

Health Project for Tribal People 2006 Annual Report

2006 marked the 15th year that the Health Project for Tribal People (HPTP) has been operating, serving the ethnic minorities in both Thailand and neighboring countries. Many of the activities for project staff have been similar to past years. However, a significant addition this year was doing a 5 year evaluation for the HPTP. The results were encouraging and sometimes dramatic, such as this set of drawings by a boy of how he felt once he learned he was HIV-infected, and how he felt after the HPTP staff came into his life to give him support.



This was when I found that I was affected by AIDS. I thought my life was terrible. I was afraid of being sick, afraid of my friends, afraid I wouldn't have any friends, afraid they'd desert me. This was painful, and made me think so much, until I cried. Like I had no one to give me moral support. No one to give me advice. I had no hope.



This picture is like my life today, because now I don't worry so much. The Project has come to help me get better in my present life. It's given me advice and improved my life, because no one says bad things about me and all of my friends are good to me. It's like the rain falling on a tree, providing water and sprouting leaves, like the feeling of life.

Project Activities in 2006

Developing AIDS Awareness Materials

- **Videos** - Videos remain the best received of all materials developed by HPTP. The HPTP teams continued to film, produce, and edit their own videos this year. In 2006 the Sgaw Karen and Lahu teams each developed one music video (Karaoke). Ten original songs on each video had verses that talked about love, culture, AIDS, drugs, a mother's love, lifestyle, how to choose a mate, and life in the city. The Lisu team developed a drama video on the acceptance of people living with HIV/AIDS. The Lisu video was used in China and Burma, as well as, in Thailand. All of the videos have been well received in villages, urban communities, and among students living in hostels.
- **Calendars**— Four teams (Sgaw Karen, Lahu, Lisu, and Akha teams) produced a calendar for 2007. The calendars focused on the theme "Stop AIDS. Keep the Promise", teaching that all of society must work together to prevent AIDS and provide treatment for all. Akha, Lahu and Lisu calendars were used in China as well as Thailand.
- **Posters** – The Lahu team produced a poster on malaria.

Teaching AIDS Education and Home Care

The teams led a total of four seminars with churches (women, youth, pastors, and church lay leaders) with an attendance of 1,345 people. Also, the HPTP teams taught in 50 villages, 6 schools, 6 hostels, and 10 urban slum communities for a total of 4,811 people (1,598 women and 1,260 men, and 1,953 children). The teams taught in 22 districts and 3 provinces. When teaching in the villages, the teams selected villages very intentionally, choosing ones that had already been taught in if the villagers continued to be involved in high risk behaviors, as well as, selecting new villages in which to teach. Many of the new villages were selected because one of the village leaders had asked the HPTP teams to come. Villages chosen were often very distant and hard to get to in the rainy season. These villagers had not yet received AIDS education in their language and yet many of their young people were migrating to the city where they often engage in high-risk behaviors.

Cooperating with Tribal Churches

The Lahu team participated in the annual meeting of the Lahu Baptist Convention and taught at a youth camp for the Lahu Pentecostal Churches. The Akha team participated in the leadership of and taught at two youth camps. They taught AIDS and sexually transmitted diseases, as well as, led music and games at these camps. The Sgaw Karen participated in a meeting with the Christian AIDS network. The Lahu also participated in a Lahu Cultural Day where Lahu from all over the country came together to celebrate their culture. The Lisu team participated in one youth camp, led one Vacation Bible School in a church in an urban slum, and attended two Christmas celebrations.

Work With Tribal Groups Living in Other Countries



In 2006 the HPTP staff was able to continue their work with ethnic minority groups living in other countries. The Lisu team went to Burma in August and led two seminars. The first seminar was a one day seminar for church leaders, pastors, and youth leaders. Forty people were in attendance. The workshop focused on basic AIDS information and how the church could respond. The church leaders were appreciative to receive information in their own language as the

Burmese government considers the Lisu as part of another ethnic group (the Kachin) and only develops AIDS education in Kachin, not in Lisu. The second was a two-day seminar for students and faculty at the Lisu Theological Seminary of Myanmar. One hundred and ten were in attendance. The Lisu team also went to China in August. They did follow-up in three different sites with twenty-four participants of the 2005 seminar. The participants reported that they have used their knowledge and the materials given to them to teach over 17,000 people in 250 churches, conferences, and celebrations. The team also gave new knowledge and showed a video on the acceptance of people with AIDS that the team had developed in Lisu. The team then led a two day seminar for youth leaders and pastors on how the church should respond to AIDS. Fifty-six people attended this seminar. The Lisu team has been invited back to give seminars in two Bible schools in March of 2007. The Akha team was a part of a meeting attended by eighty Akha from Thailand, Laos, China and Burma. They discussed ways to cooperate including writing their language in a consistent manner in all four countries so that educational materials could be shared.

