

CHAPTER II

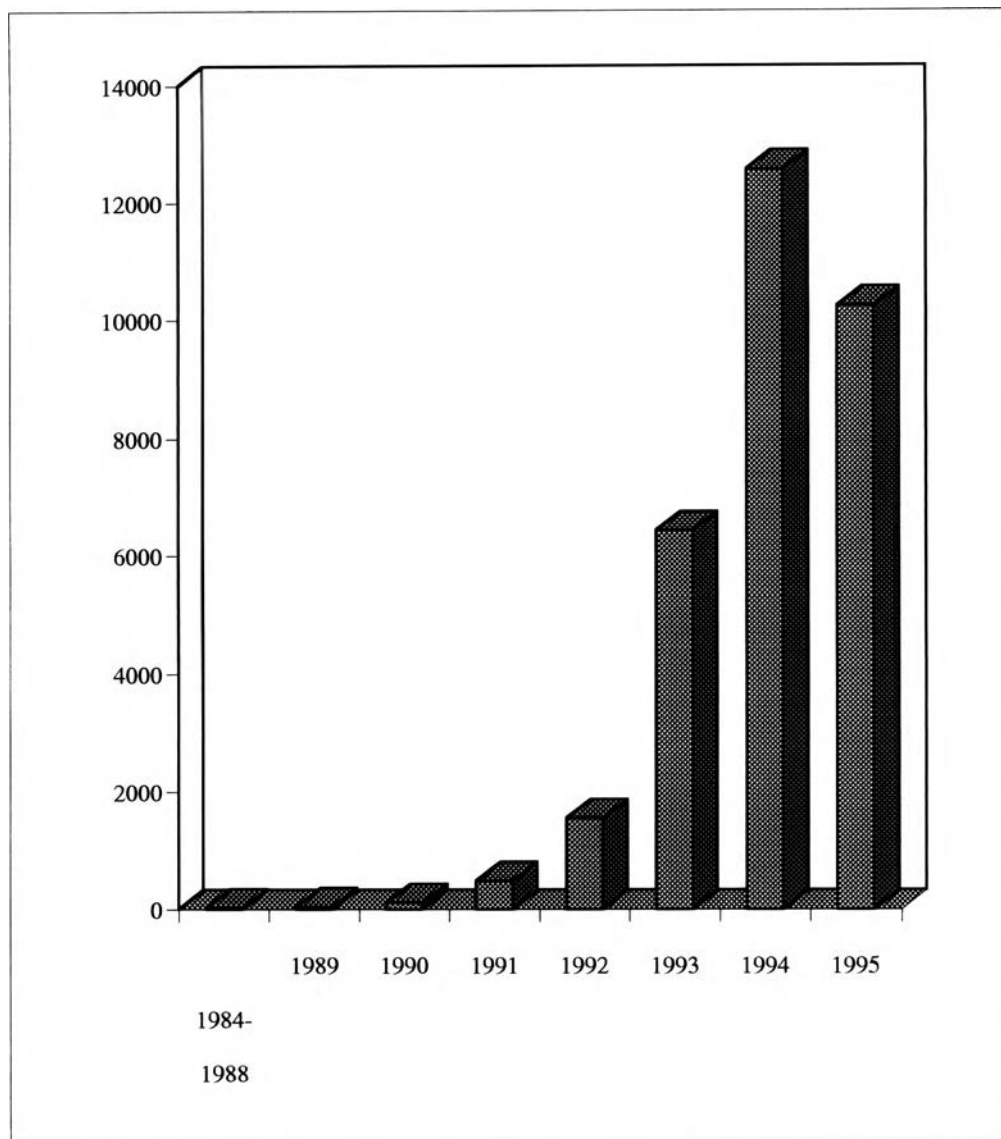
THE HIV/AIDS SITUATION IN THAILAND, ROLES OF NGOS TOWARDS HIV/AIDS PROBLEMS IN THE COMMUNITY AND EVALUATION OF INTERVENTIONS

2.1 Introduction

The report cases of HIV/AIDS in Thailand has increased tremendously over the past few years. Only 19 cases were reported in 1984-1988, which rose sharply to 12,568 cases reported in 1994 (Figure 2.1). By the end of December 1995, the cumulative number of reported AIDS cases was 31,439 (MOPH, 1995). The Thai government has been active in fighting the spread of AIDS and has gained considerable international recognition for its efforts. The sentinel surveillance program has been in operation since June 1989 to monitor the spread of HIV/AIDS. This surveillance system has provided highly accurate data for use in projections which clearly demonstrate to the government that it faces a very severe AIDS problem.

