

Foreword

One person cannot change a nation. But, one person with talented lieutenants and ultimately a large and committed staff - can open the door to nation-wide change. When that person and his team also read the desires and capacities of a whole people to achieve a better life, then miracles can truly happen. Mechai Viravaidya and the changes wrought by the Population and Community Development Association (PDA) over the past 31 years is the history of such a miracle.

One of the characteristics of a change-making organization is that it no sooner accomplishes one task than it looks for the next challenge. PDA has never stopped long enough to write its own history, and we are all very grateful to Mita Mukerjee for her comprehensive account of PDA's first 31 years.

Every project PDA ever undertook was focussed and well managed, but overall three key themes stand out making PDA one of the most innovative, interesting and important NGOs in the world.

First Mechai promoted what he called "fertility led development". Beginning with the community-based family planning program in which the program included subsidized sale of contraceptives at a village level in the early 1970s, PDA built on the skills of village family planning distributors to introduce new agricultural practices, such as intensive chicken rearing and micro-loans. Those of us privileged to watch the work of PDA from the outside, for the past 31 years of consistent PDA effort and innovation have seen some communities changed beyond all recognition.

Second as this history shows so well, PDA and its ingenious network of not-for profit and for-profit entities has always surfed ahead of the wave of financial assistance for development. In the early 1970s, PDA was dependent on external funding from sources, such as the International Planned Parenthood Federation and some American Foundations, but from the first day of operation the organization set its sights on some level of cost-recovery, however modest. One of Mechai's aphorisms was that, "The poor get nothing free, not even their funerals". As PDA's work grew so it drew in more and more support from international agencies and from developed country governments and foundations. But Mechai saw more clearly than the leaders in other countries both that donors can be fickle and also that as Thailand grew richer it would have to generate more of its own money. Thailand's economy has indeed taken off, at least in part facilitated by the rapid, voluntary drop in family size, PDA, in collaboration with the remarkable Thai National Family Planning Program helped accomplish in the past 31 years, but great inequalities persist in wealth in some parts of the country, such as the north east. PDA has spun off a group of well run, profitable businesses, beginning with the well known Cabbages and Condoms restaurants, which cross subsidize development activities helping poor and vulnerable groups.

Third, Mechai, in his role as Minister in the Prime Minister's office in the early 1990's played a remarkable and essential- probably the central role- in Thailand's relative success in curbing the spread of HIV/AIDS. Multiple agencies of government under Mechai's direction, together with the good humored PDA approach to contraception and especially condoms, that PDA had fostered for over two decades made it easier for Thais to respond to the AIDS epidemic. Mechai's life-long drive to follow the best evidence, rather than the politically correct or easy path- as he always done confronting the difficult but important topic of safe abortion- meant that PDA's strategies were aimed at offering practical help to vulnerable groups at high risk of infection. The remarkable graph on page 87 underscores the success of this combination of good humor, openness about sexuality and fearless pursuit of life-saving strategies.

When Mechai was selling his first proposal for funding to the IPPF in London, a senior committee member said, "Well young man, these seems as excellent proposal but it all seems to depend on you. What if you are run over by a bus?"

"Would that be a single decker or double decker bus," quipped Mechai. The committee laughed and the young man got the money. Perhaps the ultimate success of Mechai Viravaidya is that the next generation of staff and volunteers, including Mechai's own daughter, show every evidence of carrying PDA forward over the next 31 years.

And they are certain to be needed. In health, socio-economic development, equality for women, or battling AIDS, problems are never totally solved. Currently, Mechai is worried that Thailand may be losing its focus on HIV prevention, perhaps ushering in another wave of infections. Fortunately, PDA is tireless, it will confront and overcome new challenges and it will continue to surf ahead of the wave.

Lastly we would like to congratulate the editor for the excellent documentation of PDA's evolution and experience over the past 31 years. Also we extend our heartfelt thanks and admiration to Khun Mechai Viravaidya- who the book is dedicated to- for all the assistance, inspiration and support he has provided to us over the years. He gave us our first opportunity to work in International Health in Asia 1978, and continues to engage us in activities and programs that PDA is spearheading in Thailand, Vietnam and Laos. His generosity and genuine friendship are deeply appreciated and cherished.

Malcolm Potts, MD, PHD
Bixby Professor of Population
School of Public Health
University of California,
Berkeley

Allan Rosenfield, MD
Delamar Professor and Dean
Mailman School of Public Health
Columbia University

Leona and Thomas D'Agnes
International Public Policy & Management Program
University of Southern California

Editor 's Note

Thailand is popularly known as the land of smiles. I am indeed proud to be in touch with this amazing country, its fascinating culture and getting an opportunity to interact with its ever smiling people who are mostly very gentle, polite and loving nature.

Founded in 1974, the Population and Community Development Association (PDA) is one of Thailand's most well established and diverse non-government organizations, the headquarter being based in Bangkok with eighteen regional centers and branch offices. PDA's programs are based on its immense faith on the capability of the community people in shaping and sustaining their own development. PDA pioneered activities at the grass root level, marked by extensive involvement of villagers, not only as beneficiaries, but also as planners, managers and leaders.

Throughout the last 31 years of activities, PDA focussed its primary objective in improving the quality of life of the rural people in terms of health, education, economy, human resource development, environment, as reflected in PDA's different projects on family planning and reproductive health, primary health care, vocational training, income generation, water resource development, sanitation, business initiative in rural development, forestry and environmental conservation etc. To ensure wider coverage, PDA mostly worked in collaboration with the public sector to fulfil its primary objective. PDA always encouraged community participation in all its programs and activities with especial emphasis on the empowerment of women. Besides conducting different development oriented programs, PDA centers are often promoted for exchanging ideas and opinions on different issues like population control, health, corruption, democracy and development. PDA promotes democracy by means of encouraging youths, women leaders and common people to participate in local politics and the electoral system in Tambon Administration Organization and municipal councils, so as to make them conscious about their duties and role as Thai citizens and to act in conformity with the constitution of Thailand, 1997. To create interest in political matters, democracy and the electoral system of the country, PDA introduced its innovative Mobile Democracy Bus with in-built audio-visual devices and computers, the only vehicle for this type of mission in the entire country, which creates a lot of attraction among people in the community and the school children as well. With the 31 years of experience, PDA looks forward responding to the current social and economic crises with renewed commitment, similar innovation and ingenuity, that have marked its achievements through the years.

My contact with PDA and its multi-faceted activities tempted me to take this opportunity to document it. This book is rather an outcome of compilation of different data, information, unique approaches related to PDA activities with analysis and elaborations. Its different innovative approaches amazed me, prompted me to unravel their diversified role in different development related works. I highlighted the PDA's monumental activities in different fields through appreciation and analysis. I would like to share this experience

with other people working in the same area, transcending the geographical barriers. In this context I would like to convey my heartiest gratitude to Professor Muhammad Yunus of Grameen Bank, Bangladesh, who inspired me to write something meaningful and worth writing, for the benefit of people and contributing to development.

I dedicate this endeavour to Mr. Mechai Viravaidya, the Senator and the Chairman of PDA with deep respect. He is the agglomeration of three indispensable virtues: outstanding talent and capability, profound compassion and extraordinary commitment. These virtues are essential to make any mammoth task a success. For PDA, it is rather an ongoing process marked throughout the last 31 years with achievements and accolades, eventually expanding its arena of activities in response to the need of the nation.

Acknowledgments:

I owe deep gratitude to the following senior persons of PDA and all other PDA staff and volunteers, whose contribution to PDA is documented in this book. They worked diligently to attain PDA the present prestigious status. Their collective depth of knowledge and experiences across the broad range of fields far exceeds the expertise that the editor can claim.

Mr. Mechai Viravaidya, Chairman, President
Mr. Tavatchai Traitongyoo, Secretary General, Senior Executive Vice President
Dr. Kavi Chutikul, Senior Advisor
Mr. Pairojana Somjitti, Vice President and Director of Planning Bureau (PNB)
Mr. Praween Payapvipapong, Vice President of Urban Health and Fund Raising Bureau (URB)
Mr. Tanothai Sookdhis, Vice President and Director of Asian Center for Population and Community Development (ACPD)
Mr. Wilas Ichitkul, Vice President and Director of Corporate Social Responsibility Bureau (CSR)
Mr. Wilas Techo, Director of Rural Development Bureau I (RDB I)
Mr. Sophon Siriwong, Director of Rural Development Bureau II (RDB II)
Ms. Sunida Chittanond, Director of Rural Development Bureau III (RDB III)
Mr. Chusak Chongsmack, Director of Rural Development Bureau IV (RDB IV)
Mr. Songnam Ritwanna, Director of Rural Development Bureau V (RDB V)
Ms. Sumarn Chuangsiricharoen, Director of Finance and Accounting Bureau (FAB)

I wish to express my indebtedness to Mr. Wilas Ichitkul, the Vice President of PDA additionally, to provide me PDA's unpublished documents, pictures and cooperating with me by furnishing the necessary information to prepare this book. The completion of this manuscript would not have been possible without the generous assistance of Ms. Urai Hom-Tawee, Ms. Guia M. Yamokgul, Ms. Kannaporn Patihattakorn, Ms. Tarinee Sreireunthong, Ms. Orawan Techo, Ms. Sirikant Panchasarp, Ms. Sopida Asawaklang.

Indeed they are the real heroes irrespective of genders and I offer my thanks to all PDA staff and volunteers, for their concerted efforts, during the long thirty one years, to land PDA on the shores of success. Through this modest attempt, I serve merely as an instrument to outreach their works to people around their arena. My acknowledgement remains incomplete unless I additionally mention the names of Miss. Pattama Ekaphol and Mr. Anyatanit Yoocho, who spent their valuable time to respond to my queries, related to different PDA activities.

Here I take the opportunity to acknowledge the Konrad Adenauer Foundation (KAF) in helping PDA through its various activities and programs with the common goal of improving the quality of life of rural people for its immense ongoing support during the last 23 years since 1981. Their spectrum of activities comprises of creating opportunities for increased employment and income generation, different rural health and development programs, training on agriculture, farm management, appropriate technology, multi-level entrepreneurs development, promoting environmental awareness, mass scale community participation, emphasizing women empowerment, integrated democracy and anti-corruption drive.

Lastly I remember with emotions my family and friends, especially my husband Dr. Swarup Sarkar, my sister Ms. Paramita Roy, my nephew Rubik Roy and my son Soham Sarkar for their encouragement and support to give the book a final shape. Let this book ignite the reader's mind to explore many shores of development and contribute accordingly.

Mita Mukerjee
On behalf of Missionaries of Humanity
Kolkata, India
E-mail: mitam@sify.com

Population and Community Development Association (PDA) is pleased to present this book on the synopsis of PDA's 31 years activities

This publication elaborates and summarizes all projects PDA has executed since 1974 under the support of various national and international organizations. A directory of donor agencies is included. PDA's performance has been successful and persistently progressive, starting with the first project entitled "Community Based Family Planning Service (CBFPS)", second "Integrated Family Planning and Parasite Control (FPPC)" and third "Family Planning Health and Hygiene (FPHH)". Aware of the need for a more comprehensive approach to eradicate poverty, PDA subsequently has expanded its programs to embrace primary health care, income/occupation creation, water resources development and environmental sanitation, youth and women development, democracy promotion, as well as assistance to refugees. Established in 1978 as the international training arm of PDA, the Asian Center for Population Development (ACPD) offers training courses for foreign participants by using the knowledge, insights and lessons learned from PDA's experiences in implementing a variety of projects. At present, PDA's prime priority is to get the private sector involved in rural development and the promotion of rural industrial development. Consequently, these private endeavors have received full support.

PDA would like to take this opportunity to express our sincere appreciation to all national and international donors for their valuable support in funding our projects. We cannot forget that we are encouraged by and thankful to the rural people who participate in our projects and contribute their efforts to develop their villages, communities and our country.

Mechai Viravaidya
Chairman PDA

Highlights of PDA's Program Achievements

- n Non-physician community-based rural contraceptive distribution network by volunteers at grass root levels
- n Intensive promotion of male sterilization (non-scalpel Vasectomy), so far more than 80,000 male sterilizations have been completed in clinics and outdoors
- n A healthy alternative from "quacks" for the women in need of termination of pregnancy at affordable costs
- n Condom desensitization
- n Addressing Refugee crisis with community development approach
- n Massive HIV/AIDS intervention, involving multi-sectors with intensive educational and awareness campaign
- n Integrating Family Planning with other development programs with the terminology: Fertility related development
- n Development of extensive water resource and sanitation facility in rural areas
- n Innovative Sky Irrigation and Vegetable Bank projects to enhance rural economy
- n Stemming out migration by creating job opportunity in rural areas
- n Promoting Rural Small Scale Industries (RSSI), Gender Specific Venture Capital (GSVC) projects, Cottage Industries, other income generation entrepreneurship to rejuvenate the rural economy
- n Revolving loan funds, Micro-credit facility, village cooperatives and committees, self-help groups ensuring the features of community empowerment and competence
- n Involving private sectors in the rural development process, locally creating job opportunities by opening small industries in rural settings : Privatization of Poverty Alleviation
- n Human Resource Development by organizing different profession oriented training and skill development programs, including marketing and finance management skills
- n Promoting NGO Self-Sustainability through business, cost recovery, consultancy and other professional services
- n Positive Partnership (between HIV positive and negative partners in business): Micro-credit loans for people living with HIV/AIDS to fight discrimination, stigmatization and promote compassion, right awareness, prevention and care for people living with HIV/AIDS in rural areas

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I Population & Community Development Association (PDA)

Introduction

The term Non-Government Organization (NGO) is associated with the terminology non-profit making, welfare orientation and development. Its prime role, especially in developing countries, is to improve the quality of life of people. NGOs are best known for their role in crisis management of various emergency situations, ranging from natural calamities to war, epidemics, etc.

NGOs have significant interaction with governments. To accomplish its mission harmoniously and in order to extend its reach for wider coverage, the ideal situation would have both governments and NGOs working cooperatively. Without a sincere desire and dedication to the development of the nation on behalf of its government, NGOs could often prove to be powerless to bring about significant changes. The fulfilment of its mission would be in jeopardy. Therefore, it is of vital importance that a competent NGO harness the political will of the government in right direction to address the needs of the nation.

Population and Community Development Association (PDA) is one of the biggest NGOs in Thailand. In its past 31 years of activities with the people of Thailand, PDA has had a significant role in the history of the course of development of this nation.



During this period, the people of Thailand were fortunate enough to have complying governance under the monarchical wise guidance of His Majesty King Bhumibol Adulyadej, as reflected in the pro-people policies adopted in different National Economic and Social Development Plans (NESDPs). The orchestrated efforts of the Royal Thai Government, PDA, other NGOs and agencies in collaboration, have been successful to materialize whatever development the country has achieved so far.

The diverse activities of PDA are analyzed here in terms of different priority settings, objectives, principles, strategies, outcomes & impact evaluation, measures adopted for its self-sustainability and self-reliance, so as to ascertain its role in the extent of development. This effort is further extended to consider whether, its community based rural development model could be replicated in other areas and countries in the developing world.

PDA-Genesis

The fast economic growth in Thailand during the 60s and early 70s of the twentieth century failed to significantly impact the rural life of the countryside. Furthermore, the productive efforts of farmers were not sufficient enough to support the soaring population growth rate. According to the 1960 census, the population of Thailand reached 27 millions, and its estimated growth rate was 3.3% per year. This rate was alarming in a sense that if continued unabated, it would end up doubling the population in 20 years. The Total Fertility Rate (TFR) was 6.5-7.4 children per completed family, which indicated that each Thai woman would on average give birth to seven children during her reproductive age limit. The contemporary use of any form of contraception to limit or space the childbirth by married women within reproductive age limit was very poor. Statistics revealed that only 3-4% of married women used contraceptives. In this background, the Thailand's population was exploding with invariable consequences for the people, environment and economy.

At the government level, in the National Economic and Social Development Plan (NESDP 1972-76), the main social issue was the high population growth. To reduce the growth rate, a population policy was formulated and population-planning activities were proposed to be implemented by the Ministry of Public Health (MOPH).

Mr. Mechai Viravaidya was then a development economist in the evaluation division of the National Economic Development Board. Perturbed by the plight of blatant rural poverty, the rampant corruption, he perceived the hopelessness of the situation of housing, feeding, clothing and employing this ever expanding population. He realized rightly that overpopulation was the greatest impediment to Thailand's development. It was against this background, that the prevailing communication gap between the government and the common people prompted him to come forward in 1974, to become an advocate for the rural poor, took painstaking initiatives to pave the foundation of the Community Based Family Planning Services (CBFPS).

CBFPS and PDA

CBFPS was a platform for promoting a country wide family planning program implementation, as a complement to the efforts of the Royal Thai Government. It was the precursor organization of the Population and Community Development Association (PDA), which was established later in 1977, in order to address the broader perspectives of social development, and other issues such as public health, water, sanitation,

challenge, it focuses on networking multiple sectors including government, maps the web of social ties in which individuals are embedded, involves network members in undertaking their own community assessment and actions necessary to strengthen network within the community. Furthermore, women empowerment has been predominantly emphasized to address the gender issue, in all its programs and activities. Thus the role of PDA is unique to develop community competence.

Outcome & Impact Evaluation

Its contribution in social development is best rated by the people, who are not only the beneficiaries of PDA activities, but are empowered to become the planners, managers, leaders of the community and the evaluators of their activities.

Mass Communication

PDA's effective mass communication skills to networking and communication capabilities help deal with different social and health related issues, so as to create a critical consciousness amongst the masses. The active involvement of the community was integrated in the people's awareness programs. PDA promoted the mass scale practice of contraception by exploiting the tools of social marketing, media advocacy and adopting innovative approaches of desensitization, to transcend the social barriers.

It has been observed that, strategically PDA adopted an enhanced public communication model that uses social marketing concepts to integrate marketing principles and social psychological theories to accomplish behaviour change goals (eg Condom promotion in population control, HIV/AIDS prevention programs).

By advocacy, PDA earned the government support, accessed mass media (radio, TV) for the countrywide propagation of the universal message of health education. To present the challenge of HIV/AIDS as not merely a medical problem at individual level, but as a behavioural problem of a public health related social issue, PDA exploited issue framing strategies of media advocacy, simulating political campaign. Later, these measures led to favourable prospects for the further development of supportive and healthy public policies and social-environmental change.

Different agencies related to PDA

Later, in response to different priority situations (Cambodia Refugee Crisis, HIV/AIDS) and needs in the country, several agencies were formed similar to CBFPS, having well defined assignment for specified objectives under the umbrella of PDA. These are CBATDS (Community Based Appropriate Technology Development Services), CBERS (Community Based Emergency Relief Services), ACPD (Asian Center For Population and Community Development), CBIT (Community-Based Incentive Thailand), CBIRD (Community Based Integrated Rural Development), TBIRD (Thai Business Initiative in Rural Development). In response to the fund-raising drive, the for-profit, tax-paying company was set up as PDC (Population and Development Company). It is an independent

entity from PDA. To extend the hands of support and co-operation to the neighbouring countries, in the area of health and community development, PDI (Population and Development International) was set up.

Prioritization of Issue Selection

During the past 31 years, in the course of PDA activities, it has been evidenced that, in conformity with the perceived need of the community, the prioritization of 'issue selection' was very much appropriate and befitting to the development of Thailand. The sequential agendas in the process of the unfolding of PDA activities, in course of time, have been mostly integrated in the rural development process.

The programs conducted by different agencies, under the umbrella of PDA are as follows :

- n The Family Planning & Population Control Program by CBFPS
- n Integrating Family Planning with Parasite Control Program by IFPPC
- n Integrating Family Planning with Health and Hygiene Program by FPHH
- n Interventions for Refugee problems at the Thai-Cambodia border by CBERS
- n Integrating advanced technology in rural life by CBATDS
- n Fund-raising drive by PDC (separate entity from PDA)
- n National and international training programs by ACPD
- n Interventions for the HIV/AIDS prevention by PDA
- n The improvement of rural water & sanitation systems by CBIRD
- n The promotion of public health related concerns by PDA and CBIRD
- n Integrating family planning practices with income-generation and other development programs through incentives by CBIT
- n Addressing the irrigation problems in rural life by CBIRD
- n Reforestation and environmental issues by CBIRD and TBIRD
- n Providing support to the neighbouring countries in community development by PDI
- n Stemming population migration from rural areas by CBIRD and TBIRD
- n Poverty alleviation in the form of income generation from revolving micro-credit loan fund by CBIRD, CBIT and TBIRD
- n Local small agri-business enterprises by CBIRD and TBIRD
- n Production of handicraft items and promotion of Cottage Industry by CBIRD, TBIRD
- n The industrialization of the rural community by TBIRD

Different agencies under PDA

CBATDS

In 1978, an American non-government agency called Appropriate Technology International (ATI) had funds to develop appropriate technologies and transfer them to rural people in Asia. Earlier, ATI had done some small scale technology development

with integrated farming, biogas generation, simple well construction and water pumping. ATI initiated to develop co-ordination in Asia through a network of Appropriate Technology Agencies in Bangladesh, Sri Lanka, Indonesia, Philippines, Thailand and India.

Assessing the enormous potential of 10,000 volunteers in 16,000 villages as agents of change, ATI gladly provided PDA with a grant to establish the Community-Based Appropriate Technology Development Services (CBATDS).

Like CBFPS, CBATDS became an agency under PDA, its mission being community development, using the infrastructure established by CBFPS. It sought independent funding to go beyond family planning (FP) and introduce community development inputs to family planning acceptors. CBATDS initiated its operation as a supplement to the FP program of PDA. Thirty development projects were implemented and monitored by this Bureau, and expanded into different regions of the country.

CBERS

During late December 1979, in response to the Cambodian refugee crisis in the Thai-Cambodia border, Community-Based Emergency Relief Services (CBERS) was established as the third agency under the PDA umbrella. It was the first Thai agency to actively provide emergency relief to Cambodian refugees along with the Thai Red Cross. CBERS addressed this refugee crisis with the community development approach, and treated refugees as partners with common interest, to achieve development locally. CBERS wanted to restore the refugee's self-respect and self-esteem, and prepare them to return to their country with self-reliance. Presently CBERS has been engaged with activities in coastal areas affected by Tsunami catastrophe.

CBIRD

Community Based Integrated Rural Development (CBIRD) initiatives have been taken in 1979 to address all these issues in the rural context, with the objective of bringing about sustainable development. It requires initial rural investment in the form of free flow of funds, which later helps to generate self-sustainable independent incomes in the community. To give direction to these development efforts, independent, competent local community organizations have been set up emphasizing local institution building, in the form of women's groups, local committees, co-operatives, etc in addition to strengthening the capacity of already existing ones in structure and skills for empowerment.

CBIT

Community-Based Incentives-Thailand (CBIT) was an experimental project, designed to determine whether Thailand's birth rate could be reduced at the village level by linking development loan funds to the number of couples practicing family planning (FP). It was a two-year community incentives pilot project (July 1983-June 1985), implemented in six villages in northern Thailand, where every percentage point increase in

contraceptive prevalence rate (CPR) brought additional money into the village loan funds. The village revolving loan funds have been used as the vehicle for providing community incentives to the villagers. A committee was established in each village to monitor and control the loan fund and to select loan recipients. The families practicing contraception received favored status when the loan committees selected recipients. There were significant increases in the CPR during this period and it increased from an average of 45 percent to almost 75 percent, considered to be the ceiling level for the FP acceptance. Over 80% of those families eligible to join the loan fund were granted loan. The Center for Population and Family Health (CPFH), Columbia University, New York provided technical assistance in the research and evaluation aspects of the project. The Population Crisis Committee, Washington D.C was the funding agency.

TBIIRD

The Thai Business Initiative in Rural Development (TBIIRD) has been created in 1989 to integrate private sectors in the rural development process. Jobs have been created in rural areas through different business enterprises, to improve the economy at the local community level, to stem out migration, to maintain the social fabric of the local traditional culture. A portion of the profit from the economic enterprises is being allotted to run different social development projects, thus contributing to sustainability. It has been witnessed that in every phase of activity, through advocacy, PDA endeavours to network with all possible partners, especially government departments. It solicits to utilize all necessary resources and helps to bypass all probable hurdles, often achieves smartly, perforating the bureaucratic red tape.

PDC and other business enterprises

Population & Development Company (PDC) was created in 1975 as a sister organization of PDA in order to accomplish its fund raising drive. It is a profit oriented, tax paying company, a portion of its profit is transferred to PDA as donation. In 1976, PDA's Family Planning Clinic was registered to work and help generating funds and repay loans required for its establishment. Additionally 14 for-profit companies operate and currently contribution from these companies cover 65% of PDA expenditures, ranging from the administrative costs to continued implementation of socially oriented projects. PDC managed a high quality Thai restaurant "Cabbages and Condoms" at Bangkok for the last 16 years with 4 branches within the country. It has also opened "Cabbages and Condoms" resort in Pattaya and other places like at Wiang Pa Pao in Chiang-Rai province, Nang Rong in Buri Ram province and Sup Tai in Nakhon Ratchasima province. In an attempt to simultaneously assist villagers to find a better market while generating a modest profit for PDA's use, a whole host of handicraft items produced in the villages are marketed at the Cabbages and Condoms handicraft shop.



A separate entity, however, also a part of the PDA related businesses, is the Rural Small Scale Industries (RSSI) Company. Originally set up in 1984 with a grant from Appropriate Technology International (ATI), this organization acts as a catalyst for rural employment generation in the agro-industry and agriculture related industries. It provides support in the form of minority holding joint ventures, loan guarantee funds, or sometimes-enabling existing registered small-scale industries, which are willing to expand. The primary criteria in lending money are based on the ability to repay, or the economic feasibility of the project so as to achieve maximum self-sufficiency. It supported three companies: The Thai Bamboo Plait Industry (TPI) which purchases mats woven from bamboo grass by villagers for export to Korea, used there for drying seaweed. The Rural Environmental Sanitation Development Company (RESD) which constructs bricks, cement rings, latrine slabs and other components of home sanitation facilities. Besides it provides labour for construction works, factories and operates as service center. The Chiang Rai Thai Agro Industry (CTA) which produces preserved ginger for export to Japan. Small loan is also available for individual micro entrepreneurs. Gender Sensitive Venture Capital (GSVC) has traditionally been tried as a gender sensitive instrument for micro-enterprises, purely on commercial basis, with the objective of increasing the value of the capital invested. In the Venture Capital projects, RSSI would share both the risks as well as the rewards. Hence there is a need to participate actively in the management of the project, as an obligation of the RSSI staff to link with the technologies, markets etc and to ensure to their best abilities to make the projects profitable. The mode of exit from the venture capital investment is usually by selling back equity holding to the entrepreneurs or in the market. The investor is prepared to wait for few years to realize the return on the investment. In the case of micro enterprises, the result is visible within a year or two. Exit is envisaged between 2-3 years. RSSI has estimated a conservative return in terms of dividend at 12% per annum, which would be recovered once a year from each venture. A series of workshops have been undertaken at field level to popularize the concept and to invite the projects, which would then be screened for venture capital provision.

International Activities

ACPD: Asian Center for Population & Community Development

ACPD was formed in 1978 in response to the need for disseminating information and experiences of the PDA from its varied rural community-based activities, as a source of assistance and expertise for its international neighbours of the developing world.

ACPD is the only international training institute of its kind in Asia. Its courses enable participants to develop sustainable community based development programs in the context of their own countries. Its training programs offer courses in the areas of Design and Management of Family Planning, Health and Development programs, HIV/AIDS Prevention & Care strategies, Gender Issues, Training of Trainers, Environment & Health, Business Initiative in Rural Development, NGO Self-Sustainability : The Need To Generate Income. ACPD also offers personalized study tours to suit the specific needs of the individual groups. These tours and courses are offered to groups of 15 people or more for the Northern or north-eastern part of Thailand, in order to observe the projects run by both NGOs and government agencies.



In the last 3 years, over 400 participants from places such as Africa, China, Vietnam, Philippines, India, Lao PDR and Indonesia attended the study tour programs. In addition, ACPD provides technical assistance and consultancy services to both public and private organizations in Thailand and abroad. The tailor-made Training Of Trainers courses were conducted by ACPD staff as requested by organizations in Vietnam, Indonesia, Pakistan and China. ACPD staff members also attended programs of other organizations in Thailand as well as various other countries such as Bangladesh, China, India, Indonesia, Italy, Lao PDR, Malaysia, Nepal, Netherlands, Pakistan, Philippines, Sri Lanka, and the

USA. Since the ACPD's inception, 2,900 participants from more than 50 countries have participated in ACPD International Training Programs conducted at the centre. Over 10,000 guests from 54 countries have attended short briefings with the ACPD. The ACPD was originally supported by various funding agencies. The Japanese Organization for International Cooperation in Family Planning (JOICFP) provided the initial funds for the physical establishment of the center. In 1979, the Royal Netherlands Government became the major financial support for the center. The center also earns some income from training and consultancy services offered to other training institutes throughout the south-east Asia region. It is now totally self-supporting.

PDI: Population and Development International

Training could not satisfy the demands posed by other countries to set up similar types of development projects abroad in the developing world, with more intensive support and first hand expertise from PDA. To overcome the constraints of regulations and legal complications in the home country, required for arranging grants to organizations abroad, PDA sought the help and partnership of the Transnational Family Research Institute in Bethesda, Maryland through its president Henry David, who previously collaborated with PDA on the Community Based Incentives Program in Thailand. Hence in 1983, Population and Development International (PDI) was formed as a non-profit, non-governmental organization incorporated in Maryland. Mr. Mechai Viravaidya is the chairman and Mr. Henry David is the secretary/Treasurer.

PDI can receive US Foundation grants, undergoing less restrictive formalities, which are required for approving domestic organizations. As an international affiliate of PDA, PDI operates primarily outside Thailand, to provide support to the local institutions in the Mekong region (Vietnam, Laos, the Yunnan province of China, Cambodia, Myanmar) of the neighbouring countries through projects.

The objective of PDI is to improve the quality of life of rural people in South East Asia. It emphasizes in the areas of i) Integrated Community Development ii) Reproductive Health iii) Population & Environment pursuing the key principles of community participation, local institution building, and strengthening the already existing local organization at the community level.

Privatization of Poverty Alleviation

PDA plays the role of integrating all the stakeholders (villagers, private sectors and government) together in reciprocation of mutual interests in the rural development process. The NGO remains supportive till the local community organization through internalization becomes self-supportive, independent, and empowered to take the role of the NGO at the local level, to alleviate poverty and attain competence. By involving actively private sectors, multi-national corporations (harnessing the forces of globalization) with the economically compromised rural section of the society, in the process of social and economic development, PDA has introduced its innovative terminology of Privatization of Poverty Alleviation.

NGO Self-Sustainability

PDA's activities expanded to cover one third the rural areas of the entire Thailand. To continue its valued role in all these areas and to initiate new activities, as envisaged to be a priority, and in response to threatening financial constraints from donor agencies, PDA initiated its independent fund raising processes with the objective of NGO self-sustainability. This income generation process ranges from its own operations in the form of cost recovery, and programs like offering training and consultancy to business operations through companies such as Cabbages & Condoms Restaurant, Gift shops, beach resort etc, which generate funds through profit. Presently 14 for-profit companies operate and contribution from these companies cover 65% of PDA expenditures, ranging from the administrative costs to continued implementation of socially oriented projects.

II. TO DEAL WITH THE POPULATION WAR

Global Scenario

When we look at the scenario of different countries in this world, one characteristic is clearly evident that the concentration of population has decreased in the developed world. With the advent of economic growth, a higher level of literacy, improved health awareness and care facilities, the population growth has decreased to an optimal level as a natural by-product of this development phenomenon. Now as we focus our attention exclusively on the developing world, we will discover that the growth in population is increasing at an astounding rate, it is synonymous with all the other features of underdevelopment like poverty, unemployment, poor economic growth, illiteracy, poor health conditions, and environmental degradation. The countries that are in a transition phase or trying to catch up with the pace of economic upgradation, have all addressed the population issue with great seriousness and determination. There have been commendable achievements that have curbed the population growth especially in Asian countries, where the strong political will and commitment of the governments, the heroic role of NGOs, and the NGO-Government partnership with the active participation of the community, are the common characteristics that facilitate change. To ensure a countrywide effect, the mobilization of a government's active and genuine initiative is very crucial, since it possesses an extensive countrywide network, which could be operative for any successful program. Besides, the government also has command over the media to exploit it to a greater extent in order to motivate people, increase their awareness, encourage their participation and welcome them as the most valued partner in accomplishing the mission against the population war.

The partnership of Government-NGOs-media and people in general are very crucial to address the issue of the population growth, and it is no longer a question of imposition on people but a survival necessity in the race of human existence.

A modest in depth study has been attempted here on the population war in the developing world against the present international context with some references to Demography and its salient features. A model of successful practice on population control, being exemplary in Thailand, within the developing world, and in Asia, has been illustrated with some recommendations.

To deal with the issue of overpopulation in developing countries, the slogan that has already become popular is: "delay the first, postpone the second and prevent the third." A review on Demography, its cycle and the world population trends has been done in the following section.

Demography is the scientific study of human population pivoted on three readily observable characteristics: (a) changes in population size (growth or decline)

(b) Composition of the population (c) distribution of population in space. The five "demographic processes" are fertility, mortality, marriage, migration and social mobility, which are continually interacting within a population to determine its present status of size, composition and distribution in the respective country context.

Demographic cycle ²⁰

A nation passes through 5 stages of demographic cycle as recorded since the year 1650 in the history of world population.

1) A high birth rate and a high death rate, which cancel each other, characterise first Stage (high stationary) and the population remains stationary. India was in this stage till 1920.

2) Second Stage (Early expanding)

The death rate begins to decline, while the birth rate remains unchanged. Many countries in South Asia and Africa are in this phase. Birth rates have increased in some of these countries, possibly as a result of improved health conditions and a shortening period of breast feeding. ¹³

3) Third Stage (Late expanding)

The death rate declines still further and the birth rate tends to fall. The population continues to grow because births exceed deaths. India has entered this phase. In a number of countries e.g. China, Singapore, birth rates have declined rapidly.

4) Fourth Stage (Low stationary)

Due to low birth rate and low death rate, the population becomes stationary. Zero population growth has already been recorded in Austria during 1980-85. Growth rates as little as 0.1% were recorded in the UK, Denmark, Sweden and Belgium during 1980-1985. In fact, most industrialized countries have passed through a demographic transition, shifting from a high birth rate and death rate to a low birth and death rate.

5) Fifth Stage (Declining)

The population begins to decline because birth rate is lower than the death rate. Some East European countries, notably Germany and Hungary have been passing through this stage.

