Norad project number:	**GLO-01/400-162 (10352) and TV campaign unded project (10808)**
Name of your Organisation:	**Norwegian Church Aid**
Local Partner(s):	**Provincial and District Committees for Control of AIDS**

ABOUT THE EVALUATION

Evaluation year:	**2005**
Conducted by:	**Dr. Chris Lyttleton**
Country:	**Laos**
Region:	**Southeast Asia**
Theme/DAC sector:	

SUMMARY OF THE EVALUATION

Title of Evaluation Report:
Evaluation of HIV/AIDS Program, Norwegian Church Aid, Lao PDR

Background:
In Laos, NCA has been carrying out HIV activities since the 1993. Throughout the 1990s these were localized to two provinces Savannakhet and Bokeo. In 2000 the NCA program expanded to include the provinces of Champasak, Sekong and Luang Namtha – these projects were integrated within other existing clean water and drug reduction programs. In 2002 activities in each of these 5 provinces were expanded and formalized as stand alone activities with specific MOU's signed on an annual basis (with support from NORAD and money raised by a TV campaign in Norway). The timeframe for these activities was 3 years although some activities have been extended into 2006.

Purpose/ Objective:
- To assess the appropriateness and suitability of the program in terms of approaches/strategies/activities; partnership at both local and national levels and methodology for awareness raising, advocacy, reduction of stigma/discrimination and capacity building; geographical focus; and target groups (PLWA, services women, mobile population, school children).

- To assess achievements and results of the program on different levels of the targeted beneficiaries in relation to the stated objectives of the program, taking a gender, participation of PLWA, equity and human rights perspective into consideration. The main focus should be on the current projects and the phase since the last evaluation of regional HIV/AIDS Program in 2000.

- To formulate recommendations for the future program in terms of approaches and strategies as well as organizational set-up and staffing

Key Findings:
Responding to the need to be proactive in establishing HIV campaigns in Laos (and the region) NCA has been working in HIV programs in Laos since 1993. Initially activities were confined to Savannakhet Province, which as can be seen in the preceding data, has been at the forefront of HIV spread and AIDS cases in Laos, and a few activities in Bokeo. Setting the tone for what has characterized NCA's work in Laos has been the ability to plan in ways for the emergence of problems before they became critical. Thus NCA was the first to start community level programs in rural villages

addressing the imminent numbers of people becoming ill with AIDS. Likewise, they have been instrumental in more recently establishing counseling facilities in selected provincial and district hospitals as well as prevention activities aimed at migrant labor. These activities are groundbreaking in Laos and NCA has played a key role in their emergence.

NCA has worked closely with local government counterparts and its programs have been provided the luxury of relatively flexible planning and reporting requirements by the donors in Norway. This is both a strength and a weakness.

On the one hand, this flexibility allows a degree of specificity to the individual programs in each district where DCCA can prepare working plans for actual activities that are carefully geared to the local (perceived) needs as they arise (and subsequently approved by relevant PCCA). Thus we get some activities that are targeted to specific contexts relevant in each province, and nationally the NCA program conducts some similar and some different activities in different provinces. Work plans can be amended easily and activities added or dropped with no formal request to the donor.
On the other hand, there is a relative scarcity of carefully prepared planning documents and by the same token a lack of monitoring indicators over the past years of operation. Lack of planning project documentation means that assessment of achievements against measurable benchmarks has, to date, been given less priority. There has been no systematic or external evaluation of project activities since 2000.

Recommendations:

If the NCA budget for the next several years for HIV/AIDS work remains steady then activities should be more tightly focused on a more limited number of activities. If the budget increases existing activities can be maintained but improved and new activities considered.

- If budget does not increase, NCA should focus its activities on a more narrow range of target groups
- If budget does increase, new target groups and new activities need to be considered
- PLWHA community activities should be carried on and expanded in reach.
- Establish more coherent cross-border programs
- Some existing approaches need to be improved
- NCA should take a more pro-active role in providing guidance/leadership to government counterparts
- Much greater involvement of the Buddhist sangha should be encouraged

Comments from Norwegian Church Aid (if any):

We have not yet discussed and dealt with the evaluation reports findings and recommendations.

Evaluation of HIV/AIDS Program
Norwegian Church Aid
Lao PDR

Chris Lyttleton
Vientiane
September 2005

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List of Abbreviations

NCA	Norwegian Church Aid
VCT	Voluntary Counseling and Testing
OI	Opportunistic Infections
ARV	Anti-retroviral
MOH	Ministry of Health
PWT	Project Working Team
PLWHAs	People living with AIDS
PE	Peer Educators
HCPs	Health Care Providers
DHO	District Health Office
DH	District Hospital
PHD	Provincial Health Department
PH	Provincial Hospital
CHAS	National Centre for the Control of AIDS and STI
PCCA	Provincial Committee for the Control of AIDS
DCCA	District Committee for the Control of AIDS
PDM	Project Design Matrix
FGD	Focus Group Discussions
TIR	Target Intervention Research
DRF	Drugs Revolving Fund
M&E	Monitoring and Evaluation
PCM	Project Cycle Management
IEC	Information, Education and Communication
STI	Sexually Transmitted infectionsI
BCC	Behaviors Communication Change
LYU	Lao Youth Union
LWU	Lao Women's Union
GOL	Government of Laos
HC	Health Center

Evaluation of HIV/AIDS Program
Norwegian Church Aid
Lao PDR

Introduction

> ***When AIDS enters a society it follows the path of least resistance, among people who are the poorest, least powerful, most disadvantaged or most stigmatised****. (Sabatier 1987)*

Following a human rights approach, NCA's Global Strategic Plan for 2005-2009 elevates human dignity as a key priority. Human dignity is used in a broadly holistic sense; a right belonging to all people without exception - but in world where it remains a 'right' that is frequently violated by "extreme poverty, abuse of power, unequal access to opportunities and resources, lack of security and through systems and structures which have made people invisible and disposable" (NCA 2004: 4)[1]. Each of these characteristics is found commonly in the everyday life of marginalized people the world-over. They are particularly relevant to countries facing the burden of increasing spread of HIV. Thus, a rights-based approach to development inevitably includes a focus on factors that make people vulnerable to HIV and its physical, social and economic impact.

In its mission to be "relevant to all people who long for justice and dignity in their lives" NCA aims to make equity through basic economic, social and cultural rights a central platform in their operations. Like a majority of development agencies from the UN down, this includes a thematic prioritization on HIV/AIDS. The Millennium Development Goals, signed by 191 UN member States list the reduction of HIV/AIDS infections as a key target. Likewise, in Laos, HIV prevention and AIDS support activities are a central element of NCA's prorgam.

A development orientation to HIV/AIDS interventions is only one of a number of different approaches attempting to provide solutions to the ongoing damage wreaked by HIV and AIDS around the world. Not only is it an issue of seeking to improve prevention mechanisms in face of intractable poverty, the increase in numbers with AIDS is creating a new dimension to the epidemic. Trying to address development shortcomings is a difficult and long-term process. Other levels of focus that usually receive larger funding and are easier to measure in terms of concrete impact include the biomedical approach that seeks to find vaccines and effective drug treatments, and the public health approach that focuses closely on specific risk behaviors such as condom use and clean needle use amongst so-called 'high-risk' groups such as sex workers and IDUs.

[1] NCA. 2004. Together for A Just World: NCA Gobal Strategic Plan 2005-2009.

Development NGOs and faith based groups working on HIV/AIDS prevention, and care and support typically orient themselves to combination of the above approaches: a development focus in terms of addressing poverty and broad based community improvement and a public health approach that targets specific risk practices. It takes large resources and capacity to address both arenas satisfactorily. There is, therefore, an ongoing need for any agency working against HIV to decide where best to deploy resources: to direct attention to individual risk practices (the bulk of donor funded programs) or to focus on antecedent factors that create vulnerability in more broader social and economic contexts. This evaluation is oriented to providing an overview that will assist in decisions concerning the targeting of limited resources. Given the rights-based philosophy underpinning NCA's program, it is necessary to also include brief description of the broader socio-economic background within which projects in Laos must operate.

In SE Asia, NCA has a regional program that looks for linkages and mechanisms of regional support both within and across national boundaries. Its regional program in mainland Southeast Asia includes Thailand, Lao PDR (forthwith Laos), Vietnam, Cambodia, and Myanmar. Recognizing HIV/AIDS vulnerability and the need for care and support as broadly developmental issues, NCA in SE Asia targets its activities within community-based interventions in order to make a substantive impact. While it is commonplace in most HIV programs to still target activities towards individual knowledge and risk practices (the public health approach), NCA has also acknowledged the need for the "confrontation of social and cultural practices" (NCA 2005:5)[2].

According to regional planning documents, NCA prioritizes its thematic approach within these community-based interventions through faith-based organizations to enlist their responsibility in prevention, care and advocacy as well as a broad range of civil society organizations. In many countries this remains a particular challenge as it is also recognized that there remain many instances where faith-based communities do not always play a prominent role in the struggles against the spread of HIV/AIDS. This is particularly relevant in those countries that have tended to shy away from providing active government support for non-secular organizations. Post-socialist countries and those run by single party authoritarian governments pose substantial challenges in this regard.

The SE Asian regional program has recently increased its emphasis on interfaith/multi faith efforts noting that it will give high priority to training and building the capacity of religious leaders especially in regards to stigma and discrimination. This is more straightforward in some countries than others. In Laos, religious groups were officially prohibited after the 1975 communist revolution. The social and political environment relaxed considerably in the 1990s but there still exists a large degree of government control over the ability of non-Buddhist groups to operate freely.

In Laos, NCA has been carrying out HIV activities since the 1993. Throughout the 1990s these were localized to two provinces Savannakhet and Bokeo. Activities were geared to strengthening the local provincial and district

[2] NCA 2005 Regional Program HIV/AIDS: Plan 2005-2009 for Southeast Asia Region.

government capacity to implement interventions; the orchestration of media campaigns and the establishment of counseling, care and support services for the growing number of PLWHAs. NCA has been most active in Savannakhet at one point covering all 13 districts, but since 1998, project activities have been limited to the 4 Districts that flank the Mekong (Sayphoutong, Saybouly, Champone and Kantabouly) in order to address the commonplace movement across to Thailand and the HIV risks associated with this. In 1999 Songkhone District was added due to the high number of HIV cases in this District.

In 2000 the NCA program expanded to include the provinces of Champasak, Sekong and Luang Namtha – these projects were integrated within other existing clean water and drug reduction programs. In 2002 activities in each of these 5 provinces were expanded and formalized as stand alone activities with specific MOU's signed on an annual basis (with support from NORAD and money raised by a radio campaign in Norway). The timeframe for these activities was 3 years although some activities have been extended into 2006.

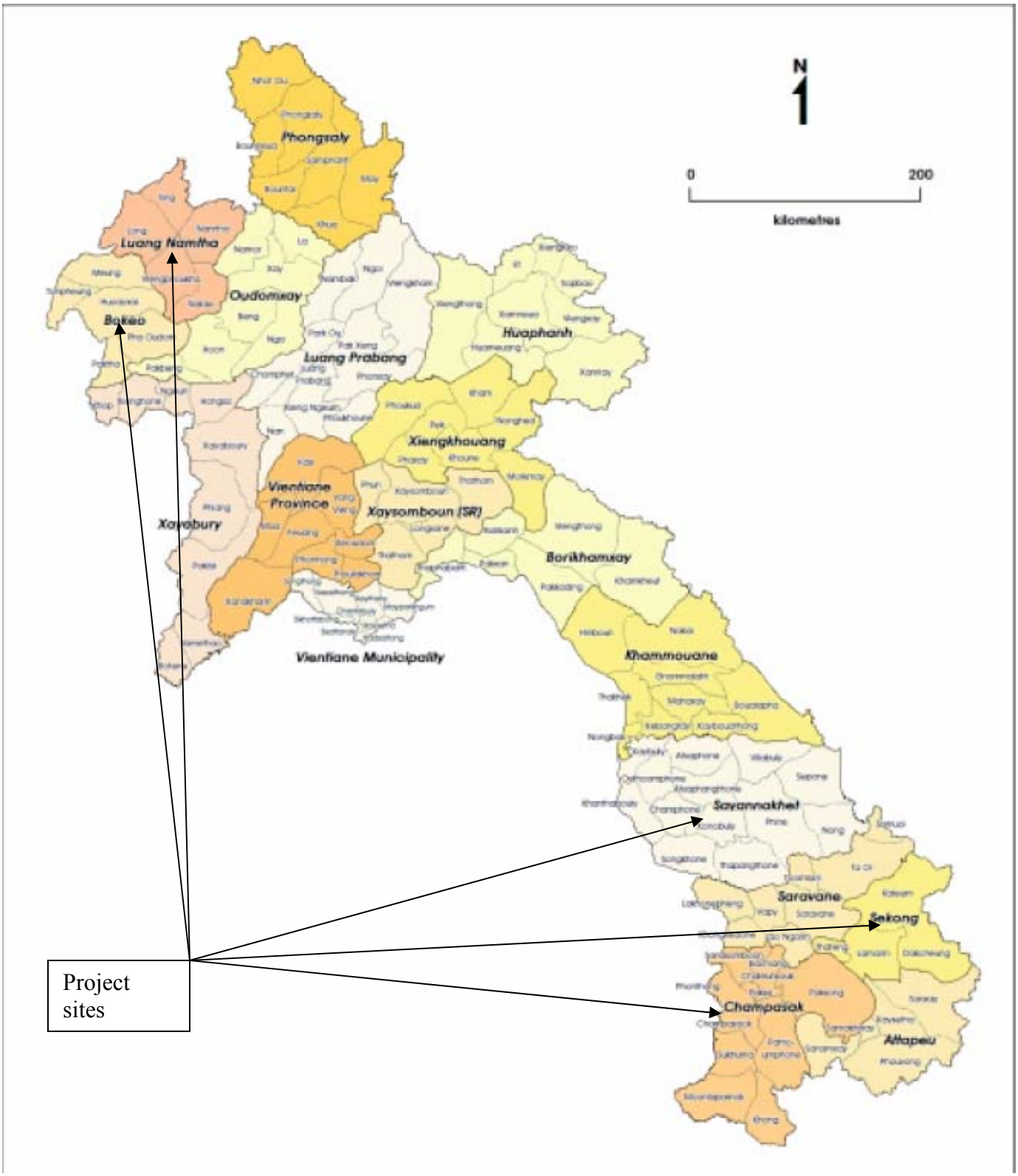
Project Evaluation Objectives:
In September 2005 an evaluation of NCA's Laos program was undertaken in order to address the following objectives:

2.1. To assess the appropriateness and suitability of the program in terms of approaches/strategies/activities; partnership at both local and national levels and methodology for awareness raising, advocacy, reduction of stigma/discrimination and capacity building; geographical focus; and target groups (PLWA, services women, mobile population, school children).

2.2. To assess achievements and results of the programme on different levels of the targeted beneficiaries in relation to the stated objectives of the programme, taking a gender, participation of PLWA, equity and human rights perspective into consideration. The main focus should be on the current projects and the phase since the last evaluation of regional HIV/AIDS Program in 2000.

2.3. To formulate recommendations for the future programme in terms of approaches and strategies as well as organizational set-up and staffing

Although important groundwork has been laid by NCA over the past 12 years, the following report will focus most specifically on the activities and programmatic objectives for the period 2002-2005.



Map of Laos showing provinces and districts (Source UNDP Human Development Report 2001)

Section 1 Background

1.1 Lao – economic and political situation

Laos is designated in the Human Development Index as a Least Developed country. While its ranking has risen to 135 in the world up from 141 where it was placed in 1993, poverty, lack of infrastructure and insufficient resource development still characterize every sector of the social and economic realm. Of all the Asian countries, currently only Bangladesh has a lower HDI than the Lao PDR. The country is divided administratively into 16 provinces, (plus one special zone and the capital Vientiane), 142 districts, and 13,234 villages.

Overall, economic reforms since the mid-1980s have contributed to steady increases in national output; annual GDP growth has averaged around 6% for more than 10 years. Nevertheless average income is still well less than $2/day with many living under the $1/day extreme poverty level. In addition in a country marked by tremendous geographic and cultural diversity, huge differences persist in income levels in different regions. Many different ethnic groups live in Laos – in rural areas a huge majority of the population still practices subsistence agriculture as the main livelihood strategy. The GDP per capita in Vientiane Capital is twice as high as in the other Regions. The Northern Region had a poverty incidence of 53% in 1997/98 compared to 35% and 38% respectively for the Central and Southern parts of the country. The incidence of poverty in Vientiane Municipality was less than one-third of those in the other Regions.

SELECTED INDICATORS FOR THE STANDARD OF LIVING

	North	Central	South	Vientiane	Laos
GDP per capita (PPPUSD)	1,192	1,455	1,363	2,848	1,471
Human Poverty Index	38.3	28.7	32.6	18.3	31.3
Poverty incidence 92/93 (%)	58	40	46	24	45
Poverty incidence 97/98 (%)	53	35	38	12	39
Annual growth rate poverty incidence	-2.1	-2.5	-3.6	-13.9	-3.1
% of Villages with access to electricity	14	50	17	100	31
% of Villages more than 6KM from the main road	45	29	32	21	35
Per capita national expenditure in 99/00 (US$1 = approx 10,800K -)	362,000 Kip	539.000	319.000	554.000	837.000

Source UNDP 2001. National Human Development Report: Lao PDR

Outside of geographical factors - Laos' rugged, landlocked terrain continues to play its part in providing specific obstacles to economic development – ongoing social and economic initiatives have their roots in both historical and political events that have colored the options available to the 5.6 million inhabitants. After the revolutionary overthrow of colonial administration, the

adoption of a socialist government and economy has provided the backdrop against which development programs now operate.

Since 1975, Lao PDR has been run by the Lao People's Revolutionary Party (LPRP). For a number of years this government operated as an orthodox communist system establishing one party rule, socialist co-operatives, a command economy and the prohibition of civil society organizations (outside of the mass organisations which are listed as the local versions of civil society). By the mid 1980's communism began to falter in most countries where it was the dominant ideology and Laos was no exception. A party congress in 1986 made radical changes to the socialist system of economic governance and began to encourage a shift towards capitalism through outside investment and marketization. Like other Asian countries such as Vietnam and China, Laos slowly began to enter the free market economy. The social and political atmosphere eased noticeably throughout the 1990s as a result of the demise of communism but the state has retained control of most potential civil society organizations (Evans 2004)[3].

A new constitution was promulgated in 1991 that defines the LPRP as the leading nucleus of the People's Democratic State and enshrined its ability to operate as a one-party state despite the adoption of a judiciary and body of law. Even with considerable relaxation of social and economic constraints, there remains a legacy of totalitarianism that structures the way most government sections still operate, primarily through the mobilization of mass organizations and information dissemination and control. State media is still under strict control and there persists an expectation that state bodies should maintain a level of scrutiny over individual activities. It remains commonplace that a household member must attend village meetings to learn about state policy. The ways in which development programs are enacted still reflects this strongly top-down style of social and political management.