In view of the fact that there is no cure or vaccine for AIDS at the present time, Thai government and non-government organizations recognize that prevention of infection with HIV is the only feasible option for the control of HIV/AIDS. That was the rationale behind most intervention program on HIV/AIDS.

Figure 2.1 Distribution of reported AIDS case by year of diagnosis in Thailand. September, 1983- December 31st, 1995.



Source : Division of Epidemiology, Ministry of Public Health. December, 1995.

Many intervention programs by NGOs have introduced to the people, the first aim was to fight with HIV/AIDS, followed by dealing with HIV/AIDS patients. The Klong Toey congested community is one of the largest slums in Bangkok and is a community with unusually high risk group of HIV/AIDS. Many NGOs have launched the HIV/AIDS intervention programs in this area. One of these was the Housewives Group Leaders training program on HIV/AIDS education from the AIDS Control Project, Duang Pratheep Foundation.

In order to determine the effectiveness, efficiency or acceptability of any program, evaluation is the main strategy to find out whether any program has achieved its objectives or desired results or not. This, intern, can provide useful information regarding the status of the present situation of HIV/AIDS problem. In fact program evaluation should be planned from the beginning, and become as integrate component of any intervention programs.

2.2 HIV/AIDS situation in Thailand

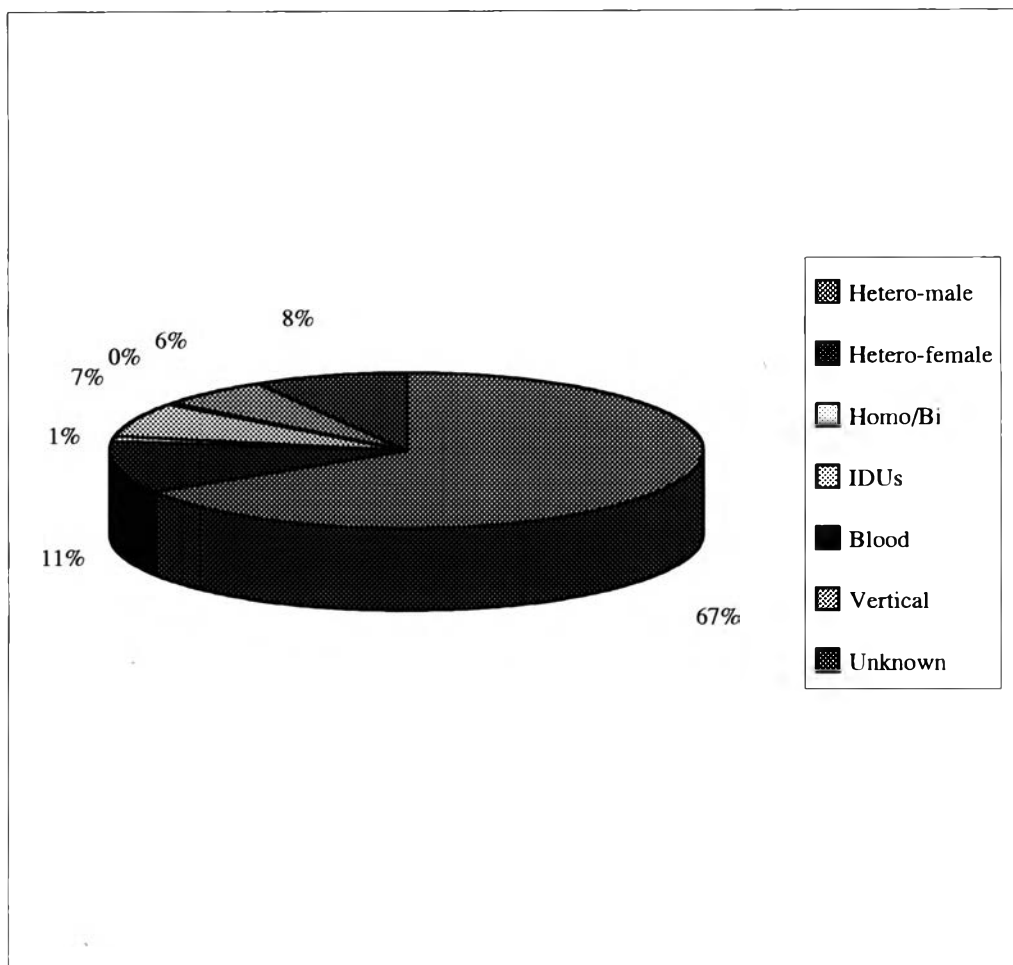
The Center of International Research reported that Thailand ranks 10th in the world in HIV infected cases {AIDS NEWS, 1995}. This situation is the burden for Thailand. During the 10 year period since the first case was reported, the Thai government with various organization both governmental organization {GOs.} and non-governmental organization {NGOs.} have been vigorously implementing a massive campaign on AIDS prevention. The budget allocated for AIDS prevention has risen from 4.6 million baht {\$200,000} in 1988 to 1.6 billion baht {\$62 million}, as reported by the Health Education Division. {Limanonda, Griensven, and Nokyoongthong, 1995}

