibility, and border area economic problems and pursuits, these ethnic minorities were believed to be increasingly vulnerable to HIV/AIDS/STI. The two provinces in the study are along the border with other countries in the Greater Mekong sub-region, and are becoming economically active. The level of awareness, attitudes, behaviors (both risky and preventive) related to HIV/AIDS/STI were described in this study which was undertaken by the Center for HIV/AIDS/STI in collaboration with the Ministry of Education. Findings contributed to improvements in programs for the community and school population.

- **Field testing of the New Curriculum for Teacher Training Institutions**

  This was done in four provinces. Results of the testing were utilized in the final revision and utilization of the new curriculum in the country.

**Philippines**

- **Development of on Reproductive Health/HIV/AIDS/STI for Overseas Filipino Workers in Host Countries**

  Two radio programs per week were found to be aired in the Filipino national language for Filipino workers in Hong Kong during the cross-cultural study done by the CHASPPAR Philippines in Phase II, but they were not used for health education purposes. Agreement was reached with the radio officials to air IEC materials which CHASPPAR will develop, based on the results of the study on the healthy and risky practices related to reproductive health, HIV/AIDS/STI of the overseas workers. Ten topics were prepared, in format suitable for radio like drama, question and answer, and interview with an expert, and case study.

  Two tapes of these IEC materials (Basic Facts of HIV/AIDS, Psychological Impact of HIV/AIDS) were later field tested in Hong Kong on (1) intended audience reached/exposed; (2) message recall; (3) message understanding; (4) message acceptance; (5) attitude change after exposure; (6) behavior change/intention to change after exposure.
The survey and interviews resulted in a description of the profile of those reached by the messages as well as suggestions of intended audience to maximize the effectiveness of the materials in terms of format, air time, and additional topics.

- **Assessment of the Utilization and Effectiveness of the Standardized Module on HIV/AIDS for the Pre-departure Orientation Seminar (PDOS) for Migrant Workers in the Philippines**

The PDOS HIV/AIDS/STD Module which was developed in Phase II was turned over to the Philippine Overseas Employment Administration (POEA), which was then responsible to implement and monitor the PDOS provided by accredited agencies. In January 2003, this function was transferred to another government agency. CHASPPAR Philippines decided to assess the utilization of its module.

On-site observations, exit interview of migrant workers who attended the seminar, and interviews of trainers were conducted in 12 accredited PDOS providers. The effectiveness of the module in terms of message recall, understanding and acceptance; satisfaction in the learning activities; perceived importance/relevance of the module; trainer’s satisfaction in utilizing it, were shared in a discussion forum among various sectors handling migrant workers.

- **Project on Migration and HIV/AIDS: Cross Cultural Studies (CCS)**

A technical meeting, to review the progress of the CCS in the three study sites was held in Bangkok October 2000. The preliminary findings were assessed in relation to the design and framework of the proposal developed in Kunming, China. Common themes, trends, issues and concerns, including gaps in variables and the need for further data gathering were found. An outline for the technical paper to be written was also designed. Another meeting was held later in Bangkok for the presentation of the final CCS results and plan for its publication and dissemination.

Lao PDR decided to translate the results of the studies in the local languages for more effective dissemination. Relevant communities and organizations and agencies (government and NGOs) were invited to the study results presentation in Lao PDR as well as in the Philippines.

- **Regional Symposium on HIV/AIDS and Health Equity, Manila, Philippines**

CHASPPAR and the University of the Philippines College of Public Health (TROPMED Philippines), together with the investigators of the “Health Equity Project” of SEAMEO TROPMED Network organized the symposium. Cambodia, Lao PDR and the Philippines presented their country research papers, while focal persons from Mongolia and Lao PDR discussed regional papers.

**KRA #2: Capacity Building**

- **Training Workshop on Data Analysis with Special Reference to Preventive Education for Lao PDR and Thailand stakeholders**

Eight participants from Lao PDR and Thailand Rajapbhat Institute attended a 2-week course on data analysis at the Faculty of Public Health, Mahidol University. This was specially intended for the Lao PDR preventive education project funded by CHASPPAR since Phase I, which recognized their need to assess the effectiveness of their strategy. Data analysis of the Comprehensive Package pilot testing in 7 schools in Lao PDR I was facilitated by Dr.Chanuantong Tanasugarn, a CHASPPAR regional expert.
National staff from the National Committee for the Control of AIDS Bureau (NCCAB) and the National Research Institute for Educational Sciences (NRIES) was also trained in this course.

- **Post-graduate Course on Qualitative Research Methods**

CHASPPAR supported six (6) participants from Cambodia, Lao PDR and Thailand to attend the course at the UP College of Public Health, Manila, after this need was identified by the named countries.

- **Development and Initial Utilization of an HIV/AIDS Training Module for staff of ministries/departments rendering health and other social services to overseas Filipino workers related to repatriation of these migrant workers**

The training module was developed and pilot tested, and was turned over to the agencies involved in repatriation of Filipino migrant workers found to be HIV/AIDS positive. An initial training of trainers from the Ministries of Foreign Affairs, Labor and PWA organizations was undertaken in the Philippines.

- **Training of Lao Youth members on TV spot production**

This is a continuation of the Phase I youth sector project in Lao PDR on IEC strengthening. Ten Lao Youth Union Media Bureau members were trained in TV spot production in Thailand. They finalized the prototype TV spots they had produced during their training, using an editing machine purchased with the help of another organization.

- **HSS and SPSS Surveillance Training for Central Supervisors and Data Collection Teams**

This course which combined HIV Prevalence Sentinel Surveillance and STI Periodic Prevalence Survey was conducted in Vientiane, Lao PDR. CHASPPAR supported Dr. Chaiyos Kunasnusont from Thailand, to join the team of facilitators from WHO, FHI, and Office for Population Technical Assistance.

This was followed by the training of the data collection team to be assigned to different sentinel sites (Vientiane, Luang Prabang, Suvannakhet, and Champasak).

- **Home and Community-based Care Workshop, Chiang Rai, Thailand**

CHASPPAR organized the workshop in collaboration with Chiang Rai Provincial Health Office/AIDS Division, Ministry of Public Health for 16 Cambodians working with HIV/AIDS. The participants formulated their action plan to utilize what they learned.

- **Training on IEC Development for Lao PDR AIDS Education Team**

Ten teacher trainers from the Ministry of Education and two IEC staff of the NCCAB of Lao PDR trained at the Rajabhat Institute Ubon Ratchani in Thailand. Preventive strategies, life skills materials development, computer-aided IEC production were taken up. Visits to various educational institutions enhanced the training. Prototype IEC materials for preventive education were developed.

- **Regional Seminar/Workshop on Management and Evaluation,**

The objectives of the activity held in Bangkok, Thailand were for participants to be able to discuss basic concepts, principles, methods of programme management and evaluation; identify evaluation needs in a planned or on-going project in their own country; determine appropriate design and indicators for evaluating the specific project; develop an evaluation management plan for that specific project.

PHASE III
The main resource person was Dr. Ardy Kielman. The regional experts were facilitators. The 17 participants came from the four CHASPPAR partner countries plus Vietnam. Another participant from Lao PDR was supported by his employer, the GTZ project in that country.

- **Regional Conference on Ethics and Research/Investigations on HIV/AIDS, Bangkok, Thailand**

This was a topic which was identified as a need in the partner countries. Nineteen (19) participants came from the partner countries, Thailand, and Vietnam: national program staff, researchers, PWAs from each country.

The objectives of the workshop were for the participants to: share current situation of ethics in HIV/AIDS research/investigations in the countries; discuss basic ethical principles; identify ethical issues in all HIV/AIDS investigations; explain the roles, functions, memberships of an ethical review board; and develop specific country action plans to incorporate ethics in their HIV/AIDS in their research studies.

Dr. Ofelia T. Monzon of the Philippines and Dr. Dwip Kitayaporn of Thailand were the primary resource persons. The project coordinator and regional experts handled some sessions and served as facilitators. Lectures, case study discussions by small groups, and workshops were the learning-teaching methods used.

**KRA # 3: Strengthening of Management and Interlinkages**

This phase was quite significant because it demonstrated that it had attained maturity, and all the partners, including GTZ, acknowledged the need and importance of its continuity. Phase III saw the expansion of the involvement of the partner countries and the regional team in other related HIV/AIDS/STI initiatives.

- **Youth Forum at the 2nd Asia Pacific Conference on Reproductive and Sexual Health, Bangkok, Thailand**

“Are we really addressing the sexual and reproductive health needs of adolescents?” was the topic of a satellite session organized by CHASPPAR at this conference. Youth representatives from Cambodia, Lao PDR, Thailand, and the Philippines shared their perceptions on existing programs for the youth and their suggestions on methodologies for more relevant programs. CHASPPAR invited Dr. Michael Tan, a famous anthropologist, sex/sexuality/gender research expert to moderate the session which was well attended and appreciated not only by youth but many interested persons from various parts of the world.

The second part of the session was the presentations made by Dr. Wolf Wagner of GTZ, Cambodia on “Interactive, Motivating and Preventive Action Competence Circuit (MMP-IMPACT) strategy and Ms. Annette Gabriel, GTZ Eschborn, Germany, on “Working with Youth on SRH: A Hands on Tool”.

- **Forum on Social, Economic Impact of HIV/AIDS in the Region**

Vientiane, Lao PDR was the site of the meeting attended by high level officials of Cambodia, Vietnam, and Lao PDR. CHASPPAR financed the attendance of one Cambodian official.

**KRA # 4: Multi-sectoral HIV/AIDS Prevention and Control**

CHASPPAR co-organized with the Ministry of Health of Thailand and ASEAN the first seminar on participation of non-health sectors, and financed the attendance of some representatives from SEAMEO member countries. CHASPPAR presented a paper entitled “Social Impact of HIV/AIDS” during the seminar.
Another activity undertaken by the three CHASPPAR partner countries was a rapid assessment of women and children trafficking in Cambodia, Lao PDR and the Philippines, involving various sectors. The magnitude of the problem; sources and destinations of those trafficked; mechanisms/patterns of trafficking; organizations and services available policies and laws related to trafficking were identified. Case studies of trafficked women/children who got infected with HIV were produced.

KRA # 5: Involvement of Non-State Sectors

Practically all regional seminars and workshops organized by CHASPPAR had non-state sectors participants.

To facilitate the involvement of non-state sectors in the Philippines, an inventory of major existing organizations, their expertise/initiatives and materials produced in relation to HIV/AIDS/STI/RH was compiled, particularly for youth. This is planned to be put in the website.

KRA # 6: Anti-discrimination and women’s empowerment

The principles of non-discrimination and women’s empowerment were incorporated into the Cross Cultural Studies and in the other CHASPPAR activities like the rapid assessment of women and children trafficking (KRA # 4), as well as in the capability building activities (KRA # 2: e.g., ethics in research).

KRA # 7: Collaboration with GTZ projects

- The project coordinator presented a paper entitled “CHASPPAR: A Regional Public Health Strategy” at the inauguration of the GTZ-supported National Institute of Public Health (NIPH) in Lao PDR.

- GTZ Reproductive Health Project Staff of Accham District, Nepal, were supported by CHASPPAR to observe Thai AIDS programs implemented by government as well as the private sector with emphasis on care and support and counseling.

- CHASPPAR project coordinator was the lead resource person in the conduct of Qualitative Research Training for the NIPH staff organized by GTZ Cambodia, in Phnom Penh.

- During the Project Reflection Workshop organized by the Ministry of Health and GTZ officials in Cambodia, CHASPPAR and SEAMEO TROPMED officials participated and reiterated support to the implementation of another project with new officials. And in a consultative meeting on German-Cambodia cooperation in Health held in Bangkok, CHASPPAR gave inputs during the discussion of its existing and future involvements and that of SEAMEO in this collaborative effort.

- As in previous years, CHASPPAR attended regional conferences of GTZ–Supported Health Projects in Asia during Phase III. They presented papers and posters, and participated in panel discussions.

- The CHASPPAR project coordinator met with the Philippine GTZ country programme director in June 2001 to exchange information about their activities and to explore possibilities of collaboration.

REGIONAL AND INTERNATIONAL LINKAGES

CHASPPAR’s reputation and image as an important resource and player within the countries and Asia and even beyond the region increasingly became more recognized. Under the management of Dr. Tempongko, CHASPPAR established linkages or alliances with international organizations involved in HIV/AIDS.
Linkages with UN organizations

1. **UNAIDS**

   CHASPPAR has worked with UNAIDS from Phase I. The project coordinator met with UNAIDS officials in Geneva to update them on CHASPPAR, and to participate in the exchange of information between UNAIDS and GTZ.