World Population Trends

The world population was estimated to be around 250 million 2000 years back at the onset of the Christian era. It took up to 1800 years for the population of humanity to reach one billion people. The second billion was reached in 130 years (around 1930), and thereafter the third billion in 30 years (around 1960), the fourth billion in 15 years (in 1974), the fifth billion in 12 years (in 1987), and the sixth billion in 12 years (October 12th, 1999) The world population is projected to reach 8 billion by 2025.

(Source: 11, 22, 47, 52, 53, 54, 55)

Reduction in the Crude Birth and Death Rates in
selected countries (1960-1999)

Country	Crude Birth Rate			Crude Death Rate		
	1960	1985	1999	1960	1985	1999
Bangladesh	51	40	28	25	15	9
Nepal	46	43	34	29	18	10
India	48	32	25	21	11	9
Sri Lanka	36	25	18	9	6	6
Thailand	46	26	16	17	8	7
Singapore	38	17	14	8	5	5
China	36	18	16	15	7	7

(Source: 45,46,47,51)

In all these countries, the key factors attributed to fertility decline were the changes in the attitudes of Government towards growth, the spread of education, increased availability of contraception, the extension of services offered through family planning programs as well as the marked change in marriage patterns.

In countries with a relatively young population, Crude Death Rates are mainly affected by infant and child mortality. With the improvement in maternal and child health services, successful implementation of the expanded program on immunization, diarrhoeal diseases and acute respiratory tract infection control programs as well as with the control of other infectious diseases, a marked reduction in infant and child mortality rates has been achieved, which are reflected in the declining Crude Death Rates. When the crude death rate is subtracted from the crude birth rate, the net residual is the current annual growth rate, exclusive of migration.

Relation between Growth Rate and Population

Rating	Annual Rate of Growth (%)	Number of years required to double the population size
Stationary Population	No Growth	
Slow Growth	Less than 0.5	More than 139
Moderate Growth	0.5-1.0	139-70
Rapid Growth	1.0-1.5	70-47
Very Rapid Growth	1.5-2.0	47-35
Explosive Growth	2.0-2.5	35-28
Explosive Growth	2.5-3.0	28-23
Explosive Growth	3.0-3.5	23-20
Explosive Growth	3.5-4.0	20-18

(Source: 3)

Like railway trains, the population growth rates are subject to momentum. They start slowly and gain momentum. Once in motion, it takes time to bring the momentum under control. In population dynamics, the controlling factors are age distribution, marriage customs, education and numerous cultural, social and economic factors. The world population attained 1.92%, its peak growth rate around 1970, which showed a slight decline since then to 1.4 per cent in 2000. (Source: 11)

The growth rate is not uniform in the world. There are many countries in the world (e.g. European countries) where the growth rate is less than 0.5% per year. In developing countries, the growth rates are excessive. It is around 2.8 per cent in Africa, 1.5% in Latin America, 1.9% in Asia, whereas 0.5% in Europe. A population growing at 0.5% per year will double in about 140 years; a population growing at 3% per year will double in 20-25 years. These differences in growth rates are largely the result of fertility and mortality patterns.

The salient features of population growth at a glance

- n Approximately 95 per cent of this growth is occurring in developing countries.
- n Currently one third of the world's population is under the age of 15 and will soon enter the reproductive age group, giving more potential for population growth.
- n The UNFPA estimates that the world population is most likely to nearly double to 10 billion people in 2050, peaking at 11.6 billion, and reaching 20.7 billion a century later.
- n The expected number of births per women at current fertility rates is as follows:
Africa 6.1; Asia 3.2; Latin America 3.4; North America 2.0; Europe 1.6;
- n World population is currently growing at 176 people per minute; 10,564 people per hour; 253,542 people per day; and 92,543,000 people per year.

The rampant population growth has been identified as the greatest obstacle to the economic and social advancement of the majority of people in the under developed world. (Source: 20). World population reached 6.1 billion in the middle of 2000 and is currently growing at a rate of 1.2 per cent annually, implying a net addition of 77 million people per year. Six countries account for almost half of that annual increment, India for 21%, China for 12%, Pakistan for 5%, Nigeria for 4%, and Bangladesh for 4% and Indonesia for 3%. By 2050, world population is expected to be between 7.9 billion and 10.9 billion. The population of more developed regions, currently 1.2 billion, is expected to change little during the next 50 years, although fertility levels are expected to remain below replacement level. Moreover, the populations of several developed countries are projected to be significantly larger by 2050 (e.g. Canada, 33%, Australia, 38% and United States, 40% larger). The population of less developed regions is projected to rise steadily from 4.9 billion in 2000 to 8.2 billion in 2050. This projection assumes continuing declines in fertility. Rapid population growth is expected among the group of 49 countries classified as the least developed. Although their fertility is projected to decline markedly

in the future, their population is expected nearly to triple between 2000 and 2050, increasing from 658 million to 1.8 billion. (Source:8)

Life Expectancy at Birth

During the years 1995-2000, life expectancy at birth in the more developed regions was estimated to be 75 years. In the less developed regions, life expectancy was nearly 12 years lower, at 63 years. By 2045-2050 the more developed regions are expected to attain a life expectancy of 82 years, whereas in the less developed regions the projected level is 75 years, that is, the gap between the two groups will most likely be narrower. (Source: 8)

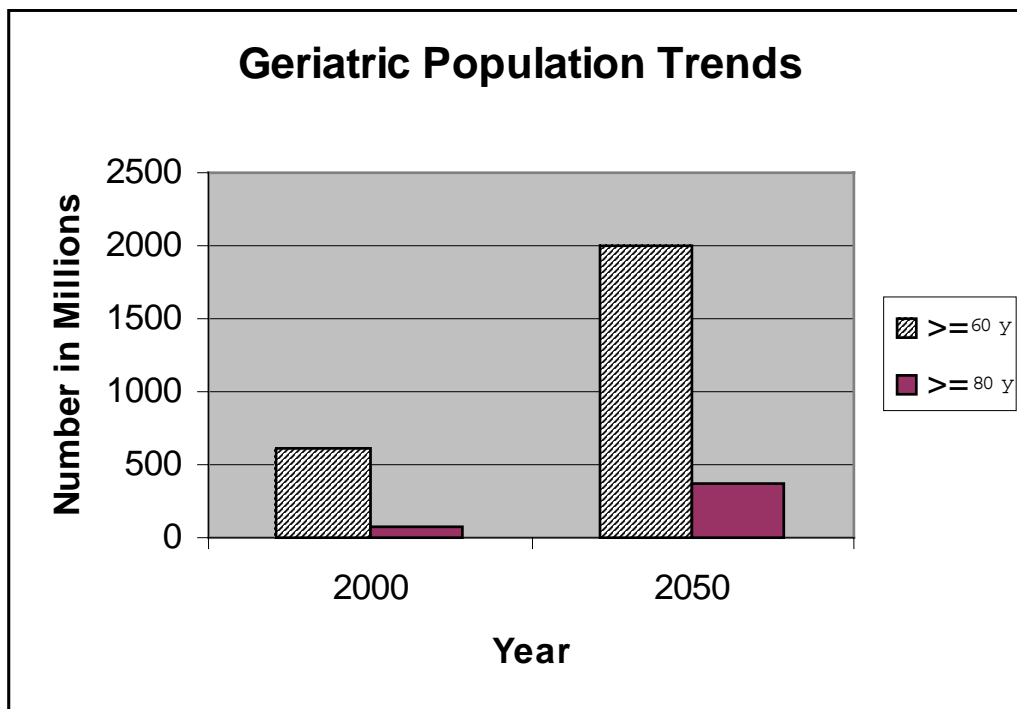
The Impact of HIV/AIDS on Global Population

The impact of the HIV/AIDS epidemic will worsen, resulting in increased morbidity, mortality and population loss. Thus, during the next five years, the number of excess deaths due to AIDS among the 45 most affected countries is estimated to be 15.5 million. Despite the devastating impact of the HIV/AIDS epidemic, the populations of the most affected countries are expected to be larger by mid-century than today, owing to the continuing high fertility of those countries. For the nine countries in Africa, most affected by the epidemic (with the HIV prevalence at or above 14%), the population is projected to increase from 115 million in 2000 to 196 million in 2050. Even in Botswana, where HIV prevalence is 36%, or in Swaziland and Zimbabwe, where it is above 25%, the population is projected to increase significantly between 2000 and 2050, by 37% in Botswana, 148% in Swaziland and 86% in Zimbabwe. Only in South Africa, where fertility is lower than that of Botswana or Zimbabwe, the growth rate of the population become negative during 2010-2025, being positive thereafter. Although the probability of being infected by HIV is assumed to decline significantly in the future (particularly after 2015), the long term impact of the epidemic remains dire. For the 45 most affected countries, the expectation of life at birth has already been reduced by nearly three years with respect to what it would have been without AIDS. By 2010-2015, expectation of life is projected to stand at 60 years, five years lower than it would have been in the absence of HIV/AIDS. (Source: 8)

Geriatric Population Trends⁸

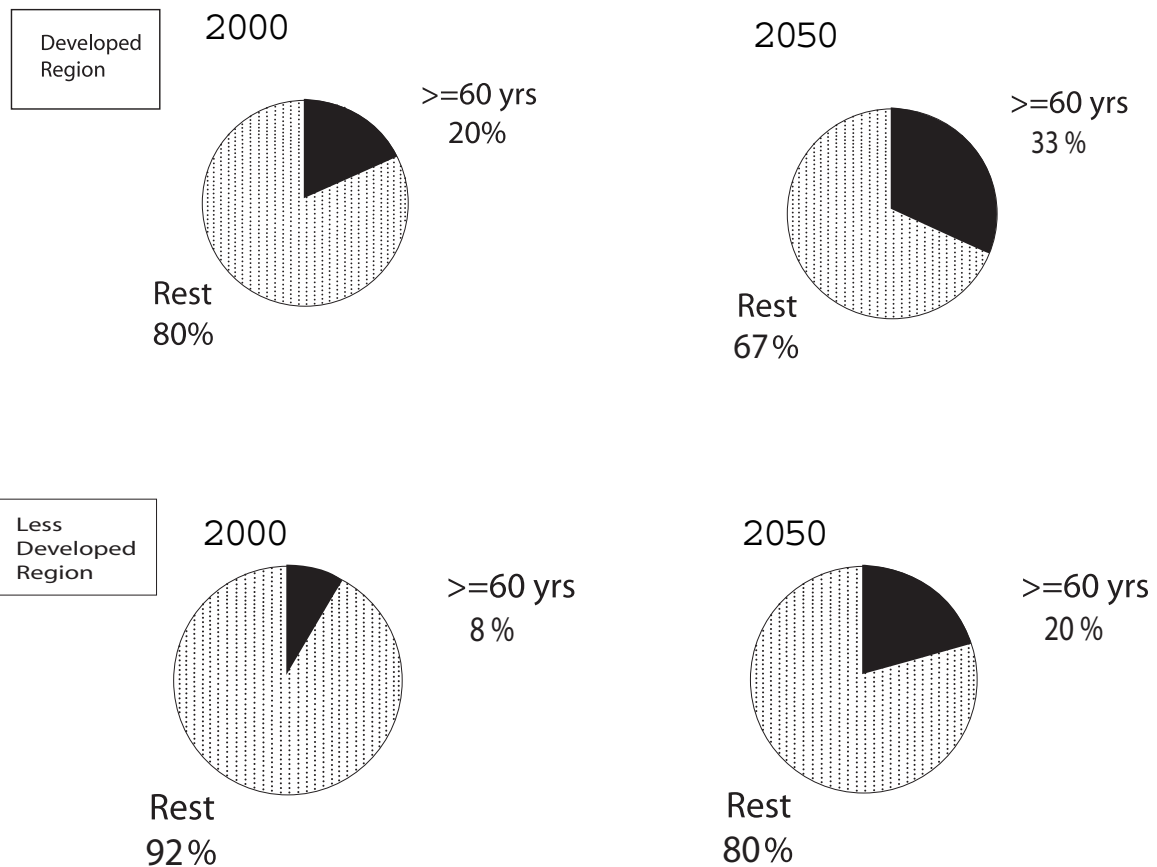
Globally the overall trend of an aging population is rising.

AGE GROUP	YEAR 2000	YEAR 2050	COMMENTS
60 years & above	606 million	2 Billion	3 fold increase
80 years & above	69 million	379 million	5 fold increase



Region wise Trends⁸

REGION	AGE GROUP	YEAR 2000	YEAR 2050	COMMENTS
Developed region	60 years & above	20% of the population	33% of the population	Already surpassed child population By . 2050 ratio will be 2:1
Less developed region	60 years & above	8% of the population	20% of the population	



Effects of Migration ⁸

International migration is projected to remain high during the twenty first century. The more developed regions are expected to remain net receivers of international migrants, with an average gain of about 2 million per year over the next 50 years. As a result of low fertility, this migration will have a significant impact on population growth. Without migration, the population of the more developed regions would start declining in 2003 rather than in 2025, and by 2050, it has been projected to be 126 million less than the 1.8 billion projected under the assumption of continued migration.

Relevance of Population Control in Economic Growth

The strong evidence based on the scientific research on population goals, suggests that the slower population growth encourages economic growth, leading to reduction of poverty at both household and national levels. It also reveals that successful emerging economies almost always have favourable demographics. A number of mechanisms have been identified.

The demographic bonus ⁴¹

The shift from high to low mortality and fertility can create a "demographic bonus" for countries. Mortality declines first, followed by fertility. Due to decline in fertility, the

working-age population increases relative to younger and older dependants. This creates a one-time opportunity for growth, when the countries have made the appropriate investments, not only in family planning, but in health and education, with special attention focused on the needs and interests of girls and women, and in employment opportunities for the new and enabled workforce. Open and responsive governance makes these adjustments possible. This phenomenon was first analyzed in the "East Asian miracle" of the 1980s and 1990s (Asian Development Bank, 1997).

During the decade of the 1960s, in the context of economic development, the most countries in the Asian region were remarkably analogous as assessed in terms of GNP per capita. All the countries, with the exception of Malaysia, were below US\$200. But during the same period, governments in Asia's least developed countries and South Asian developing countries were spending a pathetic amount of 40 cents to \$ 1.60 on a per capita basis on education, compared to government's spending of developing East Asian countries ranging from US\$9 to US\$16 on a per capita basis. The same is true in terms of investment on health. East Asian developing countries were far more committed and gave high priorities to health and education sectors, in comparison with Asian Least developed countries and South Asian developing countries. The impact of those investments were directly reflected in terms of high literacy rates and marked improvement in years of life expectancy at birth, thus leading to higher per capita incomes and economic development. This signifies the immense importance of addressing the population issue. East Asian developing countries have already invested significant resources to deal with the problem of population control, so that they can expect to reap the benefit of economic growth in the future. To attain rapid economic growth in a country, it is vital for the government to not only feed and house the population, but to educate and raise them healthily, and enable them to secure a better earning capacity. Therefore, even after curbing the population growth, these liabilities remain with the respective governments. In the last three decades, East Asian Developing countries demonstrated fabulous economic growth in terms of increasing their GNP per capita income by as much as: over 65 times for the Republic of Korea, 13 times for Thailand and about 10 times for Malaysia, while during the same period, Asian least developed countries and South Asian developing countries, managed a meagre increase of 2 to a little over 5 times. Obviously the attributing factors could be numerous, ranging from social to cultural, from economic policies to institution development, geographic location to opportune time. But the human capital investment in terms of health and education are the most important contributing factor, which in fact lays the foundation to create and sustain such rapid economic growth. It is the commitment and priority of a nation rather than other economic factors, alone that enabled East Asian developing countries, as compared to Asian Least developed countries and South Asian developing countries, to invest and build up their human capital base even though these nations find themselves in more or less similar socio-economic conditions. There is an important link between a healthy, educated human capital and the rapid economic development of a nation. The trailing Asian developing countries have to adopt similar policy options as the East Asian

developing countries did during the 1960s, that is to deeply commit and heavily invest in human capital development. Otherwise, there is no short cut alternative elsewhere, in terms of educating the masses of a nation and to create a broad human capital base. When the majority of the large number of people in a country are literate, even with a simple and basic education, as being able to read newspapers enough to examine the print media, this may be instrumental in educating and enlightening the masses, instilling in them a sense of responsibility to develop and discipline themselves. These are some of the essential prerequisites for a large organized production to run efficiently, and for the rapid economic growth. Through mass literacy, improved health status of workers and conducive investment friendly government policies, East Asian developing countries could achieve in furnishing those essential elements of rapid growth at the very early stages of their development. At the dawn of globalization in the early 1980s, East Asian developing countries were befittingly prepared to attract large sums of foreign direct investments (FDI), thus accomplishing rapid economic progress. On the contrary, their counterparts (Asian least developed countries and South Asian countries) during the same period unfortunately were neither tuned in terms of human capital investments at large, nor were their government investment policies sedulous enough to allure the foreign investors in sizeable quantities to trigger rapid economic growth.

The best recent macro level research suggests that from 1960 to 1995 about a fifth of economic growth was attributable to gains in mortality, and about a fifth to reductions in fertility. The proportion of the working age-group population continues to increase in many countries, particularly those at an earlier stage in the demographic transition. Many countries still have time to invest in order to profit from their opportunity, but investments are needed to be made before the opportunity is squandered. Female labour force participation also contributes to economic growth, particularly when it is appropriately compensated, and declining fertility is linked to increased employment for women. Indeed the rising level of women's education and increased demand for labour by a growing formal sector, raise the opportunity cost of high fertility. For countries entering the post-transition period, increased old age dependency might act as a hindrance on further development, if such a trend were not balanced by productivity gains. The evidence to date suggests that the young age dependency has a stronger effect on economic growth than does the old age dependency (Asian Development Bank, 1997), but it must be recognized that the projected pace and the level of population ageing are beyond the range of past experience. Hence there should be adequate provision of the necessary resources for old age support and strong intergenerational linkages to overcome any negative impact.

Distribution effects⁴¹

Long term demographic and economic data from 45 developing countries show that high fertility raises absolute levels of poverty by slowing economic growth, and by skewing the distribution of consumption against the poor. Fertility reduction through greater

acceptance of family planning counters both of these effects. Investments in improving reproductive health help to redress gender inequities, and dissolve barriers for women to social and economic participation. The positive redistribution effect comes from (a) the reduction of the requirement of higher outlays for basic needs and education (with lower savings and investments in child quality) of young dependents, and (b) the increased ability of poor households to increase their labour supply and savings. Women with fewer children are more able and often more willing to participate in remunerative work. They are also more likely to invest their added income in the health and education of their children. Societal impacts on consumption also help poor households as the increasing scarcity of labour raises wage rates, even for families whose own fertility does not decline and lowers demand for land. These consumption effects can add substantially to the gains from growth.



About half the estimated decline in poverty comes from increases in economic growth and half from the consumption side. Education shapes gender relations and a wide range of behaviours, related to family formation, enhancing women's choice and couple communication. The inverse association between female education and fertility is one of the most consistently documented research findings. Although women's education should be promoted primarily on human rights and social justice grounds, the linkages between education and gender equity, family well being enhanced reproductive health and fulfilments of fertility aspirations are strong, and deserve enough justification to warrant policy attention. A large body of research is already available to substantiate that the educational advancement of women is a powerful agent of social and family change. Social investments in the areas of women education, family planning and reproductive health would impart positive influences indirectly in the economic growth of the countries of the developing world.

Timing effects⁴¹

At different stages in the demographic transition these effects differ. At first, when mortality declines, particularly among infants and children, increased expenditure is needed to raise these young dependents and economic growth slows. As fertility declines and aggregate growth slows, economic growth increases. In the early stage of transition, the gap between poor and non-poor households may increase. As poorer families join in the transition (which has not yet happened in many societies, which are in mid-transition), poverty and inequality reduction effects increase.

The poorer the country and the higher its initial level of fertility, the greater the effect of declining fertility on a decline in absolute poverty. The beneficial effects increase as the demographic transition proceeds. The faster the fertility decline, the larger the potential benefits of the demographic transition, but the shorter the time period available to take advantage of them. The magnitude of demographic effects interacts with the condition of markets, governments and institutions. Where these institutions are weak, as in many pre-transition or early transition countries, the initial negative effects are magnified. The initial positive effects of fertility declines are likely to be reinforced where labour markets and school systems are working well, and parents are prepared to invest in their children's education. In these circumstances, favourable economic and social policies combined with access to reproductive health, can accelerate poverty reduction.

The exclusion of the poor⁴¹

While more people in a growing number of countries are becoming aware of the relative gains from smaller family size, and the importance of larger investments in children's health and education, the poor and underprivileged however, may not be receiving the information or support that will allow them to recognize this. As a result they do not realize the benefits derived from smaller families. Public economic policies may distort labour markets, leading members of poor households to expect higher returns from child labour than are realistic. Where women and girls are relatively disadvantaged in decision

making and resource allocation, they bear the higher costs of high fertility but are less likely to realize the immediate gains, hence they are generally not ready to challenge the conditions that restrict their reproductive health access.

Gender inequality presents one of the most pervasive examples of exclusion of the disadvantaged. Reducing gender inequality can accelerate economic growth and have a powerful impact on poverty alleviation.

Comparing East Asia and South Asia between 1960 and 1992, South Asia started with wider gender gaps in health and education and closed them more slowly. If the gender gaps had closed at the same rate in the two sub regions, South Asia would have increased its real per capita annual growth in gross domestic product (GDP) by 0.7 to 1.0 per cent.

Poverty and reproductive health access and use: differentials within countries and regions

Some of the widest gaps within countries, and between richer and poorer countries, are in the areas of reproductive health. The death of a mother in pregnancy or childbirth is hundreds of times more likely in the poorer country scenarios.

Woman's Lifetime Risk of Dying of Maternal Causes

COUNTRIES	RISK
Africa	One in 19
Asia	One in 132
Latin America	One in 188
More developed Countries	One in 2,976

(Source: 41)

This reflects the higher risks in childbirth and the larger number of births in poorer countries. Unwanted fertility is higher in poorer settings and amongst the poorest of the poor. There is less information on maternal morbidity but the differentials are likely to be similar, since the causes behind the conditions being lack of information, access, community and family support, finance, transport and provider quality are broadly the same.

Fertility levels and poverty ⁴¹

Achieved fertility is the resultant of preferences (demand) and the availability of means to realize reproductive choice. These combine to produce significant differences in outcomes. In the Asian countries, not all the wealthy groups have reached the low fertility levels. The wealthiest have reached fertility levels at or below replacement, while the poorest are higher (between 3.1 in Vietnam and 6.5 in the Philippines). Other countries are earlier in the transition. In Nepal, only the wealthiest had fewer than four children (2.9). In Pakistan, only the wealthiest had as few as four children, other groups of poorer women had between 4.9 and 5.1.

Family Planning

Family planning refers to practices that help individuals or couples to attain certain objectives: (i) To avoid unwanted births (ii) To bring about wanted births (iii) To regulate the intervals between pregnancies (iv) To control the time at which births occur in relation to the ages of the parent and (v) To determine the number of children in the family.

Family Planning prevalence and poverty

Higher the level of women's overall contraceptive use, lower the differential between women in the richest and the poorest societal groups. Once family planning use exceeds 40-45 per cent overall, the differences between wealth groups narrow considerably. Family planning acceptance becomes a social norm widely diffused throughout a society. Since 1970, developing countries with lower fertility and slower population growth have seen higher productivity, more savings and more productive investment. They have registered faster economic growth. Investments in health and education and gender equality are vital to this effect. Family planning programs and population assistance were responsible for almost one third of the global decline in fertility from 1972 to 1994. These social investments attack poverty directly and empower individuals, especially women. They enable choice. Given a real choice, poor people in developing countries have smaller families than their parents had. This downturn in fertility at the micro level translates within a generation into potential economic growth at the macro level, in the form of a large group of working age people supporting relatively fewer older and younger dependants. The past 50 years of demographic change in Asia and the Pacific is without historic parallel, altering the region's demographic landscape forever. The change has been accompanied by significant developments in the economic, social, cultural and political fabric of the countries in the region.

During the past 50 years, the Asia and Pacific region has witnessed the following developments ²⁰

- n Addition of 2.2 billion persons to the 1950 population of 1.4 billion, representing 60% of the total increase in world population
- n Decrease of 0.6% in the population growth rate
- n Reduction in infant mortality rate by almost two thirds, from 184 infant deaths to 68 per 1,000 live births
- n Increase in life expectancy at birth by 24 years
- n Decline in the total fertility rate by more than half, from around 6 children per woman to 2.7
- n Rising female age of marriage to over 20 years
- n Increasing concentration of population within urban areas, often in one prime city
- n The population of most countries have registered significant gains in real and disposable income, experienced massive reductions in poverty, improved their literacy and educational levels, and reduced gender disparities.
- n During this period, access to information has notably improved, and major changes have occurred in the political and planning contexts of most countries.

However, these developments have not been uniform across all countries and within countries. Consequently, at the beginning of the twenty-first century, the Asian Pacific region has become highly heterogeneous with regard to demographic, economic, socio-cultural and political conditions. For example, although mortality and fertility have declined in many parts of Asia and the Pacific, they remain high in some others. Even as income levels have risen in many countries, about one billion people in the region are estimated to live in poverty. While more and more people are able to read and write and pursue higher education, the rate of illiteracy is still considerable.

The rapid population growth can strain a country's capacity for handling a wide range of issues, related to economic, social, health and environmental significance, in the context of the existing level of poverty, lack of access to resources or unsustainable patterns of production and consumption.

The International Conference on Population and Development (ICPD) Program of Action encourages countries to take necessary steps to complete demographic transition, understanding that an imbalance between demographic rates and social, economic, environmental goals, together with unsustainable patterns of production and consumption have serious implications for sustainable development. In countries with high fertility, large young populations create major challenges for health services, education, and employment. As such it represents a leading indicator for future change.

THAILAND

The Land of Smiles⁶

Location: Prime land of South-east Asia
Boundary: West & North- Myanmar; East- (Upper) Laos; (Lower) Cambodia;
South-Malaysia
Capital City: Bangkok, centre of all major activities in the country
Land area: 514,000 square kilometres, divided into 4 regions: north, north-east,
central (including east), and south.
Annual Population Growth Rate (1999-2015 average): 1.0%
Population: 62,127,000 in July 2001
Rural Population: 50.42 millions

Infant Mortality Rate (2001) per 1,000 live births: 21.5
Maternal Mortality Ratio (2000) per 100,000 live births: 13.2
National Contraceptive Prevalence Rate (CPR): 72.2% (2001)
Coverage of four antenatal visits: 83.4% (1996)
Coverage of deliveries attended by health personnel or Trained Birth Attendants (TBAs)
94.5% (1999)
(Source: www.pacificbridgemedical.com)

Life expectancy at Birth: Males: 69.9 years; Females: 74.9 years
Per Capita GNI (GNP) (2002): US\$ 1836 Per Capita GDP (2002): US\$ 6,936
Source: www.economist.com

Public Health Expenditure per Capita (1998): US\$ 349
Public Health Expenditure as % of GNP in 1999: 1.0%
UNDP Human Development Index Ranking (2001): 66
Source: UNDP. Human Development Report 2001. Making New Technologies Work for
Human Development. New York, Oxford, Oxford University Press, 2001.
Religion: Buddhism, more than 90% of the population are Buddhist. This religion has
considerable influence in the Thai way of life, and in their way of thinking. Buddhist
temples have normally been the centre of all village activities.
Ethnicity: Thai-75%, Chinese-14%, Other-11 %
Language: Thai is the national language, with several regional dialects
Characteristic: Only nation in the region, which has never been colonized
Ruling System: Constitutional monarchy, king provides guidance and advice. Prime
Minister is the head of state.
Thai People: Very peace loving, polite, kind hearted, respectful to seniors
Economy: Developing country, based primarily on agriculture; 80% of labour force
engaged in primary agricultural production, like rice, rubber, maize, sugar, jute and
cassava. Other sections like Industry, Tourism etc, are also a result of a more balanced economy.
Education: Literacy Rate: 95.3%; The compulsory education program provided by the government,
covers twelve years of schooling, free of cost.

- n The utilization of paramedics in delivering clinical contraceptives
- n The expansion of in-service training for physicians, nurses and auxiliary midwives
- n The accelerated development of special maternity hospitals as institution for Family Planning
- n The provision of postpartum family planning services

NGO involvement in the scenario

Mr. Mechai Viravaidya was then a development economist in the evaluation division of the National Economic Development Board (NEDB), used to travel frequently throughout the country as field trips to fulfil his job assignment. Overpopulation with countless children was the common feature of the universal countryside scenario. He was moved by the sufferings of rural people from poverty, underdevelopment, corruption, and was motivated to find a solution for the enormous national burden created to provide house, food, clothing, and employment for the nation's populace. Two solutions cropped up in his mind, one was to increase productivity and the other was to slow down the population growth. He preferred the latter as it was more feasible.

He rightly identified that over population creates the greatest barrier to Thailand's development. To establish better co-ordination and communication between the common people and government infrastructure, he took the initiative to lay the foundations for the Community Based Family Planning Services (CBFPS) in 1974. It was an advocacy platform for the poor people, an experimenting ground for different innovative community based approaches, the tool for empowerment, pavilion for establishing the world's unique Family Planning model for the developing world. CBFPS worked in concert with the Royal Thai Government and all other indigenous organizations, NGOs, and institutions to provide countryside family planning services at the grass root level. In effect, CBFPS was an extension of and supplement to the existing rural health services in Thailand.

The NGO-Government partnership played a crucial role in fulfilling the common objectives in the process of development. The present illustration demonstrates the impact of the NGO-Government partnership in bringing about the reduction of growth rates as practiced in Thailand, so as to enhance the economic development of the country in the long run. By 1977, the activities of CBFPS had grown in scope, and to fulfil all its obligations, CBFPS was upgraded in the name of Population and Community Development Association (PDA) as an NGO in its full form, and till date, it is one of the biggest development NGOs in Thailand.

Impact

In 1987, the result from the determinant and consequence of Contraceptive Use Patterns (CUP) in Thailand indicated that 70.6 percent of women of reproductive age group for the whole kingdom was practicing some form of contraception. Furthermore, ESCAP demographic estimates for Asian and Pacific countries showed that 1.44 percent was the average annual growth rate of Thailand. This resulted in a drop in the rate of population growth from a peak of 3.2 percent in 1971 to around 1.44 percent by 1990, which demonstrated a dramatic decrease in world figure.

ILLUSTRATION OF CBFPS PROJECT

Principles

- n Individuals if given the chance, are capable of determining and fulfilling their own development needs.
- n Community participation is the most fundamental feature of its each and every activity.
- n By incorporating villagers' input into the need assessment, project design, implementation strategy and evaluation process, PDA programs are sensitive and appropriate to local conditions and customs.
- n The PDA's community development efforts are pivoted in an environment of mutual respect and trust, and thus become self-perpetuating.

The CBFPS project has been evaluated as being potentially able to accommodate the family planning demand, well beyond that reached by existing government and commercial endeavours.

Objectives

- n To explore the possibility of markedly expanding access to service and information about contraceptive methods
- n To create new and increased demand for family planning in the village level, and thus increase the number of couples practicing "safe sex" and using contraception, and therefore decrease the pregnancy rate
- n To become financially self-sufficient within four years

As the situation ripens, it evolves the unique leadership with extraordinary commitments as well as its innovative ways of expression

Strategy

Analyzing the existing situation of family planning services through the insufficient clinic based system, to ensure wider coverage and to make the family planning mission a success, Mr. Viravaidya realized the importance and urgency to reach the community at the grass root level, and to assist the village people to help themselves. The first and foremost step in the action plan was to put across the idea of family planning to the people (consensus in public mind). Mechai fully utilized his resourcefulness in this initiative. Apart from writing a host of articles in the local print media, emphasizing the need for family planning in Thailand, Mechai, together with his colleagues, exploited every available opportunity in public gatherings (as an interviewer, writer and columnist) to raise family planning issues. Reaction to the family planning ideas were varied, but the efforts were satisfactory in that there were favorable responses from both private and public sectors. Mr. Mechai commented, "If you can get people to laugh with you on the topic of family planning, part of the battle is over". To motivate people further, he resorted to the quotes from the

Buddhist scriptures, "Many children will make you poor". The limited effectiveness of clinic-based family planning programs undertaken in developing countries became evident. Ineffectiveness was due basically to the shortage of qualified personnel who could distribute oral contraceptives. Community based distribution approach (CBD) was created as an alternative to the existing clinic based distribution system.

Feasibility Study

Mr. Mechai's first experiment with the community-based approach was conducted from July to November 1973. The result was encouraging in a sense that the community under test seemed to respond satisfactorily to improved availability of family planning services. A feasibility study project for further testing the concept was launched in the north-eastern and eastern part of Thailand and Laos from December 1973 to February 1974, to determine further the viability and practicability of the community based approach of contraceptive distribution. Concurrently, he also launched a pre-testing of the project at the village level in a number of villages in Banglamung district, 142 kms east of Bangkok.

Fund mobilization & approval of the Government for the Project

With the approved fund from International Planned Parenthood Federation (IPPF), the Community-Based Family Planning Services (CBFPS) project proposal was presented in the NFPCC meeting to explain to the committee the rationality of the project. After the explanations and a subsequent favourable vote, the project received the full authorization of NFPCC for implementation on 20th May, 1974. The Community-Based Family Planning Services (CBFPS) was accordingly set up.

Key components for the effective accomplishments of the objectives

- n Systematic utilization of community personnel and resources through careful identification, selection, training, distribution, motivation and supervision
- n Geographical convenience on information, communication and availability of contraceptives within the community
- n Cultural acceptability of seeking and receiving advice from a resident member of one's own community
- n Reduction in the time and cost of acquiring contraceptives through the existing services
- n Greater appreciation of the value of contraceptives by acquiring them at bearable price, and hence ensuring increased usage than by receiving them at free of cost
- n Sale of contraceptives at reduced price simply to cover the project's operating costs

Program Approaches

The implementation of the CBFPS project was planned for three program approaches:

Village Program (VP)

Public Institution Program (IP)

Private Sector Program (PP)

The Implementation of Village Program (VP)

The implementation of village program (VP) had been carried out continuously in every region of Thailand since its inception in 1974. By the end of 1978, the total number of districts covered by village program reached 158, approximately one third of the total districts in Thailand.

Selection of area

The district for CBFPS operation was selected either at the request of local government officials, ranging from district health officers to provincial governors or independently determined by CBFPS staff. After a number of districts being carefully identified, they were to be approved by a steering committee, comprising representation from the Ministry of Public Health (MOPH) and CBFPS.

Following the approval, the MOPH under-secretary would send a transmittal letter to all provincial health officers concerned, requesting co-operation with CBFPS for program implementation. On the other hand, CBFPS would send another letter informing the provincial governors of the program operations to ensure good co-ordination, and full co-operation from all concerned local government officials. A formal contact was made with local officials to utilize the existing bureaucratic channels, so as to solicit the due recognition of the program.

