

# PROCEEDINGS

## Joint Parliamentarians-NGO Meeting on Sexual and Reproductive Health and Rights (SRHR) of Border Communities

9-11 December 2009



Mae Sot, Thailand



### ***Hosted by***

The Planned Parenthood Association of Thailand

### ***With support from the***

International Planned Parenthood Federation  
East and Southeast Asia and Oceania Region (ESEAOR)

### ***In collaboration with the***

Asian Forum of Parliamentarians on Population and Development

### ***Funded through the project***

"Improvement of Sexual and Reproductive Health Status  
Among the Cross Border Communities" (SALIN Fund)



## Executive Summary

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On 9-11 December 2009, the International Planned Parenthood Federation (IPPF) East and Southeast Asia and Oceania Regional Office (ESEAOR) organized a Joint Parliamentarians-NGO Meeting on Sexual and Reproductive Health and Rights (SRHR) of Cross-Border Communities in collaboration with the Asian Forum of Parliamentarians on Population and Development. Six (6) Member Associations (MAs) of IPPF ESEAOR from China, Indonesia, Lao PDR, Mongolia, Papua New Guinea, and Thailand gathered in Mae Sot, Thailand for the two-fold purpose of enhancing participants' knowledge on sexual and reproductive health and

rights (SRHR) issues affecting adolescents, women, and men in border and migrant communities through experience sharing as well as increasing policymakers' support for such initiatives. The MAs were joined by three parliamentarians from Lao PDR, Mongolia, and Thailand and a government official from China's National Population and Family Planning Commission. The meeting was hosted by the Planned Parenthood Association of Thailand (PPAT).

As a preface to the meeting, Dr. Raj Karim, immediate past Regional Director of ESEAOR and at the time of the meeting the Special Advisor to the Director General, provided a background on cross-border sexual and reproductive health (SRH) issues including the rationale for IPPF's involvement in this initiative. Among others, she pointed out that the cross-border population are among the most vulnerable and exploited groups of people whose SRH needs and rights are often denied. It was followed by presentations of the six MAs about their cross-border SRH initiatives and the support they need to sustain their efforts. All MAs expressed the need to collaborate with their counterparts on the other side of the border and for continued financial and technical support in order to sustain their work. All parliamentarians present in this meeting said this is the first time they heard about cross-border SRHR issues and they all expressed admiration for the work being done by the NGOs for the cross-border population.

In terms of moving forward, the MAs identified the following as possible areas of collaboration between NGOs (MAs) and parliamentarians:

- Data collection and sharing
- Legal reform i.e. immigration, security, etc.
- Policy formulation

Guided by the earlier discussions, the MAs developed their work plans for 2010 bearing in mind that funding for these plans would have to be identified from in-country or external sources. These plans were presented to the group and comments were provided to each presentation.

The last day of the meeting was devoted to a field trip to Mae Lah Refugee Camp located near the Thai-Myanmar

border where about 31,400 displaced persons from Myanmar are temporarily sheltered. The camp commander provided an orientation on the profile of refugees living in the camp and how the facilities and programs are administered. Several local and international NGOs are working together to provide for the needs of the refugees including legal assistance for migration to third countries. The field trip was capped by a visit to PPAT's clinic where family planning, maternal and child health, STI, HIV & AIDS, and other reproductive health services are being provided to the camp residents with assistance from trained paramedical refugees.

For the MAs, the sharing of experiences has renewed their enthusiasm for cross-border SRHR programs and for the parliamentarians, the meeting was an eye opening experience which galvanized their support for cross-border SRHR initiatives.

## Meeting Highlights

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### 9 December 2009

The meeting started at 09.06 am with a welcome address from Dr. Nibhon Debavalaya, Secretary-General of PPAT, stating the importance of SRHR agenda in cross border communities.

Dr. Raj Karim, Former Regional Director and Special ESEAOR Consultant, later gave her message. She said that the meeting aims to provide an avenue for learning and sharing of experiences in cross border work. She expressed appreciation for parliamentarians and government official from China for their time. The cross border community is a vulnerable group, and Dr. Raj reminded participants not to discriminate them and provide basic health services to them.



Dr. Padchuban Hemhongs, Director of Tak Provincial Health Office, gave a welcome speech on behalf of the Governor of Tak Province. He stated that the problem of cross border community is significant in Thailand. The cooperation of government and private sector is needed to address the needs of cross border community.

After the opening, the participants introduced themselves (*see Annex 2 for list of participants*). Key expectations which stood out from the introduction were “collaboration”, “learn from the experience of others”, and “project continuation.” ESEAOR’s Program Manager for Advocacy and Resource Mobilisation, Mr. Romeo Arca Jr. (Romy) then briefly discussed the objectives and road map of this meeting.

To set the meeting perspective, Dr. Raj made a presentation on “Scoping the Landscape: Cross border SRHR Issues in East and Southeast Asia” (*Annex 3*). In her presentation, she talked about why cross border populations are vulnerable and the problems they confront. She also pointed out some strategies to improve health of migrants especially for women and adolescents.