Caring for PHA (persons with HIV/AIDS)

This was the twelfth year that the HPTP staff has been visiting HIV-infected ethnic minority people. In 2006, HPTP teams made quarterly visits to 33 people infected with HIV/AIDS (including 9 children) as well as related family members. Teams also visited 44 children affected by AIDS (but not infected) once every three months in their villages, for a total of 343 visits. Services included provision of emotional and spiritual support during home and hospital visits, teaching home care, taking the PHA to the doctor, and provision

of some medicines and limited financial assistance. HPTP staff has also handled funeral arrangements when necessary, has taken patients needing hospitalization to the hospital, has provided pre and post AIDS test counseling, and has served as a liaison between HIV infected tribal people living in the city and their families in the village. The HPTP teams also visited others who were sick in the villages. They saw patients in a total of 42 villages and 14 urban communities.

Caring for Orphans

The HPTP has made a commitment to continue to promote home care for the children whose parents (one or both parents) have died from AIDS, are in poor families, or who have no one to look after them. Providing school fees or money for school lunches is the primary way that support is given. But in some cases, money is given for food, medical costs, and other needs as they arise. Children are visited at least once every 3 months so that the HPTP teams can assess how they are progressing. In 2006 fifty-three children affected by AIDS were supported in some way by the Health Project staff. Nine of the children are also HIV-positive. The number of orphans referred to the project continues to increase, but several were not accepted into the program due to project financial restraints.

Youth Ministry

At the end of 2005, the Youth Center that HPTP had been operating since August 2001 closed due to lack of funding. The HPTP staff decided to continue some of the youth ministries that targeted youth that are not being reached by the church or other groups. The Lisu team regularly visited four women working in a massage parlor to listen to their problems, give encouragement and advice, and to pray with them. The Lisu team also visits weekly with five other women who work in the city, one as a maid and four in restaurants. Staff members have visited ethnic minority youth in the juvenile detention center and have developed a program to help meet their needs. The teams visit twice a month and provide guitar and English lessons. The staff held four special events within the center. They also planned for and led a three day spiritual retreat for 13 young men before they were released from the center. The HPTP teams follow-up 17 young men who have been released from the center by visiting them quarterly.

Vacation Bible School

Two Vacation Bible Schools/camps were held this year. The first was a four-day VBS held in a church located in an urban slum. The theme was “Walk in Confidence.” The purpose was to help the children learn more about the Bible and how to live a Christian life, to have a good example for their lives, to learn how to have peaceful and good relationships with others, and to know the truth and power of God’s love. The goals of the lessons taught were that the children would learn the importance of obeying their parents, not to be selfish, to learn how to accept their mistakes and to forgive themselves and others, to learn to understand others, to stand up for what is right, and to ask for God’s help in all situations. Fifty-five children attended ranging in age from two to fifteen years. Thirty-two of the children were Lisu, twelve were Kamu, six were Hmong, two were Lahu, and three were Thai.

The second vacation during the October “Sex, Lies and the young people a relationships and the ways of the world. the camp from four House of Love. The the children an



Bible school/camp was held school break. The theme was “Truth” with the purpose to give Christian perspective on consequences of following the Fifty-one young people attended urban communities and from the camp lasted three days and gave opportunity to leave the city,

study the Bible, and play games. The children ranged in age from ten to eighteen and represented four ethnic groups. The Vacation Bible School camps received funding from the Boville-Murray VBS Fund.

Income Generation

This year the HPTP staff followed four families who had been given loans to start an income generating project.