The number of districts, villages, and size of population served by Village Program

YEAR	DISTRICT	VILLAGE	POPULATION	DISTRIBUTOR
1974	23	2,586	2,029,834	1,462
1975	25	3,049	2,460,087	1,857
1976	21	2,194	1,959,686	1,331
1977	48	4,586	3,949,232	3,200
1978	41	3,872	3,321,796	2,996
TOTAL	158	16,287	13,720,635	10,845

(Source: PDA, Research & Evaluation Division)

The program operation in the selected districts was carried out through a series of steps. These were: preliminary contact, development, training, motivation, distribution, supervision, retraining and monitoring.

Preliminary contact

This initial step was intended to establish preliminary contacts with local officials to clarify the program's objectives, and to explain how it would benefit the community. These local officials were the governor, provincial health officer, other MOPH provincial officials, district chief of officer, and district health officer. Particularly the staff of CBFPS used to conduct a monthly meeting with the sub-district chiefs and village heads, so as

to introduce the program to these community leaders and to establish a networking within the community. During this period, an advertisement for the recruitment of district supervisor was also placed. A district supervisor was a permanent, salaried staff member of CBFPS. His qualifying criteria included ten years of schooling, being a district resident, owning a motorcycle, well-informed about all sub-district locations, and having a guarantor. His salary ranged from US\$ 40-65 per month.

Development

The activities undertaken in this step comprised of recruitment of the district supervisor, selection of appropriate distributors through personal interviews, observation of distributors' residences, collection of all relevant statistics about the district, preparation of training schedules, other administrative requirements and co-ordination with local officials concerned for the planned training session. A village distributor was selected from a village of 500-1500 population, whereas a district supervisor was employed to supervise and attend to the needs and functions of the distributors in each district containing an average population of 70,000.

The distributor should satisfy the following criteria

- n Having leadership qualities, trustworthy, well-known in the village
- n Having a working career and should be a village resident
- n Having one of the following careers: shopkeeper or grocer, sub-district medical practitioner, traditional practitioner, traditional midwife, school teacher
- n Interested in and willing to work for the community
- n A male or female 25-40 years of age
- n Reside in the centre of the village area to facilitate contacts with the clientele
- n Literate
- n Having no financially adverse record
- n Ability to treat village people with confidence, and to deal with their private matters with confidentiality

Training

The training program was designed specifically for selected distributors. Generally this one day training session used to bring together several key local government officials with a view to having approval from government's office for the CBFPS program. These normally included the Provincial Health Officer, Chief District Officer, Medical Officer of the district Hospital, District Health Officer, Auxiliary Midwives, Sanitarians of various Government Health Centers within the district. The training input, which was delivered through lectures by the key staff of the CBFPS, and the Medical officers, covered the issues of basic reproductive system, family planning methods and their misconceptions, simple screening checklist, contraindications, remedy, record keeping and motivation for family planning services.

In addition to lectures, which were delivered in very simple terms, the other media utilized for training purposes were videos with films, easy reading messages, pictures and articles posted and exhibited in the auditorium. At the end of the training session, distributors used to bring home 18 cycles of pills, two dozen condoms on consignment, a plastic record-keeping binder with family planning IEC materials, referral forms and a colourful aluminium depot sign. An equivalent volume of consignment stock was also provided to the District Health Officer, who would be responsible for stock control and in some occasional cases cash collection.

Motivation

The distributors were responsible for carrying out the motivational activities within their respective villages. Aside from putting up depot signs, inviting buyers of contraceptives at his house, a distributor also sought the cooperation of school teachers to teach family planning songs to school children. He would also use a word-of-mouth approach in recruiting close friends as acceptors, before extending his efforts to other people in the village. Attempt was also made by distributors to ensure, that false rumours were countered by correct conceptions. Follow-up of acceptors was another major responsibility of the distributor.

In addition to the training and education, aimed at the distributors, the program also disseminated family planning information, directly to the village clientele. This was regarded as the external motivational inputs, provided by CBFPS, but only during the second twelve months of distribution. The first twelve months of motivation and distribution to the village clientele was left entirely to the responsibility of the village distributor. These external motivational inputs included : film shows, prizes for lucky acceptors, village posters, conduction of family planning activities in the local temple festivals, and the distribution of promotional items, such as T-shirts, posters, stickers and booklets.



Distribution

The distribution activities started simultaneously with the distributors' motivational activities within the village. The distributor was provided with a simple checklist and guidelines to enable him to observe if prospective users had indications of any recent illness, varicose veins, and yellow eyes. In case of uncertainty, the prospective user was requested to visit the local midwife for physical examination, and if necessary, to be referred to the government doctor in town who was responsible for medical supervision. As part of his motivational activities, the distributor was supposed to enhance the confidence of users who had experienced some discomforts, during earlier use. Two brands of pills were distributed by the distributor, namely Norinyl and Eugynon for US\$ 0.25 and US\$ 0.45 per cycle respectively. Condoms were also sold for US\$0.60 per dozen. Five cents from each cycle of pills or from each dozen of condoms sold was earned by the distributor. The distributor, who referred users for IUD insertion or sterilization to the local doctor, was given a prize of two free cycles of pills, and the Government Health Center was awarded US\$0.50 for each case of clinical contraception service. Apart from the responsibility for the distribution, the distributor had to maintain certain records, such as the name and address of buyers, the number of cycles corresponding to the month of use, and the number of regular users and dropouts for each month.



Supervision and Retraining

At the distribution phase, three levels of supervision activities were undertaken. At least once a month, a district supervisor was required to visit, replenish the stock, collect earnings and records from distributors, and help the distributor with any questions or difficulties which might have arisen during the previous month. Some of these questions might be referred further to the local doctor. At the second level of supervision, a field

visit was made every three to six months by a CBFPS central field operation staff who had a number of districts (six on average) under his domain. During the period of about five days, the field staff was responsible for making random checks on the activities of the district supervisor and the village distributors. The findings were directly reported to the operation division manager in Bangkok for further discussions and improvements. The third level of supervision referred to administrative supervision that was the responsibility of the district health officer. These supervision activities basically included issuance of contraceptive stock, observation of the district supervisors' performance, providing general consultations and in certain cases control over collection of earnings from distribution, especially in certain remote areas.

Retraining of the village distributors was supposed to be conducted six to eight months after first training. The objectives of this one day training session were primarily to keep the distributors informed of the progress of VP operations and activities, to provide an in-depth training on family planning concepts and practices, as well as to encourage fruitful discussions with them on problems met, and ways and means to resolve them. At the end of this training, a certification from MOPH was conferred on each distributor.

Monitoring

The Field Supervisor, who was responsible for supervision and coordination with village distributors in his district, would submit data and information to the concerned monitoring and information unit. The primary data for these reports were supplied through the careful records of the village distributors and collected monthly by district supervisors. The number of contraceptive acceptors by type was reported along with the number of cycles distributed. The acceptors were specified by brand, new and continuing acceptor, drop-out users were also reported. The feedback system was operative based on the analysis of those data.

The Public Institution Program (IP)

The program operations were comprised of the activities implemented in several organizations including the teachers council medical center, industrial organizations, communicable disease control department, the military establishments, the national housing authority and the taxi cooperatives. The stages in launching IP in these organizations involved basically the same process as that of VP. The only distinctive feature of IP was that the external motivational inputs were provided by CBFPS directly to the potential acceptors from the beginning of distribution activities. The distributors from several different areas were trained together by CBFPS staff. IP had been launched in connection with the teachers council medical center since 1974, and directed to the school teachers from all over the country who came to Bangkok for their summer refresher course. They were targeted as acceptors and distributors. The motivational activities had been conducted for 210,000 school teachers and 3600 of them were selected to be village distributors. The family planning program for industrial organization was implemented in close cooperation with the labour department since 1975. After three years of

operations, one factory employee from each of 407 industrial organizations was trained to be distributor for family planning services. Integration of family planning services with the malaria control program was initiated in 1976. Some military personnel were trained to be motivators, and to disseminate family planning information and practices in certain remote areas of 36 provinces. Otherwise the family planning services in these remote areas were rendered by other government units. The initiatives were taken to motivate, provide consultations, and provide services on family planning to residents in lower income housing projects. By the end of 1990, 680 building units were covered by the project with the cooperation of the national housing authority. Through several leagues of Taxi-driver cooperatives, a number of taxi-driver families were motivated to become acceptors and were recruited as distributors.

Private Sector Program (PP)

The Private sector program (PP) operations with its emphasis on condoms and family planning promotional items covered four distinct activities, such as 1) The Mail Order Services 2) The Family planning supermarkets and sterilization services, 3) The retail condom distribution and 4) The distribution of promotional commodities.

The main objectives of this program were to improve peoples' attitude towards condom and to increase male participation in family planning.

The great revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds can change the outer aspects of their lives

William James (1842-1910) American psychologist and philosopher

1) The mail order service was started in December 1974 for condom distribution. This service was intended to promote condom use at wider scale among different section of population with convenience. The mail order system enclosed a sample condom, very easy to mail.

2) In 1976, three family planning supermarkets were set up at three major provincial bus terminals in the Bangkok metropolis. Approximately 500,000 passengers pass through these terminals every day. The objectives of establishing these supermarkets were to disseminate family planning information, to sell promotional items, and to act as referral points for interested persons, who want to obtain IUD or sterilization services. Presently those supermarkets are diversified to be community clinics for providing IUD and sterilization services as well as family planning consultations.

3) The retail condom distribution might be regarded as the only sales-oriented activity of the project. Donated condoms were repackaged locally to give a better appearance and to increase its marketability in the local condom market. It was sold under the brand name of Mechai. A sales team of personnel was solely allotted with the sales of condoms through retail dealers all over the country. Despite the product constraint, where quality was beyond control, the condoms distributed obtained a reasonable extent of market acceptance. The average sales volume reached 36,000 dozen per month. These direct sales in the local condom market significantly contributed to the local fund-raising efforts of CBFPS.

4) The distribution of promotional items was initiated in 1974. These inexpensive commodities included T-shirts, under-wears, socks, pens, oral pills as safety period cycles and handkerchiefs. Family planning information and slogans were printed on the products to help spread family planning ideas, and to desensitize family planning practice. Significant income was also generated from these selling efforts.

Research and monitoring activities

Research and monitoring activities were conducted primarily by the CBFPS staff with close co-operation from several institutions. These include the Ministry Of Public Health, National Economic and Social Development Board, National Statistical Office, Army Survey Department and Mahidol University, a local medical educational institution. Accomplished local statisticians were involved as consultants in the preparation of sample surveys, statistics and data processing. Detailed monthly and quarterly reports were prepared, categorized by program and geographical area. Incorporated in these reports were data on the number and category of pill customers, the number of pill cycles distributed by brand, the number of condom pieces distributed, the number of referrals by reason, amount of cash received and the level of stock. These data were collected regularly from village distributors and monthly by field supervisor. Three major independent surveys on a continuous, year round basis were conducted in the village program.

- 1) Household impact and effectiveness survey: to determine the characteristics and changes in knowledge, attitude and practice on family planning of the population in the sample village
- 2) Customer survey: to determine the impact of ongoing family planning services on the practice, and behaviour among family planning acceptors
- 3) Distributor behaviour survey: to determine the knowledge, behaviour, and performance of the village distributor, besides certain small scale researches and studies were also undertaken, for example, survey on retail distribution of condom, attitude of participants in the teachers' program

Expanded objectives of CBFPS

After a few years of operations, the primary objective of the CBFPS was expanded to encompass wider areas. In order to provide a subsidized market, Information, Education and Communication (IEC), a distribution system has been designed as a base, from which participation in the national family planning program could be effectively made. To ensure that, the activities of family planning services were perceived as a self-help program, which provided the basis for effecting a broader development orientation at the village level. To develop CBFPS as a training center, where communication and exchange of ideas, experiences and attitude towards demography in general and family planning services in particular could be made, and the concepts of community development could be effectively nurtured by interactions with interested people from within and outside Thailand.

To Cope with the Issue of Unwanted Pregnancies

Thailand's law was ambivalent on the issue of abortion. According to Thai penal code, it was illegal and subject to imprisonment, or a fine, or both. It was considered legal with no offence in very special situations, such as those involving health hazards, sexual assault, underage pregnancies or abduction. In fact, during the 1970s, the facility for safe sterile abortion was unavailable to the overwhelming majority of Thai women, seeking the termination of unwanted pregnancy. An authoritative study, published by the Population Council of New York, stated that nearly 310,000 induced abortions took place in 1978, a rate of 37 abortions for every 1000 Thai women, aged between 15-44. The primary cause of this significant number of abortions was attributed to the ignorance about contraception, its availability and contraceptive failure. The data collected from Siriraj Hospital during the early 1970s suggested, that women suffering from uterine infection and bleeding, along with complications of septic abortions performed by unqualified practitioners, filled 25% of beds in the Siriraj hospital's Obstetrics / Gynaecology ward. Death from these complications was not uncommon. Since abortion was not a legal process to terminate pregnancy, women had to go to the traditional abortionists as the only and last resort. The methods employed by traditional abortionists would be considered barbaric anywhere in the world. This caused lot of complications, often very severe ones, even deaths. Only patients with complications could attend hospitals. Despite the massive costs the medical system incurred to treat the complications of septic abortion, the women

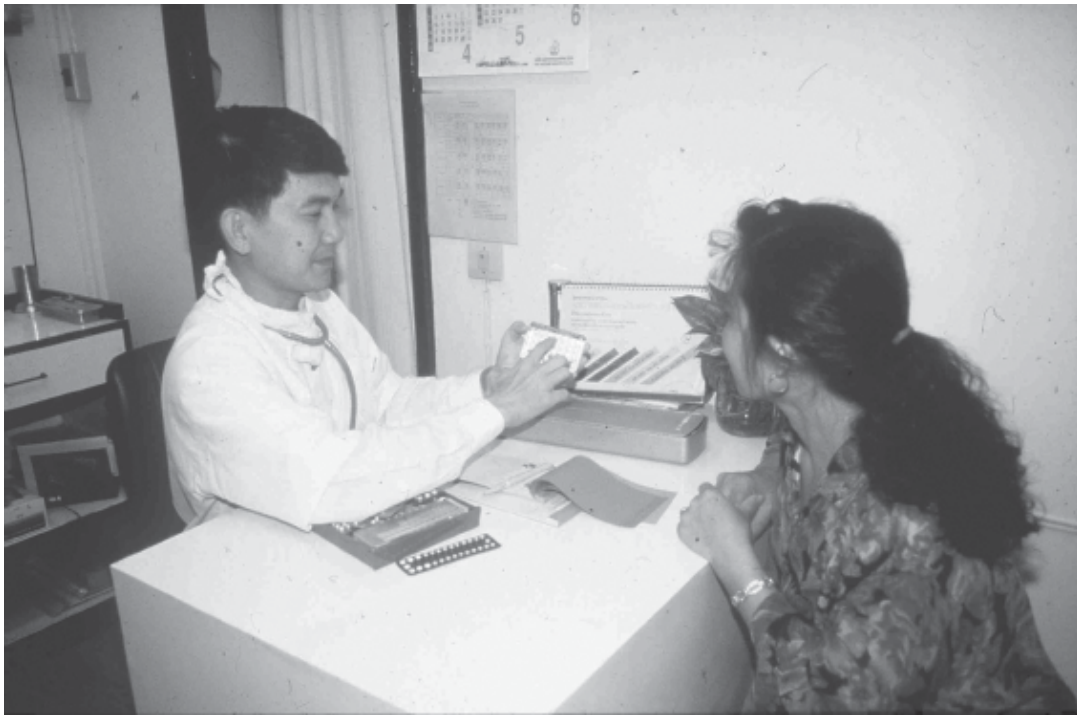
were still dying, because they had no choice to bypass quacks and traditional abortionists in case of unwanted pregnancies. Massage abortion was the most common technique, using the heel of their feet, causing intense pain, sometimes over several visits. In some occasions they would kneel on the uterus, and even jump up and down until bleeding ensued. At times, bamboo sticks or coat hangers were inserted into the uterus, chemical and herbal abortifacients were taken orally to induce abortion. Thailand experienced a rapid fertility decline from a TFR of 6-7 down to 2-3 during the 1970s, women on an average had two abortions within reproductive age limit. As family planning became more popular, couples decided to space births or limit child bearing, more pregnancies were unwanted. For the women who belonged to the common middle class population with limited financial resources, the traditional abortionists were their only recourse. This was the burning issue for the women, and Mr. Mechai's organization could not shrug off responsibility to address this problem and sort out a solution. The NGO faced two significant problems regarding the fruitful solution, one was regarding its legal aspect, how to legalize the issue, and the second one was with finance, from where to mobilize the funds in order to address the issue.

World Health Organization defined "Health" in its declaration of "Health for all by 2000 AD" as "It is not only the absence of disease but a complete state of physical and the emotional well being". Hence the unwanted pregnancy is detrimental to women's mental health. Thailand being a member of WHO, therefore the legal aspect of abortion was guarded by this definition.

One million baht loan was organized from an organization called International Pregnancy Advisory Services (IPAS) to set up multi-purpose clinic. The clinic opened on July 1975, as a separate legal entity from CBFP. Physicians from Ministry Of Public Health, Bangkok Municipality and the Teacher's Medical Council worked part-time at the clinic. Mechai's mother, Dr. Ella worked there as a volunteer.

Pregnancy termination procedures were performed by specialists, using strict protocols for safety and sterility. The clinic had a protective policy, which covered any procedure performed there must be within legal and safety limits. Couples were thoroughly counseled and had to give consent willingly for the procedure. Couples were motivated to use subsequently, the safe and effective contraceptives, and the clinic was liable to all medical and financial responsibility related to any complication from the procedure, conducted in the clinic. Women seeking assistance for unwanted pregnancies secured a safe and legal alternative to quacks and traditional abortionists. They had a choice.

Counseling was a vital component of the clinic's service. Both the couples were encouraged to attend the session together, to make them understand the ramification of the procedure, its potential consequences and the difficult situation was for both the partners and not for the woman alone.



The preventable aspect of unwanted pregnancy by the proper use of contraception was emphatically discussed with the couples. If the pregnancy had gone beyond the first trimester, the clinic staff would counsel couples to deal with a full-term birth. Sometimes they were referred for adoption, or intervened with girl's father, and in some occasion, the NGO would find them a job.

To repay the IPAS loan, a nominal fee was charged for all medical procedures as donation. However the NGO never wanted the fee to discourage women from seeking care. This was absolutely negotiable according to the financial capacity of the clients. In some circumstances, even the taxi fare was paid by the NGO to the clients, to go back home, who even could not pay for the procedure, done.

The clinic was well managed and it was a great achievement for the NGO initiative. It provided an essential service, for which, there was a great demand. The service provided was of high quality, at an affordable price, unlike what was available in the past. The timing was in favour of this endeavour, as the legal issue was most tactfully taken care of, and the clinic was never publicized or broadcast intentionally, to quietly respond to the most demanding need of the women, while being careful not to offend sensibilities. Indeed from the horrific realm of the quacks, this initiative had raised abortion into a service of kindness, compassion and generosity for women in trouble.

Thereafter in 1982, a new clinic was opened in Chiang Rai, the first in Thailand's provinces. In 1985, two more clinics were opened in Bangkok, but closed later. In 1987, one more clinic was opened in Chiang Mai, followed by another in Nakhon Ratchasima in 1989. In December 2002, the latest clinic was opened in Phitsanuloke.

Several exceptional achievements accomplished through this endeavor

- 1) The most significant was to provide safe alternatives for women with unwanted pregnancy, who had no choice, thereby eliminating medical exploitation with serious health hazards.
- 2) The practice in clinic demonstrated to other practitioners that the safe abortion could be provided at an affordable price, and still be economically viable.
- 3) Instead of focusing on expanding the clinic in other areas, the NGO got others to open clinics, where termination of pregnancy would be conducted. This approach helped to expand the services around the country.
- 4) The training to perform the pregnancy termination procedures was provided to many physicians and necessary equipments were brought to Thailand from abroad for their use.
- 5) It was of immense importance that the NGO provided an affordable alternative for poor people, seeking pregnancy termination, something, never available to them before.

It should be noted that, the clinic was set up, first and foremost to provide a desperately needed service for women in need. It was not done to make money, but only to generate enough revenue to repay the IPAS loan and make the clinic self-sufficient. The physicians were paid on an hourly basis, rather than by procedure. Any surplus was used as a reserve for clinic expansion or some other humanitarian cause. Some was used either for scholarship, or low interest loans to farmers, and sometimes to maintain family planning studies.

For the great contribution to population control and family planning, Mechai received the UN Population Award, and he commented on his acceptance speech:

"I am especially proud that I was able to help unfortunate women to terminate unwanted pregnancies. In doing this, I am supported by my wife and my daughter. It has given women a real choice"

This reflects the respectful attitude of the NGO on their remarkable service for women.

The formation of PDA and PDC

To accommodate greater organizational flexibility and to deliver multifaceted activities, the Population and Community Development Association (PDA) was formed in 1976 as an umbrella non-profit organization. CBFPS was one agency within PDA.

In 1977, the Population and Development Company (PDC) was formed as a private, for-profit company, independent of PDA. It deals with the for-profit enterprises, meant for the fund raising of PDA, like clinics, restaurant, gift shop and other sources. PDC could only use its profits for humanitarian, development oriented purposes, as dictated in its charter. Till date, PDC remains the only profit-making entity in Thailand with this clause.

Additional developments to cope with the scaling up of the program

Since the establishment of CBFPS in May 1974, a number of changes took place to achieve more effective and efficient implementation of the project. Significant measures were devised in strengthening existing program operations, extending program area coverage, broadening program operations toward a more development oriented approach, systematizing research and evaluation methodology, streamlining organization structure, administrative policies and procedures. The program was extended to include The Integrated Family Planning and Parasite Control Program and the Integrated Family Planning Health and Hygiene Program.

Integrated Family Planning and Parasite Control Program (FPPC)

The primary objectives of the Integrated Family Planning and Parasite Control Program (FPPC) were to disseminate knowledge and information and to provide services on parasite control to village people through the existing village distribution network and to urban residents in several private and public institutions. The program was initiated in the middle of 1976, in response to the result of a survey findings from the Department of Communicable Disease Control, MOPH, showing that approximately 60% of Thailand's population were infested with parasites. The implementation of this program has been made by CBFPS, in association with MOPH, Mahidol University, The Teacher's Council Medical Center and the Bangkok Metropolis Administration. The funding of FPPC was granted by the Japanese Organization for International Cooperation in Family Planning (JOICFP).

The two main components of this program were the rural and urban activities. Program implementation in the rural areas was carried out through family planning village distributors and headmasters, who acted as motivators. Stool examinations and drugs for parasite treatment were provided by CBFPS, with the co-operation of MOPH. The urban program was directed towards schools, factories, slums, and other institutions. The program activities focused on dissemination of parasite control information, providing medication to people as well as educating them on family planning, health and hygiene.

By the end of 1977, five districts were covered by this integrated pilot program. Stool examinations were conducted for 13,683 people, and 10,020 of them were treated with medicines. For urban residents, stool examinations of 9,822 students in 108 schools were made. Anti-helminthic medicines were given to approximately 64% of the total infested cases. Implementation of the program also covered 253 factories. The expanded service provided physical and dental examinations, blood and urine tests, chest X-ray.

The Integrated Family Planning, Health and Hygiene Program (FPHH)

Primarily the FPHH was launched during the middle of 1977 to improve the condition of the health and hygiene of the rural communities through integration of family planning activities. Household drugs were provided in the contraceptive distribution of the village program. Training of village distributors under FPHH was conducted in a two-way session, a full day's session on the topic of health and hygiene in addition to the orientation on family planning knowledge and practice.

Besides the provision of family planning services, FPHH set the following program objectives:

1. To explore the relative cost effectiveness of alternative delivery systems:
 - i) With or without free introductory supplies of contraceptives
 - ii) With and or without the free addition of household drugs
2. To compare the quasi-commercial self-sufficiency of the above variations
3. To obtain the data on the contraceptive acceptors, the period prevalence of not being pregnant and the pregnancy rates

FPHH was partially funded by the United States Agency for International Development (USAID), in conjunction with MOPH and The Faculty of Public Health, Mahidol University, and it continued for a period of 4 years. These two projects however, expanded the functions of CBFPS and its community distribution network, and still exist, but rather narrowly focused on family planning and very limited aspects of health care. This somewhat marks advancement from the single-purpose approach to integrated multi-sectoral community-based services with developmental orientation. Presently, this has been accepted as a national policy and deserves implementation on a larger scale. Undoubtedly, the two CBFPS experiments generated valuable experiences in the functioning of a community-based integrated primary health care and family planning program.

Genesis of CBIRD

As a continuum of CBFPS activities under the umbrella of PDA, enriched with the practical experiences from the community development and health promotion activities, the concept of the Community-Based Integrated Rural Development (CBIRD) project was germinated. An ambitious and qualitatively different approach from the previous

efforts, have been made by CBFPS, to move toward a more development oriented program in order to improve rural family lives, to bring about economic development in the rural environment by empowering rural people through their active participation in the programs of community-based Integrated Rural Development (CBIRD).

Overall impact and effectiveness

The rapid growth of CBFPS operations within four years from 23 operational districts in 1974 to 158 districts, covering almost one-third of the total number of districts in the country, is by itself an indication of a positive contribution to the resolution of Thailand's population problem. The extent, to which the services provided have exerted significant influence over the actual birth rate of the population, and the acceptor's attitude on family planning as well as other relevant aspects, will further determine the real impact and the effectiveness of the program. Thailand experienced one of the most dramatic and rapid declines in fertility ever recorded. By 1981, Thailand's Total Fertility Rate (TFR) had fallen to 3.9 from its peak of 7.4 in the 1960s. Its Crude Birth Rate (CBR) of 46.6 live births per 1000 population had fallen to 28.6 by 1984. The Population Growth Rate had plummeted from the 3.3% in 1960 to 2% by 1980 and 1.6% by 1984. The most impressive phenomenon was that 65% of Thailand's eligible couples were practicing some form of contraception by 1984, up from 3% since the 1960s. With the support from the MOPH, PDA being an NGO contributed an important role in the success of the FP program in Thailand. In honour of its outstanding work, PDA was awarded the title of "Organization with Outstanding Accomplishments in the Support of Fundamental Public Health Programs" on the occasion of the 50th Anniversary Celebration of the World Health Organization in November 1998. Since the mainstay of the CBFPS was the village program, the primary emphasis was given particularly to this program, although the effect of the other supplementary programs was also highlighted.

1. Implementation of CBFPS's programs was carried out within the context of the National Family Planning Program (NFPP) of the MOPH in an attempt to improve the rural family lives. Throughout the period of program implementation, CBFPS steadily increased its share in recruiting new family planning acceptors for the NFPP since its inception in 1974. effectiveness of the program. Thailand experienced one of the most dramatic and rapid declines in fertility ever recorded. By 1981, Thailand's Total Fertility Rate (TFR) had fallen to 3.9 from its peak of 7.4 in the 1960s. Its Crude Birth Rate (CBR) of 46.6 live births per 1000 population had fallen to 28.6 by 1984. The Population Growth Rate had plummeted from the 3.3% in 1960 to 2% by 1980 and 1.6% by 1984. The most impressive phenomenon was that 65% of Thailand's eligible couples were practicing some form of contraception by 1984, up from 3% since the 1960s. With the support from the MOPH, PDA being an NGO contributed an important role in the success of the FP program in Thailand. In honour of its outstanding work, PDA was awarded the title of "Organization with Outstanding Accomplishments in the Support of Fundamental Public Health Programs" on the occasion of the 50th Anniversary Celebration of the World Health Organization in November 1998. Since the mainstay of the CBFPS was the village

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Number of New Acceptors* recruited by MOPH and Non-MOPH Agencies (1974-1976)

Agencies	1976		1975		1974	
	Number (No)	(%)	Number (No)	(%)	Number (No)	(%)
M O P H	504,439	80.5	433,165	81.0	411,897	83.3
CBFPS	65,498	10.4	43,123	8.1	22,689	4.6
Other	57,312	9.1	58,735	10.9	59,893	12.1
Total	627,239	100.0	535,023	100.0	494,479	100.0

* Acceptors of IUD, Pill, Sterilization and injectable methods.

(Source: PDA, Research & Evaluation Division)

From a mere 4.6% of total new acceptors in 1974, CBFPS was able to double its percentage share two years later, and contributed more than the combined contribution of all other private and voluntary organizations. However, if we consider only the number of pill acceptors, the share had even reached 17.4 percent in 1976 as shown below. It should also be noted that this impact of CBFPS' s efforts reached both rural and urban populations, whereas MOPH had concentrated primarily on rural communities.

Number of New Pill Acceptors Recruited by CBFPS and Non-CBFPS Agencies

Agencies	1976		1975		1974	
	Number (No)	(%)	Number (No)	(%)	Number (No)	(%)
Non-CBFPS	311,209	82.6	311,994	87.5	282,555	92.6
CBFPS	65,498	17.4	43,123	12.5	22,689	7.4
Total	376,707	100.0	355,117	100.0	315,244	100.0

(Source: PDA, Research & Evaluation Division)

Region-wise increase in Acceptors of Contraception

REGION	% INCREASE IN No. OF ACCEPTORS
North	10.8
North-east	58.3
Central	16.4
South	61.3
Average	36.7

(Source: PDA, Research & Evaluation Division)

5. Among the sources of family planning service in the villages, CBFPS' s distributors captured a significant share from the government units and the other private sources, although the government units still had a major share. The percentage shares of these sources shown here were determined by CBFPS sample surveys in 1974, 1975 and 1976.

Source-wise distribution of Family Planning Services

Sources of FP services	Percentage Share 1974	Percentage Share 1975	Percentage Share 1976
Government Unit	79.4	49.4	57.5
Village Distributors (CBFPS)	—	26.7	25.1
Other Private Sources	20.6	17.9	12.9
Not require FP services	—	6.0	4.5
TOTAL	100.0	100.0	100.0

(Source: PDA, Research & Evaluation Division)

The 1.6 and 5 percent decrease of the village distributor and the other private sources respectively, were primarily due to the free contraceptives distributed by MOPH through its rural health network.

6. Despite an impressive increase in the cumulative number of pill acceptors, there were also a large number of dropouts. The different reasons for discontinuity, as clarified by village distributors were as follows:

- i Switching to another source of family planning services
- ii Change of FP method from oral contraceptive to sterilization, IUD, or injectable
- iii Being pregnant either because wanting more children or forgetting to take pills

- iv. Husband not residing for the time being
- v. Being over reproductive age
- vi. Having serious, negative side effects after taking pills
- vii. Hearing false rumours about family planning, like "family planning was a communist plan to curb the size of the Thai population"

Exact statistics on the number of drop outs as well as their associated reasons have not yet been available.

7. CBFPS' s programs could be regarded as adequate in reaching the poor. The areas covered, extend to all regions of Thailand. Based on a survey, about 70% of the population covered were farmers. Approximately 10 to 14 percent were labourers and only fewer than 5 percent were business people or government employees. Only 10 percent of the population covered possessed their own land, but lived in poorly constructed homes with only one bedroom. The family planning services provided by CBFPS were mostly oriented towards the poorer section of the population in Thailand.

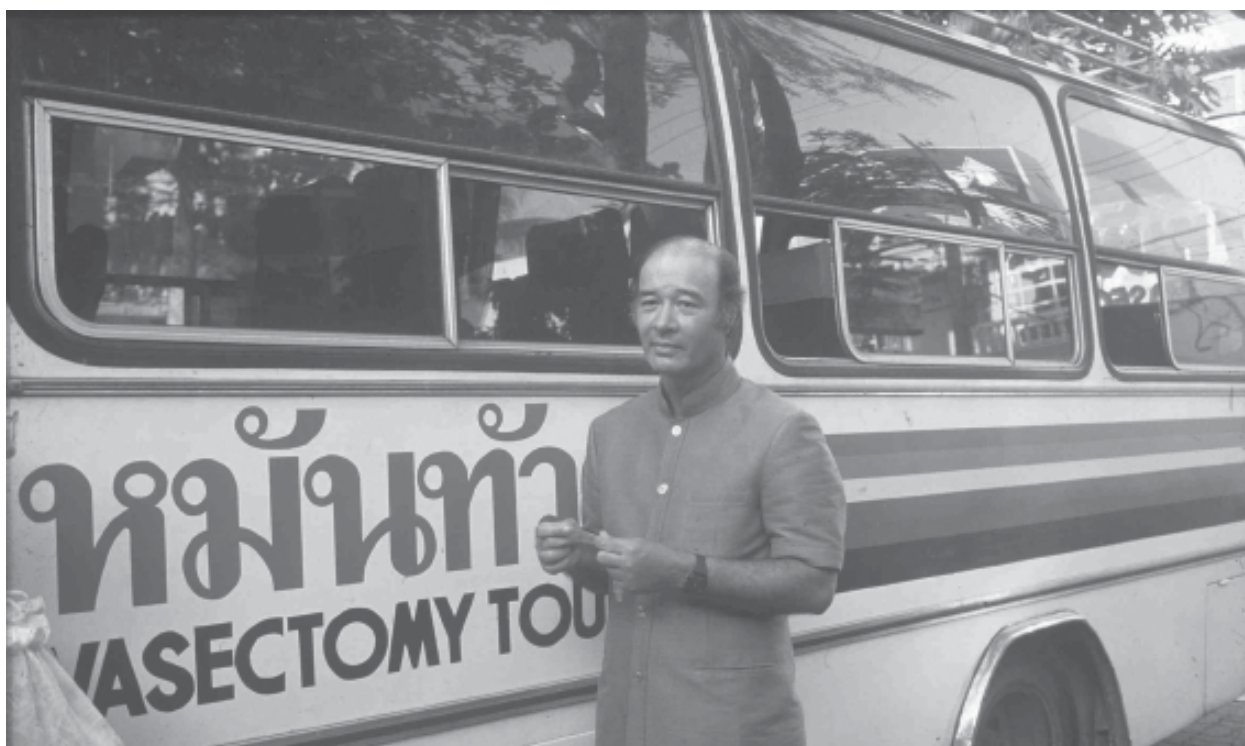
8. The proper utilization of IEC (Information, Education and Communication) activities to enhance the impact and effectiveness of the community-based program has been adequately made by CBFPS. These include distribution of family Planning materials, production of wall news bulletins to be exhibited by distributors, using audiovisual vans to show entertaining films during the conduction of family planning services by the local distributors. A host of publicity stunts were used to convey messages as well as to desensitize and popularize the family planning practices among the village audience. Among them were the involvement of monks to bless the contraceptives, to show their religious support, the condom blowing contest, teaching children to sing the family planning songs by school teachers, and renting out water buffaloes for ploughing at a cheaper price for those who practice family planning.