Along with the tremendously increase in HIV/AIDS reported cases, Bloom, and Lyons {1993} described in their book that, Viravaidya, Obremskey, and Myers {1993} studied the projections for the spread of HIV infection in Thailand and they indicated that :

The number of people infected with the HIV is projected to grow from 60,000 between 3.4 and 4.3 million by year 2000. If there were significant behavior changes and aggressive treatment of patients suffering from sexually transmitted diseases by the end of 1993, alternative projections indicate that by the year 2000, 3.5 million fewer would become infected and US\$5.1 billion could be saved. (p. 7)

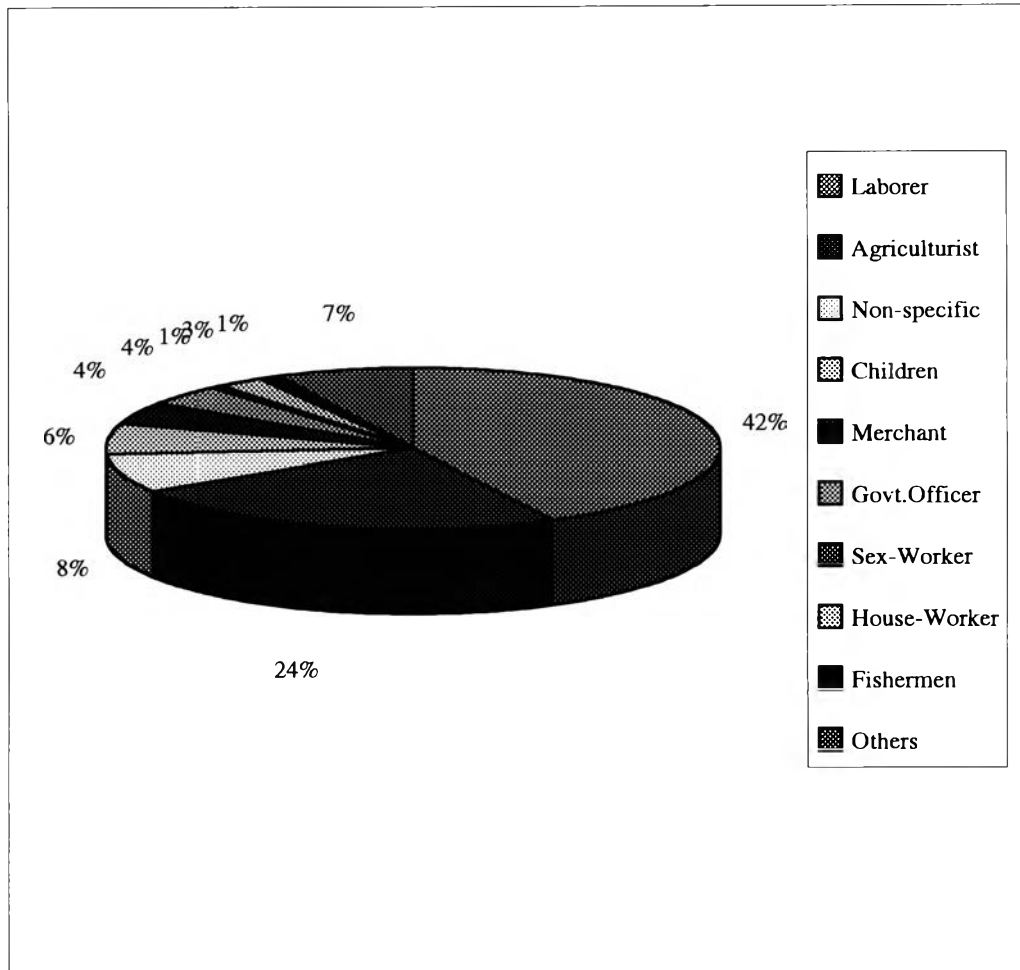
According to the MOPH {1995}, the first case of AIDS in Thailand was reported in September, 1984, a Thai homosexual males returning from abroad, initial transmission was apparently only among the homosexual population. This was followed by an explosive spread of HIV infection among intravenous drug users {IDUs} in 1987 and 1988. By the end of December 1995, the cumulative number of reported AIDS cases was 31,439. Sexual intercourse as the main route of transmission was found in 78.17 % of cases, followed by IDUs at 7.23% of cases (Figure 2.2). The male to female ratio of AIDS cases was 5.6 to 1. In terms of occupation distribution, laborers were the highest group of the reported AIDS cases (42.26%) (Figure 2.3).