2. **UNESCO**

   - **Regional Comprehensive Package on Preventive Education in HIV/AIDS**
     
     
     The outputs of the workshop were; (1) a synthesis of existing efforts on preventive education in the participants’ countries; (2) consensus on the elements of a “comprehensive package for HIV/AIDS preventive education”; (3) guidelines for training, implementation, monitoring, and assessment of the comprehensive package effects on students; and (4) country plans for pilot testing the package.

   - **Regional Collaborative Project on Community Preventive Education**
     
     UNESCO again partnered with CHASPPAR on a project titled “Promoting Community Involvement on Preventive Education in Cambodia, Lao PDR, Myanmar and GTZ-Mongolia” in 2003. The communities were involved in the identification, planning, and implementation of relevant strategies for preventive education. Information on what messages are still needed and what strategies are more appropriate for selected communities were identified.

   - **ICT on HIV/AIDS Preventive Education in the Greater Mekong Sub-Region**
     
     CHASPPAR and UNESCO developed a concept paper on a project with the above title, and submitted it to the High Officials Meeting of SEAMEO. CHASPPAR participated in the development of a regional proposal involving Cambodia, Lao PDR, Thailand, Vietnam and Kunming, China. This will be in collaboration with UNESCO which would focus on ethnic minorities. SEAMEO would be responsible for the school setting activities.

3. **UN Task Force on Mobility and HIV Vulnerability**

   By being an active member of this group, CHASPPAR was able to share its own activities, and to link with other agencies and organizations involved with mobility and HIV/AIDS issues.

   CHASPPAR co-organized with the Task Force, a meeting of the ASEAN BIMPS (Brunei, Indonesia, Malaysia, Philippines, and Singapore) to develop the Joint Action program for Migrant Workers in the region, through the provision of workshop secretarial support and facilitator. The radio IEC material development for overseas Filipino workers which resulted from the CHASPPAR Philippines Cross-cultural study was presented as a model of preventive education module for migrant workers in this meeting.
4. **WPRO, WHO**

CHASPPAR’s Project Coordinator was a resource person during the workshop on Health Promotion Leadership Training Curriculum Development. The possibility of SEAMEO TROPMED Network as convenor of the training was discussed.

5. **ASEAN**

- The Medium Term Workplan of ASEAN was discussed in a workshop of the ASEAN Task Force on AIDS with the participation of CHASPPAR.
- CHASPPAR participated in the formulation of the Joint Action Program for the Greater Mekong Subregion (GMS) countries for submission to the Global Fund for AIDS, TB and Malaria (GFATM) in Cambodia.
- The ASEAN Expert Group Meeting Cum Study Tour on HIV/AIDS Epidemiology Surveillance was attended by CHASPPAR partner country representatives and project coordinator. The situation of surveillance in the region and ways to improve the activities and comparison between countries were discussed.
- Three participants from member countries were supported by CHASPPAR to participate in the ASEAN seminar for HIV/AIDS Preventive Education among youth, in Kuatan, Malaysia. Other participants from CHASPPAR partner countries attended without assistance from CHASPPAR. A successful youth program in Malaysia was visited by the participants.
- The first meeting of the RCM Thematic Working Group on HI/AIDS was attended by the CHASPPAR project coordinator together with a GTZ consultant. The Terms of Reference, composition, election of chairperson and vice-chairpersons were discussed.

**B. Linkages with Other Regional/International Organizations**

1. **Rockefeller Foundation**

The Comprehensive Package on HIV/AIDS Preventive Education was pilot tested in secondary schools in eight countries which participated in the CHASPPAR – UNESCO regional collaborative project. Results of the pilot tests were shared in a symposium organized by CHASPPAR and Rockefeller at the UP College of Public Health, Manila. Findings of the pilot testing were used for expansion of preventive education in various schools in several countries.

The regional staff of CHASPPAR is also involved with the SEAMEO TROPMED Network-Rockefeller Health Equity Project, entitled “Research Capability for Community Health Workers in Cambodia, Lao PDR, Myanmar and Vietnam, through the provision of technical support in its implementation and in its internal evaluation.

2. **Asian Migrant Center (AMC)**

AMC had asked SEAMEO TROPMED to be a partner implementer of a research on mobile/migrant workers in 21 countries during a strategy workshop attended by CHASPPAR project coordinator. Regional experts of CHASPPAR were asked to be resource persons.

3. **Interpress Service (Asia-Pacific) News Agency**

Migration and Reproductive Health was the topic of the seminar organized by Inter Press Service for journalists from 10 countries in East Asia, Pacific, and the Middle East. CHASPPAR was invited in the seminar which looked into issues and concerns like the trends in Asian Migration Map, vulnerability of migrant workers to trafficking and RH related concerns. CHASPPAR shared its activities and information gathered from its studies on migrant/mobile populations.
4. **Family Health International (FHI) in Asia**

   The project coordinator shared the activities of CHASPPAR and learned about the activities of FHI during the Workshop on Asian Regional Surveillance among Mobile Populations held in Bangkok, Thailand.

5. **Australian Agency for International Development (AusAID)**

   CHASPPAR was invited to a round table discussion to identify priority issues/themes for an Australian funded regional HIV/AIDS assistance program. Options for geographic focus, constraints, mechanisms for collaboration and partnership were taken up.

**OTHER CHASPPAR ORGANIZATIONAL ACTIVITIES**

CHASPPAR was also busy involved in the following activities:

1. **Sending of delegates either as paper or poster presenters, panelists, moderators, rapporteurs, to these conferences:**
   - 5th International Conference on Home and Community Care for Persons Living with HIV/AIDS, held in Chiang Mai, Thailand in December 2001. The conference was co-sponsored with CHASPPAR.
   - Asia Pacific Conference on Reproductive Health (APCRH), Philippines.
   - XIII International AIDS Conference, July 2000, Durban, South Africa. CHASPPAR regional expert was invited as session speaker.
   - International Conference on AIDS in Asia and the Pacific, October 2001, Melbourne, Australia. Papers on regional and country activities were presented by CHASPPAR delegates. The focal persons of partner countries and the project coordinator met with the new GTZ person in charge of AIDS in Asia.
   - International AIDS Conference, Barcelona, Spain, 2002: Poster and papers on CHASPPAR activities were presented.

2. **Facilitation of Study or Exchange Visits**

   CHASPPAR arranged visits of member countries to other places for specific purposes and for selected delegates. It received excellent feedback from those who participated in these programmes, in terms of learning from seeing for themselves different ways of doing things, and listening to best practices and lessons learned from their counterparts in other countries.

   Examples of the visits financed and arranged by CHASPPAR are for:
   - Local government and provincial health from officials from Cambodia (two groups), Lao PDR, and Vietnam to Chiang Mai and Chiang Rai in Thailand, as well as to Manila, Philippines. The visits were funded by the ADB’s project entitled “Community Action for Preventing HIV/AIDS”. The objective of the visits was to observe and learn from the delegates’ counterparts in neighboring countries, different strategies used in HIV/AIDS prevention, care and support programs.
   - Cambodian HIV/AIDS officials to assess the situation of Cambodian migrants in a fishing province in Thailand (Rayong), and their vulnerability to HIV/AIDS.
   - Cambodian Parliamentarians and officials of the National Center for HIV/AIDS, Dermatology and STD (NCHADS) to gather information about the development and enactment of the Philippine AIDS Law. Discussions with legislators, agencies, advocacy groups, PWAs, and others, who worked on the AIDS Law, were organized. This facilitated the enactment of the Cambodian AIDS Law.
3. Expansion of its roster of regional experts to provide technical assistance

Besides sending the CHASPPAR Regional Experts to various SEAMEO TROPMED countries including the CHASPPAR partners, other national experts have started to be supported to provide technical assistance when needed. A number of officials who joined CHASPPAR since its Phase I have become “regional experts” and now provide technical assistance in HIV/AIDS/STD issues and concerns to other countries, or are recruited to serve in their country as staff of international NGOs, or in regional organizations.

CHASPPAR supported the technical assistance of new regional experts. Dr. Chaiyos Kunanusont was the technical expert for the Final Review of 1st Round and Planning of the 2nd generation surveillance of Lao PDR. The surveillance was supported by WHO, FHI, UNFPA, and NCCAB. Dr. Hor Bun Leng served as a short term consultant to help Lao PDR in data collection and reporting of the Cross Cultural Study of CHASPPAR.

Dr. Phuoungkham of Lao PDR has been sought as consultant in preventive education, while Dr. Bhoungpheng was hired by ASEAN to work in its regional office in Jakarta for HIV/AIDS. Recently, Dr. Hor Bun Leng was recruited to join the Global AIDS Programme (GAP) of the Communicable Disease Control (CDC) in Cambodia. Dr. Seng Sut Wantha is now with the UNDP in Cambodia while Dr. Tia Phalla is in Thailand as Manager, United Nations Regional Task Force on Mobility and HIV Vulnerability.


This was produced by the project coordinator, and was distributed during the Annual Meeting of the Governing Board of SEAMEO TROPMED and Symposium on HIV/AIDS and Health Equity at the UP College of Public Health, Manila, November 2002. The evolution of the project, achievements in each key result area, outputs, and lessons learned in the three phases of the project were included in this report.

5. Development of Regional Proposals

- For the Global Fund for AIDS, TB, and Malaria (GFATM)

The CHASPPAR regional team, partner countries and three other South East Asian countries (Malaysia, Vietnam, and Thailand) developed and submitted a proposal focused on migrant/mobile population, based on the ASEAN work plan, which will supplement and complement activities of CHASPPAR on this target population.

- For the GTZ BACK UP Initiative

The regional team and the partner country focal persons, together with GTZ AIDS Sector officials worked on and submitted a regional proposal consistent with the BACK UP Initiative of GTZ.

- For the Asian Development Bank

Another activity where CHASPPAR was involved was in the provision of administrative and technical support in the fact-finding workshop for the regional proposal development on “ICT and HIV/AIDS Preventive Education” submitted to ADB. Representatives of health, education and communication sectors of five countries, with UNAIDS, AHRN, SEAMEO and UNESCO attended the workshop. The Principal Education Specialist of ADB and his staff were the primary resource persons in the workshop.

Regional staff of CHASPPAR were invited to participate in various meetings of GTZ in Germany and share CHASPPAR experiences and impact to the national programs of the partner countries, like the first meeting of the GTZ HIV/AIDS/STD Network held in Frankfurt, Germany; GTZ AIDS Group after there were changes in officials in Eschborn; and Reproductive Health Meeting.)
6. Orientation of Visitors from Other countries

An orientation about CHASPPAR and its impact on the current situation of HIV/AIDS situation in member countries was given to visitors of SEAMEO TROPMED like the Japanese Infectious Disease Control Trainees, and the Principal Executive of Sir Dorabji Tata Centre for Research in Tropical Disease, Lt. Gen. D. Raghunath, from the Indian Institute of Science Campus, Bangalore, India and his party.

Internal Evaluation by the Steering Committee

An interim project internal evaluation was organized in April 2002 by the partner countries, together with the Regional Team and SEAMEO TROPMED officials, using the KRAs as the framework. Strengths and weakness of the project as a whole, and its effectiveness were identified. The group agreed that the impact of the project activities on the involved countries can be seen in the areas of human resource development, operational research, as well as in policy and program advocacy. Recommendations for improvement of the project were made.

Lists of previously identified as well as additional strengths were made by the partners.

- A sense of ownership of the project by the implementing partners;
- Utilization of project resources for other development activities implemented by the countries;
- Policy of flexibility which facilitated efficient use of project resources;
- Activities undertaken were based on the needs of the country, particularly in human resource development and operational research;
- Utilization of experts from the region, including the partner countries;
- Philosophy of partnership and equality among partner countries;
- Promotion of linkages and networking with other regional as well as international organizations;
- Pursuit of personal and professional growth of partners;
- Openness of communication between the regional management and country project officers;
- Support and facilitating role of the regional office

IMPACT

CHASPPAR partners expressed, during their internal review of the project, the following thoughts about what they got out of their collaborative efforts during the seven years of the project:

Implementation of the National HIV/AIDS/STD Programme

The activities undertaken filled the gaps in their national agenda, and contributed to their over-all implementation. Certain areas which were not funded were implemented through assistance from CHASPPAR. And in other areas, a bridge or leverage was provided for expansion and upscaling of activities.
**Human resource development**

CHASPPAR provided opportunities for development not only of the health sector staff, but also those from other agencies/groups including PWAs. There was a broadening of the perspectives of those who participated in capability building activities, by focusing on relevant issues, and concerns crucial to a better implementation of their national response. And the capabilities which were strengthened were seen to have been applied in their respective countries and even in other countries when some of the staff was recruited by other national, regional, or international agencies and organizations.

