

REPORT

East Asia and Pacific Region

INTERFAITH CONSULTATION: CHILDREN and HIV & AIDS

15-17 January 2008
Bangkok, Thailand

unite for
children

unicef 

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The UNICEF East Asia and Pacific Region Interfaith Consultation: Children and HIV & AIDS, held from 15-17 January 2008 in Bangkok, Thailand, was aimed at developing an interfaith regional framework to strengthen the role of Faith-Based Organizations (FBOs) in responding to HIV & AIDS and in addressing the needs of children affected by HIV and other vulnerable children.

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We appreciate all the contributions of the religious leaders and representatives of faith-based organizations who attended the Consultation (refer to Annex 2 for the list of participants).

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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
AINA	Asian Interfaith Network on HIV & AIDS
AMAN	Asian Muslim Action Network
APLF	Asia Pacific Leadership Forum
ART	Anti retroviral treatment
BCC	Behaviour change communication
BLI	Buddhist Leadership Initiative
CCA	Christian Conference of Asia
CMMB	Catholic Medical Mission Board
CPP	Church Partnership Programme
CRA	Child Rights Advocate
CRC	Convention on the Rights of the Child
EAA	Ecumenical Advocacy Alliance
EAPRO	East Asia and Pacific Regional Office
FBO	Faith Based Organization
FHI	Family Health International
GIPA	Greater involvement of people living with HIV & AIDS
GIS	Geographic Information System
HIV	Human immunodeficiency virus
IDU	Injecting drug use(r)
IEC	Information, education and communication
IMMIM	Indonesian Mosque Association Mushallah Muttahidah
IR	Islamic Relief
MSM	Men who have sex with men
NAIRN	Novices AIDS and Intervention Referral Network
NGO	Non government organization
OI	Opportunistic infection
OVC	Orphans and Vulnerable children
PLHIV	People living with HIV
PLWHA	People living with HIV & AIDS
PMTCT	Prevention of mother-to-child transmission (of HIV)
PNG	Papua New Guinea
SPCC	Salvatorian Pastoral Care for Children
STI	Sexually transmissible infection

UNAIDS	Joint United Nations Programme on HIV & AIDS
UNICEF	United Nations Children’s Fund (formerly United Nations Children’s Emergency Fund)
VCCT	Voluntary confidential counselling and testing
VCT	Voluntary counselling and testing
WCC	World Council of Churches
WCRP	World Conference on Religion and Peace
WHO	World Health Organization
YWCA	Young Women’s Christian Association
ZINGO	Zambia Interfaith Network on HIV & AIDS

EXECUTIVE SUMMARY

On 15-17 January 2008, UNICEF East Asia and Pacific Regional Office convened an Interfaith Consultation on Children and HIV in Bangkok, Thailand. The Consultation was attended by over 80 leaders from Faith Based Organizations (FBOs) and other participants from 13 countries. The aim of the meeting was to develop an interfaith regional framework to strengthen the role of FBOs in responding to HIV & AIDS and in addressing the needs of children affected by HIV and other vulnerable children.

The three-day discussions revealed a large body of faith-based work in place. Buddhist, Christian, Moslem and Hindu participants presented a diverse range of activities being implemented at local community and regional levels.

The Buddhist Leadership Initiative (BLI) began in Thailand in 1997 and has expanded to include monks from Cambodia, China, Lao PDR, Myanmar and Viet Nam. By using the moral standing and extensive reach of monks in these countries, the BLI has gone to the frontlines to demonstrate compassion to those infected and affected, providing them care and support and increasing AIDS awareness.

In Lao PDR, a secondary school-based programme used by monks had been adapted from Buddhist teachings for HIV prevention awareness. Some monks were trained and equipped with the necessary skills to teach people of different ages.

The Sangha Metta, a Thai-based project that has been a large component of the Buddhist Leadership Initiative in Thailand, is expanding its reach to work with novices. NAIRN – the Novice Aids Intervention & Rehabilitation Network – is seeking to train novice monks as peer educators on HIV and narcotic harm reduction. Its objective is to get the young novices to act as spiritual leaders for youth by promoting a safe lifestyle and providing them with emotional support. Because most novices are younger than 25, they are in a strong position to talk to other young people about harm reduction and nurture their spiritual development in a way that they will accept.

The Pink Triangle Foundation, a volunteer community-based organization in Malaysia, has had enormous success in working with transgender, commercial sex workers and other high-risk groups. The Foundation sought to create a space for young marginalized groups, especially men, to discuss their sexuality in a non-judgmental setting. Working in collaboration with the Government and other Islamic groups, the Foundation has been running outreach services, a drop-in centre and providing referrals that have started to make an impact in reducing the risk of HIV transmission.

In addition to providing care and support to those infected and affected by HIV & AIDS, many delegates talked about what they saw as room for an even larger role in prevention. They saw scope for expanding activities in such areas as life skills education and outreach programmes targeting most-at-risk adolescents, especially with many of them already working with children's classes and youth groups.

In much of the discussions, there was an agreement that many children are not getting the support they need in their families with parents stretched by growing economic and social pressures. This was of particular concern to delegates from the Pacific who thought that traditional family values were being eroded. They agreed that faith-based organizations could play a greater role in providing counseling and moral strength and guidance to those infected with HIV & AIDS as well as in using their influence to foster more care and compassion within families and communities.

There is also, in some cases, a lack of support from within religious communities. An imam from Ningxia Province in China said he uses his Friday prayers as well as other congregational gatherings to create awareness on HIV & AIDS. He works in partnership with officers from the Chinese Centre for Disease Control who give technical lectures and presentations while he provides the moral and spiritual leadership by reading from the Koran and quoting other religious texts to reinforce a message of compassion and link it to the local context. However, he has encountered challenges from other imams in the province who are not convinced that they should be involved in HIV education.

Motivated by concern for the infected, the Anglican Church in Papua New Guinea created Anglicare StopAIDS, a community-based organization, seven years ago. Since 1987, when the first case of HIV was detected in PNG, the virus has spread to an estimated 69,000 people. Working in remote areas of the country, Anglicare has tapped the church network to mobilize critical care and support to those infected and affected as well as to raise awareness through activities such as voluntary counseling and testing, peer education and adult literacy.

Participants were impressed by the vast amount of work already being undertaken by FBOs but agreed that much more can be done to improve the effectiveness of programmes in responding to the needs of children affected by HIV & AIDS and other orphans and vulnerable children. They agreed that a stronger evidence base is required regarding FBO best practice in HIV programming. During small group discussions, participants identified the following components as necessary for inclusion in the regional framework in support of Faith Based Organizations:

- Strengthening partnerships with government and non government sectors in the context of the 'three ones' principle (One agreed HIV & AIDS Action Framework; One agreed National HIV & AIDS Coordinating Framework; One agreed Country Level Monitoring and Evaluation Framework) in order to best utilize the relative strengths of FBOs
- Facilitating communication between FBOs at country and regional levels to build a shared understanding of best practice and advocate for strengthening their involvement
- Building the organizational and human resource capacities of FBOs to maximize effectiveness of their activities
- Improving strategic information available to FBOs to enhance the quality of programme decision making, monitoring and evaluation

In the final session of the meeting participants adopted a statement of commitment "to strengthen FBOs' roles and partnership, and together adopt strategies that would integrate evidence-based approaches, rights-based approaches, and gender equity, as well as ensure the greater involvement of people living with AIDS (GIPA)."

In the statement, FBOs committed themselves to strengthening their role in the following priority areas:

- Building a supportive environment
- Mobilizing and supporting community-based responses
- Strengthening the capacity of families
- Ensuring access to essential services

EAST ASIA AND PACIFIC REGIONAL INTERFAITH CONSULTATION ON CHILDREN AND HIV STATEMENT

We, leaders from Faith Based Organizations and other participants from 13 countries throughout East Asia and Pacific, met in Bangkok, 15-17 January 2008, with the aim of developing the interfaith regional framework to strengthen the role of Faith Based Organizations (FBOs) in responding to HIV & AIDS and in addressing the needs of children affected by HIV and other vulnerable children.

We recognize that HIV & AIDS is taking an increasingly harsh toll on the lives of children. “These effects include: childhood HIV infection and loss of life; the loss of parents and other caregivers; pervasive stigma and discrimination associated with HIV & AIDS; missed opportunities for education, health care and other essential support and services; the deepening poverty of households affected by HIV & AIDS; and the disease burden on the region’s economies and future generations” (Hanoi Declaration). In the Asia and Pacific region alone, more than 1.5 million children are already infected with or affected by HIV and/or AIDS. Yet, children are scarcely visible in the HIV & AIDS response.

We acknowledge that the following policy frameworks provide a sound basis for the work of all partners in the response to Children Affected by HIV & AIDS:

- Universal Access to Prevention, Care and Treatment
- Three Ones Principle
- Framework for Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV & AIDS
- Unite for Children, Unite Against AIDS (4Ps)

We believe that our faiths place on us a responsibility to respond to HIV & AIDS. We share a commitment to compassion and care for those in need.

We believe Faith Based Organizations have particular attributes that can contribute to the response to HIV & AIDS. These include:

- strong roots within our own communities
- depth of networks and breadth of infrastructure
- respect and trust of our constituents
- moral and ethical competence to work for positive social change

We recognize that Faith Based Organizations are already responding to HIV & AIDS throughout the region. At the Bangkok consultation we were impressed by the many stories told of the work being done by FBOs throughout East Asia and Pacific. However, we believe more can be done.

At the consultation we FBOs committed ourselves to strengthening our role in the priority areas identified in the *Framework* as follows:

- **Building a supportive environment.** We FBOs are among the most powerful and influential social forces in most countries. We play a significant role in influencing the values of most societies. We FBOs will: fight stigma and discrimination; challenge social taboos that prevent people from accessing vital information to protect themselves from HIV & AIDS; promote leadership at all levels and across sectors; and advocate for policies, laws, and organizational practices that provide protection for children, families and others affected by HIV & AIDS.

- **Mobilizing and supporting community-based responses.** In many local communities we FBOs are the cornerstone of social networking and organization. We FBOs have effective means of communication to share what is known about HIV & AIDS, care for those affected by the virus, especially children, and deliver essential services to those in need. We FBOs will call upon the goodwill of our members to participate in community service, in particular, for those who are affected and impoverished by HIV & AIDS. In many countries we FBOs are in the unique position of being the only civil society-based organizations able to operate on a significant scale. We FBOs will: build partnerships in local communities and with affected communities; mobilize community resources to enhance access to essential services; engage local leaders in responding to the needs of vulnerable community members; care for and protect children, including their rights to continue schooling and access to health care, parenting care and social support services; organize and support activities that enable community members to talk more openly about HIV & AIDS; organize cooperative support activities; and promote and support community care for children without family support.
- **Strengthening the capacities of families.** Family is a key point of reference in all major religions. Religions provide comfort and support for families, as well as social structures in which families interact with the wider community and the rituals and ceremonies in which key family events are enacted (e.g. christenings, weddings, funerals). We FBOs will: support efforts to improve household care and economic capacities; provide psychosocial support to affected children and caregivers; strengthen and support child-care; support succession planning; prolong the lives of parents; and strengthen young people's life skills. We recognize that strengthening care and protection of children in these circumstances is the first step towards greater prevention of HIV risks and vulnerabilities.
- **Ensuring access to essential services.** We Faith Based Organizations have a vast presence throughout most countries in the region. We have untapped resources and are already essential service providers in many countries. We Faith Based Organizations will provide resources to increase geographic accessibility, availability, affordability and acceptability of essential services.

We participants, representing different faith-based organizations in East Asia and Pacific, at the conclusion of the Regional Interfaith Consultation on Children and HIV held on 15-17 January 2008 in Bangkok, Thailand, do hereby affirm our commitment to strengthen our roles and partnership, and together adopt strategies that integrate evidence-based approaches, rights-based approaches, and gender equity, as well as ensure the greater involvement of people living with AIDS (GIPA).

Furthermore, we recommend the following regional framework that seeks to empower FBOs in effectively implementing prevention, care, support and treatment responses to HIV epidemics at the country level through:

- Building partnerships between FBOs and other organizations, including NGOs, governments, community-based organizations (CBOs) and the private sector, towards ensuring that programmes utilize the respective strengths of all the parties as well as integrate these into a national planning framework/strategy.
- Facilitating communication between FBOs at country and regional levels in order to learn from each other, building a shared understanding of best practice and advocating for strengthening the role of FBOs in responding to the needs of children affected by HIV & AIDS. Activities could include training, workshops and conferences, interfaith newsletters, e-learning, web pages, regular interfaith meetings.
- Strengthening the capacity of FBOs to enhance effectiveness across all areas of the HIV response; for example, by integrating evidence-based approaches to improve planning and programming.
- Reducing stigma and discrimination against people living with HIV (PLHIV) by improving community members' participation and policy makers' understanding toward them, and incorporating the gender dimension for effective implementation of prevention programmes and ensuring the best quality of care, treatment and support for those already infected.
- Improving the quality of life of PLHIV; to assure the wellbeing of PLHIV and their children through psychosocial counseling, education on religious teachings, life skills education and social transfer.
- Utilizing the respective strengths of FBOs in mobilizing communities and strengthening families to enhance their role in the protection of children affected by HIV & AIDS and other vulnerable children.