Figure 2.2 Distribution of reported AIDS cases in Thailand by route of Transmission, 1984-1995.



Source : Division of Epidemiology, Ministry of Public Health. December, 1995.

Figure 2.3 Distribution of reported AIDS cases in Thailand by occupation, 1984-1995.



Source : Division of Epidemiology, Ministry of Public Health. December, 1995.

Klong Toey congested community is one of the largest slums in Bangkok, and is a community with unusually high risk groups. There are more than 60,000 people living in some 13,500 family units (Wongkhomthong, Wanjiku, and Ono, 1995). Most of people are laborers (45%), but 35% of the people are unemployed (Sittitrai, Promphochunboon, Siasakul, Werasukon, Sibmounpiem, and Deeson, 1991).

Werasit et al. (1991) studied the socio-economic conditions and knowledge and attitudes on AIDS in Klong Toey congested community, from 147 respondents in locs (a group of households) 4-5-6. They found that 29% of respondents had a high level of knowledge on AIDS, 44% and 28% had moderate and lower levels of knowledge. Moreover, 50% of respondents had negative attitudes towards HIV infected patients, and as high as 55% felt reluctant to share drinks with HIV infected patients.

Interestingly, the above results indicate that while one third of the respondents have high level of knowledge on HIV/AIDS, but a large proportion still have negative attitudes towards HIV infected person. This show a grate burden on the HIV infected persons, as they would be treated as the social outcasts with their communities. The above statistic shows a challenging situation for the government in its effort to combat the HIV/AIDS problem.

2.3 The roles of NGOS on HIV/AIDS in the community

While the government is dedicated to solving HIV/AIDS problems, there are also many NGOs, namely Duang Pratheep Foundation, AIDS Counseling Center

and Educational Support Services {ACCESS}, Thai-Australian Northern AIDS Prevention and Care Program {AIDSCAP}, and The Thai Red Cross Society, working in various capacities in Thailand. The two main things that they do are teaching people to know how to prevent HIV/AIDS and how to deal with HIV/AIDS patients.

