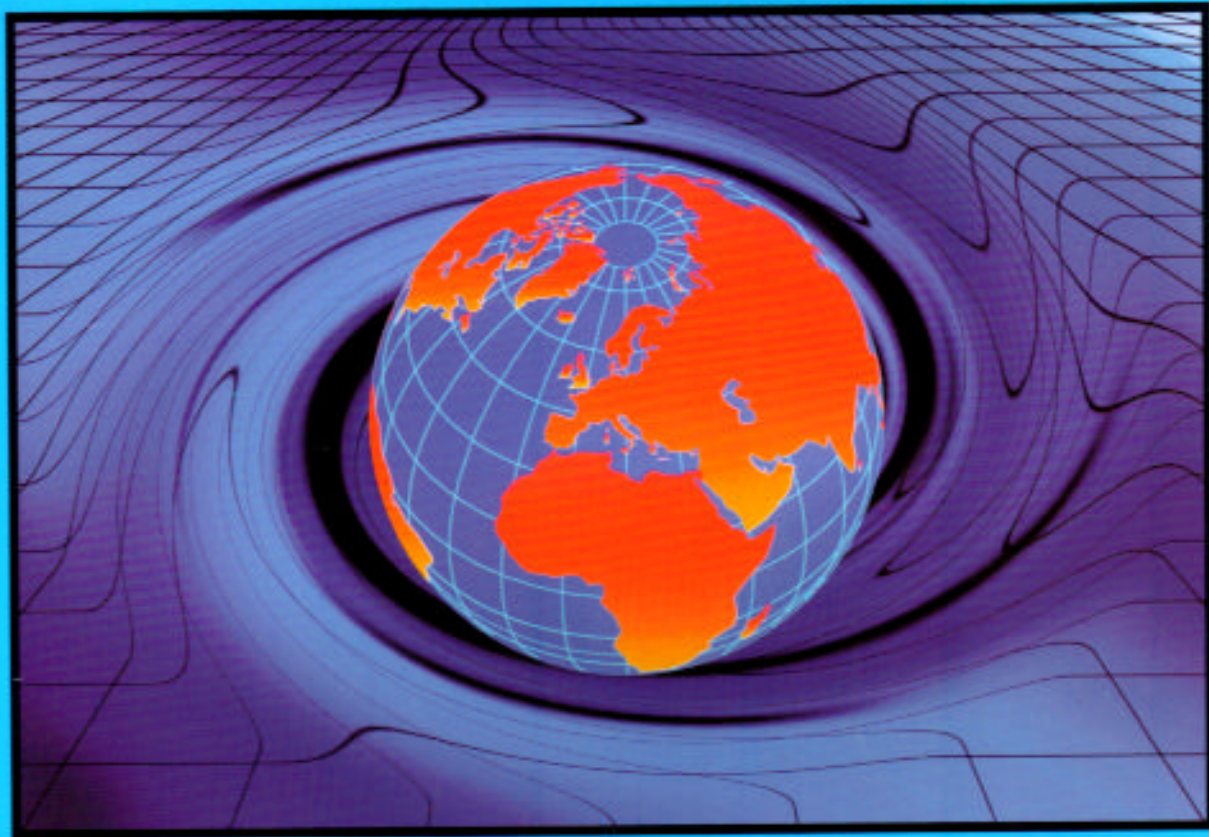




United Nations Development Programme
South East Asia HIV and Development Project

MOBILE POPULATIONS and HIV VULNERABILITY INVENTORY of ORGANIZATIONS





Mobile Populations and HIV Vulnerability

Inventory of Organizations

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December 2001

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FOREWORD

This publication is the product of the UN Regional Task Force on Mobile Populations and HIV Vulnerability and created in collaboration with UNAIDS-South East Asia Inter-Country Team (SEAPICT) and International Organization for Migration (IOM) Geneva. The inventory presents an overview of organizations working with HIV vulnerability among mobile populations in South East Asia and elsewhere.

The content of the inventory originates from an online internet survey, which was launched in September 2001, in collaboration with UNAIDS-SEAPICT and IOM Geneva. Through our website all interested people could log-on and contribute information on their programmes and activities. Since the survey contains information submitted on a voluntary basis this publication does not present all actors and organizations dealing with mobile populations and HIV vulnerability.

We sincerely hope that this inventory provides a tool by which organizations, field workers or researchers might contact others doing similar work.



Lee-Nah Hsu
Manager

UNDP South East Asia HIV and Development Project

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Asian Development Bank

Project name	Population and Family Planning Project, Papua New Guinea
Contact information	Maryse Dugue Asian Development Bank, Manila 0980, Philippines Tel: 632 632 4000 Email: mdugue@adb.org
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change communications, group information or training, community mobilization, training, capacity building
Population target group	Male & female adolescents
Type of mobility	Domestic
Date programme began	1994
Level of funding	Over US\$ 500,000
Funded by	Asian Development Bank, World Bank, AusAID
Has the programme been evaluated internally?	Yes
Evaluation process	In progress
Type of evaluation	Process evaluation
What have been the major achievements and lessons of the programme?	Information, education and communication (IEC) structure put in place within the Department of Health. IEC activities in HIV/AIDS taken over by the National Council on AIDS

CARE Thailand/Raks Thai Foundation

Project name	1. Border Area HIV/AIDS (BAHAP) 2. STD/AIDS Prevention Among Migrant Workers/Seafarers
Contact information	Mr. Promboon Panitchpakdi, 185-187 Phaholyothin, Soi 11, 10400 Bangkok, Thailand Tel: 66-2-279-5306-7 Fax: 66-2-671-4467 Email: carethai@ksc.th.com
HIV/AIDS prevention through	Condom promotion including social marketing, written and audio/video information, behaviour change and communications, group information and training, individual counselling, peer education, life skills development, community mobilization, STI counselling and treatment, care and support, situation assessment, training, capacity building.
Population target group	Adults, male and female
Type of mobility	International & migrants
Specific groups targeted	Border areas; factory, construction, mine, agricultural, maritime and transport workers; sex workers
Date programme began	November 1999
Level of funding	Over US\$ 500,000
Funded by	BAHAP Project, FHI/USAID, Ministry of Public Health Thailand, DFID, United Kingdom (October 2001), Migrant Workers, Family Planning International Assistance, Japan Foundation on AIDS Prevention, AusAID (April 2001).
Are there plans for continuing the programme when current funding runs out?	Yes
Has the programme been evaluated internally?	Yes
Evaluation process	Planned
Type of evaluation	Process evaluation
What have been the major achievements and lessons of the programme?	BAHAP – Programmes addressing border areas need to deal with multiple populations groups from different cultural and occupational backgrounds. Mobile workers/seafarers access to health care and medical treatment is difficult due to language constraints. Even when meeting a doctor, a migrant worker does not always understand what is going on and/or what type of treatment s/he is receiving.
What have been the major difficulties encountered and how have these been overcome?	BAHAP – It has been difficult to set up cross-border activities due to the different national laws and regulations. This was overcome by cross-border meetings and jointly planned activities. Educational materials were developed using the Thai and Khmer languages. Mobile populations/seafarers – It is extremely difficult to reach seafarers who are mostly at sea. This was overcome by planning around shore-leaves that coincide with the full moon, producing effective educational materials and working with boat owners and supervisors.
Do you know of other programmes/ organizations that should be included in this survey? If so, please list them.	CARE Cambodia, CARE Vietnam, CARE Laos and MAPS Chiang Mai, Thailand