- Knowledge management: promoting exchange of best practices and experience at country and regional levels e.g. through the development of an information network that facilitates access to resource materials and evidence of best practice and the promotion of standard monitoring/ evaluation frameworks and tools that allow benchmarking of performance against standard indicators to assist in quality improvement. This would also include guides to assist FBOs in using standardized language in order to improve communication and reduce stigmatization.
- Enhancing the role of FBOs in prevention by utilizing our vast networks to reach populations at risk, especially young populations based on lessons learned from other programmes, and children whose parents are practicing risk behaviors or who are already living with HIV & AIDS. We should not set boundaries based on our cultural values to meet the needs of the most at risk, many of them young, especially in HIV prevention. Participatory approach, establishment of safe places, and empowerment through self-awareness should be key components of effective preventive education around HIV.

In conclusion, we FBOs affirm our unique contribution to the protection and care of children, and the strengthening of their families.

We acknowledge the Convention on the Rights of the Child and the value it places on the important role families have to play to ensure the survival, development and protection of children:

- We affirm our position as one of the best placed to strengthen the family's response to ensure a safe and protected environment for children, one that is free from the harm of HIV & AIDS.
- We recognize the important and valuable role we have in identifying and promoting the social values that will protect parents and children from HIV infection as well as in shaping public opinion towards creating a supportive environment that will protect HIV infected and affected children and their families from stigma and discrimination.
- We will strive to develop and strengthen strategic partnerships with other community and regional FBOs, governments, NGOs, development and UN agencies to ensure that appropriate frameworks, structures and policies are put in place to facilitate our effective and successful response to strengthen the capacities of families to respond and cope with the impacts of HIV.
- We will use available resources, frameworks and agreements such as the CRC, UNGASS, as well as forums such as ASEAN to raise awareness among policy makers of the critical need for an immediate inter- and multi-sectoral collaboration with FBOs at the highest level (national AIDS committee) – in order to strengthen the capacities among FBOs at the community level towards ensuring effective delivery of services that will ultimately strengthen the capacities of families to protect children from the adverse impacts of HIV & AIDS.
- We will seek to celebrate the value of life by working together to find common threads in our religious messages and teachings with the aim of empowering families and children to make informed choices to protect themselves from HIV and its ensuing impacts.
- We will revisit our cultures, traditions and practices among ourselves and our community to affirm the intrinsic value of children, regardless of gender.

Tuesday January 15

OFFICIAL OPENING AND WELCOME

Ms. Anupama Rao Singh, Regional Director, UNICEF EAPRO

Distinguished guests, ladies and gentlemen,

On behalf of UNICEF, I am very pleased to welcome you here today, to the first East Asia and Pacific Interfaith Consultation on Children and HIV.

For more than twenty years, as the AIDS epidemic has spread around the world, the harsh impact on the lives of those infected, their families, their communities, and society as a whole, continues to be enormous.

For many living with HIV, it remains a daily struggle to get adequate medical treatment and care, to continue to earn a living and keep a job, and to cope with the isolation and shame imposed by ongoing stigma and discrimination.

For children, the impact can be even worse:

- For the youngest child in high prevalent areas, the risk of getting the virus from their parents through mother-to-child transmission continues to pose a grave risk.
- And if a child is born positive, in many countries, access to pediatric treatment is still too expensive and out of reach.
- For those children whose parents are sick and dying, or who are already orphaned, the lack of adequate support, care and protection mechanisms continues to put them in danger of exploitation, abuse and entrenched poverty.

In the Asia and Pacific region alone, more than 1.5 million children are already infected or affected by HIV & AIDS. And for millions of others, especially young adolescents, the danger of getting infected remains. Far too many of our young people are still ignorant about how HIV is transmitted and how they can protect themselves. Yet, tragically, children are scarcely visible in the HIV & AIDS response. It is for this reason that in 2005, UNICEF, in partnership with UNAIDS, globally launched the Unite for Children, Unite Against AIDS Campaign. It seeks to put children at the centre of our response.

The four primary pillars which form the basis of a comprehensive response are:

- Prevention of infection among adolescents and young people
- Prevention of mother-to-child transmission
- Pediatric treatment
- Protection and support for children affected

A critical component - which we refer to as the fifth P – is partnership. Clearly, no one can tackle the magnitude of the AIDS epidemic alone. The scope and depth of its impact requires a concerted effort by all sectors of society that capitalizes on respective strengths and seeks to build a comprehensive response.

Your partnership, as faith based organizations, is critical. Without tapping into the strong roots you have within communities, your large social network, the respect and trust of your constituents as well as the moral and ethical know-how to work for positive social change, we cannot succeed in this fight. Many of the organizations and institutions you represent already have been at the forefront of the response to HIV & AIDS. We applaud your efforts and welcome your continued collaboration.

We hope that this consultation will provide a forum to build on past experiences, learn from what has and what hasn't worked and strengthen the networks between us. There is no doubt that together we have the potential to do much more, especially in reducing stigma and discrimination, increasing awareness and contributing to systems of care, protection and support.

This morning I want to highlight four key strategic areas we hope can be explored in more depth during this meeting. They are:

1. building a supportive environment
2. mobilizing a community-based response
3. strengthening the capacity of families, and
4. ensuring access to essential services

Firstly, to succeed in stemming the further spread of the virus, it is critical that we create an environment of tolerance, respect, and knowledge. As we know, in many communities, ignorance, fear, and stigma and discrimination continue to be our worst enemies. They prevent us from establishing a supportive environment where people have access to knowledge to protect themselves; they prevent people from getting tested and accessing services. Ultimately, we need to forge a supportive environment where everyone, especially children, has access to equal treatment and the same basic human rights as everyone else.

Tackling stigma and discrimination is not easy. Yet faith based organizations are among the most influential social forces in our society. Your moral authority, leadership and compassion can play a critical role in shaping a society's values. Already, in this region, much work has been done by faith based organizations. Let me name just a few examples:

- The Asian Interfaith Network on HIV & AIDS has established a broad network that has had great success in changing attitudes and pushing social boundaries
- The Pacific Conference of Churches, in adopting the Nadi Declaration, has demonstrated the will to confront taboos in conservative cultures
- The Asian Muslim Action Network has moved the agenda forward through its advocacy and social awareness programmes
- The Buddhist Leadership Initiative has been instrumental in engaging religious leaders in a community-based response

Secondly, we know from experience that the impact of HIV extends beyond the individual and their family to the larger community. It is critical then that our response includes and builds on community participation. By engaging the community, we have the potential to maximize the numbers of people reached, address deep-seated prejudices, and mobilize a much larger and sustainable response.

Already, many communities tend to serve as the safety net in the provision of essential services to orphaned and vulnerable children. We must support and build on these practices. For example, the Sangha Metta project in Thailand, which sought the active involvement of Buddhist monks in their local communities, has provided spiritual, material and emotional support to many of those infected and affected. It also has demonstrated that stigma and discrimination are contrary to local values and beliefs.

The success of Sangha Metta inspired the formation of the Buddhist Leadership Initiative in Lao PDR, Cambodia, Viet Nam, China and Myanmar, where a partnership between Government, the churches and communities, with support from UNICEF, has helped many people.

Thirdly, family is a fundamental link between a child and the wider community and society. It is also a key point of reference in all major religions. It can provide ideological support, the social structures for families to interact with the wider community and the rituals and ceremonies in which key family events are enacted.

For families affected by HIV, fundamental questions about the purpose and meaning of life, as well as emotional stress can be enormous. As these questions are at the heart of religious teachings, faith based organizations are uniquely placed to provide comfort and support for those struggling with the impact of HIV in their lives.

Already, many good initiatives are underway in this region to strengthen the capacity of family. Examples range from the Salvatorian Pastoral Care for Women and Families project that develops child-friendly parishes through community-based interventions, to the Anglican Church in Papua New Guinea that works through the influence of the clergy and their wives in addressing stigma and providing counseling to affected families.

Finally, access to essential services lies at the heart of scaling up an effective response to HIV & AIDS. Availability, affordability, accessibility and acceptability are basic criteria for our success. The extent to which these criteria are met by the existing service systems varies between countries and within countries.

Faith based organizations can and are playing a very important role in the provision of essential services dependent on the circumstance and context. For example, in some parts of the Pacific, the church actually delivers many of these services directly. In other countries, faith based organizations are mobilizing support for more progressive social policies and advocating for better public services for the poor and marginalized.

In summary, there is a lot of ground to cover in the next three days. We at UNICEF are very grateful you have taken the time to be here, share your insights and experiences, and be part of this larger effort to forge a more united response to the impact of HIV & AIDS, especially on children.

We realize this is just the beginning but we very much look forward to strengthening our collaboration and building on what has already started.

Thank you

Ms. Wing-Sie Cheng, Regional Adviser – HIV & AIDS, UNICEF EAPRO

Wing-Sie Cheng noted that UNICEF EAPRO in 1998 commenced supporting interfaith activities via the Buddhist Leadership Initiative. Over the last 9 years, great changes have occurred in mobilizing interfaith support. She cited the importance of focusing on compassion and care, and the growing recognition of the significant roles of faith based organizations in many countries. She expressed hope that the meeting would contribute to the development of a new regional framework, and that faith based organizations would be part of the national effort in realizing the 'three ones' principle. FBOs, according to her, really touch the lives of families and communities.

She proceeded to discuss the objectives, focus and coverage of the meeting as follows:

The meeting aims to:

- Identify strengths and weaknesses of faith based responses
- Identify relevant activities already being conducted
- Suggest strategies that can be effective

The meeting covers four key areas:

- Building supportive environments
- Mobilizing community responses
- Strengthening capacities of families
- Ensuring access to essential services

The meeting focuses on:

- Presentation of best practices
- Group discussions on experiences and lessons learned
- Recommendations
- Information exchange

PLENARY SESSION 1

FBO PERSPECTIVES ON HIV IN EAST ASIA AND PACIFIC

Chairperson/Facilitator: Ms. Yoshimi Nishino, Regional HIV & AIDS Specialist (Protection and Care), UNICEF EAPRO

Theme: Strengthening the role of FBOs in Unite For Children, Unite Against AIDS Campaign and advancing the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV & AIDS

Dr. Prawate Khid-arn, General Secretary, Christian Conference of Asia

The Christian Conference of Asia (CCA) was founded in 1957. It is a regional ecumenical organization representing 15 National Councils and over 100 national churches in 20 countries in Asia.

Dr. Prawate described the role of the CCA in addressing HIV. HIV & AIDS is a special programme that seeks to express the church's concern and compassion for HIV & AIDS infected people and their families and carers. The HIV & AIDS programme commenced in 1993 with the following aims:

- that the church perceives HIV & AIDS as one of its prime ministries
- that church leaders demonstrate a prophetic role in the midst of the HIV & AIDS crisis
- that the church becomes a healing and caring community

Dr. Prawate discussed the challenges faced by FBOs in addressing HIV. According to him, HIV & AIDS calls for a deep spiritual, ethical and compassionate action by the churches. Faith communities need to be involved because HIV & AIDS is:

- a health crisis, but also has social, moral and ethical dimensions
- everyone's responsibility
- not a form of punishment for the sufferer but an opportunity for God's love to be seen

The focus areas of CCA's HIV & AIDS programme are:

- Awareness and capacity building
- Advocacy and lobbying
- Ecumenical networking and inter-religious and inter-sectoral cooperation

Dr. Prawate emphasized that HIV & AIDS requires an ongoing response. Responses need to be integrated within the church.

Mr. Fe'iloakitau Kaho Tevi, Executive Secretary, World Council of Churches in the Pacific

Mr. Fe'iloakitau outlined the context in which the World Council of Churches in the Pacific operates. The Pacific region has a population of 7.6 million. Papua New Guinea is a huge island with 5 million people. Its main religion is Christianity (approx 70%). Its issue is inter-denominational, rather than inter-faith. Fiji is an exception.

Mr. Fe'iloakitau proceeded to discuss the role of the World Council of Churches in the Pacific in relation to HIV. In 2004 the Pacific Churches adopted the Nadi Declaration, which incorporates:

- a call for the Pacific churches to unite in solidarity with the marginalized and the excluded (People living with HIV & AIDS)

- a challenge to the churches to be true to their mission in society as stated in Micah 6:8 (The Holy Bible)
- a challenge to Pacific churches to share compassion and love for human beings

HIV & AIDS activities supported by the World Council of Churches (WCC) in the Pacific include:

- raising awareness among people about HIV & AIDS
- pastoral visits to PLWHA
- supporting affected families
- providing a supportive environment to PLWHA
- publication in November 2007 of a special edition of the Pacific Journal of Theology on HIV & AIDS and the Church
- being an implementing partner of the Pacific Regional Strategy Implementation Plan
- successful partnership with the Asia Pacific Leadership Forum (APLF)
- continued cooperation with UNAIDS (Pacific)

WCC member churches in the Pacific continue to award internship positions to HIV positive people to work at WCC offices, thereby giving a face to positive people in the Pacific.