9. CBFPS made a significant contribution to the promotion of condoms and vasectomies among the male acceptors in Thailand. This had been carried out primarily through the private sector program and public institution program. There was a great deal of IEC elements in this endeavour. The distribution of free condoms, sale of promotional items, and various displays of family planning products, all these activities added impetus to the marked success of the program. The retail sale of condoms was also considered successful in widening the acceptor base through the use of the brand name "Mechai". With respect to male sterilization, CBFPS' s sterilization center and community clinic had already undertaken more than 80,000 cases of male sterilization by non-scalpel vasectomy, which was then a newly developed safe and efficient technique. For this campaign and other accomplishments, PDA received the "Outstanding Marketing Works Award" in 1994, from the Social Encouragement Branch of the Thailand Marketing Awards.



It is a very rare occasion to be able to involve more males in the FP practices, including sterilization processes in developing countries, as in male dominated societies, most women are marginalized, and in regard to this issue, males generally believe it is only the obligation of females to undergo sterilization. To promote vasectomy and for better awareness about the process, Mechai used a colourful analogy: "The female reproductive system is like a Mercedes Benz. The male reproductive system is like a bicycle. There are many places where a woman's fertility could be adjusted, because it is such a brilliant machine. But the male apparatus being simple and mundane, has only one intervention point-to block the emission of sperm using either a condom or vasectomy". It is worth mentioning about an independently conducted intensive family planning campaign at Maha Sarakham province in Northeast Thailand between February and June 1977. The campaign was undertaken to test the possibility of utilizing existing village distributors in motivating villagers for a more permanent method, with the entire one month heavy motivational inputs from CBFPS. At the end of the campaign, 717 vasectomies were solicited, exceeding the target of 600.

The survey results revealed that the CBFPS village volunteers and other motivational sources such as film showing, traditional itinerant entertainers, and others had been equally significant sources of motivation of clients for vasectomy (54% and 46%, respectively). Moreover, almost 45% customers for vasectomy were those who had never practiced family planning before.



10. One distinctive feature, that created a negative impact for CBFPS was that, being a private non-profit organization, it distributed family planning services through the sale of contraceptives. CBFPS was looked upon with some scepticism by several parties, especially the bureaucracy. The doubts appeared primarily in its rationale for existence, coupled with its income generated from the sales of donated contraceptives. The CBFPS had to adopt this measure to attain the self-sustainability of the program and to make people conscious about the objective of this FP mission. The justification in favour of this practice has been that it is nothing to do with charity, people have to buy this service, like the other essentials in daily life that we must purchase, such as soap and toothpaste, in order to maintain health and hygiene. PDA countered these negative issues by saying that only time will prove the rationale of CBFPS, and by pointing out that its financial records were always open for inspection.

Attributes

CBFPS being an NGO, contributed successfully to bring about a country-wide impact on the family planning services and its acceptance among people in Thailand. It was only possible because of an efficient networking with the Government, local agencies, other NGOs and the community people. CBFPS attributed this success of drastic fertility decline in the 1970s to the Thai government's commitment to a population policy, and its enthusiastic support for the National Family Planning Program. It was the Ministry of Public Health (MOPH) that first integrated family planning into its national health service. It was MOPH that pioneered non-physician distribution of contraceptives and maintained a nation-wide clinic-based system where the village distributors could refer couples for

more reliable contraceptive methods like IUDs, injectables, or sterilization. It was MOPH that encouraged private, non-profit organizations like CBFPS to play such an active role in the national family planning program. In return, this organization provided services to large segments of the population in remote rural areas at no cost to the government, maintaining a symbiotic relation. Its operational districts were chosen in conjunction with the government to prevent duplication, and local government officials were consulted prior to launching any program in their jurisdictions. All achievements were credited to the National Family Planning Program. The simple attitude of the NGO in this regard is reflected in the statement of Mechai: 'The government is like the whisky and we are like the soda. To make a good drink for large numbers of people requires good whisky and a lot of soda.' It has introduced the concept and its successful implementation of non-clinic, community based family planning service distribution at the grass root level, which rather formed a foundation at this level for the further economic growth, integrating inter-sector alliances to enhance community development. The success was well evident in the forthcoming rural activities of PDA. This commendable practice with its essence of self-sustainability could serve as a model to provide conceptual as well as practical bases for determining its scopes for replication in other areas and parts of the developing world.

Promotion of Incentives in Fertility-Related Development

The Community-Based Incentive Thailand (CBIT)

Since family planning was a non figurative concept, there was no direct material benefit besides being non-pregnant, for the people, which the people took well notice off. Therefore Mechai needed a way to tie up the people's interest with family planning along with poverty alleviation, development and income generation, so that family planning acceptors could demonstrate their responsibility for their own fertility regulation as well as their commitment to make their lives better.

As an example, the farmers who practiced any family planning method were allowed to buy or hire a team of buffaloes for the ploughing of pastures and stud pigs at half the price while the peasants who did not adopt any FP method, had to pay the full price. The acceptors were also helped to purchase livestock.

Another scheme known as the "Non Pregnancy Agricultural Credit" would provide loans with very nominal interest to farmers using contraceptives, so that they could afford manure, pesticide and seeds for harvesting.

The next smart move of PDA was to start the "Better Marketing Program" which allowed the FP acceptor farmers and villagers to sell their products such as vegetables and handicraft items bypassing the middleman, thus allowing them to have a 30% increase in profit. PDA would arrange for the transportation as well as coordinate them to the market. PDA, using its existing network of offices, would act as their marketing agent. First this project started in small scale, but soon overtook villages and large communities. In the form of incentives, women were given each 200 baht for every month they remained pregnancy free, another 200 baht for the person who utilized condoms, 400 baht to each oral pill follower, 600 baht for the each person using injectable contraceptives, the women using IUD, each received 800 baht, females who underwent sterilization were given each 1000 baht and the men were given 1400 baht for being vasectomized. Even women of old age and girls received 20 baht each, for every pregnancy free month in the family. This program continued for two years.

This system was so effective that a village was noted to have been receiving a fund of 15000 US\$. These loans were given for the sole purpose of income generation activities and were monitored by a committee. The villagers received shares in the fund that determined the extent of their credit. A vasectomy qualified the villager for 80 shares, female sterilization got 40 shares, IUD users got 20 shares and oral contraceptives users got ten. The non-users of family planning could also borrow from the fund, but family planning acceptors, especially women got the preference. These programs greatly increased the number of family planning acceptors from 30% to 70%. The tangible impact was quite evident by the benefits received by the villagers.

Some critics viewed this incentive scheme as introducing contraception by sort of luring the villagers through providing compensation to them, but Mechai ignored his critics humorously through the comment, "Anything involving force between the naval and the knee has never worked in the history of mankind. So keep it joyful, voluntary, relevant and fun." He further stated: "Rural development is my first love and primary goal, family planning is the linkage. Once the community's credibility as family planning acceptor is established, we are able to move into a series of health and development programs. We regard family planning as the first step in a long war. It teaches people that if they participate, it works to their benefit."

Mr. Viravaidya called this tactic "Fertility Related Development." This strategy would increase various prospects through family planning and in course of time as the rate of fertility is reduced, more and more opportunities open up enhancing the quality of life.

The highlights of CBFPS achievements in Family Planning experiments

- 1) Easy and convenient access to information about contraceptive methods through community participation.

- 2) The family planning services (FPS) available within village communities through a non-government, non-clinic based distribution network, thus reducing time and cost of acquiring the services.

- 3) The innovativeness in the approach of providing FPS by "a man on the spot" under doorstep program coverage, irrespective of the man's occupation, whether a farmer, storekeeper or a teacher, without causing hazards to the acceptors.

- 4) Transcend and overcome the existing cultural barriers in different localities by village volunteers, through a village distribution network thus enhancing the acceptability of change in a community wherever the demand is felt.

- 5) The efficient supervision machinery to ensure the proper and efficient functioning of all field personnel, to foresee the self-sustenance aspect of the program, to encourage the social marketing aspect of the community based distribution, to ensure the in-depth planning for sales collection system, for a wider doorstep program coverage, adequate and timely logistical support to the distributors on regular basis.

- 6) Greater emphasis and priority on the 'marketing' element of the approach.

- 7) Adopted sufficient flexibility to the texture of the program to cope with any adverse environment, at the same time not to affect the dynamicity of the program in positive direction.

- 8) Efficient in its doorstep coverage approach of FPS, reaching both the rural and urban

poor. The price was only one-half to one-third of market prices for those who cannot. Due to the financial constraints, the project has to effect a balance between saleable and promotional commodities in order to ensure its operational feasibility in the long run. Keeping in mind the issue that acquiring contraceptives at a price creates greater appreciation of their value than if these were obtained free of cost, hence a greater likelihood of more widespread FP practice, to ensure the extended objectives of not only to supply contraceptive to reach the intended clientele, but to procure the assurance, that will be properly used by the acceptors.

9) Efficient in motivating people and volunteers about their purpose and goal and to make them aware of the destructive effect of adverse rumours. CBFPS earned commendable reputation as an efficient trainer, imparted skill among workers and people to develop a better understanding of the difficulties, and the tactfulness required to overcome any adverse situation with courage and sympathy. Thus CBFPS earned great acceptance and respect from the intended clientele.

10) Champion in its innovativeness of approaches, in its applauding ability to seize and utilize every opportunity available to the benefit of the community. To desensitize the issue of FP practices and to achieve broader acceptance of condom use in rural areas, it directed its distribution efforts to the more educated urban communities and generated income for financing the operations. The achievements have been effective in broadening the base of condom users, promoting the project amongst the urban population and enhancing the possibility of attaining a degree of self-sufficiency.

The experiences and lessons tailored from the CBFPS experiment may well serve as a model, wherever applicable, for the family planning programs in other developing countries.

In the developing world, each country is bestowed with its own particular culture, people with their age-old traditional heritage, religious predispositions, politics, belief systems, typical behavioural practices, specific geographical characteristics, climate, and influences from neighbouring countries. But there are certain elements of underdevelopment, which are the common characteristics of all the developing countries. Overpopulation is such an element in demography, which has been identified unanimously as an attributing factor, impeding economic growth. In this context it is worth remembering that we can learn lessons from the success of other countries, but in every occasion, while determining the country specific implementation, we have to match those concepts, ideas and practices in respective country context, against its own characteristics, particularities so as to ensure success. We cannot just blindly cut and paste external practices or import ideas or transplant concepts and impose on the people of the respective country concerned. The people of each country have to explore their own unique innovative techniques from their own soil, matching the fabric of their own culture which will suit the acumen of their own people. Values are the invisible wealth of any human community, whether

that community aspires to be a corporation, social institution or a nation. When values shift, organizations, countries experience great changes. The history of humanity is to a large extent the history of its values.

These have served as a source for the moral precepts that in the final analysis governs the actions of any human community. At every major historical turning point, values have changed. They have been enriched or impoverished. But they have always had a common basis and that is what makes human beings 'human'. Values govern the world view of a human community. They are the cultural DNA that determine the blueprint of the community's potential. Values are the implicate order, the internal coherence that makes it possible for a community to find meaning in action.

A leader is someone who is like a mountain climber. A mountaineer knows that he has to be clear about two things. The summit he wants to climb and every step he takes. One false step and he falls down. A leader similarly has to bother about where he wants to go and how he wants to reach there. He needs a sense of destination and a sense of road. Values govern him on his journey whenever he falters on the road.

Human Resource Development (HRD) is a precondition for good governance. Educated and knowledgeable people could constitute and support good political leadership. The efforts to develop human resources for poverty eradication should start from freeing the poor from their 'psychological block' or their lack of confidence, so that they can create and change their situation. When the poor or the peoples of the developing countries aspire to develop, what they really seek is a normal condition for human existence. They seek to be in a position to choose their own course of life, and to have responsibility over their own lives.

The common indispensable characteristics of such mission are discussed here

- 1) The essential need for a strong and dynamic leadership with vision, commitment and originality. In this occasion, perceiving the nature of Thai people, the leadership knew that where there is no fun, no excitement and no humour, the learning will not take place and attitudes would not change. Hence humour with a lot of fun was a constant element to desensitize the issues of family planning, and to enhance community participation in each and every level of project activities.

The leadership should have the ability to communicate the vision to the funding agencies, to mobilize funds, to influence the government to establish a nation-wide network, to motivate workers and volunteers of the organization, to inspire them to raise their commitments, to ignite the mind of the people in order to involve them in community participation, and to enable all the stakeholders to focus on the common goal, that is to ensure universal FP practices, so as to reduce the population growth in the country.

This will in turn contribute to the economic growth of the country in the long run. All the stakeholders should act in concert to fulfil the purpose through team work. The leadership should have the vision of self-sustainability from the very onset, by incorporating mechanisms for cost recovery and self-sufficiency, it would guarantee a project's sustainability and make it independent of the vagaries of foreign assistance. The leadership should have the ability to raise the commitment among people, so as to participate with spontaneity and raise their hopes and generate confidence on the program. The efficient FP program should earn respect from the community through their services. On the other hand people should feel proud to participate in their activities.

2) The necessity of co-operation between the public and private sector is of great importance. For the country wide ramification of the program, the involvement of the government is a must, it is also cost saving, and can be effective through proper supervision and adequate incentives. But in all occasions, this type of project should always clarify its objectives and maintain a low profile, so far as relations with the government departments are concerned. No attempt should be made to threaten competition with the bureaucracy. Instead due credit should be attributed to government programs to prove the project's sincere support.

3) The key to success of this type of program depends on the level of community participation. CBFPS exemplifies this truth very well. It has been proved that, with appropriate assistance the villagers can effectively help themselves. The proper identification, screening and selection of the village volunteers are of paramount importance, who will act as the prime change agents and motivators of new concept and ideas. The continuity of the services will be maintained through the motivated village distributors.

4) Planning and monitoring activities are essential components to ensure the effectiveness of a project. Extensive coverage of operations and the regional differences of the participating people in the project entail these important functions. Planning is needed in every phase till the project is implemented, from the preliminary survey to the actual distribution of services. It is also essential to assure cost effectiveness in opening a new district as well as the ability to provide services for intended acceptors. Monitoring also helps provide feedback of the operational performance to management and to develop proper policy and strategy. Most importantly, the project must be flexible and resilient, to be able to account for the operational disparities and to resolve them appropriately.

5) To carry out the task effectively, a successful project needs sense of commitment among its staff. Even though this depends heavily upon the ability of the project leader, the willingness and enthusiasm of the staff also contribute to the success of the project. The project must be identified, as their own, rather than pictured as a set of tasks imposed on them. With the survival of the project hinging upon external funds and donations, CBFPS staffs feel a strong responsibility to exert their best efforts in working for the project's achievement.

6) To be successful, it is also imperative that generally a project maintains a good public relation. Although CBFPS chooses to be controversial in putting across the family planning ideas to the public, it has been always able to solicit cooperation from most agencies it approached. Animosity or hostility should be kept to a strategic minimum. Any problem of misunderstanding should be solved in a direct and understanding manner. CBFPS has been quite successful in learning these somewhat difficult truths.

7) The use of family planning strategy in introducing self-supporting development programs can be very effective. This is primarily because family planning is simple. It requires low capital investment and running costs on the part of the project proponent. It calls for minimum or bearable cost on the part of the clientele, but gives tangible advantages to them in a relatively short time without demanding profound changes in their way of life. Through the family planning village distributors, many other fruitful messages and services, indispensable to the community can be further conveyed and provided to the village people. Since the distributors are actually the villagers' own neighbours, the cultural acceptability of new ideas will be much easier.

8) The training of volunteer workers is crucial to the success of this type of program. It is important that all parties involved recognise the contribution of these people. The CBFPS experience indicates that the volunteers want to gain respect from their community by working primarily for the project rather than for more tangible benefits. They feel proud to be consulted by their neighbours. Nevertheless, continuous supervision over their performances should also be maintained and conducted by well-informed local personnel.

9) Besides promoting for family planning acceptance in the rural community, the primary purpose of educating the rural people on more profound matters such as child bearing, women's role in the family and family life in general should also be kept in mind. The key to success in this area lies in continuity of communication and indeed of education itself.

Today, CBFPS program is still one of the current activities of PDA. The priority of the program has been reduced due to the increased family planning awareness among people, but family planning is still the origin of PDA and it is integrated with other development oriented activities of PDA, like CBIRD, TBIRD, the AIDS prevention and education, and other relevant programs, in order to improve the quality of life of the rural poor.

III. PDA: Addressing the Refugee problem through the platform CBERS (Community Based Emergency Relief Services)

History

The communist administrations came to power in countries such as Vietnam, Cambodia and Laos, soon after the Vietnam War came to its inevitably devastating conclusion. Shortly after 1969, Cambodia was dragged into the Vietnam conflict. The United States secretly carpet-bombed what they believed to be the communist base camps in Cambodia, and within a short period after the revolution of 1970, South Vietnamese troops along with American soldiers, occupied the country in an attempt to oust the Vietnamese communist army. However, this joint venture by the American and South Vietnamese armed forces failed, and soon after that, the Khmer Rouge, Cambodia's indigenous rebels, under the leadership of Pol Pot, appointed themselves as the new government and systematically exterminated thousands of people they branded as 'parasites'. Often, these so called 'parasites' were merely people who spoke a foreign language or had the ill fortune of wearing spectacles. Hundreds of thousands more died of ill treatment, malnutrition and diseases. Altogether, a round number of 1.5 million Cambodian people between 1975 and 1979, died as a result of the policies of the Khmer Rouge (KR) government. The Khmer people welcomed the Vietnamese as liberators, after suffering four years of Pol Pot's horrific reign of terror.

Background

By December 1979, over 500,000 Khmer refugees assembled on the Thai border, north of Aranyaprathet district in Prachin Buri province, stuck between the Vietnamese army in the east and Khmer Rouge in the north.

200,000 Cambodian refugees had fled to Thailand within two weeks. Another 310,000 remained perched on the Thai-Cambodian border. It was one of the largest refugee crises at that time. All these people required food, clothing, water, sanitation, shelter, and medical care.

PDA's Involvement

During December, 1979, the director of the German Volunteer Service (GVS) in Bangkok, Dr. Wolfgang Behrens, proposed PDA to work with a German NGO called Agro-Action, which would provide funds to assist Cambodian refugees on the Thai border.

PDA agreed to undertake the responsibility of the refugee relief program, and approached it in the same manner, as it would intervene community development within a given time frame. Inspection of the camps was made. The border camps were like a no-man's land, ruled by warlords, bandits, armed militiamen with loaded guns, and black marketers.

They remained relatively more secure due to the protection provided by the Thai Military, but still the refugee camps inside Thailand were equally chaotic.

The services in the refugee camps were offered by PDA with a community development approach, as practiced in the Thai villages. Here lies the innovativeness of the PDA approach in their unique refugee relief program. The strategies adopted were based on the local resources, stressing on self-help, relying on community input for program development. The ultimate objective was to provide assistance to Khmers, through programs designed and implemented by the people of Khmer, which would prepare them for their eventual return to Cambodia or resettlement to other countries.

C B E R S

Community-Based Emergency Relief Services (CBERS) was the third agency established under the PDA umbrella. It was the first Thai agency to actively provide emergency relief to Cambodian refugees along with the Thai Red Cross.

Approach

Refugee relief had traditionally been viewed as charitable and somewhat like emergency assistance. CBERS approached it as a form of community development, which viewed the recipient as a partner with common interests. CBERS wanted to restore the refugee's self-respect and self-esteem, and prepare them to return to their country with self-reliance.

Activities

With Agro-Action's support, CBERS started food for work programs, training on different skill development, sanitation and vector control activities. Khmer workers employed by CBERS, earning 10 Baht a day did all the work. The medical facilities were offered by different voluntary foreign agencies. The place was swarming with foreign medical personnel. In contrast, there was only one physician for every 80,000 people in rural Thailand. The other foreign agencies were not very organized, as they were only concerned with therapeutic treatment without any orientation of preventive medicine and public health.

Family Planning (FP) Program

PDA organized a family planning (FP) program, which would help control the fertility of women there, as a basic right of all women regardless of race, ethnicity, social class or circumstances. For obvious reasons, camps were not the ideal environment to become pregnant, deliver babies and raise children. The Thai government and MOPH demanded that the Cambodian women have the same access to contraceptives as Thai women for the same reasons, to delay and prevent unwanted pregnancies. The Royal Thai Government and UNHCR invited CBERS in February 1980 to offer FP services to 150,000 Cambodian people living in refugee camps.

CBERS willingly accepted the offer and was quite confident to execute the program. Firstly, CBERS consulted the influential Khmer leaders about the program and

their supports were enlisted. Then a general educational program was launched employing the PDA's well-known education system and communication approaches. CBERS brought in a mobile movie van into the camps to show Thai movies, along with FP messages and information about the upcoming introduction of contraceptive services during movie intermissions. CBERS conducted the service in thatched roof clinics. Within a month of introducing contraceptives, 52% of married women of the reproductive age group in the camps were contracepting. The western Voluntary agencies (Volags) actively tried to discourage Cambodian women from practicing family planning. Leaflets were circulated in the Khmer language, exaggerating the dangers of DP (injectable contraception) use. Despite all the misinformation, the women chose to practice. As more and more experienced medical professionals replaced the volunteer workers, they recognized FP as the essential maternal and child health service, as it was offered there. By September 1980, the Western Medical Voluntary Agencies asked CBERS to integrate FP into their outpatient clinics and hospitals. CBERS and Volags replaced confrontation with cooperation. The real victors were the Khmer women in the camps.

Sanitation, Vector Control and Waste Disposal Program

In May 1980, UNHCR delegated full responsibility for all sanitation, vector control and waste disposal in Khao-I-Dang to CBERS. CBERS had to provide this service to 120,000 people, and it applied the same principles of community development in accomplishing this challenge. Consultations were held with the Khmer leaders, approaches were developed to arrange and implement sanitation and waste disposal, and the responsibility for achievement was turned over to the Khmer leaders within each of the camp's sections.

The positive synergies were found between the refugee camps and the Thai people along the Thai-Cambodia borders. CBERS wanted to develop them. The refugees were encouraged to grow plants and vegetable gardens around their camps, and the families were rewarded for keeping the environment clean. They maintained their environment even after the incentives were ceased to be offered. Vector control was an unique problem. There were huge numbers of fly and rat populations in the camps. CBERS realized that unless the refugees could be motivated to take responsibility for the problem, it would persist regardless of CBERS' energetic efforts. Hence, CBERS launched another innovative campaign which would easily draw the refugee's attention, raise their awareness, and motivate them to take collective action in resolving the problem. CBERS arranged a fly and rat-catching contest. A reward of 100 baht or US\$5 would be given in exchange for a kilogram of flies caught, one baht for each rat regardless of size and five baht for a pregnant rat. The articles and pictures appeared in Bangkok newspapers, the visible evidence of Khmer people helping themselves against various difficulties. These creative and authentic approaches were explored in the refugee camps.

CBERS Currency

The Cambodian refugee camps became a pinpoint for smuggling and black market profiteering within weeks of their establishment. Electronic equipment, textiles, jewellery

and consumer items could be found in the central market of Khao-I-Dang in abundance. The Thai military decided to purge the black marketers by placing a barricade around Khao-I-Dang that would prevent smuggling in and out of the camps. There were thousands of Khmer workers receiving a daily salary of ten baht for working in the camps. Thai military sought the help of CBERS to sort out the problem jointly.

They proposed to replace the worker's daily salary with a chit that would entitle them to purchase ten baht worth of consumer items that were to be sold at fixed prices at centralized stores in Khao-I-Dang. The chit would in effect become an alternate currency to the Thai baht. To implement this proposal by CBERS meant to create a centralized, planned economy for 120,000 people. In April 1980, the Thai military and CBERS embarked on a grand experiment in microeconomics within the Khao-I-Dang refugee camp. This new form of currency suppressed the black market, and the Thai baht was removed from circulation, as it was replaced by a new currency called "CBER". The exchange rate was one CBER for one Thai Baht. The brightly coloured notes of CBERS were printed in denominations of 1, 10, 20, 50, and 100 CBERS. CBERS was responsible to bring the consumer items, equivalent to the daily wages of the work force.

In addition to an emergency relief organization, CBERS was then a central bank for 120,000 people. The experience in refugee camps supported what history eventually demonstrated. The Thai Military was not able to completely eradicate the black market. Other goods were still getting into the camps, and these could only be purchased with Thai Baht or US dollars, thus undermining the value of the new CBER currency. The most lethal blow to the scheme was the decision by the Thai military to limit the consumer items that could be brought into the camps and purchased with CBER notes. In a righteous effort to positively influence the consumption patterns of the refugees, the Thai military only allowed a restricted list of vital items for personal hygiene, sanitation, clothing and food, to be brought into the camps and sold against CBER notes at the centralized stores.

Unfortunately, these did not match the consumer preferences of the refugees. With prices fixed, demand for consumer items in the centralized stores plummeted. Consumers took their CBER notes and exchanged them on the black market for Thai Baht to purchase more desirable consumer items, available there. In turn, the black marketers took the devalued CBER notes and purchased essential items from the centralized stores at a steep discount, reselling them in the black market in Thai baht at a fraction of the original price. The black market exchange rate reached ten CBERS for one Thai baht, and hyperinflation became a serious problem. The workers were agitated as the value of their daily wage was reduced by the devalued currency. As a consequence, this experiment was withdrawn abruptly, which only lasted for a month with an inevitable outcome, that ended up with reinstating the Thai Baht as payment for workers in the camps.

relationship with the refugees. This program served as a tool to improve relations between the Thai people and the Cambodian refugees as devised by PDA, ignoring its own personal trouble and harassment.

Other Disaster Relief and Social Welfare Activities

From 1980 to 1990, the relief services were provided to refugees from Cambodia, Laos, Myanmar and Vietnam. In addition to the arrangement for providing the necessities, the programs of offered information, advice and services in family planning, health examination, medical treatment, income generation activities, opportunities for developing skills and marketing. Such activities were carried out in refugee camps at Khao I-Dang, Sa Kaeo, Phraya Kumpuch, Mai Rood, Kap Choeng, Phanat Nikom and other border communities.

Orphans, drug addicts, unemployed youths and people with varied crises in life were offered assistance, mostly in the form of education and vocational training in order to enable them getting a future profession. During 1981 to 1991, with the enormous expansion in the construction business, an experimental project to improve the quality of life for children of construction workers was set up. Eleven Day-Care Centers were established in various areas of Bangkok, with the Mechai Child Development Center acting as a demonstration center. More than 2,000 Children of these workers, ages between 3-5 years, were cared for in a manner designed to ensure good physical and mental health with proper educational facility according to the age group.

The child adoption operations have been continuously carried out by PDA since 1982, through the establishment of Tam Nam Jai Baby Home, to care for abandoned children of HIV positive parents. PDA also provided education funds for less fortunate children, children of the construction workers, HIV positive parents and poor parents from the rural areas. Presently, there are 1,000 scholarship recipients from these funds, which amount to about five million Baht per year.

IV. THE ROLE OF PDA IN HIV/AIDS INTERVENTION IN THAILAND

First AIDS Case

In Thailand the first case of Acquired Immuno-Deficiency Syndrome (AIDS) was reported in September 1984, identified as a Thai homosexual man. In the following few years, only a handful of new AIDS cases were reported, mostly confined to men who had sex with men. During those days, AIDS was viewed as the disease of gay people in developed countries.

Spread of HIV in all Risk Groups and general population

When blood testing for HIV expanded, certain high risk groups were identified who had the potential in acquiring the HIV infection and these groups are homosexuals, injecting drug users (IDUs), persons having blood transfusion, sex workers, other heterosexuals and finally the new born infants of the HIV infected mothers, who could get the infection through vertical transmission from mother to child, peri-natally or during child birth.

There was a fast spread of HIV infection among IDUs in 1987, when the percentage of HIV positives jumped from 4% in December to 43% in September, 1988 within 9 months. This was followed by high level of HIV among sex workers, which then transmitted to their clients, signified by the STD clinic attendants and finally to the ante-natal women, who reported 1% HIV infection in 1991. In Certain parts of Thailand, the antenatal women were infected with HIV even 10% or higher .

Mechai and AIDS

Mr. Mechai Viravaidya was then the secretary General of PDA as well as the Government Spokesperson. From the Government end, there was still lack of readiness to take dynamic role to contain the ensuing epidemic. Mr. Mechai Viravaidya realised the gravity of the HIV/AIDS issue and did not hesitate to establish himself as an activist and vocal advocate for HIV/AIDS prevention. He proclaimed "If Thais remain unaware of the dangers of AIDS, it will soon be too late to prevent the deadly disease from spreading. We have to try to keep the disease under control".

PDA viewpoint

PDA views AIDS as a threat to the society, all individuals have equal rights and responsibilities to get involved to fight against this menace. The basic philosophy around this principle is, the population of interest is fully capable and eager to help itself, as long as people are provided the resources and support, which enable them to do so. It demands the attention and involvement of all sectors of the society including the government.

PDA-strategy

PDA mustered all its efforts to combat the AIDS epidemic. The leadership of PDA could foresee the ensuing catastrophe and formulated the three pronged strategies.

- n The first one was the educational interventions and the development of IEC materials, which could be replicated by others.
- n The second component was training other organizations and groups to enable them to take similar role of PDA in multiplier effect.
- n The third one was advocacy.

The capacity of NGOs is limited, to give the HIV/AIDS prevention efforts a countrywide broad base, the mobilization of Government level action is of prime importance. PDA continued its efforts to push for more effective and extensive government policies as well as to support the rights of the people with AIDS. It emphasized extensive advocacy to mobilize the government officers, ministers, varied sectors of the economy, different organizations, individuals and people with HIV/AIDS, to set up multi-sectoral initiatives. PDA identified AIDS epidemic as not merely a medical problem but an outcome of high risk behaviours.

PDA efforts

In 1987 with its limited funding PDA initiated a campaign to educate people about AIDS. Audiotapes, video cassettes, pamphlets, books explaining modes of HIV transmission and how it could be prevented were distributed to media representatives, government organizations, some private companies. PDA staff delivered lectures, conducted discussions at private and public institutions. PDA focused its educational programs on five main target groups, women, commercial sex workers, youths, community leaders and government officials.

Collaborations

PDA established a network of collaborations with other sectors of society, local and international NGOs, in countrywide HIV/AIDS intervention programs.

Priority of HIV/AIDS issue selection at NGO level

In Thailand, the HIV/AIDS issue was a countrywide problem, PDA's timely detection of its priority enabled itself proper issue selection in promoting HIV/AIDS prevention program. The limitation of any NGO is in its localized capacity and finite resources. To confront this nationwide menace, wider platform to accommodate multi-sectoral efforts is needed, which could only be accomplished at government level initiatives, which is beyond the capacity of any NGO.

Role of any NGO and PDA

In this context, the role of any NGO ideally should be :

- i) to formulate the educational materials (HIV/AIDS related IEC),
- ii) to provide comprehensive training for efficient campaigning,
- iii) to do intensive advocacy to mobilize maximum government initiatives,
- iv) to co-ordinate multi-sectoral efforts, culminating in common platform for strategic planning, ensuring active participation to extract multiplier effect,
- v) to overcome all possible restraints for program implementation at the grass root level,
- vi) to conduct intervention programs among different target populations,

PDA put efforts in all these areas at best of its capacity. Many of its HIV/AIDS prevention & Control programs among different target populations integrated adequate training and empowerment in the form of model set up with the objectives of self-sustainability of their efforts and reproducibility of the similar type of programs in other areas.

Important landmarks in Public Health

PDA has a long history of working in concert with the government in different critical country situations, hence the important landmarks in the area of public health are worth mentioning here, which has major relevance in HIV/AIDS scenario in Thailand.

The year 1988 was considered as a turning point in the spread of HIV in this country. The National AIDS Prevention & Control Program, under the Department of Communicable Disease Control of The Ministry of Public Health was initiated by epidemiologists. Reporting cases of HIV/AIDS to a central registry, monitoring high risk groups for HIV were the earlier activities and HIV infection was identified among the homosexual male population.

In 1987, testing IDUs for HIV was started by the Medical Service Department of Bangkok Metropolitan Authority. The test results were alarming, in December '87 from 4% of the IDU samples found HIV positive, it increased to 43% in September '88, which indicated that the first wave of infection from homosexuals had already crossed very rapidly to IDU population.

The World Health Organization (WHO) offered technical and financial support for the development and implementation of a short-term HIV/AIDS plan in 1988, which emphasized "risk group" education programs, surveillance, blood screening and training of health care workers. This was followed by cabinet approval of the Medium Term Plan for the Prevention and Control of AIDS 1989-1991, which followed WHO guidelines with greater orientation on human rights and reducing discrimination.

Thailand Ministry of Public Health (MOPH) established a National Sentinel Sero-Surveillance operations to track the prevalence of HIV among 5 high risk groups, eg. IDUs, commercial sex workers, males attending STD clinic, women attending antenatal

clinic, blood donors. As an efficient epidemiological tool, this sentinel surveillance system can track the retrospective progression of the transmission pattern of any communicable disease by identifying the number of present cases. It does nothing to influence the course of future transmission. For HIV/AIDS, that could only be done with a massive education campaign to change behaviours among high risk groups. In this critical area, the role of government was still minimal.

PDA Secretary General Mr. Mechai Viravaidya predicted on the basis of the available data on the HIV transmission in Thailand that, the country would pass through the standard progression of six waves, first- infected male homosexuals, followed over time by IDUs, commercial sex workers, their male clients, the partners of these male clients, finally children of infected women. Since the existing ubiquitous sex industry with a credible estimate of 200, 000 commercial sex workers in the profession, which greatly attracts the western tourists and the common predilection of the Thai men for using that service, Thailand could be the fertile ground of the risk factors for HIV transmission. He further predicted that, the HIV transmission in the general population would be explosive with dire consequences for Thailand. A massive educational program, mobilizing all segments of Thai society was required to prevent HIV from erupting into the general population.

The voices raising public concern about threats of AIDS came from different corners of the society, with comments like the present AIDS situation reached beyond the controlling capacity of the Ministry Of Public Health (MOPH) and fighting AIDS was everybody's job. Besides there were lot of comments in favour of repression of sex industry, government was criticized for its liberal attitude towards this so as to promote tourism.

In June 1989, the National Sentinel Sero-Surveillance revealed 6% commercial sex workers tested countrywide was infected. This finding was significantly alarming in terms of concentrated epidemic. The government should come forward to take stronger action.

PDA's battle against AIDS through condom desensitization

Mr. Mechai Viravaidya came forward as a vocal advocate for the clamouring voices of individuals for action. PDA conducted sensational programs promoting condom use in the popular red light areas in Bangkok like -Condom Night with Mechai. Helium filled condom balloons floated in the air to attract attention to a display of photographs and information on AIDS.