Chiang Rai Provincial Health Office, Thailand

Project name	HIV prevention and care for migrant workers
Contact information	Somsak Supawitkul Chiang Rai Provincial Health Office Muang District, Chiang Rai 57000 Thailand Tel: 66 53 711 403 Fax: 66 53 711453 Email: ssupawitkul@yahoo.com
HIV/AIDS prevention through	Condom promotion including social marketing, group information and training, individual counselling, peer education, life skills development approaches, community mobilization, HIV/AIDS testing and counselling, HIV/AIDS care and support.
Population target group	Male & female adolescents and adults
Type of mobility	Immigrants
Specific groups targeted	Border areas; factory, construction, mine, agricultural, maritime and transport workers; sex workers
Date programme began	January 1999
Level of funding	Under US\$ 10,000
Funded by	Norwegian Church Aid and Thai Ministry of Public Health
Funding assured until	December 2001
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	Integrate into existing health services
Has the programme been evaluated Internally?	Yes
Evaluation process	In progress
Type of evaluation	Process evaluation
What have been the major achievements and lessons of the programme?	HIV prevalence and trends, service model
What have been the major difficulties encountered and how have these been overcome?	Government policy on legal status of workers was overcome by cooperating with business owners.

Food and Agriculture Organization of the United Nations (FAO)

Project name	UNDP-SEAHIV/FAO Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to Reduce HIV Vulnerability
Contact information	Coordinator PO Box 53, Phnom Penh, Cambodia Tel: 855 23 21 52 02 Fax: 85523 21 52 02 Email: ipm.cambodia@bigpond.com.kh
HIV/AIDS prevention through	Group information and training, peer education and life skills development, community mobilization, capacity building.
Population target group	Rice and vegetable farmers
Type of mobility	Domestic and returnees
Specific groups targeted	Farmers; border zones; factory, construction, mine, agricultural, maritime, and transport workers
Date programme began	December 1999
Level of funding	US\$ 10,000-100,000
Funded by	UNDP South East Asia HIV and Development Project
Funding assured until	December 2001
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	Mainstreaming of methodology into Integrated Pest Management (IPM) training
Has the programme been evaluated externally?	Yes
Evaluation process	Completed
Type of evaluation	Process evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	Project progress report, May 2000, Consultancy reports, review report
What have been the major achievements and lessons of the programme?	Feedback from participating farmer groups indicate a positive response to the training, and keen involvement from the communities. The issues they are addressing are based on their own needs assessment. The training approaches are based on field schools. The trainers are farmers themselves and they show resourcefulness and aptitude for this role, which indicates the potential for using this process for outreach with farmers.
What have been the major difficulties encountered?	Roles being developed for farmers as trainers and facilitators of community action research in social areas based on their experience in IPM from the Farmer Field Schools (FFS.)

Hong Kong Coalition of AIDS Service Organizations

Project name	Community Planning Process
Contact information	Tak-yin Ho 17B, Block F, 3 Lok Man Rd, Chai Wan Hong Kong Tel: 852-2897 8693 Fax: 852-2897 6387 Email: takyin@netvigator.com
HIV/AIDS prevention through	Programme planning, community mobilization, situation assessment
Population target group	Male, female, adults and adolescents who are vulnerable
Type of mobility	Source communities
Specific groups targeted	MSM, youth, border zones, workers (factory, construction, mine, agricultural, maritime, transport), sex workers, injecting drug users, truck drivers and assistants.
Date programme began	December 1999
Level of funding	US\$ 100,000 - 500,000
Funded by	Hong Kong Government
Funding assured until	July 2001
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	Continue planning work with targeted vulnerable communities.
Evaluation process	Planned
Type of evaluation	Process evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	www.come.to/cppforum click into "community planning project"
What have been the major achievements and lessons of the programme?	Successfully mobilized a wide range of volunteers including people from targeted communities, NGO workers, relevant government officials, personnel from the academics sector to construct common understanding on the present situations of various targeted communities. Seven situation analyses have been written on these communities. This will form a basis for planning intervention strategies.
What have been the major difficulties encountered and how have these been overcome?	Difficulty 1 – Convince the relevant government bodies of the need to include members from vulnerable communities in the planning process. Solution – Built up a united front among like-minded AIDS organizations was/is a way to put pressure on government. Difficulty 2 – Limited human and financial resources to further develop a plan with good evidence support. Solution – Expand our network into the academics /NGO arena. We have successfully mobilized more than 50 people in the last year. Difficulty 3 – Work with the Chinese government, which is very sensitive about HIV/AIDS issue. Solution – 1) Members from our work team suggested encouraging more NGOs in HK to begin collaborative efforts with the Chinese organizations. 2) Begin to network with international organizations also working in China e.g. UNDP

Do you know of other programmes organizations that should be included in this survey? If so, please list them.

1. AIDS Concern – keigo@netvigator.com
2. HK AIDS Foundation hkaf@asiaonline.net
3. Center for Clinical Trials & Epidemiological Research at the Chinese University of Hong Kong – jlau@cuhk.edu.hk

Médecins Sans Frontières (MSF)

Project name	STD/HIV Prevention among Vietnamese sex workers in Phnom Penh
Contact information	Bettina Schunter, PO Box 840, Phnom Penh, Cambodia Tel: 855 12 811 670 Fax: 855 23 880 338 Email: cuhca@msf.org.kh
HIV/AIDS prevention through	Condom promotion including social marketing, written and audio/video information behaviour change and communications approaches, group information and training, individual counselling, peer education and life skills development, STI counselling and treatment, testing, counselling, care and support, situation assessment.
Population target group	Female sex workers
Type of mobility	International
Specific groups targeted	Sex workers
Date programme began	November 1994
Level of funding	US\$ 100,000 - 500,000
Funded by	MSF, European Union
Funding assured until	December 2002
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	MSF will hand over eventually, maybe as early as January 2002, to local organizations.
Has the programme been evaluated internally?	Yes
Evaluation process	In progress
Type of evaluation	Process evaluation
What have been the major achievements and lessons of the programme?	Important to address life-skills and community building amongst sex workers to encourage effective prevention measures not just condom use.
What have been the major difficulties encountered and how have these been overcome?	Women are debt-bonded and not always free to come to the clinic, problems with brothel owners, difficult to reach the young women, women will generally sleep with a client without a condom if he offers enough money or violence against the women. There are also problems negotiating safe sex.
Do you know of other programmes/ organizations that should be included in this survey? If so, please list them.	Oxfam in Cambodia, CARAM and FHI/Impact in Cambodia, CARE in Vietnam.