Some of the key strategies identified are:

- Creation of Consortium on HIV & AIDS
- Strengthening of the capacities of families to:
 - 1) place children at the centre of all families and focus on the growth and upbringing of the child
 - 2) provide for the child
- Community-based responses
- Providing a supportive environment

Ms. Simone Charnley, Regional Coordinator, Asian Muslim Action Network (AMAN): Islamic Responses and Initiatives on HIV & AIDS

Ms. Charnley began by describing the role that FBOs can play in addressing HIV. The role of FBOs has been increasingly acknowledged: religious perspectives have great value. Religion plays a central role in the lives of millions of people: a religious perspective can enhance the appropriateness and effectiveness of responses, while religious leaders can have enormous influence and be agents of change.

FBOs can:

- sensitize and mobilize
- implement projects and deliver services
- encourage and support community-based initiatives
- mobilize resources
- network with stakeholders

AMAN was established in 1990. Its goal is to promote human dignity and social justice for all by encouraging inter-cultural and inter-religious dialogue and cooperation. AMAN's membership includes 800 associations, organizations and individuals. It has offices in five countries, with the head office based in Bangkok. AMAN's work with HIV & AIDS commenced in 2002. In 2006, AMAN started a community-building programme, which includes the following activities:

- Consultation with religious leaders (imams)
- Consultation with community leaders and provision of training programmes to develop their skills and knowledge
- Networking with institutions – religious schools, secular schools, youth clubs
- Youth training of trainers

- Small-scale children's activities that aim to build confidence and life skills and raise awareness on general health and HIV
- Supporting community-based initiatives - awareness-raising activities (e.g. speeches during *Jummah* prayer, school activity days, World AIDS Day activities)
- Service delivery (small scale at the moment). In Thailand, the programme includes home visits, ensuring basic needs (monthly food parcels), linking families with health care services (link to support groups in hospitals) and scholarships for children affected by HIV & AIDS
- Mobilizing resources – encouraging communities to mobilize resources within, collecting *zakat* (religious taxes) and a Muslim fund for HIV & AIDS. Currently AMAN is being supported by a Catholic organization in the UK

Ms. Charnley concluded with some suggestions to strengthen the role of FBOs:

- Raise awareness of UNICEF framework and campaign and promote integration into FBO strategies
- Use existing FBO networks to disseminate information
- Invite FBOs to country and regional level meetings
- Create a committee to work with UNICEF in monitoring and evaluation
- Establish an informal network for sharing of experiences in targeting youth and children
- Provide resources that will enable FBOs to adequately incorporate and address focus issues

Mr. Lawrence Maund, Programme Director, Sangha Metta, Thailand

Mr. Maund noted that UNICEF has recognized and supported the role of FBOs and the importance of youth. Church leaders need to support faith leaders and to recognize the need to engage young people in the HIV response.

In 2004, Sangha Metta established the Novices AIDS Intervention and Rehabilitation Network (NAIRN), an informal network aimed at developing novice monks as peer educators. Novices are young people aged 12-20 years, trained as dharma instructors and skilled in public speaking. They have the support of senior monks and the respect of young people in their community.

NAIRN promotes novice ordination for young people as an alternative. It plays a role in helping solve social problems involving young people and drug use, participation in gang activities and being at risk of HIV infection. NAIRN activities include meditation, education and training, analytical and critical thinking, life skills education and development, harm reduction, living blood bank, community training for youth, and Buddhist art for AIDS.

According to the evaluation conducted in September/October 2007, NAIRN has covered almost 2000 youth through education and awareness-raising camps and school discussions and debates.

Dr. Phramaha Boonchuay Doojai, Chairperson, Asian Interfaith Network on HIV & AIDS

Phramaha Boonchuay provided an overview of the Asian Interfaith Network on HIV & AIDS (AINA). Composed of various faiths and religions in Asia, AINA was formed to encourage religious leaders and faith based organizations to develop an effective response to the epidemic. It is supported by non-governmental, governmental and international organizations, people living with HIV & AIDS and multi-sectoral organizations.

AINA activities include:

- Orientation, education and training of religious communities
- Development and dissemination of information
- Networking with alliance-building efforts
- Advocacy and lobby work with policy makers from different sectors

AINA's future plans include seeking financial support and encouraging religious leaders and communities to continue their holistic care for PLWHA.

HIV & AIDS control and eradication is everyone's and every sector's responsibility – particularly interfaith networks, including AINA.

Discussion

Question/Comment (to Mr. Tevi): It's great that your Council engages HIV positive people and includes HIV internships. A strong message to address stigma would be to state that people should not be afraid of HIV positive persons.

Mr. Tevi: We took a positive person to the Council. We had 178 church leaders and we asked him to speak. But the church leaders even found it confronting to have a positive person speaking to them.

Question: Is there a different role for FBOs in generalized and concentrated epidemics?

Mr. Tevi: The role of FBOs should be the same, regardless of whether there is a generalized or concentrated epidemic. However, there is a need to work much harder in cases where HIV prevalence is high. As Christians and as a nation (PNG), our role should be the same, that is, to work with the marginalized.

Mr. Maund: Working with HIV does not only involve care but also prevention. FBOs have a role in prevention.

Comment: There is no room for complacency – no matter where you come from.

Dr. Mathai: FBOs can be a solution to stigma and discrimination. But church leaders can also be a part of the problem. How do we make sure we become leaders in fighting stigma and discrimination?

Comment: Prevention is missing. How are FBOs addressing prevention? Care and support is a safe area. Prevention is a different ball game, as you have to talk about condoms and the 'birds/bees'. It is a long arduous road to get FBOs to address prevention. FBOs need to work with community-based organizations around prevention.

Mr. Tevi: Church leaders are not scientists. We know there is information that needs to be shared. Should the church use the expertise of other organizations to promote information? FBOs can promote compassion, love and care. That is what we do well. That is what we bring to the table. There are challenges in developing a caring and passionate environment. For instance, religious and cultural beliefs may find some messages unacceptable, such as the use of condoms.

Comment: How do we monitor? Is HIV & AIDS part and parcel of our work? The Pacific Conference of Churches has a challenging time trying to convince churches. How do we convince church leaders?

Mr. Maund: FBOs do not work alone. FBOs can't touch some issues but other organizations can. Every person of faith has the responsibility to promote love, care and support. We have to support our people who are suffering. It is not an expertise, it is a responsibility.

Comment: Compassion and love should be translated in a concrete way. You have to demonstrate your compassion. Our response should be tailored to needs. We can't be stagnant. We have to be more aware. We have to be more supportive of life. Whether they are infected or affected – we need to promote and sustain life.

Comment: How do we encourage collaboration between FBOs? How do we promote interfaith interactions?

Comment: Condoms are a big problem for monks. How do we teach about condoms?

Mr. Maund: We are not teaching about HIV & AIDS. We are teaching about the suffering that will follow. Buddhism teaches how to avoid suffering. HIV & AIDS is a form of suffering. UNICEF and international organizations are focused on AIDS. FBOs are focused on getting rid of suffering. FBOs look at bringing an end to suffering – a monk's responsibility is to bring an end to suffering. Why do people perform 'risk acts'? They do it because of ignorance. We need to educate people for them to see the consequences of their actions.

Dr. Mathai: Prevention is a sensitive topic but necessary to discuss. Some organizations may find condom use not acceptable. But they can still work to prevent deaths. The Catholic Mission Medical Board in South Africa is obliged to tell people where they can get an abortion or condoms. In Asia where you have high prevalence, the reality is we have to save every precious life through prevention.

PLENARY SESSION 2

BUILDING A SUPPORTIVE ENVIRONMENT

Chairperson/Facilitator: Dr. Rabia Mathai, Senior Vice President, Global Programme Policy, Catholic Medical Mission Board

Themes: How to involve FBOs in building a supportive environment – How FBOs can work with Government and other partners – What are the roles of FBOs in mobilizing leaders to respond to HIV, and in addressing stigma and discrimination?

Opening comments from Chairperson

Dr. Mathai commented, “FBOs must become part of the response. It is important to ensure universal access to prevention, care and treatment. We have to remember the ‘Three Ones’ principles: One national plan, one Monitoring & Evaluation, and one coordinating body. FBOs have to be part of the national response.”

Mr. Datuk A. Vaithilingam, Vice President, Malaysian AIDS Council

Datuk Vaithilingam noted that eight per cent of the Indian community in Malaysia is HIV infected. There has been a sharp increase in HIV infections among Hindus although they are a minority in Malaysia. Most Hindus in the country belong to lower-middle income groups.

FBOs should look into the following components:

- HIV awareness building
- Behavior change towards youth and priests
- Addressing stigma and discrimination

Hindus, Buddhists and Sikhs need to be supported.

According to Mr. Vaithilingam, “FBOs have no problem working with the Ministry of Health and the Malaysian AIDS Council. These organizations work together in providing care and support to affected families.”

The Malaysian AIDS Council is a big breakthrough for the Government, communities and those affected. The Government has been giving fund support to the Malaysian AIDS Council. The Government, Ministry of Health, AIDS Council, FBOs and NGOs are working together well. There are 42 organizations affiliated with the AIDS Council. The AIDS Council also has special programmes for orphaned and vulnerable children, for which a special fund has been established.

The non-Muslims come under the Malaysian Consultative Council. The Christians are very well organized. Hindus in Malaysia look to India. Buddhists and Christians have supported each other.

Mr. Vaithilingam suggested that UNICEF needs to encourage those in India to support Hindus across the world. This is the first time Hindus from Malaysia have been invited to a regional conference. Hindus are very open to working with other religions.

Mr. Tran Dinh Phung, Committee Member, Viet Nam Fatherland Front

Mr. Tran Dinh Phung began his presentation by describing the role of the Fatherland Front Viet Nam in addressing HIV. The Fatherland Front supports religions in their response to HIV & AIDS. It is an alliance of organizations and individuals, and a part of the political system. It advocates for its members and the community. It participates in the formulation of government laws and policies on HIV & AIDS. The State encourages religious participation.

The Fatherland Front monitors enforcement of laws on HIV & AIDS. It encourages Buddhists and Catholics to be involved.

The Buddhist Leadership Initiative started in Viet Nam in 2002. This model has since been used by other religious groups. Monks/nuns provide care to children living with AIDS. Pagodas provide herbal treatment. Monks/nuns organize life skills education.

A national conference was organized to promote the role of religious organizations in HIV & AIDS. By the end of the conference a joint statement by religious organizations was produced.

H.E. Zakaryya Adam, Secretary of State, Cambodia Ministry of Cults and Religion

His Excellency provided an overview of the role of Government in supporting the FBO response to HIV in Cambodia. Cambodia's first HIV case was detected in 1991. Cambodia adopted a policy in 2002 on religious response to HIV & AIDS in Cambodia. The main objective of the policy was to ensure that religious sectors fulfill their role in responding to HIV & AIDS. The policy includes a focus on prevention, care and support.

After its adoption, the policy was disseminated through 24 Provincial and Municipal Departments of Cults and Religion.

To date, 14 provinces are implementing the Buddhist Leadership Initiative (BLI) programme. BLI provides the following forms of support:

- Spiritual and moral support
- Referral for medical services
- In-kind support to meet the basic needs of PLWHA (such as food, clothing and shelter)
- Food and school assistance for orphans
- Health care assistance for infected children
- Income generation activities
- Meditation and counseling

Captain John Kerari, Salvation Army PNG, Church Partnership Programme

Captain Kerari emphasized the importance of partnership in building an effective FBO response to HIV. Involving FBOs in creating a supportive environment requires the following:

- Acknowledgment and acceptance of the problem
- FBO-government-partner relationships
- Appropriate government policies complemented by policies from FBOs
- Respect for FBO values and beliefs by the government and partners

The Church Partnership Programme is funded by AusAID. There are seven Christian churches under the PNG Church Partnership Programme. Government works in collaboration now with FBOs.

Captain Kerari commented that since FBOs operate in every community, they can reach people in places where Government cannot. FBOs have not been considered partners. However, FBOs need to be involved: a previous campaign funded by the Australian Government was not very effective because partners were not involved.

The Church Partnership Programme has an AIDS Competency Process. Communities are now responding and the Programme is gradually building a supportive environment.

Discussion

Question: What is a 'SALT visit'?

Captain Kerari: We do not assume we know everything. We have to learn from the community. 'S' is support/ share what is already happening in the community, 'L' is learning, 'T' is transfer.