Furthermore, CHASPPAR activities improved managerial capacity of staff of national programs, and technical capabilities in specific fields, and strengthened teamwork both at country and regional levels.

**Research**

As can be seen in the list of researches conducted, the partner countries capability to undertake research was significantly enhanced. As a consequence, evidence-based and scientific information was utilized to improve or formulate new policies, programs, and projects, and to make important decisions related to HIV/AIDS/STD responses.

**Advocacy**

Because of the advocacy activities undertaken under CHASPPAR, policies, ordinances, rules were formulated, or revised if needed. Partner countries became more vigorous in their advocacy efforts to develop a more enabling environment for the implementation of national response to HIV/AIDS/STI.

**Linkages/Network**

The linkages which CHASPPAR made within the partner countries, and with regional and international organizations, agencies, groups – both government and non-state sectors, widened the network of the countries and allowed for more opportunities for collaborative efforts and assistance for their other activities and plans. These also facilitated expertise of nationals to be recognized by others in the country and externally.
CHAPTER VI

VOICES FROM THE PARTNERS

This section contains personal accounts written by the National AIDS Program Managers of the different partner countries who were involved in CHASPAR at various phases. They speak from their personal experiences, and also gathered the views and perspectives of other officials from their country that was previously with CHASPAR.

CHASPAR - LAO PDR: The Project and Lessons Learned

CHANSY PHIMPHACHANH, MD, MPH
Director, Center for HIV/AIDS STI (CHAS)

Population and Health Statistics

According to the 2005 Census on Population and House Holds Survey, Lao PDR has a total population of 5.62 millions, with 2.82 million females and 2.80 million males.

Total Fertility rate is 4.5 and this has not changed much compared to the 4.8 figure for the year 2000 (Reproductive Health Survey –RHS, 2000). Infant Mortality Rate (IMR) decreased from 104/1,000 LB in 2001 to 70/1,000 LB in 2005.

Other rates saw decreases between 2001 and 2005: Under 5 Mortality Rate decreased from 170/1,000 LB to 97.6/1,000 LB; Maternal Mortality Rate decreased from 530/100,000 LB to 405/100,000 LB Crude Death Rate is decreased from 13.6/1,000 in 1995 to 9.8/1,000.

But Life Expectancy has increased from 51 in 1995, 59 in 2000 and to 61 in 2005, with 63 for females and 59 for males. Literate rate rose to 73.00% compared to 60.00% in 1995.

HIV/AIDS Situation in Lao PDR

Lao People’s Democratic Republic (Lao PDR) is classified as a low HIV prevalence country, with an adult estimated prevalence of 0.08% (2005, UNAIDS and CHAS). The first HIV person was identified in 1990 and first AIDS case was found in 1992. By the end of 2005, the cumulative of cases report from 1990 and from 16 provinces, there were 1,827 HIV positive persons from 124,531 blood testing, 432 persons living with AIDS and 637 deaths from AIDS. In 2005, there were 357 new cases of HIV infection, and 234 AIDS cases.

From the first round of Second Generation Surveillance (SGS), behavioural and biological data carried out in 2001 by CHAS and its partners showed that HIV prevalence rate among high risk behaviour group (Sex Workers) was 0.9%. STI rates were high for Chlamydia (32.00%) and Gonorrhoea (14.00%). In 2004, the second round of SGS which was to measure the trend of HIV and STI, there was an increase of HIV prevalence from 0.9% in 2001 to 2.02% in 2004. STI prevalence rate remained high: Chlamydia was 38.00% and Gonorrhoea was 18.00%.

The main mode of HIV infection is through heterosexual contact (85%) and the most affected ages are between 20-34 years old (64.5%). Percentage of HIV infection among males is 60%, while among females, it is 40%.
Structure of National Response

Even though Lao PDR is a low HIV prevalence, the country has taken actions to prevent the spread of the epidemic by establishing the National Committee for the Control of AIDS (NCCA) at the end of 1988. In 2003, due to the growing need for a more multisectoral response to HIV/AIDS, the Government approved the restructuring of the NCCA, chaired by the Minister of Health. Serving as vice chairs are the Vice Minister of Information & Culture and the Vice Minister of Education. The NCCA representatives are from various Ministries and Mass Organizations. Each province has set up a Provincial Committee for the Control of AIDS (PCCA) chaired by the Governor or Vice Governor. At the district level, there are District Committees for the Control of AIDS (DCCA) chaired by Governor or Vice Governor. In certain districts, Village Committees for the Control of AIDS (VCCA) have been established in some villages. There are some village volunteers for HIV/AIDS activities.

CHASPPAR PROJECT

For the in-country CHASPPAR project, the Lao PDR saw the need for surveillance, preventive education and IEC for young people.

Design of the Project

There was no accurate data to determine the level of HIV epidemic in the country. So surveillance was one component in the Lao PDR CHASPPAR project to strengthen the National Response to HIV/AIDS. It was believed that surveillance result could be used for advocacy tool to influence policy makers and for further planning of interventions for different target groups. It was planned that sentinel surveillance would be carried out by the Ministry of Health, among the four groups: ante-natal clinic clients, sex workers, military personnel and blood donors.

On the other hand, the Ministry of Education (MOE) did not yet have any HIV/AIDS component in the school curriculum, so it proposed that the CHASPPAR project could address this need of curriculum development. In collaboration with UNICEF, UNFPA and UNESCO, the MOE developed other curriculum modules. Lately, the curriculum has been integrated and now there is only one curriculum for HIV/AIDS in the whole country.

Out of schools youth is a disadvantaged group and are vulnerable for HIV infection. So the Lao Youth Union (a mass organization with structure from central to village level) considered having IEC materials for young people as important for having access to HIV information.

Equipment, offices supplies and technical assistants were provided by CHASPPAR for all the above mentioned activities, to strengthen the capacity of these players in the prevention and control efforts in Lao PDR.

Project Implementation

For the implementation of each component, the Ministry of Health, Ministry of Education and Lao Youth Union nominated the Center for HIV/AIDS/STI (CHAS), National Research Institute for Educational Science (NRIE), and the Youth Project Officer, respectively as focal persons. These focal persons worked closely as a CHASPPAR team with the focal person from National AIDS Programme as national coordinator. The continuity of CHASPPAR team contributed to the success of the implementation of the project.

Human Resource from each sector was provided opportunities for capacity building. For example, Lao Youth Union received technical assistance for TV spots, radio. The focal person from the MOE built a team for curriculum development and they participated in workshops not only in Lao PDR but also in Thailand to be able to complete their modules.
The project plan was developed by the project team and was based on the needs of each sector and the available support from the project. The activities were jointly implemented. If it was a survey, for example, the KAP survey on HIV/AIDS/STI among Ethnic groups in Luang Namtha and Saravane provinces, this was carried out by both CHAS and NRIES.

However, each sector had ownership of their own activities because each made their plan according to their needs and gaps, and implemented these accordingly with the supervision of the institutions concerned.

When planning for the project phases, we always discussed what activities were existing and what can be integrated. Sometimes if a lot of funds are needed, we had to plan in such a way that some amount of money would be sourced from different projects. For example, for the SGS which needed so much financial and technical support, the help of different partners were solicited for their relevant expertise and advice.

Because of limited fund support, CHAS requested CHASPPAR to fund Lao participants to attend regional workshops on surveillance in Viet Nam and some ASEAN Youth meetings.

Regional activities also supported the country needs; for example, the training on management, and the arranging of visits to study other projects of partner countries.

Involvement of PWAs

In 1999, Lao PDR organized the CHASPPAR Regional Workshop on Confidentiality, Privacy and Power Relation Issues in HIV/AIDS/STD in Vientiane. Persons With AIDS (PWA) from Savannakhet were invited to attend the workshop. It was the first time that Lao Network of People Living with HIV/AIDS participated in a National/Regional workshop. One positive pregnant woman, who participated in that workshop, said that she learned so much from other PWA participants from Cambodia and Philippines. She felt stronger for her pregnancy. Previous to that, she was afraid that she would infect the baby and didn’t know what to do. Up till now, when that woman meets us, she still expresses her gratitude for attending that workshop in Vientiane.

Involvement of Lao Youth

Lao youth were selected to attend the regional Youth and Teachers Conference in the Philippines, and the Youth Forum on Youth Reproductive Health in Bangkok. In these meetings, they shared experiences and expressed their views and learned from one another. They were very active during the conferences.

Operational Researches

The CHASPPAR Cross Cultural Studies trained central, provincial and district staff in conducting Focus Group Discussions. They also learned to edit (listen) from their tape recorders. The central staff built up their capacities for research from there. It was the first time that provincial and districts levels were involved in such a study.

The KAP surveys also involved PCCA and DCCA for data collection. Results of each survey were validated through consultation with district and provincial partners before dissemination activities were carried out for PCCA and DCCA.

Linkages and networking

In the implementation of CHASPPAR Project, the project team collaborated with other partners. For example, in the Second Generation Surveillance, CHAS worked with Family Health International (FHI), WHO (WPRO and Country offices), EU STI project, Trust Fund/UNDP, and Government partners. Apart from that, CHASPPAR project collected data for the Cross Cultural Study in border provinces between Khamkeut district (KM 20), Bolikhhamxay province in Lao PDR and Binh province of Viet Nam, so it worked closely with various agencies and organizations which operated in these areas. The project collaborated closely with GTZ project in the area, like Lao-German Family Health project in that district.
Surveillance

In 1996, with CHASPPAR support, the National AIDS Programme carried out the first sentinel surveillance among some target groups such as ante-natal clinic clients in Champassack; sex workers in Khammouane, Champassack, and Luang Prabang provinces; truck drivers and boat operators in Champassack and Vientiane Capital. Testing of blood donors were carried out at national blood bank. However, the surveillance activity was not able to carry out the plan for the military due to the unlinked anonymous methodology. The army wanted to know the names of positive persons and that could not be allowed by the project. Results of the surveillance were used for Mid Term planning for 1997-2001.

In 2001, CHAS (NCCAB at that time*) realized the importance of evidence information for resource mobilization. At that time, prevalence rate of HIV and STI were not known in the country. CHAS consulted with government partners, International Organizations and Non-Governmental Organizations (NGOs) partners including CHASPPAR project to discuss the possibility and feasibility on surveillance. FHI has come up with SGS concept. CHAS and all our partners decided to carry out SGS. The first complete surveillance was carried out with many partners for technical and financial support. WHO provided Technical Assistance (T/A), FHI gave financial and T/A support, while CHASPPAR also provided T/A support and supplies.

The first round of SGS was broadly disseminated and the surveillance results have been used as advocacy tools for proactive response.

The surveillance system is now in place in Lao PDR.

Change in the CHASPPAR Lao PDR Implementers

At the end of 1998, the former National Hygiene and Epidemiology was restructured, and the National Committee for the Control of AIDS Bureau (NCCAB) was designated as the institution to implement the CHASPPAR project.

LESSONS LEARNED

- It has been very good process for the team, and focal persons to attend planning workshops together with other partner countries at the initial stage, so that needs were expressed at that time and the team could help each other in achieving what was planned;
- Monitoring visits from regional to the countries were supportive for country teams;
- Funding support for some activities was important. With good plan but no money for interventions, the plan would be just on paper;
- Annual meeting has been a good forum for feed back from the countries, for learning from one another, and for better understanding and forging close relationships among member countries;
- Using expertise among member countries for capacity building has strengthened Human Resources in the country. For example, many of the CHASPPAR implementers are now working with International Organizations and serve as country director of some NGOs;
- Internal evaluation has been good learning process for the country team to improve their performances;
- External evaluation has been transparent;
- CHASPPAR had a friendly working atmosphere, and we felt we could trust each other
PERSONS CONTACTED FOR THIS ARTICLE

1) Dr. Sithat Insxiengmay: Deputy Director of Department of Hygiene and Prevention, former Director of Center for Laboratory and Epidemiology, (CLE)
2) Dr. Khanthong Bounlu: CLE
3) Dr. Khanthanouvieng Sayabounthavong, Chief of STI Unit, CHAS
4) Mr. Thongdeng, Central Lao Youth Union

My Personal Opinion

CHASPPAR has been a good support for us.

For example, our office was just newly established, and we lacked many things. CHASPPAR fulfilled our urgent needs like desk top, computer, fax, and our first digital camera and LCD. With our first LCD, we were able to use high technology for power point presentation.