Ministry of Health, Brunei

Contact information

Ministry of Health, Bandar Seri Begawan, BB 3910, Brunei
Tel: 673 –234 4296

HIV/AIDS prevention through

Condom promotion including social marketing, written and audio/video information behaviour change and communications approaches, group information and training, individual counselling, peer education and life skills development, STI counselling and treatment, testing, counselling, care and support, situation assessment.

Population target group

Adult, male and female

Type of mobility

International, pre-departure and immigrants

Specific groups targeted

Border zones; factory, construction, mine, agricultural, maritime, transport workers; sex workers.

Date programme began

July 1993

Funded by

Ministry of Health, Brunei

Funding assured until

Ongoing Programme of Ministry of Health

Hard copy or electronic documents available about the programme and how documentation may be obtained

It was published, April 2000, in a UNDP monograph entitled “Population Mobility in Asia -Implication for HIV/AIDS Action Programme”
http://www.hiv-development.org/publications/mobility_action_programmes.asp

What have been the major achievements and lessons of the programme?

Post arrival counselling for HIV positive migrant workers

What have been the major difficulties encountered and how have these been overcome?

No pre-departure training of migrant workers in their own country and no follow-up of migrant workers after they are deported from the host country because of their HIV status. Exploitation of migrant workers by the recruiting agent in their country of origin. Both government organization (like Ministry of Health, Ministry of Labour etc), NGOs and international organizations should work to strengthen the pre-departure training of migrant workers in their country of origin, post departure training on host country and post return support in the country of origin.

Population Council

Project name	Construction Worker Project in Ho Chi Minh City
Contact Information	Philip Guest P.O. Box 138, Pratunam Bangkok 10409, Thailand Tel: 66-2-253-9166 Fax: 66-2-2555513 Email: philip@popcouncil.th.com
HIV/AIDS prevention through	Condom promotion, written information including behaviour change, development and communications, peer education and life skills development, STI information, company awareness raising and training, capacity building
Population target group	Adults
Type of mobility	Domestic
Specific groups targeted	Construction workers
Date programme began	May 2000
Level of funding	Depends on component
Funded by	Intervention funded by: Provincial AIDS Committee of Ho Chi Minh City, Ford Foundation. Evaluation funded by: Horizons project of the Population Council
Funding assured until	May 2002
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	Part of the provincial AIDS committee normal activities
Has the programme been evaluated Externally?	Yes
Evaluation process	In progress
Type of evaluation	Outcome evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	None as yet. Will be available during course of project.
What have been the major achievements and lessons of the programme?	None yet

Population Services International (PSI)

Project name	Lao PDR National Condom Social Marketing Project
Contact information	PO Box 8723, Vientiane, Lao PDR. Tel: 856 021 312 519 Fax: 856 021 315 334
HIV/AIDS prevention through	Written or audio/video information including behaviour change and communications approaches, condom promotion including social marketing, individual counselling, peer education life skills development, community mobilization, situation assessment, training, capacity building.
Population target group	All
Type of mobility	International and domestic.
Specific groups targeted	Border zones, sex workers, truck drivers and their assistants.
Date programme began	October 1998
Level of funding	US\$ 100,000 - 500,000
Funded by	Governments of Norway, Japan, Australia and Britain, USAID/Family Health International, Lao HIV/AIDS Trust.
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	Continuing to social market health products in the Lao PDR.
Has the programme been evaluated internally?	Yes
What have been the major achievements and lessons of the programme?	Distribution of over 2 million condoms in the last year – signifying successful Behaviour Change Communications.
What have been the major difficulties encountered?	Condoms are politically and culturally a sensitive topic/issue in the Lao PDR.

Programme for Appropriate Technology in Health, (PATH)

Project name	PROMDAN (Prey Veng-Rayong Operations on Migration Dynamics and AIDS Intervention)
Contact information	Ms. Pawana Wienrawee, PATH/Mekong, 37 Petchburi 15 Petchburi Rd, Bangkok 10400, Thailand Tel: 66-2-6537563 to 5 Fax: 66-2-653-7568 Email: pwienra@path.org
HIV/AIDS prevention through	Promoting linkage of migrants and source community condom promotion including social marketing, written or audio/video information including behaviour change development and communications, group information and training, individual counselling, peer education and life skills development approaches, community mobilization, STI counselling and treatment, HIV/AIDS testing and counselling, HIV/AIDS care and support, situation assessment, training, capacity building.
Population target group	All
Type of mobility	International, pre-departure, in transit (by air, land, or sea), immigrants, returnees, source communities
Specific groups targeted	Factory, construction, mine, agricultural, maritime, transport workers
Date programme began	July 2000
Level of funding	US\$ 100,000 - 500,000
Funded by	Family Health International (FHI), PATH
Funding assured until	June 2002
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly	Will look for additional resource for continuation and expansion to other port cities.
Has the programme been evaluated internally?	Yes
Evaluation process	Planned
Type of evaluation	Process evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	Write to PATH/Mekong
What have been the major achievements and lessons of the programme	Maritime connectivity between destination and source community in Rayong and Prey Veng. Increased motivation to stay healthy during migration.
Do you know of other programmes/organizations that should be included in this survey? If so, please list them.	PATH Indonesia with Thai Fishermen in Indonesian ports, CARE Thailand with fishermen in port cities, Pearl S. Buck with migrants at border crossing points e.g. Aranyaprathet/ Poi Pet, World Vision on Thai/Myanmar border.

Sangha Metta Project

Contact information

Lawrence Maund
47/30 Mu Ban Daen Tawan Nua, Suthep Road, Muang District
Chiang Mai 50200, Thailand
Tel: 66 53 814 405 Fax: 66 53 278 551 Email: laurie@cm.ksc.co.th

HIV/AIDS prevention through

Breaking down stigma and discrimination, condom promotion and social marketing, written or audio/video information including behaviour change and communication, group information and training, individual counselling, peer education and life skills development, community mobilization, care and support, situation assessment, training and capacity building.

Population target group

All, with special focus on Buddhist monks, nuns and novices

Type of mobility

Land and river crossing and immigrants at border zones

Specific groups targeted

Refugees, illegal workers and migrant labourers

Level of funding

US\$ 10,000 - 100,000

Date programme began

March 2000

Funded by

AusAID, Open Society Institute, Private funder and UNICEF-EAPRO

Funding assured until

March 2001

Are there plans for continuing the programme when current funding runs out?

Yes

If yes, please describe briefly.

Work will continue across borders and will support activities conducted by those trained under the current phase of funding.

What have been the major achievements and lessons of the programme?

Since this programme has just commenced, a formal evaluation has not yet been conducted. However, we have learnt the close relationship between temples, Buddhist monks and the community allows Buddhist monks to gain confidence and trust where others might not. Monks are also a mobile population so they are able to work with others during their mobility.

