Working Group 3

The consideration for the relationship between Local Government and Civil Society on dealing with HIV/AIDS

—From the case of Thung Satok and Mae Win, Thailand—

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Group advisors:

Associate Professor Yuzuru Shimada

Lecturer Jirapong Chaichawwong (Maejo University, Thailand)

Written by

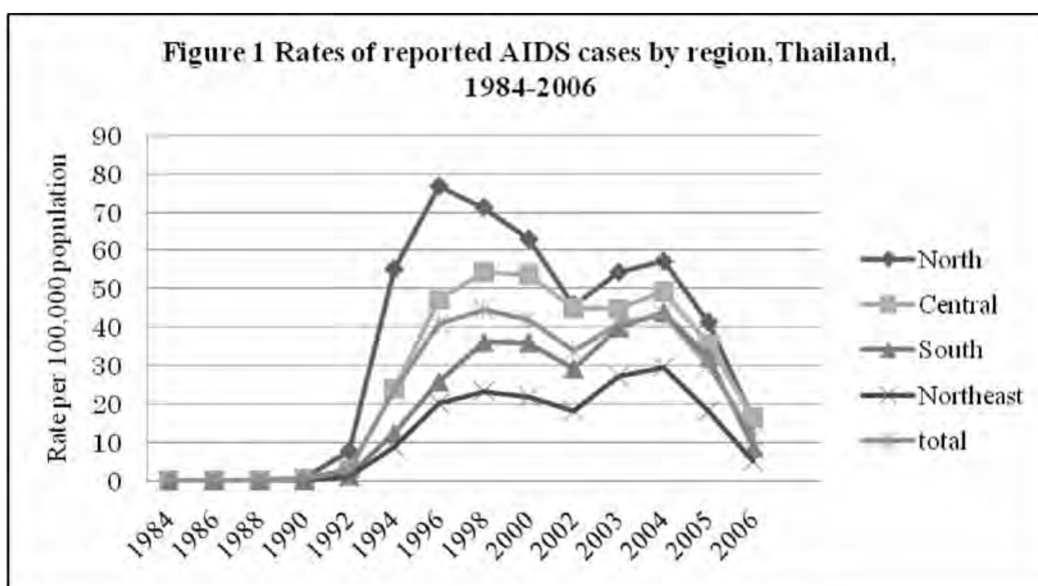
Natsuko Izawa*	Yukari Kanada	Satoko Kondo
Yayoi Mori	Mai Okubo**	Yukari Oshima

**Group Leader　*Sub-leader

1. Introduction

1-1. Background and general information the about the HIV/AIDS problem in Thailand and Chiang Mai

The HIV/AIDS problem is one of the major global issues. It is said that the problem of HIV/AIDS in Thailand is extremely serious. It was 1984 that the first infected person was reported and five years after, they had first death person from HIV/AIDS. HIV/AIDS infected people have been increasing as the graph below shows.



Note: Number of reported cases is about 30-60% of actuality
Source: Thailand health profile 2005-2007, Ministry of Public Health

The main infection route was among homosexuals, prostitute, drug users and prostitute customers. Now it has expanded to wives infected by her husbands who are infected through prostitution. As the reaction to this kind of affair, government, NGOs, monks and HIV/AIDS self-help groups started organizing networks and implementing policies.

Taking a look at Thailand's strategies toward the HIV/AIDS problem from 1988-1990, it has started to provide information about HIV/AIDS by planting fear and a sense of exclusion toward HIV/AIDS itself and infected people. However there were protest activities conducted by NGOs against government in 1993. Along with such movements, the environment to organize groups for HIV/AIDS infected people was set. In 1994, the movement of organizing HIV/AIDS self-help groups became popular and spread widely from Chiang Mai. They started implementing policies to encourage empowerment of people and build Civil Society through decentralization by Thai government after 1997. In the background, the government also started encouraging the establishment of HIV/AIDS self-help group. Nowadays each group has their own activities and making the network wider and wider.

Thung Satok We would like to compare the relationship between local government and civil societies in Sam

Pa Thong and Mae Win sub district. The reason we chose these sites is because they are geographical and modeled cities. In another way of writing, since we found that these two sites have similar issues, dealing with HIV/AIDS, and some differences, located in low and high land and the model city of medical treatment or not, we thought the relationship between local government and Civil societies is affecting the way of dealing with problems or issues that the community has.

In this report, we would like to mention general information and our research direction in the 1st chapter as the introduction, the findings of the local government in the2nd chapter as Result (1), the findings of Civil societies in the3rd chapter as Result (2), comparing the relationship between local government and Civil societies and analyze it in the 4th chapter as Analysis, the possible reasons of differences in the 5th chapter as consideration, and conclusion in the 6th chapter.

1-2. Basic Information about the research fields

We basically visited two districts which are Mae Wang and Sam Pa Thong districts. In each district, we met District Office staff, the TAO office staff, the Village Head, District Hospital staff, healthcare center staff, and the leader and members of Informal Groups. Since we got information that there is a public health group called Thung Hack Thung Satok in Thung Satok *tambon*, Sam Pa Thong, we also visited to one of the members. In addition, we got a chance to visit Ampan informal group, which is located at the boundary of between Mae Wang and Sam Pa Thong district.

The sites and people we visited are shown in the table below.

Table 1: Sites we visited

District	Site name	People we interviewed
Mae Wang	Mae Wang District Office	Office staff
	Mae Win TAO Office	Office staff
	Mae Moot Village Head	
	Mae Wang District Hospital	Ms. Sophan (Doctor)
	Mae Win Healthcare Center (Wang Pha Phoon)	A nurse working there
	Maewin Ruamchai	Ms. Champa, Ms. Wattana, and some members
Sam Pa Thong	Sam Pa Thong District Office	Office staff
	Thung Satok TAO Office	Office staff
	Village Head	
	Sam Pa Thong District Hospital	Ms. Leck
	Thung Satok Healthcare Center	Ms. Oraphan Nochnanaruedom
	Prasanchai	Ms. Somya, and several members
	Thung Hack Thung Satok	Mr. Inter
	Ampan	Ms. Srisanon
National Government	National Health Security Organization (NHSO)	Organization staff
	The Offices of Disease Presentation and Control 10 (DPC10)	Office staff

Then we classified civil societies and Government as below:

Table 2: Classification of Civil Societies and Government

Mae Wang District	Sam Pa Thong District	National Government	
Ruamchai	Prasanchai		Civil societies
	Thung Hack Thung Satok		
District Hospital	District Hospital		Government
Healthcare Center			
District Office	District Office		
TAO Office	TAO Office		
Village Head	Village Head		
		NHSO	
		DPC 10	

1-3. Research Objectives

Our research objectives are summarized into two points.

1. To know the current situation and activities which tackle the issue from the sides of both the government and civil society regarding HIV/AIDS problem in Thung Satok and Mae Win.
2. To find out the relationship between government and Civil Society through HIV/AIDS problem.

1-4. Research Questions

Along with the objectives, we set main research question as follows.

"What are the current situations and differences in terms of tackling HIV/AIDS issues between the two regions? And what are the factors bringing these differences?"

As the guiding questions to the main question, we set three sub-questions as below,

1. How does the government deals with the HIV/AIDS problem?
2. How does the civil society deal with the HIV/AIDS problem?
3. What are the differences between the two regions and why?

Therefore we will conduct our research from two points of view—governments and Civil Society.

1-5. Research Methodology

Before departure for survey in Thailand, we conducted a literature review. According to Prof. Nakai, we could get basic information like the HIV/AIDS situation and its history in Thailand. At the same time, we found the existence of HIV/AIDS self-helping groups and governmental institution tackling health problems including

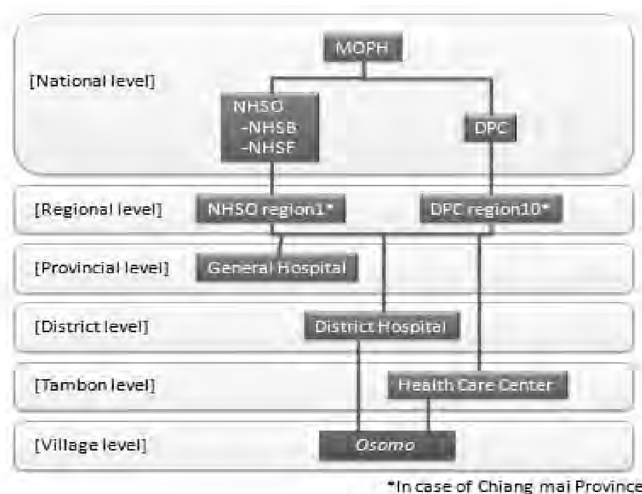
HIV/AIDS. Furthermore, we learned that there are big gaps or differences between Mae Win and Thung Satok about the HIV/AIDS situation, activities of both Civil Society and government, and so on. During the field survey, we conducted mainly direct interviews with HIV/AIDS groups and government offices and hospitals at both Thung Satok and Mae Win in Chiang Mai. We analyzed the collected information from these interviews and observations at the sites.