During discussions, the participants were keen to understand the absence of Myanmar Maternal and Child Welfare Association (MMCWA) and Myanmar government staff or parliamentarian. It was noted that MMCWA is currently focusing on other crucial issues and were, hence, not involved.

After the background presentation, the participating MA’s presented their cross-border programs highlighting

accomplishments, challenges, and needed policy support. The details of their presentations are in *Annex 4*.

Below are some of the key comments/questions on the presentations:

MA	Question/Comment	Response
China Family Planning Association	<ul style="list-style-type: none"> <li>• Regarding the baseline survey, has the result been shared to any other agencies?</li> <li>• What is the reason for establishing FPAs in migrant community?</li> </ul>	<p>The report has been shared to the local governments and to agency focusing on migrant's work on border area. It is hoped that the report will be submitted to higher levels of government.</p> <p>For the sustainability of the project and in support of migrant communities' right to access RH services.</p>
Lao Project Office	<ul style="list-style-type: none"> <li>• Are the target groups migrants from Laos to Thailand?</li> <li>• The statistics given in the presentation can be used as advocacy message for policy makers.</li> </ul>	<p>They are just villagers who cross the border to Thailand back and forth.</p>
Mongolian Family Welfare Association	<ul style="list-style-type: none"> <li>• Is MFWA collaborating with CFPA on this project?</li> <li>• The support of local authorities is a key element for the success of these initiatives.</li> </ul>	<p>Not yet</p>
Planned Parenthood Association of Thailand	<ul style="list-style-type: none"> <li>• What activities were done to increase male involvement?</li> <li>• Were the advocacy strategies different from camp to camp? Were the activities similar in all the camps?</li> <li>• The PPAT model is something that could be packaged as a showcase for cross-border SRHR program.</li> </ul>	<p>Special sessions were conducted for the male partners/husbands. There were also sessions where wives were invited to express their needs before an audience composed of males/husbands.</p> <p>The main strategy is the same for all but the details of activities depend on the situations in the camp. Services were provided according to local context.</p>
Indonesian Planned	<ul style="list-style-type: none"> <li>• Did IPPA collaborate with other</li> </ul>	<p>Yes, with faith-based groups. This is</p>

MA	Question/Comment	Response
Parenthood Association	NGOs?	because of the strong influence of religious groups in the target areas.
Papua New Guinea Family Health Association	<ul style="list-style-type: none"> <li>• What were the threats and problems faced in implementing the project?</li> </ul>	Religious opposition.

After the MAs' presentations, the representatives from parliaments and government gave their reactions. The official from China said that the presentations showed the important role that NGOs can play in providing access to SRH services for vulnerable groups. She recommended that projects like these should be implemented on a long term basis. The MP from Thailand expressed concern about the sustainability of such initiatives as they are largely based on donor funds. He also raised the Thai government's policy for foreigners as a big challenge in addressing this issue. He said problems involving cross-border population must be solved by all parties concerned and not just from one side of the border. The Mongolian MP commended the work being done by the MA in Mongolia and said that he learned a lot from the sharing. The MP from Lao PDR echoed the same sentiment.

## 10 December 2009

The topic of 'collaboration' took centerstage on the second day of the meeting. The MAs and parliamentarians discussed possible areas of collaboration between themselves. The MAs acknowledged the difficulties in getting the attention of parliamentarians who admitted that they work on many issues and SRH is something unfamiliar to them.

According to Dr. Nibhon, MAs and parliamentarians can possibly work on these areas:

- legal reform i.e. immigration act, abortion law, and security matters
- contentious RH issues e.g. services to adolescents
- and policy formulation.

Other areas of collaboration cited by the participants were:

- data collection and sharing e.g. situation of target groups
- creating public awareness on the issue
- joint visits to project sites
- resource mobilization

The Mongolian MP pointed out that some MPs know about the cross border problem but not about SRH, so it is necessary for MAs to inform them about this.

As a step forward, the MAs developed their work plans for 2010. Ms. Seow Kin Teong facilitated the planning session and she reminded the MAs about four important areas of work that must be addressed:

- Advocacy & Policy Development
- Assessment, research & information
- Capacity Building – Sensitizing & training relevant policy makers & health stakeholders
- Service Delivery especially for vulnerable groups (women, children, undocumented, asylum seekers, refugees & victims of trafficking)

The details of the MA's plans can be found in *Annex 5*. The key comments and questions on the plans are synthesized here:

MA	Objective	Question/Comment	Response
China Family Planning Association	<p>Increase knowledge and life skills of migrants on SRH</p> <p>Increase access to SRH services and</p> <p>Strengthen capacity of local FPAs and service providers</p>	<ul style="list-style-type: none"> <li>• Is there a possibility of working together with MWFA?</li> </ul>	Yes, this is something we should discuss together.
Lao Project Office	<p>Increase access to health information</p> <p>Promote health care and accessibility of SRH services in cross border population and</p> <p>Provide information on promoting women's health</p>	<ul style="list-style-type: none"> <li>• The plan should also focus on service provision and not just awareness raising.</li> </ul>	
Mongolian Family Welfare Association	Increase access to SRH services and information among cross border communities	<ul style="list-style-type: none"> <li>• What are the criteria for HIV testing?</li> </ul>	It is voluntary.
Planned Parenthood Association of Thailand	SRH service provision and knowledge dissemination for migrants and refugees	<ul style="list-style-type: none"> <li>• Is it possible to access money generated by the Thai Government from taxes on cigarettes and liquor for this target group?</li> <li>• As we struggle to find continued support for this project, PPAT has to scale down the services to only contraceptives provision. Everything depends on the support situation from donors.</li> </ul>	It is not possible since such tax money cannot be used for non-Thai citizens.
Indonesian Planned Parenthood Association	Increase access to information and services		