What have been the major difficulties encountered and how have these been overcome?

Gaining permission to conduct activities across the border. By bringing monks to Thailand, we are able to educate and train them. On their return to their own communities they are able to include the HIV/AIDS message in regular sermons, during instruction in temples and on home visits within the community.

Do you know of other programmes /organizations that should be included in this survey? If so, please list them.

The Shan Women's Action Network (SWAN)
Federation of Trade Unions in Burma (FTUB)

United Nations Children's Fund

Regional Office for East Asia and the Pacific (UNICEF-EAPRO)

Project name	The Mekong Partnership and Beyond – supporting the HIV/AIDS activities of UNICEF Country Offices in the East Asia Pacific region as well as with multi- and inter-country activities in collaboration with a network of INGO/NGO/IO/CBO/private sector and people affected by HIV/AIDS.
Contact information	Robert Bennoun UNICEF, 19 Phra Athit Road, 10120 Bangkok, Thailand Tel: (66-2) 356 9400 Fax: (66-2) 281 3563 Email: rbennoun@unicef.org
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change and communications, group information or training, Individual counselling, peer education and life skills, community mobilization, STI counselling and treatment, testing and counselling, care and support, situation assessment, training, capacity building.
Population target group	All
Type of mobility	International, domestic, source community
Specific groups targeted	Border zones; factory, construction, mine, agricultural, maritime and transport workers; armed services (military, police, etc.); sex workers; injection drug users
Date programme began	1996
Level of funding	Over US\$ 500,000
Funded by	UNICEF Regular Resources, AusAID, UNAIDS, Netherlands Government, SIDA Japan Government, Private Sector Fundraising, UNICEF National Committees in the USA, UK, Germany, Sweden and Norway
Funding assured until	2005
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly	Subject to regular review and evaluation, and to emerging behavioural and sentinel surveillance.
Has the programme been evaluated internally?	Yes
Has the programme been evaluated externally?	Yes
Evaluation process	In progress
Type of evaluation	Outcome evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	Various programme documents available covering fishermen and HIV vulnerability; work with factory populations in Lao PDR; work with mobile populations through the UNICEF Regional Buddhist Leadership Initiative; documents concerning child trafficking

What have been the major achievements and lessons of the programme?

High vulnerability; need for involving the private sector; need for feasible inter-country mechanisms; need to involve government agencies; mobile, transit and source communities must be comprehensively included in all interventions; local populations/communities are willing to support prevention and care initiatives.

What have been the major difficulties encountered and how have these been overcome?

Problems of undocumented migrants not having access to health and education services; getting the private sector involved; getting collaboration between countries at the operational level of government services; resistance from government agencies in recognizing and supporting community-based activities. Difficulties being responded to through communication and documentation; involving various sectors in workshops and site visits; preparing documentation and advocacy strategies/events targeting political, social and economic leadership; showing the cost of inaction.

United Nations Development Programme (UNDP)

Project name	South East Asia HIV and Development Project
Contact information	Lee-Nah Hsu UNDP South East Asia HIV and Development Project United Nations Building, Rajdamnern Nok Avenue, Bangkok, 10200, Thailand Tel: 662-288-2165 Fax: 662-280-1852 Email: leenah.hsu@undp.org
HIV/AIDS prevention through	Capacity building, mobility and HIV vulnerability knowledge base development, social mobilization, multisectoral institutional partnerships, advocacy and information dissemination.
Population target group	All
Type of mobility	Domestic, international, pre-departure, post-arrival, returnee, source community, in-transit, migrants, displaced people, trafficked persons.
Specific groups targeted	Transport, tourism, government communication sectors, construction sectors., maritime training institutes, port authorities and cruise liners.
Date programme began	December 1998
Level of funding	Over USD \$1.7 million
Funded by	UNAIDS, CIDA and Rockefeller Foundation as well as partnerships with SCUK, IOM, FAO, ADB, FHI, CARAM-Asia and the Canadian Human Rights Foundation.
Funding assured until	2004
Has the programme been evaluated internally?	Yes
Has the programme been evaluated externally?	Yes
Evaluation process	Completed
Type of evaluation	Process, impact and outcome evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	Visit our website at www.hiv-development.org or contact leenah.hsu@undp.org
What have been the major achievements and lessons of the programme?	Farmer's life school, pre-departure/post arrival, returnee generic manual, mapping assessment of mobility systems, Memorandum of Understanding (MOU) between the Ministers of Health from the Greater Mekong Sub region (GMS) countries (including China) on HIV vulnerability and mobile populations, Joint Action Programme framework
What have been the major difficulties encountered and how have these been overcome?	Ensuring that HIV vulnerability among mobile populations in South East Asia continues to be a prime concern to the regions policy makers in order to reduce HIV vulnerability related to mobility and promote good practice to prevent HIV risks in relation to socio-economic development through:

- a) Capacity building within governments, non-governmental partners and local communities to reduce HIV risk;
- b) Social mobilization to promote resilience to HIV by engaging communities and different sectors of society;
- c) Institutional partnership building to broaden sub regional allies in HIV beyond those in health and education sectors;
- d) Advocacy and information dissemination

Other activities include:

Convener of UN Regional **Task Force** on Mobile Populations and HIV Vulnerability. The reconstituted Task Force on Mobile Populations and HIV Vulnerability is a time-limited, multi-sectoral regional Task Force for South East Asia, convened by UNDP (specifically, the office of the South East Asia HIV and Development Project). The Task Force provides a forum for identifying priorities and gaps as well as proposing programmatic and policy action with the aim of accelerating both country and multi-country efforts to practically address the needs of mobile populations and their vulnerability to HIV/AIDS.

Building capacity in the **maritime industry** in collaboration with ESCAP. This is done by raising awareness of HIV/AIDS amongst the merchant marine community and associated groups through the development of a training programme which will be integrated into the nautical and engineering seafarer educational curriculum at all levels, and will promote the wide delivery of the programme through training institutes in the UNESCAP region

Developing **Tool Kits** for HIV prevention among workers in the GMS region

Joint Action Programme to build resilient and empowered communities by improving their choices in reducing HIV/AIDS vulnerability caused by development related mobility. To enhance national responses to reduce HIV/AIDS vulnerability by improving systems of governance on development-related mobility, and to build collaborative regional responses to reduce HIV/AIDS vulnerability from development-related mobility while developing methods to build community, national and regional HIV/AIDS resilience and document these methods as knowledge base for dissemination.