2. Government

2-1. System and current situation of public health in Thailand

In Thailand, the Ministry of Public Health (MOPH) is the top authority that handles public health issues. The MOPH has the responsibility to manage comprehensive healthcare policy, including curing, prevention, and all medicine related issues. Under the MOPH as national head office, the Thai health system can be divided into 5 levels. (figure. 1)

Figure 2: Structure of Thai public health systems



Source: Thailand Heath Profile Report 2005-2007, MOPH

At the national level, under the MOPH, the National Health Security Office (NHSO) and the Department of Disease and Prevention Control (DPC) are set. The NHSO is a relatively new office that was established after the National Health Security Act in 2002. Under this law, Thai public health policy has greatly changed. At first, the NHSO was established as a new organization which manages the whole medical service and national health insurance in Thailand. In addition, the National Health Security Board (NHSB) and the National Health Security Fund (NHSF) were also organized. The NHSB is supposed to be the policy making body of the NHSO and consists of Minister of Public Health as a chairman, Permanent Secretaries from other ministries, representatives of local government and representatives elected from various groups which are characterized by law to implement activities for them. By law, groups of HIV/AIDS patients are included in these groups and this seems to mean that

the Thai medical administration emphasizes HIV/AIDS related issues.

Under the new medical system, the biggest change was that medical costs for care and medicine were drastically reduced. After 2002, all Thai people can receive any medical service with only 30 baht. In addition present government decided to make all medical costs free in 2009. HIV/AIDS patients are no exception. This new system is working with the NHSF mentioned above. The NHSF's budget is allocated by the central government and bears the medical costs for people who took medical services and didn't pay. When Thai people get sick or injured and go to hospital, people are registered as users of that hospital. Hospitals report the number of registered users of their hospital and level of care given to them to the NHSO and according to their report, hospitals can get money from the NHSF. This is the system of national health insurance in Thailand. A series of such medical reforms from 2002 made it easy to get medical service without financial anxiety. But it also drastically increased the number of patients who come to hospital and many hospitals are suffering from too many patients. On the other hand, the Department of Disease and Prevention Control (DPC) have the responsibility to plan and implement disease prevention measures, and also has been as big a part of medical issues as the NHSO. They conduct various researches and maintain statistics on important disease to control the situation of disease in Thailand.

These two national offices have branch offices in each region across the country. In northern Thailand, the NHSO region 1 and DPC region 10 (DPC10) are competent branch offices[1].

Under these national authorities, public medical institutions are built over the country. Each province and district has its own public (general/district) hospitals and each *tambon* has its own healthcare centers. In many cases, 1 *tambon* has 1 healthcare center, but some *tambon*s have more. It seems to be a prepared medical system at a certain level, but some hospital have a lower number of doctors than they need and most of healthcare centers, especially in remote areas, are concerned about the lack of doctors and medical equipment.

> *Except for these medical institutes under the MOPH mentioned above, there are the hospitals managed by universities (university hospital), other ministries and agencies (Ex. Ministry of Education, Interior, Defense, Police), and private sector (private hospitals). In 2005, according to the survey by the MOPH, medical institutions under the MOPH account for 67.7% (north 73.4%) of the total.

Regarding these constant problems, people called "Village Health Volunteers (*Osomo*)" can partially make up for them in Thailand. The system of *Osomo* seems to have started about 30 years ago and now they are working across the country and are well known by Thai people. Osomo workers are selected by each healthcare center and district hospital, and they work together cooperatively. The roles of *Osomo* workers are dissemination of health information and primary health check in the village. *Osomo* workers regularly visit 10~15 (maximum 30) homes which are assigned to each worker and ask villager's health condition and provide important health information. If the villager seems to be sick, they suggest going to healthcare center or other hospitals. Their activities greatly contribute to the quick communication of the latest health information to each villager and maintain their good health condition by early detection.

People who work as *Osomo* workers don't have to have professional medical knowledge and technique. According to an officer in the Don Pao Healthcare Center, anyone who has the will to volunteer for the public can become an *Osomo* worker in Thailand and enough people always apply to be *Osomo* workers even though they cannot get any salary from this activity (From April, 2009, the central government started to give *Osomo* workers 600 baht per a month as fee.) People who are selected to be Osomo workers are trained and after that, they start to

[1] Division of region is depending on each national organization.

work as an *Osomo*. There are presently 791,383 workers nationwide (2006, MOPH) and more and more women are selected.

2-2. Policy of HIV/AIDS measures by National government

Next, let us take a look at the concrete activities against HIV/AIDS issues at the national level. Especially, we'd like to take the NHSO and DPC10 as the main national authorities that are working for HIV/AIDS issue here. .

2-2-1. NHSO

National AIDS Program

As we explained, the NHSO is dealing with the whole of medical issues and managing the national health insurance system. In addition, the NHSO also manages the National AIDS Program (NAP) as the main national policy on dealing with HIV/AIDS infected people. In this program, the Thai government planned to distribute Antiretroviral drugs (ARV)[2] to HIV/AIDS infected people. In the history of the NAP, there are several prevalent stages. From 1997 to 1998, research on the HIV/AIDS treatment using ARV (ARV Treatment, ART) was conducted and soon after, the PMTCT (Mother-to-child transmission) National Program began in 2000. In 2001, as the next stage, a pilot study on the system for people to get ARV at the hospital near by their house (National Access ARV) was started. And after that, the National Health Security Act was implemented in 2002, the NHSO was established and started managing the NAP. Finally in 2007, an electronic registration system on ARV distribution was started and it is called the NAP system. In this system, NHSO uses authorization network systems. In this network, any doctors can prescribe ARV if they are in a hospital which is given governmental authorization, but ARV protocols in hospital which has no authorization must be approved by AIDS experts before it can be prescribed. Electric authorization can be done online via the internet system and ARV will be sent directly to the hospital through the VMI (Vender Managed Inventory) system. On the other hand, the patients can get the approved protocol within the same hospital. Currently, nearly 300 AIDS experts are available in every regional and general hospital across the country.

Under the NAP, the NHSO is establishing a lot of facilities concerning HIV/AIDS. Firstly, ART Centers are set in 907 public hospitals and 98 private hospitals. Secondly, laboratory facilities which can conduct various testing concerning HIV/AIDS are also prepared. For example, CD4 is the most important indicator to check the degree of advancement of HIV/AIDS. People who have a CD4 value than 200 have to take ARV drugs to control the amount of HIV/AIDS virus in their body. The NHSO is setting 103 CD4 testing center across the country. At local level, 382,000 cases of Voluntary HIV/AIDS Counseling and Testing services (VCT) are working and these lab facilities have constructed a network with. This network makes the balance between amount of lab tests requested and supplies in each area. Furthermore, they all have a lab reporting system so they can report affairs or patients' information through the networking system, which enables them to get medicines and drugs from lower facilities to upper ones.

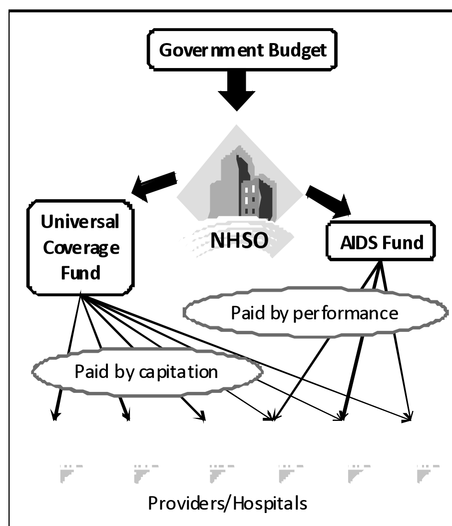
Development of reimbursement system

In addition to the NAP, allocating budget is also an important task of the NHSO and its fund (NHSF). The NHSF manages the UC (Universal Coverage) fund and AIDS fund system. The original UC fund is paid to

[2] A kind of anti viral drug to kill retrovirus (HIV/AIDS virus is a kind of retrovirus). In the cure of HIV/AIDS, this drug is used in combination. At present, this remedy (called ARV combine therapy) is said to be most effective against HIV/AIDS.

providers of medical service (hospital and other medical institutions) by capitation. It covers general illness including OI (opportunistic infections)[3] treatment and secondly prevention. On the other hand, the AIDS fund is a top-up (add on) budget covering HIV/AIDS care and treatment (ARV, lab management, and VCT), so it is paid to providers according to their performance as a reimbursement. The structure is that from lower sites, providers or hospitals can get funds in two ways, the universal coverage fund or AIDS fund, both of which come from the NHSO which gets it from government budgets. The universal coverage fund is the main health budget for all Thailand. (Figure. 3)

Figure 3: System of UC fund and AIDS fund



Source: National AIDS Program, NHSO

According to data in 2008, the NHSO budget accounted for 3% of GDP (9 trillion 105 billion baht, and the AIDS fund was allocated 3,000 million baht. healthcare centers receive from 73,000 to 100,000 million baht and the amount of budget will be disbursed according to the number of infected people. The drug reimbursement system is that ARV and lipid lowering agents are centrally purchased and sent to providers thorough the VMI (Vender Managed Inventory) system. The cost of treating general illness and OI, including OI prevention, has been covered in basic universal coverage fund. On the other hand, reimbursement of non-medication items is by cost per unit and budgets have been allocated to laboratory centers according to the amount of laboratory reports that they recorded in the NAP program; for example, HIV/AIDS antibody is 140 baht, CD4 is 500 baht, drug resistance is 8,000 baht and PCR in children is 1,000 baht. Counseling service sand workload incentives have been paid according to performance recorded in the NAP program by providers and condoms have been purchased centrally and distributed through the VMI system together with ARV. It shows that prevention and care are executed at the same time.

Future plan

Now, ARV drugs are mainly distributed in district hospitals. However some infected people have difficulty to come to the district hospital due to geographical problems. According to the nurse in San Pa Tong District Hospital, the district hospital is always crowded and clients have to wait a long time. Many people have to take a

[3] Infection caused by pathogens (bacterial, viral, fungal or protozoan) that usually do not cause disease in a healthy host with a healthy immune system. HIV/AIDS infected people are susceptible to such kind of infection because of their immune compromise.

day off from work. This situation is also a burden for infected people who come to the hospital to get ARV. For this reason, the NHSO is trying to distribute ARV to each healthcare center. As a pilot case, Hua Rin Healthcare Center in Thung Satok is prescribing ARV. In several years, more healthcare center will be able to distribute ARV.