Laos is heavily dependent on foreign aid (as international agencies replaced the assistance from the collapsed Soviet Union) and the linkage of many development agencies' mandates to human rights agendas has provided a key inclination for human rights constitutions to be signed by the Lao government. The 1991 constitution has provisions for gender equality and freedom of religion and the Lao government signed the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political rights in December 2000. Despite such declarations, the 'leading role' played by the Party means it still has the ultimate say (Evans 2004). This is relevant to the status of minority groups based on either religious or ethnic grounds and therefore also relevant to programs that seek to carry out a rights based approach working in these sectors.

Laos comprises a large number of ethnic groups; the dominant Lao speaking majority make up less than half the national population. Other Tai-Lao speaking groups (eg Tai-Lue, Tai Dam, Tai Daeng, Phu Noi) inhabit lowland and highland valleys. Close to 40% of the population are from 49 officially recognised minority ethnic groups usually living in more remote and/or mountainous areas

[3] Evans Grant 2004. 'Laos situation analysis and trend assessment', WRITENET Report, UNHCR.

(from Mons-Khmer; Tibeto-Burman and Hmong-Yao linguistic groups). The Lao constitution recognizes equality amongst all minority groups and describes itself as a multi-ethnic state. But, if anything, the increased engagement in a free market economy has established more entrenched forms of social hierarchy, here access to resources is strongly delineated along ethnic lines.

After a period of prohibition based on the atheist communist ideology, Buddhism has re-established itself as the unofficial state religion; it is widely practiced amongst lowland Tai groups and is a central indicator of being 'Lao' as opposed to belonging to other ethnicities. Many Christian groups have also become more active in recent years particularly among minorities. Catholicism was established in Laos by the French during colonial years and now caters largely to (Lao-) Vietnamese communities with up to 100,000 followers (Evans 2004: 14). There are also approximately 250-300 protestant congregations (largely the Lao Evangelical Church) making up roughly 60,000 followers (many from upland Mons/Khmers groups).

There have been intermittent crackdowns on the burgeoning number of new churches and congregations. Facing some degree of international pressure, in July 2002, the Government established a new decree which "acknowledged the right of religious groups to proselytize, to print books and documents and the 'right to communicate with foreign organizations, religious agencies believers and individuals', however this could only take place with the approval of the relevant government authority" (Evans 2004:15)..

1.2 Health Status and Primary Health Care Capacity

Given the low status of economic conditions in general, health is understandably the focus of numerous development initiatives. The population is relatively young; almost 55% of 5.5 million are under the age of 19 and only 4% over 65 years. This age gradation highlights how important the focus on youth in HIV programs is, as over half the population is under 20.

Health standards are low measured against any international standard and the lowest in Southeast Asia: The overall crude mortality rate is 15/1000, maternal morbidity is 656/10,000, infant mortality 104/1000 and life expectancy (calculated in the 1995 census) is 52 years for women and 50 years for men (MOH 2000). Amongst highland minority groups these indicators are notably worse.

But there have been some recent improvements. Life expectancy since the 1995 as risen from 52 to 59 years of age (and up from 45 in 1985), mortality for malaria has been reduced by 60% in rural areas since 1996 and access to clean water has increased in rural areas from 31.8% in 1995 to 56% in 2003 (NPEP 2003:83). Despite large scale funding by World Bank and ADB to improve infrastructure (health centre construction in districts across the country and service provision), much progress remains to be made and, as the MOH notes, the Lao PHC system confronts a social order that has "been adversely affected by the prolonged war and the difficult development challenges that the country faced subsequently" (MOH 2000: 7)[4]. Agencies and programs working in

[4] Ministry of Health 2000. Policy on Primary Health Care. Unpublished report. Vientiane.

alleviating or preventing disease burden including HIV/AIDS confront glaring shortfalls or organisational logjams that are a product of this transition. Given its primary designation as an infectious disease, the status and capacity of Primary Health Care in Laos colors to a large extent how HIV/AIDS programs have been able to develop at the national level.

Following the adoption of the new political system, between 1975 and 1985 Lao society was structured by the farming cooperative system operating at the commune level (*thasseng* – now known as *khet* or sub-District). In general, each cooperative (1-3 per *thasseng*) would have one health centre (with an average of 5 beds). Most drugs were provided as aid from other socialist countries, while the WHO and UNICEF assisted with equipment. The health centres were staffed by 2-4 auxiliary nurses who did not receive State payment but were supported by the commune. In many (but not all) parts of the country these health centres functioned efficiently and effectively (Noel 1999: 9) [5]. At the same time, national strategies were not always carefully planned and rigid vertical control of different initiatives became slowly entrenched, a situation that still plagues effective coordination of PHC, and to a degree HIV/AIDS planning, today.

A second phase of PHC in Lao PDR is marked by the breakdown of the commune system and the gradual opening up to the market economy through the new economic mechanism (NEM) introduced in 1987. As the commune system dissolved so too many health centres effectively collapsed, and the District hospitals became the most peripheral service delivery point in most areas. The effective coverage for health services decreased dramatically as many of the auxiliary nurses either left the health sector altogether or moved away for the rural sector to the more urban provincial centres to open private pharmacies. (Noel 1999:10) The number of health posts declined from a peak of approximately 1200 in the late 1980s to just under 500 in 1997, while the rise of pharmacies escalated rapidly in the early 1990s highlighting the massive decline in preventative services available to most rural Lao. This situation has meant that in order to do broad based HIV intervention work that reaches the bulk of the Lao population, new working teams have to be established and skills base built from the ground up.

This then was the background that prompted a rapid increase in foreign funding to the health sector in the 1990s, much of which focused on the rural areas where the lack of health services after the collapse of the communes was felt most stringently. Since 1995, the focus has primarily been on the spread of service provision beyond the District level and numerous donor funded projects have targeted remote rural populations bringing a package of broadly based rural development initiatives that usually include some health components such as clean water and malaria control[6]. More recently HIV/AIDS and reproductive health are routine inclusions in most rural development projects. As mentioned

[5] Noel, Alain. 1999. Historical Development of Primary Health Care in Lao PDR. (ADB TA No. 3058-lao)
[6] A majority (83%) of the Lao population (5.5 million) lives in rural areas and of these 75% practice subsistence farming (UNDP 2001: *Lao National Human Development Report 2001: Advancing rural development* UNDP: Vientiane, Lao PDR: 4.1)

there is little coordination of these activities and while their goals are similar, specific strategies frequently diverge. Inevitably the quality of the numerous small scale health programs including HIV/AIDS varies widely depending on the time, energy and personality of project workers and affiliated government staff. These days village committees (VCCA) have been promulgated to specifically address issues of HIV/AIDS within their communities. They are the next link in a structural system that models their functioning on a hierarchical command structure.

Despite a general low level of Primary Health Care activities in much of the country, like other large scale programs such as malaria control, HIV/AIDS has been given priority in most district level health planning. Reflecting a degree of emphasis in international health programs, the National AIDS Committee has taken the lead in a number of decentralization initiatives in order to provide local level capacity to work in the HIV/AIDS sector. Provincial AIDS committees have been established in all provinces and District AIDS Committees been formed in most of the 127 districts throughout Laos. Following a fairly standardized format, these committees comprise members of different government sectors usually lead by the deputy provincial or district governor: they typically include 10-12 members coming from Health, Education, Commerce, Information and Culture, Agriculture departments and representatives from mass organizations such as Lao Women's Union, Lao Youth Union, and Lao Front for National Construction.

These committees then mobilize a secretariat usually lead by health personnel to organize and initiate activities. They work in teams and most commonly operate as teaching units relaying information in training sessions that retain elements of the top-down structured information management established by Lao political systems since 1975. At times this provides an effective means of mobilizing broad sectors of local governance but at others it becomes institutionally unwieldy and inefficient means of suitably grappling with issues that remain socially sensitive such as behaviors relevant to the spread of HIV. As mentioned there has been an attempt to establish a lower level of operational activities through the promulgation of village level AIDS committees (VCCA) but to date this is limited in reach and institutional support.

Overall perhaps challenges still outweigh the successes in health improvements and substantial foreign aid packages are seeking to address this, in particular the provision of more efficient and extensive Primary Health Care (PHC) services including HIV and AIDS. For instance a recent survey notes that:

> *Infant and under-5 mortality rates are twice as high in rural areas compared to urban areas while maternal mortality rates are more than 3 times higher; in remote mountainous areas and among ethnic minorities the disparities are even more marked. Limited access to health services is one of the reasons for these disparities; almost 30% of the population of the north (the poorest region in Lao PDR) lives 16km from a health centre; language is also a serious barrier. Severe poverty, malnutrition, illiteracy, superstition, non-hygienic lifestyles and opium growing are other causes for low*

utilization of health services. Low quality of services is yet another cause…only 40% of villages have ready access to essential drugs (chloroquine, paracetamol, antibiotics and ORS). (NPEP 2003:83)

As indicated here, the health and development situation is made more difficult by tremendous geographic and cultural diversity. The ethnic groups of Lao PDR fall into four ethno-linguistic families: Tai-Kadai (lowland Lao), Mon-Khmer, Hmong-Mien, and Tibeto-Burmese. These, in turn, all have branches and sub-groups. The Lao government has recently adopted an official classification of 49 main groups, – this can be further broken down into over 200 distinct linguistic groups. Of immediate relevance to programs seeking to ensure equity and rights-based development is the fact that poverty (and poor health services) is significantly higher in the non-Tai ethnic groups. As the following table from UNDP 2001 indicates:

TABLE 5.3 PERCENTAGES OF POOR BY ETHNO-LINGUISTIC FAMILY

Family	% Poor	% Population
Mon-Khmer	56 %	23.5 %
Hmong-Mien	15 %	7.5 %
Tibeto-Burmese	9 %	2.5 %
Tai-Kadai		
Tai-Thay	13 %	36.5 %
Lao	7 %	30 %

Source: NSC/ADB 2001

1.3 Existing HIV/AIDS Situation in Lao PDR:

The following figures show Lao has a level of HIV prevalence (0.1%), markedly lower than its neighboring countries where sero-prevalence at the national level has been as high as 2.0% in some countries. Despite guarded optimism over such low known levels of HIV, there remain many factors that would suggest any complacency is unwarranted. Behavioural surveys show high levels of risk behaviors in a wide range of constituencies, youth, ethnic groups, government staff etc. .

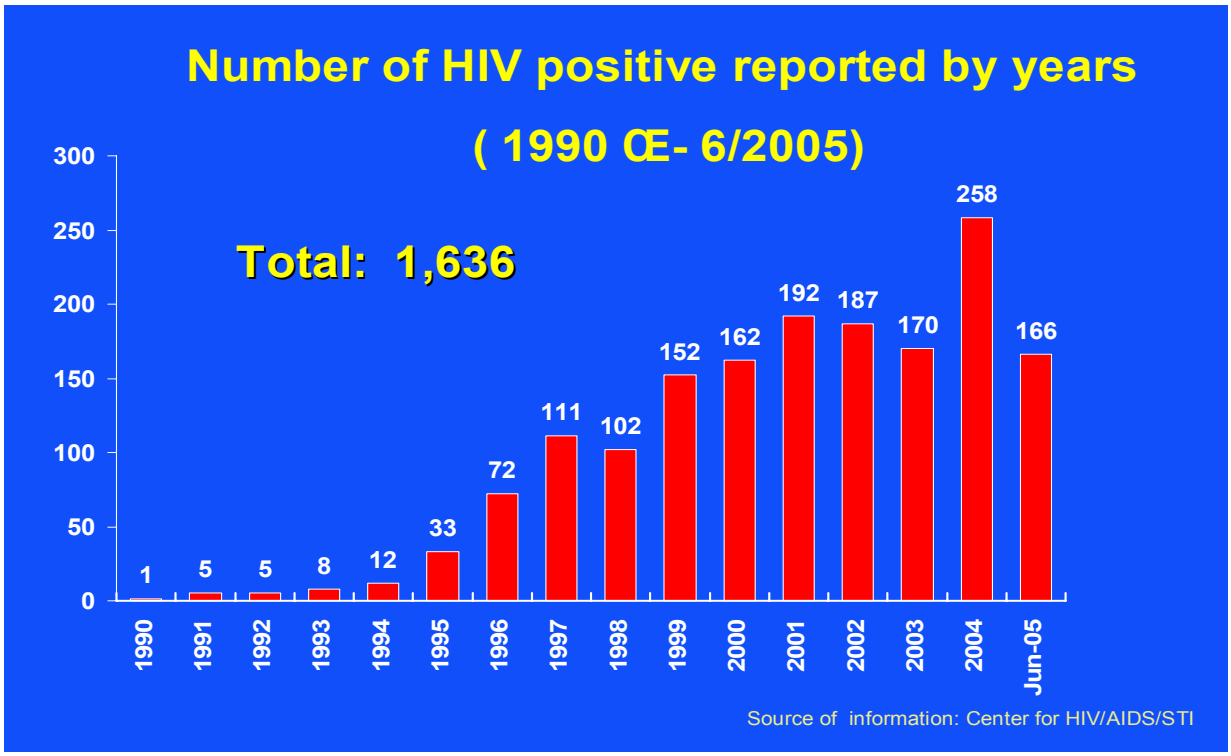
HIV/AIDS SITUATION

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

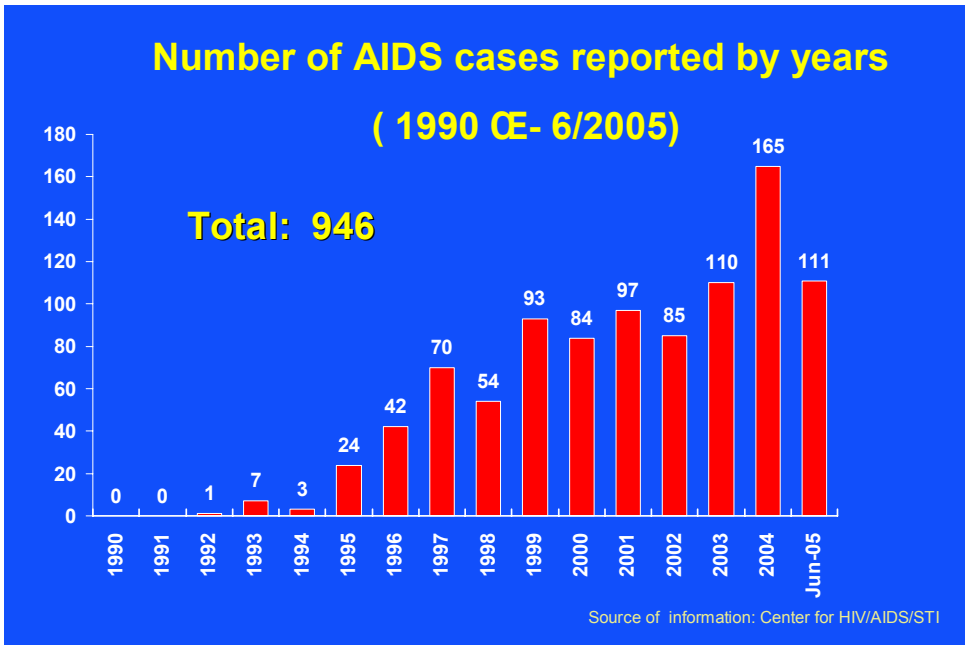
Cumulative number of HIV/AIDS from 1990 Œ- 6/2005:

- Number of province reported 15
- Number of blood samples 117,531
- Number of HIV positive 1,636
- Number of AIDS cases 946
- Number of deaths 584

Source of information: Center for HIV/AIDS/STI



With a total of just over 1600 people who know their status, the number who have joined PWHA support groups is still very small. Just over 400 individuals are classified as having AIDS – close to 200 of these are now part of ARV provision programs – mostly in Savannakhet.


Number of AIDS cases reported by years
(1990 Œ- 6/2005)
Total: 946
180
160
140
120
100
80
60
40
20
0
0
0
1
7
3
24
42
70
54
93
84
97
85
110
165
111
1990
1991
1992
1993
1994
1995
1996
1997
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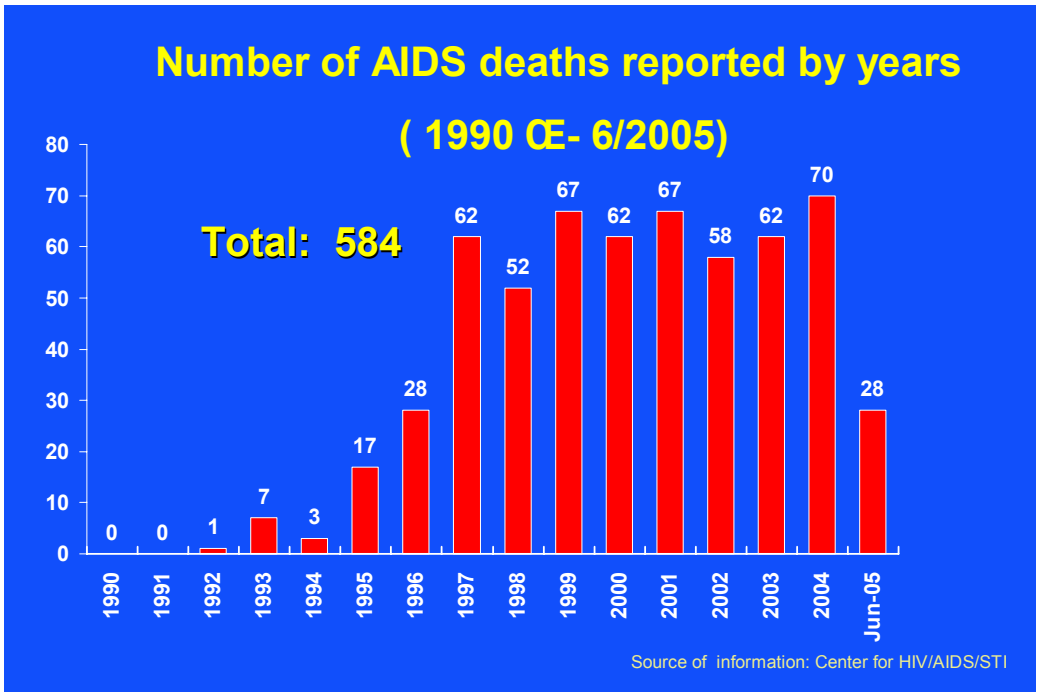
1999
2000
2001
2002
2003
2004
Jun-05
Source of information: Center for HIV/AIDS/STI