	<p>Increase VCT/ STIs and referral for health care for PLHIV</p> <p>Advocate for favorable policy on SRHR for border communities</p>		
Papua New Guinea Family Health Association	<p>Increase collaboration with stakeholders</p> <p>Increase access to STI/HIV services and information</p> <p>Enhance SRH knowledge of service providers</p> <p>Reduce religious barriers on SRH</p> <p>Improve project outputs</p>		

Over-all, it was noted that there is a need to strengthen MA's advocacy with parliamentarians for improved policy support to cross-border SRHR initiatives as well for sustainability. This kind of advocacy is missing in some of the plans and the concerned MA's were encouraged to incorporate this when the plans are finalized.

Due to lack of any committed funding for cross-border SRHR projects at present, Romy raised the idea of putting together the six action plans and package it as an omnibus proposal. Revised work plans with budget shall be sent to Romy on or before December 31, 2009.

During the closing, the parliamentarians and MA's gave their responses. The MP from Thailand thanked the organizers and mentioned that he learned a lot from this meeting which reminded him to think about cooperation in the future to work for cross border communities. The Laos MP expressed his appreciation for inviting him to this meeting. He said that he learned many information and expressed hope in being able to work with everyone. The Chinese government person thanked everyone and mentioned that she now understands more about the roles of NGOs and also she got to think about the work with CFPA. The Mongolian MP said that he now understands the issue more as well as the role of NGOs. He wished everyone good luck in their plan and hopes to support MWFA in their work in Mongolia next year.

On the part of the MA's, MFWA thanked everyone for the fruitful meeting and expressed appreciation for the participation of MPs and the opportunity to discuss future cooperation with CFPA. CFPA appreciated the success of this meeting and deemed that the meeting is fruitful and very useful. PPAT was thankful for the participation of everyone, particularly Dr. Jaturong, a Senator from Thailand, who is part of the Thai Senate's standing committee on health. The Laos Project Office expressed thanks for organizers and she appreciated meeting a parliamentarian from her country. She has learned from experiences of everybody especially those of Thailand.

IPPA thanked IPPF for the opportunity to meet everyone at the meeting especially PNGFHA, and expressed hope that the partnership can be developed together. It is the first time for IPPA to work with cross-border population so she hoped the MA's can find funding for this project as she did not want to waste everything that has been done. PNGFHA thanked IPPF, host and donors. Their project implementation had met many struggles but she learned a lot from this meeting.

Finally, Dr. Raj expressed her appreciation for the participating MA's for taking up the challenge and being in this meeting. She thanked the MPs and government staff for taking part in this meeting. She said that it is not easy to do for this kind of project and it is important to identify reliable partners to work with. According to her, the regional office can help in linking MA's with international NGOs in each country. The regional office will try to help package the action plan into a proposal for funding. She complimented CFPA for bringing a government official which is an innovative way to get through policy making. She wished everyone good luck with their work.

## **🌀 11 December 2009**

### **Field Visit**

The parliamentarians and MAs, along with IPPF and PPAT staff visited the Mae Lah Refugee Camp located in a hilly area of Thasongyang, Tak Province. This shelter camp was established to accept Karen people who are leaving Myanmar. At the camp's reception area, the camp commander provided participants with information on the refugees' profile, camp administration, and the various programs being implemented in the camp to address the needs of the refugees. At the time of the visit, there were 31,390 registered displaced persons in the camp. Between 70-80 babies are born in the camp every month. More than a dozen local and international NGOs are implementing health, educational, livelihood, and legal programs.



After the orientation, the participants, toured the facilities in the camp which ended at the PPAT main clinic. At the clinic, the PPAT staff explained the SRH services being provided to the refugees through the assistance of trained paramedics from the refugee community.

### **Debriefing**

The participants were unanimous in saying that the Mae Lah refugee camp is well organized and collaboration with NGOs is strong. However, there was concern about the status of the people in the camp as they are stateless. With dried leaves as roofing, and timber as main material, the housing facilities are considered dangerous and prone to fire. The observation on people is that they do not have much to do and just sit around.

A question was raised about how people in the camp make money to purchase things. Anecdotal evidences indicate that refugees are able to sneak out to work on farms around the area and they have some properties they carried with when they fled from Myanmar. On the question of what the Thai government spends for refugees, Khun Montri replied that the Thai government only spends money on personnel costs while food is provided by UNHCR. The food distribution system is such that more children in a household means more food for the family which they can sell to others. It is therefore a challenge to promote the idea of family planning.