2-2-2. DPC

In terms of the HIV/AIDS issue, DPC have the 8 key of prevention policy:

[Control and prevention]

1. Promotion of condom use
2. Sex education for youth
3. Voluntary counseling and testing (VCT)
4. Prevention of mother to child transmission
5. Reduction of transmission among injecting drug users.

[Care and prevention]

6. Access to care
7. Community response and networking
8. Networking of NGOs and infected people

Based on these key policies, the DPC is also supporting the NAP. Each branch office of the DPC has a section in which it deals with HIV/AIDS issues, called AIDS-STI,[4] TB[5] and Leprosy Control section. They are handling not only HIV/AIDS issues but also various diseases which are caused by HIV/AIDS (OI). In region 10 (Northern Thailand), they conduct an STI program, which helps and supports the infected people suffering from STIs. They created the demonstration center, which is a kind of training center, and provide several services such as diagnosis and treatment, health education and counseling. For example, in 2008, they distributed self-checking tools for STI high-risk groups (ex. teenagers, military workers, migrants, etc) and tried to eliminate the sources of HIV/AIDS infection. Moreover, they are cooperating with the Associated Medicine Science Department in Chiang Mai University.

2-3. Local government

At local level, we visited and interviewed with the district offices, the TAO (*Tambon* Administration Office), district hospitals, healthcare centers and village heads in each research site.

2-3-1. Thung Satok

-San Pa Tong District Office

This office's policies concerning HIV/AIDS issues are divided into 2 phase; prevention and cure. The officer said that now preventive measures are regarded as more important because the number of infected people is decreasing but distribution of age is spreading. In term of a cure, he said it is important to improve the quality of infected people's lives. This office doesn't support individual infected people directly but has the policy to support groups or organizations that are tackling the HIV/AIDS issue. In this district, some NGOs proposed their project and are getting budget from the office. Moreover, this district has allocated a special budget for HIV/AIDS

[4] Stands for Sexually Transmitted Infection
[5] Stands for tuberculosis

measures from central government. We could not find out the concrete amount of this budget, but the officer said this budget is used for various health projects regarding HIV/AIDS.

Regarding the general health system, this district has one of best healthcare systems in Northern Thailand. And it conducts various kinds of health projects, including an HIV/AIDS campaign.

-Thung Satok TAO

According TAO officer, they have 2 kinds of policies for dealing with HIV/AIDS. One is the financial support for infected people. The TAO provides 500 baht per month for each infected person. Another policy is supporting informal groups. One representative of *tambon* committee said, thanks to informal groups, infected people can earn additional income from group activity and they can contribute and join society. He knows the activity of Prasanchai and wants to support such kinds of groups. In addition, he plans to establish a network between various groups concerning HIV/AIDS to support infected people. He also pointed out non-infected people should be educated more.

-San Pa Tong District Hospital

Table 2: Basic information of San Pa Tong District Hospital

Bed space	120
Clients per day	500~600
Population in its precinct	80,000
Doctor (HIV/AIDS specialist)	18 (N.A/ at least 1)
Nurse (HIV/AIDS specialist)	155 (N.A)
Other assistant	177
Whole staff	350

Source: Interview in the San Pa Tong District Hospital (29,Sep. 2009)

The nurse we met in this hospital explained that the measures against HIV/AIDS are divided to cure and prevention like the district office. In this district, HIV/AIDS infection exploded during mid-1990s. Thus this hospital started various kinds of measures for both of cure and prevention from 1994. (Figure 3)

In terms of cure, after the dissemination of ARV, the health situation of infected people had drastically improved. Before that, a number of infected people suffering from various OI and the mortality rate of HIV/AIDS infected people was very high. However after 2004, the number of OI patients was decreasing and mortality rate as well.

Table 3: Preventive and curing activity by San Pa Tong District Hospital

Prevention	Cure
1994~1995 Information provided for male labors - in district office (more than 40 times) -participants: 4657	VD (venereal disease) clinic -1doctor, 4 nurse, 4 counseling room -give counsel for VD patients including HIV/AIDS
1995 Information provided for young students -in the schools -participants: 4157	PHA[6]/AIDS club activity -PHA gather in the hospital -group counseling -on every second Friday -participants: about 50
1997~1998 Participatory learning on HIV/AIDS for elementary school students **-started to coop with healthcare center**	2003 Guideline book -to set out the measures for curing HIV/AIDS -voluntary counseling by infected people

Source: same as above

In this district, one healthcare center (Hua Rin Healthcare Center) is permitted to distribute ARV as a pilot case by the NHSO. According to the nurse, this hospital is always crowded and clients have to wait long time, causing some infected people to have to take a day off from work to get ARV. She expects that infected people can get their drugs at healthcare centers near their houses in the near future.

-Hua Rin Healthcare Center

This center is one of two healthcare centers in *tambon* Thung Satok and it is covering 6 villages (half of this *tambon*). In this center, we interviewed with Ms. Orapan, the head of the center, who has been working there for more than 30 years. She explained that the healthcare center has four missions: health promotion, prevention, care and rehabilitation. However regarding care, this center cannot provide enough medical service because it has limited equipment and manpower. The center is cooperating with the district hospital especially in regards to patient care. In addition, *Osomo* also work with this center. Ms. Orapan said healthcare centers with less medical facilities like Hua Rin center particularly need help from *Osomo*. Now there are 103 *Osomo* workers in 6 villages. There is a leader for all workers in six villages and they are divided into sub groups according to village. Each group has sub-leader.-This center also cooperates with the Public Health Group which is a private voluntary group organized by people in Thung Satok.

[6] Stands for People living with HIV/AIDS

Table 4: Basic information of Hua Rin Healthcare Center

Bed space	N.A.
Clients per day	N.A.
Population in its precinct	3,000/ 1,081 households
Doctor (HIV/AIDS specialist)	0 (0)
Nurse (HIV/AIDS specialist)	2 (0)
Other assistant	1
Whole staff	3
Main clients	From 6 villages
Main symptoms	Basic illness, HIV/AIDS

Source: Interview in Hua Rin Healthcare Center (29,Sep. 2009)

In this *tambon*, the first HIV/AIDS infection was reported in 1989. After a few years, infected people had dramatically increased. At that time, the district office and hospital started various campaigns as we mentioned above. After 1998, this center joined these activities.

As we mentioned above, from 2005 this center can prescribe ARV drug as a pilot center. Infected people in this area come to this center once a month to receive ARV and consult about their health condition.

Furthermore Ms. Orapan has a close relationship with Prasanchai. At the beginning of Prasanchai, Ms. Somyaa who is the founder and leader of the group often consulted with Ms. Orapan. Ms. Orapan provided her room in a part of this center so that infected people can get together. This place was the first office established. Although now, Pasanchai has already moved to their own office from this center, Ms. Orapan is still an important consultant of Prasanchai.

-Hua Rin village head

Hua Rin is the village where Prasanchai mainly conducts their activity. This village has 1,500 people and 400 households. According to the village head, there are 13 HIV/AIDS infected people in this village but the situation is not serious. Infected people can do work like dress making and making artificial flowers to earn income, he said. Of course he knows the activities of Prasanchai. He meets with Prasanchai and the TAO every 2-3 month and discusses how to care for infected people. And he understands the group activity like Prasanchai contributes to improve the quality of their lives.

2-3-2. Mae Win

-Mae Wang district office

In this office, unfortunately we could not receive so much information from the district officer. He said there are one district hospital and six healthcare centers in this district but they have a lack of medical equipment and manpower. Notably most of the healthcare centers have no doctor. Instead of actual doctors, the centers employ “doctors” who haven’t been licensed yet and are training. With this lack of medical facilities, they can provide only preventive care.

Also in term of HIV/AIDS, they conduct some preventive campaigns. The officer said the central government allocates a very small budget for HIV/AIDS issue (20,000-30,000 baht per year), so they can manage only an education program (information providing) in schools.

-Mae Win TAO

This *tambon*, like Thung Satok, also gives financial support (500 baht per month) to each infected person. The TAO officer is also aware of the group activities organized by infected people and he said the TAO have provided some sawing machines to such group several years ago. We thought he was talking about Mae Win Ruamchai but he didn't say the name of the group and he didn't seem to know present situation of Ruamchai. Moreover there are 2 healthcare centers in this *tambon* and the officer said, regarding the healthcare issue in this *tambon*, healthcare centers should have responsibility. He didn't sufficiently explain about their healthcare policy.

-Mae Wang District Hospital

Table 5: Basic information of Mae Wang District Hospital

Bed space	30
Clients per day	N.A.
Population in its precinct	N.A.
Doctor (HIV/AIDS specialist)	2 (1)
Nurse (HIV/AIDS specialist)	26 (1)
Other assistant	N.A
Whole staff	28+assistants

Source: Interview in Mae Wang District Hospital (23,Sep. 2009)

In Mae Wang District, this hospital is the only medical institute that is permitted to distribute ARV drugs. According to the nurse in this hospital, there are 150 infected people in this district and 95 people of them are prescribed ARV drugs here. (Some infected people go to other district hospitals to avoid their neighbors.) She said the number of infected people is decreasing in statistics, so she regards the situation as not serious. This hospital opens the HIV/AIDS clinic every 2nd or 3rd Thursday and most of people receive their drugs at this time.