Number of AIDS deaths reported by years
(1990 Œ- 6/2005)
Total: 584
80
70
60
50
40
30
20
10
0
0
0
1
7
3
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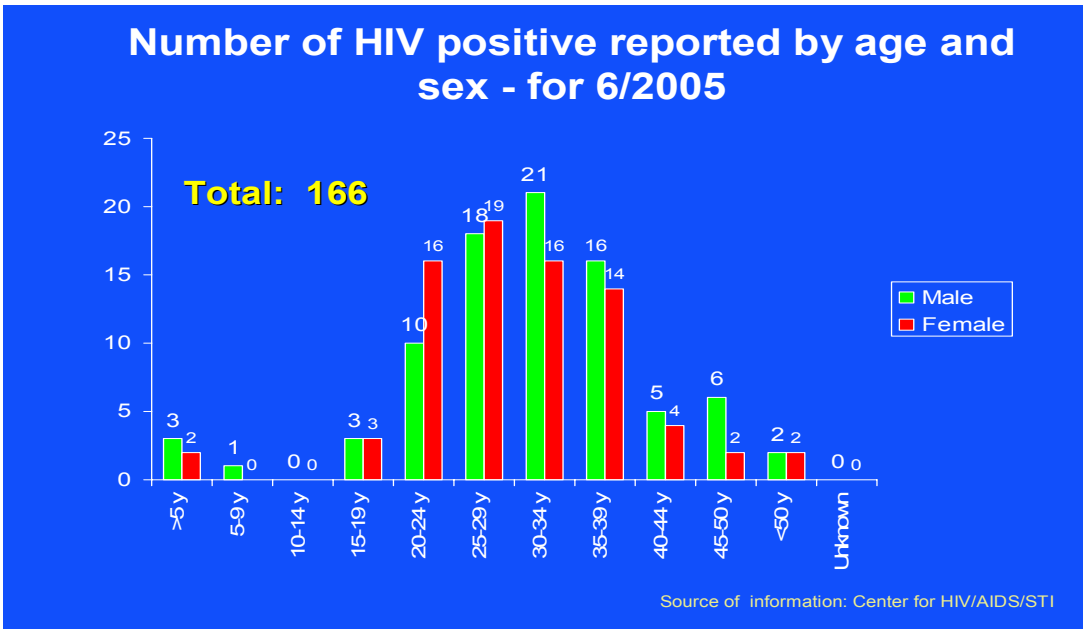
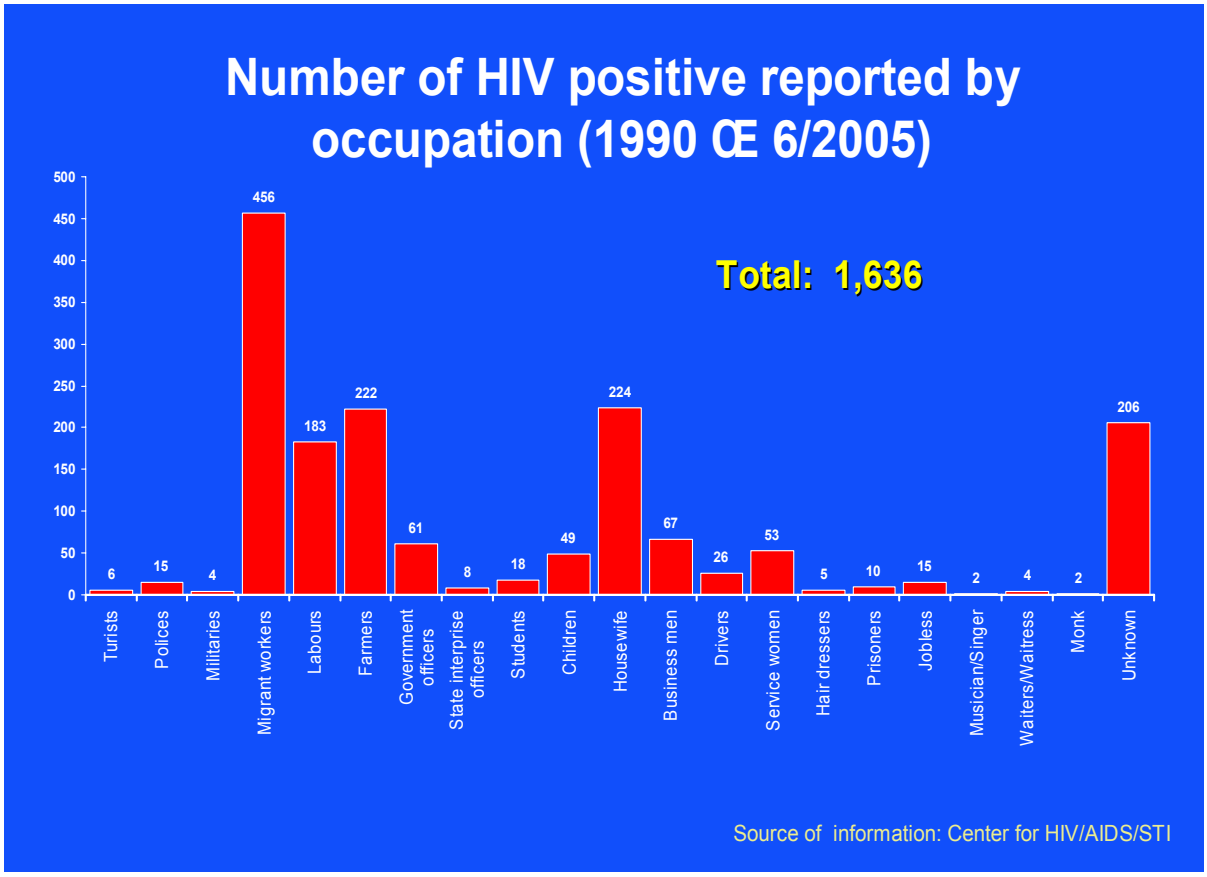
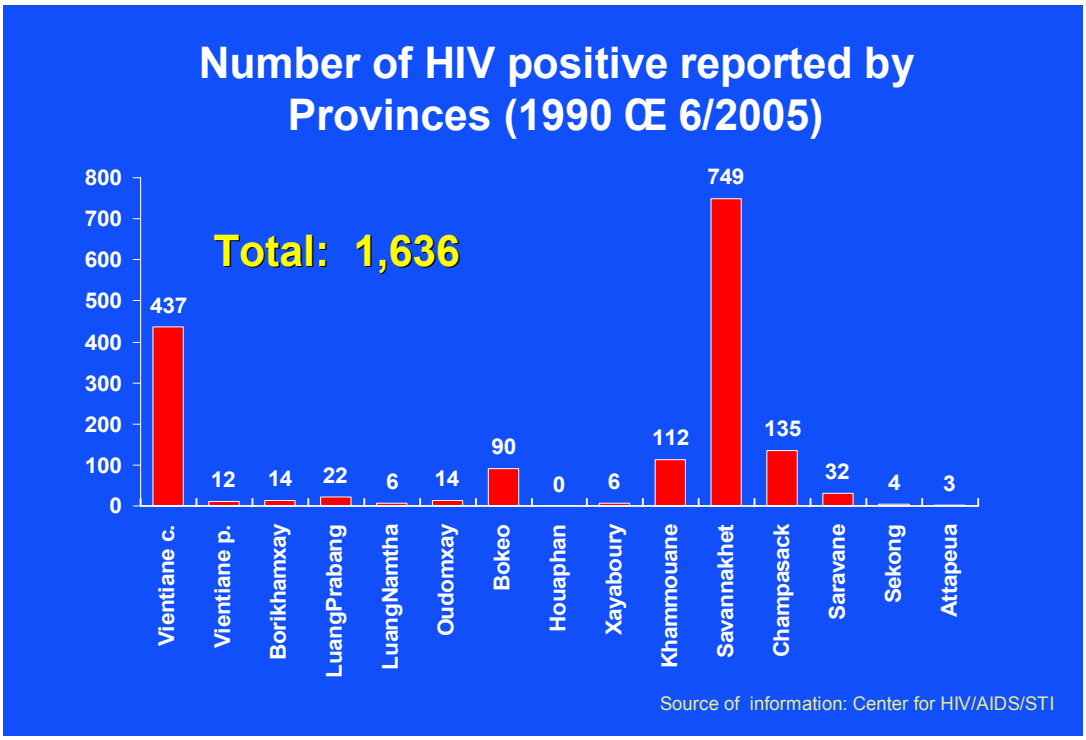
Source of information: Center for HIV/AIDS/STI

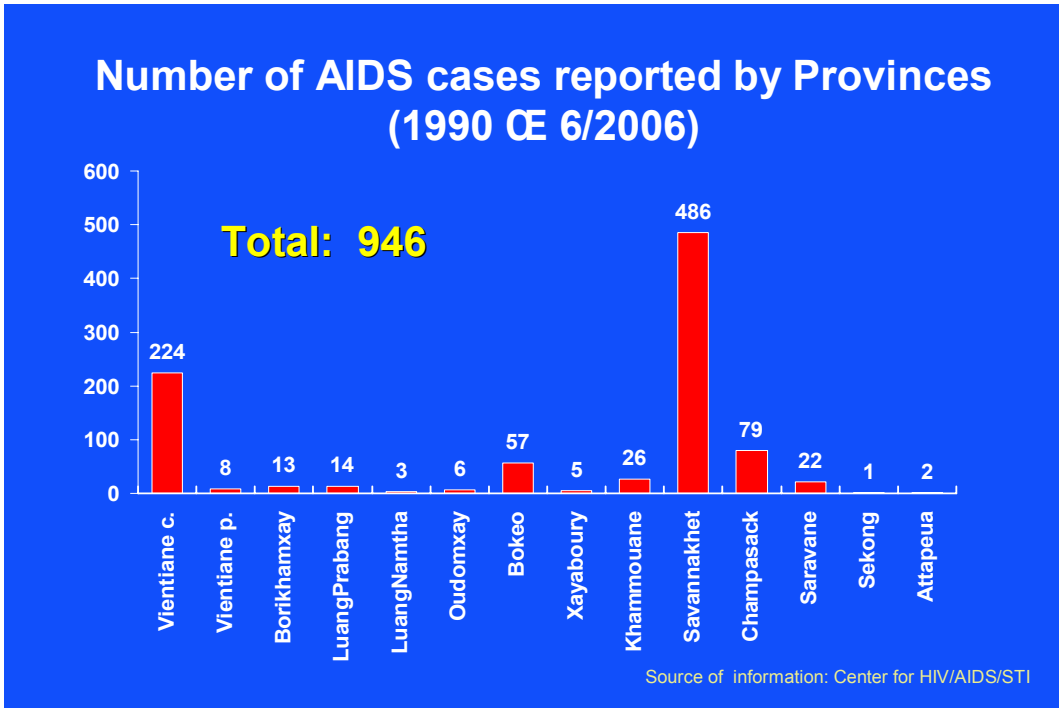


The following graph shows that migrant laborers, housewives and farmers are the highest number infected; yet by far the most program activities focus on students and sex workers



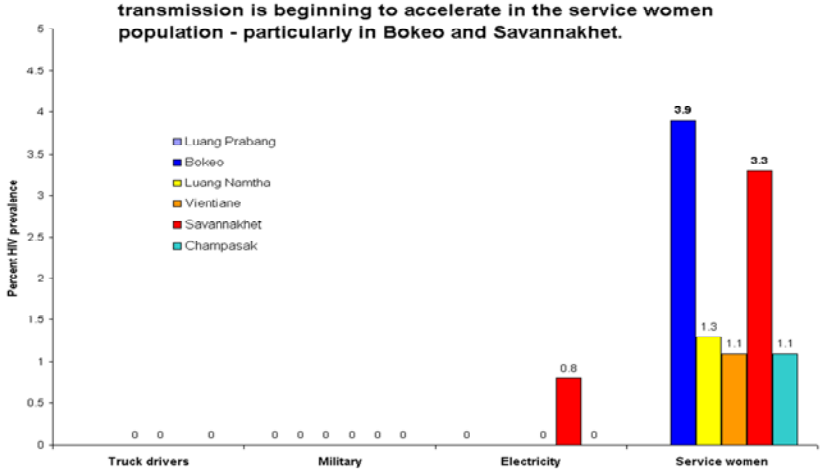


Savannakhet, Vientiane and Bokeo have the most known cases of HIV and AIDS.

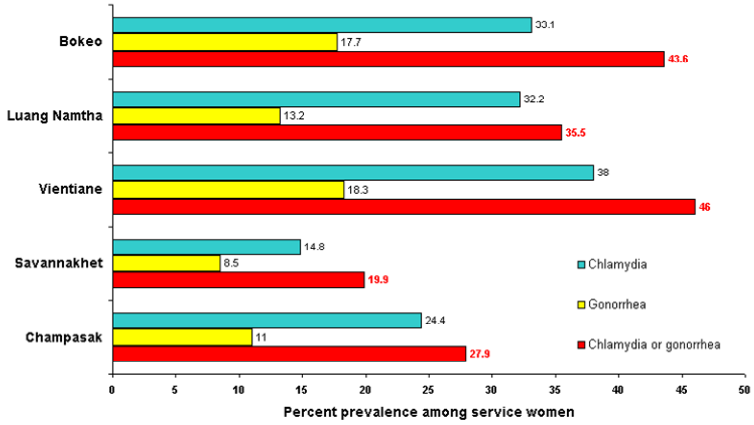


In early 2005 the latest results of the sentinel surveillance undertaken in 5 provinces was released. It showed:

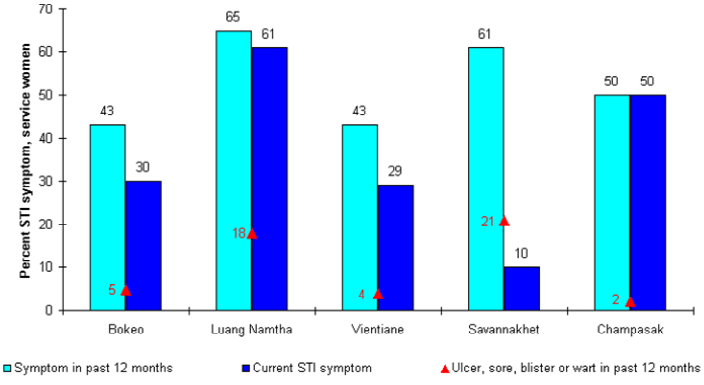
HIV prevalance remains low among men in Laos. However, transmission is beginning to accelerate in the service women population - particularly in Bokeo and Savannakhet.



HIV may not yet be widespread, but bacterial STIs continue to be a *significant* public health concern in the country. One fifth to one half of all service women were infected with chlamydia and/or gonorrhea.



About one half or more of service women reported a potential STI symptom in the past 12 months. Even more telling, one fifth of the service women in Luang Namtha and Savannakhet reported a genital ulcer, sore, blister or wart in the past year - an indication that herpes may be quite prevalent in these areas.



Symptoms include unusual vaginal discharge, vaginal discharge with smell, ulcer, sore, blister, wartslow abdominal pain, pain during urination, vaginal itch

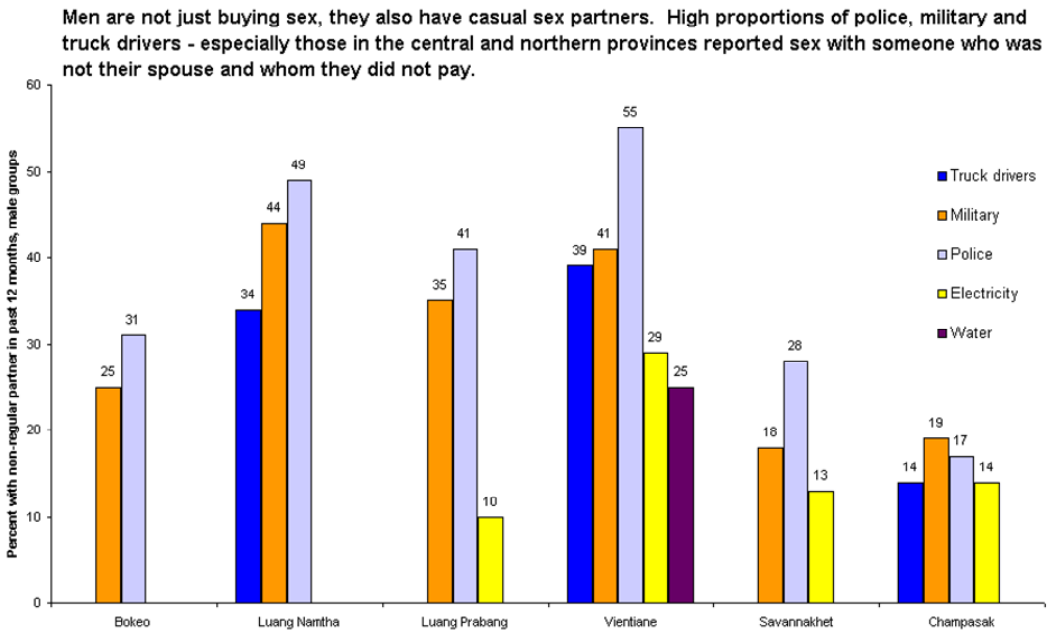
The sentinel surveillance of 2005 showed increasing prevalence amongst sex workers and that STDS are tremendously high amongst sex workers (and other sectors of the population).

But the spread of HIV is not limited to the groups sampled by the Sentinel Surveillance, recent voluntary testing in the first 6 months of 2004 showed worrying increases in HIV cases in some provinces in groups not tested within sentinel surveys. Of those either being referred for testing or voluntarily being tested during this period the data showed more than 10% to be HIV infected in Savannakhet and more than 20% in Champasak. Substantial numbers of these individuals were not in the groups being surveyed in the recent sentinel round. Eg. 28 of the 67 cases in Savannakhet were farmers, 12 were migrant laborers, 10 married householders and 7 laborers.

HIV/AIDS has spread throughout the region for nearly 20 years. In many parts of the upper Mekong, the risk context has moved well beyond the commercial sex and IDU sectors and is now so deeply entrenched in the social fabric that many forms of social relations carry potential HIV threat. For example, the highest number of new infections in many places is amongst married women; the groups most consistently not using condoms are young unmarried men and women who engage in sexual interactions.

In other words, the spread of the epidemic over the past 15 years has become far more diffuse and complex in its primary vectors. While clearly the notion of most at risk groups is still relevant, to simply focus on sex workers and their clients is to miss many other potential modes of transmission. Given the more advanced stage of the epidemic in most of the countries surrounding Laos, it is quite possible that the key entry points and subsequent diffusion promoting an increase in prevalence in Laos will not be through the channels of commercial sex alone. Young people and ethnic groups are two other groups whose opportunity for transmission of HIV needs to be considered separate from the data revealed by selective epidemiological testing. While large donors such as Global Fund tend to finance projects that focus on core risk groups – it is clear that the epidemic is spreading through Lao society in ways that don't necessarily include only these groups. This is where NCA is attempting to broaden the reach of intervention activities to include a wider range of target populations including youth and migrant laborers.