Question: Can Malaysian Hindus encourage other Hindu organizations to go beyond poverty and education? Sometimes Hindu organizations have a limited focus. We have organized interfaith meetings. Do you convene interfaith meetings in your own countries?

Datuk Vaithilingam: A lot of reform movements are emerging among Hindus that provide social services and build greater HIV awareness among FBOs. However, desired results have yet to be realized.

Captain Kerari: All heads of churches involved in the partnership programme are meeting together. We have dialogues and meetings with the different agencies.

Mr. Tevi: FBOs and some NGOs have become band-aid organizations, as they try to address the impact rather than the causes of HIV. Why do we have HIV in our society? What are the root causes of such social ills? FBOs operate at variable speeds. Some church groups are well ahead at addressing HIV. Some French churches are much ahead. Churches have been discussing the issues since 1984. When the church walks, society walks.

PLENARY SESSION 3

COMMUNITY-BASED RESPONSES

Chairperson/Facilitator: Le Hong Loan, Chief, Child Protection Section, UNICEF Viet Nam

Themes: How to engage local leaders in responding to the needs of vulnerable community members – How to organize and support activities that enable community members to talk more openly about HIV & AIDS – How to build partnerships to implement activities – How to promote and support community care for children without family support

Ms. Yoshimi Nishino, Regional HIV & AIDS Specialist (Protection and Care), UNICEF EAPRO

Ms. Nishino started her presentation with an overview of the objectives and activities of the Buddhist Leadership Initiative (BLI). The BLI aims to promote involvement from Buddhists in the HIV response. In 1997/98, the BLI was initiated with support from UNICEF EAPRO, partly based on lessons learned from Thailand.

The BLI seeks to:

- reduce the level of discrimination experienced by people living with HIV
- improve the level of care and support for people living with HIV in the community
- reduce community vulnerability to HIV
- increase Sangha capacity to address HIV and community welfare

BLI activities include:

- Capacity-building for religious leaders
- Advocacy for the role of monks in HIV & AIDS
- Buddhist Life Skills for young people
- Community campaigns for compassion
- Facilitating fund raising and building self-help groups of people living with HIV
- Activities for children affected by AIDS (CABA)
- Monitoring and evaluation

According to Ms. Nishino, the BLI assessment methods included focus group discussions and documentation review. Initial results from Cambodia, Lao PDR and China revealed the following:

- 27% of monks have received HIV training
- 22% have reported having received training from BLI
- Monks who participated in training have a better understanding of HIV
- Monks who participated in BLI are more likely to participate in activities
- 30% of monks are involved in prevention activities

Findings in relation to PLHIV include:

- 66% of PLHIV were aware of monks' activities regarding HIV
- 22% said that emotional support was provided by monks/temples (29% by family members)
- People with BLI exposure had higher knowledge of HIV than those without exposure

New challenges for BLI include:

- Increasing the capacity of monks, nuns, lay persons and other participants
- Improving the level of quality and increasing the range of coverage of care and support for PLHIV and CABA
- Reducing the level of stigma and discrimination by community members against PLHIV and CABA
- Improving community and youth participation by involving community volunteers
- Increasing community resilience to HIV, especially by targeting young people
- Expanding multi-sectoral and interfaith coordination
- Developing policies and a framework on religious organizations and HIV & AIDS work, and integrating these into larger frameworks of community-based HIV programmes

Ms. Theresa Goimba, Chairperson, Orphans and Vulnerable Children Western Highlands PNG Working Group

Ms. Goimba first described the impact of HIV in the Western Highlands Province where she comes from. The Province is situated in the central region of Papua New Guinea, and is made up of high mountains and fertile valleys. There are limited government services, communication and transport facilities. There is tribal fighting. The Province has a high prevalence rate, with 17% of all HIV cases.

According to Ms. Goimba, the Church provides a large percentage of the education and health services in the country. A meeting of FBOs was convened in November 2006, with 40 pastors and priests in attendance. In June 2007, another meeting of FBOs was held and participated in by community leaders and government community development officers. UNICEF was present and had provided financial support. The meeting participants together developed a plan and realized the importance of a network that gives the opportunity for participating organizations to share experiences and support each other.

Activities are implemented to:

- help children meet their basic needs
- engage church leaders to talk to youth
- organize gatherings of fathers
- organize gatherings of mothers
- raise funds
- raise HIV awareness in the villages
- provide HIV counseling
- provide advice on financial management
- discuss gender equality
- discuss the importance of protecting children with HIV
- break through the culture of not talking about sex in public

Ms. Goimba said that her organization planned to train counselors about child protection and HIV & AIDS, to talk to counselors to make sure they understood their important role in the community, and to teach communities about supporting orphaned and vulnerable children. Ms. Goimba herself was trained by UNICEF to be a child counselor. She runs a drop-in center for young people and talks to them about HIV and what is affecting them.

Dr. Kyi Minn, Regional HIV & AIDS Advisor for Asia and the Pacific, World Vision International

Dr. Minn provided an overview of World Vision's HIV programme, the Channels of Hope (COH) initiative. The programme priorities include:

- Creating partnerships
- Prevention (5-24 year olds and parents)
- Care (home-based care and OVC)
- Advocacy

Equipping churches and other faith communities to expand and sustain their response to HIV & AIDS is a central priority of the Hope initiative. 'Channels of Hope' is the World Vision's model for an expanded response to HIV & AIDS through partnerships with churches and FBOs. The aim of the model is to empower, engage and equip the local church as a primary partner as well as other FBOs. Dr. Minn noted that the model sensitizes the church to the needs of people affected by HIV & AIDS.

Components of Channels of Hope are as follows:

- Exploring attitudes towards PLWHA
- Debating difficult theological and ethical issues related to HIV & AIDS
- Sharing up-to-date information about HIV transmission, prevention, care and treatment
- Enabling the HIV infected and affected to share their experiences, challenges and hopes
- Discussing emotional needs of PLHWA at each stage of the illness
- Helping assess the HIV & AIDS related needs of the congregation and communities
- Identifying HIV & AIDS responses already underway by churches, faith communities and other groups in the community, and sharing successes, failures and lessons learned

The Channels of Hope programme has been implemented in 47 countries. In 2007, it reached 50,500 people from 5,242 congregations, while in Asia it is in the start up phase. The programme is currently being implemented in India, Philippines and Indonesia.

Discussion

Question: Are you working with marginalized communities? I notice you had IDUs – what about sex workers and MSM? I noticed the terminology - repenting, suffering. We need to be mindful about the language we use. While we try to empathize, we may indirectly further stigmatize PLWHA. Let us try to use language that empowers rather than stigmatizes.

Ms. Goimba: We do not call our center 'unfortunate center'. We help all children; it is not just targeted at HIV & AIDS. We do not call them HIV & AIDS children. We call them orphans and vulnerable children. There is no sign that says 'unfortunate' center – but we are helping children who need help.

Dr. Kyi Minn: We do work with marginalized groups. But different countries have different acceptance levels for marginalized groups. In Myanmar we are working with IDUs and MSM.

Comment: One good approach is to promote greater involvement of HIV positive people. Having people with HIV in our organization helps reduce stigma and discrimination. Greater involvement of PLWHA is good as they are able to communicate effectively.

Mr. Maund: People living with HIV have to be involved.

Dr. Prawate: How do you involve other Buddhist leaders apart from just the monks? In church structures there are a range of leaders such as deacons, pastors, among others.

Mr. Maund: Apart from Buddhist monks, we also work with nuns. Does the BLI also involve nuns? Young novices are also working on HIV. FBOs have different values – for Buddhists, death is part of life. Buddhists focus on helping people to have a good quality of life and helping people come to be at ease with their HIV. Monks' views of success is based on how peaceful the person is – how much at peace they are with HIV.

Comment: In Mongolia the number of HIV cases is very small, about 40 cases. We are surrounded by large epidemics in China and Russia.

Mr. Maund: In Bhutan, for example, when the head monk issued an edict encouraging involvement in HIV, it had a big impact.

Ms. Nishino: We have collected data from a range of countries. We asked UNICEF countries to include nuns when conducting the evaluation of BLI. So the data was collected from nuns as well. The issue of gender is very important.

Mr. Tevi: On the language we use – do we have a common understanding of some of the words we use? Do we understand the same things when we say compassion? UNICEF has provided this opportunity to discuss, and we need to take it. I do not see the linkages coming up at the moment. I want to see us talk about the linkages. How does World Vision work impact me? How can I borrow from what they do? Where does this information go? How will we develop the final statement for the conference?

David Fowler: The next day's workshops will discuss some recommendations.

Dr. Mathai: We need representatives to work on a statement.

Comment: I am thrilled with the work being carried out by World Vision. But my concern is if we give children hope, we isolate them from their own context. Do you try to link children back to their home? My concern is that we may uproot children.

Ms. Goimba: We are not allowed to have institutions for children. I have fellowship with children. I have to take children back to their caregivers. Often they stay with relatives. They cannot stay with me. We cannot take them away from their families.

Dr. Kyi Minn: We do not carry institutional care. We try to integrate them back into their families. Where there is no family or if the family will not accept them, then we try to find a foster family to care for them.

PLENARY SESSION 4

STRENGTHENING THE CAPACITIES OF FAMILIES

Chairperson/Facilitator: Mr. Scott Bamber, Chief of HIV & AIDS, UNICEF Thailand Office

Themes: Providing psychosocial support to affected children and their caregivers – Strengthening and supporting child care capacities - Supporting succession planning – Prolonging the lives of parents – Strengthening young people’s life skills

Sr. Adeline Abamo, Project Director, Philippines Salvatorian Pastoral Care for Women and Families – Sisters of the Divine Savior

Sr. Adeline first noted the value given to children by religions. She would like to believe all religions regard children as very special. Children are a blessing. Religious communities have provided guidelines on how to bring up children. In our religion, caring for children is considered important. Children are expected to grow up in the caring and nurturing atmosphere of a home and have healthy development. The situation for children, especially if a parent has HIV, is alarming.

Sr. Adeline then discussed the role of Salvatorian Pastoral Care for Children (SPCC), a parish-based, non-stock, non-profit charitable institution founded by the Sisters of the Divine Savior (SDS) based in the Philippines.

SPCC implements a new approach parish/community-based children protection programme that upholds and protects the rights of the child, at the same time creating a ‘child-friendly’ parish. It is an alternative programme that makes a lot of difference in prevention intervention that addresses issues of children in need of special protection.

SPCC creates child-friendly parishes. The programmes and activities that help strengthen the capacities of families include:

- Setting up a Child Protection Office as a center for communication and coordination in providing effective responses
- Providing direct services to children and families affected by abuse, exploitation, discrimination and trafficking
- Organizing and forming a Child Rights Advocates (CRA) group – kids, youth and adults to be part of the mission to protect and uphold the rights of the child
- Mobilizing parishioners and leaders for prevention and community education
- Establishing networks and linkages with other organizations, groups, etc.
- Participating in public policy initiatives and legislative reforms to protect victims and prevent victimization through global mobilization and lobbying

Some of the best practices to strengthen families include the following:

- Psychosocial support
- Strengthening of support systems at the family level and linking non-government and government institutions to victims and their families
- Access to counseling sessions for family members and persons infected with HIV
- Referral services, especially to institutions who give free medical assistance

Child care capacities:

- Awareness-raising on HIV & AIDS through prevention and community education
- Directory of available services for people infected with HIV

Mr. Fe'iloakitau Kaho Tevi, Executive Secretary, World Council of Churches in the Pacific

Mr. Tevi discussed the topic of strengthening the capacities of families. He said that the family in the Pacific context includes the social structure that revolves around the extended family – one's identity starts at the extended family level. Economic sustenance is derived from the family.

There is a concerted effort from FBOs and UNICEF to bring the family back into the center of the social structure. This includes providing a safe space for families to revisit and refocus on values that protect and respect life.

There needs to be an adequate dissemination of information-education-communication (IEC) materials through existing FBO structures. Such IEC materials should focus on teaching values that consolidate the family structure and reinforce family values.

There needs to be a renewed emphasis on the role of the family in nurturing and shaping children. Also, the focus should be on the community to ensure that a wider impact is achieved.

According to Mr. Tevi, there is a need for values-based life skills education. The values of FBOs and social structure are changing. There is a need to emphasize the value of family, and to examine both immediate effects and the root causes of social change. HIV is only one of the symptoms. Social change should be discussed from an interfaith perspective.

Discussion

Scott Bamber: In Thailand we have seen families reject family members with HIV. How can FBOs address that? We need to get families to accept and understand their members, rather than them having to leave the family.

Mr. Tevi: When we look at HIV issues, we look at how to heal the positive person, how to address the needs of family members. We take up these issues and make these into programmes, but what we are doing is only addressing the effects of HIV & AIDS. Why are we building the capacity of families – because something is not working? We have to look at what is breaking down in families. As FBOs we need to address the root causes of social change. That is why we need a two-pronged strategy – to address the needs of positive people, as well as the root causes of social change.