In terms of the relationship with informal groups, this hospital has meetings once a month with the TAO and Ampan group, one of informal groups in this district. In this meeting, the Ampan group proposes their group project to be allocated by the TAO. They discuss their proposal and TAO decides whether this project can be subsidized or not. Before this meeting the hospital and Ampan have a preparatory meeting to consult about the contents of their proposal. Basically this hospital gives advice about their proposal so that it will be accepted by the TAO. This hospital seems to cooperate with Ampan sufficiently but, on the other hand, they don't meet with Ruamchai although they are aware of Ruamchai as one of the informal groups.

Regarding the *Osomo*, there are 700 *Osomo* workers in this district. According to the nurse, *Osomo* and this hospital have a good relationship.

-Whang Pha Phoom Healthcare Center and Don Pao Healthcare Center

Table 6: Basic information of Whang Pha Phoom and Don Pao Healthcare Center

	Whang Pha Phoom	Don Pao
Bed space	30	N.A
Clients per day	40	30
Population in its precinct	N.A	N.A.
Doctor (HIV/AIDS specialist)	0 (0)	0 (0)
Nurse (HIV/AIDS specialist)	1 (0)	N.A. (N.A.)
Other assistant	3	N.A.
Whole staff	4	N.A.
Main clients	Neighborhood, hill tribe	From various *tambon*
Main symptoms	Cold, surgery, gastroenteritis, dentistry, dermatitis, vermin	Cold, muscular pain, gastritis

Source: Interview in Whang Pha Phoom (22.Sep.2009) and Don Pao Healthcare Center (24,Sep. 2009)

In Mae Win, we visited two healthcare centers, Whang Pha Phoom and Don Pao. These two centers are not permitted to distribute ARV drugs yet. In the Whang Pha Phoom center, the nurse said it will takes about two years (in Don Pao center, 3-5 years) to start to prescribe ARV in this center. For this reason, HIV/AIDS infected people basically don't visit either center. Whang Pha Phoom center had managed HIV/AIDS preventive campaigns for 10 years, but after this project finished, they haven't promoted any particular activity against HIV/AIDS. The nurse commented that t Ampan is working for HIV/AIDS issues instead of this center now. On the other hand, Don Pao center also give advises and financial support to Ampan. The officer in Don Pao center said HIV/AIDS infected people hardly come to the healthcare center, so it is important to support Ampan to provide various information to infected people indirectly. He is aware that Mae Win Ruamchai is an informal group in this district, but we were not able to see a concrete relationship between the two.

-Mae Moot village head

Mae Moot is the village where Ruamchai mainly conducts their activity. This village has 500 people and 157 households. According to the village head, there are two HIV/AIDS infected people in this village and the situation is not serious. Infected people basically can lead normal lives. Previously he suggested dressmaking jobs for infected people in this village at their request. He is aware of the activities by Ruamchai in his village though he hasn't met with them. However he plans to meet and support them.

3. Informal Group

In the investigation, we visited three informal, self-help HIV/AIDS groups. In this chapter, we would like to write about the fieldwork findings regarding general information of the informal groups and the specific roles and performance of each.

3-1 General Information of Informal Groups and Ampan

Toward the end of the 80's, HIV/AIDS had spread rapidly around the world and many people were infected. Since it spread so rapidly and the death rate was so high, people were afraid of the disease and the infected people were segregated. They also could not rely on national and local government, so the infected people needed to help and care for their health conditions by themselves, even though they did not have enough knowledge. This movement led the infected people to gather and establish informal self helping groups. Among the three informal groups of Ampan, Prasanchai and Maewin Ruamchai, Ampan is the oldest. It was established in 1993 to prevent suicides of infected people. The situation of HIV/AIDS infected people was severe that they frequently committed suicide. Ampan focused on meeting with HIV/AIDS infected people to provide opportunities to talk about themselves. In addition to this, Ampan also initiated home visits for infected people to encourage them and to understand the situation of the members. With those efforts, Ampan expanded the understanding to other infected people and communities, too. Actually, Prasanchai and Ruamchai separated from Ampan, and these two groups also have meetings and home visiting activities. Below is detailed information about Prasanchai and Ruamchai.

3-2. Prasanchai

We interviewed Ms. Somya, president and several members that belong to Prasanchai in Thung Satok, Sam Pa Thong District about the establishment, members and committees, activities, difficulties and the relationship with other organizations.

3-2-1. Establishment

Ms. Somya established a new HIV/AIDS patient group in Thung Satok *Tambon* in 1995. Ms. Somya used to be a member of Ampan because her husband is affected with HIV/AIDS. By spending time in Ampan she learned how to organize and manage informal groups and also thought about establishing new informal groups in order to help other HIV/AIDS infected people in her community, which is Ban Hua Rin Village, Thung Satok *Tambon*. In order to establish new groups, she consulted Ms. Oraphan Nochnanaruedom who is head of Hua Rin healthcare center and works especially with the issue of community acceptance of HIV/AIDS infected people. Ms. Oraphan is still working as vice-chairman and consultant of the Prasanchai group today.

3-2-2. Activities

The purpose of the group is to: promote community acceptance of HIV/AIDS infected people; promote cooperative dress making activities; support HIV/AIDS infected people to support each other and to exchange opinions; and to play a role as a center to coordinate, provide activities and solve problems for HIV/AIDS infected people. Recently they have changed their attention to focus on teenagers.

To achieve the purposes mentioned above, this civil society organization is doing four main activities as well as campaigns for special occasions. In order to find out what this organization does in detail, we interviewed the leader. We also interviewed some members which included both HIV/AIDS infected and non-infected people. This helped us to understand the members' feelings about their activities.

1. Meeting every 3rd Monday at Hua Rin Temple, Thung Satok sub-district (since 1996-present)

Everyone comes to this meeting every month as long as they are members of the group, even if they are not HIV/AIDS infected. They also have a lunch party after the meeting in order to have casual chatting. Prasanchai used to have only elderly people joining this meeting, but these days some teenagers come and join the meeting to learn about HIV/AIDS from the members. According to the interview with some HIV/AIDS infected members, they are basically satisfied with this activity since they can have the opportunity to talk and socialize with other members otherwise they would always keep themselves in the house. However, one HIV/AIDS infected member mentioned that meetings held only once per month doesn't change anything.

2. Visiting members' house once a week

Visiting each members' house gives the organization the opportunity to see how the members are doing and encourages them to come to the meeting, especially after they have been absent the meeting. According to the leader, for the people who are discreet about their HIV/AIDS infection, Prasanchai group tries to just have conversations with them and their family in order to supply them the chance to socialize with outsiders and prevent them from shutting out society.

3. Supply jobs

The group offers the occupation of sewing scraper mats and sewing clothing. In the past, they used to make scraper mats or Dok Mai Chan, which is a flower charm made of wood and used for funerals, but they didn't have a market to sell their products. However today, their business is stable and they even own technical sewing machines in their factory where members work. One Japanese NGO named ACCESS 21 and a design team in Chiang Mai play a big role to support these activities. ACCESS 21 is an NGO whose purpose is to solve 21st Century problems by working with those who suffer. They are focusing on the HIV/AIDS problem in Chiang Mai and started to support Prasanchai from 2000. The clothing is first designed by a design team in Chiang Mai and then the Prasanchai members sew them at their factory. The process is as follows:

1. Make sure the fabric is not raveled.
2. Trace and cut the shape of the fabric according to the design ordered.
3. Sew and put a nametag to indicate who manufactured it.
4. Confirm that there are no mistakes.

If there are any mistakes at the 4th stage, the products will be returned to the person who sewed it. Basically all members who join this activity are responsible for the whole process of making one item of clothing and every piece has the member's name on the tag to certify responsibility. The products are then exported for sale in Japan. We had the impression that the relationship between Prasanchai and the two supporting organizations is not just a offering support-receiving support relationship, but more like that of business partners. The members earn 200 to 250 baht for making one piece of clothing and they usually earn 2500 to 3000 baht per a month. They used to offer the jobs for non HIV/AIDS infected people who were unemployed, however because of the success, the number of the people who want to join the activity has increased and presently they can only accept people who are HIV/AIDS infected.

Making clothes is one of the main activities that Prasanchai provides. Prasanchai introduces jobs to members by inviting experts in various fields to give advice. We were there when some agriculture experts were talking to the members.

1. Offering scholarships

They used to offer the scholarships to HIV/AIDS infected students, supported by UNICEF. Today they offer the scholarships not only for affected students but also for non-affected students who have financial difficulty. They get financial support to offer the scholarships from the TAO, local NGOs and ACCESS 21.

2. Other activities

They also have a campaign related to the "World AIDS Day," December 1st. They cooperate with the healthcare center and village head to promote awareness activities through distribution of HIV/AIDS related posters in the village.

According to the leader of the group, she has a new plan to establish an institution where people can get medical treatment in cooperation with the monk. If they can establish it, she is thinking about to integrate the program with a hospital or healthcare center.

3-2-3. Members and Committee

Prasanchai group has 52 members, and 41 members are infected with HIV/AIDS. The reason that non-infected people want to become members is because they want to join the dress making activity, a member of their family has HIV/AIDS or they wanted to know how to prevent HIV/AIDS infection. Most of the members are from Thung Satok *Tambon*, but there are also members from outside the *tambon*. There are lists of members with the members' names and addresses, and each member has to sign the list every time they come to the meeting.

There are 8 members who manage the committee: leader, sub-leader, two secretaries, two treasurers and two public relations members. The leader is Ms. Somya, whom we interviewed, working as a representative of the group. When there is a meeting between the informal groups and the government held in Chiang Mai, two people are selected from among all of the informal groups in the sub-district to the attend the meeting as representatives of all the informal groups. Often, one of them is Ms. Somya. As for public relations, we found that they make their own pamphlet, though it wasn't the same for Ruamchai, which is an HIV/AIDS informal group in another *tambon*.