Khun Montri also added that for resettlement programme, well-educated refugees always get picked first, however, there is no clear criteria on this. It all depends on the third country who decides who will go. He also added that from discussions with young people in the camp, they think about their future like other normal young people. They want to go to school and university.

In response to a question on unplanned pregnancy among young people in the camp, if the parents find out, the young couples are married off. The PPAT clinics in the camp provide post-abortion services. It is difficult to say if there is abortion service in the camp as it is illegal.

Regarding SRH in the camp, it was noted that contraceptive prevalence rate is low in the camp. Khun Montri replied that it is hard to motivate refugees to use family planning as there was misconception in the beginning about population control so PPAT had to deliver correct messages for refugees in each zone.

As for voluntary counseling and testing service which does not appear in the clinic menu of services, Khun Montri replied that the PPAT clinic provides the service but it is not publicized to eliminate the stigmatization and discrimination against clients who may be suspected of having HIV after being seen in the clinic.

In conclusion, everybody felt that the field trip provided inspiration for their work despite the fact that cross-border situation in their countries may be different.

## Lessons Learned

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1. Working with cross border populations has given the regional office (RO) and member associations an exciting opportunity to address new challenges.
2. Through this experience, the RO and MA's learned how to address the unmet SRH needs of marginalized cross border population groups.
3. The participation of target communities in project planning and implementation is an important element in sustaining the initiative.
4. Encouraging men to take responsibility is an important step in improving their own and partner's sexual and reproductive health.
5. For maximum impact, communication activities must be tailored according to the specific needs and situations of the target recipients.
6. While some advocacy efforts are needed to get the support of local governments, the encouraging response from local government units in China & Lao PDR demonstrated the recognition of this initiative as an important intervention.
7. Funding is needed to continue to provide access to SRH services for cross border populations.

## The Way Forward/Recommendations

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To improve the health of cross border population, the following steps are recommended:

1. **Advocacy & Policy Development**  
Cross border issues are politically sensitive and there is a need for strategic advocacy efforts in order to obtain support of concerned stakeholders. Further, policies that impinge on the sexual and reproductive health and rights of cross border population must be reviewed and reformed as needed. Hence, the concerned MA's are encouraged to ensure that advocacy among parliamentarians/policymakers is an integral part of their cross-border SRHR activities and that this should be reflected clearly in their work plans.
2. **Assessment, research & information**  
Due to their status, there is a dearth of in-depth information about the situation of cross border populations and this in an area where gaps need to be filled.
3. **Capacity Building**  
Sensitizing & training relevant policy makers & health stakeholders are imperative to break down apathy and walls of discrimination against cross border populations.
4. **Service Delivery**  
Outreach and facility-based services are needed especially for vulnerable groups (women, children, undocumented, asylum seekers, refugees & victims of trafficking).

## Annex 1: Meeting Program

### Objectives:

1. To enhance participants' knowledge on sexual and reproductive health and rights (SRHR) issues affecting adolescents, women, and men in border and migrant communities through experience sharing
2. To increase governments' and related agencies' support for SRHR initiatives in border and migrant communities through the parliamentarians
3. To identify sustainability schemes for SRH initiatives in border and migrant communities

## AGENDA

Day 1, Wednesday	December 9
9:00 – 10:00	<p>Opening</p> <p>Welcome Remarks - Dr. Nibhon Debavalaya, PPAT</p> <p>Messages - Dr. Raj Karim, IPPF ESEAOR</p> <p>Speech Mr. Mongkol Santhitivitoon Vice Governor of Tak Province To be represented by Dr. Padchuban Hemhonga Director of Tak Provincial Health Office</p> <p>Introduction of Participants</p> <p>Expectations Setting</p> <p>Meeting Roadmap</p> <p>Tea Break</p>
10:00 – 10:30	Scoping the Landscape: Cross-Border SRHR Issues in East and Southeast Asia
10:30 – 12:00	<p>Presentation: Dr. Raj Karim Special ESEAOR Consultant to the Director General</p> <p>Open Forum</p>
12:00 – 1:30	Lunch
1:30 – 3:30	<p>Realities on the Ground: Civil Society Interventions and Challenges</p> <p>Presentations on National Cross-border SRH Projects (with Q&amp;A after each presentation)</p> <p>China Lao PDR Mongolia Thailand Indonesia Papua New Guinea</p>
3:30 – 4:00	Tea Break
4:00 – 5:00	Responses from Parliamentarians
5:00 – 7:00	Free Time
7:00 – 8:30	Dinner Reception
Day 2, Thursday	December 10
9:00 – 10:00	Moving Forward: Action Points for Collaboration and Sustainability (Moderated Discussion)
10:00 – 10:15	Picture Taking/Tea Break

10:15 – 12:00	Planning for 2010
12:00 – 1:00	Lunch
1:00 – 2:30	Presentation of Country Plans
2:30 – 3:00	Closing
	Responses - Parliamentarians MAs
	Message - Dr. Raj Karim
3:00 – 3:30	Tea Break/Get Ready to Leave
3:30	Visit to the Thai-Myanmar Friendship Bridge
<b>Day 3, Friday</b>	<b>December 11</b>
9:00 – 12:00	Field Visit (All participants will visit refugee communities in Mae Sot where sexual and reproductive health services are provided to women, men, and adolescents by the Planned Parenthood Association of Thailand. There will be interactions with clients and providers/staff.)
12:00 – 2:00	Lunch
2:00 – 3:30	Sharing of Insights and Lessons Learned from the Field Trip
3:30	Return to Hotel/Tea
END of MEETING	