Comment: It is important that FBOs come together to develop life skills. We should develop a life skills training manual together.

Comment: Kids get their values from the home, from their family – not from school or the church. The environment is always changing. We cannot keep using the same strategy – the world is changing.

Comment: We use different approaches to teaching life skills. What kind of life skills education do you teach?

Mr. Maund: Life skills education is very important. Religious leaders preach. It is didactic and from a sermon. How do we teach them? How do we develop their critical thinking skills? We need to consider young children with HIV becoming adults. They will have sex. How do we support them having relationships as they become adults?

Wing-Sie Cheng: UNICEF has developed a life skills training manual for Buddhist monks and nuns. We need to hear more about home-based care. There is a need to demonstrate support for families, not just to talk about their values.

Dr. Mathai: Life skills are excellent. They can be for anyone, not just children. We can produce our own life skills.

Mr. Tevi: I try to define it as values-based life skills training – getting back to our core values as FBOs. We can address the values that we hold dear to us.

Comment: I believe in life skills training. We already have it for our young people. It is always scripture-based.

PLENARY SESSION 5 ACCESS TO ESSENTIAL SERVICES

Chairperson/Facilitator: Mr. David Fowler, UNICEF consultant

Themes: Issues and experiences of FBOs in prevention, treatment, care and support, voluntary counseling and testing (VCT) – Prevention of mother-to-child transmission of HIV – Placement services for children without family care – Strengthening local planning and action

Dr. Rabia Mathai, Senior Vice President, Catholic Medical Mission Board

Dr. Mathai began her presentation with a quote from Dr. Kevin De Cock (Director of HIV & AIDS, World Health Organization) on FBOs, which he considers as “being a vital part of civil society which should be recognized as they provide a substantial proportion of care in developing countries, often reaching vulnerable populations living under adverse conditions.”

FBOs in Africa have contributed in the following ways:

- Formation of extensive networks and FBO institutions, from local communities to national and transnational levels, covering health, education, social services, and organized community volunteering
- Provision of over 40 per cent of healthcare in Africa
- Access to services by hard-to-reach populations
- Delivery of HIV & AIDS prevention, care-support, and treatment programmes

FBOs have existing breadth of structure meaning they can coordinate a scaleable HIV response. Dr. Mathai further said that FBOs aim to move towards Universal Access (UA) by 2010, playing a very important role in the UA focus on prevention, care and treatment.

FBOs are also focused on the Global Campaign ‘4 P’s’ – PMTCT, pediatric AIDS treatment, prevention and protection and support, including the fifth P (partnership). Most FBOs implement both prevention and care, with treatment at the bottom of the list.

Dr. Mathai then proceeded to discuss several intervention models from three African countries (Kenya, Zambia and Uganda). In Kenya, the Catholic Medical Mission Board (CMMB) works with Catholics and others on a PMTCT model. CMMB undertakes many outreach services (in communities, schools, churches and public gatherings) because many women don’t give birth in clinics or hospitals. Outreach services include provision of cotrimoxazole prophylaxis, assessment of children, counseling and testing and referral for PMTCT plus.

In Zambia, CMMB works with men within the community so that they are empowered to become part of the solution.

In Uganda, several community-based intervention models are being implemented. The community mobilization intervention model for PMTCT and ART taps religious leaders of different faiths and local council leaders and uses key religious teachings to bring out messages. It also trains community educators, gives sermons and mini-lectures in churches and mosques, conducts group talks and home visits as well as using print and broadcast media. The Hope Initiative Core Programming model implements child-focused prevention intervention for children and youth, and mobilizes faith communities to provide care for orphans and vulnerable children. Family Health International (FHI) leads the implementation of the community faith-based regional initiative for orphans and other vulnerable children (FABRIC) model, a child-focused, family-centered and community-based initiative that is integrated within the continuum of HIV & AIDS management. The model encourages early diagnosis of HIV, conducts training workshops for FBO staff, provides on-the-job technical support and guidance, facilitates exchange visits for organizational learning, facilitates links between local FBOs and government and other local community-level structures, supports linkages to government and other stakeholders, and emphasizes provision of quality services.

Dr. Mathai also cites the contributions of different FBO structures in Uganda. The Inter-Religious Council of Uganda adopts multi-sector and community-based approaches to comprehensively address the needs of orphans and other vulnerable children. ZINGO has been implementing OVC interventions since 2003, has integrated a rights-based approach, and has initiated a programming component that exclusively deals with adolescent sexual health. The Geneva-based EAA is a consortium of nine African countries which has coordinated with many pharmaceutical companies that manufacture drugs for children. The NGO consortium has been involved with systems capacity building, patient identification, care and referral, capacity building of FBOs for quality care, community mobilization and quality programming.

As she ended her presentation, Dr. Mathai discussed some implementation issues that are technical, financial and administrative in nature. She specifically mentioned the confusion in some religious terminologies (names and titles of religious leaders, differing governance structures, and a bewildering array of names of religious organizations), and gave examples of some 'value-laden' language used by FBOs.

Ms. Dominica Bessie Abo, National Director, Anglicare StopAIDS, PNG

Anglicare StopAIDS is a national NGO and is considered one of the big players in PNG that provides HIV & AIDS services, such as: voluntary and confidential counseling and testing (VCCT); drop-in center; home-based care; STI service for sexual and reproductive health; peer education training; condom education/ demonstration and distribution; awareness and advocacy; adult literacy programme; school awareness programme; and drama and multi-media presentations.

Ms. Abo said that VCCT in PNG commenced in May 2004. At first, no one came to the VCCT center because of fear of stigma. Hence, Anglicare began to pursue advocacy and awareness-raising in a big way. As a result, 2,000 persons have come for VCCT services from 2004 to the present.

Anglicare does not call persons who come to the drop-in center PLWHA; rather they consider them as 'friends'. The drop-in center was established to respond to needs of people who are abandoned or neglected by their families, and to avoid stigma associated with the VCCT center. The drop-in center caters to 30-40 persons per day.

Ms. Abo proceeded to share a brief background of HIV in PNG. Based on the 2005 surveillance report, the HIV prevalence in Anglicare VCCT centers had increased from 3.3 per cent in 2004 to 9.3 per cent in 2005. Male cases involved those aged 25 to 40 years and females, from 15 to 29 years. A total of 163 (or 1.6%) cases had been detected in children aged 5-9 years where the mode of transmission is unknown.

Anglicare has encountered problems with regard to provision of care to the sick and needy as follows:

- Lack of good governance and leadership
- Non-aggressive and inefficient coordination of response by the National AIDS Council in PNG
- Failure of churches to collaborate and partner together to achieve a common goal
- Stigma and discrimination

She emphasizes the need for individuals to take ownership of the HIV & AIDS problem.

As she ended her presentation, Ms. Abo showed pictures of two full-time Anglicare employees who are HIV positive. According to her, Anglicare has been contributing to the greater involvement of people with AIDS (GIPA) through various HIV & AIDS-related activities.

Mr. Wayne Matthyse, Co-founder/Advisor, Cambodia Partners in Compassion

Mr. Matthyse said that he is a man of few words, and that his talking points are mainly captured in a video entitled 'Got AIDS'. The mini-video has a storyline on AIDS, which starts with images of two young siblings who were sent by their mother to Partners in Compassion because she had AIDS (the mother died later). The siblings were infected with the AIDS virus too. Messages from the video have to do with AIDS not being a problem as long as one takes care of oneself by eating good food and taking medicines on time. The ending message was about "not worrying about tomorrow, but enjoying all of today".

Formation of Partners in Compassion

In 1997, Mr. Matthyse came to Asia as a Christian missionary. It was to fulfill a debt he felt he owed because of his involvement in the Viet Nam war some 30 years prior. He was not sure what he would do, but whatever it was, he wanted it to be something personal. A few months later, he met Mr. Vandin San, a Khmer national with a strong passion for helping his compatriots, who had fallen victim to AIDS. Mr. San possessed all of the qualities that Mr. Matthyse had come to associate with being an exceptional Christian, which was just a little confusing to him because Mr. San was, and still is, a devout Buddhist. As their friendship grew, so did his respect and admiration for Mr. San's commitment to those who called on him for help. He had no medical background, however, and so at times he would ask Mr. Matthyse to assist him, and it was not long before he was drawn into his world.

In 1999, they decided to formalize their commitment and filed for NGO status under the name of Partners in Compassion (PC). Their objective was simple – to provide to people dying with AIDS a place to die with dignity. Mr. Matthyse had access to "Christian" money from the West, and Mr. San to land surrounding Buddhist monasteries. And so together they selected Wat Opot in Takeo Province, south of Phnom Penh, to build their hospice. They hired local workers and built with local resources. They invited monks and community leaders in the area to seminars and asked for their input in the project. When the need for staff arose, they hired persons from nearby villages.

As the crisis grew, they dug in for what they thought would be a long haul, but to their surprise and delight, Médecins Sans Frontières arrived in 2004 with anti-retroviral drugs, and the dying began to subside. By the beginning of 2007 there was no longer any need for their hospice to stay open, and so they converted it into dormitories for some of the children they had inherited.

Partners in Compassion now counsels and supports over 1000 families affected by HIV & AIDS. It has five Home Care teams and several PLWA support groups throughout Takeo. Its volunteer force has over 70 Buddhist monks who are actively involved in prevention or home care. The Relationships Education and Development (READ) programme of the organization works to strengthen local public schools where nine of its HIV positive children attend classes daily. At their classrooms on campus, the staff teach Pre-school, English, and Art to children as well as some of the community members. Its 'Children's Community', where both HIV negative and positive children eat, play, and sleep together without separation, now has 64 members with nearly one-third of them HIV positive.

The success of Partners in Compassion as an organization can be attributed to four things:

- 1) Keeping the organization small and simple
- 2) Tapping the local community in building it
- 3) Making it personal
- 4) PC's faith, not in deities alone, but in each other and in those it serves

Discussion

A participant from Malaysia raised the issue of use of images of HIV positive children. This can have negative repercussions, as shown in the experience of Malaysia – some media interviewed and took photos of HIV positive children which were then published in the local media. As the identities of photographed children were revealed, their schools and communities began to discriminate against them and their families.

Ms. Abo concurred with the participant, saying that PNG has a policy that protects children from involuntary disclosure of their HIV condition.

Mr. Fowler gave a discordant position on the issue based on a different experience – that by posting images of HIV positive children on the net, viewers had “fallen in love with the children”. He further mentioned that children should be made to feel confident, and not to fear letting others know about their condition as being afflicted with AIDS is not a problem.

Dr. Mathai reminded the participants that there are many ways to address the issue and these would differ depending on country context/situation, hence, there is no single prescription to address it.

Ms. Abo said that FBOs have been encouraged to participate in efforts to address HIV & AIDS by tapping the media in undertaking advocacy and awareness-raising activities, by bringing FBO leaders together in dialogue to discuss their role in HIV & AIDS responses, and by being realistic with role expectations. By clearly explaining the issues (e.g. on condom use), people who raise them may be convinced of the necessity of response.

Dr. Mathai pointed out that FBOs’ involvement with HIV & AIDS was an offshoot of continuing activities such as education, training and sensitization of the clergy and continuing discussions with FBO leaders. In one instance, the presence of an HIV positive person in a meeting of church leaders had triggered the latter’s support and resolve to be a part of the solution.

A bishop participant from the Pacific Islands commented that the Christian scripture mentions people returning the world peacefully back to God in one piece. Thus, we should deal with humanity. Prevention should be our top priority. There is a need to change our approach and bring prevention up in the order of priority.

Ms. Abo reiterated the need for individuals to take ownership of the response. Her organization has been providing training and conducting home-based care during which staff members are able to motivate people to take ownership.

A participant from UNICEF EAPRO raised the issue of gender, as this has not been mentioned in preceding presentations. She also raised a question about the need for FBOs to ensure that they are not contributing to any form of discrimination. According to her, UNICEF is not supposed to create any distinction between ‘AIDS orphans’ and ‘orphans in general’, in order to avoid further marginalization of children.

Ms. Abo responded by saying that gender has been a big problem in PNG. She suggested continuing discussions of gender at homes, in school and everywhere.

Dr. Mathai on her part considers feminization/gender equity as a cross-cutting issue. She said that there is a need to show the involvement of men. Domestic violence is a big issue that needs to be addressed as well. While initially not wanting to comment on orphans and vulnerable children, Dr. Mathai said that OVC terminology has changed over the years. OVC now refers to children infected and affected by HIV & AIDS.

A participant from the Pacific expressed his appreciation for the excellent opportunity to learn about HIV prevention experiences in Asia. He broached the idea of CCA (Christian Conference of Asia), Pacific Islands and UNICEF jointly organizing a follow-up forum in the Pacific to further discuss this topical area.

Mr. Fowler gave a brief summary of the morning sessions – highlighting the importance of focusing on service accessibility and not just provision, and of partnership that is guided by the ‘three ones’ principle (one strategy, one framework, one M & E). He mentioned the following as cross-cutting issues: stigma and discrimination, gender and the need to strengthen families, partnerships and communities.