- ◆ A Sgaw Karen grandmother of an AIDS orphan was given a loan to buy five pigs that she has raised. She has sold all of the pigs and is using the money to care for her grandchild. She has paid back part of her loan and is also using some of her profits to buy garlic and beans to plant for further income generation.
- ◆ A Lahu woman living in a slum was lent money to make bamboo handles for purses that are sold in the market. She was able to make some money to support her family and apply for citizenship. However, she has no more orders at this time and is looking for daily work.
- ◆ One Lahu woman received money to start a small shop in her urban community. She is making a small profit to help her family and has begun to pay back the loan.
- ◆ Lisu grandparents of an AIDS orphan were given a loan to plant coffee and vegetables as a cash crop. They are waiting for their first crop.

Cooperating with and Enabling Other Projects

This past year has been one of continuing good working relationships with both government and non-governmental organizations. HPTP staff hosted a total of 307 visitors (53 times and stayed for a period of 1 – 8 hours) as well as having 6 interns through the year (two theology students from Payap University and four international students from the Department of Education of Chiang Mai University.) The staff cooperated with Christian Conference of Asia (CCA) to host groups from Burma and Cambodia. The staff also attended a meeting hosted by the CCA to strategize how the church should respond to AIDS. The staff worked with the Church of Christ in Thailand (CCT) AIDS Ministry to make displays and explain the work of religious organizations in the area of AIDS at a large meeting in Bangkok. We have also accepted referrals for the House of Love from the CCT AIDS ministry. The Thai Red Cross brought a group from the Myanmar Red Cross to visit our project. The staff is also cooperating with other NGOs, especially the International Justice Mission, to advocate for citizenship rights and for ethnic minorities who do not have citizenship to be able to access health care in Thailand. The HPTP teams cooperated with Public Health Clinics in villages in order to help tribal women who were pregnant understand the value of accessing care for the prevention of mother-to-child transmission of AIDS. The HPTP staff also worked with Kid's Ark and the Chiang Mai Community Church to provide scholarships for AIDS orphans living in villages and urban slums. We also gave materials to the Department of Health Sciences at Chiang Mai University, who was doing a cooperative program with John Hopkins University to provide AIDS education in ethnic minority villages and to do research on HIV/AIDS among ethnic minorities. The Karen co-director of HPTP served on the committee of this project. HPTP also cooperated with Heart of the Streets (HOTS) to bring a drama to parents and children in urban slums concerning tourism and the sexual exploitation of children.

Evaluation

The HPTP staff was involved in an extensive evaluation of the project. The staff designed and carried out the evaluation and did the analysis of the data with the assistance of two outside evaluators. This process took three months. Participatory methods were used to look at the results of the project activities in the areas of 1) effectiveness of the communication materials developed by the project; 2) changes in children affected by HIV/AIDS; and 3) changes in adults affected by HIV/AIDS. The effectiveness of the management of the project and the relationship with the major funder was also evaluated. Results showed that although

children affected by HIV/AIDS initially had poor physical, emotional, and social health, health in all of these areas improved markedly after assistance was provided by HPTP. The perception of the adults interviewed about their situation and its improvement after the intervention of HPTP paralleled those of the children. It was noted that the communities at large changed from non-acceptance of persons affected by HIV/AIDS to acceptance after the provision of information and services by HPTP. All of the HPTP produced media were judged effective (content, presentation, and cultural sensitivity), with the HPTP staff considered the most important/best resource followed by video tapes/CDs, booklets, posters, audio tapes, and slides. It was noted that media produced by HPTP has been requested by countries in Asia and elsewhere. The project management was found to be overall both efficient and effective. Recommendations for both the management and the field staff were made at the end of the evaluation report.

Continuing Education

Continuing education is valued, and the entire staff has been trained and updated in several areas, including:

- How to carry out a participatory evaluation
- AIDS Competency
- English study
- How to use antiretroviral drugs
- Human Trafficking
- Tourism and the sexual exploitation of children
- Christian morality and how it can be discussed with youth during AIDS education seminars
- Radio programming for communities
- How to edit Karaoke videos
- How to develop AIDS curriculum for theological schools
- Use of logical framework to assess needs and manage projects

Successes

- A project evaluation was completed. The staff was trained in how to do an evaluation and was able to design and carry out the evaluation with assistance from two outside evaluators.
- A follow-up trip to China showed that people who were taught in 2005 used their knowledge and the materials given to them to teach over 17,000 people in 250 churches, conferences and celebrations.
- More information was put into a computer data base making it easier to access information and generate reports.
- Acceptance of people infected by HIV/AIDS is increasing.
- The project staff has been able to reach more distant villages where AIDS education is still needed. These are villages from which young people are leaving to come to the city where they are often at high risk for HIV infection.
- Many families are now visited quarterly rather than monthly because these families are now able to provide home care on their own.