## Annex 2: List of Participants

Joint Parliamentarians - NGO Meeting on  
Sexual and Reproductive Health and Rights (SRHR)  
of Border Communities  
9-11 December 2009  
Mae Sot, Thailand

Name & Title	Organization
<b>Member Associations</b>	
1. Mrs. Li Yanqiu Secretary General	China Family Planning Association
2. Mrs. Wu Guanghua Director of Domestic Programme Department	China Family Planning Association
3. Ms. Inne Silviane Executive Director	Indonesian Planned Parenthood Association
4. Ms. Chatarina Wahyurini SALIN Project Coordinator (HIV/AIDS in Cross Border)	Indonesian Planned Parenthood Association
5. Dr. Ketkeo Soudachan National Project Coordinator	Laos Project Office
6. Mr. Voungsouthin Chanthavat District (Field) Project Coordinator	Laos Project Office
7. Dr. Semjidmaa Choijil Executive Director	Mongolian Family Welfare Association
8. Dr. Gerelmaa Gendenjamts Project Coordinator, SRHR Border Communities	Mongolian Family Welfare Association
9. Ms. Rhona Poruta Yabri Executive Director	Papua New Guinea Family Health Association
10. Ms. Jennifer Amjepu John SALIN Project Coordinator	Papua New Guinea Family Health Association
11. Mr. Montri Pekan Executive Director	Planned Parenthood Association of Thailand
12. Mr. Somjet Srikanok Director of Refugee Project	Planned Parenthood Association of Thailand

<b>Name &amp; Title</b>	<b>Organization</b>
13. Mrs. Waranya Pitaktepsompat Assistant Director of Medical Service	Planned Parenthood Association of Thailand
14. Dr. Nibhon Debavalaya Secretary General	Planned Parenthood Association of Thailand
<b>Parliamentarians/Government Officials</b>	
1. Mrs. He Dan Deputy Director Department of Floating Population Service & Management	National Population and Family Planning Commission of China
2. Dr. Somphou Douangsavanh Parliamentarian Vice Deputy of Committee of Social and Cultural Affair	National Assembly, Lao PDR
3. Mr. Badyelkhan Khadislam Minister	Parliament of Mongolia
4. Mr. Buttushig Bat-Erdene Third Secretary	Mongolian Embassy, Bangkok
5. Hon. Dr. Jaturong Teerakanok Senator	Parliament of Thailand
<b>IPPF ESEAOR</b>	
15. Dr. Raj Karim Past Regional Director and Special ESEAOR Consultant to the Director- General, IPPF	IPPF ESEAOR
16. Mr. Romeo Jr. Abad Arca Manager, Advocacy and Resource Mobilization	IPPF ESEAOR
17. Ms. Teong Seow Kin Evaluation Officer	IPPF ESEAOR
<b>Secretariat (PPAT)</b>	
1. Ms. Valeethip Amnuelaph Finance Director	Planned Parenthood Association of Thailand
2. Ms. Pattaya Buranasiri External Relations Staff	Planned Parenthood Association of Thailand

### **Annex 3**

**“Scoping the Landscape: Cross border SRHR Issues in East and Southeast Asia”**  
(See attached PDF File)

By

**Dr. Raj Karim**  
Special Consultant to the Director General

## **Annex 4**

MA's Powerpoint Presentations on Cross-Border SRHR Initiatives

(See attached PDF Files)

## Annex 5 : MA's Work Plans

**Name of MA: China Family Planning Association**

**Improving SRH Services along the Border Region between Myanmar and China, Mongolia and Inner Mongolia (China)**

### WORK PLAN FOR 2010

Objective	Strategy	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed	Budget (USD)
1. Increase the knowledge and life skills of migrants on SRH, including STI/HIV prevention.	<b>Enhance advocacy, education, and capacity-building</b>	1.1 Build FPAs among migrants; recruit migrants members and volunteers; train peer educators. 1.1.1 Recruit migrants members and volunteers, build FPAs. 1.1.2 Train peer educators among migrants, 30 educators in each township, totally 270.	9 FPA branches among migrants will be set up in 3 project counties; 270 peer educators participate in the trainings.	CFPA: Wu Guanghua  Teng Chong: Peng Anjun	Jan.- Mar,2010	SRH advocacy and education staff	30000
		1.2 Hold SRH knowledge trainings for the target group. Each project county will hold 25 training courses, carrying out training activities through explanation, watching documentaries, consultation, answering questions; hold 6-7 training activities quarterly, 40 participants in each course. It is estimated that the total number of participants will be 1000.	Each project county will hold 25 training courses; there will be 40 people participating in each of training; the target population will reach a total of about 3000.	Ri Li: Wang Guimin  Man Zhou Li: Li Xia	Apr.- May,2010	SRH training teachers and materials	90000
		1.3 Carry out peer education. 1.3.1 The county-level FPAs hold a total of 18 training courses for the 270 peer educators, each 15 participants. 1.3.2 Each of 270 educators contact with 30 target people,	270 peer educators grasp the SRH knowledge and communication methods. Each of educators contact with 30 companions, so that 100% of the target population receive peer education advocacy.		Jun.- Dec,2010	Activity places	30000