After the plenary session, participants were grouped according to session sub-topics:

- 1) Building a supportive environment (two groups)
- 2) Strengthening the capacities of families (two groups)
- 3) Community-based responses (one group)
- 4) Access to essential services (two groups)

These sub-topics would be the focus of discussions for the two workshop sessions – one on identification of key issues and FBO activities, another on FBO strengths and weaknesses and key partners.

PLENARY SESSION 6

REPORT BACK ON WORKSHOPS TO DISCUSS FBO ACTIVITIES, STRENGTHS, WEAKNESSES AND KEY PARTNERS

Chairperson/Facilitator: Dr. Rabia Mathai, Senior Vice President, Global Programme Policy, Catholic Medical Mission Board

Individual group outputs were presented as follows:

Building a supportive environment (Group One)

Key issues:

- Stigma and discrimination
- Lack of involvement of FBOs in policy and planning; FBOs however are implementation partners
- Each religion is governed by policies of its own mother organization/headquarters, e.g. the Vatican – at country levels it becomes an issue
- FBOs lack capacity in programme management, including M & E
- Experiences are rich, but documentation and communication are poor
- Because of wide internal networks, FBOs have limited their networking with other agencies, e.g. NGOs, government

Recommended activities:

- Training, sensitizing, empowering in a systematic manner – training of trainers, community mobilization and tool kits with outcome-based targets
 - Use special days (festivals) to educate followers, students and schools (including religious schools)
- Activities to establish guidelines, policies and procedures to integrate mainstream FBOs in planning and policy for a coordinated national response
- Global HQ, national statement by religious leaders on HIV & AIDS necessary for others in that religion to follow
 - Building alliances with FBOs, NGOs and governments
- Building capacity of FBOs in programme management and technical capacity and need for resources for continuous training
- Increasing capacity for documentation and communication

Preamble:

- To build a supportive environment we need communication and information at all levels
- Involvement of people at all levels, especially community and leaders
- Practicing principle of GIPA

FBO strengths:

- Vast network and infrastructure
- Guided by moral and ethical values of their religions for positive social change - love, compassion
- Faith-based leaders can build positive mental attitudes based on religious teachings
- FBOs have strong roots in communities, and communities have strong beliefs, trust and respect them
- FBOs provide services to communities – health, education, social and spiritual, etc.

FBO weaknesses:

- Because of vast networks and infrastructures, FBOs work independently and hardly collaborate with others
- Because of FBO strengths (see above), they respond to immediate needs often without long-term strategic direction
- Faith-based leaders can also promote dogmatic doctrines and are rigid as they misunderstand their role in society
- In spite of trust, communities have expectations regarding the roles of FBOs; they doubt faith-based leaders' roles in providing HIV information
- FBOs lack professional programme management skills (financial, M & E)
- FBOs can promote stigma and discrimination

Strategies to motivate FBOs:

- Increasing sensitization of FBOs on HIV & AIDS and its impact
- Government recognizing and supporting FBOs and formulating clear policy guidelines for FBOs and PLWHA
- Providing necessary resources (financial, technical, human)
- Training and capacity-building, including life skills, provision of tools and tool kits
- Improving communication, information and visibility and documentation of FBO work
- Conducting exchange visits to learn, share experiences and best practices

Building a supportive environment (Group Two)

The presentation of the group is outlined according to objectives, issues and activities.

Objective 1: To ensure that FBOs are recognized/mainstreamed into a national framework/strategy on planning, programming and policy on HIV & AIDS

Issues:

- Difficulty in promoting the integration of minority faiths in national frameworks
- Government suspicion of FBOs (e.g. Burma)

Activity: Use UNICEF as a partner to promote integration (seen as a neutral body)

Objective 2: To enable FBOs to play a very important role in reducing stigma and discrimination against PLWHA in society and communities

Issues:

- Lack of unity, coordination and cooperation
- Lack of capacity (knowledge and skills, especially in counseling)

Activities:

- UN groups to facilitate coordination (e.g. UNICEF)
- Lobby with national coordinating bodies to gain better harmony
- More dialogue to learn from other FBOs
- Capacity-building and training

Objective 3: *To mobilize resources from outside and within communities for HIV & AIDS responses*

Issues:

- Difficulty in getting funding for prevention
- HIV & AIDS not seen as a priority issue and therefore difficult to mobilize funds from within
- Difficult for Muslim FBOs to get funding from Western donors

Activities:

- UNICEF to assist in identifying resources (financial and other, e.g. information)
- UNICEF to facilitate sharing of resources, e.g. web page on interfaith and HIV and children
- Exposure visits (interfaith and inter-regional)

Objective 4: *To facilitate participation of PLWHA and OVC in planning, monitoring and policy on HIV & AIDS programmes*

Issues:

- Lack of skills in self-monitoring
- FBOs need to work more to reduce stigma and discrimination from within

Activities:

- Training of PLWHA in monitoring and evaluation
- Sensitization on the importance of GIPA in FBOs
- Policies to promote GIPA in FBOs and decision-making bodies

Objective 5: *To facilitate removing the barriers for PLWHA's access to services, knowledge and skills*

Issues:

- Geographic barriers
- Poverty
- Existing stigma and discrimination
- Illiteracy

Activities:

- Social support
- Income-generating activities for PLWHA
- Literacy training
- Creative ways of providing knowledge
- Broad-based sensitization (in schools, with health care providers, e.g. for better protection of confidentiality in VCCT services)
- Support to ensuring legal and human rights of PLWHA

Objective 6: *To improve policies and legislative framework*

Issues:

- Not seen as a current priority issue
- FBOs' lack of capacity to effectively lobby and advocate

Activities:

- Integration of rights-based approach
- Capacity-building and training

Strategies to motivate FBOs:

- Promoting the human face and dimension of HIV & AIDS and humanitarian perspective
- PLWHA appealing and giving encouragement to FBOs
- Enhancing existing partnerships and creating new partnerships with a range of stakeholders
- Networking and information-sharing with other FBOs
- Conducting exposure visits for FBOs
- Involving PLWHA in FBOs' programmes/activities
- Using root causes of HIV as entry point for mainstreaming HIV & AIDS
- Promoting the concerns of FBOs on the integrity of God's creation (moral and spiritual responsibility to respond)
- Ensuring FBOs' access to resources and support

FBO strengths:

- Networking and outreach
- Trust of communities
- Influence
- Open to change as a result of interfaith dialogue

FBO weaknesses:

- Judgmental
- Dogmatic
- Slow to change
- Divisive
- Denominational/territorial

Key partners:

- PLWHA and their networks
- Community – congregations, families, parents
- Leaders – religious, traditional, political and youth
- Government bodies – Ministry of Health, National Agency for the Control of AIDS, etc.
- Multilateral bodies – UNICEF, UNAIDS, etc.
- Donors
- International NGOs – World Vision, Save the Children
- NGOs – Children and Human Rights bodies
- FBO interfaith partners

Strengthening capacities of families (Group One)

Key issues:

- Lack of access to services and capacity-strengthening mechanisms
- Financial problems affecting not only families but also FBOs
- Weakening of moral values among people
- Inability to respond or cope with the changing environment
- Inadequate provision of anti-retroviral therapy (ART) services

Activities:

- Income generating projects for PLWHA and their families
- Development of directories of available services and referral mechanisms
- Training of parents, caregivers and children
- Self-assessment of FBOs
- Advocacy for free ART, including provision of ART services

FBO strengths:

- Existing network and mechanisms
- FBOs are respected and committed with established moral values and have authority to propagate values in communities

FBO weaknesses:

- Lack of sensitizing
- Lack of cooperation within interfaith organizations and with other organizations and partners
- Lack of funds

Key partners:

- National AIDS councils
- Positive communities
- Government agencies (including local governments)
- International organizations

Strengthening capacities of families (Group Two)

The second group presented its workshop outputs using a different format as follows:

Strengthening capacities of families			
No.	Area	Challenges	Activities
1	Providing psychosocial counseling and home-based care	Stigma	<ol style="list-style-type: none"> 1. Engaging the community to create a supportive environment 2. Involving PLWHA in care and prevention
		Capacity	<ol style="list-style-type: none"> 1. Training of caregivers in counseling 2. Professional attachment

Strengthening capacities of families			
No.	Area	Challenges	Activities
2	Improving household economic activities	Beneficiaries do not have skills	<ol style="list-style-type: none"> 1. Vocational skills training 2. Alternative education opportunities
		\$\$\$\$	<ol style="list-style-type: none"> 1. Donations 2. Traditional fund-raising activities (<i>zakat</i>)

Strengthening capacities of families			
No.	Area	Challenges	Activities
3	Supporting parents to remain free of HIV and supporting parents to keep their children HIV negative	Family attitudes and cultural taboos	<ol style="list-style-type: none"> 1. Provide participatory education in a faith-based context in a variety of settings, including safe spaces 2. Maximize the engagement of faith members and culturally appropriate structures for premarital and parenting classes

What motivates FBOs:

- Awareness and concern about the social impact of HIV, especially if nothing is done to address it
- FBOs and their leaders don't want to see their people suffer
- Awareness of their roles and responsibilities as faith-based leaders

Strategies to motivate FBOs:

- Sensitization visits – reality checks
- Identifying key leaders at the appropriate levels to influence other FBO leaders

FBO strengths:

- Community respect
- Strong personal commitment
- Target groups
- Clearly focused value systems based on wisdom and compassion

FBO weaknesses:

- Good talkers but not good listeners
- Lack of coordination among FBOs, often working in silos
- Lack of funds to deliver programmes

Key partners:

Formal:

- Government agencies at community level
- NGOs at community level

Non-formal:

- Parent Teacher Associations (PTAs)
- Youth groups
- Women-housewives groups
- Community councils

Community-based responses

Family involvement is very important because members are the first to know about the disease. There is a need to foster friendship among religions; it is important to work on the same platform – use role models of other religions, use common values (compassion), and encourage self-realization of religious values. At the community level, there should be a feeling of responsibility beyond religion and race. At the personal level, there is a need to develop sympathy. This could stem from adequate education about the disease.

Key actions:

- Building partnerships
- Supporting the formation and empowering of PLWHA groups
- Coordinating resources
- Developing services
- Education for children
- Providing necessary resources

FBO strengths:

- Religious teachings
- Centers of community
- Trust
- Resource mobilization

FBO weaknesses:

- Lack of capacity, knowledge
- Discomfort/denial
- Reaching expectations
- Funding
- Leadership
- Value-communication, especially among Buddhist communities because monks have difficulty communicating with people, especially with women

Following the plenary workshop, groups reconvened to discuss what strategies could be adopted in an interfaith framework to strengthen the role of FBOs in addressing the needs of children affected by HIV & AIDS.

PLENARY SESSION 7

REPORT BACK ON WORKSHOPS TO DISCUSS STRATEGIES TO STRENGTHEN THE ROLES OF FBOs

Chairperson/Facilitator: Dr. Rabia Mathai, Senior Vice President, Global Programme Policy, Catholic Medical Mission Board

Strengthening capacities of families (Group One)

1. Identify strategies to strengthen the role of FBOs

Helping FBOs build partnerships:

- Mapping existing FBOs including available services
- Providing a venue for sharing

Enhancing communication of FBOs:

- Publishing interfaith newsletters
- Establishing an interfaith website

Building capacity of FBOs:

- Facilitating training of trainers on: communication/advocacy, M&E, gender issues, diplomacy, strategic planning, programme management, proposal development
- Reorienting FBOs on priorities
- Providing technical assistance
- Mobilizing resources

Developing strategic information to enhance effectiveness:

- Developing a database of information including ongoing FBO initiatives, best practices, etc.
- Facilitating situational analysis and strategic planning in conjunction with current trends in prevention, treatment, care and support

2. Regional interfaith strategies

- Establishing a system for knowledge-sharing among FBOs
- Developing clear guidelines on interfaith partnerships
- Establishing M&E

Building a supportive environment (Group One)

Building partnerships:

- Inviting FBOs to attend consultations to build trusted and committed partnerships
- Aim for interfaith pre-conference at ICAAP in 2009
- FBOs to invite stakeholders to see their work

Improving communication:

- Report sharing among FBOs

Building capacity:

- Training workshop for leaders of FBOs
- Sharing resources/materials/tools
- Study tours/visits to another country among FBOs
- Exchange visits/internships

Information – UNICEF to undertake the following:

- Providing guidelines of standardized language
- With FBOs, developing guidelines or manuals on M&E
- Auditing of activities

Access to essential services (Group One)

Key strategies to strengthen the role of FBOs:

- Empowering FBOs in prevention, care, support and treatment responses to HIV in partnership with stakeholders
- Equipping FBOs with skills in Management Information Systems – including evidence-based data, hardware, software, etc.
- Supporting communication on establishment of networking between FBOs at country and regional levels
- Building capacity at country and regional levels through training, study tours, conferences, e-learning, regular consultancy meetings
- Providing support on mapping and assessment of interfaith HIV initiatives at country levels

Strengthening capacities of families (Group Two)

The second group incorporated some recommendations in the following statement:

We acknowledge the Convention on the Rights of the Child and the value it places on the important role families have to play to ensure the survival, development and protection of a child.