3-2-4. Rules

There are no strict rules but they use two suggestions.

The one suggestion is to do good and nice things. This suggestion seems to be related to one of the purposes "to help each other." Another suggestion is to come to the meeting every month. If someone is absent three times in a row, that person will be expelled from Prasanchai Group, which means they will lose their right to receive financial support from the TAO.

3-2-5. Finance

The group used to apply to the district office to receive 2000 baht per year. They were required to fill in an application form which included the activities they were going to do with the subsidy—visiting members' houses, dress making, meetings and lunch parties. However, the district office stopped providing a subsidy five years ago. After the district office stopped providing financial support, the TAO started to do it instead, but the subsidy from the TAO is not stable (around 10,000 to 20,000 baht) and sometimes it is not enough. If they cannot get enough money for running activities, they prioritize meetings, lunch parties and visiting members' houses. They received a one-time amount of 20,000 baht in financial support from the Hotline Chiang Mai, which is an HIV/AIDS related NGO network.

Presently the subsidy from the TAO has increased and they can get 40,000 to 50,000 baht per a year. Additionally, they get a donation from a Thai temple in the UK (1100 baht), donations from local NGOs and ACCESS 21. It seems this group has enough funds to manage the group by themselves for the near future despite having financial difficulty in the past.

3-2-6. Difficulties

We investigated any current or past difficulties and realized that the minor problems were those issues seen with any group setting; for example, difficulty to set the meeting because of lifestyle differences between the members or disagreements about planning activities. The leader stated that the key to solving these problems is to discuss well.

3-2-7. Relationship with others

From our interviews, we realized that there were organizations supporting Prasanchai: the Hua Rin temple, the Hua Rin Healthcare Center and the Public Health Group. As a reference, the figure below shows the number of the groups supporting Prasanchai.

Firstly, the Hua Rin temple should be mentioned. The monthly meeting is held in the Hua Rin temple and the monk usually gives short sermon before the meeting. They use the temple as a meeting place because it is located where it is easy to access for all the members.

Next, the Hua Rin Healthcare Center plays an important supportive role. Ms. Oraphan, who is head of the center, played a role as a consultant during the establishment of the Prasanchai group as mentioned in above. More than 10 years passed yet she is still the most essential consultant to the group. She sometime gives lectures at the Prasanchai's monthly meeting in the temple and offers the members health advice and counseling on an individual basis. She also gives advice related to the management of the Prasanchai group.

Finally, the role of the Public Health Group, called Thung Hack Thung Satok, also seems to be important. This Public Health Group, which was established in 1995, is the regional group that deals with HIV/AIDS problems in Pan Pa Thong District. We interviewed Mr. Inter, the chairperson of *Osomo* in this *tambon*, and according to him the origin of Thung Hack Thung Satok was the result of a hotel conference by AIDS Net, a network to connect HIV/AIDS infected people. AIDS Net called the leaders of each region and educated the regional community about HIV/AIDS treatment. Mr. Inter was invited to the conference and he relayed what he had learned to the village chief head. At the beginning, around 38 people in this *tambon* consulted with Mr. Inter and implemented what he had learned from the conference. The members consisted of 500 people who were chosen by the village heads from each village. These kinds of public groups are not often seen in other districts. Actually there is no such group in Mae Wang District. In addition, Thung Satok is the only region that successfully organizes these kinds of groups among the areas that were invited to the first hotel conference. Their purpose and activities are focused on offering general information about HIV/AIDS, to support HIV/AIDS infected people and to prevent discrimination through sports or cultural activities. Additionally, they started home visits for HIV/AIDS infected people and also job support with 6000 baht grants to help members start up a business. These grants come from the TAO. When they choose the people to receive this 6000 baht, they consult with the Prasanchai group since the group knows the individuals' situations. Ms. Somya, a president of the Prasanchai group, is also one of the members of this Public Health Group. Prasanchai and the Public Health Group also do campaigns together for the World AIDS Day in December.

Additionally, the TAO supports the group by offering each member 500 baht in financial support per month as a part of the national policy. Even though this the financial support for HIV/AIDS infected people comes from

the national government, only infected people who belong to an informal group can get it. In other words, the money gets transferred through the informal groups. The TAO is not the only financially supporting actor. Others include a Thai temple in the UK and local NGOs. There is also ACCESS 21 supporting Prasanchai's job training and scholarship programs.

Finally, according to the pamphlet, the AIDS network of San Pa Thong District and the hospital, which is the center to care for HIV/AIDS infected people, are cooperating with the group. UNICEF also used to offer financial support to the group.

Figure 4: The number of the groups which supporting Prasanchai

3-3. Maewin Ruamchai

We interviewed Ms. Champa, the leader, Ms. Wattana, the secretary, and members belonging to Ruamchai group in Mae Win, Mae Wang District about the establishment, activities, members, committee, rules, difficulties and the other organizational issues relating to the Maewin Ruamchai.

3-3-1. Establishment

Maewin Ruamchai was established in 1997 after separating from Ampan for geographical reasons. At first, the president and financial manager attended meetings at Ampan, but even going once a month was financially difficult. Then the two tried to establish a group for HIV/AIDS infected people in their areas by separating from Ampan. In the first two attempts they tried to locate their office next to the healthcare center and then next to the temple but they could not get the cooperation of the community. Eventually they moved their office to Mae Moot Village about four years ago with the cooperation of the TAO.

3-3-2. Activities

According to Ms. Champa, Maewin Ruamchai's purpose was to enable people to communicate with others, share information with and support HIV/AIDS infected people, and establish coordination between the public and private sectors. Upon these aims, the Maewin Ruamchai visited schools to educate children and asked the village

head to spread HIV/AIDS information to the citizens. In addition, they also had the lunch meetings every month for enabling communication.

Ms. Champa stated that they are fostering professionals through three main activities. The first one is organizing meetings, which they have continued since they established their group. At the meetings they share general information about HIV/AIDS. Sometimes health volunteers from the healthcare center or a doctor will bring the information to the meeting but usually the leader and financial manager get the information from the meeting at Ampan, since the healthcare center volunteers and doctors come to those meetings. The second activity is a savings plan for their members. They started in 2003 for HIV/AIDS infected and related people and opened it to the general public at the end of 2004. The group collects money from members for four reasons: to deposit in the bank; to deliver money to support members' jobs; to manage its group; to prepare for emergency; and to use instruments and materials. The third activity is to train professionals. This activity is not same as the job creation activities that Prasanchai provided for its members but it encourages members to be professional at their jobs and in dealing with financial matters. Therefore it depends on the talents that each member has. Sometimes the NGO called Heifer International fosters the professionals in agriculture.

By interviewing members we got the impression that the most of the members are satisfied with the group, but one of them complained that she could not do the activity that she had requested to Maewin Ruamchai and the leader never came to her house. Except for her, all the members answered that they were satisfied with Maewin Ruamchai's activities. We got the impression that the members are happy to gather at the meetings and learn about the health. We also got the impression that the members seem to understand that the meeting is the priority activity provided by Ruamchai.

3-3-3. Members and Committee

At the beginning, Maewin Ruamchai consisted of five people who belonged to Ampan, and lived in Mae Win *Tambon*. It has increased to 30 people, 17 who are infected with or related to HIV/AIDS infected people and 13 non-HIV/AIDS infected people that join the saving activities that Ruamchai offers. We considered this group to be quite small. We actually met several members from the 17 people, and they consisted of mostly middle-aged women, two or three young people and a few elders.

There is a committee formed to manage the savings activity. The positions in the committee include leader, sub-leader, secretary, money collector, financial manager, and public relations person. Among the positions, the leader, secretary and financial manager are HIV/AIDS infected people. The leader, secretary and financial manager, have the role of a window to outsiders. When Maewin Ruamchai wants help from outsiders, these three try to find contact with many people, such as village head, the staff at healthcare center and TAO. The others have no contact with people outside of Mae Win *Tambon*. Ms. Wattana, the secretary, is doing her jobs at the office via the internet. She also came to Japan to study at university. She obtained knowledge on how to manage the group, and we got impression that Ms Wattana and Ms. Champa, the leader, were eager to control the Ruamchai group.

3-3-4. Rules

Maewin Ruamchai has not had strict rules since its establishment. If some members do not come to the meetings, the members will check up on them. With regards to the saving, including non-infected people, there are three important rules. The committee has to announce the meeting schedule at least 5 days before the meeting day. If the members do not donate money three times in sequence, they can get only half of the requested amount of money. Moreover, if the members do not save money in the first six months since joining, they will lose the chance to get monetary assistance.

3-3-5. Difficulties

At the beginning, they could get neither cooperation nor funding from others including NGOs, the TAO, and community members. Now these difficulties have been solved but they have some problems when newcomers want to join activities. Ruamchai cannot collect money because these members are usually only temporary employees.