According to the director of AIDS Control Project {ACP} and ACCESS staff {ACCESS staff, 1995, and ACP's director, 1995}, the aims of its HIV/AIDS prevention programs are :

1. Giving knowledge : by providing HIV/AIDS information.
2. Changing behavior : people can protect themselves from HIV/AIDS and analyze theirs and their partners' situations.

In term of dealing with HIV/AIDS cases, the challenge is to change people's attitudes and to make they realize that HIV/AIDS is their problem. People shouldn't isolate HIV/AIDS patients from their community but rather care for any HIV infected patients in their community with respect on their human rights.

The Duang Pratheep Foundation {DPF} is one of the NGOs working in Klong Toey community since 1979. It was set up to help people living in the lower socio-economic communities, especially the Klong Toey congested slum. The network of help, especially on HIV/AIDS education, extends to other provinces of Thailand such as Petchaburi, Yasothon, and Tak. One of its first program was Freedom From Drug Abuse program {FFDA}.

The DPF has the AIDS Control Project {ACP} and the Freedom From Drug Abuse program {FFDA} which both aimed to address the overall HIV/AIDS problem. Rujjanavet and Chinchotikasem {1995} have summarized the plans of the DPF regarding AIDS control with the following objectives :

- 1). To increase the knowledge and understanding on AIDS.
- 2). For people with HIV to live harmoniously with their family and communities.
- 3). To promote community participation in dissemination of AIDS knowledge.
- 4). To promote village organizations' participation in solving problems.

The overall activities of the DPF are include :

- 1). Provide AIDS education for general public, including people with HIV and theirs families.
- 2). Form community group leaders such as Housewives Group Leaders {HWGLs} and Youth against AIDS group.
- 3). Promote understanding of AIDS home care among families of people with HIV.
- 4). Counseling by telephone and conduct home visits to people with HIV and families in community.
- 5). Provide Financial assistance for medical care and vocational training for people HIV and families.
- 6). Contact and coordinate with hospitals to care for opportunistic infection of people with HIV.

In May 1988, the FFDA tested a group of addicts sent by the community for inpatient drug treatment. At that time little was known or publicized about HIV/AIDS in Thailand. The 75% of these addicts were HIV positive. That problem then was spread by sexual means, especially through the sexual services industry. {DPF, 1994}

Upon finding such a high rate of seroconversion in its resident heroin addicts in May 1988, the DPF set out to control its spread through the Klong Toey congested slum, by initiated the AIDS Control Project {ACP} and DPF other program. The ACP has the critical element of the community involvement with the administration of the services.

The ACP undertook a two year pilot program in three Klong Toey communities, Locs {a group of households} 4, 5 and 6. The program sought to identify high - risk groups in the community and worked directly with them to prevent further spread of the HIV virus. They also aimed to convince the general population of the slum that HIV/AIDS was not just a disease of these high risk groups. It was a disease anyone could contract through risky behavior, and in the same way, anyone could prevent it by taking necessary precautions. {DPF, 1994}

The ACP has taught HIV/AIDS information to commercial sex workers {CSWs}, intravenous drug users {IDUs}, motorcycle taxi drivers and the general population in their community. One of their community-oriented strategies is the utilization of local people as health team members.

The ACP set up Housewives Group Leaders {HWGLs} Training Program on HIV/AIDS, in order to give HIV/AIDS education to representatives of housewives and has appointed them as key persons who collect and disseminate HIV/AIDS information in their community. This program was set up in 1992 during the severity of HIV/AIDS problems. The main strategy of this program is to let community be involved with the activities, and its overall objectives are :

1. To increase the knowledge and perceptions of HWGLs on HIV/AIDS.
2. To change the attitudes of HWGLs towards HIV/AIDS patients.

3. To teach and increase the abilities of HWGLs to take care of HIV/AIDS patients.

4. To teach and increase the abilities and efficiency of HWGLs in coordinating with other organization which take care of HIV/AIDS patients.

The ACP always updates HWGLs with HIV/AIDS information and let them create activities in their community with full support or facilitation from ACP.