Personally, I have felt very close working with all our friends in CHASPPAR. It has been very good atmosphere working together, and I really feel a sense of trust and confidence in ourselves.
Integrating HIV/AIDS/STI Preventive Education Into the School Curriculum in Lao PDR

PHOUANGKHAM SOMSANITH
Deputy Director, National Research Institute for Educational Sciences (NRIES)

BACKGROUND

In the context of globalization, Lao PDR faces a number of challenges with regard to management of school curriculum change, in order to make it relevant to the rapid change of the socio-economy of the country.

The issues of Health and HIV/AIDS Prevention become the Lao Government Strategy since 1989, the year that the Lao National Committee for the Control of AIDS (NCCA) was established. As a member of the NCCA, the Ministry of Education, particularly the National Research Institute for Educational Sciences (NRIES) has worked closely with this agency, especially the NCCA Bureau (NCCAB)/CHAS (Centre for HIV/AIDS/STI) until now.

Faced with the real threat of the global HIV pandemic since the first HIV positive case appeared in Lao PDR in 1990, the country felt a strong need for HIV/AIDS/STI preventive education for young people. The youth has been considered as an important segment of population in HIV/AIDS/STI prevention and control programmes. They are not only more exposed to risky situation thus making them appropriate targets for preventive education intervention, but they are also considered important and effective allies for preventive efforts in the fight against the pandemic.

In 1996, in collaboration with SEAMEO TROPMED under the CHASPPAR (Control of HIV/AIDS/STI Partnership Project in Asia Region), NRIES decided to develop curriculum and materials (textbook for students and teacher’s guide) on HIV/AIDS/STI Preventive Education, and to train teachers using the materials developed starting with five lower secondary schools for students aged between 12 to 14 in Vientiane Capital during the school year 1997-1998. We started without a model of curriculum on HIV/AIDS. At that time, we faced some resistance from a number of education administrators, parents and teachers. The results from our survey for the situational analysis and the fact-finding Meeting in 1997 showed that more than 50% of people questioned did not agree to integrate HIV/AIDS issues in school curriculum. They were afraid that sex and AIDS education, including a discussion on condom use, might lead young people to become sexually active. This would have an impact on our culture. However, through our pilot project and our studies, we demonstrated that AIDS education leads to increased knowledge and awareness on HIV/AIDS, delay in the young people’s sexual activity, and encouragement for them to use safer sex practices.

Lao PDR was recently found to be a country where there is a basic sensitivity to HIV/AIDS issues among a number of officials in different sectors. However there is a strong need for more knowledge, increased awareness of students and people to bring about behaviour change, and advocacy to senior officials for an enhanced response to HIV/AIDS/STI.

So, starting from five lower secondary schools in 1997, with financial and technical assistance from SEAMEO TROPMED-GTZ CHASPPAR, and later from UNICEF (Life skills related to HIV/AIDS Preventive Education), from UNFPA (Population Education and Reproductive Health and HIV/AIDS) and from SEAMEO TROPMED-ADB (HIV/AIDS and ICT), teaching-learning on HIV/AIDS/STI Prevention, Life skills, Population Education and Reproductive Health were (by 2005) integrated into the school curriculum and extended to almost 1,167 primary and secondary schools; to 8 Teacher Training Colleges and 11 Non-formal Education Centres in 11 provinces. From 1997 to 2005, every year, an average of 150 teachers, pedagogical advisors, heads of schools/principals and educational administrators from central to provincial and district levels were trained or informed/motivated on the issue of health/HIV/AIDS/STI & life skills. Curriculum and instructional materials for general education, non formal education and teacher training college were developed, tried out, printed and distributed to schools/teacher training colleges and non formal centres.
Several assessment activities on student learning outcomes on HIV/AIDS/STI and reproductive health were also conducted.

**ISSUES AND CHALLENGES IN CURRICULUM DEVELOPMENT**

As NRIES is responsible for the curriculum development only for general education in primary and secondary schools, the project concentrated on these levels...

**Defining curriculum design**

The challenges of curriculum design involved such questions as:

- Should HIV/AIDS/STI prevention be a separate, discrete subject or should it be integrated into existing subjects?
- If integrated, into which subjects?
- If integrated in subjects, should it be separate or part of lessons or infused in different lessons/topics?
- Which level should teach HIV/AIDS/STI prevention?
- What should be the objectives and the learning content in terms of knowledge, skills and attitudes?
- What should be the time allotment?

Based on the reality of our situation concerning the general education where in the remote and rural areas, a number of young people leave school after finishing primary level; we decided to start the programme in late grades of primary schools, especially in grades 4 & 5 of primary education. This would be continued to grade 8 and grade 11, respectively in lower and upper secondary education. The content of HIV/AIDS STI was integrated into different subjects such as the world around us (primary level), natural sciences and civic education (lower secondary level) and biology and civic education (upper secondary level). We decided to allocate about 5 to 8 hours per school year, in complementation with extra-curricular activities such as: question-answer sessions on HIV/AIDS (to celebrate the World AIDS Day), contest on drawing, on sport or writing slogans & poems related to the prevention of HIV/AIDS/STI.

**Selecting objectives**

The core objectives were defined. At the end of the programme, the students are expected to be able to:

- Differentiate between HIV, AIDS, STI
- Identify 3 ways of HIV transmissions, ways in which HIV is not transmitted, and effective prevention measures: delayed sex and avoidance of risky behaviours;
- Understand and practice the life skills taught: problem solving; effective decision making; effective communication; knowing how to resist from friend’s pressure/how to say NO; identify traditional good values (not to have sex before marriage, delayed marriage, sense of responsibility towards the family...); identify ways of showing compassion, solidarity and non discrimination/non stigma towards people infected and affected by HIV/AIDS, and giving care/support to those people living with AIDS in the family and in the community.

**CURRICULUM DEVELOPMENT PROCESS**

**Establishment of an AIDS Education Team:**

In 1996, when CHASPPAR was started, an AIDS Education Team was established within the Ministry of Education. It was composed of five keys persons from NRIES, the Department of Teacher Training, the Department of General Education and the Department of Non formal Education. In addition, some technical staff became involved actively in our activities since that year. The core staff and technical staff attended several training courses: on HIV/AIDS/STI content, methods of teaching, research and evaluation related to Life skills and AIDS prevention. The limited number and capacity of staff in managing and implementing the programmes and projects were significantly challenging.
Activities from 1997 to 2005

Assessing the situation:

Gathering of information and opinions from

- Ministry of Education/educational administrators
- Teachers
- Students
- Parents

A survey was undertaken at the beginning, in order to make a wise selection of objectives and classroom activities. Based on the information gathered from the intended users of the curriculum and instructional materials, and those who influence the programmes, NRIES developed learning-teaching materials that are relevant to the students. The process which we followed involving several activities through different projects is described as follows.

Curriculum and instructional material development

- Materials for students: textbooks for students were developed (grades 4, 5, 8 and 11)
- Materials for teachers including teachers’ guide with background information and instructions on students’ activities schools and a set of students’ activities for each teacher in target schools.
Integration of Life Skills related to HIV/AIDS prevention into the curriculum

These life skills are: effective communication, discussing reasons for saying NO to pressures/protecting oneself and others against risk behaviour, problem solving, setting goals, creative thinking, critical thinking, interpersonal relationship skills, empathy, self awareness, coping with emotions and stress.

Translation of the TOT manual

The training of trainer manual provided by UNESCO Bangkok was translated, adapted, and printed with some revisions to suit the curriculum which was designed to conform with the Lao context. This is a useful document that is used in teacher training and in teaching activities in classroom. It contains all the information that teachers need to be able to implement the programme.

Developing the comprehensive training package

NRIES collaborated with different concerned agencies to collect posters, pamphlets, booklets, VDO tapes and cassettes on HIV/AIDS/STI to be added to the TOT manual and thereby produce a comprehensive package for teachers, in order to improve the quality of teaching-learning in different schools/teacher training colleges/ non formal education centres in 11 provinces.

ICT and HIV/AIDS preventive education in schools in border area

Eight target lower secondary schools in 4 target provinces were involved in this project (end of 2002 to end of 2004). The same comprehensive package on HIV/AIDS/STI was implemented but complemented with ICT equipment (computers, TV, speakers, amplifier, VCD players...) which were provided to schools and teachers who were trained in the use of computers for the production of their own teaching learning materials (pamphlets, folders, activity sheets, posters...).

Try-out of materials produced and evaluation

The new and revised materials were always first tried out and evaluated by teachers/students/heads of schools before their final revision and printing in large numbers for distribution to the schools.

Teachers, pedagogical advisors and educational administrators training

Before starting the testing and the implementation of the project/programme, training series were organized for teachers/pedagogical advisors/heads of school, in order to ensure a comprehensive use of the instructional materials provided and effective implementation of the comprehensive preventive education package.

Evaluation of student learning outcomes

Since 1999, continuous monitoring and several assessments of student learning outcomes have been undertaken by NRIES. Assessment tools (tests, questionnaires, interview form, class observation form...) were developed. Data were collected, analyzed and reported. The results have shown that students were interested and actively participated in the learning of life skills related to HIV/AIDS/STI prevention.
LESSONS LEARNED

- Multi-sectoral / multi-institutional approach lead to effective results.
- Collaboration/coordination with different international Agencies and NGOs (SEAMEO-TROPMED, UNICEF, UNESCO, UNFPA, Care International, PSI) can provide funding, diverse materials, and a lot of experiences.
- Team/group working or participatory approach is crucial.
- Involvement of educational administrators at different levels and active participation of teachers are essential to strengthen the education sector’s response to the HIV/AIDS in Lao PDR.
- The cascade approach for teacher training sometime is not effective, especially when the some trainers of trainers are not as competent and qualified as expected.
- Monitoring and evaluation are crucial to help teachers in teaching-learning activities
- Refresh training is important but we often cannot do it, due to the lack of resources.

Additional information

1. HIV/AIDS situation in LAO PDR (Sources: from the NCCAB- National Committee for the Control of AIDS Bureau - 2004):

   - The first HIV identified 1990
   - The first AIDS identified 1992

   Cumulative number of HIV/AIDS reported cases from 1990 to 2003:
   - Number of provinces reported 14 (of 18 in the whole country)
   - Number of blood samples 98,016
   - Number of HIV positive tests 1,212
   - Number of AIDS cases 670
   - Number of deaths 486

2. Percentage of HIV reported cases by Gender, 1990 to 2003

   - Male 63%
   - Female 37%
3. Cases report cumulative number by age groups, from 1990 to 2003

4. Number of HIV infected reported cases by year, 1990 to 2003
INTRODUCTION

A. Country profile

The kingdom of Cambodia covers a land area of 181,035 square kilometers in the southwestern corner of Indochina. The country’s distance from east to west is about 580 kilometers; from north to south is about 450 kilometers. It is bordered in the west by Thailand, in the north by Thailand and Laos, in the east and southeast by Vietnam and in the south by the Gulf of Thailand.

According to the Ministry of Planning, the population of Cambodia was estimated to be about 13.1 millions in 2001, with 88% living in the rural areas and 25% of households headed by women. The population density varies greatly from one province to another, ranging from 3,448 persons per square kilometer in the capital, Phnom Penh, to 2 people per square kilometers in Mondulkiri province. The average population density was 64 persons per square kilometer in 2000. The estimated crude birth rate was 27.7 per 1,000 populations, female adult literacy rate was 42%, and unemployment rate was 2.5%.

The people of Cambodia have among the poorest health status in Asia. In the year 2000, the under-five mortality rate was estimated at about 125 per 1,000 live births. The major causes of infant and child death and disability are communicable diseases, protein-energy malnutrition, and micro nutrient deficiency. The maternal mortality rate is currently estimated to be as high as 437 per 100,000 live births. The Cambodian population, especially, the reproductive age groups, suffers gravely from malaria (the incidence is 8 per 1,000 population), tuberculosis (the incidence is 540 per 100,000 population) and HIV (prevalence among adult population aged 15-49 is 2.8%).

The Cambodian economy depends on agriculture. Because of two decades of civil war, flood and drought, 36% of Cambodians live under the poverty line. The inability to raise the income level among farmers, along with an increase of the garment industry mainly located in municipalities and provincial towns have recently caused the movement of the young people from the rural to urban areas. With their low education level, many have been exploited or lured to engage in commercial sex service and/or drug use that place them at a very high risk of HIV/STI transmission.

B. Epidemiology of HIV/AIDS

1. Global situation of HIV/AIDS

The human immunodeficiency virus (HIV) continues to spread around the world, insinuating itself into communities previously mildly troubled by the epidemic, and strengthening its grip on areas where AIDS is now a leading cause of death among adults (defined here as those age 15-49).