Objective	Strategy	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed	Budget (USD)
		promoting RH knowledge and information.					
		1.4 Promote the usage of condoms 1.4.1 Promote condoms' role of disease prevention and proper usage in various trainings, social advocacy, counseling and other activities. 1.4.2 Distribute condoms to target group in project activities.	The accessibility and usage of condoms are increased, so that 100% of target population gets condoms through project activities.		Jun.- Dec,2010	Condoms	54000
		1.5 Promote the usage of SRH IEC materials. The project sites develop SRH and STD/AIDS prevention IEC materials, and distribute in various trainings, social advocacy, counseling, and other activities, helping self-learning of the target population.	100% of the target population obtains project IEC materials.		Jun.- Dec,2010	SRH IEC materials	20000
2.Increase accessibility and affordability of quality SRH services for	<b>Enhance the ACCESS</b>  It has always been a core value of IPPF to ensure	2.1 Establish clinics and consulting rooms in migrant communities. 2.1.1 Found 3 project clinics respectively in 3 counties. 2.1.2 Establish consulting rooms with advocacy board, video projectors, desks and chairs in the clinics, convenient for the target population to consult, get the IEC materials and condoms, self-study the related knowledge. 2.1.3 Cooperate with Center for Disease Control to train	Three counties establish a total of 9 clinics and consulting rooms; 100% of the target population has consulting service card.		Jan.- Jun,2010	house	120000

Objective	Strategy	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed	Budget (USD)
migrants;	universal access and indeed, it is the main target of the Cairo Programme of Action- to ensure	consultants. Every consulting room will have 2 consultants working alternatively. There will be 18 consultants totally. 2.1.4 Install a consulting hotline in every consulting room. 2.1.5 Make a total of 5000 pieces of consulting service card for the target population and the masses in 3 project counties.					
	universal access to reproductive health services for the poorest and most disadvantaged.	2.2 Implement outreach activities. 2.2.1 Each project county trains 10 outreach service providers twice. 2.2.2 Each project county trains 60 community volunteers 2 times. 2.2.3 Each project county carries out community activities twice (lectures, competitions, etc.) 2.2.4 Each project county carries out social advocacy activities 3 times. 2.2.5 Each project county provides physical examination service for the target population in the local Family Planning service station.	The 3 project counties respectively set up a 10-people service group, which is composed of doctors, nurses, consultants, totally 30 people.		Apr.- Dec,2010	Technical service personnel	120000
		2.3 Establish condom distribution and selling networks. 2.3.1 Make condom distribution cupboard, establish 9 condom distribution points.	Set up 18 condom distribution and selling places in 9 townships.		Jan.- Jun,2010	Condom selling places in pharmacy and vending machines	20000

Objective	Strategy	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed	Budget (USD)
		2.3.2 Purchase and install a condom vending machine in each township. 2.3.3 Examine and repair the machines once a season, totally 36 times in 9 townships.					
3. Strengthen local FPAs' capacity of advocacy, coordination and cooperation.	<p><b>Advocate to carry out the multi-department cooperation</b></p> <p>Advocate and stimulate others, most particularly governments, to assume full responsibility for the sexual and reproductive health</p>	3.1 Create multi-sector cooperation mechanism. 3.1.1 3 counties hold project launching meeting; leaderships of local governments and relevant departments, members of migrant FPAs, volunteers, and representatives of target group (including foreign target population) participate in the meeting. 3.1.2 The project sites issue documents and relevant regulations in the name of local governments.	Enhance Cooperation with Family Planning Commission, Health, Women's Federation, industrial and commercial, communication, tourism, Public Security, and other departments. Issue relevant documents and regulations.	CFPA: Wu Guanghua  Yunnan province: Guo Xiuhua  Inner Mongolia: Zhang Lifeng  Teng Chong: Peng Anjun	Jan.- Jun,2010	Participation of related departments	10000
		3.2 Advocate relevant departments to increase the support and input on migrant RH. 3.2.1 Advocate through seminars and reports to win more matching funds from local governments. 3.2.2 Hold discussion meeting to promote the significance of the project, to win the personnel and technical support.	Increase fund input on migrant RH services.	Ri Li: Wang Guimin  Man Zhou Li: Li Xia	Jan.- Dec,2010	Support from related leadership, setting up of project leading group and working group; funds for RH work among migrants.	11000
		3.3 Implement joint research with relevant government departments.	Organize joint research and develop a report, which will be an important basis for the		Jul.- Sep,2010	Funds for investigation and	50000