To desensitise the issue of condom for wider acceptance, Condom blowing contest to win T-shirt, Miss Condom Beauty contest, Captain Condom dressed in Superman preaching for safer-sex practice, safe sex knowledge and compassion test by throwing darts at boards with names of common venereal diseases on them. The catchy slogans were aired that night like "We must unite in this war against AIDS. We lost the old capital (Ayutthaya) to Burma twice in our history and were able to take it back, so we can win the fight against AIDS" Others like "I like to promote the Miss Condom Beauty

Contest to rival Miss Universe. It will save more lives". The condoms were distributed to the girls at bars and night clubs, telling them "this condom will save your life. If you are not careful, you will die".

Mobilization of Army initiatives

Following intensive advocacy from the part of PDA, the Army came forward in the battle against AIDS. In collaboration with the MOPH, PDA and private companies, the Army agreed to spearhead the mobilization of national efforts to combat the growing AIDS menace. About 326 radio stations, controlled by the Army and the Army run TV channel 5&7 would launch a 3 year nationwide educational campaign to prevent further spread of HIV. A grant from Rockefeller Foundation was used to produce IEC materials and public service advertisements by international advertising firm. Anti-stigmatization effort was made to stop the dismissal and ostracism of new military recruits, testing HIV positive. The military was convinced not to discharge the HIV positive new recruits from service and to further educate them to prevent HIV transmission. The support from military was a great landmark in Thailand's campaign against AIDS. Constant pressure and activism were required to counter the government's inherent indifference. MOPH National Sentinel Surveillance data revealed in June 1990, that 14% commercial sex workers tested HIV positive up from 6% one year before. In August 1990, 26,000 men aged 19-21 eligible for military service found to be 2% HIV positive.

There were no longer any high-risk groups, HIV had spread into the general population. Everyone was at risk, and Mechai alarmed the Thai people and commented "We have no high risk groups, we only have high risk nationality".

Mobilization of Business community

PDA addressed to business community to take care of their own workers rather than waiting for the government and also to protect their customers. Mechai cautioned the business community by saying "because dead staff don't produce and dead customers don't buy". PDA initiated Corporate Education Program. More than 100 private companies enrolled in the program. PDA trained their staff about AIDS. Support group was formed in each company to deal with the AIDS cases that will appear in course of time. The companies were urged to use their distribution networks to spread information about HIV/AIDS to their customers. Thus country's AVON ladies became most effective peer educators.

Economic Implications of AIDS

The mortality associated with AIDS especially among younger people would have economic implications that could no longer be ignored. HIV/AIDS would first disable and then kill economically productive younger people, strain the labour supply, burden the country's health care system. The associated costs could change the face of Thailand's economy.

to Thailand, the policy makers were motivated to take strong and immediate action to reduce the spread of HIV infection, a positive gesture in terms of curbing the epidemic. PDA recommended that, for the AIDS prevention and control program, a multi-sectoral approach should be taken, mobilizing all sectors in this effort and AIDS to be considered not as an individual disease, but as a behavioural problem.

National AIDS Advisory Committee

A National AIDS Advisory Committee was formed to develop a national plan for the prevention and control of HIV/AIDS and PDA Secretary-General Mr. Mechai Viravaidya became the Chairman. The committee took representation from all sectors including persons with HIV/AIDS. But this committee was terminated after one month due to the collapse of the government.

New National AIDS Committee with Prime Minister as Chairman

An interim government was formed headed by Mr. Anand Panyarachun as Prime minister. Mr. Mechai Viravaidya was offered a portfolio of the Ministry for Tourism, Public Information and Mass Communication, over and above he was assigned to co-ordinate the National AIDS Prevention and Control program as a senior government official, responsible for the national program. The period from February 1991 to October '1992, the maximum intensive anti-AIDS program was conducted. The new government came forward with utmost openness, honesty, political commitment and with the maximum resources needed to combat AIDS. This time was marked as the critical turning point in Thailand's struggle against AIDS. A new National AIDS Committee was formed with Prime Minister as chairman and the minister of Public Health as Deputy Chairman, bearing the testimony to the priority, this government gave to HIV/AIDS control. All ministers participated and the representation was multi-sectoral, from business, government, private, non-profit sectors. Agencies like the Thai Bankers' Association, The Federation Of Thai Industry, Chamber Of Commerce and the Tourism Authority of Thailand joined with the colleagues from government, NGOs, and even people with HIV/AIDS on the platform of the National AIDS Committee to mobilize a national effort against AIDS. Several bodies were formed for the well functioning of the prevention and control program and these operated from the Prime Minister 's office. For the HIV/AIDS prevention and control program, its plans, budgets and implementations were all conducted from PM's office with the active participation of all sectors and agencies.

This phase was also marked by a dramatic increase in national budget allocation for HIV/AIDS. At the end of 1980s, HIV/AIDS activities were supported almost entirely by external funds from donor and bilateral agencies. By 1991, the Royal Thai Government contributed the major fund for the domestic HIV/AIDS efforts. During that time the government allocated the annual budget of 1.2 Billion Baht (US\$ 48 million) on AIDS prevention and control program. The money flowed from the PM's Office directly to every ministry department and to NGOs without any bureaucratic interference. The annual 1996 budget on AIDS prevention and control exceeded US\$ 80 million. On this action,

the newspaper commented as probably for the first time, all sectors of society-government, private sectors, NGOs, educational and religious institutions will join forces in an effort to tackle a menace, which experts predict could bring about a national calamity if left unchecked.

The Thai Red Cross Society (TRCS) established the first anonymous HIV counselling and testing center, and this service was then adopted by MOPH for nationwide implementation. TRCS also supported the formation of the Wednesday Friends Club, the first of many Thai self-supported groups for those living with HIV and AIDS. These were not random efforts, but the result of each sector identifying its strengths, selecting efforts where it could make a difference and implementing those efforts to the best of its ability.

Countrywide National HIV/AIDS Control Program

The massive national public education program

A massive public education program was conducted focusing messages on HIV/AIDS, its prevention strategies, coping skill development for persons with HIV/AIDS, in favour of better understanding and compassion for them without discrimination and stigmatization. This program employed 488 government radio stations and 15 television stations, provided free airtime to broadcast 30 second spots for AIDS education messages every hour. Everyday radio stations throughout Thailand used to broadcast 73 hours of AIDS information. More than two hours of daily television broadcasting was devoted to AIDS. The airwaves were literally saturated with information about AIDS.

During this period, the government supplied almost 60 million free condoms a year, a number sufficient to protect most commercial sexual contacts in the country. The MOPH and Ministry of Industry also collaborated to form a National Working Group on condom quality assurance, which implemented effective controls and enforcement to ensure only quality condoms were distributed in the country.

Government officials in all ministries were trained about HIV/AIDS. In departments having direct contact with the people like agricultural extension, police, social welfare, labour, government officials disseminated information about AIDS to their clients. AIDS education was introduced as part of the course work in all educational institutions in the final 2 years of primary school through high school. All teachers were educated about AIDS and trained to teach their students on the subject. Private sectors joined, some companies inserted messages in their product packages. Bank tellers distributed brochures to their clients. The movie producers, TV actors, singers, musicians, movie stars, all participated in the anti-AIDS campaign. There were benefit concerts for AIDS and songs with AIDS education messages. The Thai Motion Picture Federation pledged their full support. Movie theatres broadcast AIDS messages free of charge during the

advertisements prior to their feature films. Many private firms initiated AIDS education in the work place, and later the Thai Business Coalition on AIDS was established to promote compassionate work place policies and work place prevention efforts.

The networking of NGOs and PWAs (people with HIV/AIDS) contributed significant role in facilitating the success of the National AIDS Program of Thailand. The Thai NGO Coalition on AIDS (TNCA) represents over 310 non-government organizations, working on AIDS related issues throughout Thailand, while the Thai Network of People living with HIV (TNP+) has a network of over 310 PWA organizations all over the country. Both networks are represented in the National AIDS Committee and have their own independent network in each region of the country with coordinating units in Bangkok. The major objectives of these two networks are to strengthen the capacity of their members in order to effectively respond to community needs as well as identifying appropriate strategies for policy development at the national level. The Sero-prevalence surveillance of HIV was continued and expanded throughout the country to monitor the course of HIV transmission. Strict protocols were proposed to ensure the integrity of the country's blood supply. Since STD facilitated HIV transmission, rigorous measures were adopted to detect and treat them. If a locality had more than 10 brothels, funds were allocated for an STD clinic. A nationwide 100% condom policy was introduced, which mandated that any customer who visited a brothel must use a condom. Sex workers at brothels were randomly tested for STDs. Subsequent offences resulted in temporary closure of the brothel. From Mr. Mechai's ministry of tourism, sex tourism was discouraged raising dignity of Thai women through 'Women's Visit Thailand Year'. It is widely accepted that the AIDS prevention & control program initiated by the Mr. Anand government under the leadership of Mr. Mechai was a milestone in Thailand's struggle against HIV/AIDS.

PDA's HIV/AIDS Prevention Programs

For the last 15 years, PDA conducted not less than 45 interventions related to HIV/AIDS prevention and care. In the spectrum of HIV/AIDS, these interventions ranged from reduction of vulnerability, reducing risk behaviour, reducing incidence of HIV/STD to care of persons with HIV/AIDS, reducing the socioeconomic impact of HIV/AIDS and integrating development activities with HIV/AIDS. These activities encompassed a vast thematic areas from setting hypothesis of its innovative endeavours, Pilot/Operational Research, Feasibility Study to Scaling Up and Advocacy. Through these areas of activities, PDA reached different sectors of community, to address wide spectrum of target audience with multiple objectives. The relevant characteristics of its multi-faceted activities are its innovativeness, women empowerment, community participation, community competence, issue selection, non-discriminatory and anti-stigmatization efforts, desensitizing endeavours to transcend social barriers, multi-sectoral approach and self-sustainability objective.

Since PDA views HIV/AIDS challenge as an outcome of high risk behavioural problem, to address this issue, it promoted the popular Health Belief Model to bring about positive changes in high risk behaviour and practice of people. This approach influenced the target audience in terms of their perception of susceptibility to infection, severity of the HIV infection and AIDS, if they would have contracted the disease. PDA promoted the benefits related to the positive health actions in terms of adopting healthy behaviour. It encouraged people to surmount the barriers for healthy behavioural practices to attain self-efficacy, that is the conviction that one can change one's high-risk behaviour for the sake of one's own health, free from HIV infection for the rest of life. These messages have been witnessed in PDA's IEC materials, contents of media advocacy, mass media campaign, advertisements, and public demonstrations. PDA has a commendable mass communication skill, to better accomplish behaviour change goals or promotion of condom use among target population. For this mission, it adopted 'enhanced public communication model' exploiting social marketing tools as well as through media access and advocacy for the diffusion of health promotion to the extent closely resembling political campaign.

The objective of PDA for this intensive approach was pivoted on the belief: 'Ignorance is the problem and the solution is information packaged in the right way. If we can only give the right message to the right person in the right way at right time, then the frequency of risky behaviour will surely decrease.'



The goal has been always to redefine the individual risk behaviours to the nomenclature of public health or social issues with the expectation of increased prospects for the formulation of supportive, healthy public policies and social-environmental change.

Target Populations

PDA has conducted HIV/AIDS intervention programs with the active involvement and the representation from a wider section of the community. The spectrum of these varied groups are mentioned below:

Commercial sex workers & their clients, prisoners, refugees, migrant workers, fishermen, Hill tribe population, women groups & clubs, taxi/motorcycle drivers, emergency rescue volunteers, women and men factory workers, company employees of private and state owned business enterprises, business sectors, owners, administrators, village volunteers, PDA staff & volunteers, employees of Bank, general public company owners, school & university students, youths out of school, teachers & administrators, medical institution staff, government organization staff, (rural) provincial governors & district chiefs, district officers & governors, ministry of labour & social welfare, ILO representatives, senators & MPs, community leaders, male peers, marriage registrars, district hospital staff, monks, district chiefs, NGOs, district level AIDS committee, children affected by HIV/AIDS, people having HIV/AIDS.

Total Funds Mobilised: 62,329,590 Baht

Donor Agencies/Affiliates

PDA mobilized funds from varied corners, both national and overseas sources, to activate its flamboyant HIV/AIDS intervention programs, these agencies are mentioned below:

The university Research corporation (URC), Family Health International, Rockefeller Foundation NY, Australian Government, Family Planning International Assistance (FPIA), USAID/Thailand Ministry of Education, WHO through Ministry of Public Health, Thailand, Ford Foundation, Public Welfare Foundation, John Hopkins University (USA), The Interior Ministry Thailand, Thai Farmers Bank, UNDP, Norwegian Church AID (NCA), IDRC, Australian Embassy, European Community Program on AIDS in Developing Countries (ECAIDS), Thai Red Cross (TRC), Department of Local Government Administration (DOLA), Thai Business Coalition On AIDS, PATH-TRC-ASIN-CARE-ACCESS, United Nations Population Fund (UNFPA), Chief District Officer, Deutsche Gesellschaft for Technische Zusammenarbeit (GTZ), Hill Tribe Development Welfare Center (HDWC), AIDSCAP, UNAIDS, AusAID, Soroptomist International, British Embassy Bangkok, Ministry of Education, National Youth Bureau, MOPH, GMC, New International School, BMS-Foundation, NY.

Important Span of Activities

For the last 15 years, PDA conducted large number of HIV/AIDS related programs and has been pioneer in providing training on HIV/AIDS to different sections of the community, ranging from government officials, Bank employers to school children. Its mobile AIDS Compassion Van used to offer awareness on HIV/AIDS and counselling facility to general public in public places. Its Mobile Anonymous HIV Testing Clinic provided HIV and STD testing with counselling services at various locations (business,

schools, parks, and universities) with STD check up by public health practitioners.

- n It provided supports for capacity building of small NGOs and CBOs, produced document under joint publication with UNAIDS on 'Strategies to Strengthen NGO Capacity in Resource Mobilization through Business Activities,' acted as an 'Asian AIDS IEC Resource Center since 1995 to 1998, to reduce the socio-economic impact of HIV/AIDS and to integrate developmental activities with HIV/AIDS. It provided occupational training to Hill tribe population of northern Thailand. Besides, it observed and actively participated on the international day against drug abuse and illicit trafficking, to educate people to stay away from this killing practice.
- n In cooperation with the Thai Red Cross Society and Social Welfare Department, PDA founded the Ban Tam Nam Jai project, to provide care for children abandoned in hospitals. The care was provided until it was proved that the children were not affected from the disease, which requires about 15-18 months. Following this period, the children were offered for adoption or delivered to a child care center operated by the Department of Social Welfare. Children with HIV/AIDS were cared for until the end of their lives.

Some of its significant activities among important sections of community are discussed below:

Factory

- n Established resource center in each of target factory
- n Trained peer educators to provide information and support to fellow workers as well as initiate anti-AIDS activities in their factories
- n Encouraged the peer educators and factory administrators to create an anti-AIDS committee to continue work in AIDS prevention
- n Updated version of IEC materials distributed, conducted training for female factory workers and factory administrators
- n Conducted training for the elementary school students, women's group, clubs surrounding the industrial zone

Commercial Sex Workers and high risk groups

- n Awareness on HIV/AIDS, promotion of condom use in commercial sex establishments.
- n Revolving loan fund and condom bank for sex workers, promotion of secondary occupation through training courses on silk weaving, flower wreath making etc

Prisoners

- n Encouraged inmates to develop their own HIV/AIDS education program, so that they can lead healthy lives, both during their prison tenure as well as beyond that.
- n Support for inmates with AIDS

- n Educating guards, health staff, and inmates through peer education

V illagers

- n Provided training for village AIDS volunteers and AIDS leader volunteers
- n Trained Volunteers to initiate family discussion on AIDS to educate family members on HIV/AIDS
- n Organized home visits to people living with AIDS and orphans of AIDS victims
- n Promoted non-discriminatory attitude and social interaction
- n Organized group meetings to assess needs for people living with AIDS
- n Organized volunteer service for psychological support of people living with AIDS
- n Promoted non-labour intensive income generation activities for the HIV/AIDS victims, like sandal wood flower making etc
- n Integrated people living with HIV/AIDS to rural communities and supported income generation activities to improve livelihoods of people living with or af fected by AIDS
- n Of fered Scholarships to school children af fected with HIV/AIDS

Youths (mostly unemployed rural villagers)

- n Provided training on modules like
 - i) life skill training including basic knowledge in savings and finance, HIV/AIDS awareness, prevention of drug abuse, corruption and democracy
 - ii) Occupational training or pre-employment training, particularly skills needed to work in agro-industries
 - iii) Entrepreneurship development and business start up training, interested youths received consultations, training in the areas of business plan making, marketing, management, accounting and access to credit.

Education Institutions and other institutions

- n Provided training on HIV/AIDS, general reproductive health, pregnancy, birth control, learning life skills particularly related to decision making and negotiation, communication with the aim of delaying first sexual interaction and encouraging protected sex to students of last 2 years of primary school, all students of secondary schools, teachers, university students, administrators and other staff of the institutions, youths out of schools, women groups, clubs, to work as AIDS volunteers and empowered to make safer sex practice
- n Teachers were especially trained to prepare their students to cope with the impact of HIV/AIDS, through increasing awareness of children' s rights. They were trained for providing better school-based counselling to children, especially whose parents were HIV positives or died from AIDS

Thai-Burmese border population

1. Provided support in the reduction of vulnerability to HIV/AIDS, increased awareness and understanding on the HIV/AIDS problem, reduced fear and increased acceptance of people with HIV/AIDS and encouraged co-operation between public, private sectors and local organizations in the community, to solve the problem of AIDS

Present Activities:

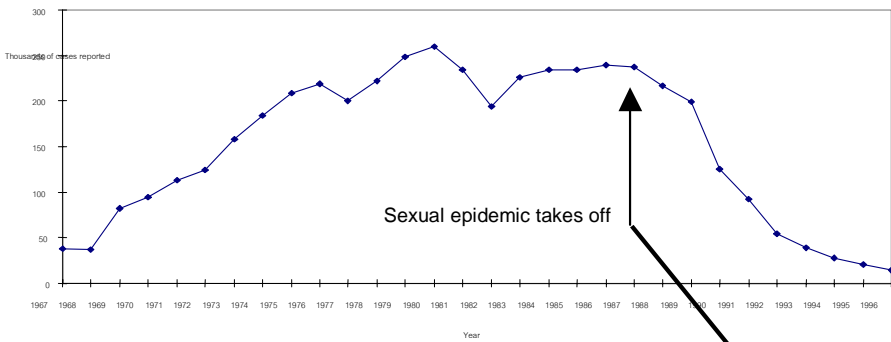
1. Positive Partnership: Micro Credit Loans for People Living With and Affected by HIV/AIDS (January 2004-October 2007, funded by Pfizer Foundation)
2. Positive Partnership: Micro Credit Loans for Women living With and Affected by HIV/AIDS (January 2004-December 2004, funded by TIAW, APEC)
3. Young People's Reproductive Health Program Through South-South Collaboration (May 2002-April 2005, funded by Population Concern and European Commission)
4. Family Planning, HIV/AIDS and Sex Education To Teenagers Project (May 2004-February 2006, funded by Bristol-Myers, Squibb Foundation)
5. HIV/AIDS Prevention and Management in the Workplace (October 2003-November 2004, funded by Global Fund)
6. Counselling Service and Capacity Building for Core Volunteers in Factories (April 2004-May 2005)
7. Youth AIDS Education Through Youth Volunteers (April 2004-May 2005)
8. School and Community Alcohol Education Project (December 2003-November 2004, funded by Riche Monde)
9. School and Community Cigarette Awareness Program (April 2004-November 2004, funded by Philip Morris)
10. Cigarette and Alcohol Awareness for New Generation (December 2003-November 2004)
11. Condom Night (Four times a year)
12. Income and Occupation Creation for People With HIV/AIDS (August 2003-June 2004)
13. Scholarship for Children Affected by HIV/AIDS (May 2004-April 2005)

Thailand STDs and condom use over time

Reported male STD cases in
Thousands between 1967
and 1996

Percentage of sex acts protected
by condom as reported by direct
sex workers

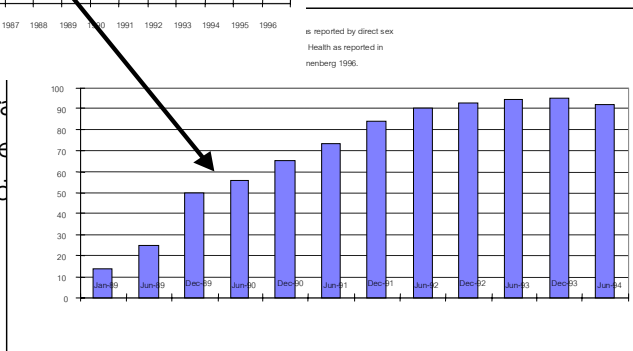
Figure 11. Reported male STD cases (in thousands) between 1967 and 1996.
Source: VD Division, Department of Communicable Disease Control, MOPH.



Department of Communicable Disease Control, MOPH.)

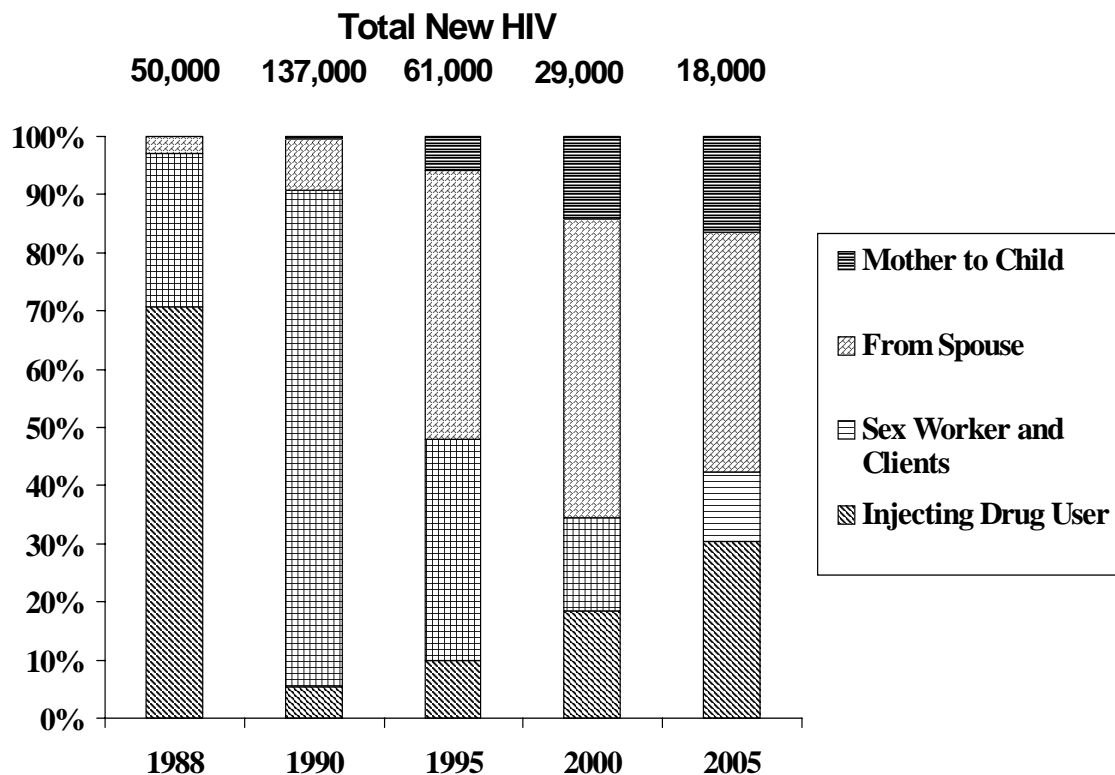
NESDB continues to
Plan that emphasize education,

resources for a multi-sectoral
sex industry has been imple
subsequent government has add



and control
significant
in commercial
cess. Every
ly.

Thailand: Changing routes of transmission



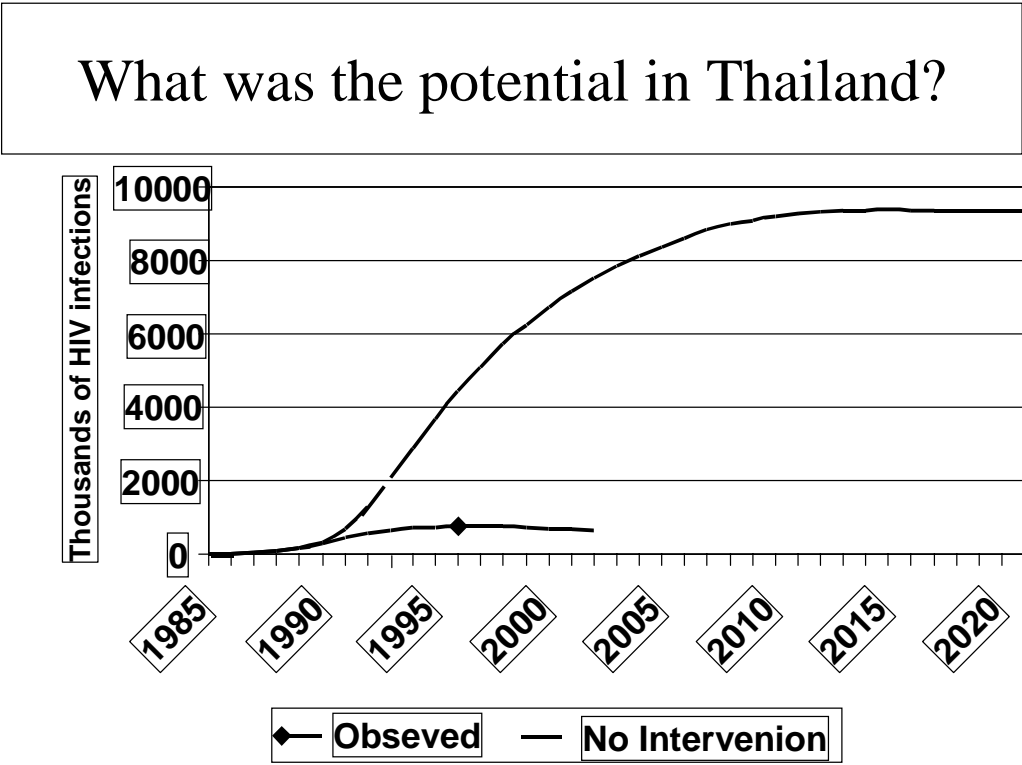
Impact

Incidence of STDs has fallen, the rate of condom use increased, the use of commercial sex workers by Thai men has been curtailed, the incidence of HIV infection decreased. The first indication of change came from the falling STD rates. In 1989, MOPH reported 410,406 STD cases, a rate of 7.69 cases per 1000 population. By 1997, the number of cases came down to 22,765 STD cases, a rate of 0.38 cases per 1000 population. This number has fallen so dramatically that the pharmaceutical companies complained that the market for their antibiotics to treat STDs had dried up in Thailand.

Condom use by men with their female sex worker partners:

A study among Thai military conscripts in 1991 revealed that 61% used condom for their most recent encounter with the sex workers. By 1995, that number increased to 92%. The increased rate of condom use by commercial sex workers has been witnessed, which was 25% in 1989 to 94% in 1993. By the late 1990s, condom use had become the norm during commercial sex. The 1990s witnessed a profound change in male sexual behaviour. HIV/AIDS Epidemiological Information Systems include AIDS case reporting, sentinel sero-prevalence surveillance, STI incidence and behavioural surveillance.

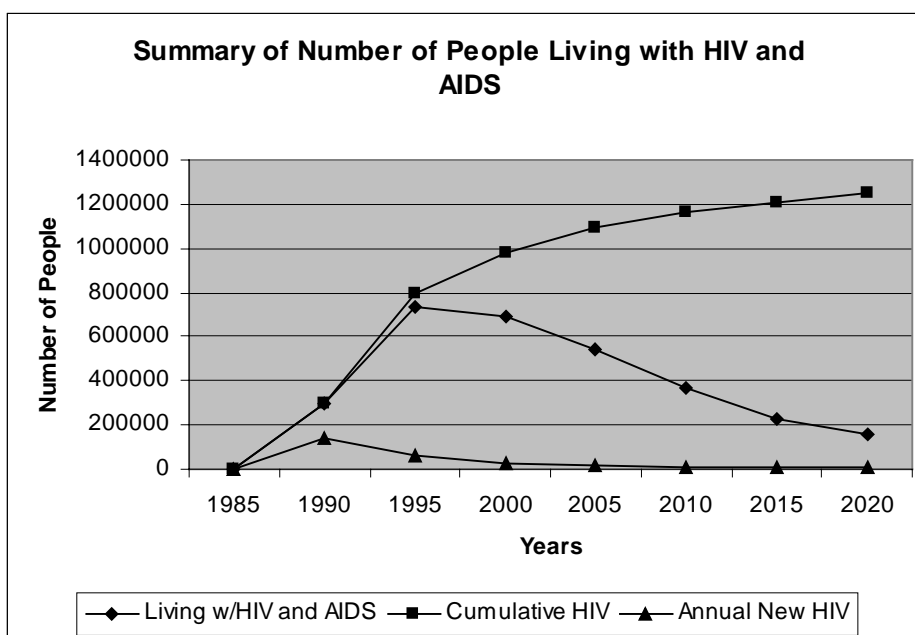
Data from the behavioural surveillance of Thai people under national and regional surveys reported declines in the use of female sex workers among all groups of Thai men. Nationally number of men reporting sex with female sex worker in the past year fell from 22% in 1990 to 10% in 1993. The use of commercial sex workers by military conscripts fell from 57% in 1991 to 24% in 1995. Similar change in sexual behaviour was found among factory workers and vocational students. HIV prevalence among Thai military conscripts peaked from 4% in 1993, then fell to 2% in 1996. In a sub sample of military conscripts from the northern Thailand, where the epidemic was more severe, HIV prevalence peaked at 8% in 1992 and had fallen to 3% in 1996. A recent article in Time magazine about AIDS in Thailand commented on the basis of their assessment that nearly 400,00 Thais owe their lives to Senator Mechai Viravaidya.



Source: Brown T, (2003), Understanding HIV Prevalence Differentials in Southeast Asia, East-West Center/Thai Red Cross Society collaboration on HIV Analysis, Modelling & Policy, Bangkok.

21st Century & AIDS in Thailand

As Thailand enters 21st century, many of its past successes are being reversed, as evidenced by a recent resurgence in HIV infection in some regions and among the army conscripts. HIV prevalence among pregnant women continues to rise from 1.7% in 1997 to 2% in 1999. Critically, Thai government has reduced its expenditures on AIDS budget since the Asian Economic crisis.



Year	Living w/HIV and AIDS	Cumulative HIV	Annual New HIV
1985	56	56	56
1990	294,144	294,840	136,962
1995	736,992	796,318	60,962
2000	694,564	983,958	29,396
2005	540,822	1,092,327	18,172
2010	369,834	1,161,694	11,685
2015	231,878	1,209,459	8,669
2020	157,568	1,249,950	7,919

Its AIDS budget has fallen by 26% since 1997. Public expenditure on HIV/AIDS prevention has declined by half. After 1989, when the implementation of condom promotion and 100% condom use brothel program began, the incidence of STIs and subsequently HIV dropped dramatically. Besides, education for high-risk behaviour groups, mass media campaigns and a national STD campaign aimed at improving STD health seeking behaviours, enhanced screening for detection of asymptomatic STD cases. Comprehensive STD case management, aimed at accessibility of services to vulnerable populations, effective treatment and counselling were all attributed to reduce risk behaviour.

The National 'Access to Care' program implementation also started mid 2000. This joint Government-NGO program aimed to improve treatment, care and support for people living

with HIV/AIDS (PLWAs). However, a subsequent increase in HIV infection among pregnant women and women in general strongly suggests a need to improve the level of condom use even in casual sex.

(Source: 2)

In the year 2003, HIV prevalence among pregnant women was 1.18%. The highest (median) prevalence was among IDUs (33.33%) followed by female direct sex workers (10.8%). HIV prevalence in military conscripts at the national level decreased from 4% in 1993 to 0.5% in 2003. The HIV prevalence among male sex workers was 7.90%, fishermen 6.86%, male STD clients 4.0%, female indirect sex workers 3.67%, and blood donors 0.27% in 2003.

It is evident that with a strong national response, a large decline in new HIV infection is possible. However, the prevalence rate among IDUs continued to increase from 39% in 1989 to 51% in 1999 and decreased to 50% in 2001, 44.91% in 2002 to 33.33% in 2003. It is however considered as one of the major challenges to control HIV infection in Thailand.

(Source: aidsthai.org on 11.29.04)

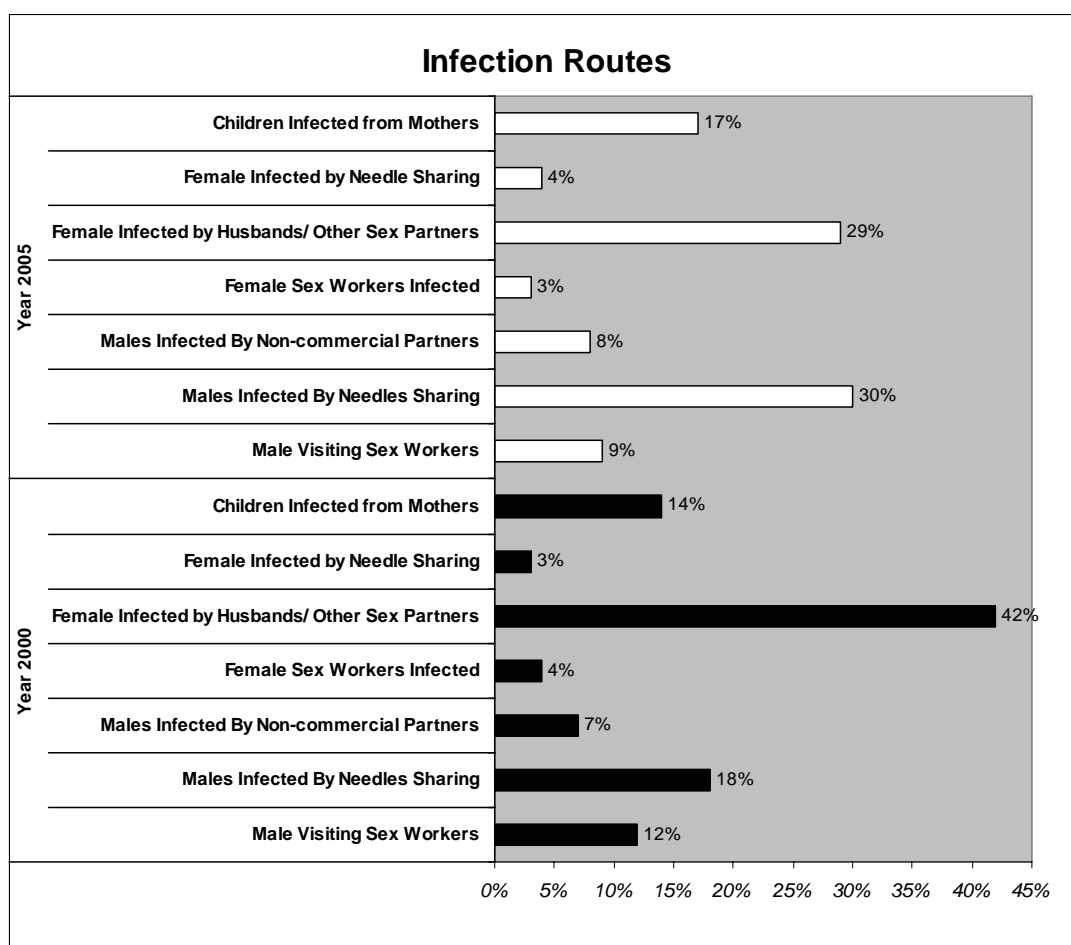
Estimated Cumulative Numbers of HIV/AIDS in the year 2004

In 2004, from a total population of 61.87 million of Thailand, it was estimated that 1,074,155 persons were infected with HIV since the beginning of the epidemic. Among these, 501,600 had died and 572,500 are currently living with HIV/AIDS in the country, of which, 21,000 were children living with HIV/AIDS and 55,000 would develop serious AIDS illnesses and approximately the same number will die of AIDS complications. Over 90% of these AIDS related deaths will occur in people aged 20-44, the most productive section of the work force.