Estimates by the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), indicate that by July 2004 over 39.4 million people in the world were infected with HIV, the virus that cause AIDS. In 2003 alone, there were approximately 4.9 million new HIV infections, 3.1 million people died of AIDS and nearly 600,000 children were infected. These deaths will not be the last; the worse is still to come. It is clear that infection rates are rising rapidly in Asia, Eastern Europe and Southern Africa.
2. Cambodian HIV/AIDS situation

In Cambodia, the two decades of civil war has driven the country to widespread poverty with an estimated 36% of population under the poverty line. This has resulted in high rate of unemployment and consequently, increased mobility of people in search of work. This situation has placed these mobile people particularly girls who are away from home and who now experience new freedom from the supervision and control of families, at high risk of unhealthful practices and sexual behaviors. The increasing visits of men to commercial sex establishments or brothels, indulging in unsafe sex, and the need of the women to survive which forces them to accept unprotected sex, have exposed both partners to the risk of HIV infection. This scenario has fueled the HIV/AIDS epidemic in the country as backed by available data.

HIV, the virus which causes AIDS, has been spreading rapidly in the Kingdom of Cambodia since the discovery in March 1991 of the first HIV infected person in Cambodia in a twenty year old male high school student when given a thorough medical check up prior to major surgery. It was believed that this single man was infected from heterosexual contact with sex workers. However, the first AIDS case was diagnosed in Calmette Hospital in the capital city of Phnom Penh in 1993. So it was likely that the virus entered the country several years before 1990 which marked the resolution of political tension along the Cambodian borders, and the subsequent intensive cross border trade with Thailand through the North West region (Battambang, Bantey Meanchey), and through the seaport province of Sihanouk Ville and the coastal province of Koh Kong.

In 1992, the National AIDS Program, with the support from the World Health Organization (WHO), conducted an unlinked anonymous serologic survey of selected risk groups in Phnom Penh. A total of 1017 specimens were collected, with 9.17% of commercial sex workers (CSWs) and 4.16% of sexually transmitted disease (STD) patients testing positive for HIV antibodies.

In order to monitor the trends of the both the HIV and STI epidemic as well as that of high-risk behaviors which contribute to HIV/STI transmission, the National AIDS Program / of the Ministry of Health installed the first HIV Sentinel Surveillance (HSS) system in 1995, and conducted the first STI prevalence study in 1996 and the first Behavioral Surveillance Survey (BSS) in 1997.

In the seventh round of HSS in 2002, the sentinel groups included the police; direct and indirect sex workers, TB patients and pregnant women attending antenatal care clinic (ANC). The result of this surveillance clearly demonstrated that the disease had spread throughout the country. (See figure 2). From the HIV/AIDS data available as of 2002, the National Center for HIV/AIDS Dermatology and STD (NCHADS), the upgraded National AIDS Program, estimated the number of HIV adult infections to be 157,000

Figure 1. HIV prevalence among selected groups in Cambodia, 2002
C. The risk factors contributing to HIV epidemic in Cambodia

Though illegal according to the Cambodian’s Constitution, visiting commercial sex establishments has been a common practice in Cambodia since the change of economic market in the 1990’s. The efforts to eliminate this kind of work, especially for those who are in most need to survive and where 36% of the population are under the poverty line in a developing country like Cambodia, have utterly failed. It seems that wiping out this “industry” is even unrealistic. Best practices elsewhere have shown a decline of HIV/AIDS transmission among those in high risk situations, when appropriate strategies such as providing information and education on safe sex. Among sex workers and clients are applied.

D. The national strategy response to HIV/AIDS

The 100% condom use program (CUP) was initiated in late 1998 through a pilot program in the International Port of Sihanouk Ville, a tourist and economic zone with a large seaport. This popular destination for tourism and trade has a high HIV prevalence. It offers a huge and lively sexual service market, as found through the existing HSS and outreach program. The program was readily accepted by the Provincial AIDS Committee (PAC) and the Provincial Health Department (PHD) who showed willingness and commitment to support the implementation of the 100% CUP throughout the municipality.

After one year of implementation under the technical and financial support of both the government and WHO, this pilot program was evaluated. It showed a very significant success in the control of sexual service. The project had a proper administrative structure, which effectively managed the project. There was a substantial decrease in infectious disease especially STI and HIV, and increase of consistent condom use among sex workers at the brothel.

The process of 100% CUP implementation and the result from the program evaluation, mainly the decline of STI and the increase in self-reported condom use among the sex workers were then used as an advocacy tool to request for higher political support. Finally, the Prime Minister adopted and declared in 2000 a National Policy of 100% CUP for countrywide use.

With this level of support from the Prime Minister, NCHADS developed a plan to scale up the 100% CUP to be a nationwide program.

THE CHASPPAR PROJECT

CHASPPAR was established in 1996 to address some of the gaps in the Cambodian national response agenda. The fund support was limited, but it promised not only the opportunity to do activities which could not be implemented due to financial constraints, but also the chance for obtaining technical assistance and working with other countries in the Asian region.

Representatives of the Cambodian National AIDS Program who attended the first planning workshop organized by SEAMEO TROPMED for the regional project, decided to submit a proposal with these objectives:

COUNTRY PROJECT OBJECTIVES

Primary objective:

To reduce new HIV infections and to improve the quality of life of people living with HIV/AIDS through filling the gap of the national response to the HIV epidemic.
Specific objectives

To provide technical and financial support to the National AIDS Program
To strengthen the management of the national program
To respond to the country priority need for curbing the HIV/AIDS epidemic
To provide an opportunity for on-the-job training
To provide forum to share experience among countries in the region

CAMBODIA CHASPPAR ACCOMPLISHMENTS

1) Administrative and management capacity building

The national program officers and staff received basic training plus on-the-job training on program administrative skills, program management skills, computer skills, procurement skills, workshop or conference organization skills, project or proposal development skills, and in other areas.

*Impact:* Officers and staff of the national program have been able to develop proposals, plan and organize national and international workshops or conferences effectively with larger amount of funding from different donor such as ADB, World Bank, DFID etc.

2) The pilot outreach program for indirect sex worker

In 1995, before the CHASPPAR country project started, the outreach program to brothel-based sex workers named as direct sex worker was launched in order to educate sex worker on HIV/AIDS prevention and promote condom use.

With the technical and financial support from CHASPPAR project, the model of outreach program to indirect sex worker such as beer promotion girl, massage girl etc, was developed and tested. As a result, the indirect sex worker under the project coverage received accurate information on HIV/AIDS, and developed skills in condom use and negotiation skills with clients.

*Impact:* This model has been adopted as national strategy and it has been scaled up nation wide with support from different players.

3) The pilot outreach program for uniformed personnel

Based on the HSS, the uniformed service personnel were considered as a high-risk group for HIV/AIDS transmission, when the prevalence in this sector was about 3 to 5% in 1995. Because of concern for this group, the CHASPPAR Cambodia project initiated an outreach program for them, using peer to peer education. This was initially tested among the police group in two provinces (Takeo and Banteay Meanchey). Consequently, the police officers under the project coverage were selected to be trained as HIV/AIDS core trainers for the provision of accurate information and condom promotion among their peers.

*Impact:* This model has been adopted as a good model by the Ministry of Interior and subsequently scaled up nationwide, with the further support of the Cambodian Red Cross and other partners.

4) The operational research

Under the CHASPPAR project, a variety of operational researches have been designed and implemented by the Cambodian staff, after the regional workshop on research capacity building was conducted by the CHASPPAR regional team. The operational researches were designed with the aim of using their findings to improve the existing program or to initiate a new program. Those operational researches were: 1) cross cultural study of healthy behavior in risky situations at the Thailand-Cambodia border 2) the pattern of commercial sex works in Cambodia 3) the opportunistic infections among people living with HIV/AIDS in Cambodia. As result, these operational researches did not just produce the findings, but the staff capacity at the research unit was built and staff became more confident enough to do further operational researches.
Impact: The findings from the researches were used to improve the outreach program to sex workers, to initiate the outreach program to cross-border mobile populations and to develop the treatment guidelines to manage opportunistic infections (OIs) among people living with HIV/AIDS.

5) The development of the Cambodian HIV/AIDS law

Learning from the experience of the Philippines about the usefulness of having an HIV/AIDS law, CHASPPAR Cambodia with technical, financial and administrative support from CHASPPAR regional office initiated steps to develop HIV/AIDS law through the processes as follows: 1) the development of an advocacy plan with human and material resources; 2) the sensitizing meetings among top policy makers; 3) the study tour to the Philippines where HIV/AIDS law is adopted; 4) and finally, the development of HIV/AIDS law. As result, the HIV/AIDS law was passed by Cambodian legislative body.

LESSONS LEARNED FROM CHASPPAR PROJECT

1) CHASPPAR started with a very strong organizational structure for the project. The SEAMEO-TROPMED who has had a good reputation for a long time in technical experience as well as coordination was the designated executing institution for CHASPPAR. This positive factor was combined with the selection of the national program officer who plays an important role as national HIV/AIDS coordinator and who understands well the HIV/AIDS situation in the country as CHASPPAR country coordinator. “CHASPPAR was built with a strong foundation”.

2) CHASPPAR used local and regional experts who are qualified in the required field AND who demonstrated understanding of national and regional culture, tradition, and norms. It was easier to work with them than those who come from other cultures, and because of their geographic accessibility, the cost of utilizing them was not too heavy for the limited budget of CHASPPAR. In addition, CHASPPAR motivated local and regional experts to participate in the project, and to identify and develop potential experts in the partner countries.

3) CHASPPAR always responded to the country priority needs. This concretized one of the principles agreed upon during the planning workshop: “To value the country ownership”.

4) The main objective of CHASPPAR was to help build up the country’s capacity to respond to health problems. This was in line with its principle that “CHASPPAR prefers to give fish net rather than fish”.

5) Even if the amount of funding was quite small, it was used effectively. So “CHASPPAR provided seed and experience for growth”.

6) The results of the interventions and findings from the operational researches were all used by program implementers to improve or initiate other program interventions. No result or finding was just left seating on the shelves: “CHASPPAR never told the country what to do but CHASPPAR required each country to tell what they want to do”.

7) CHASPPAR provided opportunities to participate in various international conferences or workshops that gave the country many chances to share their projects and experiences with others, to present good papers to others and to learn from others as well.
The links between and among these lessons learned from CHASPPAR can be depicted in this diagram:
Acknowledgements

The National Center for HIV/AIDS, Dermatology and STD would like to express our great thanks and appreciation to:

- His Royal Highest Samdech Krom Preah, Chairman of the National assembly of the Kingdom of Cambodia for his commitment and support to get this law adopted;
- Samdach Hun Sen, Prime Minister of Cambodia for his commitment and his political support on the development of this HIV/AIDS law;
- H.E. Men Sam Orn and H.E. Dr. Nuth Sokhum, chair and deputy chair of the health and social committee of the National Assembly and the committee members for their commitment to advocate for the formulation of the HIV/AIDS law;
- H.E. Dr. Dy Narongrith, chairman of the National AIDS Authority, for his commitment and participation in the law formulation process;
- H.E. Dr. Hong Sun Huot, Minister of Health, for his support and participation in the whole formulation process;
- H.E. Dr. Mam Bun Heng, Secretary of State for Health, for his commitment participating the law formulation process;
- H.E. Dr .Tia Phalla, secretary general of the National AIDS Authority; for his initiative in the drafting and advocacy for this law and his contributions in the writing of this paper;
- All Committees, NGO members, CBO members, and people living with HIV/AIDS who were also involved throughout the development process;
- Royal Government of Cambodia and CHASPPAR for their technical and financial support.

INTRODUCTION

After the first HIV/AIDS case was reported in 1991 from the screening done at the National Blood Transfusion Center and was diagnosed in 1993 at the Calmetre Hospital, Cambodia has faced the problem of rapid spread of HIV among groups with high-risk behaviours and vulnerable sectors such as brothel based and free lance sex workers, entertainment based sex workers and the low-risk groups or general population as such as housewives whose husband may be the source of the HIV transmission.

In general, several key factors are well known to contribute to the rapid spread of HIV in Cambodia. These include widespread poverty (36% of the population live below the poverty line), low income, high unemployment rate, and abundance of mobile populations in search of work, factors which are all often associated with high-risk behaviors including engagement in commercial sex as a means of survival.
In addition, low literacy rate especially among the girls have created limited opportunities for them to look for jobs requiring professional knowledge and skills. The major route of HIV transmission in Cambodia is through sexual contact, especially from buying and selling sex. Actually, this is culturally and traditionally unacceptable among Cambodian people. Therefore, the groups at high-risk (especially those who sell sex) usually hide themselves from public to avoid discrimination and stigmatization.