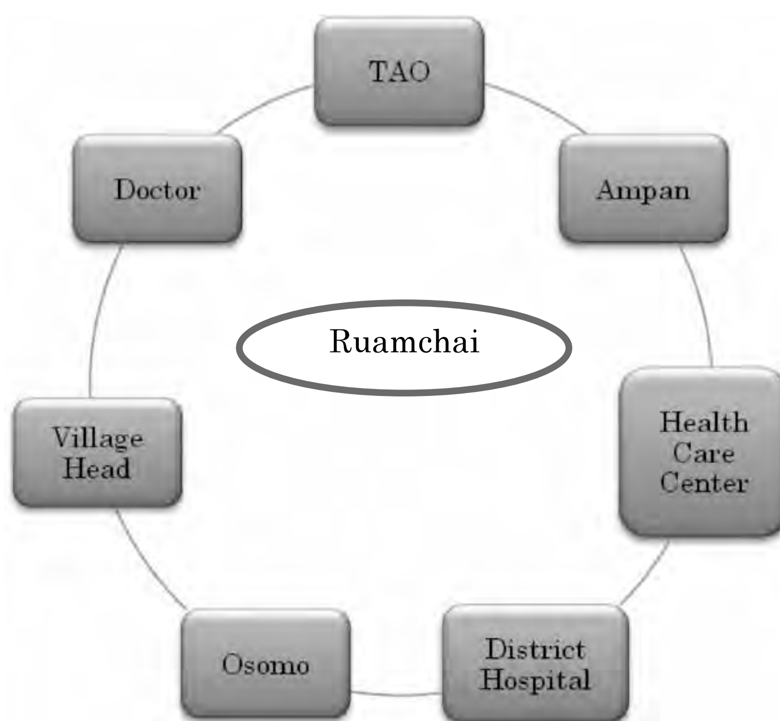
3-3-6. Finance

At the beginning, Maewin Ruamchai did not receive funding from the TAO. Gradually they got the TAO's understanding and started to receive funding. The TAO provided 70,000 Baht, 4 - 5 years ago, because the TAO permanent chief was kind and cared about Maewin Ruamchai. Last year (Oct, 2008~Sep, 2009), Maewin Ruamchai received 20,000 Baht, however, the amount of money has been decreasing every year. The 500 Baht, government financial support for HIV/AIDS infected people is provided through Ruamchai.

3-3-7. Relationship with others

Ruamchai's relationship with outside actors and organizations is less than that of Prasanchai.

Figure5: The number of the groups which supporting Ruamchai



The main foundation organization for Ruamchai is the TAO but the funding is decreasing every year. Except these financial aspects, there are no cooperating activities between the TAO and Ruamchai.

Regarding the relationship with the district office, there is not much contact now. Nevertheless, in the past when Maewin Ruamchai could not get approval from the TAO for the funding for its proposed budget, they asked the district office to sign for the funding. Since the signature is not necessary any more, Ruamchai does not need to go to district office.

As a grassroots politician, the village head is important for financial assistance. However, according to the

Ms. Champa, the leader of Maewin Ruamchai, the village head only passes through the office of Maewin Ruamchai and never visits to consult with them, except at election time. But if Ms. Champa visits him, he will talk and consult with her. In addition, Maewin Ruamchai wants to get scholarships for 16 students on a regular basis.

For the health organizations, there is a healthcare center called Wang Pha Phoon in Mae Win *Tambon*. When we interviewed a nurse at the healthcare center, the nurse replied that she often deals with HIV/AIDS. However the members of Ruamchai did not mention that they dealt with the healthcare center when asked about the organization they consulted with. There is also a district hospital in Mae Wang District. As for HIV/AIDS related activities, there are monthly meetings and also informational meetings when it initiates HIV/AIDS projects. Both of these meetings rely on information and advice from Ampan. However, it seems that the Ruamchai group was not involved in these activities because we could not get information about the relationship with Ruamchai when we interviewed Ampan. Nonetheless, Ms. Champa and the financial manager get health information through the Ampan meetings and they also coordinate events together for the World of AIDS Day campaign on the 1st of December. Thus, we could realize to the extent that Ruamchai is cooperating with Ampan.

It seems that there is no relationship with *Osomo*. According to Ms. Champa, they have never come to help Maewin Ruamchai. Therefore, the Maewin Ruamchai considers the *Osomos* to lack knowledge of the accurate situation and consider their reports to the healthcare center to be just basic information. When they want to get information and knowledge about health, they call the doctor to come but not health volunteers.

In regards to the monk, Maewin Ruamchai could not receive any help from him at the beginning, but now he sometimes provides them spiritual training if Ruamchai asks.

At last, there is no relationship between Prasanchai and Ruamchai. It seems that the first time for them to meet was when we provided our presentation in front of them.

4. Analysis

For our analysis, firstly we'd like to compare the relationship between the local government and informal groups in each region. The former half of the comparison is from the viewpoint of the government and the latter half is from viewpoint of the civil society organizations.

4-1. Comparison of relationship

4-1-1.Government

-Administrative offices with informal groups/ infected people

In the district offices of both regions, we could not find a particular relationship with the informal groups. However, in terms of general policy for the HIV/AIDS issue, the San Pa Tong District office seems to be more interested and is managing more projects, including the support of NGO activities. In Mae Wang there was no apparent policy and their HIV/AIDS special budget, which is allocated by the central government, seems to be limited.

The TAO in both regions gives the same financial support to each infected person who lives in these *tambon* and in Thung Satok. The representative is aware of the activities of Prasanchai and appreciates them as a contribution to infected people. Moreover, he is willing to support such group activities. On the other hand, in Mae Win, the TAO staff refers to their past support to Ruamchai, but they don't seem to know the present

situation.

-Medical institutions with informal groups/infected people

First of all, the district hospitals are the common point for infected people to get their ARV and the two hospitals have almost the same system to support the informal groups. Both hospitals have meetings with the TAO and informal groups to discuss the project plans that they propose. In addition to this meeting, they also have the preparatory meetings with the informal groups. Under this system, San Pa Tong Hospital is successfully cooperating with Prasanchai, but Mae Wang Hospital has such meetings only with Ampan.

Hua Rin Healthcare Center has a noteworthy relationship with Prasanchai and infected people. At first, infected people come to this center to see Ms. Orapan to receive their ARV drugs. In this area, Ms. Orapan seems to be regarded as a doctor in charge of HIV/AIDS[7]. In addition, she is a supporter of Prasanchai since its establishment and remains an important consultant for them. On the other hand, in Mae Win, health care centers have a lesser relationship with informal groups and infected people compared to Thung Satok. Although healthcare centers support informal groups to provide information, they almost only relate with Ampan.

In conclusion, medical institutions in Thung Satok have a strong relationship with Prasanchai but in Mae Win they mainly work only with Ampan.

-Village heads with informal groups/infected people

The village head is supposed to be the closest politician to the informal groups and infected people. Both village heads understand the situation of HIV/AIDS in their villages and they also are aware of the informal groups that work in their village. But actually their relationships with the informal groups seem to be different. The Hua Rin village head continuously has meetings with Prasanchai but the Mae Moot village head, on the other hand, has never met with Ruamchai. In addition, the Hua Rin village head said he sometimes joins various activities, for example, preventive campaigns and information dissemination activities that take place in his village.

4-1-2. Informal Group

Before comparing the difference between the informal groups, it is also necessary to mention the common features.

Both of the groups have some purposes in common: to solve the problems HIV/AIDS infected people have and support them; to provide the opportunity to communicate with others who are infected; and to play the role as a center to coordinate with the public and private sectors. Based on these purposes, both groups are doing similar activities, which are job assistance, monthly meetings, and home visiting though they have some different points if we looked in detail. These two groups also share the common feature of including non-infected members. For example, there are the members who joined the group because of the job assistance and dress making activities in the Prasanchai group and those who joined because of saving activities in the Ruamchai group. Thus, we can say that even though the groups' purposes are focused on HIV/AIDS related problems, not all the members join for that purpose and this is seen in both groups.

-Informal groups with government

The comparisons of the relationships that Prasanchai and Ruamchai have with the government were already

[7] Actually, Ms. Orapan is not licensed doctor but health officer.

mentioned above, However we would like to discuss it from informal groups' point of view. The most important relation for each group can be said to be the relationship with the TAO since they apply for funding from the TAO. Both informal groups mentioned they need more funding. In addition Ruamchai's leader stated that the TAO, the health volunteers, the district office and even village head never support them. She also told us that the hospital will help them only when asked and not on a regular basis. On the other hand, according to the pamphlet of Prasanchai, the TAO representative and the leader of the healthcare center play roles as consultant for them.

-Informal groups with other NGOs

Both informal groups have NGOs cooperating with them. Looking at Prasanchai's case, the NGO, ACCESS21 and design team in Chiang Mai support its job training activities. The design team in Chiang Mai makes the design and pattern of the dress, Prasanchai members sew them, and finally ACCESS 21 exports and sells them in Japan. The relationship between Prasanchai and the two supporters is not just an offering support-receiving support relationship, but more like business partners. Heifer International, which is NGO supporting Ruamchai, also offers support relating to members' job—providing Ruamchai members agricultural knowledge. Both NGOs's support for each of the informal groups are surely helpful, however the difference of the relationship style appears interesting.

-Informal groups with temple

One of the interesting features of Prasanchai is its relationship with monk. Their monthly meetings take place in the temple and the monk gives a sermon before every meeting. The monk also recommends to the members "to make a good thing every day". Additionally, now there is a new plan of building a healing institution, which was suggested by the monk. On the other hand, Ruamchai has no such specifically tight relationship with monk.

4-2. Analysis on the view of the government

In this chapter, we will analyze each relationship between local government and civil society organizations in the two regions according to the three indicators mentioned above.

4-2-1.Effort to recognize the current situation

The effort to recognize the current situation should be reflected by their degree of awareness of HIV/AIDS issues. As for awareness, we were impressed that Thung Satok has more awareness of HIV/AIDS issues and feels that it is necessary to support HIV/AIDS infected people including, their group activity.

The San Pa Tong District office understands the basic situation of HIV/AIDS in this district and the Thung Satok TAO knows also about the group activities of infected people. But Mae Win TAO wasn't aware of the current situation of Ruamchai although the TAO had supported their establishment in the past.