It was also estimated that 19,500 new infections would occur in 2004 compared to the peak of 143,000 new infections per year in 1991. Approximately 2% of Thai men and 1% of Thai women over 20 are living with HIV/AIDS, while adult prevalence (age group 15-49) stands at 1.8%. HIV/AIDS epidemiological information systems include AIDS case reporting, sentinel seroprevalence surveillance, STI incidence and behavioural surveillance. These data sources indicate calculations for cumulative number of reported AIDS cases (as of Jan 31st, 2004) of 231,712. Over 89.89% of the cases were reported in years 1995-2004. More than 26.34% of the cases are in the age group of 25-29 years, followed by age group 30-34 years (25.54%), age group 35-39 years (15.90%), age group 20-24 years (9.85%), age group 40-44 years (8.46%) and age group 10-14 years (0.13%), respectively. The proportion between male and female are 2.71:1.0 .

Particularly heterosexual transmission accounts for over 83.70% of all AIDS cases; IDUs account for 4.72% followed by vertical transmission at 4.31%. Approximately 46.63% were labour, agriculture about 20.89%, unemployees 5.55% and child 3.95%, shop keeper

- n Effective responses require involving all sectors of society in addressing the underlying socioeconomic and behavioural roots of HIV transmissions.
- n Ongoing epidemiological, social and behavioural research and monitoring are required and the use of this data in developing policies and programs to changing conditions is essential for an effective response.
- n Early and pragmatic action is needed especially where there are substantial economic, social and cultural barriers to prevention.



Changing Infection Patterns Over the Course of the Thai Epidemic in the Baseline Scenario. Percentage of New HIV Infections by Gender and Means of Infection

INFECTION ROUTES	1990	1995	2000	2005
Males Infection By Visiting Sex Workers	78%	31%	12%	9%
Males Infection By Sharing Needles	5%	10%	18%	30%
Males Infected by Non-Commercial Female Partners (wives/girlfriend)	0%	3%	7%	8%
Female Sex Workers Infected	8%	7%	4%	3%
Female Infected By Husband or Other Sex Partners	8%	42%	42%	29%
Female Infected By Needle Sharing Partners	1%	2%	3%	4%
Children Infected From Mothers	0%	6%	14%	17%
TOTAL NUMBER OF NEW INFECTIONS	137,000	61,000	29,000	18,000

(Source: 24)

Major Challenges

Thailand is one of the few countries in the world that has shown significant reduction and control of the HIV problem. However, the present problem of HIV has taken a new dimension. With the control of HIV among sex workers and their clients, the major source of infection has shifted to the mainstream sexual relations between married couple or among young people. This is a time when the whole society needs to be involved and all sexual relationships need to be targeted for behavioural change. The role of leadership has never been so crucial, however, in reality the program has shifted from Prime Minister's office to the health department. The Government allocation of resources has come down from 1.32 dollar per capita in 1995 to 60 cents now followed by some increase in reserves by the government and the Global Fund for AIDS, TB and Malaria (GFATM) for ARV care. The national AIDS council meeting is no more attended by the PM himself.

HIV among IDU population still tend to rise and increased from 40% in 1988 to 50% at present, data on gay population is patchy and not available on a national scale.

Moreover, the changing dynamics of the epidemic include a major shift in the importance of previously neglected groups. IDU related infections now constitute one-fifth of all new infections in Thailand. MSM (men having sex with men) also appear to have high prevalence, and serve as a "bridge group" transmitting HIV to the general population. Only a few pilot programs have targeted MSM so far. Besides, the largest group of newly infected persons is women, accounting for nearly 43% of new infections, who have acquired HIV from their husbands or male partners. In 2001, the number of females affected by HIV/AIDS was over 150,000¹⁸. Hence the present challenges constitute setting up more preventive programs, addressing the changing epidemiological and behavioural dynamics by using the most cost-effective modalities. However recognizing the dangers, Thailand's National Plan for the Prevention and Alleviation of HIV/AIDS, amongst other sources, notes several key issues that must be addressed if positive achievements are to be sustained and persistent challenges met. These are identified as more intensive coordination and advocacy measures involving all the stakeholders, government, development partners, civil society, the private sectors and the international agencies like UN.

The treatment available today is out of reach of the common people. The global trade agreements have not been able to free the life saving drugs out of the multi-national companies to make them available to poor people, a lot of resources have been diverted to war and not HIV or development. The cost in human and economic terms due to HIV/AIDS has been enormous. Thailand has lost an estimated 400,000 lives and over one million person-years from the labour force due to premature deaths. Addressing the care and support needs of those with symptomatic AIDS (estimated to be 59,000 individuals by 2006 in the best scenario and over 90,000 in the absence of sustained prevention efforts)

and of their families, requires considerable family, community and national resource commitments.

Thailand's developing capacity to produce anti-retroviral (ARV) drugs and forthcoming Global Fund support (\$14 million grant intended to support ARV treatment needs of poor PHAs (people having AIDS) and to enhance youth programs) have important long term budget implications. The global critics and analysts suggest that ARV provision is highly cost effective for households, reducing productivity losses of both, those infected and of care givers. However, the Thai challenge remains in holding its position of global leadership, in continuing to demonstrate success, when the need for reach, resources, political commitment and the role of civil society has reached paramount significance.

Global recognition of Mechai's work

Mr. Peter Piot, Executive Director of UNAIDS on the announcement of Mr. Mechai as UN Ambassador during 5th ICAAP meeting at Kuala Lumpur, on 25th October, 1999:
" We are very honoured that Mechai has agreed to become an advocate for UNAIDS. His outstanding work to promote family planning and more recently to drive a compassionate and effective response to the AIDS epidemic in Thailand has won worldwide recognition".

Senator Mechai:

"I am very pleased to accept the role of UNAIDS Ambassador. In our efforts to address the AIDS epidemic in Asia, the crucial function of collaboration and creating partnerships within countries and across national borders is one of the most important lessons we have learned over the years. Together we can make a significant contribution towards decreasing the spread of HIV and the impact of the epidemic".

In the XVth International AIDS Conference at Bangkok, Thailand (11-16 July 2004), Senator Mechai has been appointed as the Chairperson.

responsibility to raise awareness for social conditions and to help shoulder the country's burden through supplementing and complementing the government's efforts. Government programs are often affected by long bureaucratic procedures, which are tedious and have inflexible lines of authority. Therefore they tend to promote and even support innovative NGO activities and upon proven success, the government replicates and expands those projects on a nation-wide scale.

Health Services and Community Development

From its origin as a community-based family planning (FP) organization, PDA experienced meteoric growth from 1974 to 1981, as it expanded into community development in rural Thailand and Cambodian refugee relief program at the Thai-Cambodia border. PDA's strategic priority was further expanded into health and community development. The original meagre number of 30 staff at the outset of launching the FP program had expanded to 700 by 1981. Its annual budget had increased from US\$ one million in 1974 to US\$ 12 million in 1981. During this period, PDA became the largest private, non-profit, community development organization in Thailand. Using PDA's two great assets, its grassroot networks of 10,800 village contraceptive distributors in one third of all districts in Thailand, and the villagers they served, who knew and trusted PDA, this NGO prepared to go "Beyond Family Planning" more systematically. With the existing Family Planning programs, the Health services were vertically integrated and different community development programs were horizontally incorporated into the entire system (in conformity with Alma Ata declaration).

Ministry Of Public Health (MOPH) surveys revealed that 60% of Thailand population harboured intestinal parasites. In 1976 with the assistance from the Japanese Organization for International Co-operation in Family Planning (JOICFP), PDA launched the Family Planning and Parasite Control Program (FPPC) to treat villagers affected with parasites in the districts, in which they operated. In 1977, Integrated Family Planning, Health and Hygiene (FPHH) project was introduced funded by USAID. Besides training on FP, the village distributors in 80 districts received additional training on health and hygiene. Within the capacity of new integrated program, PDA started building latrines, household water jars and village water supplies. Villagers ranked clean water as their top most priority in their community.

Rain water Catchments System in Tung Nam Project

Water shortage is the most acute problem in Thailand's northeastern (NE) region, which is poorest as well as the most populous region. Traditionally water for domestic and personal use was obtained from unsealed wells and village ponds. During dry season, when ponds dry up, villagers may travel as much as five kilometres to obtain even contaminated water. Lack of clean water is a serious problem in improving health and quality of life in Thailand's rural villages. Gravity fed water systems are costly, and

difficult to build. Dug wells are suitable only where shallow ground water is available. Bore wells and dug wells frequently dry up during the dry season. All are communal water systems and difficult to maintain. Rainwater catchments system on the other hand has many attractive features, which make them ideally suited for household water supplies. The rain water is collected from corrugated roofing, which is a common feature in rural Thailand during the rainy season. Rain water catchments system can be built for individual households requiring minimal investment, which is affordable and easy to construct. This water supply helped to improve the health and hygiene of the rural people and reduced the incidence of diseases to a great extent. It also saved households (especially women) time and greatly contributed in improving the quality of rural life. This was the PDA's clean water program. The challenge was to devise a way to build large number of rainwater catchments systems, recovering costs from the villagers. Gutters channelled water was collected from corrugated roofs into the concrete water tank. Relying on the understanding of rural Thai communities and the fertility-related development strategy, PDA decided to provide the rain water catchments system to family planning acceptors, using the community-based participatory methods, to build them and a revolving loan fund mechanism to finance them. This was the "Tung Nam" project.

"Tung Nam" literally means "water tank" in Thai. The capital to build the tank was provided by the German Agro-Action, which had previously assisted PDA with refugee relief program, and thereafter, expanded its grant assistance for community development projects. During that time, the cost of a water catchments system for one family was about 4,100 Baht (US\$ 164) for the raw materials required for building it. The payment could be made one time or by interest free instalments, 500 baht at the beginning, and 200 baht per month for 18 months to village water committee, which collected money and "revolved" the capital to build more water catchments system in their village. With this multiplier effect, capital for one water catchments system would ultimately build seven.



To build tanks, villagers provided labour and PDA provided tools, equipment, raw materials and technical supervision. Between January 1980 and July 1985, PDA built nearly 9000 rain water catchments system, providing clean drinking water to 201,000 people during the dry season, surpassing all other agencies combined, providing village water supplies, including the government. With the limited resources, it was targeted to villages with severe water scarcity in poverty-stricken areas, where family planning acceptance was high, to ensure that the investment had maximum return. PDA's efforts were initiated to expand upon government's efforts to bring water to rural areas. In certain remote communities, where it was apparent that government would not be able to reach, PDA forged ahead to help, by involving villagers in the water resource development project, through community management and self-help.

Encouraged by the success of the Tung Nam project, PDA decided to make its biggest and most ambitious venture into integrated community development, that combined family planning, health, clean water, environmental sanitation, agriculture, skill development, income generation and better marketing. In some projects, services like clean water and parasite control had been integrated with family planning.

CBIRD

In 1979, PDA tried a small-scale integrated rural development project in Wiang Pa Pao district of Chiang Rai province and Putthaisong district of Buri Ram province. Both the districts had high family planning acceptance and had participated in the parasite control program. A small integrated farm was built as a training and demonstration center in each District, where food, fuel, and fertilizer were produced simultaneously. These were supplemented with animal husbandry, income generation activities and marketing assistance. PDA evaluated its impact. The results showed that introducing a full package of community development activities at one time was an excessive pressure, too much and too fast for the villagers, the village volunteers, and the PDA infra-structure. Armed with this information and with the experience in the refugee camps, PDA embarked upon its most prestigious project yet, The Community-Based Integrated Rural Development Project, or CBIRD. In fact, CBIRD was the eventual agglomeration of PDA's 16 years of family planning and community development experiences. It was a district-wide project, aimed at improving the livelihood of village people. Agro-Action, the German organization provided one million US\$ grant to execute the CBIRD project in Ban Phai district of Khon Kaen Province in Northeastern Thailand. The funds were for investment only. Like other PDA projects, it was designed to be self-sufficient over a period of time.

This village development approach unfolded in three phases. The promotion of family planning to start with, followed by water and sanitation programs. At the third phase, the community based integrated rural development (CBIRD) was introduced.

CBIRD targeted three goals:

- i) Firstly to improve technology in rural areas and skill development for villagers
- ii) Secondly to resolve resource constraints and increase commodity production
- iii) Thirdly to market their products

PDA became involved with them, giving technical and economic assistance, consultations and created cooperatives and marketing opportunities.

All of these approaches led to the primary objectives of the C-BIRD project :

- n Achieve commercial self-sufficiency out of its operational facilities
- n Secure improvement in villager 's basic health conditions
- n Create income generating agricultural production consistent with market conditions
- n Establish indigenous development organizations (local Institution Building) to take over development on a long-term basis

Its ultimate objective was to increase farmer 's average household income by 30 %, while simultaneously improving food and health status. To provide the access to credit facilities was the real innovation introduced by CBIRD. It was made available to rural Thai farmers at non-usurious interest rates. This was like bank loan, which could be paid later without any other extra fee.

The basic activities in the CBIRD project

After family planning and parasite control, CBIRD initiatives were focussed on:

- 1) Village water resource development
- 2) Animal and crop raising schemes
- 3) Credit to farmers to purchase feed, fertilizers, seeds etc, repayable after livestock or produce was marketed
- 4) Revolving loan funds for building latrines, water resources, or bio-gas generation
- 5) Assistance to establish the village co-operatives
- 6) Better marketing for livestock and agricultural produce

To improve agriculture, PDA provided better seeds, fertilizer and further helped villagers begin fish raising. For animal rearing, villagers raised chickens, ducks, geese and rabbits. PDA encouraged them to plan to use one activity to benefit another, capturing whatever synergies were possible. For instance geese could be raised just before the villagers harvested their rice. After the harvest, the young geese could consume the grains left behind in the field, getting a good healthy start, after which they could manage by foraging and scavenging around the village.

PDA promoted appropriate technology at the village level by emphasizing renewable energy, simple farm tools and reduction of energy waste. PDA encouraged people to use animal waste instead of charcoal for cooking by converting it into biogas. Another innovation was recycling chicken droppings to be fed to the pigs, with the pig' s manure in turn fed to fish, and the residues then used to produce biogas. Fertilizer could also be

obtained through this process. By applying technological experimentation, foodstuffs were often dried using solar energy. Many villagers were already raising chickens, which were a main source of nutrition for rural households. In the past, often (as many as 90%) chickens died largely due to in-breeding. By encouraging villagers to exchange their roosters and by introducing vaccination, survival rates dramatically increased. Villagers also went into commercial production, both for egg laying and selling poultry meat. Villagers were encouraged to initiate pig raising. It was a difficult job as pigs were very susceptible to infections. To encourage their efforts, there was village-wise evaluation program to assess their performance, marked as how many families best raise pigs and how many families best raise chickens.



To achieve the overall objectives, the project functions at both the central and the local level, with the CBIRD Center and the extension service, called as Tambon (sub-district) Development Association (TDA) Program.

Technical, scientific and professional skills are essential in the production of better goods and services.

Entrepreneurial, managerial and administrative skills are important in both the private and public sectors.

Knowledge, skill, and the motivation of workers are all equally important, regardless of whether they work in agriculture or in industry, or whether they work for a large company or a small one.

The CBIRD Center coordinates activities and training for the various project areas. It provides training courses, information and material resources that are very useful to improve the daily lives of villagers. It also acts as a demonstration and experimentation site for innovative technology.

The second part of the CBIRD program, the extension service, takes place in the village. After training has been given, villagers can apply their new knowledge, information and experience in their own communities. The extension service aims to ensure development of self-reliance at the local level. PDA provides each of the Tambons with an initial sum to establish a revolving loan fund that supports income-generating activities and other community initiatives.



Tambon residents elect about six representatives as TDA staff and they receive training from PDA to provide loans and assistance to the villagers to run their activities. A university trained agriculturist is also employed to serve as a consultant on technical matters.

Local level activities are designed with the maximum participation of villagers and project members, in the planning and designing of each activity, with the provision of labour, skills, and financial investments. TDA starts by providing money for agricultural projects, but will eventually take over responsibility in all village level activities and share the center 's facilities and functions.

Strategies:

The three key strategies, PDA adopts to ensure the success of the program, are as follows: People Participation, Revolving Loan Funds and Local Organisation Building.

People Participation

From the past experiences, PDA realized that achieving a high level of community participation from the outset is the most important factor in ensuring the success of the project. Villagers can develop a sense of pride in the project that represents their own achievements and so will gain maximum benefit from it. This will help them to maintain the project activities even after PDA leaves and thus to achieve self-sustainability in the long run.

Revolving Loan Fund (RLF)

RLF serves for the continued use of the development funds over time, ensuring increased community participation.

Marketing

The issue of marketing skill development has been addressed at an early stage in the project. Villagers should know how to market effectively the extra goods they produce, in order to reap maximum benefit from them.



Local Organization Building/Strengthening

The empowerment of people is the key element in human resource development (HRD). The empowerment can be achieved through the heightening of human capacities, the application of knowledge and skill in the work, and the provision of institutional mechanisms to encourage and enable people to make choices, and to play an active citizenship role. To ensure that the poor and not only the better-off benefit from development, they need to be organized to increase their economic and political bargaining positions with those who are politically or economically stronger.

In this respect, organizing the poor into rural and urban cooperatives and community-based savings-and-credit schemes like Grameen type micro-credit facilities can strengthen their economic positions. The experience of running an organization will build the capacity and confidence of the poor with respect to participation in political decision making as well. This requires a responsive government, particularly at the local level, that is prepared to recognize local communities as partners in development and to value their opinion.

Empowerment leads people toward their own potentials. Shared values lead people toward themselves. Shared values enable people to co-evolve and reach their collective potential. They make organizations more sustainable. Human values have a generative capacity that fuels entrepreneurship within organizations.

While PDA encouraged villagers to become organized, it has not set up PDA organizations at village level. PDA helped to set up a variety of organizations to fulfil different purposes, for managing activities, such as the village committees organizing water tank construction and handling repayment. A variety of co-operatives, farmer groups, associations and handicraft companies have sprung up, encouraged by PDA and the villagers perceive these as their own organizations and thus empowered. To ensure self-sustainability in the long term, local organizations, for example Tambon Development Association (TDA) and Co-operatives have been encouraged and strengthened. PDA's role is only to initiate development activities and further to assist through guidance and financial resources for a period of three to five years. Thereafter the communities have to administer, manage and market the projects themselves, as well as to plan new ones. Therefore, it is important to develop local organizations to take over when PDA leaves. Eventually the projects come to an end as PDA cannot stay forever. Thus generally villagers on their own, continue the activities started.

Activities

CBIRD's efforts towards development require a wide range of activities, which are carried out at the CBIRD centers as well as locally at the village level.

1. Activities at the CBIRD center

PDA trained the villagers to identify their needs and to figure out the ways to get them solved, through their own means and with PDA's assistance. PDA set up special centers in a number of districts, which were particularly poorly served, where villagers could come to get supplies and learn valuable information. PDA tried to make the villagers strong enough to become efficient business people, providing the villagers with real alternatives. The main function of the center is to conduct training through programs and demonstrations. These emphasize agricultural techniques, marketing, appropriate technology, primary Health Care and Family Planning. In addition, Center encourages the villagers to be more environmentally conscious. By creating awareness on the importance of preserving natural resources and by providing loans for alternative income-generating activities, villagers are given realistic alternatives. The center also introduces new income generating activities, such as animal husbandry and works on developing existing skills such as handicraft or textile production. It provides educational materials that can be shared amongst the villagers, local government officials and village leaders of non-operational villages in adjoining districts.

The center also provides the necessary supplies to the villagers at prices cheaper than that in the market. It supplies tools, equipments and other inputs for agricultural or development activities, for example, a variety of moulds, frame works and other construction materials, such as cement blocks, latrine rings, and slabs. These are available at the center for making the necessary component parts of latrines, water tanks and water jars.

Twenty-nine organizations at Tambon level were established in Mahasarakham, Khon Kaen, Buri Ram and Chiang Rai provinces. Thirteen co-operatives at Tambon level were established in Nang Rong district of Buri Ram. As a part of the promotion and support for small scale industries in the rural areas, more than 200 small businesses, both in agricultural and the industrial sectors were established. The necessary consultation on production, management, finance and marketing was being provided to initiate basic ideas in business for villagers to improve their efficiencies and increase their income, based on the principle of participatory development.

2. Village activities at Local Level

i) Family Planning and Primary Health Care

Family Planning (FP) and Primary Health Care (PHC) services are central to PDA's efforts in development. These commenced in 1975, when PDA initiated its FP efforts by selecting and training village volunteer FP distributors in basic FP information. They were later trained to provide information on preventive health care through environmental sanitation, immunization programs and the proper use of clean water and household medicines.

ii) Water Resources and Environmental Sanitation

PDA promoted the building of shallow and deep wells, which provided a year round

source of water for both agricultural and domestic purposes. As an alternative to carrying water, water is piped from a local source to where it is needed.



The Tung Nam project promotes the building of steel-reinforced rainwater catchments tanks. These hold enough water to provide a family of four for seven months. Weirs are constructed out of concrete to dam water supplies in rivers and small streams for agricultural purposes. The community ponds undergo improvements, if required.



Sky Irrigation Project (SIP)

The latest water resource project of PDA is Sky Irrigation, which aims to duplicate earlier models, providing a source of livelihood to landless farmers, by developing a system of water tank reservoirs for irrigation. Since 1990, with the financial support of German Agro Action (GAA), PDA has been conducting the Sky Irrigation Project (SIP) to upgrade the livelihood of farming families. The SIP constructed a total number of 60 small-scale irrigation systems, that allow the intensive growing of vegetables in 8 North-eastern provinces of Thailand. In addition to that, SIP has established 30 additional Sky Irrigation Schemes to provide sustainable agricultural income opportunities for 750 agricultural families in 30 villages in the same area. The organic vegetable cultivation has been successfully promoted. The projects are located in very adverse arid geographical environment, with constraints of draught, flood or hills. With the provision of adequate water for year round cultivation, the Sky Irrigation projects enable farmers to earn a living in their villages, instead of being forced to migrate in large cities in search of work. SIP has improved social status of farmers in the districts. The training for organic vegetable production and irrigation technologies are provided at local level, and this enables farmers to benefit from multiplication effects. Besides, most project members are able to form several self-help groups, therefore the benefit has been extended to individual as well as the community as a whole.



iii) Development and Promotion of Earning Capacity in Rural Areas

PDA always helped to develop a better quality of life for farmers and the general people in every region, wherever it conducted its family planning programs. The emphasis has been on

better living conditions, supplementary earnings, development of skills, setting up of village development funds and promoting the organization of local administrative bodies. These programs covered areas in 48 districts of 16 provinces. A total of 125,000 families have been supported in agriculture, commerce and industry. The projects provided members with training in the raising of cattle, pigs, poultry and fish. They have also been trained in growing main and supplementary crops, in handicrafts and agro-industries. Presently the most interesting project for farmers is the Vegetable Bank Project.

iv) Vegetable Bank

The PDA developed the concept of "Vegetable Bank" in mid-1980s in order to provide farmers, particularly in the seasonally arid northeast of Thailand, with year round water for irrigation. Villagers receive basic training in vegetable cultivation as well as in accounting and management, and learn the basic skills of group formation and functioning. The project has improved the livelihood of villagers by intensively cultivating cash crops, which significantly reduced the migration of people from the villages to urban areas in search of job. The irrigation systems are generally established on public land, with each member, holding a plot of land of approximately 800 square meter. Water is pumped by a submersible pump with an electrical control system, from a deep well to several water storage tanks, located on the public lands. From these storage tanks, a system of pipes distributes the water to outlets and small reservoirs at the individual plots. From these outlets, villagers irrigate their crops by means of water cans.

A village water management committee of 11 members has been set up for each vegetable bank. The committee supervises the vegetable bank, collects water distribution fees from individual members to develop a village fund and assists members with production and marketing of vegetables. PDA's extension staffs provide assistance to the committees and individual members on agricultural issues and marketing. Villagers in the PDA's project villages construct the system themselves under the technical advice of PDA staff. The system costs approximately 10,000 Baht per member. Villagers repay this money over a period of three to four years. Vegetable banks have been already operational in over 45 villages in the northeast of Thailand and further systems are planned to be implemented. Vegetable banks are established through the Sky Irrigation Project with the support of German Agro Action, a number of private sponsors under the TBIRD program and by several donors.

v) Animal Husbandry

Animal Husbandry in the villages promotes self-sufficiency and allows participants to generate extra income. It includes chicken raising (for both commercial and household consumption), duck, goose, pig, rabbit and community fish raising.

vi) Crop production and cultivation

The promotion of crop production and cultivation works for the improvement and expansion of agricultural production, by training farmers in more efficient, productive, and technological methods, like promoting use of fertilizer and cash crop production.

vii) Community Forestry

PDA promotes planting of fast growing trees by villagers in public land, adjacent to the villages. After trees are fully grown, the villagers can use the wood for themselves or sell it for processing into pulp. This helps eliminate the cutting of local forests, while at the same time making use of idle public lands.

viii) Promotion of Cottage Industries

The promotion of cottage industries encourages income generation by utilizing existing skills possessed by villagers. This includes dresses and cloth material production as well as making economic stoves, bamboo and rattan handicrafts and food preservation.

ix) Promotion of Local Custom and Tradition through Local events

PDA assists in organizing events in the village, designed to promote local customs and traditions. Nowadays, younger generations have developed a strong inclination to the western way of life, undermining their old cultural heritage. To antagonize this trend, CBIRD emphasizes on activities in promotion of Thai customs, integrating people within the cultural fabric of Thai society.

x) Small and Medium sized Entrepreneur Promotion

To help village entrepreneurs open and manage small and medium sized businesses, training is provided in marketing, finance and accounting. PDA basically strives to expose the villagers to all the opportunities available, including investment resources and appropriate technologies. Generally the villagers approach the center with their training and information requests. Villagers might apply to their local Tambon Development Association (TDA) for a loan to set up business.

xi) Food for Work Program

This is an emergency project, undertaken in times of natural disaster, such as flood, draught or cyclone. Villagers are paid in the form of food commodities for undertaking projects, designed to improve the local environment and infrastructure. Projects include road construction and repair, developing ponds and improvement of dams. This reveals the villagers the impact of their co-operative efforts and encourages further self-reliant development projects.

PDA aimed to achieve the increase of villagers' income by approximately 30% a year, and thereby initiated different programs and activities in its favour. To assess the real impact of these efforts through the perception of villagers, PDA employed an innovative method of evaluation by "Thai Bamboo Ladder" device. The perceptions of the villagers

were revealed by asking questions like if their lives were better than before, and if so, in what ways? This measurement device was called "Thai Bamboo Ladder", started from zero and went up to ten. The questions were like this, "What is the ideal situation you would like to see in your community?" They would answer, "enough water, a school for the children, good health, no robberies, and a fair price for my crops". Hence in villager's perception, this is graded as an ideal situation, which is marked at ten. Then they were asked as what was the worst possible situation they could imagine themselves in, and that was termed as zero in the scale. Then they were further asked that in which position they thought they were on the ladder at that time, which they graded as five, six or seven. They further evaluated their status before PDA's interventions as two or three. Finally they were asked where they thought they would be in the future within 3-4 years time, and they pointed to eight or even nine. This revealed how villagers assessed their own progress within their own value system, and they looked forward for improvements a brighter future in the community.

Conclusion

The input of credit, technical assistance and better marketing facilities enabled the CBIRD project to generate a powerful stimulus to the district economy. It freed villagers from the cyclical hold of middlemen, the primary market and the source of credit for rural farmers, usually at usurious rates of interest. It turned farmers into small business people. The program was so successful that the Agro-Action funded additional CBIRD projects in Muang district of Mahasarakham province and Putthaisong district of Buri Ram province. Thereafter Canadian International Development Agency (CIDA) provided funds for CBIRD project in Nang Rong district of Buri Ram province and Pak Chong district of Nakhon Ratchasima province. The GTZ, the German foreign aid agency supported a CBIRD project in Chakkarat district of Nakhon Ratchasima province.

Today there are 14 CBIRD projects, operating primarily in north and Northeastern Thailand, many of them self-sufficient, all of them generating employment and income opportunities for rural farmers, and some of them spun off as independent companies generating profits. CBIRD is considered as one of the PDA's most effective programs.

PDA's Health Program

After addressing the immediate family planning needs, PDA expanded its activities to include Primary Health Care.

In accordance with Alma Ata declaration, PDA incorporated all its principles as strategy to develop the health programs and to serve the community. Its door-step health delivery system in the rural community, active involvement of people in every phase of activity, multi-sectoral approach, integrating health programs with other development projects, ensuring self-sustainability, play an integral part to conduct each and every intervention to fulfil its ultimate objective, to develop community competence. In urban areas, PDA provides health services through clinics in Bangkok and 3 provincial cities. These clinics provide consultations on

unplanned pregnancies, promoting the use of appropriate contraceptives, primary health care services, targeted for both urban and rural areas.

Rural Health Services

Mobile health vans play an integral part of PDA's efforts to provide health care to rural areas. These mobile health vans extend basic health, parasitic infection control, contraceptive and pharmaceutical distribution and other family planning services. The health vans are also used to perform vasectomies, especially useful during the vasectomy festivals, which PDA sponsors in Bangkok on major Thai holidays as well as other national holidays. Since 1981, PDA's urban health programs have developed to reach schools, lower-income communities and factories with education and awareness campaign on nutrition, basic health and hygiene, HIV/AIDS, environmental sanitation and other health related issues. In addition, peer counselling, short term crisis management and other service centers address the needs and concerns of the elderly care. To support and enhance these efforts, PDA produces a wide variety of information and IEC materials, tailored for the needs of the different sectors of society.

VI. Thai Business Initiative in Rural Development (TBIRD)

Thailand experienced a rapid economic growth in the late 1980 and PDA explored an idea of utilizing the resources and the expertise of private companies to promote economic development in rural Thai villages. Thus the private companies could share some of their benefits with the underprivileged.

PDA viewed three waves in the course of development in Thailand.

The first wave signified the phase of development of the physical infrastructure and the human resources, when the government acted as the catalyst. The second wave represented the period when the software was needed to bring benefits to the rural population, when private and voluntary organizations using resources from international organizations contributed as the catalyst. Thailand had already crossed the time span of the first two waves, as reflected in the impact of existing vast government infrastructure and the declining nature of the foreign aid in response to Thailand's economic growth. The PDA described the third wave of development, where the private sector would play the pivotal role with the government, having strong political will, in favour of a climate, conducive for development, and NGOs co-ordinating between the private sector and the rural poor.

Private Corporate had a social responsibility to help those people who had been denied an opportunity to benefit from the Thailand's economic growth. By investing on them in the development process, private sectors actually create a future provision for a wider market for their products, as the purchasing capacity of these people will increase as well as the fact that they can serve as an efficient, competent labour force in course of time. In the long run, this is the real gain, which the private sectors will reap through this investment.

Although Thailand's GNP had grown by 14% in 1988, and experienced sustained average growth of almost 10% until 1997, the benefits were not distributed uniformly. In 1989, the per capita income in Bangkok exceeded US\$ 4,000, while in the Northeast it was only US\$ 500. Almost 40% of the population in the northeast lived below the poverty line of US\$ 173/year. In relative terms, the gap between the rich and the poor was widening dramatically. The income share of the top 20% of the population had increased from 49% in 1976 to 55% in 1989. During the same period, the income share of the bottom 20% of the population had declined from 6% to 4.5%. When drastic income disparities exist, social tensions are inevitable. Affluent city dwellers reap the benefits of economic growth while the rural villagers struggle to meet their basic needs.

Many Thai farmers left their villages and migrated to urban areas to participate in the economic miracle, overburdening the urban services and infrastructure while

simultaneously jeopardizing Thailand's agricultural self-sufficiency. With limited income opportunities in the northeast, young women migrated to cities looking for jobs. Some were forced to resort to commercial sex, exacerbating the growing HIV/AIDS problem. This migration was splitting families, proliferating urban slums and destroying the social fabric of village life since only the aged and the children remained in the villages. Economic growth was not worth social disaster. Hence it was quite rational to ask private sectors for assistance to reduce this disparity. The steady decline in the development aid from abroad in Thailand in spite of the fact that Thailand's rural development needs are still far from being met, PDA devised a new agency to meet future needs through the Thai Business Initiative in Rural Development (TBIRD).

Mr. Mechai Viravaidya prepared the master plan of TBIRD (Thai Business Initiative in Rural Development) in 1986, when he was a Deputy Minister of Industry. The strategy for TBIRD was formulated when Mr. Mechai was a visiting scholar at the Harvard Institute of International Development during 1988-1989. The 25 years of experience in rural development through PDA concludes that the villagers needed exposure to four skills that are the key expertise in private business, and these being organization, production, financing and marketing. As the Thai farmers can organize themselves to produce rice and other crops, but inevitably borrow money at usurious interest rates for seed, fertilizer and depend upon middlemen to market their produce. Therefore private business could assist at each stage of the process, not only with the money, but with their time and business skills.