Regional Strategy is a new strategy to enhance responses to the problems arising from the association between Mobility and HIV Vulnerability in the GMS. The strategy has been developed through a consultative process, which has taken place during the 10 months preceding the ICAAP. It outlines:

- 1) a summary of key factors currently influencing mobility and vulnerability to HIV in this subregion,
- 2) a framework for identifying and addressing related problems and
- 3) descriptions of what responses are already occurring, and outlines of current needs for complementary approaches to these problems

United Nations International Drug Control Programme Regional Centre for East Asia and the Pacific (UNDCP)

Contact information

Wayne Bazant
UNDCP Regional Centre for East Asia and the Pacific
United Nations Building, Rajdamnern Nok Ave. 10200
Bangkok, Thailand
Tel: (662) 288-1908 Fax: (662) 281-2129
Email: wayne.bazant@undcp.un.or.th

HIV/AIDS prevention through

Written or audio/video information including behaviour change communications, peer education and life skills development approaches, community mobilization, situation assessment, training, capacity building.

Population target group

All

Type of mobility

Intercountry

Specific groups targeted

Injecting drug users

Date programme began

January 2001

Level of funding

USD 400,000

Funded by

UNAIDS

Are there plans for continuing the programme when current funding runs out?

Yes

If yes, please describe briefly

Programme development and implementation will be advocated in line with ACCORD Plan of Action and the Subregional Action Plan, both of which are strategically targeted towards the reduction of drug abuse related HIV/AIDS vulnerability in the region.

Has the programme been evaluated internally?

Yes, at the level of project design

Evaluation process

Interviews, focus groups, and questionnaires led to the evaluation report.

Type of evaluation

Process outcome

Hard copy or electronic documents available about the programme and how documentation may be obtained

Documents available through www.undcp.un.or.th or upon request to the Regional Centre.

What have been the major achievements and lessons of the programme?

No major achievements in the area of HIV and mobility. These are new developments for the UNDCP Regional Centre.

CARE-Bangladesh

Project name	CARE Bangladesh, HIV programme
Contact information	Sharif Zaman CARE Bangladesh House 59, Road 7A, Dhanmondi RA, Dhaka, Bangladesh Tel: 880 2 812 4671 Email: zamansharif@yahoo.com
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change communications, group information or training, individual counselling, peer education and life skills development approaches, community mobilization, STI counselling and treatment, testing and counselling, care and support situation assessment, training, capacity building.
Population target group	All
Type of mobility	International, pre-departure and domestic, in transit (by air, land, or sea), immigrants, returnees, source communities.
Specific groups targeted	Border zones; factory, construction, mine, agricultural, maritime and transport workers; armed services (military, police, etc.); sex workers; injecting drug users; truck drivers.

Child Foundation, India

Project name	Mobile AIDS Booths, An intervention programme for control of HIV/AIDS
Contact information	Kutikuppla Surya Rao, 36-46-51, Kancharapalem, Visa Khapatnam, Andhra Pradesh 530008, India
HIV/AIDS prevention through	Condom social marketing, written or audio/video information, behaviour change communication, group training, individual counselling, peer education and life skills development, community mobilization, STI counselling and treatment, testing and counselling, care and support, situation assessment, training, capacity building
Population target group	Mobile populations and migrant workers (male, female, children, adults, adolescents)
Type of mobility	Migrant Labourers
Specific groups targeted	Construction, mine, factory, agricultural, maritime and transport workers; sex workers; truck drivers and their assistants
Date programme began	March 1998
Funded by	Voluntary activity with help of a few local philanthropists
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	Since Andhra Pradesh has an epidemic we continue to have programmes for the welfare of mobile workers. We sincerely urge funders to witness our activities and to support us in this endeavour.
Has the programme been evaluated internally?	Yes
Evaluation process	In progress
Type of evaluation	Outcome evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	A project report is published in the XII World AIDS Conference Geneva proceedings. Sexual life style of long distance lorry drivers in India published in BMJ, Vol. 318, pp. 162-3, Jan. 1999
What have been the major achievements and lessons of the programme?	Migrating workers are a special group and it has been difficult to implement the programme because due to their mobility they are difficult to target. We have been able to create sound level of awareness among various migrant workers.
What have been the major difficulties encountered and how have these been overcome	Compliance of the migrant workers. Inherited volatile nature of the migration workers specially the transport workers. We are able to overcome these issues by self help and constant monitoring and evaluation and persistent approach.
Do you know of other programmes/organizations that should be included in this survey? If so, please list them.	An ongoing project at a central prison in Visakhapatnam. Free tea parlours on National Highway 5, which is a novel AIDS intervention project where counselling, care and prevention of HIV/AIDS services was delivered to long distance truck drivers between 1997 and 2000. This was published in the proceedings of an international conference organized by the National University of Australia at Canberra during 28 th -30 th April 1999.

Helix AIDS Foundation

Contact information

Sunita Wahi
106/I, Nirupam Scty-2, Akurdi, Pune, 411 035 Maharashtra, India
Tel: 020-7652336 Fax: 020-6361137 Email: wahi@vsnl.com

HIV/AIDS prevention through

Self help groups, written or audio/video information including behaviour change communications, group information or training, individual counselling, peer education and life skills development, community mobilization, HIV/AIDS testing and counselling, care and support, situation assessment, training, capacity building.

Population target group

All

Type of mobility

Domestic, immigrants and source communities

Specific groups targeted

Border zones; factory, construction, mine, agricultural, maritime and transport workers; truck drivers and assistants; sex workers and armed service people (military, police, etc.)

Date programme began

March 2000

Level of funding

US\$ 10,000 - 100,000

Funded by

Self-funded

Are there plans for continuing the programme when current funding runs out?

Yes

Has the programme been evaluated internally?

Yes

Evaluation process

In progress

Type of evaluation

Baseline assessment

Indian Society for Environment Health (ISEH)

Contact information

Shanmuganandan Samarajalingam,
Ishwarya, Plot No: 72, Pasupathy Nagar
Madurai, Tamil Nadu 625 017, India
Tel: 91-452-641022 Fax: 91-452-531056
Email: shanmu.g@eth.net or iseh@pronet.net.in or
Anandan9@yahoo.com

HIV/AIDS prevention through

Pre- and post evaluation, community awareness programmes, psychosocial counselling, written or audio/video information including behaviour change development and communications approaches, condom promotion via social marketing, individual counselling, testing and counselling, care and support, situation assessment.

Population target group

High-risk groups, male and female

Type of mobility

Rural to urban migrants

Specific groups targeted

Domestic, in transit, migrants

Date programme began

1995-1997; Research work began 1997-1999

Level of funding

US\$ 10,000 - 100,000

Funded by

Japanese AIDS Society

Are there plans for continuing the programme when current funding runs out?

Yes

If yes, please describe briefly.

Plan to carry out the project further and look for funding. Non-availability of funding to continue the project is a major handicap. Hence the research scholars were given small community oriented projects.

Has the programme been evaluated internally?

Yes

Evaluation process

In progress

Type of evaluation

Baseline assessment

Hard copy or electronic documents available about the programme and how documentation may be obtained

Data Base and Mapping has been done including the identification of HIV/AIDS patients and their locations. A diffusion mapping was done extensively for Tamil Nadu on the basis of HIV+ cases reported at the AIDS surveillance centres. Geographic Information Systems (GIS) have been used for HIV/AIDS research in Tamil Nadu since the first case was reported in Chennai (formerly known as Madras.)