- We affirm our position as one of the best placed to strengthen the family's response to ensure a safe and protected environment for children, one that is free from the harm of HIV & AIDS.
- We recognize the important and valuable role we have to play in identifying and promoting the social values that protect parents and children from HIV infection, and in shaping public opinion that will create a supportive environment to protect HIV infected and affected children and their families from stigma and discrimination.
- We will strive to develop, strengthen and enhance strategic partnerships with other community FBOs, governments, NGOs, development and UN agencies and regional FBOs to ensure that proper frameworks, structures and policies are put in place to facilitate an effective and successful response to strengthen the family's capacity to respond and cope with the impacts of HIV.

- ▶ We will use available resources, frameworks and agreements such as the CRC, UNGASS as well as fora such as ASEAN to raise awareness among policy makers of the critical need for an immediate inter- and multi-sectoral collaboration with FBOs at the highest level (national AIDS committee) in order to strengthen the capacities among FBOs at community levels to ensure effective delivery of services that will strengthen the family's ability and capacity to protect children from the impact of HIV & AIDS.
- ▶ We will seek to celebrate the value of life by working together to find common threads in our religious messages and teachings with the aim of empowering families and children to make informed choices to protect themselves from HIV and its ensuing impacts.
- ▶ We will revisit our cultures, traditions and practices to communicate among ourselves and our community to affirm the intrinsic value of children, regardless of gender.

Community-based responses

Key Issues:

- Reducing stigma and discrimination, including gender dimension
- Improving quality of life of PLWHA and children infected/affected by HIV & AIDS through religious teachings
- Protecting orphans and vulnerable children (e.g. community response to provision of alternative care)
- Policy advocates for involvement of FBOs for what they can contribute and improvement of coordination
- Capacity building as a cross-cutting issue

Strategies:

- Developing a regional strategy to promote the role and participation of FBOs in addressing HIV & AIDS with clear recommendations, objectives and with a corresponding timeframe
- Promoting FBOs to be more involved in HIV & AIDS prevention and education
- Facilitating exchange of best practices and experiences through regional workshops, study visits and documentation

PLENARY SESSION 8

ROLE OF FBOs IN PREVENTION

Chairperson/Facilitator: Ms. Yoshimi Nishino, Regional HIV & AIDS Specialist (Protection and Care), UNICEF EAPRO

Ms. Dominica Bessie Abo, National Director, Anglicare StopAIDS, PNG

Ms. Abo enumerated the prevention programmes being implemented by Anglicare as follows:

- Peer Education Training Programme
- Awareness Programme/Positive Advocacy Campaign – Anglicare conducts visits to business places, government departments and communities. It has six HIV positive full-time employees and they go out with other staff to conduct awareness campaigns
- Condom education, demonstration and distribution programme – Anglicare gives priority to abstinence but also encourages the use of condoms for persons who engage in sexual activity
- Community consultation programme – staff visit villages to deliver HIV education messages
- Drama and multimedia programmes – short performances have a big impact
- Adult Literacy Programme – Anglicare helps people to read
- Schools programme – Schools are visited for HIV prevention and protection
- Home based care training – Anglicare considers the family as the core in society. Thus, it provides care and shares prevention messages to families.

Ms. Abo further said that organizations have so far not provided specific forms of support to children who are infected and affected. Only general services have been made available. When organizations see children, they are unable to provide them with specific services.

Ms. Abo raised the following issues/problems that Anglicare has experienced while providing care to the sick and the needy:

- Lack of governance and leadership
- Poor coordination of the national HIV response on the part of the National AIDS Council in PNG
- Lack of coordination and limited partnership among churches
- Stigma and discrimination

Ms. Abo recommended the following to strengthen the HIV & AIDS response by FBOs:

- Leaders in all dimensions including the political leaders in each nation need to work with their constituents and developing partners
- FBOs need to collaborate with each other – not to work in isolation
- Regular conferences and consultations to be held in the Asia/Pacific region
- UN can formulate policies on vulnerable children for the world to use

Way forward:

- Review what services are being provided by FBOs
- Learn from each other's experiences and continuously adjust and improve
- As much as we embrace our culture, our identity still lies ahead of us
- The environment is always changing – our culture is always changing

Mr. Lawrence Maund, Programme Director, Sangha Metta, Thailand

Mr. Maund said that the impacts of HIV are huge: physical, emotional/spiritual, economic and social. So when we talk about prevention we need to talk about preventing the impact, not just the infection. The impact of HIV reaches beyond the infected person – we need to prevent the impact on the entire family. We need to prevent the impact on children as well, not just on the HIV infected person.

According to Mr. Maund, to prevent the impact of HIV, there is a need to look at its causes. HIV infection is caused by the lack of access to condoms, medical care and information, as well as the absence of life skills. Emotional impacts are caused by ignorance about how to live with HIV and the lack of HIV knowledge in the community. Economic impacts occur because people in the workplace don't know about or understand HIV. This may cause the person to lose his/her job. Solving these problems involves promoting behavior change through education on social values and attitudes, and training on life skills.

Mr. Maund suggested the training of people on self-care, not just referring them to a doctor. Furthermore, there is a need to explain to people how HIV progresses and how to care for themselves at each stage of infection. Families should be taught about how to care for the infected person.

Addressing emotional impacts requires educating the community about HIV & AIDS, conducting home visits, including talking to families, and enabling families to support people with HIV & AIDS. Monks or religious leaders can visit children to help with their emotional problems, or they can take children in as novices.

In addressing economic impacts, Mr. Maund suggested the giving of donations to support the education of children. To prevent social problems there is a need to educate the communities, including monks, on HIV & AIDS.

Mr. Hisham Hussein, Chairman, Pink Triangle (PT) Foundation, Malaysia

Mr. Hussein provided an overview of the PT Foundation. The Foundation aims to achieve the following in its covered communities: enable people to deal with HIV & AIDS and sexuality; help minimize the rates of HIV & AIDS; help provide care and support and improve the quality of life of PLWHA; and empower communities and reduce discrimination.

PT Foundation is a community-based, voluntary, non-profit organization. It is committed to creating an enabling environment for marginalized communities to feel safe and empowered to look after themselves. It is guided by the following principles: consult, guide and empower; non-judgmental; volunteer based; providing support, hope and care; and educating communities for sustained change. Its services include education, prevention, care and support and sexuality awareness. It works with five vulnerable sectors – drug users, sex workers, transgender, men who have sex with men, and people living with HIV & AIDS.

Mr. Hussein further described PT Foundation's experiences in networking with the Islamic Religious Department in Kuala Lumpur:

- In 1997, the first behavioral study on transsexuals was undertaken – a three-day workshop was held in Cameron Highlands with guest speakers including JAWI (Religious State Department). PTF tried to sensitize JAWI.
- In 2003, the first formal meeting with JAWI was held. About 15 transsexuals attended the meeting together with representatives from Legal AID Centre. This meeting was convened because of the frequent raids on transsexuals and sex workers, which were carried out not in accordance to stipulated guidelines. They were charged under *Sharia* law. During the meeting, transsexuals narrated that some of them were abused, and those who died were denied proper burial rites. Veteran transsexuals do not know where they can get religious knowledge /studies; transsexuals wanted to know more about their religion.
- After a few meetings, the Religious Department offered religious classes twice a week and these have been carried out during the past three and a half years. Since then, there have been no more raids on transsexuals in Kuala Lumpur and the outreach programme of Pink Triangle is no longer interrupted. Transsexuals were taught how to perform religious rites for burials.
- Pink Triangle Foundation has worked well with JAWI. Some joint programmes are now being undertaken.

Ms. Emmanuelle Abrioux, Regional Programme Officer for Life Skills, UNICEF EAPRO

Ms. Abrioux began her session by asking, “What outcomes do we want for children?” She later described these outcomes as follows:

- It is important to start with agreements, rather than disagreements. The same is what is fundamentally needed from our children. There is a need for a common vision
- Develop good relationships/respect differences between people
- Promote spiritual/emotional/cultural development
- Develop confidence and responsibility
- Develop respect for environment and communities

In summary:

- Being healthy
- Staying safe
- Making a positive contribution
- Enjoying life
- Achieving socio-economic wellbeing

Ms. Abrioux described the objectives of HIV & AIDS prevention education as being:

- Healthy young people – not just physically, but also mentally healthy, and having a healthy social life
- The elements that contribute to healthy young people – partnerships, services, content information, life skills. There is a need to have a combination of all these elements
- There is a need for supportive social, economic and political environments

Ms. Abrioux offered the following thoughts:

- Risky Behaviors are a normal part of adolescence (versus Risk-taking Behaviors)
- Ensure genuine participation of young people
- A vision of young people as assets (versus problem-based HIV prevention education initiative). Young people do not need to be ‘fixed’
- Religion and spirituality can be an important protective factor for young people
- Recognizing multiple protective factors which support health and wellbeing (strong family ties, peer relationships, meaningful relationships). Education in itself is insufficient

Ms. Abrioux considered the following skills as essential:

- Basic skills (learning to know); reading and writing
- Functional skills (learning to do); manual skills relating to a specific vocation or healthy behavior
- Life skills (learning to live together)

Life skills:

- communication
- negotiation/refusal
- empathy
- cooperation/team work
- advocacy
- decision making/problem-solving skills
- critical thinking skills

- self-awareness
- coping with emotions
- stress management

Ms. Abrioux described the following core characteristics of effective HIV & AIDS education programmes:

- Overall design – based upon theoretical approaches; supported and documented by relevant policy; has to be appropriate to age, experience and culture
- Structure and content – last a sufficient length of time; provide basic accurate information; explicit clear learning intentions and behavioral outcomes; link with community and community services; infuse communication/negotiation/refusal skills
- Delivery and teaching methods – range of teaching styles and strategies; participative and experimental activities to engage a range of learning styles

Discussion

Comment: We talk about life skills for young people and children. One thing I am aware of is the linkage of the skills to the parents. How do we involve the parents? Children are under the care of the parents. Where is the connection? Children need to come back home. Parents are very important in supporting their children.

Comment: I am very happy to hear from the teacher. What about the disabled people who are at risk – those who are mentally challenged? The mentally challenged have to be considered as well.

Dr. Mathai: The first lesson I learned was that we need to work with the whole individual. We need to always save lives. It is good, however, to see the entire plan that Laurie has drawn. We do need to see the whole person but do not forget that we want to save lives. I also learned from Dominica – prevention occurs in many programmes, not just the HIV prevention programme. We need to be non-judgmental. I learned from Pink Triangle – FBOs are so complacent that they work among themselves. Yet when FBOs work with NGOs we learn a lot from NGOs.

Ms. Abrioux: In terms of linkage with parents, one of our challenges is that many adults do not have these skills. Many adults are not able to control their emotions. Do teachers have those skills? I do think if school systems have good relationships with parents and communities, then we have gone further. In communities where parents have devolved their responsibilities to teachers – then that is a problem. We cannot bring up children through schools. We do need to work with parents.

Question: How long should the training be?

Ms. Abrioux: Anything under a certain amount of hours is not effective.

Ms. Abo: It's very true that parents seem not to be involved in information. As a person raising four children it is a big challenge. You reap what you sow. What I want for my children is a key question. This guides you and your work.

Following this plenary, participants broke into groups to discuss areas of agreement regarding prevention.

PLENARY SESSION 9

REPORT BACK FROM SMALL GROUP DISCUSSIONS ON PREVENTION

Group 1:

- Not to set boundaries based on our cultural values in meeting the needs of young people, especially in HIV prevention
- Provide continuous life skills-based education that is age-appropriate
- Adopt a participatory approach, establish safe places, empower through raising self-awareness
- For NGOs and FBOs to work in partnership
- For FBOs to incorporate life skills education in HIV prevention that is appropriate to each FBO's religious values
- Include parental education. Parents are also providers/partners in life skills
- Link life skills with service provision
- Adopt best practices

Group 2:

- Develop life skills-based HIV prevention guidelines and manuals (schools, FBOs, communities)
- Build partnerships and linkages, especially with government, NGOs, FBOs and marginalized groups at the local level
- Conduct awareness raising and capacity building of religious leaders, parents, etc.
- Develop tools for monitoring and evaluation

Group 3:

- Conduct campaigns in educational institutions
- Empower PLWHA through peer education
- Disseminate HIV prevention information to community or selected groups through any forum such as *Jummah* religious prayer, sermons, and other special days such as WAD, etc.
- Involve religious leaders in HIV & AIDS prevention activities
- Conduct outreach activities and distribute condoms
- Mobilize communities on VCT and STI targeting risk behavior groups
- Establish joint and integrated activities among FBOs in high HIV prevalence borderline areas coordinated by Government
- Integrate prevention activities for migrant workers

Group 4:

- Life skills education: culture sensitive education
- Sensitize community, including community-based targeted communication, to be more open to marginalized groups
- Keep changing strategies and messages in response to changes in the environment
- Reach agreement with other religious leaders and government agencies on religion's involvement in HIV & AIDS work

PLENARY SESSION 10

ADOPTION OF CONSULTATION STATEMENT

Chairperson/Facilitator: Dr. Rabia Mathai, Senior Vice President, Global Programme Policy, Catholic Medical Mission Board

Presentation of meeting statement

A draft statement prepared by a working group was distributed to participants. Participants suggested minor changes to some terminology and indicated their support for the statement. However, many suggested the need to take it back to their respective communities before they ink their approval.