In order to better tackle the serious situation of the HIV infection becoming a generalized epidemic, commitment from all levels of administration and legislation, should be in place from the top to the grassroots levels. To show government commitment right after learning about HIV epidemic, the national and provincial AIDS programs created national and provincial AIDS committees which also formed district and commune AIDS committees.

For almost 10 years a lot of efforts have been exerted to curb the epidemic, using a multi-sectoral approach at all levels from the national to the grassroots levels. However, much more need to be done to reduce as much as possible, the occurrence of new infections and improve and maintain the quality of life of people living with HIV/AIDS.

Some major challenges in HIV/AIDS prevention and control efforts are as follows:

- People living with HIV/AIDS are discriminated or stigmatized by their families or the society;
- Some public and private agencies require negative HIV/AIDS test result as condition to accept job applications
- Some academic institutions request HIV/AIDS testing each year as condition to accept entry to the school
- Some laboratory facilities perform HIV/AIDS screening and testing without consent and pre and post counseling. Some use HIV/AIDS testing as requirement for wedding application request

THE DEVELOPMENT OF HIV/AIDS LAW

Neighboring countries within the region such as the Philippines have indicated that the establishment of HIV/AIDS law would help in improving the response to HIV/AIDS epidemic. Upon learning of this law, AIDS activists started debating whether such a law should also be developed in Cambodia.

The government decided to systematically explore the possibility of developing and passing a law on HIV/AIDS.

Reasons why HIV/AIDS law is needed

The reasons for the move to develop a law on HIV/AIDS were to respond to the following problems:

1. Cambodia has the most serious HIV epidemic among countries in Asia, with a prevalence rate in 2000 of 2.6% among general population aged 15-49 years old;

2. People living with HIV/AIDS do not want to disclose themselves so they are unable to obtain early access to care because of fear of being stigmatized and discriminated.

3. HIV/AIDS testing is required for job or school application in some places

4. The executive officials feel hesitant to work with high-risk groups such as sex workers or drug users since they are considered “illegal groups” by the National Constitution.

5. The administrative punishment for illegal acts can not be made without the proper law. Examples of illegal acts are: advertising drugs to cure HIV/AIDS, forcing individuals to have HIV testing, conducting HIV testing without informed consent, etc.
Objectives of the Process

The Overall Objective of the process was to enable the legislative body to show its commitment to fight the HIV/AIDS epidemic.

The Specific Objectives were

1. To facilitate the implementation of government strategy to respond to the HIV/AIDS epidemic
2. To provide guidance to the executive officials in the development of policies and guidelines for effective response to the HIV/AIDS epidemic
3. To facilitate the assurance of the quality of life of people living with HIV/AIDS
4. To pass the HIV/AIDS law in Cambodia

Activities

What activities were undertaken to bring about the formulation, passage, and dissemination of the law?

1. Creation of the structures and designation of their roles/functions

The Secretariat of the Committee which oversees health and social issues of the National Assembly was selected as the lead agency in the development of the law. Technical support was given by the National AIDS Authority (NAA) and the National Center for HIV/AIDS, Dermatology and STD (NCHADS), Ministry of Health (MoH).

The structures at various levels to do the work were created and their roles/functions were defined

a. At the legislative level: The secretariat of the health and social committee was officially assigned to draft an HIV/AIDS law in the legislative format.

b. At the executive level: The technical working group at the NAA was assigned to work on the technical aspects of the proposed law...

c. The joint working group: A joint technical working group was organized to discuss the draft of the HIV/AIDS law before it was submitted for further deliberation at the National Assembly general session.


2.1. Identification and Involvement of human resources as “Key Advocates”

The following played important roles as advocates for the development and passage of the law:

- H.E. Dr. Nuth Sokhum; the former Under-Secretary of State for Health and the deputy chair of the committee overseeing health and social issues of the National Assembly, played a crucial role in the advocacy for support from the committee chair, the permanent committee and the National Assembly President. He was so dedicated in advocating to the parliament members from different political parties for the HIV/AIDS law endorsement.

- H.E. Dr Tia Phalla, Secretary General of the National AIDS Authority, together with Dr Hor Bun Leng and Dr Seng Sutwantha deputy directors of NCHADS and the technical board members of the NAA; all played an important role as internal advocators to executive members of the policy board of NAA, government cabinet members using their professional knowledge, and experiences on HIV/AIDS/STI.

Dr. Sandra Tempongko, CHASPPAR manager and Dr Florence Tadiar, regional consultant of CHASPPAR provided assistance and facilitated the study tour to the Philippines which enabled Cambodian delegates to meet with all local key players in Philippine HIV/AIDS law development.
People living with HIV/AIDS (PLWHA) were invited to speak out and share their stories about their HIV status, the consequences to their life and their experiences with the health care system, law, and other agencies and services.

2.2. Gathering of information from material resources

Information and data from the following sources were collected, analyzed, and utilized for advocacy purposes and the drafting of the proposed law itself:

- The global and national epidemiological data on HIV/AIDS/STI (HSS) and Behavioral Surveillance Survey (BSS) data which gave information about the situation and impact of HIV/AIDS/STI
- Findings from different studies relating to HIV/AIDS discrimination and stigmatization
- The draft of HIV/AIDS law which incorporated and integrated the experiences and lessons learned from the development of the HIV/AIDS law in the Philippines

2.3. Implementation of the advocacy plan

Many meetings with individuals and groups were conducted at the legislative level (chair and committee members for health and social issues; members of permanent committee; chair of assembly), and executive level (policy and technical board of NAA, members of government cabinet) and civil society (NGOs, CBOs, APN+ etc.) to sensitize them on the need for the law, and to get their approval and endorsement.

The identified human and material resources were utilized in the sensitization process.

3. The formulation of the HIV/AIDS law

Several steps were taken, and many meetings were held for the preparation, review, and gathering of suggestions and recommendations to improve the draft and the final version of the law.

3.1. The first step

- The parliament secretariat prepared the first draft of the HIV/AIDS law in legislative format, and then sent the first draft to the technical board of NAA.
- The technical board of NAA added the technical issues related to HIV/AIDS into the first draft and sent it back to the Parliament.

3.2. The second step

- The Parliament secretariat reviewed the first draft with technical inputs from the NAA technical board, then prepared the second draft, and sent it to the NAA
- The NAA sent the second draft of HIV/AIDS law to the policy board and then to the Council of Prime Minister’s office. The technical comments and suggestions gathered from the meetings of the two bodies were sent back to the Parliament.

3.3. The third step

- A study tour was organized to visit the Philippines, the sole country in Asia where HIV/AIDS law was developed. CHASPPAR regional project and the CHASPPAR country project in Philippines organized and facilitated the visit.
- The Cambodian delegates consisted of a representative from each of the three political parties who have seats in the parliament, and other representatives from the government.
- The objective of the study tour was to learn from the Philippines, the processes which went into the development of their HIV/AIDS law and its impact after its passage.
3.4. The fourth step

- A joint meeting between legislative and executive groups was convened to discuss the second draft of the HIV/AIDS law. The third draft of the HIV/AIDS law was formulated.
- The third draft was then sent to NAA

3.5. The fifth step

- The third draft of HIV/AIDS law was reviewed by the technical working group at the Council of Prime Minister Office before putting into the agenda of the cabinet meeting.
- After the cabinet meeting the final draft of HIV/AIDS law was adopted and sent back to the parliament.

3.6. The final step

- The final draft of HIV/AIDS law was submitted to the National Assembly general session for deliberation and approval.
- Finally, the HIV/AIDS law was passed.

4. The dissemination of the HIV/AIDS law

After the passage of the HIV/AIDS law, the NAA played another key role in the dissemination of the law through their networks. The following activities were undertaken:

- Meetings with the members of policy and technical boards to further spread information about the HIV/AIDS law. They were asked to disseminate the law through any of their meetings within their respective ministries and agencies.
- The public launching of HIV/AIDS law was done through the use of printed material and electronic media. Thousands of copies of the HIV/AIDS law were printed for distribution to all institutions. The law was also disseminated through a series of radio broadcast. This was intended mainly to reach the illiterate people in the Kingdom.

5. Formulation of a Code of Conduct for the enforcement of the law

After the passage of the HIV/AIDS law, a working group composed of technical representatives from affiliated institutions such as health and justice was established led by NAA to develop the code of conduct for the Law implementation. This code of conduct has been printed and widely disseminated throughout the country.

IMPACT OF THE LAW

Cambodia is seen as second country in the region where HIV/AIDS law has been adopted to strengthen the capacity of the executive body to effectively implement the national HIV/AIDS strategy.

The HIV/AIDS law could be used as potential public advocacy tool to attract more public attention to the fight against the HIV/AIDS epidemic.

The HIV/AIDS law could also be used to obtain more support for the HIV/AIDS prevention and control work among groups with high-risk behaviors such as sex workers and, drug users who should be seen as victims rather than as illegal groups.

The commitment of the legislative body to the HIV/AIDS prevention and control program, and the improvement of the quality of life of people living with HIV/AIDS, is really shown in the passage of the HIV/AIDS law.
LESSONS LEARNED

1. **Involvement of appropriate key persons**

The full and active participation from H.E. Dr. Nuth Sokhum who clearly understands the serious impact of HIV/AIDS and who has the authority to advocate for the HIV/AIDS law development greatly facilitated the formulation and passage of the law.

The commitment and involvement of different agencies/sectors and individuals who have been considered publicly as champions of HIV/AIDS prevention and care, can contribute much to getting the most effective support to the HIV/AIDS law development and passage.

2. **Utilization of appropriate advocacy tools**

The availability of epidemiologic data such as HIV sentinel surveillance (HSS), behavioral surveillance survey (BSS), STI surveillance and other research findings and case studies among people living with HIV/AIDS made advocacy more effective since the formulation of the law was evidence-based. The information from these sources helped persuade the decision makers on the need for the law and helped the drafters in crafting the provisions of the law.

3. **Availability of a good reference document**

The Philippine HIV/AIDS law was an invaluable resource in facilitating the development of HIV/AIDS law in Cambodia.

4. **The study tour**

The study tour to the Philippines, the first country in Asia that has HIV/AIDS law, greatly helped in the development of HIV/AIDS law in Cambodia. The team, from three different parties, gathered enough information from the experiences shared by the lawmakers and advocates, including the people living with HIV/AIDS and the lessons which they learned from the processes they utilized and went through. These were considered in the final drafting and in the advocacy efforts for the passage of the law in Cambodia.

5. **The commitment**

The individual commitment of many key players, parliament members, government members, NGO members, the civil society members and people living with HIV/AIDS themselves is vital in the HIV/AIDS Law passage.

CONCLUSION

Generally, the HIV/AIDS law has a positive impact on the HIV/AIDS/STI prevention and care program in Cambodia.

The HIV/AIDS law will be used to:

- obtain strong political commitment from the legislative body for the national HIV/AIDS response;
- enable program implementing bodies (the government, NGOs and PLWAs as well) to take appropriate measures for ensuring early and constant access of people to appropriate HIV/AIDS services and information;
- prevent/reduce all types of discrimination and stigmatization towards PLWHA;
- take appropriate actions to address the root causes of the HIV/AIDS epidemic;
- motivate PLWHA to participate in the fight against HIV/AIDS and share their experience to the public;
- integrate HIV/AIDS into the national development priority agenda.
RECOMMENDATIONS

- This law should be translated into concrete actions, which will benefit the Cambodian population;
- The executive body should use this law as guide to develop HIV/AIDS related policies and guidelines that are needed to facilitate the implementation of HIV prevention and care programs;
- Both legislative and executive body should ensure that Cambodian people have access to the approved law;
- The legislative body should monitor the implementation of this law;
- The executive body should enforce the implementation of this law.

FUTURE CHALLENGES

The main subjects that will be discussed and resolved in the future are

1) The dissemination of HIV/AIDS law
2) The law enforcement in practice
3) To see the impact of the HIV/AIDS law
The CHASSPAR Project in the Philippines was envisioned to help strengthen the national response to HIV/AIDS by filling in critical “gaps” left unaddressed by other ongoing projects. These gaps were identified jointly by stakeholders from the Philippine National AIDS Council (PNAC) and the National AIDS-STD Prevention and Control Program (NASPCP) of the Department of Health (DOH). The identified activities were also validated vis-a-vis the mandated activities under the RA 8504 (Philippine AIDS Law) and the priorities established under the PNAC AIDS Medium Term Plan and the Philippine HIV/AIDS Research Agenda.

Project partner organizations were identified and selected taking into account their leadership status in the specific project area, relative advantage and strengths of their organizations, their capacity to maximize benefits accruable from project outputs or products and potential commitments to sustain project activities as part of their yearly agency programming. CHASSPAR also engaged point persons with managerial/decision making responsibility for the project fully delegated to them and their availability to help ensure “continuity” as project implementation progress and promote institutional memory for the project. Optimum utilization of expertise available from the project partner institutions within the country was strongly encouraged.