What have been the major achievements and lessons of the programme?

1. Identify areas where different types of migration take place including characteristics, purpose of the migration, push and pull factors, precipitating factors for contracting HIV;
2. Identify risk factors of those affected by HIV; and
3. Strengthen the prevention and awareness programmes including determining type of counselling needed.

What have been the major difficulties encountered?

1. Behaviour counselling including teaching and talking about safe sex practices for various risk groups with differences in population characteristic
2. Lack of financial support for NGOs to carry out the planned programmes in view of the resource crunch.

Do you know of other programmes organizations that should be included in this survey?

Along with free medical camps, general health and sickness survey, population and demographic surveys, general awareness programmes, TV and film media including folklore arts, religious festivals, fairs, local markets etc.

Maharashtra State AIDS Control Society, India

Project name	National AIDS Control Programme, Phase-II
Contact information	Sanjay Bhagwat 26, Darshana, opp Dunlop, Dr. AB Road, Mumbai, Maharashtra 400 025, India Tel: 4982442 Fax: 4113123 Email: sanjaybhagwat@hotmail.com
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change communications, group information or training, individual counselling, peer education and life skills development approaches, community mobilization, STI counselling and treatment, testing and counselling, care and support, situation assessment, training, capacity building.
Population target group	Male
Type of mobility	Domestic
Specific groups targeted	Workers (factory, construction, mine, agricultural, maritime and transport), sex workers, truck drivers and assistants
Date programme began	1998
Level of funding	Over US\$ 500,000
Funded by	The World Bank, UNDP, UNICEF
Funding assured until	2004
Has the programme been evaluated internally?	Yes
Evaluation process	In progress
Type of evaluation	Process evaluation

Marie Stopes Clinic Society (MSCS)

Contact information	Biswajit Banik House-12, Road-15 (new), Dhanmondi, Dhaka 1209, Bangladesh Tel: 880-2-9121208 Fax: 880-2-8117673 Email: mssc@citechco.net
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change communications, group information or training, individual counselling, peer education and life skills development approaches, community mobilization, STI counselling and treatment, testing and counselling, care and support, situation assessment, training, capacity building
Population target group	Men having Sex with Men (MSM); Injecting Drug Users (IDU); adolescents and adults, both male and female
Type of mobility	Domestic
Specific groups targeted	Workers (factory, construction, mine, agricultural, maritime, transport), sex workers, injecting drug users, truck drivers and assistants
Date programme began	January 1998
Level of funding	Over US\$ 500,000
Funded by	Department for International Development (DFID), UK, Marie Stopes International, Asian Development Bank (ADB), European Commission, UNFPA
Funding assured until	June 2003
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	By local fund generating, sustainability, community ownership, etc.
Has the programme been evaluated internally?	Yes
Has the programme been evaluated externally?	Yes
Evaluation process	Completed
Type of evaluation	Baseline assessment
What have been the major achievements and lessons of the programme?	Currently providing more than 60,000 clients per month. Providing RH services to the marginalized group like Transgender, MSM, CSW, FFW, Male and Urban Poor.
What have been the major difficulties encountered and how have these been overcome?	Competitors and female clinic image. Resolved by behaviour change communication.
Do you know of other programmes/ organizations that should be included in this survey? If so, please list them.	CARE-Bangladesh, BRAC, BWHC FPAB

Organization for Social Development of Unemployed Youth (OSDUY)

Contact information

Mohammad Ahsan
55, Purana Paltan, 3rd floor, Dhaka, Bangladesh
Tel: 880-2-956 2771 Fax: 880-2-956 2453 Email: osduy@hotmail.com

HIV/AIDS prevention through

Condom promotion including social marketing, individual counselling, community mobilization, STI counselling and treatment, HIV/AIDS care and support.

Population target group

All

Type of mobility

Domestic, international

Specific groups targeted

Border zones, workers (factory, construction, mine, agricultural, maritime, transport), sex workers, injecting drug users, truck drivers and assistants, armed services (military, police, etc.)

Date programme began

December 1999

Level of funding

US\$ 10,000 - 100,000

Funded by

AIDS/STD programme and UNDP Bangladesh

Are there plans for continuing the programme when current funding runs out?

Yes

If yes, please describe briefly.

There are 32 million adolescents and adults who do not know about STDs and/or HIV/AIDS, so we are working towards this.

Has the programme been evaluated internally?

Yes

Has the programme been evaluated externally?

Yes

Evaluation process

In progress

Type of evaluation

Outcome evaluation

Hard copy or electronic documents available about the programme and how documentation may be obtained

www.geocities.com/osduy_ngo

Save the Children – US

Project name	Enhanced Support for HIV Prevention in Nepal Project, Phase II
Contact information	Joseph Chandy Save the Children-US, P.B. 2218, Kathmandu, Nepal Tel: 977 1 412 598/412 447 Fax: 977 1 410 375 Email: jchandy@savechildren.org.np
HIV/AIDS prevention through	Cross border collaborative initiatives, condom promotion including social marketing, written or audio/video information, behaviour change development and communications approaches, group information or training, individual counselling, peer education and life skills, community mobilization, STI counselling and treatment, situation assessment, training, capacity building
Population target group	Male and female adults
Type of mobility	International, domestic, pre-departure, returnees, source communities
Specific groups targeted	Spouses and sexual partners, border zones, sex workers, truck drivers and their assistants
Date programme began	October 1999
Level of funding	Over US\$ 500,000
Funded by	Netherlands Development Assistance (NEDA)
Funding assured until	September 2002
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly	To build on awareness and behaviour change gains to integrate care and support. To be more holistic in programming. To strengthen and expand cross-border collaborative initiatives in receiving areas. To advocate further with local and central governments in India and Nepal. To form alliances and networks of organizations working on mobility, particularly migration in India and Nepal. To do further research on mobility and migration
Has the programme been evaluated internally?	Yes
Has the programme been evaluated externally?	Yes
Evaluation process	Completed
Type of evaluation	Process evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	Short notes on the programme, update, review and partner projects may be obtained on request

What have been the major achievements and lessons of the programme?

- a) Background information on migration. The dynamics of HIV and STD transmission and service provision in the ending areas, transit points and receiving area is needed for the design and implementation of cross-border initiatives.
- b) Only the NGOs that have minimum capacities can implement cross-border initiatives.
- c) Adequate funding per se and in particular funding for Indian NGOs to implement cross-border initiatives must be allocated.
- d) Clear commitment and involvement of the governments of India and Nepal, centrally and locally, are needed for successful cross-border prevention initiatives.
- e) Visits to project implementation sites and meetings with all key stakeholders are crucial to successful initiation and implementation of cross-border initiatives.
- f) Scale will not be reached and impact will be minimal with funding currently available for cross-border initiatives in this grant.
- g) Level of awareness and “apparent” condom use and health seeking behaviour have improved

What have been the major difficulties encountered and how have these been overcome?