In facing the realization of severity on HIV/AIDS problems, many other GOs and NGOs have launched numerous intervention programs consequently, a large amount of budget was spent in trying to solve the problem. However, due to the seriousness of AIDS and its rapid spread in the communities, combating AIDS requires the adoption of successful intervention program. Therefore every organization must evaluate the effectiveness or efficiency of their AIDS intervention programs, in order to maximize its impact.

2.4 Evaluation of Interventions

Although the HWGLs training program has been in progress for more than four years, no evaluation was conducted or planned since its inception. In evaluating the HWGLs training program, the following question should be first addressed :

1. What is an evaluation ?
2. Which type of evaluation will be used ? and
3. Who should be involved with this evaluation ?

2.4.1 What is an Evaluation ?

Evaluation is the assessment or determination of success. The purpose of the evaluation is to test whether the program was effective in achieving the desired results, which has to be initiated from the beginning of the interventions process.

Oalday, Fullerton, and Holland {1995} defined evaluation as “the determination of the effectiveness, efficiency and acceptability of a planned intervention in achieving started objectives.” (p.480)

Along the same line, Mertens, Carael, Sato, Cleland, Ward, and Smith {1994} also consider evaluation as the critical assessment, on as objective a basis as possible, of the degree to which entire services or the component parts fulfill stated goals. One important component for evaluation is planning.

Green, Kreuter, Deeds, and Partridge {1980} stated that :

In determining the value or degree of success in achieving a predetermined objective, evaluation usually includes at least the following steps : formulation of the objective, identification of the criteria to be used in measuring success, and determination and explanation of the degree of success. (p.xiv)

Evaluation is defined more broadly as the comparison of an object of interest against a standard of acceptability. In fact, evaluation plan should be incorporated with the program, from the program planning stage down to its implementation together from the program planning.

In the evaluation of the HWGLs training program, the ACP can summarize the effectiveness of the program. Eventhough, they couldn't start from the beginning, the assessment of degree of success should be done, in order to see how well it works and how useful of this program.

2.4.2 Types of Evaluation

Green et al. {1980} evaluated a health education program at three levels. It can be evaluated in terms of process, impact, and outcome. In fact, any program may need different types of evaluation, types of evaluation used depend on the purpose of the program. Rieger, and David {1993} divided the evaluation into 4 types. These are needs assessment, process evaluation {formative evaluation}, outcome evaluation {summative evaluation} and causal evaluation.

In the evaluation of the HWGLs training program, the needs assessment, process evaluation, and causal evaluation are not suitable, because this training program has been completed already done. The survey of community people needs and the pretest of the HWGLs knowledge, perception and attitudes on HIV/AIDS before giving health education were not done.

Eventhough ACP has never planned for the evaluation since the beginning of its program, now wish to determine the effectiveness of its training program. They want to find out, what the HWGLs knew from this training program, how much is the change of their knowledge, attitudes and practices {KAP}, and the community

people perception towards HWGLs roles. These are actually the results or outcome of their intervention program. Therefore the output and impact evaluation may be used to answer their questions.

An outcome evaluation gathers information related to the anticipated result, or changes in participants, to determine if these did indeed occur. It may be used as results of an existing form of service. Oalday et al. {1995} viewed outcome evaluation as a way to “generate answers to questions about the effectiveness of particular interventions in changing specified outcomes.” (p.480). In the evaluation of the HWGLs training program, the effectiveness of the program as Rieger mentioned, is the change of knowledge, perception, attitudes, the ability on teaching HIV/AIDS education, and ability to take care of HIV/AIDS patients of the HWGLs after received the HIV/AIDS education from the ACP, DPF.

Additionally, In the evaluation of this program, not only the effectiveness of the training program, the ACP also wants to determine the effectiveness of the HWGLs' activities, which stems from ACP's concern about community's perception towards HWGLs roles and, what did they learn and get from the HWGLs. This falls in line with the concept of impact evaluation. Green et al. {1980} stated that “An impact evaluation focuses on the immediate impact the program has on knowledge, attitudes and behavior. Whether the predisposing, enabling, and reinforcing factors have been altered or the short term goals of a program have been met or not.” (p.134)

2.4.3 HIV/AIDS program evaluation

The evaluation of prevention aspects of national AIDS program has several dimensions. Mertens et al. {1994} wrote about this as followed :

1. Understanding the content in which effects are taking place to slow the spread of HIV.
2. There is need to examine whether they are being carried out as planned, are on schedule and are within budget.
3. The outputs and outcome of the activities should be examined against their stated objectives.