The following graph shows that multiple partner sexuality isn't only occurring in identified commercial sex hotspots. In addition widespread drug use in many different sectors, most particularly amphetamine use (ATS) is complicating the social environment creating a dangerous overlap between different forms of risk practice. It is not only high school students taking ATS but these figures show how widespread it is amongst students. The one fortunate aspect of current drug use trends is that ATS is smoked rather than injected.



ATS use increasing in Lao PDR

- In 2003, 4% of high school students in 9 provinces tested positive to ATS use (nearly 10,000 urine samples)
- In 2004, 11% of students in 6 provinces showed positive test results.
- In 2005, the numbers of students testing positive for ATS use had risen to 28%

Section 2

2.1 NCA Programs in Laos.

Responding to the need to be proactive in establishing HIV campaigns in Laos (and the region) NCA has been working in HIV programs in Laos since 1993. Initially activities were confined to Savannakhet Province, which as can be seen in the preceding data, has been at the forefront of HIV spread and AIDS cases in Laos, and a few activities in Bokeo. Setting the tone for what has characterized NCA's work in Laos has been the ability to plan in ways for the emergence of problems before they became critical. Thus NCA was the first to start community level programs in rural villages addressing the imminent numbers of people becoming ill with AIDS. Likewise, they have been instrumental in more recently establishing counseling facilities in selected provincial and district hospitals as well as prevention activities aimed at migrant labor. These activities are groundbreaking in Laos and NCA has played a key role in their emergence.

NCA has worked closely with local government counterparts and its programs have been provided the luxury of relatively flexible planning and reporting requirements by the donors in Norway. This is both a strength and a weakness.

On the one hand, this flexibility allows a degree of specificity to the individual programs in each district where DCCA can prepare working plans for actual activities that are carefully geared to the local (perceived) needs as they arise (and subsequently approved by relevant PCCA). Thus we get some activities that are targeted to specific contexts relevant in each province, and nationally the NCA program conducts some similar and some different activities in different provinces. Workplans can be amended easily and activities added or dropped with no formal request to the donor.

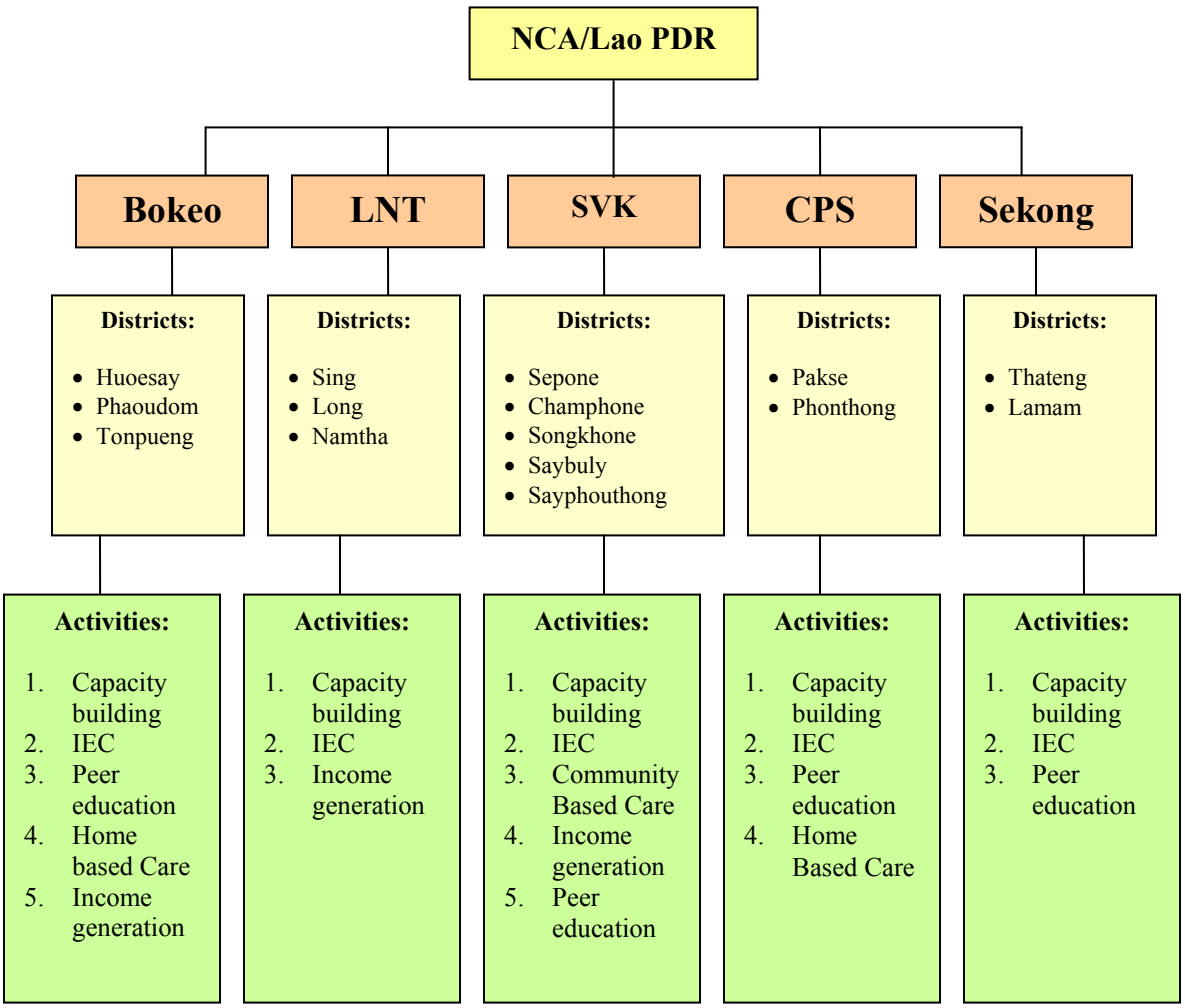
On the other hand, there is a relative scarcity of carefully prepared planning documents and by the same token a lack of monitoring indicators over the past years of operation. Lack of planning project documentation means that assessment of achievements against measurable benchmarks has, to date, been given less priority. There has been no systematic or external evaluation of project activities since 2000. It is therefore the task of this assessment to provide an overview of NCAs HIV operations in Laos. Data was collected by field visits to the majority of district sites (2 districts in Savannakhet and 1 in Bokeo were not visited). It should be noted that this assessment is not based on the empirical collection of indicators that can adequately quantify the impact of NCA activities. Given the number of districts covered in both the North and South of the country (10 districts in 14 days) data collected has been based on interviews with a wide range of provincial district and village level stakeholders rather than any form of measured assessment of behaviour change.

The following report therefore details the strengths and weaknesses of program planning and implementation with the specific aim to identify gaps in planning and the degree to which the activities fit within the broad guidelines of NCA programs objectives. To this end such issues as rights-based approaches

and gender inclusion will be discussed alongside more pragmatic effects of the program organization and delivery. It does not provide a quantitative evaluation of the achievements of the individual activities but rather a more general qualitative assessment of the overall suitability and shortcomings of current programming in Laos. A further priority is to make recommendations for subsequent directions in planning so that NCA can remain vital and relevant in its mission to deliver hope for the achievement of rights-based justice for all.

2.2 Summary of Program Activities.

The following is a summary of activities provided by District working teams in each of the project sites.



Savannakhet

I. Capacity building – Sepon District

Overview

Densavanh and Lao-Bao is a busy trading town between Lao and Vietnam with many foreigners crossing the border gate. The number of hotels and restaurants is increasing after a recent trade agreement to create the Lao-Bao Trade and Economic Development Promotion Zone. Many visitors and investors come to Lao-Bao, Huonghoa district like " Cuddle beer" restaurants and waitress, truck drivers, Xe-ome drivers from different provinces. Therefore there is an increasing risk of HIV infection through sexual transmission in the community. The Provincial Committee for Control of Aids together with Norwegian Church Aid have discussed about the situation and decided work on the prevention spread of HIV/AIDS in this border area.

Activities:

- Training for BCCA (border control team) on HIV/AIDS prevention as a means to build up their capacity to effectively provide knowledge and skills to communities
- Set up and training for Volunteers (16 Xe-om drivers, 3 restuarant owners, 17 sex workers)
- Workshops for establishing better networking channel between DCCA, BCCA and Volunteer (Xe-om drivers)
- Study trip for sharing experiences of best practices in- country and with Vietnam
- Review, quarterly as well as annual meeting for DCCA, BCCA and Volunteer.
- Organized training on how to give HIV/AIDS information to the target groups for volunteers.

Achievements

- HIV/AIDS activities on going as planed
- Strengthening of network and Involvement of BCCA on HIV/AIDS activities
- Strengthening of peers : 16 Xe om, 3 karaoke owners and 17 service women
- General population are interested on the project
- Regular monthly monitoring
- Number of distribution of condoms used

Failures

- Delays in implementations of some activity
- Outcome of some activities is not as good as expected due to time constraints in planning and preparation.

Challenges

- Do better planning and follow up,
- Identify priority area for implementing activities,
- Built of broader ad longer term programmes

II. Information, Education and Communication – Sepone

Activities

1. HIV/AIDS awareness campaign on difference occasion such as: World AIDS Day, Women's day, Boat racing, fire locket festival. More then 1000 people attended the events each time.
2. Organized sport competition on National Day Between Lao – Vietnam authorities in Dansavanh 2 times a year.
3. Develop IEC materials (T-shirts, brochures)

Achievements

- Improve public awareness
- Increased participation of multi- sectors in preventive education,
- Increase number of general population received information about HIV/AIDS.
- Volunteers can able to run the HIV/AIDS awareness on their own in their community.

Failures

- Lack of evaluation on impact of the programme.

Challenges

- Update information concerning HIV/AIDS epidemic,
- Make information more readily acceptable to public,
- Increased number of HIV/AIDS activities among Lao-Vietnam authorities in the targeted area.

III. Peer education – Sepon

Activities

- Peer organized HIV/AIDS awareness to communities in target areas once a month about 30 people participated for each time,
- Provided HIV/AIDS information and condoms for clients during services,
- Provided HIV/AIDS education by one peer responsible for 5 clients.

Achievements

- HIV/AIDS activities running by volunteers (Xe-om drivers)
- BCCA aware of HIV/AIDS situation in the area,
- BCCA empowerment the HIV/AIDS activities implementation for volunteers.

Failure

- Delays in some activities implementations,
- Knowledge and awareness of volunteers remains limited

Challenges

- Advocate the needs for improvement for authorities in the border gate,
- Organize more visits for exchange of experiences for both authorities Lao-Vietnam.

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Savannakhet - Songkhone & Champhone

I. Capacities building – Song khone & Champhone districts:

Activities

- Training of Trainer for DCCA & VCCA on HIV/AIDS prevention as a means to build up their capacity to effectively provide knowledge and skills to communities
- Workshop for establishing better networking channel between DCCA,VCCA and all sectors in prevention
- Study trip for sharing experience of best practices in – country
- Review meeting for DCCA and VCCA

Achievements

- Better planning and monitoring of activities by DCCA
- Improvement of knowledge on HIV/AIDS prevention
- Improvement coordination between DCCA and VCCA, multi-sectors
- Increase in community participatory for HIV/AIDS prevention in targeted areas.

Failure:

- Limited if designing and implementation of suitable income generation activities.
- Lack in the management capacity of the VCCA to monitor the villagers.

Challenges

- Family economic difficulties,
- Limited education of VCCA members.

II. Information, Education and Communication – Song khone and Champhone

Activities

- Initiating sport competitions among student in targeted schools,
- Organizing events on special occasion such as World AIDS Day, Women Day, Teacher Day in each district ,
- Organize debate on other topic among student groups through TV,
- Organized spot and game show competition on TV and Radio
- Develop IEC materials (T-shirts, brochures …)

Achievements

- Improved public awareness of HIV/AIDS,
- Increased participation of multi-sectors in preventive education
- The programs are progressing to become more effective and to gain wider scope.
- General public received wider information about HIV/AIDS.

Failure

- Limitation of use media,
- Lack of organizing skills and capacity of local staff at village level .

Challenges

- To have update information available concerning the HIV/AIDS epidemic.
- To make information easily acceptable to public
- Contribute available funds for development of new tools
- Provide necessary training session or workshop
- Support radio, TV and sport programs

III. Communities Based Care - Song khone and Champhone

Activities

- Training for medical staffs
- Training on ARV, OI and Adherence counseling for PCCA ,DCCA
- Provide retraining on counseling for VCCA
- Provide counseling on topics of self-care, hygiene and techniques such as caring for HIV/AIDS related skin problems.
- Through consultation in 1998, NCA organized a study visit to Chiang Rai and Chiang Mai for medical staffs to observe the Home Based Care activities and strategies implemented in Thailand
- Provide PWH/A with necessary medicine.
- Regularly follow up on PWH/A and their health status.
- Provided campaigns and knowledge to families and communities about HIV/AIDS

Achievements

- Initiation of home based care in 17 targeted villages.
- The implementation of Communities based care activities has been generally satisfactory,
- 24 PLWHA received regular counseling, financial and basic medical services.
- Communities are better inform about HIV/AIDS.
- Counseling teams has also provide counseling and advice to the communities pertaining to other health and medical issues
- Gradual expansion of communities based care activities
- More participation of PLWHA involvement in HIV/AIDS awareness in communities.

Failures

- Community Based Care service is very sensitive area that requires qualified personnel and adequate funding**.**

Challenges

- Advocating the need for improving communities based care activities,
- Organize more visit for experiential exchange,
- Allocating adequate fund for improvement of activities.

IV. Income generation - Song khone and Champhone

Objectives

1. To increase source income for PLWHA and their families,
2. To improve the economic livelihood of who infected by HIV/AIDS

Activities

- Set up and training for VCCA on administration of revolving fund,
- Organized workshop for villagers in the communities on feasibilities of revolving fund,
- Study tour for villagers related to revolving fund activities.
- Promote PLWHA and their families to participate in the process.

Achievements

- 8 villages has set up the revolving fund (Village Committee for Revolving Fund)
- Villagers interesting on the process of the revolving fund in the communities,
- 5 PLWHA and their families participated on the revolving fund.

Failure

- The number of PLWHA still limited on the revolving fund,
- Limited system on using materials for implementation of revolving fund activities.

Challenges

- Knowledge of villagers still limited,
- Lack of management system and experience of VCRF,
- Limited on loan providers.

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Champasak and Sekong Province

Construction Workers – Champasak & Sekong

Overview

In 1999 Norconsult a construction company, was granted a contract for a Norad funded water supply construction project in Champasak and Sekong province. NCA submitted a project proposal to Norconsult and the project was officially accepted in January 2000. Meetings have already been rendered for planning of AIDS prevention activities to establish contacts and to advocate to local authorities the need for HIV/AIDS prevention work in a construction site. Conclusively and in accordance with Norconsult, NCA has since implemented HIV/AIDS prevention activities for workers employed with the water supply construction project implemented by Norconsult.

I.Capacities building – Champasak and Sekong

Activities

- Provide training to PCCA, multi-sector team and DCCA,
- Review meeting for PCCA, DCCA and volunteers,
- Study trip for sharing experiences of best practices in- country
- Strengthening of peers : 13 traditional drama (Molam leung, 15 service women, 35 migrant labors from Vietnam, 36 students by providing various training.

Achievements

- Capacity building for all levels of PCCA, DCCA staff.

- Improved networking for effective AIDS programs.
- Better information sharing and improvement in planning activities,
- Group of Vietnamese volunteers has set up,

Failures

- Capacity of PCCA and DCCA is still low to effectively implement programme. Lack of knowledge to develop activities plan. Therefore, there is a need for training of PCCA and DCCA.
- The relationship between Vietnamese volunteers, Vietnamese Association and Vietnam Consulate still limited.
- Language barrier in communication of the project areas.

Challenges

- Improve coordination with PCCA, DCCA and Vietnamese Association as well as Vietnamese consulate,
- Develop IEC materials for HIV/AIDS awareness campaign for Vietnamese workers,

II. Information, Education and Communication – Champasak and Sekong

Activities

- Initiating sport competitions among construction workers and student in targeted schools,
- Organizing HIV/AIDS awareness campaign on special occasion such as World AIDS Day, Women Day, Wat Phu festival and boat racing,
- Organized sport and game show competition on Teacher Day Between schools in Pakse, Phonthong and Thateng districts,
- Develop IEC materials (T-shirts, brochures …)
- Provide information about HIV/AIDS knowledge on Radio in Sekong 3 times a week/ one time for each.

Achievements

- The wide range of activities and materials developed for better campaigns and awareness raising ,
- Increasing of involvement of the PCCA and DCCA,
- Increasing level of awareness about HIV/AIDS among the construction workers and the general local population and thus a reduction in the risk of HIV/AIDS spread in construction areas.

Failures

- Capacity of PCCA and DCCA is still minimal to effectively implement the activities,
- Lack of knowledge to develop plan of program activities. Therefore, there is a need for implementation of program activities is easier and successful with volunteers within the construction workers group.

III. Peer education – Champasak and Sekong

Activities

- Peers organized HIV/AIDS awareness to communities in for target areas once a month estimate 250 people participated, currently volunteers include 34 school student volunteers, 15 vietnamese workers, 13 mor lam singers, 48 sex workers.
- Provide HIV/AIDS information and condom to general population by Mor lam leung (traditional drama)
- Volunteers organized HIV/AIDS discussion with services women in targeted areas, 43 volunteers participated in each time,
- Every month organized group sharing between Lao youth group and Vietnamese volunteers, 85 people- 35 women,
- Organized retraining for service women in target group 103 participated.

Achievements

- HIV/AIDS activities running by volunteers,
- PWHA have become volunteers for sharing their experiences about HIV/AIDS infection,
- Implementation of program activities is more easier and successful with volunteers (Student, Youth, Service women and migrant labors from Vietnam)

IV. Home Based Care – Champasak

Activities

- Training for medical staffs
  - Training on ARV, OI and Adherence counseling for PCCA
  - Provide counseling on topics of self-care, hygiene and techniques such as caring for HIV/AIDS related skin problems.
  - Provide PWHA with necessary medicine.
  - Follow up on PWHA and their health status.
  - Provided campaigns and knowledge to families and communities about HIV /AIDS

Achievements

- Initiation of home visit for PLWHA in the target areas,
- The implementation of home based care activities has been generally satisfactory,
- Communities are better information about HIV/AIDS.
- Counseling team has also provide counseling and advice to the PWH/A to other health and medical staff,
- Improvement in PWHA health care and status.

Challenges

- Advocating the need for improving Home Based Care activities,
- Organize more visit for experiential exchange,
- Allocating adequate fund for improvement of activities.