- a) Lack of background information. – Rapid situation assessment is being conducted
- b) Under funding – Downsizing of project, reallocation of funds, more fund raising
- c) Absence of permission to fund Indian partners
- d) Finding partners who do not need funding but only soft support
- e) Poor capacity of implementing partners
- f) Capacity building is a low priority for HIV prevention in Nepal
- g) Advocacy at local and central levels
- h) Finding capable and interested partners in India
- i) Monitoring of behaviour change in mobile populations
- j) Follow-up on STD treatment

Do you know of other programmes organizations that should be included in this survey? If so please list them.

1. General Welfare Prathishthan in Nepal and Boruka AIDS Programme in India. Both their contact details can be obtained from FHI/AIDSCAP ross@fhi.org.np;
2. Maiti Nepal;
3. ABC Nepal
4. WOREC – offices in Kathmandu that work with trafficking of women and girls to India
5. The State Management Agency, PSH Project, Kerala, India dcelsma@md4.vsnl The contact person is Dr. Rema Menon, Project Director;
6. DFID India madhu.desmukh@undp.org Madhu was in DFID before UNDP;
7. CARE-India is working with mobility in the context of industrial workers;
8. Lucia Ferraz at PATH path@del6.vsnl.net.in could put you in touch with the right persons.

State Management Agency, India

Project name	Projects among migrant workers in the construction, industry and hotel businesses in the state of Kerala, India
Contact information	State Management Agency, Cochin, Kerala 682016, India Tel: 484-324248 Email: rema@satyam.net.in
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change and communications, group information or training, individual counselling, peer education and life skills, community mobilization, STI counselling, testing and treatment, care and support, situation assessment, training, capacity building
Population target group	All
Type of mobility	Pre-departure and domestic
Specific groups targeted	Border zones, workers (factory, construction, mine, agricultural, maritime, transport), armed services (military, police, etc.), sex workers
Date programme began	January 2000
Level of funding	US\$ 10,000 - 100,000
Funded by	United Kingdom Department for International Development (DFID) in India
Funding assured until	2004
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly	By integrating with the existing health system, development of peer educators in the community, seeking the support of the elected local bodies, trade unions, etc. Networking with other departments like the social welfare department. Empowering the community to take over the activities.
Has the programme been evaluated internally?	Yes
Has the programme been evaluated externally?	Yes
Evaluation process	Completed
Type of evaluation	Process evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	Can be given if requested either as hard copy or by e-mail
What have been the major achievements and lessons of the programme?	It is a community based programme into which we have attempted to integrate the sexual health component. Peer education and active primary stakeholder participation will contribute to the sustainability of the project.
What have been the major difficulties encountered and how have these been overcome?	Identification of the peer workers and empowering them. Acceptability of the programme by the trade union and other influencers overcome by advocacy and establishing rapport with the community.

True Voluntary Organization

Contact information	Sethna Thandapani 54/B Arunai Villas Building Tennur Trichy, Tamil Nadu 620017, India Tel: 0091431722105 Fax: 0091431765567 Email: sethna99@hotmail.com
HIV/AIDS prevention through	Condom social marketing, written or audio/video information, behaviour change communication, group information or training, individual counselling, peer education and life skills development, community mobilization, care and support, situation assessment, training and capacity building.
Population target group	All
Type of mobility	Domestic
Specific groups targeted	Workers (factory, construction, mine, agricultural, maritime, transport), sex workers, injecting drug users
Level of funding	Under US\$ 10,000
Date programme began	1996
Funded by	Private donations
Funding assured until	March 2001
Are there plans for continuing the programme when current funding runs out?	Yes
Has the programme been evaluated internally?	Yes
Evaluation process	In process
Type of evaluation	Baseline assessment

Asian Pacific AIDS Intervention Team

Contact information

John Caranto
605 W. Olympic Blvd., Suite 610, L.A. California 90015, USA
Tel: (213) 553-1830 Fax: (213) 553-1833 Email: jco@apaitonline.org

HIV/AIDS prevention through

Risk reduction, condom promotion including social marketing, written or audio/video information including behaviour change communications, group information or training, individual counselling, peer education and life skills development, community mobilization, STI counselling and treatment, HIV/AIDS testing and counselling, care and support situation assessment, training, capacity building

Population target group

Transgenders; male and female adolescents, adults and elderly

Type of mobility

Domestic, source communities

Specific groups targeted

Behaviour risk groups, immigrants and sex workers

Date programme began

1987

Level of funding

Over US\$ 500,000

Funded by

Department of Health and Human Services, Office of AIDS Programmes and Policy, private foundations and corporations, community donors

Funding assured until

2003

Are there plans for continuing the programme when current funding runs out?

Yes

If yes, please describe briefly

Re-application for continuation of services

Has the programme been evaluated internally?

Yes

Has the programme been evaluated externally?

Yes

Evaluation process

In progress

Type of evaluation

Process evaluation

Hard copy or electronic documents available about the programme and how documentation may be obtained

www.apaitonline.org

What have been the major difficulties encountered and how have these been overcome?

Complacency in the community has been overcome through community visibility and promotion of services. Also by providing access to health services.

Australian Agency for International Development (AusAID)

Project name	CARE Australia Regional Training for HIV/AIDS Prevention and Sexual Health Project
Contact information	Tristen Slade 62 Northbourne Ave, Canberra 2602, Australia Tel: 612 6206 4608 Fax: 612 6206 4875 Email: Tristen_Slade@ausaid.gov.au
HIV/AIDS prevention through	Assertiveness skills for women, group information or training, peer education and life skills development, community mobilization
Population target group	Male and female
Type of mobility	International
Specific groups targeted	Border zones
Date programme began	June 2000
Level of funding	US\$ 100,000 - 500,000
Funded by	AusAID
Funding assured until	August 2002
Has the programme been evaluated internally?	Yes
Hard copy or electronic documents available about the programme and how documentation may be obtained	Project description available
Do you know of other programmes/organizations that should be included in this survey? If so, please list them.	AusAID is also supporting a "UNICEF Mekong Subregion STD/HIV/AIDS Project," which includes funding for a Seafarers Subregional Initiative.