According to the above objectives, evaluation should go together with the implementation of intervention program, because monitoring of implementation is a continuous process, and contextual analysis and program evaluation are conducted at particular times. One needs to determine which methods to use for assessment and how often this will be carried out through routine monitoring or special surveys.

In summary, ACP, DPF, want to know the results of the Housewives Group Leaders {HWGLs} Training Program on HIV/AIDS education. Their purpose is to summarize the effectiveness of the HWGLs in order to obtain data to improve the training program or set up a new program for other groups of people in Klong Toey community and others.

According to the perspective of the users of evaluation result, the evaluation can determine the success of the program and can guide the program decision. The evaluator have to be aware of the program strategies. Three main things to consider with the evaluation are :

- 1). To state clear objectives of the program.

What to evaluate ?

- 2). To identify the indicators to be measured
- 3). To decide how these indicator can be measured.

The purpose of this study is to develop a proposal to evaluate the training program for HWGLs on HIV/AIDS education, with the employment of outcome evaluation and impact evaluation. The outcome evaluation can answer the question what the HWGLs got from the ACP, DPF, and what they did in their community. Whereas, the impact evaluation can answer the question who in the community received or learned from the HWGLs and their perceptions towards the HWGLs' activities.

The objectives of this study are :

- 1). To evaluate the levels of knowledge and perceptions of HWGLs on HIV/AIDS.
- 2). To evaluate the changes of attitudes of HWGLs towards AIDS patients.
- 3). To evaluate the abilities of HWGLs to take care of AIDS patients.
- 4). To evaluate the abilities and efficiency of HWGLs in coordinating with other organization which take care of HIV/AIDS patients.
- 5). To evaluate the perceptions of the community people towards the HWGLs' roles.

2.4.4 Who should be involved with the evaluation ?

Green and Kreuter {1991} “The reasons given for evaluation differ depending on the perspective of the user or consumer of evaluative information. Where you stand on evaluation depends on where you sit on policy and program” . (p.215)

In this case, The policy maker is the director of the ACP, and other stakeholders include the ACP staff, the HWGLs and the community. The director of ACP and the staff want to know the results of the program. They have to bring this evaluation plan to do with the HWGLs and Klong Toey people. They have to analyze the results and present it to their target groups. The HWGLs and community people are also involved in data collection, which they have to answer the questions.

The results of this evaluation will be used by the director and staff of ACP to develop the HWGLs training program or set up a new program to other groups of people in Klong Toey community or other provinces of Thailand. The ACP will know the strength and weakness of the training program and their HWGLs. As the health education provider, they can directly fulfill or correct the weakness of their HWGLs. Together with the HWGLs, the ACP can use the evaluation results as the guideline to boost the more understanding of community on HIV/AIDS.

2.5 Conclusion

For the past year, the reported AIDS cases has risen sharply from 6,430 reported cases in 1993 to about 10,241 reported cases in 1995. Sexual intercourse was the main route of transmission, followed by IDUs while laborers were the highest group in the distribution by occupation.

The GOs and NGOs realized the absence of vaccine or effective treatment, so many intervention program have been launched to control the HIV/AIDS problems. The aims of these intervention focus on teaching people to know how to prevent HIV/AIDS and how to deal with HIV/AIDS patients.

The Duang Pratheep Foundation, is one of the NGOs working with Klong Toey community. It set up the ACP and FFDA to take care of overall HIV/AIDS problems. The HWGLs training program on HIV/AIDS was set up in-between the severity of HIV/AIDS problems. The main strategy of this program is to let the community be involved with the activities. The program have launched more than four years, but the evaluation was not appeared from the first start until now. So, the outcome and impact evaluation are going to be used to find out the effectiveness of the HWGLs and the perception of community people. The outcome should provide a basis for improving this and other educational programs on HIV/AIDS in community context.