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Bokeo Province

I.Capacity Building – Bokeo

Activities

- Provide training to PCCA, multi-sector team and DCCA staff
- Workshop on planning for PCCA and DCCA
- Study trip for sharing experience of best practices in – country and with Thailand
- Review meeting for DCCA and VCCA

Achievements

- Capacity building for all levels of staffs.
- Improved networking for effective AIDS programs.
- Number of communication groups established.
- Better information sharing and improvement in planning activities.

Failure

- Lack of organizing skills and capacity of local staff at the district level.

II. Information, Education and Communication – Bokeo

Activities

- Initiating sport competitions for students in targeted schools,
- Organizing events on special occasion such as World AIDS Day, Women Day,
- Organized spot and game show competition on TV and Radio,
- Produce IEC materials (T-shirt and Brochure)

Achievements

- Wider public awareness of HIV/AIDS,
- Group of peers of Tai Kwondo students initiate different activities including drama skits.
- Increasing of involvement of the PCCA, DCCA in HIV/AIDS work
- Group of peers between Santhipab and Tonpueng have a change to share experience on HIV/AIDS prevention in the schools

Failures

- Capacity of PCCA and DCCA is still minimal to effectively implement the activities,

Challenges

- Staff is limited in terms of quality and quantity,

III. Peers education – Bokeo

Activities

- Organized retraining for peers in targeted schools, 54 peers participated 27 – women.
- Peers organized drama show for other schools on HIV/AIDS infection,
- Peers organized HIV/AIDS awareness in schools once a month,
- Provided HIV/AIDS information through radio FM 102.75 Mz 2 times a week/one hour for each.

- Exchange experiences between targeted schools by debating (Tonpueng and Santhipap schools)

Achievements

- HIV/AIDS activities running by peers,
- PWHA have become more involved in information on HIV/AIDS in the communities.

IV. Home Based Care – Bokeo

Activities

- Training on ARV, OI and Adherence counseling for PCCA,
- Training on HIV/AIDS knowledge for teachers in targeted schools,
- Provide counseling on topics of self-care, hygiene and techniques such as caring for HIV/AIDS related skin problems.
- Provide PWHA with the necessary medicine and transportation fee toThailand (Chiangkong, Chiangseane and Vienkeane Hospitals) .
- Follow up on PWHA and their health status.
- Provided campaigns and knowledge to families and communities about HIV /AIDS

Achievements

- Initiation of home visit in the target areas.
- The implementation of home based care activities has been generally satisfactory,
- Disadvantaged received regular counseling and basic medical services.
- Communities are better information about HIV/AIDS.
- Counseling team has also provide counseling and advice to the PWH/A to other health and medical issues,
- Gradual expansion of Home Based Care activities,

Challenges

- Advocating the need for improving Home Based Care activities
- Organize more visit for experiential exchange,

IV. Income generation - Bokeo

Activities

- Small Handicraft training
- Organized small shop for PWHA groups.
- Exchange trip to Thailand to learn about herbal rememdies
- Organized Fund raising on different occasion such as: Women's Day, World Aids Day.

Achievements

- Committee for Saving Fund for PLWHA has set up,
- Income from Fund Raising on Women Day and World Aids Day,
- Plan to built the shop for PLWHA has already approved by PCCA
- Group of leader wives active on HIV/AIDS awareness campaign and Fund Raising,
- Exchange view between Lao-Thailand (PCCA of Bokeo and Luangnamtha Province and Vienkeane, Chiangseane and Chiangseanes Hospital have a change to shared experiences on HIV/AIDS work)

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Luang Namtha Province

I. Capacity Building – Luang Namtha

Activities

- Training of Trainer to DCCA ,15 participated,
- Review meeting for PCCA and DCCA,
- Study trip for sharing experiences of best practices in- country

Achievements

- Authorities at the provincial and district authority level aware of HIV/AIDS situation,
- Improvement of collaboration between Lao-Thai (PCCA of Bokeo and Luangnamtha Province and Vienkeane, Chiangseane and Chiangseanes Hospital have a change to shared experiences on HIV/AIDS work) on HIV/AIDS work especially HIV/AIDS prevention among ethnic minorities and care and Support PLWHA.
- Volunteers in targeted schools interesting on HIV/AIDS awareness in the school.

II. Information, Education and Communication – Luang Namtha

Activities

- Organizing HIV/AIDS awareness on Women Day,1,157 participate, 471 women
- Provided HIV/AIDS information in the schools estimate 1,041 participants.
- Organized sport and literature competition between schools in target groups 908 students, 485 women.

Achievements

- Wider public awareness of HIV/AIDS,
- Number of PLWHA slowly opened,
- Initiation of different campaign.
- Increasing of involvement of the PCCA and DCCA

III. Income generation – Luang Namtha

Activities

- Organized small income for women against Aids in the communities (produce local sweet both in Sing and Long districts)
- Set up group of the pig raising and chicken raising in targeted areas: 46 pigs, more then 2,000 chickens at the group of women against Aids in the community.
- Set up barber shop in ethnic school at Long district,
- School student produce,
- Set up local handicap shop in Chiangkok village so VCCA can sale on the occasion 3 day market day for every month.

Achievements

- Women against Aids in the communities interested in HIV/AIDS prevention work,
- More involvement of peers in targeted schools,

Section 3 Evaluation

3.11. Adherence to NCA and HIV/AIDS Policy Guidelines 2000; and Regional NCA's AIDS strategy 2000-2004;

3.11.1. **The NCA HIV/AIDS Policy guidelines** clearly state that their approach to reducing the impact on those infected and affected by HIV is oriented to broad development issues moving beyond strictly health initiatives. The guidelines suggest that gender, sexuality, culture and power relations underlie the ongoing transmission of HIV and its impact on those infected. In other words, activities focusing on HIV/AIDS also have to bring about changes in the social and political order.

Any development initiative brings about some degree of change and the NCA program in Laos is no different; the specific degree of changes in a larger social framework are hard to verify but there is no doubt NCA's work fits within processes of modernization and social change that are bringing rapid change to much of Laos. In fact, much of the focus of NCA (and other agencies) HIV/AIDS work is actually seeking to mitigate the dilemmas of rapid change as HIV is increasing in large part due to the nature of some of these forces: eg labour mobility and the movement into Thailand seeking work.

The program in Laos has to integrate within existing social and political structures; to seek to operate outside these would be inappropriate and damaging. This places some constraints on the extent to which each of the designated focus areas can receive active incorporation with activities. For instance, while NCA strongly utilizes a development approach in its activities, its ability to mainstream work with HIV/AIDS into other areas beyond training sessions is pragmatically limited by the degree of latitude provided by the political and social climate. The policy guidelines list a series of focal areas – some of these are more relevant than others to the ongoing work in Laos.

As will be described in following sections, NCA's program in Laos delivers successes in the areas of building attitudes and mobilizing resources but these are generally at either the government level or the local village level. The existence a civil society sector is almost non-existent and NCA has little choice but to concentrate on direct collaboration with government bodies in its place. Nevertheless the formation of village level co-operatives might be regarded as a nascent step in this direction. Work with faith-based organisations is also not well developed yet, although there remains more potential in this regard now that Buddhism is able to operate freely and without constraints in a political sense. Socially there still seems to be a reticence amongst certain Buddhist clergy to tackle issues related to HIV and this is an area that needs more attention.

The program does work towards improving food security through its income generation activities and while these have had concrete and positive

contributions to the lives of PLWHAs able to access them, to date, income generation funds have not had major impacts on potential modalities of risk for HIV transmission.

The other NCA focal areas are less central to everyday activities of the program: sexual violence has not figured largely and while trafficking is an issue in Laos it has not been strongly integrated in current HIV activities (labor migration is part of a separate project). Emergency preparedness and conflict management are not relevant to everyday functioning of HIV programs in Laos. Improving political conditions for development is a process that happens slowly and must be approached sensitively. NCA activities lead by example and in a number of initiatives – such as community mobilization against stigma – the government partners come to appreciate the broad benefits of rights-based approaches and there is now a widespread commitment to these directions. Advocating for increased funding for HIV and drug provision within national budgets is much harder and so far NCA has chosen to maintain its focus on demonstrating need at the local level; combined with other international agencies it is possible the government will increase its budget for ARV provision but this has not happened yet.

Although the focal areas are unevenly applicable to the practicalities of work in Laos the NCA Policy Guideline priority areas are all integral parts of the national program.

- Community mobilization and awareness building
- Preventive measures included in all activities
- Information and communication
- Counseling
- Activities aimed at youth
- Addressing the consequences of the epidemic, especially for women and children
- Address and challenge men's attitudes and sexual behaviour
- Advocacy for the rights and needs for persons infected and affected by the epidemic.

As can be seen from the preceding list of activities, each of the above are central to NCAs Lao overall program. They will be discussed in more detail in subsequent sections. The concentration on each of the above priority areas varies but the evaluation team finds that they are comprehensively covered with the possible exception of the challenges to men's attitudes and sexual behaviour.

With the exception of the more recent project activity in the North with the Akha ethnic group, current activities in the national program have not benefited from applied research as suggested in the policy guidelines. This is an area that could be promoted productively as an increasing number of Laos students receive funding to for postgraduate study in public health or social science. Where there

is an opportunity to carry out research alongside activities, research outcomes should lead to ongoing improvement in project activities.

3.11.2. **The Regional AIDS Plan for SE Asia**. The regional plan provides a framework for co-operation and concentration on common issues facing countries in the region. Cross-border work is one high priority in this context. Huge amounts of foreign investment and multilateral donor funding is promoting large scale infrastructure development in the Greater Mekong region. In turn the diversifying economies, the new roads and large construction sites are promoting a massive increase in movement back and forth across borders. In some instances this is a product of trade and investment following newly constructed thoroughfares; in other instances it is an increase in the informal movement of ethnic groups who share cultural similarities in traditional areas divided by national borders.

In either case, HIV transmission is an issue of increasing gravity. Men and women move across borders for trade, employment and entertainment. Some women move to urban centres across border to engage in sex work. Sexual interactions and drug traffic are increasingly elements of the wider range of social interactions promoted by the increased mobility of wide sectors of the populations in the Southeast Asian region. A regional focus on this scale of movement is therefore important and appropriate.

In the past, national policies have made formalized cross border work difficult; however alongside a degree of trade liberalization, an opening up to tourism and more relaxed movement across borders, the accompanying recognition that disease control mechanisms need greater co-ordination has meant it is now easier to mobilize co-operation between countries. This is particularly obvious since SARS and avian-flu have galvanized national governments to develop cross-border initiatives and disease notification protocols (lead by the Mekong Basin Cross-Border Disease Surveillance Network funded by Rockefeller Foundation).

To date, NCAs regional assistance with localized Lao cross-border work has been primarily through informal networks providing assistance for PLWHAs from Thailand to border provinces of Laos with PLWHA support groups (Bokeo and Savannakhet) and exchange visits for working teams and PLWHA's from Laos into Thailand. In Sepon bordering Vietnam, meetings to exchange notes between working parties have also taken place. There is potential to develop activities much further in border areas. As a hub surrounded by five other Mekong Basin countries Laos is a logical place to focus on such activities. All but one Laos province has an international border.

One area of necessary focus is the informal movement of ethnic groups back and forth and the intrusion of lowland groups into ethnic areas on both sides of the

border. Capacity building for NCA staff has been provided by the regional office in Bangkok in particular for skills improvement in proposal development. Although listed as an intended activity IEC materials have not been developed specifically for cross-border populations in the Lao region.

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3.12. To what extent there is compatibility between the program and the national AIDS strategies;

There is close compatibility between the program and the national AIDS strategies. Given the close working relationship between NCA and its local government counterparts, activities follow closely the directions prescribed by this plan. The National Strategy indicates priority areas that stress decentralization to the PCCA level and co-ordination with DCCAs as the key implementers. Although the Strategy does mention the use of spiritual leaders in support of PLWHA activities these are minimal nationwide and there is no mention of their incorporation in prevention activities. Thus close adherence to the national strategy through direct work with counterparts also serves to minimize the use of faith-based organisations in NCAs everyday implementation of activities.

The National Strategic Plan seeks to maximize its use of limited resources and to ensure the coverage needed to impact on the epidemic by addressing key vulnerabilities with selective geographic coverage. With the exception of Xekong, NCA activities fall within all the chosen priority target districts selected by the CHAS (Centre for HIV/AIDS and STI's).

The strategy lists 5 key components

1. Targeted prevention for vulnerable groups
2. Care and Support
3. Policy, Legal reform and Advocacy
4. Surveillance and research
5. Programme Management

The first two of these components are areas where adherence between NCAs program and the National Strategic Plan primarily occurs. There is immediate overlap with the designation of vulnerable groups:

- Sex workers and clients
- Mobile populations and their families
- Young people
- MSM
- Drug Users
- Ethnic Minorities
- Uniformed Services

The first 3 of these groups receive a majority of attention from both the government ministries and the international NGO sector. Attention is slowly turning to MSM and drug users (mainly amphetamines) but there remains scant attention given to ethnic groups and uniformed forces within either government or NGO programs.

Other national priorities that conform with NCA initiatives are VCT and Care and Support and NCA is providing the lead in this respect. So much so that the Care and Support program in Savannakhet developed over many years between the PCCA and NCA is now a model for operations in other parts of the country.

It should be noted however that while Care and Support has been a priority in the National Strategy for many years now, services are extremely limited. ARV drugs are only available in Savannakhet (funded by MSF) although the Thai government is providing a small budget for ARV for PLWHAs in Bokeo province. In other words, being listed as a priority in the National Strategy doesn't mean funding and implementation of initiatives automatically follows. Initiatives targeting ethnic groups would also be a case in point; they have been listed as a national priority since 2000 but to date there has been no designation of funds specifically in this area. Apart from UNESCO that is preparing some media materials for radio, there exist virtually no activities directly addressing vulnerability in this respect.

STI services are included in some of NCA awareness initiatives but there is room for increased attention in this sector given the dramatic rises in STI infection across the country, although any new initiatives in this regard would need to be carefully co-ordinated with Government bodies as Global Fund money is recently being utilized in this sector.

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3.13. To what extent has a gender perspective been integrated into the programme;

The program has taken a strongly pro-gender orientation in its activities. This is evident in a number of ways in each of the project sites.

- Many interventions enhance women and men's access to knowledge. In situations where risk is perceived to be specifically gender focused there has been a targeting of activities to specific women's groups. For instance in a number of districts attention is focused on CSWs, trainings are organized through the LWU or district AIDS committee's and designed to increase women's capacity to protect themselves through the provision of knowledge and condoms.

- Most information sessions at schools or for general village level awareness-raising address both women and men equally. In typical government style training sessions, village or school meetings are arranged regularly and both men and women receive training in knowledge of HIV and STDs.

- Volunteers chosen as representatives for the peer group activities in the schools include both (young) men and women unless the target group is specifically gender focused such as male *xay-om* drivers near the Vietnamese border, transgendered males or women who sell sex, or housewife's groups.

- The revolving fund income generation activities are targeted at both men and women in village communities and include a reasonably equivalent spread of loans made by these funds.

- Access to services provided for PLWHA's is strongly gender focused. This is a product of those seeking services and is self-selecting; to date many more women seek services from within the support groups.

There are, however, still ways in which issues of gendered access to resources and skills need to be further considered.

1. The make-up of the various PCCA, DCCA and VCCA bodies tend to include many more men than women. This is a product of the nomination system to these committees whereby people from existing institutional positions largely filled by men are allocated roles on the AIDS committees and is therefore largely out of the control of NCA. It should be noted that higher level government positions Laos in general are held by men but this is slowly changing. In the National Assembly the number of women rose from 6.3% in 1990 to 23% in 2003. This change is not yet reflected equally in lower echelons of administration

2. In the trainings and awareness-raising sessions there is still an inadequate focus on gender issues in condom negotiation. There remains an overriding assumption that knowledge given to both men and women will provide an equal impetus to safe behaviour. At times, this is the case – but often negotiation of safe sex devolves to the unequal hierarchy of decision making between men and women.
    - In some instances the program has enhanced the ability of married women to suggest their husband's use condoms in extramarital sexual interactions; But, in others women indicate they do not yet feel empowered to insist on the use of condoms.

- This was particularly noticeable among young unmarried women (students) who are unable to insist their boyfriends use condoms for a number of social and personal reasons – it is still deemed inappropriate that single women challenge the male right to determine whether a romantic relationship needs a condom or not, and insisting on their use is taken to imply that the young woman is either untrusting or herself promiscuous. While there is some life-skills training, to date the training sessions do not adequately address these issues.

3. More attention needs to be placed on gender issues within processes of encouraging people to join PLWHA groups. It is noticeable in the 3 PLWHA groups that NCA is assisting with (and in PLWHA groups elsewhere in the region) that many more women than men join.
    - In part this is a product of timing of detection and mortality as women sometimes realize their HIV + status when their husbands become sick or die; but it is also acknowledged that men are far less likely to wish to join groups even when they know their status.
    - Men, it seems, will need more specifically targeted attention in order to encourage them to join PLWHA groups, if it is assumed that there are clear and distinct benefits to joining (which is part of the operating principle behind supporting these groups). Men are inclined to see the support groups as women oriented, and involve forms of emotional sharing that they are unfamiliar with. PLWHAs we spoke with also indicated that some men are reticent to join because of either their public status or the fact that they feel social shame attached to public recognition that they became infected through their own negligence (as opposed to the supposed 'innocent victim' of the married woman). In this context CSWs also seldom join groups due to social disdain at their means of infection.
    - It might be assumed that it is an individual's right to choose whether to join a PLWHA group or not, and this is indeed the case. But if there is evidence that joining a group prolongs or improves quality of life (and even apart from the provision of ARV there is indication this is the case), then gendered barriers that prohibit men from joining need to be considered in the planning and implementation of PLWHA support groups activities.

4. In some provinces there is still a tendency to see gender as an issue that revolves around women rather than men. In Bokeo and

Namtha there is a focus on women's groups (housewives and leaders wives). In part this was explained as a product of what the local community (VCCA) requested; but it also reflects an underlying assumption that by reaching women gender issues are reconciled. In the towns and villages it is recognized that married women are a risk group, through their husband's extramarital relationships, and the presence of STDs amongst married women would attest to this. But to focus only on women rather than their husband's is problematic.

- On the one hand, increasing wives knowledge is an excellent proposition based on the assumption that they will have influence on their husband's behaviour.
- On the other hand this is an assumption that is not always correct. At times the decision to work with women's groups is an easier option as they are easier to orient to group activities with the assistance of the LWU and many projects choose this route precisely because of its seeming efficiency. But, in reality, men stay unaddressed in this scenario. It is widely recognized that government staff in various sectors are the major client group of CSWs in Laos. Yet very few project activities (NCA or otherwise) target this group directly.

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3.14. To what extent has human rights issues such as discriminations, protection, participation, equity, rights to health care been addressed in the programme.