CARE International in Cambodia, Laos, Thailand and Viet Nam

Project name	Border Areas HIV/AIDS Prevention (BAHAP) Project
Contact information	Mike Calabria PO Box 76, Johns Hopkins School of Public Health 21201 Baltimore, Maryland, USA Tel: 1-410-753-8357 Email: mac01@iname.com
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change and communications, group information or training, individual counselling, peer education and life skills development, community mobilization, situation assessment, training, capacity building.
Population target group	All
Type of mobility	Specifically in border areas, international, domestic, in transit (by air, land, or sea) immigrants.
Specific groups targeted	Road construction, customs officers, border zones, workers (factory, construction, mine, agricultural, maritime, transport), sex workers, truck drivers and assistants, armed services (military, police, etc.).
Date programme began	September 1997
Level of funding	Over US\$ 500,000
Funded by	Main funding is USAID through FHI with supplementary funding by AusAID, CARE, embassy grants.
Are there plans for continuing the programme when current funding runs out	Yes
If yes, please describe briefly	Have found funding for many of the eight sites individually. Rather than one large comprehensive programme, BAHAP will become several smaller projects where cooperation and collaboration across borders can continue.
Has the programme been evaluated internally?	Yes
Has the programme been evaluated externally?	Yes
Evaluation process	Completed
Type of evaluation	Process evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	Contact Mike Calabria, BAHAP Regional Project Coordinator, mac01@iname.com
What have been the major achievements and lessons of the Programme?	Effective cross border activities and use of shared/dual-language IEC materials across borders.
What have been the major difficulties encountered and how have these been overcome?	Financial constraints & politics/donor commitment

Lithuanian AIDS Center

Project name	National AIDS prevention and control programme
Contact information	Saulius Chaplinskas Nugaletoju St. 14D Vilnius Lithuanian Tel: 3702 300123 Fax: 3702 300124 Email: aids@aids.lt
HIV/AIDS prevention through	Condom promotion including social marketing, written or audio/video information including behaviour change development and communications approaches, group information or training, individual counselling, community mobilization, STI testing, counselling and treatment, care and support, situation assessment, training, capacity building
Population target group	Male and female adults and adolescents
Type of mobility	Domestic, international, immigrants
Specific groups targeted	Border zones, sex workers, injection drug users , truck drivers and assistants, armed services (military, police, etc.)
Date programme began	January 1999
Level of funding	US\$ 100,000 - 500,000
Funded by	State budget
Funding assured until	January 2002
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	The next National AIDS prevention and control programme for 2002-2004 to be approved by the Government in the nearest future
Evaluation process	Planned
Type of evaluation	Baseline assessment
Hard copy or electronic documents available about the programme and how documentation may be obtained	Internet site of the Lithuanian AIDS Centre: www.aids.lt
What have been the major achievements and lessons of the programme?	One of the lowest HIV/AIDS prevalence in the region
What have been the major difficulties encountered and how have these been overcome?	Lack of financing was overcome by looking for external donors, which, in some cases, was successful

United Nations Development Programme - Botswana

Contact information	Dorothy Tlagae P.O. Box 54, Gaborone, Botswana Tel: 267-352121 Fax: 267-356093 Email: dorothy.k.tlagae@undp.org
HIV/AIDS prevention through:	Written or audio/video information including behaviour change communications, group information or training, individual counselling, peer education and life skills development approaches, STI counselling and treatment, care and support, training, capacity building
Population target group	Female
Type of mobility	Domestic
Specific groups targeted	Sex workers
Date programme began	May 1999
Level of funding	US\$ 10,000 - 100,000
Funded by	Government, UNDP, MAC Foundation
Funding assured until	November 2002
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	The group is going to begin a revolving fund and we assist them raise funds. They are planning to begin poultry project and a day care centre facility in order to sustain their lives.
Evaluation process	Planned
Type of evaluation	Outcome evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	A group and its constitution
What have been the major achievements and lessons of the programme?	Too early to say. So far one lesson is that it is not easy to mobilize a mobile group, especially when you want to include behaviour change.
What have been the major difficulties encountered and how have these been overcome?	Keeping the group together has been one of the major difficulties, especially in the beginning where they did not see the benefits of being in the group.

Women's Commission for Refugee Women and Children

Project name	Reproductive Health Project: Support to the Mae Tao Clinic in Mae Sot, Tak Province, Thailand
Contact information	Sandra Krause 122 E. 42nd Street, New York City 10068, USA Tel: 212-551-3110 Fax: 212-551-3180 Email: Sandra@theirc.org
HIV/AIDS prevention through	Condom promotion including social marketing, group information or training, individual counselling, peer education and life skills development, community mobilization, STI counselling and treatment, care and support, situation assessment, training, capacity building.
Population target group	All
Type of mobility	Illegal migrants
Specific groups targeted	Border zones, workers (factory, construction, mine, agricultural, maritime, transport), sex workers.
Date programme began	April 1998
Level of funding	US\$ 10,000 - 100,000
Funded by	The Mellon Foundation & The Hewlett Foundation
Funding assured until	December 2002
Are there plans for continuing the programme when current funding runs out?	Yes
If yes, please describe briefly.	The services are dependent on external funding support. As long as there is a need to provide assistance to illegal migrants in Thailand there will be a need for support of these services.
Has the programme been evaluated externally?	Yes
Evaluation process	Completed
Type of evaluation	Process evaluation
Hard copy or electronic documents available about the programme and how documentation may be obtained	www.women'scommission.org
What have been the major achievements and lessons of the programme?	Reproductive health programmes at the clinic have been strengthened with the integration of HIV/AIDS prevention and condom promotion.
What have been the major difficulties encountered and how have these been overcome?	Logistics and supply of condoms have been a problem as demand has increased with community information, education and communication. Having a good condom logistics supply system in place is essential.

The World Bank

Project name

It is a project that is under consideration for addressing HIV/AIDS among the refugee/IDP population of Western Africa covering three to four countries.

Contact information

Rima Al-Azar
The World Bank, Washington DC, 20433, USA
Tel: (202) 458-9479 Email: ralazar@worldbank.org

HIV/AIDS prevention through

Condom promotion including social marketing, written or audio/video information including behaviour change communications, group information or training, community mobilization, STI counselling and treatment, testing and counselling, care and support, situation assessment, training, capacity building.

Population target group

All

Type of mobility

Domestic, international, immigrants and returnees

Specific groups targeted

Border zones

York University, Toronto

Contact information

Sathia Krishnamoorthy
York University, 261, Hastings Ave
Toronto M4L 2L9, Ontario, Canada
Tel: 416-465-0539 Email: satyakrishna@hotmail.com

HIV/AIDS prevention through

HIV and development (various aspects of development), research, written or audio/video information including behaviour change communication, group information or training, care and support, situation assessment, training and capacity building.

Type of mobility

International, domestic, immigrants, returnees and source communities

Specific groups targeted

Border zones, injecting drug users, armed services (military, police, etc.)

Level of funding

US\$ 10,000 - 100,000

Date programme began

June 2000

Funded by

Health Canada, Provincial Government of Ontario

Funding assured until

March 2001

Has the programme been evaluated internally?

Yes

Has the programme been evaluated externally?

Yes

Evaluation process

Planned

Type of evaluation

Outcome evaluation

Hard copy or electronic documents available about the programme and how documentation may be obtained

Writing to us in the month of February, with a request

Do you know of other programmes/organizations that should be included in this survey? If so, please list them.

Alliance for South Asian AIDS Prevention,
220, Carlton Street, Suite 126,
Toronto, ON M2B 2H5