With limited funding available compared to other foreign assisted projects, CHASPPAR’s resources was directed towards “developmental” and/or “leveraging” activities. Given minimal resource inputs for these activities, substantial “return of investments” is expected with multiplier effect of government institutions and other organizations engaged by the project.

The Pre-Departure Orientation Seminar (PDOS) Manual on HIV/AIDS was developed to standardize course content relevant to the needs of overseas Filipino workers (OFWs) and enhance existing orientation methodologies to effectively promote learning and skills building which hopefully would help reduce HIV/AIDS vulnerabilities of these workers. The development of the manual was identified as an urgent need by the Philippine National AIDS Council given the premium status afforded by the government to OFWs recognizing their significant contributions to the country’s economic survival and development.

Specifically, the project took on a “strengthening” approach for the PDOS HIV/AIDS component. PDOS is not new as it is a routinely provided service already instituted by the POEA. As such, ownership for the project had been established at the beginning. The conduct of PDOS is a mandate of POEA and efforts to strengthen the program best serves the interests of the agency.

The manual was redesigned to make it more user-friendly and responsive to identified needs of OFWs, utilizing consultative and participatory methodologies (from development of curriculum, writing, pretesting to evaluation) with major stakeholders. Capacities of implementing partners were built through a training of trainers conducted by the project. Delivery systems were reviewed, identifying new potential partners which can be mainstreamed to help implement the project.

Positive Action Foundation, Inc. (PAFPI), a support group for persons living with HIV/AIDS in the Philippines was formally engaged to become a regular partner of the PDOS implementation. Their participation enhances not only the effectiveness of PDOS methodology but also demonstrates the projects support towards greater involvement of people with AIDS (GIPA).

The development and issuance of an enabling policy by the POEA was pursued to help ensure the sustainability of the initiative. Support from OWWA (mandated to administer health care benefits for OFWs) for the implementation of PDOS was likewise explored.
The PDOS HIV/AIDS Manual was developed in the context of a broader “Comprehensive Package of HIV/AIDS/STI Interventions for OFWs” envisioned by the project. It forms part of the vital interventions called for at the international level to address the risks and vulnerabilities of OFWs as they pass thru the three stages of the migration cycle: from pre departure, arrival in host country and repatriation and reintegration. CHASPPAR had established links and collaborated with both national and regional networks supporting efforts for the welfare of migrant networks. These included both local and international NGOs (ACHIEVE, CARAM Asia) and agencies or institutions (ASEAN Task for on AIDS and UN Task Force on Mobility and HIV Vulnerability led by UNDP. Both CHASPPAR and UNDP provided assistance to the Philippine Department of Health (DOH) in hosting the ASEAN Task Force on AIDS Meeting (BIMPS Group: Brunei, Indonesia, Malaysia, Philippines and Singapore) on Mobile Population and HIV/AIDS Vulnerability Reduction in Manila in April 2002.

The efficacy or effectiveness of PDOS had previously been questioned. For many departing workers, undergoing PDOS is only in compliance to one of the mandatory requirements before they are allowed to leave. The PDOS HIV/AIDS Manual therefore was redesigned to fit adult learning processes, while keeping to a minimum, the fleeting interests of participants just before their departure. They were also developed to maximize learning opportunities and were made friendly to both participants and PDOS providers alike.

As previously mentioned, the strengthening of PDOS formalized the participation of Persons with HIV (PHIVs) in the conduct of the activity. PHIVs served to provide a human face to the epidemic, bringing into the consciousness of departing OFW, that HIV/AIDS is a real and present danger that they will face and therefore they need to exercise responsibility and discipline so that they will not meet the same fate as the PHIVs, and suffer the unnecessary consequences and even death.

While the long term impact of this activity still needs to be evaluated, it is envisaged that the PDOS manual will contribute to reducing the HIV/AIDS vulnerability of departing OFWs.

Parallel initiatives implemented by CHASPPAR in support of the OFW preventive education package include the conduct of formative assessments of OFWs in Hong Kong and the development of radio IEC materials on Reproductive Health with emphasis on HIV/AIDS/STD for OFWs in receiving countries. For both activities, wide consultations were conducted with national partners in the Philippines and relevant stakeholders in Hong Kong including the Philippine Consulate and OWWA Center, Asian Migrant Center (AMC), Hong Kong Bayanihan Trust Foundation, Confederation of Overseas Filipino Workers and the Philippine Association of Hong Kong. Review of agency records and focused group discussions with OFWs were employed as methods to increase the breadth and scope of information gathered which would guide the development of interventions activities for migrant Filipino workers. Networking meetings were likewise conducted to explore potential channels for delivering the proposed interventions.

With the project’s bias for utilization of expertise at the country level, it also invested on developing capacities of implementing partners at the country level. CHASPPAR’s participatory approach to planning, designing, implementing, monitoring and evaluation of project activities had provided hands-on experience for focal points in the different partner countries to further enhance their skills and confidence in managing HIV/AIDS prevention and control programs in their country. The project had likewise responded to specific capacity building needs expressed by member countries which included project proposal writing, research methodology, ethics and research investigations.

Country implementers were given opportunities to showcase their efforts and achievements by encouraging participation in national and international AIDS Conferences. These conferences provided the venue not only for learning new strategies and approaches but also for honing skills in writing abstracts, in making poster and oral presentations, as well as in networking. The regular sharing of experiences at national and regional levels promoted the cross-pollination of knowledge, ideas and insights, further enriching the knowledge resource base available for program implementers.

Management of the project is devolved to the country level, providing enough flexibility to respond to unanticipated challenges. Management and coordination is carried out through regular Project Steering Committee meetings. Focal points in country provide regular progress updates to line agency executives. Project oversight is exercised by the regional staff at SEAMEO in Bangkok.
CHAPTER VII

GUIDING PRINCIPLES, IMPACT, PRODUCTS, LESSONS LEARNED

From the First Planning Workshop which brought about CHASPPAR, the partners were guided by principles which they agreed to follow. This chapter is devoted to the principles practiced by the partners thereby facilitating its implementation, and the lessons learned from the seven years of CHASPPAR’s life.

GUIDING PRINCIPLES

The guiding principles for CHASPPAR programs and processes, which were followed for both the in-country and regional activities, were the following:

Programs:

- Programs should strengthen national responses through filling gaps: those that are included in the national agenda, but resources are not enough or appropriate in terms of human resource with the proper knowledge and/or skills, or materials (inexpensive equipment and supplies). New projects may be initiated based on identified country needs or existing ones are expanded or replicated, or just continued to a next level of development.

- Experts/ other human resources to serve as consultants should be from within the partner countries themselves or at least from the same region, as much as possible. This is to ensure that the experts have a good understanding of the Asian culture and context and the project activity participants can relate more to them. At the same time, the experts can learn more about the countries represented, especially when they are brought outside their country for these activities. Thus, there is mutual benefit to the consultants as well as to the participants. In addition, costs are much less than hiring expatriates.

- Projects are focused on priority needs and are implementable within the limited financial support available. Resources are utilized to initiate developmental activities needed by the countries. Human resource development and operational research are based on the needs of the countries.

- There is active involvement of the People Living with HIV and AIDS and other vulnerable groups in all activities.

- Projects and activities are planned and implemented, utilizing health and development per spectives.

- The activities of the projects take into consideration the activities of other regional and international initiatives. Linkages with other regional organizations or agencies are most useful to have synergy of efforts and resources.

- Support is given by CHASPPAR to extent possible, for participation in other regional HIV/ AIDS related activities organized by other organizations or agencies in the same country or subject matter, or beneficiaries...
Processes

Ownership of the project through the selection of objectives and methods by the implementing countries themselves is vital for commitment, effectiveness, efficiency, and sustainability. Dr. Hor Bun Leng often says that CHASPPAR did not give a large amount of financial support. However, he feels that the project is owned by his country, as it was doing something they needed, not what the donor wanted.

Projects and activities are identified and decided primarily through local/country decision makers/stakeholders, using a participatory approach. The over-all regional project is conceived, implemented, monitored and evaluated with the participation of country teams and the regional team.

From the planning stage, all the project partners are involved. During each regional activity, which was held every 2 –3 months, the steering committee met together to update each other on the status of their project, difficulties they were having, and evolving needs and concerns. So the partners gave their inputs to help each other, and made plans for the succeeding quarter, agreed on topics and schedules and venue for the regional activities.

Values incorporated include partnership, respect for cultural diversity, equality, openness, and trust among all the partners.

Programs and projects are planned with sustainability as one of the objectives.

Regional activities are based on identified common needs of partner countries.

Since the in-country activities were based on the agreed key outputs which included capability building, research, monitoring, together with cross-cutting issues of discrimination, gender and involvement of non-state sectors, knowledge and skills that would enhance the capacity of the countries to implement their projects were needed to be acquired by all. Sharing of experiences, both positive and negative, were done during these activities.

Regional Workshops always start with an update of the country situation on HIV/AIDS and the national response, and relevant information from the country on the topic at hand.

Regular updating by all the countries was ensured through the holding of steering committees as mentioned above, which were properly documented and afterwards disseminated to all partners. Frequent communication between the regional level and partner countries, and among the partner countries, is very helpful in facilitating implementation and avoiding miscommunications.

Initially, a newsletter called/named CHASPPAR NEWS & VIEWS was published and distributed to all partners and to others during international or regional gatherings. It started with how the project was “conceived” and what projects and activities were planned, their status, and other developments in the field of HIV/AIDS in these countries. It was meant to give updates on the project, as well as to promote CHASPPAR as a resource for technical assistance. However, it was stopped after three issues with the assumption that the information that was included here could be available by internet. It is regrettable that it was discontinued as printed material is still quite useful in some places, and anyway, the plan to develop a website for CHASPPAR did not push through.

Flexibility in terms of the use and type of resources, schedules, reporting, and other requirements is a principle followed in the regional and country level activities, to facilitate efficient use of resources.
The appropriate level and agency or sector that implemented the country projects are well chosen by developing criteria and making sure that consent is obtained from them and approval is sought from higher authorities.

Opportunities for greater understanding of the contexts of the partner countries are emphasized through holding or conducting regional activities in the various partner countries by rotation. Presence of the needed resources and skills, availability of the country team and of HIV and AIDS programs or projects, accessibility to sites for observation of health facilities particularly serving PWAs and to cultural heritage sites, existence of conferences/meetings on HIV/AIDS or reproductive health, are some of the factors affecting the decision on where and when the regional activity.

Involvement of focal person/s in all activities and their continuity to the extent possible, are one of the project principles. Their availability is of utmost important in deciding when to schedule meetings and workshops. The stability of members of the country team was a facilitating factor in the project implementation, as the project went through the different phases.

Facilitation of both personal and professional growth of partners is very important for the rapid achievement of common goals.

Supportive and facilitating role of the regional office play an important role in the success of any project.
**LOOKING BACK**

A review of the conditions/situations which the country partners articulated is critical if the epidemic would be prevented and controlled shows that CHASPPAR was able to address these in their various country activities:

- **Policies provide clear and consistent guidelines, including non-discrimination.** The Cambodian HIV/AIDS Law is an example of the effort towards this need.

- **More effective intervention measures are utilized in addressing target group.** The cross-cultural study done by the three countries, the study of two types of sex workers, and also the massage parlor girls in Cambodia, the study on the Lao PDR ethnic minorities all brought about new insights to improve strategies to reach the specific target groups.

- **Coordination and collaboration among groups working on HIV/AIDS/STD is improved.** Definitely, CHASPPAR enabled the various sectors to work together. One example is the Lao PDR project where three sectors were involved: teachers, health staff, youth. The Philippine comprehensive community based project was also in line with this situation: students, teachers, parents, health providers, the NGOs who operated the hotline, were all part of the project.

- **Appropriate messages reach target groups.** The radio program for overseas workers in Hong Kong and pre-orientation seminar modules for migrant workers in the Philippines, the IEC materials developed for the sex workers in Cambodia, the TV spots and video produced by the Lao Youth Union brought the messages to the target groups.

- **Public health services provide reliable, confidential, and voluntary testing and counseling.** Lao PDR, Cambodia and the Philippines included this in their projects.

- **HIV-infected persons receive adequate wholistic care.** Nepal focused on this goal and Cambodia had planned to reach the PWAs. Training was conducted for this purpose.

- **The potential of individuals/groups to contribute to HIV prevention is developed.** PWAs from the different countries were invited to participate in regional activities like the Law, Gender, Ethics, in Lao PDR; Ethics in Research Methodology held in Bangkok, etc.