Closing Remarks – Richard Bridle, Deputy Director, UNICEF EAPRO

Distinguished guests, ladies and gentlemen,

I am very pleased to join you in this final session of this important consultation. I see from the draft framework and the feedback from colleagues that a lot of ground has been covered during the last three days of discussion and debate.

We are faced with a momentous challenge to create an HIV-free world:

- to prevent another child from being born with the disease
- and for those that are, to make sure they receive adequate treatment
- to prevent another child growing up orphaned
- to mitigate the risk to our young people of getting infected through either drug use or unprotected sex
- and to ensure for those infected and affected, society guarantees their human rights

In Asia-Pacific, we are at a turning point. We either become complacent and lose the struggle or scale up our response, especially in prevention, to halt the further spread of the virus.

This is especially important given the nature of the HIV epidemic in this region, which is largely concentrated among sub-populations and different geographic areas. The region remains highly vulnerable to a generalizing trend given its huge population size, high population mobility and growing economic and gender-based disparities.

On behalf of UNICEF, I would like to thank you for your commitment and partnership in working to scale up the response to HIV & AIDS in this region. This is not an easy task. Yet, as faith based organizations, you have proven you can play an instrumental role.

As your discussions have highlighted, the challenges to overcoming the harsh impacts of HIV need a concerted commitment. Let me mention just a few that we see as critical to our collective success that were identified:

- Firstly, strengthening the capacity of the family. As your work on the frontline testifies, HIV can tear families apart. On one hand, young people living without the guidance and security of a family environment are often at greater risk of exploitation and the danger of HIV. On the other hand, in many countries where stigma and discrimination remain strong, family members can be shunned and isolated.
- Your efforts to use your role to serve as counselors, capacity to provide moral strength and guidance, and to foster care and compassion within families and the community are of great benefit.

- Secondly, we still have a lot to do in confronting stigma and discrimination, whose consequences continue to deprive many of those infected and affected of their right to live with dignity and access basic services. I am happy to hear that creating an enabling environment to tackle HIV was a large part of the discussion. We know that changing entrenched attitudes can be tough. We need all leaders but especially religious leaders to use their moral credibility and voice to stand up and demonstrate their compassion to those living positive. We need to forge a zero tolerance for stigma and discrimination towards those living HIV positive.
- Finally, prevention, as mentioned, remains critical in this region. We need you as allies in this enormous task. As identified in your discussions, there is plenty of scope to expand prevention activities. The suggestion to expand life skills beyond the classroom and integrate it with religious outreach and teaching is a great idea.

The consultation has also provided a forum to hear about exciting and creative initiatives underway:

- The expansion of the Sangha Metta project to Buddhist novice monks by enrolling them in working with young people on prevention and awareness
- The tireless commitment of the churches in PNG to provide emotional support but also to deliver services to those infected and affected
- The work of the Islamic networks to identify opportunities to advocate and create awareness, especially among young people, on HIV

For UNICEF, the last three days has proved a valuable opportunity to learn from your expertise and experiences. We hope that this exchange of ideas and networking has been worthwhile.

On a regional level, we hope that we can follow up on this initial collaboration by facilitating the interaction and networking between you and other faith based organizations. The ongoing exchange of practical ideas to overcome challenges and barriers, to learn from others' experiences and share resource materials is important. We look forward to working with you to develop the most appropriate mechanisms to continue what has been started.

Ultimately though, the success of this meeting is dependent on how you apply what you have learned from this exchange when you return to your respective countries and communities. As was highlighted in the framework, it is critical to the expansion of your work that it is integrated into national frameworks and plans. Our colleagues at UNICEF stand ready to see how best they can facilitate this interaction with national governments and other partners.

On behalf of UNICEF, I would like to thank you for making the journey to be here. We look forward to continuing this collaboration and working with you in the future, to make sure the energy, inspiration and creativity demonstrated during the last three days are translated into tangible action for children.

I wish you a safe journey back to your respective countries.

Thank you

Annex 1: Agenda

UNICEF East Asia and Pacific Region
Interfaith Consultation on Children and HIV
15-17 January 2008
Amari Watergate Hotel
Bangkok, Thailand

DAY 1	TUESDAY JANUARY 15
8.30 – 9.00	<p>Chairperson: Ms. Yoshimi Nishino</p> <p>Welcome Speech Ms. Anupama Rao Singh Regional Director, UNICEF EAPRO</p> <p>Conference Introduction Ms. Wing-Sie Cheng Regional Adviser – HIV & AIDS, UNICEF EAPRO</p>
9.00 – 11.00	<p>Session 1: FBO perspectives on HIV in East Asia and Pacific</p> <p>Chairperson/Facilitator: Ms. Yoshimi Nishino Themes: Building Partnerships with FBOs to Unite for Children, Unite against AIDS</p> <p>9.00 – 9.05 Chairperson Introduction</p> <p>9.05 – 9.20 Dr. Prawate Khid-arn General Secretary, Christian Conference of Asia</p> <p>9.20 – 9.35 Mr. Fe’iloakitau Kaho Tevi Executive Secretary, World Council of Churches in the Pacific</p> <p>9.35 – 9.50 Ms. Simone Charnley Regional Coordinator, Asian Muslim Action Network: Islamic Responses and Initiatives on HIV & AIDS</p> <p>9.50 – 10.05 Mr. Lawrence Maund Programme Director, Sangha Metta, Thailand</p> <p>10.05 – 10.20 Dr. Phramaha Boonchuay Doojai Chairperson, Asian Interfaith Network on HIV & AIDS</p> <p>Questions/Discussion</p>
11.30 – 13.00	<p>Session 2: Building a supportive environment</p> <p>Chairperson/Facilitator: Dr. Rabia Mathai Themes: How to involve FBOs in building a supportive environment – How FBOs can work with government and other partners – The role of FBOs in mobilizing leaders to respond to HIV – The role of FBOs in addressing stigma and discrimination</p> <p>11.30 – 11.35 Chairperson Introduction</p> <p>11.35 – 11.50 Mr. Datuk A. Vaithilingam Vice President, Malaysian AIDS Council, Former President, Malaysian Consultative Council on Buddhism, Christianity, Hinduism and Sikhism (MCCBCHS)</p> <p>11.50 – 12.05 Mr. Tran Dinh Phung Committee Member, Viet Nam Fatherland Front</p>

DAY 1	TUESDAY JANUARY 15
11.30 – 13.00	<p>Session 2: Building a supportive environment (continued)</p> <p>12.05 – 12.20 H.E. Zakaryya Adam Secretary of State, Cambodia Ministry of Cults and Religion: National Policy on the Religious Response to HIV & AIDS</p> <p>12.20 – 12.35 Captain John Kerari Salvation Army PNG, Church Partnership Programme</p> <p>12.35 – 13.00 Questions/Discussion</p>
14.00 – 15.15	<p>Session 3: Community-based responses</p> <p>Chairperson/Facilitator: Le Hong Loan Themes: How to engage local leaders in responding to the needs of vulnerable community members – How to organize and support activities that enable community members to talk more openly about HIV & AIDS – How to build partnerships to implement activities – How to promote and support community care for children without family support</p> <p>14.00 – 14.05 Chairperson Introduction</p> <p>14.05 – 14.20 Ms. Yoshimi Nishino Regional HIV & AIDS Specialist, UNICEF EAPRO</p> <p>14.20 – 14.35 Ms. Theresa Goimba Chairperson, Orphans and Vulnerable Children Western Highlands PNG Working Group</p> <p>14.35 – 15.15 Questions/Discussion</p>
15.45 – 16.50	<p>Session 4: Strengthening the capacities of families</p> <p>Chairperson/Facilitator: Mr. David Fowler Themes: Providing psychosocial support to affected children and their caregivers – Strengthening and supporting child care capacities – Supporting succession planning – Prolonging the lives of parents – Strengthening young people’s life skills</p> <p>15.45 – 15.50 Chairperson Introduction</p> <p>15.50 – 16.05 Sr. Adeline Abamo Project Director, Philippines Salvatorian Pastoral Care for Women and Families – Sisters of the Divine Savior</p> <p>16.05 – 16.20 Mr. Fe’iloaitau Kaho Tevi Executive Secretary, World Council of Churches in the Pacific</p> <p>16.20 – 16.50 Questions/Discussion</p>

DAY 2	WEDNESDAY JANUARY 16
9.10 – 10.20	<p>Session 1: Access to essential services</p> <p>Chairperson/Facilitator: Mr. Scott Bamber</p> <p>Issues and experiences of FBOs in prevention, treatment, care and support – Voluntary Counseling and Testing (VCT) – Prevention of mother-to-child transmission of HIV – Placement services for children without family care – Strengthening local planning and action</p> <p>9.10 – 9.15 Chairperson Introduction</p> <p>9.15 – 9.30 Dr. Rabia Mathai Catholic Medical Mission Board: Experiences in Africa</p> <p>9.30 – 9.45 Ms. Dominica Bessie Abo National Director, Anglicare StopAIDS, PNG</p> <p>9.45 – 10.00 Mr. Wayne Matthyse Co-founder/Advisor, Cambodia Partners in Compassion</p> <p>10.00 – 10.20 Questions/Discussion</p>
10.50 – 12.30	<p>Session 2: Workshops – Identification of key issues and FBO activities</p> <ul style="list-style-type: none"> – Building a supportive environment – Community-based responses – Strengthening the capacities of families – Access to essential services
13.30 – 14.50	<p>Session 3: Workshops – FBO strengths and weaknesses; key partners</p> <ul style="list-style-type: none"> – Building a supportive environment – Community-based responses – Strengthening the capacities of families – Access to essential services
15.10 – 16.30	<p>Session 4: Report Back</p> <p>Chairperson/Facilitator: Dr. Rabia Mathai</p>
16.30 – 17.50	<p>Session 5: Workshops – Role of Interfaith Programmes</p> <ul style="list-style-type: none"> – Building a supportive environment – Community-based responses – Strengthening the capacities of families – Access to essential services

DAY 3	THURSDAY JANUARY 17
9.10 – 10.20	<p>Session 1: Report Back</p> <p>Chairperson/Facilitator: Dr. Rabia Mathai</p>
10.50 – 13.00	<p>Session 2: Role of FBOs in Prevention</p> <p>Chairperson/Facilitator: Ms. Yoshimi Nishino Panel 3-4 presentations on issues faced by FBOs in implementing prevention programmes</p> <p>10.50 – 11.00 Chairperson Introduction</p> <p>11.00 – 11.10 Ms. Dominica Bessie Abo National Director, Anglicare StopAIDS, PNG</p> <p>11.10 – 11.20 Mr. Lawrence Maund Programme Director, Sangha Metta, Thailand</p> <p>11.20 – 11.30 Mr. Hisham Hussein Chairman, Pink Triangle Foundation, Malaysia</p> <p>11.30 – 11.40 Ms. Emmanuelle Abrioux Regional Programme Officer for Life Skills, UNICEF EAPRO</p> <p>11.40 – 11.55 Questions</p> <p>11.55 – 13.00 Small group discussion – share experiences and identify 4 points of agreement</p> <p>Participants will break into eight groups for initial discussion (25 minutes). The 8 groups will then form four groups (by each combining with 1 other group) to reach a consensus.</p>
14.00 – 15.00	<p>Session 3: Report Back from small group discussions</p> <p>Chairperson/Facilitator: Dr. Rabia Mathai</p>
15.30 – 16.30	<p>Session 4: Final Plenary</p> <p>Chairperson/Facilitator: Ms. Wing-Sie Cheng</p> <p>15.30 – 15.35 Chairperson Introduction</p> <p>15.35 – 15.45 Presentation of meeting statement – Ms. Yoshimi Nishino</p> <p>15.45 – 16.15 Discussion</p> <p>16.15 – 16.30 Closing remarks Mr. Richard Bridle Deputy Regional Director, UNICEF EAPRO</p>

Annex 2: Directory of Participants

UNICEF East Asia and Pacific Region
Interfaith Consultation on Children and HIV
15-17 January 2008
Amari Watergate Hotel
Bangkok, Thailand

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