As for the hospitals and healthcare centers, both district hospitals understand the HIV/AIDS situation in their district. However, with the health care centers, we found some differences. Hua Rin Center in Thung Satok surely knows the HIV/AIDS situation even at the individual level because this center can prescribe ARV by itself and take care of HIV/AIDS infected people. Meanwhile health care centers in Mae Win hardly take care infected people directly and they don't know about the detailed situation of HIV/AIDS in their region.

At the community level, both village heads know the basic situation in their respective villages but the Hua Rin village head has more detailed information of Prasanchai's activities.

Looking at these situations, we can say that Thung Satok spends more effort to keep current about the situation of HIV/AIDs in the community.

4-2-2.Reaction to the needs

We can say that awareness, which we explained above, relates to reaction. In addition, how the government listens to the needs of infected people is also an important criterion to measure their reaction. Previously we found that the government in Thung Satok has an advanced awareness compared to Mae Win thus we'd like to compare how often each organization meets with infected people as a general measure of how they listen to their needs.

In Thung Satok, the TAO, the San Pa Tong District Hospital and the Hua Rin village head all have the meetings with Prasanchai on a regular basis. Moreover, although Hua Rin Healthcare Center doesn't have formal meetings with Prasanchai, Ms. Orapan, the head of Hua Rin Healthcare Center often attends Prasanchai's meetings to advise on health issues. The leader of Prasanchai also can visit her center casually for consultations.

In Mae Win, with all of the government officials we met, there was no mention of meeting with Ruamchai. But in reality, Ruamchai seems to have some meetings with the TAO, because according to the leader of Ruamchai, they are subsidized from the TAO and thus would have to meet to discuss the funding for Ruamchai. Mae Wang District Hospital and the Mae Moot village head said clearly that they have not had meetings with Ruamchai before.

Therefore, we can say the government in Thung Satok takes more opportunities to stay in contact with infected people than Mae Win.

4-2-3.Reflection into practice

For this indicator, the amount of local activity to deal with the HIV/AIDS issue is the key criterion. Also in this point, the government in Thung Satok somehow manages more activities regarding the HIV/AIDS issue. (Table 7)

Table 7: Local activities on HIV/AIDS issue in Thung Satok and Mae Win

	Thung Satok	Mae Win
District office	Health projects on HIV/AIDS -preventive campaign -information dissemination -health education for students Allocating budget to the NGOs	Health education for students
TAO	Financial support to HIV/AIDS infected people (500B/month per person) Allocating budget to the projects which are proposed by informal groups (Prasanchai)	Financial support to each HIV/AIDS infected people (500B/month per person) Allocating budget to the projects which are proposed by informal groups (mainly Ampan) [Past] Providing facilities to informal groups (e.g. sewing machine and office for Ruamchai)
District hospital	Health projects on HIV/AIDS -preventive campaign - information dissemination -health education for students Giving advise to informal groups about project proposals (Prasanchai)	Giving advice to informal groups about project proposals (Ampan)
Health care center	Health projects on HIV/AIDS (with district hospital) Cooperation with Prasanchai	Giving the advise to Ampan [past] Preventive campaign
Village head	Join health projects in his village	

Seeing this table, we can point out that in Thung Satok, all levels of governmental organization participates in some local activities and sometimes they work together, especially for health projects which the district office, hospital, health care center and village head are involved. So they seem to have a certain linkage with HIV/AIDS issues. According to the nurse in San Pa Tong District Hospital, this hospital started to ask for cooperation from healthcare centers and other communities from about 1997, after the success of their project at the district level. (Table 3) Still now, such cooperation seems to be successfully maintained. But in Mae Win, on the whole, their activity is less than Thung Satok and some actors participate less. Their linkage is also limited.

As a precondition to analyze these local activities, we have to point out there are big differences in medical infrastructure and financial capacity between the two regions. Regarding the medical infrastructure, San Pa Tong District surprisingly has advanced medical facilities. The San Pa Tong District Hospital has 120 beds which is quite high throughout the country. According to the survey by the MOPH in 2007 [MOPH 2008], district hospitals have more than 120 beds accounts for only 5.1% of the total. Also in terms of medical manpower, San Pa Tong Hospital has far more doctors and nurses than Mae Wang Hospital. However, at the *tambon* level, the healthcare centers in the two regions have almost same manpower. It means that the San Pa Tong District has enough facilities to manage various local activities more easily because there is enough funding allocated to San Pa Tong District for health related issues. It is also accelerated by the national project that designates this district as the pilot region for public health issues.

Considering the 3 indicators, we can say that Thung Satok has an advantage in all points and this result can

be shown in the table as below.

Table 8 Differences of governmental organizations

	Tung Satok	Mae Win
Effort to recognize current situations	More	Less
Reaction to the needs	More	Less
Reflection into practice	More	Less

4-3. Analysis on the view of Informal Group

Here, we will analyze each relationship between informal groups and outside actors in the two regions according to the three indicators―how much each group makes known their existence, how much each group appeals for their needs and their satisfaction. The characteristics of the different organizations and how they relate to outside actors are also mentioned and summarized in Table 8.

4-3-1.Make known their existence

If there is *group A*, and *group A* can make itself and its activities known to people outside the group, it helps outside actors recognize *group A* easily. If the *outside actor B* recognizes *group A*, it can be a first step to build good relationships between *group A* and outside *actor B*. We utilize this indicator to see how each group relates with outside actors. To what degree the informal groups can make their existence known is affected by the solidarity and reliability of members and the stability of the group.

If the group has a high degree of solidarity, the groups will be able to manage members well, leading to well organized and even expanded activities which results in the community being aware of the group's existence. As one of the example of expanded activity, Prasanchai placed more emphasis on its public relations compared to Ruamchai. It has a pamphlet to explain Prasanchai group and its activities, so that many people can easily understand and so that others might cooperate with Prasanchai. On the other hand, we could not see such efforts in Ruamchai. It seems that there is no booklet and no website for the Ruamchai group, even though they have internet at their offices.

We also determined that Prasanchai has more solidarity compared to Ruamchai because we found that there were some misunderstandings among members in Ruamchai, whereas everybody we asked in Prasanchai seemed to understand how the organization was run. When discussing problems related to the organization, Ms. Somya said that the schedule of the Monk and members could not be arranged well because of the members' jobs. But Ms. Somya stated that this is not such a serious issue and we could see that the members really trust Ms. Somya. On the other hand, the leader of Ruamchai emphasized that she has never listened to any requests about jobs before. At the same time, we heard that a lady had asked the president to do a certain job but it was rejected. In addition, there are some people who do not understand the saving activities. We got the impression that there are some communication troubles in Ruamchai.

Additionally, Prasanchai members have more opportunity to get together because they come to their factory for dress making activities, while Ruamchai members have their own jobs and monthly meetings are the only chance for them to meet all member. Also Prasanchai has more distinct rules, which regulate that all members have to come to the meeting held once a month. If they are continuously absent they will have to leave the group. In addition to this rule, the monk recommends to the members "to make a good thing every day". This suggestion

is an example of the spiritual lessons received from the monks, one of the main features of Prasanchai. Ruamchai has no such rules and only suggests that members should attend all the meetings. If there are people who do not come, the leaders or other members visit and take care of them.

Secondly, regarding reliability, we observed the behavior of the members willing to receive sermons from monks and requesting the president to provide jobs at Prasanchai. Though it seems that everybody trusts the Ruamchai, at the same time they did not expect the group to do anything more, such as provide medical treatment or more detailed HIV/AIDS information. When they want access to these, they called the doctors to come. Thus we determined that the Prasanchai members could rely more on the organization than the Ruamchai members.

Thirdly, we considered the stability of the group, which basically is defined as the informal group's ability to manage itself financially. Prasanchai received 40,000-50,000 Baht from the TAO and Ruamchai received only 20,000 Baht from the TAO last year, meaning that Prasanchai got double the amount of Ruamchai. Obviously a large budget allows the informal group to promote many activities and campaigns. Prasanchai also is able to give scholarships. On the other hand, Ruamchai is collecting money from members and is able to build savings in the bank. The aim of the scholarship program is to assist the education of children, regardless if they were HIV/AIDS infected or not. The purpose of the savings activity is for the management of Ruamchai, emergencies, instruments, earning interest, and to provide for the members when they have a request. These differences clearly show the difference in economic status. It seems that Ruamchai has difficulty to operate by itself, whereas the Prasanchai has leeway to support children. Ms Champa, leader of Ruamchai, also said that she wants to provide scholarships for children, but it is difficult to provide them on a continuous basis.

Summing up the above, it seems that Prasanchai has more solidarity compared to Ruamchai, and it makes Prasanchai more effective at making its existence and activities known to people outside the group when compared to Ruamchai.

4-2-2.Request of their needs

The second factor is how much each group can make their needs known to outside people. If *group A* has a request for *outside actor B*, then *group A* needs to take action to request it. Otherwise, *outside actor B* cannot understand what *group A's* needs are exactly and cannot take the next action and respond to their needs.

Reliability on outside actors can be a key indicator of this idea. If an informal group has reliability on actors outside the group, the informal group can be able to express what they need. Thus we looked at the extent that each informal group was relying on outside actors. Prasanchai has more cooperating actors than Ruamchai. Both informal groups have in common the TAO, district office, village head, health volunteers, medical institutions and NGOs as relating actors. However, the relationship with healthcare center, monk and public health group should be discussed more in detail. Those actors will be looked at one by one below.

Firstly, we talk about the healthcare center. Ms. Oraphan Nochnanaruedom, who is head of Hua Rin Healthcare Center played a role as consultant for Prasanchai group when it was established. She is still working as vice-chairman and consultant to Prasanchai group for the last ten years. She often gives advice to Prasanchai about how to fill in the TAO application form to request funding. We could not find an actor providing such kind of consultation to Ruamchai.