The NCA program has been particularly progressive in maintaining a focus on rights based issues, especially those addressing discrimination facing PLWHAs. This is an outstanding achievement of the current NCA program.

3.4.1 PLWHA groups

NCA was the first NGO to champion the rights of PLWHAs in Laos, beginning in 1993 with the start of home care activities in Savannakhet. Since then a core set of project activities have focused on providing assistance to those living with HIV and seeking to alleviate the presence of stigma and discrimination. This has entailed a number of activities.

- Support for the organization and functioning of PLWHA groups. This takes place in Savannakhet, Bokeo and Champasak. NCA assists with the costs of organizing and facilitiating monthly care and support groups. At these sessions, PLWHAs gather to receive

medical check-ups, medicines, counseling, occupational therapy, and a range of social activities. Exchange visits have been organized with groups in Thailand, with a particular focus on traditional medicine.

- Home care visits to those who are known by the local medical centres to be HIV +. This entails local medical staff providing medical assistance to PLWHAs in their homes. Some will have joined groups; but other seeks to maintain their privacy of disclosure and receive help on an informal and discreet fashion. In both instances NCA helps with the cost of this.
- Commnunity awareness programs. Through the local DCCA and VCCA, NCA provides sessions in local communities to lessen stigma and discrimination. At times this has been before there is any recognized HIV members within the community (in anticipation that there will be) and at other times the focus is on villages where there are individuals who have made public their HIV status. These activities started in Savannakhet and Bokeo that have had the first wave of people disclosing their status but has now also begun in Champasak. They also include basic health care training for the family members of those who have HIV.
- The establishment of counseling facilities at district hospitals. This is a more recent initiative in some districts (Bokeo and Namtha) but older in Savannakhet. It anticipates an increase in people wishing to undergo voluntary counseling and testing as technical diagnostic facilities improve in regions around the country. Global Fund is also concentrating on STD diagnosis training and hospitals around the country are improving their STD management capabilities. NCAs counseling program in this respect is crucial and timely.
- NCA has established revolving funds in villages with known community members who have disclosed their HIV status. While the intention of these revolving funds is to provide a means of micro-credit savings and lending to the community members in general, those who have HIV can borrow money with no interest required in the repayments. Village members are happy to provide this form of assistance

In the villages we visited that have HIV infected community members, the responses were unanimous – the NCA program has markedly reduced discrimination. While it is incorrect to say that it no longer exists in the targeted communities, PLWHAs report that in villages without the program, stigma is much more sharp edged and painful – those with HIV are disdained and avoided whereas in the target villages acceptance and integration in everyday activities is at a far higher level.

This was particularly noticeable in the target villages that had openly HIV + members. In one village the headman's mother in law was a PLWHA

and this seems to have spurred a high level of village motivation to assist mobilize community support. In other villages without the active presence of HIV + members, discrimination still seemed more prevalent, probably due to the difficulty in raising issues of stigma in an abstract rather than concrete sense.

It appears that stigma can then be radically reduced in village communities, and NCA has provided the lead in this direction; this might also be possibly due to the fact that the initial prevention campaigns were far more low key than in neighboring Thailand (and other countries) and therefore have not instilled such a high level of fear and paranoia directed on those suspected to have HIV as in Thailand.

There are still obstacles: income generation assists but vocational training is also a pronounced need to allow for increased normalization of those with HIV/AIDS. NCA assistance to PLWHA groups relies on coordinated services and activities, some of which are supported by other donors in a joint package. If this funding ceases (as has happened recently with both UNICEF and LRC) NCAs activities are immediately compromised.

3.4.2 Marginalized groups

Rights-based approaches need to consider marginalized groups beyond those immediately infected or affected by HIV/AIDS. Very often marginalization increases vulnerability and this can be seen across a range of sectors. This might be in the realm of gender (considered above) sexuality, ethnicity, class or religion.

3.4.3 Sexuality MSM or Khathoeys (cross-gender) are a well known risk group for HIV in most epidemiological characterizations. There is no sero-prevalence data to verify this perception in Laos but increasingly projects of different agencies are beginning to focus on this group. In Savannakhet, NCA activities have begun to address this group (discussed below)

3.4.4 Ethnicity Ethnicity and class are closely related in Laos. Minority ethnic groups inhabit the poorest regions of the country and lag behind on all ostensible development indicators such as income, education, health and access to resources. For a wide range of reasons they are highly vulnerable to HIV infection.

- They are more likely to be subject to radical changes brought about by modernization. Controls over opium production and swidden agriculture have brought about rapid shifts in lifestyle for many minority groups usually involving a movement out of the mountains into lowlands. Communities are subject to dis-cohesion and fragmentation.
- Many ethnic group members migrate to look for work; this is a product of both poverty and community dislocation. It is particularly

noticeable that a large percent of CSWs in the North are from different minority ethnic groups.

- New infrastructure development such as roads and dams often takes place in remote areas inhabited by ethnic groups, introducing both rapid change and new populations and styles of interactions. For example a dam to be built in Xekong province will employ more than 3000 Vietnamese laborers in a remote area largely populated by ethnic groups.
- Ethnic groups often live in border areas – they are peripheral zones away from the provision of state services. They are also the closest to movement back and forth across borders and often the first to bear the brunt of cross border disease spread (eg dysentry and cholera epidemics). They are also therefore most likely to be in contact with cross border mobile populations who might be bearers of infectious diseases.
- Some ethnic groups have relatively liberal sexual customs which other groups are increasingly able to exploit as they enter local communities. For example Vietnamese coming across into Savannakhet can access local ethnic villages and often organize sexual contact while there; lowland Lao men do the same. Similar intrusions to local communities take place in many areas where contact between lowlanders and minority groups is taking place.
- They are most likely to be least well educated and most vulnerable to exploitation. Once in conditions of exploitation they the most likely to have the least ability to respond to health campaigns or negotiate their own health rights due to lack of education and/or language ability.
- They are the most likely to have not yet received any campaigns addressing issues of HIV spread and infection.

According to the UNDP, “Lao PDR encompasses over 230 ethnic groups from four ethno-linguistic families. Few other countries can boast this cultural wealth per capita” (2001:57). Of the four regions, the North has the highest level of distinct ethnic minorities; they comprise 87%. The East comes next, with 69%, followed by the South and Central Regions, each of which has minority populations of approximately 50%.

Ethnic groups are listed in the National Strategic Plan and Operational Framework for 2006-2010 as one strategic component but they are not listed separately as a priority risk group. Likewise, many of the local government authorities we spoke with recognized the above list of issues and indicated that ethnic groups were a key group not yet addressed by national programming. With the exception of a new project started in Namtha (funded by EDC) NCA has not focused on minority ethnic groups but it appears that a rights-based approach would prioritise this context in the future. Despite the National Aids Program recognition of ethnic minority groups as a key target since 2000 so far there has

been virtually no orchestrated activities addressing these diverse groups around the country.

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3.15. To what extent have the target population (PLWA, services women, mobile population, school children) been sufficiently defined taking a gender perspective into consideration, and to what extent has the program reached the specified target population and had an impact on awareness and behavioral change; To what extent have the resources of people living with AIDS been utilized in the planning and implementation.

As seen in the project summaries, NCA has engaged a wide range of activities across the 5 provinces. There are some similarities across the target sites and there are some differences based on the specific target groups in each province/district. The following comments will apply to the NCA program more generally rather than focusing on each specific activity.

Target groups range from general population (festivals, media campaigns, government working teams (PCCA, DCCA) through to more carefully defined target groups at the local level (PLWHA,s students etc). Overall these have been suitably defined for the chosen approaches and gender issues suitably considered. In all activities there are positive and productive outcomes; at minimum a maintenance of people's attention on the necessity to be careful about HIV/AIDS. But some activities have made greater inroads into safer behavior and lessening of stigma and discrimination than others.

Speaking generally, there is a tendency within the past 3 years of activity to carry on project activities that have been done before over many years – a sort of tried and true approach. Both the NCA staff and government counterparts seem to prefer to repeat existing models of prevention activities rather than devise new approaches that address the changing dynamics of the epidemic spread (this is not the same for interventions working with PLWHAs which are more innovative in the Lao context).

This is in large part a product of the careful support and facilitating work NCA does with local government counterparts. Relationships between NCA staff and relevant PCCA and DCCA teams are good and close collaboration is obvious. This creates good working relationships.

But it also means that the primary impetus of project directions and activities lies within the PCCAs and DCCAs. Having only 1 coordinator for 3 provinces in the South and 1 for each province in the North means NCA plays a strongly

facilitating role but not always a strong leadership role in determining new directions. This is not a criticism per se, it means the project activities are carried out carefully and are productive in their own right.

But the epidemic is dynamic and there are constantly new areas of concern not being addressed by project activities. At present there is a sense that the targets and approaches being used are still primarily reliant on giving general (top-down) information rather than focusing on behaviour change in very carefully targeted manner specific to the actual group being addressed. It also means the success of the activities lies largely on the commitment of the DCCAs; this is inevitable given the way HIV programs are generally run in Laos (although some projects employ far greater numbers of NGO supporting staff), but it also raises the question of to what extent NCA should be providing the lead in finding new directions/activities versus maintaining a more repetitive consolidating role.

Much of the activity organization still has its roots in the top-down meeting style of information dissemination/training (*obroms*) that are embedded in the government style of social regulation. It relies on the notion that you can tell people what to do and expect that your mandates will be followed – many trainings still rely heavily on this model. Clearly HIV poses particular problems in this regard. The question for NCA to consider is whether the existing close and supportive relations with government counterparts overly abets this approach or to what extent the close relationship could in fact be used to push for new and less top-down approaches.

As mentioned it is the opinion of this review team that all activities have some merit in their own right. However as will be described in the following breakdown some are more old-hat and/or less effective than others and therefore less likely to be addressing the areas of most concern in terms of peoples and behaviors not yet adequately reached by more conventional approaches.

3.5.1 Capacity building

All projects in Laos still must confront a situation where working teams are established with local government officials who may or may not have adequate knowledge about HIV/AIDS and equally important may or may not have the motivation or commitment to work in this field. As mentioned, PCCAs and DCCAs are made up of a wide range of multi-sectoral government representatives. On the one hand, this has the positive effect of spreading responsibility across a broad set of government departments and mass organisations. On the other hand it can be unwieldy when it is assumed all activities must be carried out in large teams and bring together groups of widely varying individual capacity and skills.

Working teams (secretariats) of each of the PCCAs and DCCAs are a means to concentrate activities but they are still teams that rely on joint commitment and skills. Very often they are led by the local health departments and this usually

ensures a better grasp of the clinical aspects of HIV aetiology or management of AIDS symptoms, but it doesn't guarantee ability at community mobilisation or recognition of the broader social issues affecting vulnerability.

One crucial difficulty facing any project working with local counterpart teams is the regular movement of personnel in government sectors. There is a constant turnover/replacement of staff in designated institutional positions so the teams are subject to regular changes in their makeup.

For all the above reasons capacity building remains a key issue in project planning. It is also one reason why new activities are not easily incorporated. There is a clear economy of management to carry on activities that the DCCAs and PCCAs have already been mobilized to perform. Thus, the ever-present trainings are conducted at schools, at bars, in villages, on national festival days or sports occasions in ways that have been repeated over many years.

This is not to say that no new activities have been incorporated in the past 3 years. Counseling and PLWHA support are two areas that have more recently been included, and the results are enormously positive. The focus has largely been on medical staff at hospitals or in the working teams. Based on interviews conducted in the course of this review, respondents were enthusiastic about their expanded roles but recognised that much more training was required to adequately manage voluntary counseling and testing protocols

NCA has provided regular support for capacity building in a wide range of areas largely through the use of government trainers from national centres and/or provinces with more experience in certain programmatic areas. Study tours have also been regularly arranged with Thailand where there has been a longer exposure to certain styles of HIV activity. The individual NCA co-ordinators function less as specific trainers in this regard and more as facilitators which is a logical division of duties. But it does raise the question of how training/capacity is assessed and monitored and how it is decided more training is necessary.

In some districts within project sites, a village level of operational committee has been established – the VCCA. This follows the model of those committees above them on the govt hierarchy comprising a range of members form different institutional affiliations. It also mirrors the structural regulation of information flow and management through key committee representatives. It is widely recognised by PCCAs and DCCAs that these groups still need close attention to respective duties and their ability to carry them out – in other words capacity is still largely lacking. At present they are deemed as the next level of information relay and see their role primarily as conduits of HIV/AIDS information at various village gatherings – being one more stage in the orchestrated flow of information. In face of the lack of any civil society organisations these form the closest to community level mobilization (apart from occasional housewives groups) and are therefore a useful level of operation but much more attention is needed to

improve their ability to conduct HIV work. Given it is one more step in orchestration of activities, resources don't always adequately stretch this far and all those interviewed recognised there are still co-ordination problems between the District and Village level committees for careful carrying out of activities.

3.5.2 Prevention Activities

Prevention activities take a number of different forms within the NCA project.

3.5.2.1 Large scale broadcast of information

- **Radio/television**

In continuance of projects carried out over the past 10 or more years, NCA supports the broadcast of information on TV (in Savannakhet) and radio in all 5 province sites. By and large these activities follow models established many years ago. For one or two hours a week local announcers will include information or news about HIV/AIDS in their shows usually interspersed by songs or questions. The information typically comes from the Ministry of Health and is either based on some factual information about AIDS such as sero-prevalence levels of some warning message about being cautious.

There is nothing intrinsically wrong with keeping messages constantly in the public arena but the very general nature of this information means it is not targeted at any specific audience and will be generally given little attention short of recognizing it is about AIDS. Certainly it is good at ensuring large sectors of the population have heard about AIDS but its effects on behaviour change are far more tenuous. To date they have not included any forms of soap opera or skits as part of the NCA funded activities on the radio or television that might lead to closer identification of audience listeners to risk behaviors within their own lives.

Media/radio is one example of an activity that could be re-thought to create more innovative forms of programming. To date nothing is produced about HIV/AIDS in ethnic languages. Likewise the pamphlets and posters used in outreach activities need revitalisation. Nothing new has been created in the past 5 years and many stakeholders expressed the desire and need for new materials to maintain or generate new interest.

One more recent inclusion in media activities is a youth group in Bokeo who host an hour of radio broadcast per week. They conduct a question/answer session that does arouse audience interest but the information is still largely factual rather than based on discussions of behaviour. It also runs into difficulties with the manner it pitches its information. One session we observed required the listener to answer 3

questions in order to win a prize. One question posed: Is having sex before marriage something 'normal' (*thammada)* or not. The answer required is: No. This might be the idealized answer, and one that hopefully reflects the normative values of Lao society: but it is equally recognised by virtually all members of Lao society that these days many young people do have sex before marriage – and that there are numerous forces promoting this. So the issue becomes that in the presentation of such 'would-be' answers it is possible a segment of the audience is turned away purely because they are now portrayed as 'non-normal'. For those that are having sex before marriage the radio messages become a form of moral indictment and may alienate the listeners that should most be encouraged to pay attention to message stressing caution. It is in areas like this that NCA needs to play a larger role in providing guidance and oversight rather than just facilitation in the management of activities.

- **Annual Festivities/ sports carnivals**

Similar to radio broadcasts these events reach large audiences with general information – they are perhaps more valuable in maintaining a level of awareness amongst wide sectors of the population. They arouse high levels of interest from the general population and have the added value of being immediate and lively. The inclusion of theatre skits from local peer groups such as school students is a highly productive means of making HIV/AIDS a relevant issue; in particular having local residents perform in these skits it makes it a local issue in ways that pamphlets, government trainings and media shows don't.

Mor lam (a local folk opera style of singing) troupes have been engaged in Champasak to include HIV messages in their sung (often) narrative. This seems a particularly constructive initiative as these are enormously popular vernacular forms of folk culture that have huge followings. The often improvised narratives are comic dramas dealing most commonly with the vagaries of romance – they are therefore excellent vehicles to include updated messages of HIV awareness and caution. Mor Lam is typically performed during festivals or holiday events. The particular performers sometimes command huge followings. It is recommended however that scripts be carefully checked for the content as popular forms of AIDS messages can sometimes include hidden biases and stigma against those perceived as HIV vectors or carriers.

- **Village Meetings**

AIDS information is regularly included these days in a wide range of village gatherings. As in the above instances it is not a useless exercise, but there reaches a point when audiences begin to feel they have heard enough about AIDS and begin to regard it as something they can ignore. Care needs to be taken not to simply replicate top-down styles of

information relay that are well-entrenched in the government style of operation as in the long run it can be counter productive.

More recently the addition of information about care and support and stigma reduction is an important inclusion. In those villages where PLWHA members join the meetings as spokespeople makes the information far more concrete and immediate/effective. This activity should be expanded as widely as possible. A growing number of PLWHAs from different socio-economic and occupational backgrounds are nowadays wiling to play this role.

It is a sad indictment that in most parts of the world, many people only take HIV seriously when they come face to face with someone who has become HIV infected. The village level operations take on even more significance in villages that PLWHA members living in the community. The ability of these gatherings to reduce stigma and raise awareness of the need for community support have to date been highly productive. Stigma has been reduced enormously in these villages and the degree of community support seemingly very high. This is still only a very small number of villages.

3.5.2.2 Targeted Activities on Specific Groups

- **Peer group Activities**

The bulk of prevention activities targeting specific sub-groups of the population involve the designation of certain volunteers who will act as key resource people for the subsequent encouragement of safe sex behaviour (IDU use is not yet seen as a problem in Laos). As seen in the activity summary these groups include CSWs/bar workers, high school students, social clubs and housewives groups.

In all instances, where the evaluation team interviewed volunteers in the projects the level of enthusiasm and commitment was outstanding. Volunteers appreciated the attention given to them and their designated role as being able to assist with dealing with HIV and the social problems created by it. At times this has created good networks. This was most obvious amongst the Vietnamese CSWs in Pakse and the taxi drivers in Sepon. In both instances the volunteers we spoke with seemed capable and motivated to carry out their activities and reported a degree of success in instilling knowledge amongst their peers (although there remain numerous factors that make this knowledge not always applied: coercive work environments in the case of the Vietnamese sex workers and only selective use of condoms by the taxi drivers depending on their partner)

The peer groups in schools also play a significant role in public activities such as festivals and sports days and this should not be overlooked. They put together skits and other activities that raise genuine interest on the part of a wide audience.

Unfortunately, enthusiasm notwithstanding, the above are exceptions rather than the norm and the functioning of most peer volunteer groups within their own peers isn't always as positive as one would hope. This is an issue of both the structural management of the peer group elements of project activities and the initial criteria for choosing those who will be volunteers.