The program involves private sectors to finance the costs of development in individual rural villages. Simultaneously, the employees of the companies could assist the villagers, to teach them basic finance, marketing and other business skills, they will need to sustain themselves in the future. Although, the primary aim of the scheme is to provide villagers with local economic opportunities and a decent sustainable income, a corollary aim is to cultivate the private sector to assume part of the costs of rural development in Thailand, especially when foreign aid declines and this approach will eventually develop trust and confidence between the two stake holders, the villagers and the private corporate.

Economic growth enriched private sectors with surplus resources and skills that they could transfer to villagers who needed their help. The challenge was to do this in a way, acceptable to the private companies and useful to the villagers without resorting to outright charitable donations.

TBIRD had three main objectives:

- 1) To enable the villagers to learn business skills
- 2) To establish income generation activities for the rural poor
- 3) To reduce migration and encourage rural migrants to return home

These objectives served to develop rural economy and thereby improve the quality of life of rural people. Infact this was PDA's innovative concept of "The privatization of poverty alleviation," the business with social conscience.

Generally a private company could assist the traditional development activities, focusing upon basic needs (water, sanitation, nutrition), then move on to some income generating activities related to agriculture, manufacturing or services. The TBIRD concept was proposed to the Ford Foundation for funding, and was granted for a three year pilot period from 1990 to 1993. To establish the linkages between private companies and the rural villagers, there had to be a proactive catalyst. PDA became the promoter and facilitator and Mechai has been its most vocal salesman. He has been serving on the Board of Directors of several private companies and had many contacts in the business community. These connections were exploited to promote TBIRD. It took time, lot of patience and perseverance to convince the private sectors in terms of development. Since its inception in 1989, with pioneering commitments by Volvo, and Bangkok Glass, the TBIRD program has expanded to include projects in over 120 villages in the north and northeast. It compensates the donor aid by recruiting private companies to bear much of the actual costs of rural development work in villages, facilitating tax deductible contributions through PDA.

Companies have helped villagers to start an array of cottage industries, including silk weaving and basket making. Many of these are now independent and self-sustaining. TBIRD has also been able to convince companies to relocate part of their production base to rural areas, taking machinery to the people rather than the vice versa.

The Swedish Motor company (VOLVO Thailand) and Bangkok Glass Company agreed to sponsor villages, which indicated the first break through for this movement. Bangkok Glass Company is a manufacturer of bottle used for pharmaceuticals, cosmetics and beverages. It chose to work in a poor eastern village called Ban Na, near the Cambodian border, as negotiated by PDA.

The first challenge was to build trust between the two, transcending the fears about mutual intentions. By joint agreement it was decided that, the first priority was to improve village infrastructure, financed by Bangkok Glass with either grants or loans and with villagers, contributing their labour. Later, their collaboration progressed to income generation activities. Bangkok Glass provided capital for villagers to raise chickens and cultivate mushrooms. Profits were used for school lunch programs.

On the foundation of a mutual relationship of trust and understanding, Bangkok Glass brought its business experience into play by creating employment opportunities related to its core business. It installed a simple machine in the village to produce brushes used to clean glass moulds. It trained Ban Na villagers to use the machine, supplied them with materials to produce glass brushes according to factory specifications and purchased the brushes from the villagers. By 1994, the operation had grown into a mini-factory supplying all glass mould brushes used in the Thai glass industry and exported brushes to Germany.

The benefits of this arrangement worked both ways. The management viewed that their Thai employees, especially being a foreign owned company always critically assessed them. When they allocated funds for the TBIRD program, and let their staff run the program themselves, it obviously helped to improve the management's image with the staff. When their employees realized that, the company wanted to help the poor villagers and witnessed the impact in the villages with this contribution, it created a heightened inspirational environment within the company, boosting morale, trust and better understanding between management and the staff.

BATA, an international manufacturer and retailer of footwear, advanced the TBIRD concept one step forward. BATA based its TBIRD project in Buri Ram province near PDA's CBIRD center in Nang Rong district. Its ultimate aim was to produce footwear at a manufacturing facility in Buri Ram province, to be sold under the Bata label. It was a revolutionary idea.



Manufacturing had always been centered in urban areas, having the necessary infrastructure and human resources. Buri Ram being an agrarian province in Thailand's depressed northeast, had only rudimentary manufacturing capacity even in its urban settings. BATA proposed to bring its manufacturing operation to rural Nang Rong district.

With PDA's assistance, BATA established a training center in the village of Nong Bot, which evolved into a small factory employing 32 workers, most of them were young women aged 18-25, earning about US\$ 120/month, the same wage BATA paid its factory employees in Bangkok. For young women in the rural northeast, whose prospects rarely exceeded a life of tedious work in agriculture or migrating to cities, away from family to end

up in some improper or inappropriate job, a fixed monthly income in a manufacturing job, in their own villages was a great opportunity. It liberated them from the insecurity of a mere seasonal agricultural income, which often left families at the mercy of money-lenders, or provided an alternative to the sex industry.

When villagers in the neighbouring sub-districts witnessed the success of the Nong Bot factory, they approached TBIRD for setting up factories in their villages. BATA and TBIRD established three more factories in other villages. In these cases, the shoe factories were operated by village cooperatives that administer all aspects of production and bear the production costs. BATA purchased each pair of shoes from the cooperatives at a market-based price, an arrangement which ensures long-term sustainability.

By 1998, BATA had six factories in Buri Ram province, owned by cooperatives, employing 400 people who earn upto three times more than the average wage in the North-Eastern, Thailand. Impressed by BATA's success with rural manufacturing, Pan Asia Footwear Company joined the TBIRD project in 1994 and brought its shoe manufacturing unit to Buri Ram province. Pan Asia was a large shoe manufacturer in Thailand, employing 33,000 people around the country. However high turnover rates and the cost of retraining workers had increased its production costs so significantly that it considered moving its entire manufacturing operation to Vietnam. But when the Pan Asia executives noticed the workmanship of BATA shoes in Buri Ram, and especially the loyal and productive workforce, even with the low turnover, they decided to shift some of their production to Buri Ram. Pan Asia's experience was so positive, that it ultimately decided to stay back and continue its shoe manufacturing operation in Thailand. The experience of two footwear companies illustrates the potential that the linkage between private companies and rural villagers could bring to both parties. The villagers got stable employment with good wages. BATA and PAN Asia got a high quality product with stable labour costs. Indeed this has been witnessed as an outcome of proper business dealing and in no way be considered as corporate charity.

The most successful venture so far is that of BATA, the Canadian shoe manufacturer. Six million pair of shoes (45% of total BATA school shoe production in Thailand) are produced in factories owned by rural cooperatives established with the help of PDA.



The success of BATA has helped convince other companies also to move production to the rural areas. Even the government has been suggesting other companies to follow the same policy, for producing garments and leather goods, processing semiprecious stones and toys, employing villagers in the rural areas. This production initiative in rural areas not only have stopped out migration from villages, but encouraged more and more young men and women to return home to their villages from Bangkok and other urban areas.

Presently seven of the CBIRD centers in the northeast have modern manufacturing facilities, located on their premises, employing 6,600 workers. The factories are clean, well illuminated, and briskly ventilated. Companies installing factories at CBIRD centers must agree to provide a fair minimum wage, good working conditions for the work force, and the standard benefits. In return they receive a dedicated and productive workforce with complying and harmonious labour relations. The factories bring ancillary benefits to the communities.

Later five companies located their manufacturing facilities at the Chakkarat CBIRD center in Nakhon Ratchasima province in north-eastern Thailand, employing more than 2000 workers, of which majority are women. Their monthly wages bring in more than US\$ 240,000 per month worth of purchasing power to this rural, predominantly agrarian district of approximately 70,000 people. The Honda, Suzuki, and Kawasaki motorcycles lined up in the parking area, demonstrate the purchasing capacity of the workers, vendors selling fruits and other consumables to the workers. The vendors each make about 12 USD of profit per day and they are so many in number, around the factory areas during break hours and the end of the day, that police intervenes to disperse the congestion.

Other businesses have sprung up in Chakkarat district center to provide services to this economically empowered work force. The factories have had a ripple effect through the economy, improving the wellbeing of the entire district, and eventually contributing to

the increased tax revenues going towards the government. The PDA has a significant role as a catalyst in TBIRD, being important enough, but not to overplay it. Once a contract was arranged between a company and a village, PDA let them decide how their collaboration would proceed. PDA was careful to avoid scripting the collaboration, letting the companies and the villagers identify their respective needs and to sort out how they could help each other. PDA, through its leadership, motivated different companies to sponsor villages. They agreed to spend 2-5% profit on rural development through TBIRD. During the three year pilot period, PDA contacted 200 companies and 32 agreed to sponsor projects.

In 1992, the TBIRD concept was proposed to the government's National Rural Development Committee. After an evaluation by NESDB, the government endorsed the TBIRD concept as one of its approved rural development approaches and that the Ministry of Industry has been using TBIRD to match private investment with its rural labour force.

In 1994, the German NGO Agro-Action provided an additional three years of funding to allow further expansion of TBIRD. Its investment of US\$500,000 has leveraged 16 times that amount in local contributions, and an additional US\$ 17.5 million through income generating activities.

Presently TBIRD has 135 sponsors, supporting 139 integrated development projects. Multinational companies like 3M, American Express, Ericsson, Bristol Myers-Squibb, IBM, Singer Sewing Machines and Mobil Oil sponsor TBIRD villages, participated in TBIRD projects. The sponsoring Thai companies are Dusit Thani Hotel, Nakornthon Bank, Thai Farmer Bank, Siam Unisys Co.Ltd, and the Thai Oil Company. TBIRD received an endowment of US\$ one million from the Petroleum Authority of Thailand to ensure its long-term sustainability.

When the contribution of these private companies to Thailand's rural development is monetized on an annual basis, it exceeds the level of all United Nations development assistance to Thailand.

TBIRD has promoted local initiatives in manufacturing, small agribusiness enterprises, local reforestation, gender issues, education, and revolving micro-credit loan funds. It has mobilized resources from private companies to address local challenges. It has generated employment opportunities in rural areas that have reversed urban migration, strengthened local communities and drastically reduced poverty. It is a graphic example of privatization of poverty alleviation. It has enough potential to contribute in the rural development.

The collaborations between villagers and private companies, that were at the core of TBIRD, gave rise to a series of community development projects, village cooperatives, vegetable Banks, school lunch programs, animal raising, village manufacturing, silk production and weaving, furniture repair, village water supply, school improvement and many other diverse projects.

In 1996, a system of mini markets is being established in villages, where village shopkeepers are organized to own 40% of a central supply company. In return, these shopkeepers are encouraged to hold equity capital in the new factories being relocated to rural villages. All shopkeepers and factory owners will contribute 10% of profits to village activities for the less privileged section of rural population. Some Bangkok companies have agreed to allocate 3-5% of their profits, of director's fees and of director's and staff bonuses toward expanding PDA activities.

Through continued innovations in programmatic approaches and in exploring newer financing mechanisms, PDA has achieved multiplier effects, well beyond those that were first launched with its water jar program, years ago. Such development efforts are worth while and deserve immense appreciation as the villagers are able to participate as owners, can witness the value of their investments grow over time, and thus empowered.

Participation means contributing to development, benefiting from development, and taking part in decision making about development. Participation is an essential element in peoples' lives. By contributing, people gain recognition, respect and dignity, and by benefiting they increase their financial and social assets. By taking part in decision making, they gain influence. Poverty prevents people from developing their full capabilities and from participating in development. The poor contribute little, they benefit little and they have no influence over decisions that affect their lives. They therefore receive little respect and recognition from society.

Villagers became more committed to the activities and possessions that they have an investment in. PDA's approach to development did help villagers to become more self-reliant, self sufficient and independent. The key was to get the villagers started on the path to a better life through their own efforts. This then continued until they had both met their basic needs and established a firm footing of economic security. Thus TBIRD has been on the way to serve the ultimate objective of PDA, to attain community competence.

Value added labour

Many villagers had already switched to small cottage industries, as an alternative occupation. PDA set up many new programs, based on existing village skills and knowledge, for an example, the cloth making industry offered good opportunities. It is very important that villagers not only know how to make cloth, but more significantly, how to make it with attractive designs so that it is possible to market it in urban areas or

export it for higher prices. The same has been also true for villagers making Thai handicraft items as well.



PDA encouraged households to go beyond producing primary commodities and to add value to their own work. Instead of selling only fresh bananas, they were trained to market dried bananas all the year round. Food processing and vegetable pickling helped them earn income and add value to garden crops. Villagers were also taught how to make cheap baskets and bricks. Instead of the traditional approach of only growing just rice and other farm produce, they started to produce other things like decorative plants etc which have better demands in the market. They were empowered to become more productive and competent, using their own ideas and intellect.

To stem out migration

Increasing off-season employment and income generation in rural communities have various benefits, as it offers people a greater economic solution in their own communities. If villagers can derive more benefit in their community, through business and other income generating opportunities, they are more inclined to stay there instead of moving elsewhere, or migrating to Bangkok to seek jobs before and after the harvest. They will better try to improve the environment around their homes and businesses. Basically PDA tried to turn small farmers into small business people, and to create local organizations like cooperatives, where the farmers could get more organized support and benefit. PDA

continues to promote this strategy of broad-based community participation, looking to the people themselves for solutions, going into villages and finding out what people want and what their ideas are, in dealing with their problems. This approach further enhances to maintain and enrich the cultural fabric of the Thai rural community.

Environmental Restoration

Thailand's rapid economic growth over the past four decades has been associated with serious depletion of its natural resources and degradation of its environment. Deforestation either for commercial logging or agricultural expansion has disfigured the landscape. The inevitable ecological consequences came up with soil erosion, flooding, and the loss of wild life habitats. In 1975, forests covered 40% of Thailand's total land area, during present years, it has reduced to only 25%. The poor, rural north-eastern region has been adversely affected, retaining a forest canopy over only 12% of its land area. Although government had enforced legal restriction on logging in 1989, illegal logging still continues to deplete the forests.

Besides environmental degradation due to deforestation, the other factors like industrial waste effluent, excessive use of fertilizers and pesticides have polluted rivers and contaminated water tables. Motor vehicle emissions and industrial pollution have dramatically affected air quality. Poor sanitation and hazardous wastes pollute the environment and threaten public life.

Since 1982, PDA has been carrying out reforestation works in vacant public land in 562 villages, covering total areas of more than 3,200 hectares. Villagers formed into groups and created a committee for community reforestation in each village to maintain and allocate benefits and encourage reforestation. Along with the improvement of nurseries in the village, more than 3,500,000 trees and other fast growing trees, suitable for each area, have been planted. The major operating areas have been in the north-eastern region. Farmers were trained on soil and water conservation and the local organizations in the form of Nature Conservation Club in villages around the national park were established.

The Nature Conservation Club conducts the growing of pesticide-free vegetables, production of printed matters to promote conservation of wild life, radio programs on conservation of nature and promotion of environmental development projects by communities, through training and educational tours for representatives from project villages. A total of 252 environmental projects were established at community level and carried out by village committees in Chiang Rai and other provinces. In 1977, to address environmental problems in Thailand, PDA created the Student Environmental Education and Demonstration Project (SEED). This pilot project aims at providing information on environmental issues and creating awareness of environment ethics among school children and villagers. Students were trained on environmental issues, using elephants and mobile units. 1,031 teachers were trained to act as coordinators in 620

schools and 277 Environment Days were observed, on which 225,197 students participated from 1,007 schools. PDA received grants for six environmental projects, all located in the northeast. To improve the environmental situations, PDA was involved in reforestation, irrigation, water resource development, and environmental sanitation programs.

These projects were all centered around the community and institutions, based on the assumption that the natural resources and natural habitats are better protected and managed in a sustainable way, when the interests of the local people are incorporated in their conservation.

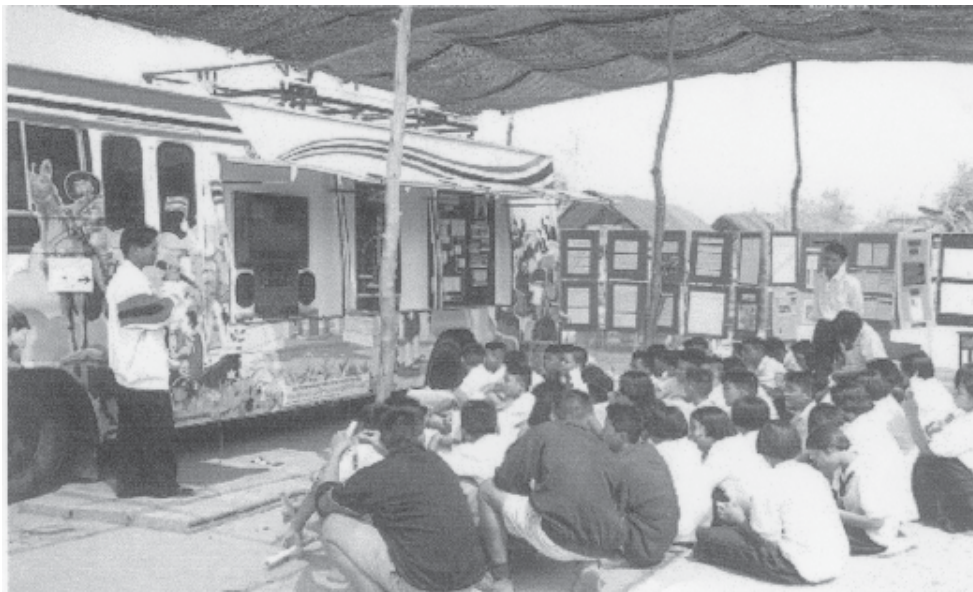


Promotion of social rights and empowering potentialities among women and youths Following the implementation of Thailand's new constitution in 1998 and the opportunity it created for the political reform, PDA initiated using its CBIRD centers to train villagers about civil society. The objective is to contribute to a new generation of politically conscious people, demanding responsiveness and accountability from their politicians. Plans are also being formulated to use CBIRD centers to raise the people's awareness about corruption, so that they will demand good governance from politicians and the government bureaucracy.

Education is the corner stone for building creativity, confidence and inspiration. It is now widely recognized that the qualities of the people of a nation influence the national prosperity and growth. It is a process by which human beings and societies reach their fullest potential. It is also critical for achieving awareness, values, skills and behaviour consistent with sustainable development, and for effective participation in decision making. Education will have to prepare for change rather than for stability. Thinking

schools and learning nations will be the paradigm of the twenty-first century, lifelong learning for lifelong employability.

In coordination with government and other private agencies, PDA carries out activities, designed to enhance social rights and improve the social status of women and children. The projects have been set up to upgrade the family life and to provide vocational training for young girls, to prevent them from joining in the sex industry and other hazardous occupation. A telephone service, addressing matters related to health and daily living was established. The drug abuse prevention project was also set up and different IEC materials were produced and distributed to improve the quality of life of youths and to motivate them for their role in community development. The projects encourage young people to utilize their spare time to improve their leadership skills and more than 8,000 youths from different regions have been trained. To promote democracy in communities, PDA arranged orientation training for 512 persons in 16 Tambon Administrative Organizations, Democratic Youth Camps were organized with 40 pilot schools, Tambon Administrative Organization was established for youth as an experiment to gather experiences and necessary training. PDA also has mobile democracy bus, equipped with multi-media educational material, (videotapes, computers, exhibits, games and books) which visits schools and communities in every region, to disseminate information on democracy.



Raising awareness through education and public relations, emphasizing on individual responsibility, ensuring participation and ownership by the local people as the ultimate stakeholders - these principles remained the foundation of PDA's work in development, be it Family Planning, Refugee Relief, AIDS Control or Community Development.

VII. The long association of PDA with the Konrad Adenauer Foundation (KAF) and its generous support in different PDA activities since 1981

The Community-Based Integrated Rural Development (CBIRD) programs attained momentum with the generous support of the Konrad Adenauer Foundation (KAF) since 1981. This PDA-KAF collaboration has been identified predominantly in the areas of human resource development, supporting numerous training courses for PDA field staff, volunteers and villagers. This initiative has been illustrated here through its six significant projects in sequences since 1981.

1. 1981-1988: The Rural Program (RP) based on the different training projects related to agriculture, farm management and health

The objective of the RP project was to provide training in agriculture, farm management, appropriate technology and primary health care in order to increase awareness and knowledge as well as to promote proper skill development in the target groups, who were basically the local farmers, village volunteers and PDA staff. These training courses were conducted in the north, north-east and central regions of Thailand.

2. 1989-1994: Small and Medium Sized Entrepreneurs Training Project (SME)

The objectives of the SME project were to improve the quality of life of rural people and to reduce their migration to urban areas in search of work. Accordingly, the programs were designed to provide local farmers with the expertise in working with groups on various issues such as productivity, marketing, finance and management and also promoted occupational training to open new avenues of income generation in order to attain community competence.

3. 1995-1997: Women's Participation and Environmental Awareness Project (WPE)

The multiple objectives of the WPE project were as mentioned below :

- i) to strengthen women's participation in the development process
 - ii) to develop environmental awareness
 - iii) to increase employment opportunities and income generation activities for rural people
- As methodology, this project adopted Participatory Rural Appraisal (PRA) and Appreciation-Influence-Control (A-I-C) techniques for group discussions and planning.

4 1998-2000: Community Participation and Income Generation project (CPI)

The objectives of the CPI project were as mentioned below :

- i) to encourage rural people to actively participate in different community development activities including income generation, occupational training and environmental conservation
- ii) to promote democracy,
- iii) women empowerment in the community.

The target groups were rural farmers, women, members and youth of TAO, women leaders, teachers and students. A training program including study visits was organized for people to share their experiences from the community development activities. In 42 schools, youth camps for young democracy leaders were organized and youth TAO was established in 12 sub-districts. The youth TAOs helped to grow the management skills amongst young people and enabled them an opportunity to participate in the local administration.

A Mobile Democracy Bus was devised and employed to promote democracy with the assistance of young people in the villages. The Bus visited many areas in the north, north-east and central parts of Thailand.

5 2001-2003: Village Democracy Promotion Project (VDP)

The VDP project was set up as a continuum of the CPI project. Its objective was pivoted on developing awareness and better understanding of rights and privileges among rural Thai people as embodied in the constitution of the Kingdom of Thailand, 1997, the target groups being approximately 360 youths in 60 villages (Village Youth Development), 350 youths in 12 sub-districts and 164 villages (Youth TAO), 100 women leaders in 8 districts, members of TAO in 12 sub-districts of 10 districts.

As initiated during 2001, the VDP project supplemented an innovative activity to the CPI project as the Village Youth Government. In each of the twelve youth TAO sub-districts, the five distinct villages were identified to set up in each village the Village Youth Government. Each village, which usually has around one hundred households, elects eight youth ministers, with equal proportion from either gender, aged between 14-24 years. They were actively involved in the administration of the village development activities. These members of the Village Youth Government also provide assistance in different capacities to both the national (elections to the Senate and the House of Representatives) as well as local (elections to the TAO and positions in sub-districts and villages) electoral systems.

PDA trains these youths how to identify key issues within their communities and how they might successfully resolve them. For example, a Youth Government from

one village enlisted the local community to help plant 10,000 trees in the area. They persuaded a company to give them 10 baht per tree, which resulted in a considerable amount of fund raising to finance other projects. In fact they learn how to identify problems, sort out solutions and where to get the resources. The elderly and the retired are also interested in lending a hand. The eligible age for joining as a senior citizen is 55 years and above. When the youths go to school, the elderly people can be the employees. It is in fact a collaboration between generation one and generation three together. This project has been running for five years and is such a success that many of the young 'ministers' have been elected as council officials in their districts.

6 2004-2006: Integrated Democracy and Rural Development Project (IDR)

The objectives of the IDR project are to develop a suitable model for the promotion of democracy, community participation, and to promote overall economic development in Thailand. PDA's relentless concern for the disadvantaged sections of the rural population prompts it to search for increased employment and income generation opportunities for the target population, with the consideration that not all Thai people have their basic needs fulfilled, or many educated youths are still unemployed or devoid of suitable economic opportunity. The IDR project continues its efforts to support youth TAO, women leaders and members of TAO from the previous project. It has placed more emphasis on Village Youth Governments, which have been established since the year 2000. More Vocational Skills Training Centers have been established in the communities, revolving loan funds have been made available for rural activities. In the PDA centers and branches located at the seven provinces of the north and north-east of Thailand, Youth Anti-Corruption Forum activities have been promoted encompassing the project areas.

In 1999, with the support of KAF, PDA launched its unique Mobile Democracy Bus, the only vehicle in Thailand with the mission of promoting democracy. It provides people the knowledge and understanding of the new electoral system in Thailand, makes Thai citizens conscious of their duties and responsibilities. They are made aware of the basic qualification required to become Senators and Members of Parliament. The interior of the bus is equipped with 2 computers that explain the new electoral system, showing the process of election through video and CD-ROM. Booklets about democracy are also available for any people who might be interested. The bus draws considerable attention of the people in the community and students in different schools, and has created a lot of demands for visit from different localities.

VIII. Privatization of Poverty Alleviation & NGO Self-Sustainability

Introduction

The Asia-Pacific region has witnessed great economic growth and development, but unfortunately for a large proportion of the population in the region, its impact has not been reflected in their quality of life. Too many people around the globe and particularly in this region, remain in poverty. Over the past 50 years, the development paradigms have relocated from 'economic growth' to 'growth and distributive justice', from 'meeting basic needs', to 'state socialism' and now to the 'globalization' paradigm. However, poverty persists and struggle continues. In the 1990s, studies have focused more closely at how the 'national poverty situation' or the 'targeted poor' could be brought into policy and planned interventions. During this decade, poverty eradication and human development have assumed prominence in the development dialogue. Human wellbeing is regarded as the ultimate objective of all development efforts. The development agenda pivots highest priority on building 'human capital' or investing in Human Resources Development (HRD). The challenge in the process of reformulating national policy priorities, and establishing a connection between the people and the government lies in the opening up of opportunities for people, enabling them to continually develop and apply their potential, in response to national and global changes. To do this, it is necessary to build and sustain infrastructure and institutions, that need lots of investment for developing and improving the skills and knowledge of the people. Here the NGOs have immense role to act as catalyst in the development process. The Governments, private sector and the NGOs should create savings and credit institutions for the poor. Poor producers can save, and they are highly efficient investors. Most of them are however denied access to savings and credit agencies, creating losses in terms of efficiency and equity. The development of institutions, which are accessible to the poor, and deal in small amounts at low transaction costs is a vital step in the right direction. The government should provide transport and marketing infrastructure, because poor producers are often located in marginal areas poorly served by roads, they face difficulties in gaining access to markets and inputs. Greater public investment on the rural sector in irrigation, drainage and infrastructure is required.

During the last 31 years of operation, PDA as an NGO has mobilized external funding for all their activities and programs. In response to the changing scenario of the economic and political situations in the developing world, the nature of funding in terms of its sources and mode of delivery has been modified to a greater extent. PDA has experienced three main stages of funding. In the early years, they relied almost exclusively on overseas donors. As international funding sources tended to decline, they diverted their attention on domestic donors such as local individuals, philanthropists, corporations operating locally and some Thai government departments. As these sources began to get exhausted, PDA became increasingly oriented toward the corporate funding arrangements that PDA had made locally. This eventually resulted in creation of TBIRD.

The main goal of TBIRD was to bridge the growing gap in terms of economy and development, between the urbanized business sector and rural communities. It motivated private sectors to make donations for educational, environmental and income generating projects in rural areas, through PDA with a major emphasis on encouraging some corporations to set up operations in rural areas and to contribute directly to surrounding communities with various development and capacity building activities. By harnessing the forces of globalization, PDA involved corporate sector in the rural development activities. As it has been witnessed that much of the success of Thailand's urban business sector had been by manufacturing goods for export, PDA wanted to bring the power of manufacturing operations to rural areas.

The poor villagers also used to do business in the rural areas, but they remained still poor because they lagged behind in business skills. PDA wanted to harness the capacities existing in the business community and to impart those among villagers to improve their business skills as well as basic opportunities. The unique approach of TBIRD to rural development earned international accolades by proving that corporations can effectively contribute their wealth of resources and skills to make rural communities more productive and sustainable in the long term.

As of December 2000, a total of 182 companies and individuals supported altogether 324 TBIRD projects throughout Thailand. These projects have initiated small agribusiness enterprises, local reforestation, addressing gender issues, school lunch programs and revolving micro-credit loan funds. This is one of the approaches that TBIRD can generate local funding to address local challenges. In many instances, the relocation of factories to rural areas within 4-5 hours from Bangkok has strengthened local communities through family integration and dramatically reduced poverty through income generation in local settings. PDA ornamented this feature with the name of "The Privatisation of Poverty Alleviation".

The most innovative means in PDA's fund raising history incorporated their ethic of sustainability through cost recovery and income-generation from their own operations and programs. PDA established 14 for-profit companies to help generate funds for their work as a non-profit association, operating from Bangkok and 18 regional centers. Presently the contribution from these companies covers 65% of PDA's expenditures.

Based on the success of their enterprises, PDA would like to assist other NGOs in creating business appendages that can evolve into sources of funding. PDA considers that by developing self-sustaining NGOs through profitable business enterprises is a timely innovation, that could both revolutionize as well as harmonize the relationship between the business community and the underprivileged world of social and environmental activism.

PDA's Self-Sufficiency Experiences

The word "sustainability" has become very crucial and significant for the NGOs, so as to cope with the mounting financial stress in terms of maintaining their very own existence as well as to carry on their core activities, and if fortunate enough to expand their activities to meet with the growing demand for their services.

Once NGOs are firmly established and well known, their expertise is professional and their operations expand. PDA is known internationally as a professional NGO. The fundamental need for a professional NGO is to grow its professionalism so as to provide its quality services and to be self-reliant.

Realizing this need since the early days of mission and with firm commitment in development activities, to help the poor, the under-privileged, PDA management guided by their chairman Mr. Mechai Viravaidya, designed and introduced cost recovery activities in addition to requesting for grants from abroad and in-country donation with an aim of being fully self-reliant. In general, NGOs can obtain funds to run their programs from the following sources:

- 1) International and in-country grants and donations
- 2) Cost recovery
- 3) Fund Raising Activities
- 4) Commercial ventures

PDA's experiences of funding their activities are very progressive and diversified.

PDA's in-country donations are organized in many ways. Monthly donation from big companies is spent towards PDA's rural development projects. PDA offers fully furnished rooms for PDA's visitors to stay at reasonable rate at one of the buildings, situated in PDA head quarter area. Other fund raising and charity events are usually organized by PDA to raise funds for the people in need, such as HIV positive people, their family and children, for scholarships of HIV positive students. PDA's fund raising sports are: "Fight AIDS Mini Marathon", Golf Tournament, Bowling, Walk Rally, Soccer, Basketball, Rugby and Horse racing, etc.

In order to come up with new fund raising activities and always considering the fund raising issue a priority for cost recovery purpose, PDA often organized charity functions like Charity concerts, special TV programs, campaigning HIV/AIDS prevention or for other worthy causes, sometimes in cooperation with other organizations as well.

PDA's other fund raising campaigns were to encourage big businesses including gas stations, oil refineries, departmental stores and well established foreign companies in Thailand to join with PDA's charitable program and to donate certain amount from the companies' income towards PDA's development activities. PDA donation boxes with precise description of donation purpose, displayed in different visible areas. Thailand being a Buddhist country, PDA organized Buddha amulets for sales to public on special

events with the proceeds contributed to PDA's development activities. In conformity with the global concept of sustainability, PDA has now started to introduce ecotourism or rural tours, which complements to PDA's development theme. PDA's ecotourism aims to help rural people earn extra incomes, to conserve their culture, traditional way of living, their age old cultural environments, the arts and crafts that originated from their local communities.

PDA has 18 regional centers throughout Thailand, involved in rural development activities, offering resort like accommodations with the touch of traditional Thai living style of rural people, where the conservation and sustainability are the main objectives.

PDA believes in the concept of self-reliance and self-sufficiency for the development projects that it initiates. Since its inception in 1974, through out the history of the organization, the concept of financial self-sufficiency and the ability of the organization to operate its projects from its own financial resources has been a theme of prime concern. From the establishment of CBIRD centers to the promotion of Rural Small Scale Industries (RSSI), from the establishment of the Asian Training Center (ACPD) and the Population Development Company (PDC), to the Thai Business Initiative in Rural Development (TBIRD), the concept of self reliance and independence from outside funding sources has been a fundamental guiding objective. Today also the relevance of income generation and self sufficiency are prioritized with equal emphasis.

It has come a long way towards achieving financial independence, with some of its programs being totally self-sufficient and others cross subsidized by local income generating activities, primarily through PDC.

The illustrations of some of its empowering ventures of self-sufficiency and self-reliance through its development-oriented activities are demonstrated as follows:

Stage 1:

Community Based Family Planning Services (CBFPS)

In 1974, PDA started with a grant from the International Planned Parenthood Federation (IPPF) to initiate and set up CBFPS, based on the familiar concept of distribution of pills and condoms through a community based volunteer network.

The objectives of the project were:

- 1) To study the feasibility of expanding the access to service
- 2) To give information on alternative family planning methods
- 3) To increase the acceptance of family planning at the village level
- 4) It was not entirely implemented on a grant basis. In terms of long term sustainability of the project, another important objective was to become financially self-sufficient within five years.

The latter objective was to be achieved through the application of the concept of 'bearable cost'. With the contraceptives being sold to family planning acceptors at a reduced price, it was sufficient to cover the operating costs. It was in fact desirable in itself, since only by paying for the contraceptives, acceptors would fully appreciate the value and a means to ensure its proper utilization. This principle was applicable in all its program activities, which constituted the CBFPS project. Today the village program has succeeded in reaching some 157 districts, or about one third of the total villages in Thailand, with a countrywide network of some 12,000 village-based volunteer distributors.

The distributors sell five brands of pills (Norinyl, Ovostat, Eugynon Yellow and Lo Femenal at Baht 8 per cycle and Eugynon Brown at Baht 10 per cycle). Meanwhile condoms were supplied to distributors at Baht 9 per dozen. Then distributors were able to resell those to their acceptors for an additional Baht, the margin representing a small reimbursement for their time and effort. Monthly visits were made by paid field supervisors to collect money from the volunteers and to replenish their stock and necessary logistics, as well as occasional spot checks were made by field officers to ensure the proper functioning of the system.

With this efficient system in place and the continued expansion of the arena of the family planning acceptors throughout the first five years of the project, the village program was able to achieve its objective of self-sufficiency within the specified time. The dependence on funds from IPPF steadily declined over the period, with the project operating costs covered from this source falling from 88% in 1974 (the first year of operation) to only 47% by the third year and tailing off to zero by the end of 1979.