- **Migrants (internal/external) must have access to STI/HIV and AIDS information and intervention.** The CCS was the starting point for this objective. However, the wider study would be the emphasis in the next regional project.
IMPACT

What then were the results of the numerous activities implemented by CHASPPAR at the country and regional levels? What difference did they make in the HIV/AIDS/STI prevention and control programs of the Cambodia, Lao PDR, and the Philippines?

The project implementers came together during the last phase of CHASPPAR, to identify the impact of this regional project in which they collaborated as partners and came up with the following assessment:

1. **On the country national programmes**

   CHASPPAR enhanced over-all implementation of the national programs with the active participation of various agencies and groups. They filled some important gaps in their plans which were not coerced or funded by other agencies. The project activities provided a bridge or leverage for expansion and up scaling of existing or on going efforts.

2. **On human resource development**

   The health and non-state sectors were not the only recipient of capability building activities. Police, sex workers, youth, teachers, PWAs, parliamentarians, legislative staff, and other groups also attended trainings on counseling, advocacy, STD management, care and support of PWAs, research, video production, etc., and joined study visits in various parts of the participating countries and other places.

   CHASPPAR provided opportunities for broadening of horizon of workshops and other training and meeting activities by discussions of relevant and priority issues and concerns crucial to a better implementation of national programs. And it is significant to note that capabilities developed in HRD activities were applied in their respective country programs and projects. There were improvements in teamwork, both at country and regional levels. Technical capability of project staff was also strengthened in their specific fields of interest/expertise. In addition, managerial capacity of national programmes were enhanced. The regional team as well as other resource persons also continually learned from the sharing of the experiences of partner countries.

3. **Research**

   All the countries conducted various research and assessment/evaluation activities. The workshop on research methods as well as the technical assistance provided through mentoring and tutoring helped a lot in preparing the project staff to undertake these studies. And these led to improvements in their programmes and brought about various lessons and best practices.

   Besides building up the research capabilities of project staff, CHASPPAR increased the utilization of evidence-based or scientific information for better policies, programs, projects, and other activities where decision making on HIV/AIDS issues are concerned.

4. **Advocacy**

   By inviting policy/decision makers from different sectors (including media) of the partner countries to visit care and support as well as preventive programs in Thailand, CHASPPAR enabled them understand better the issues surrounding HIV/AIDS. Cambodian Parliamentarians visited the Philippines to talk with policy makers and NGOs including PWAs who were involved in the formulation and passage of the Philippine HIV/AIDS Law. The Cambodians thereafter passed their own law.
PRODUCTS of CHASPPAR

Several materials that have contributed to the improvements in the implementation of the partner country national programs in different agencies were produced and published by CHASPPAR. These include: Training of Trainers Manual, Reference Material for Teachers, Video Material for the Youth, HIV/AIDS Module for the Pre-departure Orientation Seminar for Migrant Workers, IEC materials for sex workers, uniformed personnel. Newsletters, records of proceedings, etc. There are also mission trip reports, documentation of proceedings, etc.

These materials can be adapted and utilized by public school teachers, youth, trainers and other groups.

LESSONS LEARNED and BEST PRACTICES

Various lessons can be learned from the experiences of CHASPPAR, which can serve as guides and inspiration in similar initiatives. Major “best practices” are presented here.

- Setting up project vision, mission, goals, objectives are important. But agreement on processes to be utilized is vital as well. That is why a list of working principles were developed during our very first planning workshop and these were adhered to during the whole project life.

- Existing and potential human resources and organizations in the region should be utilized, for more efficiency, sustainability of outcomes, empowerment and also transformation/reform purposes.

- During the regional activities, as well as upon request of countries for technical assistance, recruitment of experts was limited as much as possible to local/Asian resource persons who had the capability and reputation in the particular area needed.

- For example, faculty from Biostatistics and Epidemiology of the University of the Philippines College of Public Health were the main resource persons during the Research Methodology Workshop in Manila. For the Law, Ethics, and Gender Workshop in Lao PDR, famous lawyers from Cambodia and the Philippines, and a gender specialist from the Philippines were invited as speakers.

- Emphasize, facilitate, and concretize the idea and value of “partnership”. This means adhering to working principles which were agreed upon during the first project planning workshop – particularly respect for each other’s ideas and perspectives, a sense of equality in decision making and relationship, and an openness for new ideas and processes, which were learned from visits to the different countries.

- Build friendships, emotional relationships among partners, beyond the concept of “partnership”. This contributed to more commitment, expansion of views and perspectives beyond project requirements, continuous support and assistance to each other even in other projects and activities. This is particularly important in the Asian region where personal relations are valued and treasured, and life long. It also facilitates coordination, reduces the occurrence and consequences of miscommunication and misunderstanding.

- Be sensitive to culture, values, country experiences. This will lead to friendships, and more effective development and implementation of initiatives, projects.

In one session, we used the jigsaw puzzle as a tool to illustrate the value of team work. We were quite surprised when the participants from one country told us they had never worked with jigsaw puzzles, so they were not as fast in putting together, the pieces as the other country teams.
Keep meetings/seminar (practice 3 “i”s and 3 “e”s)

- intimate

A maximum of 30 participants was maintained as standard so that people could know and understand each other well. It is also easier to make the meeting inter-active, reduce shyness and boost confidence. It should be noted that there are some delegates who may understand English, which is the language used in the meetings, but they are not able to speak in this foreign tongue as well as others.

- inter-active

One-way, monologue lectures are avoided. This is emphasized to invited resource persons. Efforts must be made to draw participants to express their views, opinions, perceptions, experiences – even if they are not able to use English as well as they speak their own language.

- interesting

Resource persons who are experts in their field, who are not boring in making presentations and who use a variety of methods of learning/teaching are invited at the meetings. The regional team members also participate in discussions and share their experiences, thoughts, feelings, views during presentations and study visits.

- enjoyable

Participants and resource persons are asked to tell jokes, funny stories before or during sessions, to enliven discussions and also to help in socialization. Having meals together in the meeting venue or outside, visiting cultural or tourist sites, shopping, and even dancing and singing besides telling jokes, are some of the strategies integrated in all meetings of CHASPPAR.

- effective

This means well defined objectives and expected outputs must be set, proper methods planned and utilized, and all the other characteristics listed here are applied. After each important event, an assessment is conducted to see what needs to be improved, and suggestions are carried out in the subsequent activities. Criteria for selection of participants and the composition of country delegations are also developed, and communicated to all partner countries. Delegates are advised on what documents they need to prepare before coming to the activities, based on the written objectives, methodology, and topics, which are also communicated beforehand to also guide in the selection of participants.

- energizing

Each meeting is conducted with many “energizers” or “ice breakers”, and ends with a spirit of commitment to exert more and even better efforts to implement planned activities. Acceptance, understanding, respect, are expressed for any delays, cancellations, or postponements, or reaching below targets. However, reports of achievements and well presented reports from country partners inspire the others and give ideas for improvements. The regional team also makes recommendations and gives advice. If needed, they are ready to go to the country to help more concretely.

“Infect”/“affect” significant others

This can be done through a variety of activities where they are invited to participate in one way or another in the different countries. This leads to mutual empowerment – the project partners are exposed to the realities, situations, opportunities for learning. At the same time, those visited; interviewed, asked to come to meetings, etc., learn something about the other countries and their activities, particularly their HIV/AIDS/STD programmes.
Officials of ministries/departments of health, labor, tourism, finance/budget, women affairs, education/academic/research, social work and welfare and development, economic/planning, media, communications, military, agriculture, are some of the sectors invited to CHASPPAR regional and in-country activities.

The management staff should be patient and do a lot of follow-ups.

In-country difficulties, including lack of staff, facilities, equipment/hardware; low literacy rate and poverty; bureaucratic obstacles against innovations; lack of coordination among government, NGOs, donors; and lack of commitment and cooperation – were all mentioned during the start of the project. These must be kept in mind, and implementation should consider them and work on addressing them.

Look at health problems and responses in the broader context, to be more effective.

Poverty which leads to inadequate education and skills as well as lack of access to quality health services and information, “disabling” attitudes and behavior (e.g., discrimination, gender bias), inappropriate laws and policies, all affect project implementation. Existing programmes, plans, projects, and also trends and developments at the national, regional, and global levels, should be considered in planning and management of projects.

For example, changes in perspectives on sexually transmitted diseases or STDs (now changed to infections or STIs), and HIV and AIDS are related more to changes in lifestyle, and their consideration as development and even as national security issues, not only as a medical problem, affect emphasis, priorities, “targets”, laws and policies, budgets and other aspects of the national responses. CHASPPAR had to be sensitive to these changes, and address these changes in planning and management of the subsequent project phases.

Being conscious of these wider context, helped in making the project more flexible, relevant, appropriate, and development oriented.

CHASPPAR exerted efforts in integrating HIV/AIDS/STD in reproductive health, in primary health care, and in development activities during the later phases. So it linked with other projects, organizations, and agencies, in various sectors also individuals (resource persons, policy and decision makers) for speedier achievement of mutual objectives. These included other GTZ projects not only in the region but elsewhere. The team members, who attended GTZ activities in Germany and in other regions, got many ideas and also shared their experiences and knowledge with colleagues from these countries, developing as well as the developed ones.

Develop together with all project partners, a set of guiding principles and adhere to these.

CHASPPAR emphasized responsiveness to partners’ needs, sensitivity to cultural and political context, processes as well as inputs, and content/outputs, participatory work, respect for partners, frequent and honest sharing of experiences, capability building to promote sustainability, maximum utilization of existing resources, minimum of intervention, collaboration with other national and international agencies.

**THE PARTNERSHIP CONTINUES**

In June 2002, an external evaluator commissioned by GTZ Eschborn, visited the project. He agreed with the need to look for other fund sources to be able to continue what CHASPPAR had started, and even upscale activities. Because of this advice, SEAMEO TROPMED, in consultation with the partners, submitted proposals to the Global Fund for TB, AIDS, and Malaria (GFTAM), as well as to the Asian Development Bank for a regional project on HIV/AIDS.
Later, GTZ advised SEAMEO TROPMED that they could submit another proposal to the BACK-UP Initiative, a new program to complement the funding which the German government had provided to the Global Fund for AIDS, TB and Malaria (GFATM). CHASPPAR partner countries developed a project proposal, with the assistance of GTZ representatives, to be geared to the purpose and framework of the new program. The proposal was approved for funding and implementation, so Cambodia, Lao PDR, and Philippines continue their partnership for HIV/AIDS prevention and control, no longer as CHASPPAR but as BACK-UP project implementers. This is aimed at strengthening the implementation of the GFATM projects in these countries.

CHASPPAR lasted for seven years – up to Phase III. But the national HIV/AIDS/STD programs of Cambodia, Lao PDR, and the Philippines will always treasure that short period when they were in CHASPPAR. It gave them an opportunity to be together in a unique regional developmental project, with a different or non-traditional structure of relationships, using empowering processes and exposing partners to a variety of experiences. Its philosophy and principles made the partners become more committed in their work to make a difference in Asia, even with a small amount of fund, not only in HIV/AIDS/STI and reproductive health concerns.

Partnerships in any region, like what CHASPPAR had started, would inspire people to work more and better, for a healthier, more progressive, and more peaceful world. HIV/AIDS/STD was the health issue which brought the partners together. But CHASPPAR partners accomplished a lot more than was expected, and their relationships have gone beyond the project life. They have become and will continue to be true partners for health development in Asia. The provider of financial assistance, GTZ, and the executing agency, SEAMEO TROPMED, can feel as proud of CHASPPAR as the project implementers will always be.
REFERENCE MATERIAL for TEACHERS
for the
Integration of HIV/AIDS/STD in the Curriculum

Developed by:
Control of HIV/AIDS/STD Partnership Project in Asia Region Project (CHASPPAR) - Philippines
School Health and Nutrition Center,
Department of Education, Culture and Sports
1999

Training of Teachers Manual on Preventive Education Against HIV/AIDS in the School Setting

A Collaborative Project of
UNESCO Regional Office for Asia and the Pacific
and
Southeast Asian Network of Educational Organizations Regional Teaching Materials and Public Health Network (SALAM) Program Network

Funding Support from the Japanese ODA in the Form of the Japanese Government

The Human Immunodeficiency Virus (HIV)

Inventory of IEC Initiatives On HIV/AIDS/STI/RH For the Youth

Control of HIV/AIDS/STI Partnership Project in Asia Region CHASPPAR

Radio Material for Overseas Filipino Workers . . .

Psychosocial Impact of HIV/AIDS
PRINCIPLES, IMPACT PRODUCTS, LESSONS