Objective	Strategy	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed	Budget (USD)
	needs of their people.	3 counties carry out project research activities in the project sites, and submit reports to summarize the project work and experience.	project work.			meetings	
		3.4 Collaborate with relevant departments to hold advocating meeting and seminars. 3 counties organize multi-sector project seminar once, summing up the project achievements and problems, drawing up work plan for the next year.	Facilitate the in-depth and sustainable development of migrant RH work in project sites through advocacy to senior leaders.		Nov, 2010	Rents for meeting rooms and staff salaries	60000
		3.5 Project monitoring and evaluation. 3.5.1 The project counties will carry out self-evaluation once quarterly, and submit reports to provincial FPA and CFPA. 3.5.2 The provincial FPAs visit the project sites every half a year, monitoring the project work, and write reports. 3.5.3 CFPA will make a monitoring trip to 3 counties in a year, and control the project progress through discussion, listen to the work report, check the project files, observe the consulting rooms and migrant communities, communicate with the target group, and other activities. 3.5.4 The project sites will submit activity reports seasonally, and CFPA submits	3 counties submit report of fresh progress and funding use of the project quarterly, including both pictures and texts. CFPA make a monitoring trip to 3 counties, to summarize the project achievements.		Mar, Jun, Sep, Dec of 2010		85000

Objective	Strategy	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed	Budget (USD)
		the working report to IPPF.					
	Total						700,000

## CROSS BORDER SALIN PROGRAM WORK PLAN FOR 2010

**Name of MA : IPPA (Indonesian Planned Parenthood Association)**

Objective	Strategy/Activity	Expected Output	Person Responsible	Timeframe	Resources Needed
<p>1. To increase access to information, education and services for the prevention of STI's and HIV-AIDS integrated with Sexual and Reproductive Health and Rights.</p>	<p><b>IEC Strategy :</b>            1. Providing information, and education on STI's , HIV-AIDS and SRHR through discussions, lectures, IEC materials.</p>	<p>1.500 people get information and education on STI ,HIV-AIDS and SRHR through IEC materials, cadres, religious ,custom and informal leaders</p>	<p>Chapter Director and Program Officer</p>	<p>Jan – Dec 2010</p>	<p>To be identified</p>
	<p><b>Capacity Building Strategy</b>            2. Training on management , project implementation , organizing the community and issues on SRHR.</p>	<p>10 project personnel skilled and are able to increase project performance and achievement</p>	<p>Program Officer</p>	<p>March 2010</p>	
	<p>3.Orientation and capacity building for religious, custom and informal leaders to implement STIs, HIV-AIDS and SRHR prevention program and reduce stigma and discrimination.</p>	<p>20 religious, custom and informal leaders understood on STI, HIV&amp;AIDS situation and why they must response to it and support this program.</p>	<p>Chapter Director and Program Officer</p>	<p>March 2010</p>	
	<p>4.Training for PE and CO to implement STIs, HIV-AIDS and SRHR prevention program and reduce stigma and discrimination.</p>	<p>40 PE and CO, increase related skills needed: outreach, community organizing, referral</p>	<p>Chapter Director and Program Officer</p>	<p>March 2010</p>	

	<p><b>Services Delivery Strategy</b></p> <p>5.Strengthening Community Health Center and sub Community Health Center to provide information, education and counseling for the prevention of STI and HIV-AIDS including supplies and equipments.</p> <p>6.Providing mobile Clinic Services</p>	<p>and advocacy .</p> <p>The existing Community Health Center and sub Community Health Center ready to serve border communities by VCT and STIs, services and refer HIV-AIDS to hospital</p> <p>Community could be easier to access STIs and HIV-AIDS services.</p>	<p>Chapter Director and Program Officer</p> <p>Chapter Director and Clinic Coordinator</p>	<p>Feb-May 2010</p> <p>Jan – Dec 2010</p>	
<p>2. To increase VCT, STIs and referral for care and treatment for people infected and support for those affected by HIV-AIDS</p>	<p><b>Service Delivery Strategy</b></p> <p>1.Providing VCT and STI services</p> <p><b>Capacity Building Strategy</b></p> <p>2.Capacity building for health providers on VCT, STI, and HIV-AIDS</p>	<p>500 people access VCT</p> <p>15 service providers skilled and ready to serve community by providing information, education on VCT , STIs and HIV-AIDS and refer to hospital.</p>	<p>Chapter Director and Program Officer and Service Provider</p> <p>Chapter Director and Program Officer</p>	<p>Jan – Dec 2010</p> <p>March 2010</p>	

	<p><b>Service Delivery Strategy</b></p> <p>3. Set up referral system for care and treatment for PLHIV</p>	<p>All people infected of HIV have access referral for care and treatment</p>	<p>Chapter Director and Clinic Coordinator</p>	<p>Jan – Feb 2010</p>	
<p>3. To advocate and develop policy (including sustainability) on SRHR in border communities</p>	<p><b>Advocacy Strategy</b></p> <p>1. High Level Seminar cum Workshop with related stakeholder (MOH,NFPCB,NPB,MIA, MoRA, MPs, IOM, UNHCR, NFPA,UNICEF, WHO, etc)</p> <p>2. Audience and lobbying to Commission 9 on SRHR in cross border communities</p> <p>3. Audience and lobbying to national and local government in provincial , district and sub district level.</p>	<p>Politically support and commitment from related stakeholders on SRHR of border communities increased.</p> <p>Politically support and commitment from MPs on SRHR of border communities increased and endorse the budget allocation for border communities..</p> <p>-government put priority on SRHR in border communities and allocate budget for it. -Local policy to protect community from new HIV infection and support for people living with HIV-AIDS developed</p>	<p>Executive Director and Chapter Director</p> <p>Executive Director and Chapter Director</p> <p>Executive Director and Chapter Director</p>	<p>Feb 2010</p> <p>March – April 2010</p> <p>March-April 2010</p>	