1. **Follow-up and monitoring needs more careful attention.**
   - This is most obvious in the CSWs groups. Due to the very high turnover in specific bars volunteers frequently move to sites outside the project leaving nobody performing the role in the specific targets of the NCA projects. More importantly follow-up from the project teams (DCCA) is sporadic and not well organized. It usually involves further training about HIV details rather than concentrating on the forms of interpersonal encouragement required by peer group activities.
   - The volunteers need constant motivation support and assistance with difficulties in their relay of information and their ability to assist their immediate social group to behave more carefully. Much of the way the peer group operations within the NCA project currently function is more akin to information relay rather than true peer group operation. In Champasak, bar owners are recruited to instruct the young women working in their bars. They do this somewhat perfunctorily and with little interest in reaching those young women who themselves show little interest in listening. This is where follow-up is most necessary – to maintain a level of motivation and trouble-shooting so that the peers genuinely function as peers.
   - In other bars, the owners designated who was to be the volunteers, more often than not individuals who have no particular inclination to be a peer spokesperson. CSWs are very often not inclined to intrude in each others lives; this is part of the milieu of sex work venues. CSWs we spoke with said they had heard of the project through trainings conducted by DCCAs (others had not heard of it at all) but none mentioned they had heard about it from the volunteers.
   - In order for CSWs to be recruited as peer volunteers careful selection and frequent follow-up is necessary. At present in face of the constant mobility, follow-up defers to repeated trainings rather than concentrating on peer group functioning and again it is a case of repeating activities one is familiar with rather than having to

modify ones approach based on the contingencies of the specifc context.

- Similarly, in the newly formed MSM group in Savannakhet, the designated volunteers we interviewed felt more comfortable talking with the general population than with other khathoeys (transgenders) or MSM as they felt it was seen as inappropriate for one to assume one could 'teach' one friends who would regard them as arrogant and pushy for attempting to do so.
- The DCCA do not have adequate training or inclination to do the required follow-up at frequency or level of sensitive approach required with the CSWs or MSM. There is still a sense that they are an audience who are at the lower rungs of the social order and need training rather than mutual and emotional support. T
- The follow-up in the volunteers in the school student groups is better because local teachers perform this role but follow-up still oriented to knowledge top-ups rather than discussion of peer group functioning in its intended sense. This needs constant attention (as in one example we observed questions posed for a gathered audience were badly worded and incorrect answers were sometimes used). More importantly there are ongoing difficulties in the ability of students to reach the most at risk groups within the schools. This is based on the choice of volunteers.

2. Choice of Peers

This is also an area that needs more careful planning to ensure the peer activities function as ideally intended.

- School students who are volunteers are selected from a pool of interested students by the teachers. They are inevitably those students who are good at their studies and good at sports. They themselves describe themselves as being distinct from the groups of students who might be engaged in 'risk behaviour'. So when they talk to their peers it is a group usually somewhat removed from the students who might be more sexually active and/or involved in drugs. It was widely described by the volunteers we spoke with that a significant number of high school students are sexually active these days both with their peers and in the commercial sector: some go to Thailand during breaks in term and some engage in commercial sex work. Young male students at times visit commercial sex venues. At the same time, because the peer group volunteers self select they are seldom groups of students who might be amongst those described above.
- So a fundamental problem occurs: the chosen peers are not peers with the groups most at risk. And they indicate they do not tend to socialize or cannot communicate with the students who should be the ideal targets of peer group's activities. Young women who are not sexually active cannot make suggestions to young women who

are as they are immediately rejected as being presumptuous and pushy. This stems from a basic problem in the choice of peers: those that self select or are chosen by teachers tend to be the students who are 'model' in the sense that they present the ideal student rather than the students who should be those most important to the project.

- As mentioned above, CSWs are usually chosen by the owner of the bar to be a volunteer and given their mobility, the peer group system isn't working as initially planned (with the exception of the Vietnamese sex workers who are a far more captive population)

In short, the peer groups are functioning as networks of knowledge transfer, and have a degree of value as such, but as true peer groups that focus closely on risk behaviours there are still substantial shortcomings that need to be addressed in subsequent project fine-tuning.

- **Revolving funds/Mobile Populations**

Income generating activities have been set up in 13 villages in Savannakhet and 3 villages in Luang Namtha. In Savannakhet the goals of these groups are two-fold:

a) To provide a fund for those living with HIV/AIDS. Villages to be provided with training for the revolving funds were chosen specifically based on this criteria. PLWHAs are able to borrow from the fund without any interest payments required: overall roughly 15 PLWHAs in 13 target villages utilize this fund source but if one counts their family members who also can borrow money without interest on the loans then the reach is much larger. We spoke to the PLWHAs in 2 villages and this has been a useful fund; it should be noted however that the caseload of infected people is still minimal in most target villages (1-2 individuals; some villages have no PLWHAs) and the funds are primarily used by others unrelated to the presence of HIV/AIDS. Nevertheless for the 15 PLWHA it is a welcome form of assistance in addition to the more concrete provisions made by NCA and other agencies through the course of paying expenses for the travel to the monthly support groups where PLWHAs receive free treatment and drug provision.

   Income generation is an important issue for those who have little access to funds to support themselves or their families. In a number of cases those with HIV feel unable to carry on their jobs for fear of discrimination – so far these individuals are not part of the village communities receiving the revolving funds but are individuals based in the cities who have professional jobs (such as a teacher in Pakse). Given the fact that the revolving funds are in rural communities the PLWHAs who belong to the groups tend to be housewives who also require occupational training in order to

make the best use of the funds available to them. Occupational training is an area that could be used to complement the presence of the funds but is at present not well developed.

b) To provide an economic alternative to the perceived need to cross into Thailand to seek work.
    a. Every year tens of thousands of Laos move into Thailand largely from the Southern Provinces. Around 180,000 Lao are registered migrants in Thailand, roughly 7% of the total population in 3 southern provinces bordering Thailand work as migrant workers across the border. The movement is either short-and or long term; sometimes it operates under the guise of organized trafficking. In many villages in provinces bordering Thailand the majority of young people go to Thailand as soon as they finish school; married couples either go together for seasonal agricultural work or one member of the family goes for prolonged periods.
    b. This movement is regarded as a major risk factor for HIV infection and a key element in the growing epidemiology of HIV in Laos (see graphs pg 16). Statistics from Savannakhet show migrant laborers as one of the highest groups within the categorization of occupations of those with HIV. Over 50% of Lao PLWHA had either themselves or their partners migrated for work.

While the income generating (savings and loan) funds are operating well at the village level with a substantial growth in investment and members (overall there are 1,039 members of the revolving funds in 13 villages; in one village close to 100 individuals have invested), it would be mis-stating the case to suggest the funds have had a big impact on movement to Thailand. In one village we visited, villagers felt the revolving fund has reduced movement across the border. This village is a relocated village and has no rice land of its own so all villagers rely on small scale income generating activities. Some community level occupations such as making large rain water collection tanks have expanded and it is possible the fund has helped in this regard.

But for most of the government staff in the relevant districts and in other villages where we interviewed community members, the consensus was that the funds have had little impact on the movement across to Thailand. One key reason is not just economic; young people have heard for many years of the big city environments beckoning from across the border, so it is almost a rite-of-passage for young people to visit and stay for prolonged periods in the cities of Thailand. Here they work mostly in the

domestic sector but many also work in restaurants and sometimes commercial sex.

Some villagers commented that while the fund was useful as a micro-credit operation it has actually had a counter-effect: sometimes villagers borrow money to finance their trip to Thailand; other times they borrow money and end up going to Thailand to make money to pay it off.

c) In Namtha province revolving funds have been set up to assist housewives and leaders wives groups. Here they revolve around small number of members and one chosen income generation activity (pig-raising, cake production). The activities are very successful in generating co-operative income generation and on this level are a key achievement. Their focus on HIV reduction is less obvious. HIV information spread is included within the group's activities and as such it is noticeable that the housewives are happy to utilise their co-operative as a nexus for HIV information in their communities. But HIV activities take second place to the goals of income generation and it is unclear what overall impact the small numbers in each group have on wider members of the community. The leader's wives seemed more concerned with making income than with HIV activities and while their social influence should not be downplayed, their attention on CSW groups (one of their intended beneficiaries) seems more oriented to instilling appropriate dress than safe sex behaviour.

In short the funds are a useful micro-credit community development initiative that seems sustainable, but apart from assisting small number of PLWHAs it has not directly impacted in substantive ways in reducing HIV vulnerability through migration.

3.5.3 Care and support

Most care and support activities are oriented to the 3 provinces (Champasak, Bokeo and Savannakhet where PLWHA support groups exist (there are now 4 active support groups throughout the country – still remarkably few and extremely under-resourced compared to neighboring countries). One area raised a number of times by people interviewed in this review is the shortage of social welfare benefits for orphans of HIV affected families. Lack of funds is an ongoing issue. A support group in one Savannakhet district has stopped functioning since UNICEF has withdrawn its support. There is no government budget for ARV drugs and only two centres where CD4 blood cell counts can be done. This makes the functioning of the support groups that rely on outside funding for the provision of drugs as extremely tenuous. This is an issue that needs to be

addressed at the Ministry level and outside of advocacy at this point beyond the scope of NCA to assist.

Nonetheless where drug provision is available NCA can play an important role in facilitating the functioning of support groups and the community preparation for home based care and reduction of stigma.

While PLWHA have formed a central core to many of NCA care and support strategies in a highly participatory fashion there are still requests that are unfulfilled. Members of PLWHA groups would like support groups to be expanded in duration and activities including more medical self-help training occupational training, herbal remedy skills in production and use and more engagement in community activities. More attention also could be given to preparing the families of the HIV infected for the ambulatory needs of PLWHAs as they become susceptible to opportunistic diseases – medical staff have begun this activity in some places but it is still felt that the local doctors are best equipped to deal with any illnesses. Some people with HIV do not want to publicly disclose their status and the medical staff visit them discretely, but there is still a large possibility of suspicion revolving around the doctors visits and some Lao who are HIV positive choose to go across to Thailand for checkups and assistance if it is practically possible.

The activities geared to lessening stigma and discrimination seem, to date, to be a very effective form of community mobilization. The DCCA's have conducted trainings at the village level, bringing in PLWHAs as key speakers. In target villages where PLWHAs live, stigma has reportedly been reduced dramatically. This is evident in the ways in which those with HIV are far less socially ostracized than before. One village described a recent funeral of someone with AIDS as being well attended in contrast to a previous funeral that many of the local villagers avoided. Such lessened stigma also stands in contrast to neighboring villages without programs where PLWHAs report ongoing and high levels of discrimination and social avoidance. The success of the anti-stigma activities seems to depend heavily on the inclusion of PLWHA spokespeople.

3.5.4 Counselling

This is an activity that fits with the National Policies attempt expand voluntary counseling and testing (VCT) as a means to bring to the surface a possible undetected HIV caseload. NCA has begun providing support for counseling training in hospitals in some provincial and district hospitals and like its early work with discrimination this is a new activity in which NCA is providing excellent leadership.

The hospital staff feel it is a highly important activity and specialist rooms have been established in district hospitals for counseling. Much of the pre

and post test counseling to date takes place for pregnant women who are encouraged to be tested for HIV. Other cases take place when people come in for STD treatment (STDs are recognised as a growing problem throughout Laos), including a significant number of laborers from nearby infrastructure development projects.

Some difficulties remain; primarily the lack of privacy. Most district hospitals are still very small and highly personalised places. Patients are reluctant to go into the counseling room as anyone nearby will suspect they have HIV due to the way in which the sign portrays its presence. All the staff trained for counseling have other hospital duties, so there is no-one permanently on duty. Sometimes walk-in patients find no-one there and leave without making a subsequent appointment.

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3.16. To what extent has the potential of faith based organizations been fully utilized in prevention and care of PLWA;

To date this has been a somewhat under-emphasised activity. One training session was organized for 15 monks from different Savannakhet districts in 2002. Around the same time, 4 monks were sent on an exchange visit to Thai provinces of Chiang Rai, Phayao and Surin to look at parallel activities with the Buddhist Sangha there. The focus was largely on the use of herbal remedies that are grown by some monasteries in Thailand for use by PLWHAs. In 2004 one monk was sent to the International AIDS conference to demonstrate his use of herbal remedies in Laos.

Activities that emerged from the training session in 2002 were focused on encouraging the monks to include HIV information in their religious teachings and to make mention of HIV details and messages during their sermons on holy days. To date these activities have only been conducted in Savannakhet and the monks receive no special budget although there have been follow-up visits from NCA staff.

Activities that have been considered but not yet enacted are utilizing monks in the everyday care for PLWHAs and the range of illnesses they confront particularly through the use of herbal remedies.

There appears to be much room for an expanded program of activities with the monkhood (*sangha)* in Laos given the many thousands of monks here. To date activities in the project sites have been minimal and only in one province, in large part due to the fact that UNICEF supports similar activities in the same target villages as the NCA project. NCA has in the past decided not to fund proposed

activities requested by the monks on an annual basis as they are already financed by UNICEF.

In one target village in Songkhone district in Savannakhet the local community is Christian. While this has not been the focus of any distinctive activities (there is no resident pastor) and the basic village livelihood and HIV risk factors appear to be the same as in any other adjoining village, the villagers did mention that their Christian faith meant that, were one of their community to be disclosed as HIV infected, they would be immediately inclined to provide as much moral and emotional assistance as possible. To what extent this holds in reality has not yet been tested but it does indicate that the locals see themselves as distinct from neighbors in this regard because of their faith.

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3.17. To what extent the Lao programme has built networking with other agencies for the prevention and care of PLWA; and to what extent the programme has advocated for policy and behavioral changes in prevention and care of PLWA at the local and national level;

Since the advent of NCA programming in Savannakhet in 1993, NCA has set the lead in approaches that seek to address the needs of PLWHAs. It should be noted however that the numbers of those disclosing their HIV status is still small (less than 200) compared to neighboring countries. Nevertheless, in conjunction with a progressive PCCA who have also wished to work closely at the forefront of dilemmas prompted by the spread of HIV (Savannakhet has the highest number of HIV infected of any province in Laos), NCA has been instrumental in bringing the needs of PLWHAs to the national and local agenda. It might be assumed that as HIV becomes increasingly normalized through the public face of those in support groups, more people may be inclined to undergo testing if they suspect they may potentially be at risk of HIV infection.

Since 1993 NCAs work has been carefully integrated with other agencies. In the recent phase of the project in the Southern provinces, NCA has concentrated most on the village acceptance of those with HIV/AIDS assisting with activities of the VCCA to counter discrimination and stigma and provide local level assistance to the families affected. In Savannakhet, activities are currently divided with other agencies. MSF provides the ARV medicines, UNICEF provides the travel costs for PLWHAs from rural villages to the monthly meetings in Savannakhet town, the PCCA provides the housing for them meet on a monthly basis. NCA assists with the costs of having medical staff attend these monthly meetings and in training s on Opportunistic Infections (OI) management in a number of district

hospitals. In both Champasak and Savannakhet NCA also supports home visits by medical staff from the district or province roughly 3-4 times a year.

In Bokeo, the co-ordination has been more directed across the border with Thailand. In the 1990s NCA regional office was providing assistance with cross-border activities including the provision of ARV drugs, however for bureaucratic reasons at the national level this was stopped in the late 1990s. Since 2002 relations have been established informally with the district hospital of Vieng Khaen on the Thai aside of the border. In the past the Lao PLWHAs who had publicly joined the support group would travel to this hospital for treatments and provision of ARV. Nowadays, the Thai are planning to send the ARV to the Laos side for distribution and the PLWHAs only need to go across for a 6 monthly CD4 count as this capacity is still lacking in Laos. Co-ordination is most prominent with the Lao Red Cross who also have a project for the 14 PLWHAs who are part of the support group. LRC pays their travel costs across to Thailand but at times NCA assists with this, so co-ordination is crucial.

In Ton Pheung District of Bokeo there are 15 PLWHAs who maintain their privacy and have not publicly disclosed their status; they travel to Thailand for assistance and ARV provision. Their presence is only known because the Thai doctors inform the Lao medical staff of their consultations but not their identity. It is easier for them to travel to Thailand than to travel to the provincial capital of Houay Xai where the distribution of ARV is being established.

Advocacy is part of NCAs activities but operating at the provincial level means they have little impact on national policy and budget allocations. While their programs are regarded as exemplary by local medical staff their influence is, to date, more in providing models of operation than in mobilizing a national budget for the care and support of PLWHAs.

There are also local issues that need careful advocacy attention from NCA. Issues of stigma and discrimination are well accepted as important by local PCCAs and DCCAs, but issues of anonymity are still problematic. In Bokeo, if someone tests positive for HIV, they are strongly pressured to join the support group through the medical staff insistence that this is the only way they can access ARVs. The local medical staff want NCA to keep its budgetary focus on Care and Support as it will entail the bulk of assistance channeled through the hospital rather than other government sectors. This is evident already in the way the CARE and Support budget is utilized with much of it going to training and travel costs for district health staff. In other words there are still issues of equity that are being somewhat exploited by the medical institution's desire to control the focus of HIV activities.

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3.18. To what extent the resources and facilities made available for the partners are provided in a timely and adequate manner;

The review team found that in most instances the partner working teams had little complaint with the timely provision of funds. In several instances program activities were cited as having moved more slowly than planned due to hold-ups in the arrival and distribution of funds. In Laos, local activities will never be conducted unless the requisite activity expenses including the local staff per diems are distributed prior to the activities. Few if any activities can be done on the assumption the funds are on their way. So occasional situations were described where delays in the transfer of funds had caused activities to be postponed but this was minority of cases.

In one province, a school was reluctant to use NCA funds fearing it would be criticized for lack of successful achievement of objectives so it used its own funds instead and kept the activities to a minimum. This appears to be a difficulty in communication and forms of encouragement rather than a problem in fund distribution.

A more prominent issue is the timely distribution of new media or activity support materials. All IEC support materials are many years old now and recycled from earlier NCA production or other projects. There is a glaring lack of new pamphlets or posters and many stakeholders commented on this. On the other hand, large billboards are popular at schools and during festivity days and some of these notice-boards can be changed to reflect ongoing initiatives; the radio is also in a position to present new items of interest but the reproduction of knowledge-based information still takes priority. Again NCA needs to take the lead in proposing that messages are not simply devoted to rational and clinical knowledge of HIV/AIDS. After more than 10 years of campaigning in Laos, the time is appropriate to move towards messages that are more (positively rather than fear-based) emotional in their content so as to reach a level of emotional identification rather than appealing simply to someone's rational decision making.

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3.19. To what extent the current programme implementation and setup is likely to create sustainability in terms of achievements and continued activities, and what can be done to make the partners more self-governing and independent;

The current activities comprise a wide range of different target groups and approaches. Some similarities are to be found in different provinces such as the reliance on peer-group approaches, in others the specifics vary widely eg cake

making , work with Vietnamese women in beauty shops. There are two elements to considering the ongoing sustainability of NCA project in the 5 provinces.