- Orphans are being well cared for and are remaining in school. With encouragement they are doing better in school and staying in school longer.
- More tribal people living in urban areas are receiving AIDS and health education.
- Educational materials produced by the teams are well accepted and understood.
- There is better understanding among tribal women of mother-to-child transmission of AIDS, the need to prevent this transmission, and how to access the proper prevention programs.
- More ethnic minority people living with AIDS have access to medication.
- HPTP AIDS education materials are being used in other countries (Burma, China, Laos, and among the Lahu living in the United States).
- There is an increased understanding of home care and families are doing better at providing that care.
- There is increased sanitation and health in urban slums.
- The youth seminar on “Sex, Lies, and the Truth” impacted the youth in that many said they had a better understanding of the consequences of sex outside of marriage. Many made promises to wait until marriage before having sex.

Problems

- Overall, HPTP teams taught a total of 6,156 people in 2006, down from 15,197 people in 2005. Although the number of villages taught in during 2006 was more than in 2005, there were many less people in attendance at the teaching sessions. There were three reasons for this. They include the fact that the teams taught in smaller villages, villagers have migrated to the city or are away at their fields which are far from the villages, and more people are watching TV at night and are not interested in coming to hear about AIDS.
- Lack of sufficient budget; there are referrals that can not be accepted.
- Increasing numbers of patients and orphans.
- Transportation is difficult during the rainy season.
- Increasing numbers of AIDS patients in the city without extended families to help with their care.
- Older people are not interested in learning about AIDS because they think it only affects teenagers who are using drugs or who are promiscuous.
- Access to antiretroviral drugs and other medical treatment is difficult for ethnic minorities who do not have citizenship in Thailand.
- Lack of general education among the villagers make teaching about AIDS and health more difficult.



Lack of electricity in remote villages is overcome by using the HPTP truck's battery

Future Plans

- Continue to teach in new and high-risk villages when requested.
- Teach in schools in tribal villages and in tribal hostels.
- Provide AIDS and general health education in urban slum communities.
- Teach health development/sanitation in urban slums.
- Provide education about problems in the city to youth before they come to the city.
- Build capacity in the HPTP staff in areas including English-language skills, computer, and other areas that were identified in the evaluation.
- Make radio programs concerning AIDS.
- Continue to work with tribal groups living in other countries.
- Develop seminars for youth and village and church leaders.
- Continue to develop teaching materials in ethnic minority languages.



In 2006, Staff from the HPTP includes team members from the Lahu, Karen, Lisu, and Ahka ethnic minority groups.

Amnuayporn Jirakun, (Sgaw Karen) Kimberly Brown, (USA) Lori Rowe (USA) Nasuimon Danpongpee (Sgaw Karen), Benchamas Chunchompraiwun (Sgaw Karen), Prichai Chomngan (Sgaw Karen), Kansinee Jirakun (Sgaw Karen), Surachai Kirisatisokun (Lahu), Yosep Orachunwekin (Lahu), Prinya Samojitsuay (Sgaw Karen), Sattawan Muelae (Akha), Somruithai Satthathaweekun (Lisu)

HPTP 2006 Statistics at a Glance

2006 Statistics	Akha	Lahu	Sgaw Karen	Lisu	Totals
# of Provinces visited/taught	2/1	3/4	3/2	2/1	3/4 (some overlap)
# of Districts visited/taught	6/1	9/11	13/6	8/5	21/22
# of villages visited/taught	9/2	11/20	20/16	6/12	42/50
# of urban communities visited/taught	1/0	12/10	0/0	1/0	14/10
# of times taught in hostels	0	0	3	3	6
# of times taught in schools	0	0	3	3	6
# of patient visits	36	237	48	22	343
# of deaths men/women/children	1 0/1/0	2 0/1/1	0 0/0/0	0 0/0/0	3 0/2/1
HIV patients men/women/children	6 1/4/1	19 5/9/5	5 1/2/2	3 0/2/1	33 7/17/9
# of orphans currently being followed/also are HIV positive	5/1	27/5	10/2	11/1	53/9
# of children affected by AIDS with both parents alive but ill/both parents dead/one parent dead	-/5/-	4/10/13	2/4/4	-/4/7	6/23/24