Secondly, regarding the monk, as was mentioned in the comparison section, Prasanchai's monthly meetings take place in the temple and the monk gives a sermon before every meeting. The monk seems to have a big influence on the members, and the members seem to have relied on the monk. We could not find the same situation for Ruamchai.

Thirdly, the public health group that supports HIV/AIDS infected people and prevents discrimination through

sports or cultural activities exists only in the *tanbon* where the Prasanchai is located but not in the *tambon* where Ruamchai is.

Thus, we could realize that Prasanchai has more outside actors whom which they cooperate and on whom they rely. Prasanchai can be said to have an advantage over Ruamchai for requesting their need clearly and persuasively.

4-3-3.Satisfaction

Thirdly, we would like to discuss the outside actors' satisfaction with the informal group. If *group A* satisfies outside *actor B*, *group A* can feel more comfortable to rely on the *outside actor B*, and their relationship will be more cohesive. It is also important since satisfaction of outside actors can lead to more reliability on them.

We understood that both groups need more funding. Additionally, Ruamchai mentioned that the health volunteer, the TAO and even the village head does not come to hear their opinion, and leader wished for more support from them. Thus, we analyzed that Ruamchai must have less satisfaction about outside actors than Prasanchai.

Table 8: Characteristics of Prasanchai and Ruamchai

	Prasanchai	**Ruamchai**
Inside of Informal Group		
Establishment	1995 To help other people in Thung Satok	1997 To avoid geographical difficulties
Members	41/52	17/30
Committee	President Sub-president Secretary ×2 Treasurer ×2 Public relations ×2	Leader Sub-leader Secretary Collecting money Financial Public relations
Activities	Meeting (providing knowledge) Job support Visiting HIV/AIDS infected homes Providing scholarships Others (campaign etc.)	Meeting Supporting occupation Saving
Rules or Suggestion	Do good things come to the meeting every month	people who miss multiple meeting are visited by other members
Budget	TAO 40,000～50,000 Baht →70,000 Baht (next year)	TAO 20,000 Baht
Difficulties	Disagreement between members and Monks on deciding schedule	Nothing special

The three characterizers—solidarity of the informal group's members, the members' reliability on the informal group and the stability of informal group were basically used to analyze the groups. These three characteristics, of course, affect the informal groups management and activities. However, we found they also affect the relationship with other groups.

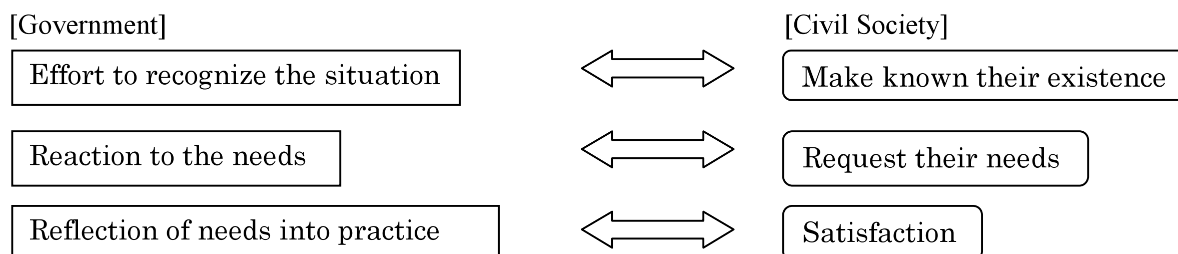
Finally, considering the 3 indicators, we can say that Prasanchai has an advantage in all points and this result can be shown in the table below.

Table 9: Differences of relationship with outside the group

	Prasanchai	Ruamchai
Make known their existence	More	Less
Request their needs	More	Less
Satisfaction	More	Less

4-4. Overall analysis

Finally, we would like to combine two indicators from the government side and the civil society side because these two indicators are closely related to each other in terms of the relationship between government and civil society.



For example, if there both act and effort to recognize the situation from the government side and make known their existence from the informal group side, the relationship between them would be active. But if one of them, for example, the government does not make an effort to recognize the situation, even though civil society organizations are making known their existence and needs, their relationship cannot be active, and what is more, it could be worse. The same thing could be said for each indicator.

As a result, we have determined that Thung Satok can be assumed to have a "higher" score regarding every indicator. Compared to this, Mae Win has a "lower" score in every indicator. Therefore we would like to say that the relationship between the government and civil society organizations in Thung Satok is rather active and cooperative compared to Mae Win.

5. Consideration

By utilizing the criteria we used to see the relationship of each place, we would like to report the reasons for each. This table concludes the differences between the two sites.

Local Government	**Informal Group**
Efforts to reorganize the current situation	Appeal their existence
-Number of HIV/AIDS infected people -Priority of HIV/AIDS problem -Lack of absolute budget and human resource	-Difficulty to come out as HIV/AIDS infected person -Lack of money -Strong support and consultation -Attitude to deal with HIV/AIDS
Reaction to the needs	Request of the needs
-Priority of HIV/AIDS problem -Lack of absolute budget and human resource	-Strong support and consultation -Eagerness to develop their activities and groups -Trust of the local government
Reflection into practice	
-Priority of HIV/AIDS problem -Lack of absolute budge and human resource	

If we focus on the local government side, we can understand that there are some same elements, such as the "priority of the HIV/AIDS problem." It means that the local government generally does not think that HIV/AIDS is a serious problem anymore. This is because the HIV/AIDS issue peaked in 1996, as we mentioned previously, and it is understood that HIV/AIDS infected people can live as long and in with the same quality of life as those non-infected, if they take ARV. The rate of death of HIV/AIDS infected people has been steadily decreasing since 1996, and the district hospital and healthcare center is now dealing with patients who have different causes from HIV/AIDS. Also, in Mae Wang, the district hospital and healthcare center were not well organized in terms of both human resources and funding, since we could only find one nurse in Mae Wang Healthcare Center and only two doctors in the district hospital, while Thung Satok District Hospital has one section with 177 staff and it seems that the health volunteers (*Osomo*) are well organized, evidenced by the fact that we found them in each healthcare center in Thung Satok. However, this might because Thung Satok is a pilot case.

As for the informal groups, we could find some common elements regarding strong support and consultation and attitude to deal with the HIV/AIDS issues relating to the development of its activities and the group itself. This is because support from the monk and the healthcare center affect the establishment, activities, funding source and every aspect of Prasanchai. Without their help, Prasanchai could not develop to its current situation. On the other hand, Ruamchai did get some help from Heifer International, but it was only financial assistance. The village head never visited Ruamchai for help and the health volunteers have never come to them to see the current situation. Once Ms. Champa, leader, tried to establish the Ruamchai office close to the temple but the surrounding people did not treat the group well, so she removed their office. According to the interview, we could not hear that the monk tried to reconcile the situation between the HIV/AIDS group and surrounding people. We could not determine whether or not the monk actually wanted to keep Ruamchai, but since there was apparently no effort taken we got the impression that the monk was not really cooperating with Ruamchai. Secondly, the informal groups themselves show differences. Prasanchai tries to develop and grow its group, but it seems that Ruamchai tries to keep constant. This is because, as we mentioned above, we got the impression that Ruamchai is a group that allows the members to do anything and it does not have strict rules, resulting in a free but not a close-knit group. With these characteristics, some members are satisfied and others are not, thus it seems not to develop as a group itself.

Combining these three reasons affecting the relationship, we cannot forget two more given conditions of

geographical location and the issue of one being a pilot case which we learned of before conducting the fieldwork. It is possible to think that these two elements affect the priority of each *tambon*, supporter, and the characteristics of each informal group, even though we can't say for sure. Geographical elements can affect all of three elements. If the informal group can easily ask for help, it might be easier to find supporters, not only consultants but also business partners. If they could find more business partners, their attitude could be more aggressive. Also the local government or *Osomo* could visit the informal group more frequently, if the region was easily accessible. On the other hand, the fact that one was a pilot city could also influence these three elements. If the city became the pilot city, it is logical that it be given enough facilities, equipment and medicine for HIV/AIDS treatment, so that the local government, especially the district hospital and healthcare center are forced to deal with the HIV/AIDS issue. Moreover, they could be more motivated to work with the informal groups to make it easier to officially promote awareness about HIV/AIDS. Likewise, the informal group could be more active if the facilities are well prepared.

We could never pursue the exact cause of the relationship between the civil society organizations and the government, but at least these five aspects of geography, piloting, priority of the local government, support to informal groups and characteristics of the informal group should be considered as logical reasons.

6. Conclusion

Our conclusion is a verification of the main research question with guiding questions. Our main research question is "What are the current situations and differences in terms of tackling HIV/AIDS issues between two regions? And what are the factors bringing these differences?" To prove that, we used three guiding questions that are: 1) How does the government deal with the HIV/AIDS problem?; 2) How does the civil society deal with HIV/AIDS problem?; and 3) What are the differences among the two regions and why? After conducting investigations, we could find some distinctive differences between Thung Satok and Mae Win. As stated above, the government in Thung Satok has more awareness or positive attitudes for the HIV/AIDS problem than the government in Mae Win. Regarding the informal groups, Purasanchai has more activities for HIV/AIDS problems than Ruwanchai. Both the government and informal group in low land are active, so the relationship could be better than the one in high land. Therefore, dealing with the HIV/AIDS problem could be improved. The differences of attitude and activities for the HIV/AIDS problem of both government and informal group affect the differences in the two region's current situations. The differences of attitude or activities may come from the geographical condition and the fact that one was designated as a pilot project.

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