- **Financial**. As mentioned Laos is heavily reliant on foreign aid and the health sector is no exception. While HIV/AIDS gets more foreign money than most health sectors, there is little in the way of a local national budget that is in any way ready to supplant money from external donors. If NCA funding stops for the activities it is conducting, they will slowly fade from the list of regular duties performed by the counterpart working teams (unless another agency picks up the funding responsibility which is not uncommon in the history of AIDS programming in most developing countries). Every activity relies almost exclusively on counterpart working teams devoting time to the implementation. If this is not paid for by NCA then the activities will, in most instances, simply stop. This is particularly worrisome for the fragile situation most PLWHAs find themselves in with relation to services and the provision of ARV. And if voluntary testing continues to be promoted, there is currently no guarantee that the government will be able to offer any services in a ongoing fashion unless outside funding is procured. That said, this lack of independent financial sustainability is no reason not to conduct activities. If anything it makes it all the more pressing that foreign agencies continue the struggle against HIV spread and its impact in Laos.
- **Counterpart capacity**. The existing activities of NCA projects have embued a wide set of skills ranging from counseling, home care, OI treatments, to stigma reduction, condom provision, income generation and AIDS advocacy in a wide range of local village communities.
  - This array of skills related to preventing and assisting with the burden of HIV/AIDS will dissipate if NCA was to cease running its projects. In some areas more training is necessary and constant top-up knowledge sessions are necessary in most sectors. In addition encouragement is always necessary to keep working against the insidious effects of HIV. So while the knowledge has been imparted in many different settings, it needs ongoing support before we could imagine it as truly sustainable; that point has not yet been reached in Laos.
  - The lack of English proficiency amongst most working teams means that any new ideas or novel approaches to the global struggle against HIV must come through those equipped to translate these ideas. The scarcity of resource people in this respect very often leads to a streamlining of approaches and new ideas are less likely to be persuasive to an audience who has not been exposed to a wide array of experiences in other settings. Here NCA staff have particular role to play but they might not yet have the developed skill themselves to be key resource people in the design of new approaches. NCA staff themselves need more training and confidence building in this respect.

- Likewise the constant turnover of staff in the working teams at the provincial and district level mean that mechanisms to maintain standards of project activities are compromised over time. By and large the PCCAs in most provinces receive ample attention from their line ministries unless it is in new fields such as counseling and home based care. But the DCCAs and VCCAs need specialist training that is not always present at the provincial level. It is at these two lower levels of government hierarchy at sustainability is most fragile.

If the PCCAs received more internal funding they would begin to operate more independently, but this is a long term goal. In the short term, NCA's close involvement in the planning and operation of activities means they are well prepared for the everyday implementation of most HIV/AIDS related activities, with the exception of new targets. Given the constantly changing dynamic of the way HIV spreads and impacts on a community, there is an ongoing need to think of innovative approaches that address targets not yet adequately reached. NCA has a key role to play in helping local counterparts recognise the need to be pro-active. Unfortunately the history of HIV programming in most parts of the world tends to be reactive rather than anticipating problems before they arrive. The threat of imminent IDU use in Laos is a case in point. In every country around Laos IDU transmission is a substantive component of HIV infection; yet while it is not yet present in Laos, once infection start showing up from IDU use the damage will have already been done. There is a fundamental problem when the big donor agencies such as Global Fund rely entirely on epidemiological statistics for their programmatic priorities. Once seroprevalence shows up in a population it means infection is well underway. It is the crucial role of smaller NGOs like NCA to consider behaviours and other forms of vulnerability to set in place early warning systems of prevention activity.

Here the PCCAs and DCCAs are the best agency to understand and be able to analyse the on-the-ground risk and vulnerability context. But they need help to think beyond top-down bureaucratic structures that limit decision making to tried and true (and less taxing) approaches. HIV prevention will only become sustainable when local decision making bodies are able to see and program in ways that seek to intervene before large scale HIV infection takes place. NCA has an important role to instill this type of thinking, but both NCA staff and local counterparts need much assistance in this regard.

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3.20. To what extent are the available resources used in an effective and efficient way (cost-benefit analysis).

The resources utilised by NCA are spread across a large number of provinces and districts. For the activities over the past 3 years, the general impact has been positive. The range of activities have slowly but soundly established a good working capacity and a broad range of skills-based activities, mostly geared towards instilling a solid grounding of HIV/AIDS knowledge amongst the recipients. Some activities are very new such as the counseling training and women's groups and school groups in some districts. Here the results are less clear. Overall, NCAs activities have been productive in a substantive fashion in the past 3 years, but as budgets are being reduced it remains a question as to how best to maximize the effects in future years.

- **Number of Activities:** At present, budgets are spread rather thinly over a wide range (2002: US$69,350; 2003: US$48,564; 2004: US$81,957; 2005: US$90,458; for all 5 provinces[7]). On the one hand this provides a wide coverage but doesn't allow the fine focusing and in depth follow-up required to make a more lasting impact. As has been mentioned there comes a time when giving knowledge reaches a certain saturation point and new strategies need to be devised to make the knowledge more personally relevant in the lives of specific groups. It would be wrong to say that there is no need for further knowledge based activities; but these activities can probably be conducted with little assistance (outside of financial) from NCA in an ongoing fashion in most of the target sites these days. To ensure the activities are able to take the next step towards instilling sustainable behaviour change is another issue and NCA needs to consider focusing more deeply on this goal.

- **Leadership vs support** The utilisation of district working teams as the primary implementor reduces the amount spent on NCA staff salaries, but at times it can be inefficient. At times, the only way district teams will operate is in numbers of two or three for any activity. Sometimes this is unnecessary when one individual could have performed the task. District teams reliant on a bureaucratic approach to problem-solving will not always think of the most efficient way of doing things nor adequately troubleshoot. In this instance it is probably more efficient to increase the role of NCA staff in leading/monitoring the activities; this might entail follow-up conducted only by NCA staff and also involves more actively pushing the counterparts to new levels of efficiency led by example.

- **Types of activities/target groups** This is related to the need to develop activities that stay on top of the changing trends in the epidemic. It is clear

[7] While it hasn't been empirically calculated, data from one province shows roughly 1/3rd of this goes to actual activities – the rest goes to NCA project co-ordination and management.

that the way HIV moves though the social order is constantly changing. NCA's mission to provide a rights-based approach means having to think broadly about which groups are in the process of becoming vulnerable to HIV, not just those that are already identified by epidemiological data. Government counterparts will not always be the first to push for new approaches and target groups, so it is a key role of NGOs like NCA to make the priority those groups that are marginalised for any number of reasons including access to adequate knowledge to prevent HIV spread and adequate access to services to reduce the impact of existing HIV/AIDS. While NCA budget might currently be used in an efficient way, in order to satisfy larger objectives of reducing vulnerability and protecting the rights of those with HIV then new approaches are also needed. Here some degree of innovative thinking will be necessary and an acceptance that new challenges must be faced in order to test the effectiveness of approaches.

- **Care and Support vs prevention** One issue that will have to given careful thought is the amount of budget to dedicate to care and support activities and how much to devote to more specifically prevention oriented activities. While there is some overlap in some areas there are also widely divergent target groups depending on which of these objectives is chosen. Both areas need ongoing attention. Given the relatively small number of PLWHAs, running community support programs in village communities is a cost efficient way of assisting the livelihoods and quality of life of those affected by HIV/AIDS. NCA has established a good working model in this respect and it should be expanded and continued.

  Prevention is another question. Numerous situations exist throughout Laos where vulnerability is either increasing or diversifying. NCA needs to decide which of these to focus on and choose its activities carefully. There is a tendency in some national governments and donor agencies to feel prevention is more demanding, more complicated and less certain in its results than work focused on an identified target groups such as PLWHAs where programs that deliver ARV have immediate and discernible results. But in a country like Laos where effective models of prevention are still in the experimental stage, it needs agencies like NCA to actively trial new approaches with new target groups, in ways that reflect its ability to be flexible and innovative as well as its chief mission to administer to those that are often don't have ability to benefit from what services do exist.

- **Monitoring and evaluation**
  To date, NCA programs have enjoyed the luxury of relatively relaxed donor requirements on monitoring and evaluation. This extends to relatively modest requirements for proposal preparation. While there has

been some training at the regional level for proposal preparation, to date donor requirements have not made this a necessary skill.

One should not downplay the benefits of flexibility afforded by the designation of activities at only a very general level in a situation where one must accommodate constant changes to the micro-detail of program implementation, but it also means that working documents that inform the activities are very spare on details. In other words, project activities lack the documentation that reflects a fine degree of planning for the intended results and how to achieve them. This does not mean activities are not carefully planned, but there is no master document to refer back to in order to set deadlines and a timeframe for the working teams. Work-plans are prepared on a more case by case basis based on the districts and provinces perceptions of need (although NCA provides a concrete role in providing advice concerning the types of activities that will be funded).

The lack of specified benchmarks means that progress relies on the annual work-plans of each sector rather than a more co-ordinated master-plan for national activities. Monitoring takes place in the form of summaries of activities rather than their measurement against predefined indicators. Evaluations are not built in as part of the project cycle to date. The lack of coordinated planning documents means that progress is measured by satisfactory expenditure of funds in worthwhile activities but not based on precisely what has been achieved.

In order to plan future activities at the level of detail that will deliver more finely tuned results in a situation that includes an ever increasing degree of complexity, it is sensible that a more closely defined set of operating parameters are utilised. The use of verifiable indicators is highly problematic in the context of HIV/AIDS work especially because sexual practice remains private and unquantifiable outside of verbal reports. Nevertheless, setting concrete targets as part of a 3 year plan (or whatever timeframe is deemed appropriate) allows the coalition of NCA and its counterparts to measure progress against intended goals. It also allows for the careful consideration of potential obstacles and how they will be addressed in the course of planning activities on an annual basis.

NCA is in the process of conducting log-frame matrix trainings and with the caveats that they inevitable reduce the complexity of the environments within which HIV spreads, they will provide a useful means of formalizing program operations in the future and allow an assessment of progress of activities at a level that does not exist at present. It should also allow a closer assessment of the efficiency and effectiveness of funds spent in more empirical terms than the evaluation conducted herein.

Section 4
Conclusions/recommendations:

In a context like Laos, designated as a least developed country where poverty is still widespread, a development approach is a necessary complement to more closely focused public health models. The majority of Gobal Fund and other donor budgets allocated to the CHAS are strongly based on an epidemiology/public health approach – for instance in the most recent round of grants Global fund will focus on clinical management of STDs. Such programs do not always adequately address the background factors that make people vulnerable to HIV in the first place: eg. the growing number of women entering the sex sector due to poverty and/or limited employment options.

Laos has recently opened up to the market economy and broad based development is happening in a wide range of sectors throughout the country. Rapid social change is characterizing large parts of the country. One obvious element of the changes is an increase in the scale and profile of commercial sex throughout the country. Another is the rapid increase in illicit drug use (amphetamines). A third element is the rapid growth of a youth culture premised on consumerism and casual sex.

There remains a strong need in Laos to work on HIV at the development level. This is the area that is both leading much of the social changes taking place and also providing many of the unintended consequences leading to heightened vulnerability. For instance, large scale demographic shifts have been occurring throughout the country as sedentary agriculture and new cash crop initiatives are promoted. This in turn, has lead to a shift in traditional gender practices resulting in a growing number of ethnic minority women entering commercial sex. As the market economy takes hold, more men have more cash and the demand for commercial sex increases throughout the country. Likewise, synthetic drugs are readily marketed as a cheap global commodity; large numbers of men and women take ATS (in a number of different circumstances related to both work and leisure) which, in turn, has implications for safe sex behaviour (while still debated, there are some reports ATS leads to increased sexual activity and less condom use).

These developments spread HIV risk well beyond epidemiological hotspots and are indicative of trends that need to be addressed in any comprehensive approach to HIV prevention. There is key role for development agencies like NCA in complementing activities that have a more strict epidemiological focus by providing a broader developmental focus on issues that create vulnerability in the first place.

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Recommendations

If the NCA budget for the next several years for HIV/AIDS work remains steady then activities should be more tightly focused on a more limited number of activities. If the budget increases existing activities can be maintained but improved and new activities considered.

If budget does not increase, NCA should focus its activities on a more narrow range of target groups

- Radio broadcasts, leader's wives and village housewives groups are the most expendable as they will have increasingly limited return for funds invested. If media programs are maintained they should seek new approaches and tackle new issues (see below).
- School activities need to be carefully considered. Vocational schools are perhaps a better choice as they have students of an age more likely to be engaged in risk practices than the high school student body. Teachers in current target high schools should be able to carry on the existing activities (although sports and festival events need outside budgets).
- NCA should carry on focusing its work in situations where sub-groups of young men or women concentrate in substantial numbers for either occupational or social reasons: eg schools, construction or labor sites; and key venues linked to HIV/STDs or their treatment: eg bars, beauty shops, discos, pharmacies.
- Work with CSWs in bars should only be considered if no other agency is working in this area (eg. in Houay Xai Lao Red Cross is working with some CSWs along the new road but not all); Global Fund will be financing work with CSWs in many provinces but their approach is largely limited to clinical management of STIs. NCAs approach needs to complement rather than overlap existing programs funded by other agencies through the PCCAs and DCCAs. This requires careful planning and monitoring.
- New methods and new media materials need to be employed to encourage/maintain safe sex amongst this group and the ongoing co-operation of owners of the bars.
- NCA should take the lead in seeking ways to approach the informal sex sector (mobile telephone networks) or niche markets (Vietnamese or Chinese CSWs).
- Care needs to be taken as to who the best counterpart is; at times the LWU is too heavy handed in its approach.

If budget does increase, new target groups and new activities need to be considered

- The epidemic is rapidly diversifying. NCA should take the lead in trialing innovative approaches amongst hard to reach populations: eg. migrant laborers both entering and leaving the country should remain the focus of activities but new approaches need to be found. Likewise government

workers are ideal for peer group functioning but this has seldom been suitably attempted.

- Informal sex workers (an increasing number are euphemistically called mobile phone women) are also a group that need attention; as the government maintains a regular attempt to control the number of women in bars but many (including students) are selling sex through more informal networks that need new and innovative approaches.
- The widespread presence of drugs needs to be tackled carefully; it represents a bridge to increased forms of sexual risk and is particularly relevant amongst urban and rural youth, sex workers and ethnic groups.
- Ethnic groups pose a particular challenge. Many groups have markedly distinct cultural and social practices. There are wide divergences in sexual norms between different groups, in some multi-partner sexuality is more acceptable than in others. Few HIV campaigns to date have adequately addressed these distinctions choosing to operate on the assumption that gradual assimilation into lowland lifestyles will introduce a changing and uniform sexual morality. Campaign initiatives need to address risk practices emerging within and between ethnic groups, with the following considerations:
    - Multi-partner sexual practices are more acceptable in some ethnic groups – this is a highly sensitive issue and the extent to which local sexual customs involve HIV and STD risk needs to be carefully handled so as not to introduce inappropriate moral sanctions.
    - Campaigns need to address local risk practices, not seek to eliminate culturally acceptable sexual practices
    - Activities need to carefully focus on the HIV/STD risks that emerge from interactions between different cultural groups. As economic development and social change brings different ethnic groups into greater proximity with each other, sexual interactions between different groups will continue to increase. At present there is a growing perception in rural areas that sexual contact can be more easily negotiated in certain groups than in others. This type of sexual opportunism needs to be carefully addressed in project activities.
    - There is an increasing number of ethnic women entering the sex trade; campaigns need to be organized at the community level to counter a growing acceptance of this sexual commerce.

  If the current (EDC) project with the Akha in Namtha is a success, it could be replicated in other areas with other ethnic groups.

- STIs are a growing presence in wide sectors of Lao society. HIV and STI activities need to co-ordinate with existing Global Fund or World Bank programs designed to upgrade the capacity of pharmacists to provide services for STIs. Many individuals still self diagnose and self-treat for STIs due to widespread shyness and lack of institutionalised service

provision. NCA activities need to offer practical and realistic advice recognizing that few individuals will seek assistance from local hospitals for STIs.

PLWHA community activities should be carried on and expanded in reach.

- Community based support services and anti-discrimination activities should be expanded to include more villages and in those villages with PLWHAs, home based care training be given to family members. Income generation activities are a useful addition but have a limited capacity to alter larger socio-economic trends.
- Hospital Counseling provision is also a valuable activity but should only be maintained where there are genuine services available to those who become aware of their HIV status

Establish more coherent cross-border programs

- Mobile populations remain groups that are extremely hard to reach comprehensively. They should be a priority in NCA's programming. NCA has the advantage of having national programs in countries bordering Laos. This should be used to greater effect to target activities specifically to groups moving back and forth. For example, Vietnamese laborers at development sites in Laos or crossing into ethnic areas can be addressed in joint operations. Growing numbers of Chinese (including CSWs) in North Laos are a constituency that should receive more attention. To date local government does little with mobile groups so it is important that NCA uses what regional resources it can in this respect.

Some existing approaches need to be improved

- This is especially relevant to the peer groups organized by the project activities. Peer selection needs careful attention and training for both the peer member and the persons in charge of follow-up. Selection criteria need much more careful attention addressing the fact that the peers need to be members of groups with identifiable risk practices.
- Follow-up with volunteers needs far more rigorous application to ensure the volunteers are able to carry out their role appropriately.

NCA should take a more pro-active role in providing guidance/leadership to government counterparts

- Specific project activities need to move into realms beyond the dissemination of information. Creating an environment where individuals and communities begin to self identify in risk situations is a crucial next step; knowledge transfer in its own right seldom creates this identification. In other words, the style of prevention activity needs to involve activities that involve an emotional engagement from the target audience; theatre and folk-drama are good vehicle for this; so too is the use of PLWHAs as spokespeople. Peer group functioning is also meant to work this way.

- NCA needs to complement the largely public health approach preferred by government. This entails a broader focus on social and cultural issues of HIV vulnerability. Messages need to have a far greater emphasis on behavior not just HIV knowledge.
- NCA needs to provide suitable leadership and guidance in this respect, but in order to do so NCA staff will need further training in quality assurance and the development of new approaches that appropriately address diverse community needs.
- Training is therefore still necessary in a number of different arenas for NCA staff so they have the confidence to move the government counterparts into new areas/levels of operation; monitoring and evaluation, peer group functioning, behaviour change strategies including IEC development, and English language skills would be the main ones.
- Combined with training it is necessary in specific instances to bring in more specialist input: eg IEC material production.

Much greater involvement of the Buddhist sangha should be encouraged

- In line with NCA policy, activities involving the collaboration of monks should be expanded to a far greater number of districts. This also should be a priority in NCA programming
- It should not only focus on community acceptance of PLWHAs but also address contemporary social values that create risk environments (such as materialism and pre-marital sex) in a non-judgemental way.
- Advice from the *Methatham* project organized by UNICEF is useful in this regard.