Local Income Generation for the Village Program,
as compared to IPPF Grant for the period 1974-1979

Year	Total	IPPF Grant (US\$)	%	Local Income (US\$)	%
1974	269,020	238,475	88	31,545	12
1975	390,176	279,243	72	110,933	28
1976	565,142	264,550	47	310,592	53
1977	506,836	177,592	35	329,244	65
1978	492,031	108,212	22	383,819	78
1979	424,081	0	0	424,081	100
Grand Total	2,647,286	1,068,072	40	1,579,214	60

Source: Research & Evaluation Division, PDA (US\$ was approximately Baht 25)

This degree of self-sufficiency has continued to this day.

The system is still dependent upon the contraceptives donated to PDA from various foreign sources. As a result, a second phase of self-reliance plan has been implemented

on a continuing basis, the generation of local income, sufficient to purchase required supplies of contraceptives.

The extent to which the total self-sufficiency can be achieved remains to be seen. Undoubtedly, it will be a long time before poorer sections are able to pay the full, non-subsidized cost of the pills they receive. Hence it seems quite rational that cross subsidization of pill sales through condom sales is likely to continue to be a necessity. But PDA has made a significant move towards full self-sufficiency since the end of the IPPF funding in 1979. Presently 31 years since its inception, the village program still operates with some surplus. Total sales per year is approximately Baht 2,500,000. This amount of local income can cover operating costs and sustain the program itself.

The Private Sector Program (the second component of the program of the original CBFPS), has become active in marketing condoms on a commercial basis through retail dealers and drug stores. Sales of condoms through this method reached 31,000 gross in 1989. Originally, these retail activities were based upon the repackaging of donated condoms. However more recently PDA in association with PDC has become increasingly active in buying and selling condoms on a non-subsidized basis. Indeed the plan was that and eventually all of the retail distributed condoms will be purchased and sold on a fully commercial basis, promoting through advertisement, offering a range of products at different prices, through a private company. In course of time, PDA got involved in HIV/AIDS prevention campaigns, which promoted condom use as an effective method to prevent HIV infection. Hence later PDA and her affiliates backed out from involvement in condom marketing business. However presently, the private sector program generates approximately Baht 840,000 per year, which enables PDA to cover the operating costs.

A second component of the private sector program has been the provision of sterilization and other medical services through a number of family planning clinics. These clinics operate in Bangkok and a few other cities, within Thailand.

Besides, some earnings are generated by PDC through the sale of promotional items, such as condom key chains, captioned t-shirts and lighters. The business has prospered well and every year, 5-10 million Baht is contributed from this business as donation for PDA's development activities.

The third program in the original CBFPS project was the public institution Program, which employed a similar strategy to the village program in reaching urban residents and members of institutions such as teachers, school children, low-income housing residents and factory workers. As the program expanded to include the general health check-ups in urban areas, based upon a mobile medical team, the potential for the reasonably priced on-site pathological and other physical examinations was realized. Consequently the urban health bureau was established. The original approach of only stool-parasite examination was expanded to include a more comprehensive

medical and dental check-ups in 1979 and the program became very popular with school administrations and parents. Using a fee schedule that is much lower than those of similar services offered by doctors in private clinics, the program is today totally self-sufficient.

Present Schedule of Service Charges for Mobile Clinic

Service	Prices in Thai Baht
Physical Examination	35
Fecal Examination	30
Complete Blood Count	30
Urine Analysis	30
Chest X-Ray	20
Serum Test (VDRL)	30
Anti-helminthic medicines	30
Parasite Information Booklet	20

(Source: PDA Research & Evaluation Division)

Stage 2:

From Family Planning and Health to Environmental Sanitation

The PDA initiated Health and Parasite Control Program in rural areas with the support of a Japanese Organization for International Cooperation in Family Planning (JOICFP). Originally these efforts were concentrated on the eradication of parasitic infestations, affecting rural population, which was particularly high during 1976. About 60% of the population was plagued with at least one type of parasitic infection, as revealed by MOPH survey report. However as the program proceeded, it was soon noted that even after successful treatment, the rate of re-infestation was extremely high. This was attributed to poor sanitation habits, inadequate water supplies and impure drinking water sources. It revealed that the mass treatment of this sort in rural areas would never be cost effective or self-reliant, as the program did not address the root cause of this infection.

As a result in 1979, PDA reviewed its strategy and with the assistance from ATI and later German Agro Action, CIDA and other donors, commenced its continuing program to build sanitary latrines and water tanks. This program continued to this day, although the original "Tung Nam" (water tank) project used to store rain water for drinking and household purposes, has more recently been expanded to include a host of water resources, both for domestic and agricultural use. In addition to building water tanks, the construction of village pipe water system was included in the program. Moreover it manifested the evidence of self-reliance and sustainability.

Villagers who received training of how to build a latrine, water jar or tank, not only provided labour, but also offered training to teach other villagers. They also volunteered

the responsibility to repay the full cost of the raw materials plus a small administrative charge, to cover minimal running costs necessary for construction (presently set at Baht 18,000 for a water tank, Baht 750 for a jar and Baht 7,000 for a latrine). Thus a revolving loan fund has been set up, with villagers repaying the costs of the raw materials on a monthly instalment basis, within a tenure of 8 to 17 months, enabling the building of more water resources or latrines on a continuing basis. As recorded from the Tung Nam project, the rate of cost recovery usually averages over 80% for all payments arriving on time, which could be further utilized in the revolving loan fund. Thus the Tung Nam project continues to operate, in the absence of any funding from external sources, depending on the payments recovered from the tank owners to replenish the fund.

Still in 1979, it was evident that even the reasonably priced water tanks and other health and environmental services, offered through PDA were beyond the reach of a large proportion of the Thai population. Often dedicated and hard working families, being interested for a chance to improve the quality of their lives, but were short of the initial financial resources, necessary to make lasting improvements.

In response to this realization of the still existing a large number of rural people with poor earning capacity and with the determination to improve their economic status and quality of life, that the Community-Based Integrated Rural Development (CBIRD) project was developed.

Stage 3:

Rural development through the CBIRD centers

There are 12 centers, operating CBIRD activities in Thailand with the newest operations in the west (Kanchanaburi province) and the south (Krabi province). Originally built with the grant money, the centers were also expected to eventually become self-reliant and self-sustainable, as reflected in the implemented village programs, which incorporated this concept of self-sufficiency. There are two categories of activities:

1) At the center 2) At the village level.

For crop inputs such as fertilizer and pesticides, villagers have been encouraged to group themselves into co-operatives, to buy fertilizer in bulk, thereby reducing the unit cost. Rice Banks have been set up, the initial loan funds being provided by the project, but in course of time, these took the shape of precise trading activities, and eventually expanded.

Thus villagers acquired a higher degree of sophistication in trading and marketing their products as well as achieving self-reliance and self-sufficiency. The project staff from the centers provided expert agricultural advice as well as introduced new strains and conducted research on improved yields. To ensure the continued support of the centers for the village programs, it was necessary for the centers to be able to support themselves after the funds ran out.

As a result, an important objective of every center was to generate income for itself so as to ensure its ability to sustain and provide its vital services to the village community. The exact model adopted to achieve this self-sustainability differed in different centers. For the Ban Phai and Mahasarakham centers in the northeast of Thailand, the means for income generation has been through the production of crops and animals, for sale in the local market. In these centers, there has been a continuing pursuit for greater improvement of economically feasible activities that could yield a high return. While other centers, such as Sup Tai, which is located in a scenic spot of Thailand, have turned to tourism. It operates a guest house and a restaurant, consuming center produced vegetables, the revenue from which is used to support project activities.

The most innovative solution to the problem of sustainability is the plan for the Nang Rong CBIRD center. This project has already set up some 48 village development cooperatives, which deal not only profitable rice and fertilizer trading, but also offer community development services. In the future, these small village cooperatives will become members of a central cooperative, which will enjoy considerable economic benefits in the purchase and sale of essential agricultural and non-agricultural inputs and outputs. At the same time, the central cooperative will take some control over the center, including the rice mill, which exists there and which generates profit.

Thus the central co-operative, a registered legal entity controlled by villagers, is able to hire professional managers for the center and control its own affairs with mere guidance from PDA. This is an ideal example of institution building in the community, which would empower the community itself to attain competence and would substantiate with enough evidence to prove in the long run the actual role of PDA as a catalyst.

Stage 4:

Involving the Private Sector

The fast pace of economic growth of Thailand generated rural-urban inequity to a greater extent. The international assistance for the development of its under-developed counterpart in rural areas decreased substantially. The Thai government expected that the creation of adequate infrastructure in the country (roads, electricity, schools, hospitals), would automatically lead to an increase in rural development. However the income level in rural areas lagged far behind and the urban-rural disparity persisted. Since 1988, PDA took initiative in inviting the domestic private sectors to get involved in the rural development process. Consequently TBIRD has been created.

T B I R D

The private sectors have considerable resources and skills in the four basic areas, such as production, management, finance, and marketing, which could be usefully employed for the betterment of the rural community. Many companies were interested in participating the rural development process, but were hesitant to reach out to the villagers,

due to the lack of experience. Consequently PDA proposed to act as the intermediary, linking the private sector with the development process, this could be either through the consultancy and guidance to the companies, operating their own development projects, sometimes through direct implementation by PDA, funded by the company, or some judicious mix of the two, depending on the individual situation. Since the TBIRD project activities are based upon a varied production analysis as well as the planning dialogue between different business employers/ employees and the village community, the nature or content and the realization of a project are distinct from each other. The essence is that each business is adaptable to the needs and demands of the village. The successful TBIRD projects were of great use, both to the villagers and to the business corporate.

It contributed the villagers in five ways:

- 1) improvement in the quality of life
- 2) new employment opportunities and related increase in income
- 3) a larger market for their products
- 4) newly obtained and improved business skills
- 5) institutional improvements of the village structures

It served the interests of the corporate in four ways:

- 1) a more positive image for the company and its products
- 2) an increased sense of responsibility in employers and employees for the problems, as an outcome of the Thai modernization process
- 3) future assurance for cheaper and efficient labour force
- 4) long term remittance from wider market and their products, as in course of time, the purchasing capacity of rural people will increase as a by-product of this development process.

The benefits from the TBIRD projects

1. Income generation

The different TBIRD projects help to develop rural industries, in the form of small to medium-scale manufacturing operations, which thereby create local job opportunities and enhance the rural economy. TBIRD also promotes cottage industries, so that villagers can produce traditional handicrafts, various food items and cloth materials, working from home, thus enabling some villagers to increase their income by direct participation in the larger market economy. They also learn business skills through operating their home industries. Villagers can greatly increase their household incomes by growing organic vegetables, decorative plants and flowers, raising ornamental and fruit trees or small animal husbandry projects with minimum investment.

2. Educational Opportunities

TBIRD arranges different training programs relevant to the project activities, thus improving the quality of educational opportunities for the human resource development in the rural community. By developing the skills of the local labour pool, it helps to

perpetuate economic growth and improve the quality of life. Sponsors can help a village school produce their own food for lunch, provide scholarships or contribute equipments to improve school programs.

3. Improving the environment

A number of TBIRD Projects operate to improve the environment, such as reforestation, sanitation, clean water supply or clean-up projects. These significantly increase the standard of living in a community at a relatively lower cost.

4. Strengthening local institutions

The TBIRD projects provide assistance in the improvement of local institutions such as temples, sub-district councils or cooperatives through necessary training and skill development. TBIRD incorporates these institutions as partners in the development projects, thereby a greater proportion of the community can benefit from being empowered and attaining competence.

5. Social Development

TBIRD projects provide opportunities for business community and other organizations to help improving the living standards in the rural areas, especially towards the elderly, the handicapped and orphans, while operating their respective businesses. This kind of participation encourages a larger sense of responsibility and ensures a greater opportunity and security in the rural settings.

TBIRD projects signify that private sectors and multi-national business corporations can successfully contribute a share of their wealth of resources and skills to make rural communities more productive and self-sustainable in the long run. TBIRD's unique approach to rural development earned international recognition. TBIRD was chosen as an outstanding example of sustainable development for the EXPO 2000 in Hannover.

Projection of PDA's future activity

In spite of commendable achievements against the menace of HIV/AIDS in Thailand, the epidemic is yet to be effectively controlled. PDA is very much sceptical about the progress made in the fight against HIV/AIDS, as the infection/disease is a persistent syndrome and may rear its ugly head at any time. It is similar to Hydra, the nine headed monster from Greek mythology, in a way, as it is almost impossible to defeat. Whilst curing HIV/AIDS may require a herculean effort, to say the least, preventing it is not impossible. Like the promotion of democracy and the anti-corruption drive in the rural areas of Thailand, PDA has resorted to actively involving the younger generation, who are still learning, tend to be less biased, relatively untainted by society and undue negative experiences, and are not over qualified. As a result, they are capable of much original thinking and are able to produce creative solutions to problems that may usually require excessive funds and capital. Presently, with the arrival of the HIV/AIDS threat, the new scenario indicates that youths are becoming increasingly sexually active, without any proper guidance from the community regarding safe sex or ethics. Projects involving young people have been conducted with this issue in mind. A program was designed to give responsibility to teenagers in educating their peers on this delicate subject. Mechai comments, "Youths are smart and if we don't recognize that, whatever we do, we turn them off. We have to get them to be our ally rather than our enemy". In order to desensitize the discussion of contraception in society, the "Cabbages and Condoms" restaurant was launched. It was a manifestation of the idea that condoms should be available without inhibition, as freely and conveniently as cabbages, and that sex or any sex related topic could be discussed with ease and without stigma. The restaurant also provides valuable fund raising opportunities for the PDA.

The restaurant houses a purpose-built classroom, where students from different schools are brought in to learn about responsibility and safe sex. They are informed by the PDA staff that they are the present as well as the future of Thailand, the future of human civilization. The realities of life, the expectations of society are all brought to their attention, along with a sense of what is inappropriate behaviour regarding sex, drugs and alcohol. The kids generally agree with their teachers on these issues and are asked for possible solutions that may cause change for the better. The students are treated as mature, sensible young men and women in this environment, whose knowledge and ideas may often be invaluable, and implemented in altering the course of HIV/AIDS. The students are also introduced to educational resources that may be able to dispel common myths, provide facts regarding sexually transmitted diseases, and discuss the ethics of having multiple sexual partners, all within a comfortable and constructive environment. The students are free from inhibition here because of the absence of any imposed morality. Hence, they are more engaged and serious as they are being trusted rather than being lectured didactically and condescendingly.

PDA believes that education can be most beneficial when students are encouraged to add to the learning process. Young people should be exposed to the benefits of education,

how it expands one's vision and offers different perspectives on life. There must be emphasis on team work, and work for the greater good of humanity rather than the accumulation of personal material wealth, which the media today encourages and sponsors, which is unfortunate given its massive appeal (especially T.V. and the internet) amongst the youth.

"Honesty doesn't mean that when somebody doesn't catch you out, you're right.
No. If you yourself know you've done wrong, - it's wrong"

Mechai

These students, who attend these classes, are expected to take the knowledge they have learned back into their school, thereby being responsible for its introduction into their school's "life-skills" curriculum. They bring with them a high degree of empathy for their peers, who can benefit from them. Mechai comments on this "it is important to make the students part of the teaching process so that it's not belittling. Then they feel that it is their situation, their problem and that they have to be the ones to work together to make it as safe as possible for their generation".

PDA has plans to expand the project by opening a coffee shop, of course by the name of "Coffee and Condoms", next to the present classroom. They dream that it will be a life-skills and sex education center with lots of information and books. It will be a café where students can find out all about sex education through pictures, CDs, the internet and telephone hotlines with youth volunteers answering the calls. A radio station may also be created to serve the community. Even parents and teachers will be welcomed to inspect and understand the nature of education their children are being exposed to. In fact, in this era of Information Technology, which offers the tools for life-long learning, history will remember the PDA's unique approach of expanding the horizons of knowledge and learning by transcending the social barriers of prejudice amongst teachers and parents through kids. If the project is a success, PDA will open a chain of coffee shops across Bangkok and perhaps in other provinces as well.

Present Relief Activities addressing Tsunami Disaster

Thailand was tragically affected by the Tsunami catastrophe on December of 2004, which took many lives including tourists, inhabited homes and disrupted the livelihood of many farmers, fishermen and villagers. The emergency efforts to provide them immediate aid are almost over and there is now the urgent need for rehabilitation of the post Tsunami sustainable Livelihood in those affected areas. To return their lives to normalcy, they need assistance now to enable them to be self sufficient in the long run. In response to this acute need, PDA - CBERS (Community Based Emergency Relief Services) in collaboration with Cabbages and Condoms has already launched activities in Krabi and Phang nga. During the last 31 years, PDA gathered many experiences through its varied sustainable projects, and the present Tsunami affected areas have been serving as rich experimenting ground for those innovative community based approaches to be effectively implemented, PDA-CBERS spearheading this mission through different project activities emphasizing the need for income generation, self help, promotion of gender equality, empowerment and youth participation in local government.

1. Community Empowerment, Youth & Development

PDA's guiding principle is the empowerment of villagers to implement activities and to build community institutions based on their needs, aspirations and long term plans. Prior to activity implementation, a Village Rehabilitation and Development Committee will be formed, which will be comprised of 12-15 members of different demographic groups in the village: women, youth and the elderly. Elected community members articulate, plan and implement activities as our partner rather than as a recipient of assistance. This occurs in four stages. First, elected villagers meet to articulate their needs and aspirations. Second, villagers travel on 'eye-opener' field trips to other regions to gather new ideas and to observe successful community and income generation activities. When they return, villagers prioritize activities, create budgets and set a time frame for implementation. Villagers are actively involved in the fourth stage-implementation and monitoring-with continual support from PDA.

2. School Lunch Program

Since many parents have lost their source of income, PDA- CBERS came forward to provide school lunch for children at school. Baht 2400 will fund a student's lunch for one school year. Their target is to cover 1000 children by mid February 2006.

3. School Lunch Farm

A School Lunch Program will be followed by a School Lunch Farm. Teachers, parents and students will work together to produce vegetables and chickens. Some of the produce will be used for lunch and some will be sold to buy rice and to invest in the next round of crops and animals. Baht 200,000 will fund one farm.

4. Education support fund

Through this project, the students will be paid for books, uniform, transportation and other small but necessary incidental items. For a primary school student the Scholarship will amount to Baht 6000, and for a secondary student, to 8000 Baht only for a year .

5. Psychological support & Youth Empowerment

The psychological support and counseling will be offered to children and youth to let them express themselves so as to reduce their depression, anxiety and grief generated by the Tsunami. They would also be encouraged to join in different activities that suit as well as soothe them.

6. Village youth Government

Youths aged between 14-24 years will elect 8 representatives (male and female in equal numbers) to form a Village youth Government. This group will be trained especially to manage relief works and future affairs of the village, including certain activities of the project. The Village youth Government will be a permanent institution in all villages. Baht 200,000 will create one Village youth Government.

7. Cash for work

People, who have lost their source of income, will be invited to work with PDA-CBERS in cleaning up villages, repairing damaged homes, boats and bridges and helping to identify felt needs of community members. They will be remunerated half in food and half in cash on a daily basis. PDA-CBERS will focus on the more- vulnerable sectors of society, such as women and the migrant workers working in non-formal sectors. Baht 2000 will employ a worker for 10 days.

8 Women's Income Generation

For poor villagers who have damaged or destroyed their traps for catching fish or nets for raising fish, funds and interest free loans will be provide to them by CBERS to buy new nets and small boats to resume their traditional occupations. Baht 3100 will provide one fish cage.

9. Boat Bank

Many local fishermen have lost their boats. Small fishing boats will be purchased and rented out to fishermen for a daily fee, which will contribute towards eventual ownership. This effort can alleviate the eventual debt buildup of the local fishermen in restoring their lives to normalcy. Baht 24,000 will fund one boat.

10. Village Bank

The bank will be created through planting trees, returned proceeds of the boat bank, and the fishnets. Each tree planted will contribute 20 Baht towards the village owned community bank. 31,000 trees will generate 600,000 Baht for the bank which villagers will be able to borrow to rebuild their businesses. Trained villagers will manage their own bank.

11. Health and Sanitation

Youth trainers, with guidance from PDA, will lead the way in providing health education to different village groups and life skills training to their peers. A mobile health unit will also travel from village to village providing preventive health information, general health examinations, and x-rays if needed. The promotion of sanitation activities include cleaner and better built household latrines to replace those destroyed and rain catchments, water jars, and water tanks for collecting and storing clean rain water .

12. Tree planting

Several communities were saved from the tsunami by lush mangrove forests which absorbed the main force of the wave. Mangroves and other trees will be planted to replace those destroyed .For every tree planted, Baht 20 will go into the village and community banks. Communities will also be encouraged to plant jatropha trees, which produce a biodiesel liquid that can be used in engines of farm and fishing equipment. The jatropha nut-meal can be used as an organic fertilizer .The plant will not only meet the needs of the local fishermen and farmers, but also generate sustainable income for the community should they wish to make a business of selling this valuable plant.

13. Environmental Education

A mobile unit for educating on environmental issues, visits different communities and schools and provides information and training on how to cultivate and preserve their natural habitat. The 'environmental bus' uses multimedia, print media and audio-visual devices to teach about the local ecosystem, alternative energy sources, and what villagers can do to protect their environment and even generate income by setting up garbage banks.

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X. Appendix

Projects by PDA (1974 - 2005)

Project Title	Year of Project	Donor Agency
1. The Community Based Family Planning Services Project (CBFPS)	1974	IPPF
2. Institution Program (IP)	1974	IPPF
3. Private Sector Program (PP)	1974	IPPF
4. Fund Raising Program	1975	Donation
5. The Integrated Family Planning and Parasite Control Project (FHPC)	1976	JOICFP
6. Community Based Voluntary Sterilization Project	1976	MOPH/IPAVS
7. The Family Planning Health and Hygiene Project (FPHH)	1977	USAID
8. Community Health Project	1977	JOICFP
9. International Training Project (Asian Center)	1978	PATH FINDER, JOICFP Netherland Governor
10. Assistance to Kampuchean Refugees in Thailand	1979	UNHCR
11. The Village Family Planning and Health Care Project (FHPC)	1979	GTZ, GAA
12. Community Based Integrated Rural Development W eing-Pa Pao	1979	SASAKAWA
13. The Thai Youth to Youth Project	1980	FPIA
14. Grain for Refugees	1980	UNHCR, GAA
15. Agriculture, Farm Management and Health Training Project	1981-1989	KAF (Rural Program : RP)
16. Promotion of Village Level Technology in Thailand Project	1981	ATI
17. Construction Workers' Children Day Care Center Project	1981	DC,Netherlands Embassy
18. Small Farmer Fair Price Program	1981	FDA
19. Rain Water Collection and Storage Project (Tang Nam)	1981	GAA,Netherlands Embassy
20. Community Based Integrated Rural Development Project) (CBIRD Mahasarakham - Ban Phai)	1982	GAA
21. Village Experimental and Community Based Incentives Thailand (BII)	1982	The Population Crisis Committee

Project Title	Year of Project	Donor Agency
22. Community Afforestation Project (CAP)	1982	LDAP, GAA
23. Family Planning and Community Development Project (FPCD)	1982	FPIA Crisis Committee
22. Community Afforestation Project (CAP)	1982	LDAP, GAA
23. Family Planning and Community Development Project (FPCD)	1982	FPIA
24. PVC Hand pump at the Village Level in Thailand Project	1982	IDRC
25. Decentralized Development Management Project (DDMP)	1982	USAID
26. Food For Work Project	1982	GAA
27. Southern Thailand Latrine and Rainwater Collection and Storage	1982	Canadian Embassy Project
28. Development of a self-help Assistance Program for Displaced Persons	1982	CUSO
29. Khao Kor Development Project	1983	GAA
30. Small Farmers Bee Keeping Project	1983	GAA
31. Community Forestry Management Project (CFMP)	1983	GAA / BMZ
32. Rape Crisis Centre (RCC)	1983	FDA
33. Water Resources Development Project (WRD)	1983	ATI, GAA
34. Orphanage Programme	1983	Ford Foundation
35. Protein Enriched Cassava Project	1983	ATI
36. Northern Thailand Rainwater Collection and Storage Project	1983	Canadian Embassy
37. Fish Powder Concentrate Marketing Project	1984	Norsilmel Inc.
38. Oral Rehydration Salts Project (ORS)	1984	PIACT
39. Rain Water Collection and Storage Project (Tungnam Korat)	1984	USAID
40. Rural Small Scale Industry Project (RSSI)	1984	ATI
41. Community Based Integrated Rural Development of Nang Rong Project	1984	CIDA
42. Telephone Health Message Project	1984	FPIA
43. Family Planning Information and Services Center (FPIC)	1984	IPAVS
44. Southern Thailand Appropriate Resources and Technical Support Project	1985	FPIA
45. Rural Development for Conservation Project (Sap Tai Project)	1985	GAA
46. Village Experimental and Community Based Incentives Thailand (CBIT Surin)	1985	USAID
47. School Food Sanitation Project	1985	JOICFP
48. Development Communication Project	1985	IDRC

Project Title	Year of Project	Donor Agency
78. Family Planning and AIDS Education with Low-Income Hopkins Commercial Sex and Youths university	1991	Johns
79. Service of Family Planning Information Center Project	1991	IPAVS
80. AIDS Education for Commercial Sex Workers	1992	WHO
81. Mobile AIDS Compassion Van	1992	Australian Embassy
82. Sky Irrigation Project	1992	GAA
83. HIV/AIDS in the Workplace Project	1992	UNDP
84. AIDS Education with Hill tribe People and the other groups Project (8 projects)	1992	MOPH
85. AIDS Education and Occupational Training among Hill tribe People Project	1992	NCA
86. Economic and Social HIV/AIDS Prevention Strategies for Northern Thai Women : Operations Research Project (AIDS-IDRC)	1992	IDRC
87. Household's Energy Consumption in Rural Area	1992	DEDP
88. Small and Medium Sized Entrepreneurs Training Project	1992-1994	KAF (SME2)
89. Gender Sensitive Venture Capital Project (GSVC)	1993	ATI / NIFEM
90. Family Planning Services in Vietnam	1993	AUSAID
91. Water Resource Development and Environmental Sanitation Project (WRD/ES)	1993	GAA
92. District Level HIV/AIDS Program (DAF)	1993	GIZ
93. Anonymous Mobile HIV Testing Clinic	1993	UNICEF
94. Community Water Management Project (CWMP)	1993	GAA
95. Baby Home Project	1993	Canada Fund
96. Soroptimist International AIDS Mediation : SIAM Project Education and Alternatives to Prostitution for Northern Thai Women	1993	Soroptimist International AIDS Mediation
97. Vegetable Bank Project	1994	Australia Embassy
98. Tam Nam Jai Baby Home Project (Community-Based AIDS Care:Baby Home)	1994	GAA
99. AIDS Education at Marriage Registration : AIM Project	1994	EC
100. District-level AIDS Foundation Partnership Program (DAFP)	1994	AIDAB
101. Working as Partners AIDS Education in the Workplace (WAP) Project	1994	EC
102. Temple-Based Community Child Care Program (TBCCCP)	1994	GAA
103. Fighting HIV/AIDS through Entertainment and Recreation	1994	The Commission of European Committee: EC

Project Title	Year of Project	Donor Agency
104. AIDS Education Through Family Planning Volunteers	1994	Rockefeller Foundation
105. Pha Tam Integrated Community Development for Conservation Project	1995	G A A
106. Women's Participation & Environmental Awareness Project (WPE)	1995-1997	KAF
107. Australia Thai Business Initiative in Rural Development (ATBIRD)	1995	AusAID
108. Golden Jubilee Scholarship and Internship Program	1995	Canadian Government
109. Nang Rong Youth Scholarship and Computer Training Program	1995	Australian Embassy
110. Asian AIDS IEC Resource Collection Center Project	1995	AIDSCAP / USAID
111. Japan Vegetable Bank Project	1995	Japan Embassy
112. Training on AIDS and Reproductive Health Education for Girls' Secondary Schools Project	1996	UNFPA
113. Vegetable Bank of Siam Commercial Bank (10 systems)	1996	Siam Commercial Bank
114. The Promotion of Rural Industrial Development Project	1996	Ministry of Industry
115. Family Planning Volunteer Re-Training Program	1996	AusAID
116. Family Planning and Quality of Life Improvement Project	1996	AusAID
117. AIDS Training for Specific Populations Project	1996	M O P H
118. Ramkhamhaeng University HIV/AIDS Resource Center	1997	M O P H
119. Strengthening NGO/CBO Capability Through Community Support for HIV/AIDS Project	1997	UNFPA
120. Phou Xiang Tong Community Development for Conservation Project	1997	GAA
121. Prison-Based AIDS Information and Support Program	1997	AusAID
122. Student Environmental Education and Demonstration (SEED) Project	1997	DAN C E D
123. Emergency Aid for Refugees from Cambodia in Thailand Project	1997	GAA
124. HIV/AIDS Education for Migrant Workers and Border Population Project	1998	MOPH
125. Training on AIDS and Reproductive Health Education in Girl's and Boy's Secondary Schools in the Bangkok Metropolitan Area Project	1998	British Embassy

Project Title	Year of Project	Donor Agency
126. Education Scholarship of Children Affected by HIV/AIDS	1998	OMG
127. Sceptimist International AIDS Mediation ; SIAM PROJECT-LG Education and Alternatives to Prostitution for Northern Thai Women Project	1998	U K National Lottery Grant Committee
128. Grey Water System Project	1998	GAA
129. Community Participation and Income Generation Project (CPI)	1998-2000	KAF
130. PDA-James Clark Scholarship Fund Project	1998	James Clark
131. Planning Grant Project	1998	Rockefeller Foundation
132. The Lighthouse Project	1998	Canadian Centre for Occupational Health and Safety (CCOHS)
133. Integrating HIV/AIDS into Peer Education on Quality of Life in Thailand Project	1998	UNAIDS-GENEVA
134. Income Generation and Social Integration Project for People Living with or Affected by HIV/AIDS Project	1999	UNAIDS-GENEVA
135. Strategies to Strengthen NGO's Capacity in Resource Mobilization through Business Activities (Best Practice)	1999	UNAIDS
136. Nike Village Development Project	1999	Nike Inc.
137. Scholarship and Youth Development Project	1999	Lucent Technology Foundation
138. Low - Cost Village/Rural Housing Project	1999	Japanese Embassy
139. HIV/AIDS Awareness Education Program for Commercial Fishermen	1999	MOPH
140. Lamplimat Pattana School Project	2000	Mr. James Clark
141. Sustainable use of Natural Resources : Income Generation for Inhabited Wetlands Project	2000	British Embassy
142. Thai youths' Understanding of HIV/AIDS Information Integrated Environmental Protection Association's works Project	2001	MOPH
143. Generating Loans for HIV/AIDS Positive Communities in Thailand Project	2001	UNAIDS
144. HIV/AIDS Prevention Among The Thailand-Burma Border in Kanchanaburi and Rachaburi Province Project	2001	AUSAIDS

Project Title	Year of Project	Donor Agency
145. The Innovation day winning Projects 2001	2001	World Bank
146. Fighting HIV/AIDS through Recreation Project	2001	MOPH
147. Village Democracy Promotion Project (VDP)	2001-2003	KAF
148. The Understanding AIDS for Border Communities Project	2002	Norwegian Church Aid (NCA)
149. Recovery and Sustainable Use of the Wetlands: Benefit Sharing among Natural Resources and Inhabitants Project	2002	Unocal Thailand Co., Ltd.
150. HIV/AIDS Prevention by Youth Project	2002	MOPH TAO of Kok Klang
151. HIV/AIDS Education to Thai Burmese Border Population Project	2002	M O P H
152. Strengthening Environmental Education in Thailand (SEET-PDA)	2001-2004	Danish International Development Assistance-DANIDA, Denmark
153. Young People's Reproductive Health Development Through South-South Collaboration (YPRH) Project	2002	EC
154. Educational Scholarship for Students Affected by HIV/AIDS	2002	M O P H
155. HIV/AIDS Network Establishment in W iang Pa Pao District	2002	TAO of Pha Ngew
156. HIV/AIDS Education to Workers in Traditional Massage Places and Karaoke	2002	M O P H
157. Income and Occupation Creation Funds for People with HIV/AIDS Project	2002	British Embassy
158. HIV/AIDS Education to Thai-Burmese Border Population (Kanchanaburi - Ratchaburi)	2002	AUSAIDS
159. Peer Education in Prison (Tark Province)	2002	MOPH
160. HIV/AIDS Prevention by Youth (Buriram province)	2002	MOPH
161. Thai Rice College Project	2002	PPT
162. EU-BAAC's Social Support Training Program	2003	Bank of Agriculture and Cooperatives

Project Title	Year of Project	Donor Agency
163. Study and Planning for Improving Life's Quality of people Residing in the Area of the Mae Moh Power Plant, Mae Moh district, Lampang province. (Phase I)	2003-2004	The Electricity Generating Authority of Thailand
164. Income and Occupation Creation for People with HIV/AIDS Project	2003-2004	British Embassy
165. HIV/AIDS Prevention and Management in the Workplace Project	2003-2004	Global Fund
166. School and Community Alcohol Education Project (AE Project)	2003-2004	Riche Monde
167. Study and Planning for Improving Life's Quality of people Residing in the Area of the Ratchaburi Power Plant, Ratchaburi province. (Phase I - II)	2003-2004	Ratchaburi Electricity Generating Holding Public Company Limited.
168. Ratchaburi Power Plant Development Project	2004-2009	Ratchaburi Electricity Generating Holding Public Company Limited.
169. Asia Pacific Non-Government Organizations Research, Database and Outreach	2003-2004	Philip Morris Asia Co., Ltd.
170. Positive Partnership Micro Credit Loans for Women Living with and Affected by HIV/AIDS Project	2003-2004	TIAW (APEC of Women Group)
171. Integrated Democracy and Rural Development Project (IDR)	2004-2006	KAF
172. The Ratchaburi Power Plant Project	2004-2006	Ratchaburi Electricity Generating Holding public Company Limited.

Project Title	Year of Project	Donor Agency
173. Positive Partnership : Micro Credit Loans for People Living with and Af fected by HIV/AIDS Project	2004-2007	Pfizer Foundation
174. Family Planning, HIV/AIDS and Sex Education To Teenagers Project	2004-2006	Bristol-Myers Squibb Foundation
175. HIV/AIDS Education and Consulting to Factories W orkers.	2004-2005	AIDS Division, Bangkok Metropolitan Administration
176. HIV/AIDS Education to Youth.	2004-2005	AIDS Division, Bangkok Metropolitan Administration
177. Educational Scholarship for Students Af fected by HIV/AIDS	2004-2005	MOPH / (100 scholarship) International School
178. Community Based Project : HIV and STI Prevention in Pattaya	2004	UNF PA
179. Positive Partnership in Bangkok Slums	2004-2005	USAID
180. The Mae Moh Power Plant Project	2004-2007	The Electricity Generating