	<p><b>Capacity Building</b></p> <p>4.Capacity building and sensitization for policy makers and health stakeholders on SRHR of border communities</p> <p><b>Sustainability Strategy</b></p> <p>5. Collaboration with Government, NGOs, Private sector, INGOs SRHR program in border communities</p> <p><b>Advocacy Strategy</b></p> <p>6. Coordination meeting with PNG</p> <p>7. Develop the best practices and lesson learned of border communities program on SRHR.</p>	<p>Policy makers and health stakeholders aware and increase their politically support of border communities</p> <p>The Government, NGOs, Private sector, INGOs can provide policy as well financial support to continue the project</p> <p>Clear collaboration on the implementation of the project in border communities</p> <p>Evidence based best practice available (printed and electronic)</p>	<p>Executive Director and Chapter Director</p> <p>Executive Director and Chapter Director</p> <p>Executive Director and Chapter Director</p> <p>Program Officer</p>	<p>April 2010</p> <p>July-August 2010</p> <p>Jan – Dec 2010</p> <p>August – Dec 2010</p>	
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**CROSS-BORDER SRHR PROGRAM: WORK PLAN FOR 2010**

Name of MA: **Lao Field Office**

<b>Objective</b>	<b>Activity</b>	<b>Expected Outputs</b>	<b>Person Responsible</b>	<b>Timeframe</b>	<b>Resources Needed</b>
to collect general information in new target village	Visit site in 9 villages	Health Data and general data	PHO & DHO staff	January to February 2010	Technical support
1. To increase access to health information and health services  2. To improve health situation of target population	Raising awareness for target population living in border areas (9 villages with about 4.000 people)  Add: service delivery	<ul style="list-style-type: none"> <li>✔ 70 % of target group will have basic knowledge on SRH/STI and HIV/AIDS</li> <li>✔ 50% of target group will access to health service</li> <li>✔ Decrease number of pregnancy among adolescent</li> </ul>	LFO,PHO&DHO	1 <sup>st</sup> - 2 <sup>nd</sup> quarter 2010	<ul style="list-style-type: none"> <li>✔ Financial support</li> <li>✔ Technical support</li> <li>✔ Policy support (collaboration with parliamentarian)</li> </ul>
1. To promote health care & accessibility to health facilities of border community  2. To increase participation of policy makers on SRH/STI/HIV/AIDS	Advocacy meeting for local policy makers, LWU,LYU and community authorities	<ul style="list-style-type: none"> <li>✔ 70% of local policy makers, LWU,LYU and community authorities can promote target population to access the health service</li> <li>✔ The local policy maker &amp; community authorities will involve in all activities</li> </ul>	LFO,PHO&DHO	2 <sup>nd</sup> – 3 <sup>rd</sup> quarter	<ul style="list-style-type: none"> <li>✔ Budget supported?</li> <li>✔ Need collaboration with parliamentarian</li> </ul>
1. to provide health information and the role of men in promoting women's health	Training on basic knowledge on SRH/STI/HIV/AIDS for couple of target villages (10 couples/village)	<ul style="list-style-type: none"> <li>✔ The trained couples can give SRH information to other couples in their village</li> <li>✔ 90% of pregnant</li> </ul>	PHO & DHO staff	2 <sup>nd</sup> to 3 <sup>rd</sup> Quarter	<ul style="list-style-type: none"> <li>✔ NGOs support (fund) with participation of local authorities</li> </ul>

Objective	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed
to collect general information in new target village	Visit site in 9 villages	Health Data and general data	PHO & DHO staff	January to February 2010	Technical support
2./ to motivate male involvement to encourage their wife to attend Ante Natal Clinic		<p>women can access to ANC</p> <p>✎ 50% of pregnant women will deliver in HC or district hospital</p>			

**CROSS-BORDER SRHR PROGRAM: WORK PLAN FOR 2010**

Name of MA: **Mongolian Family Welfare Association**

<b>Objective</b>	<b>Strategy</b>	<b>Activity</b>	<b>Expected Outputs</b>	<b>Person Responsible</b>	<b>Timeframe</b>	<b>Resources Needed</b>
Access to and utilization of SRH services, including STI/HIV/AIDS at one aimag among the cross border communities.	1. Service delivery	1. Organize mobile SRH services including STI/HIV/AIDS among the cross border communities in Dornod province (3 times)	-SRH services provided to the 160 mobile population and border custom officers and staff	-Dr. Gerelmaa, PM -Dr. Semjidmaa, ED -Dr. Uranchimeg, head of Dornod aimag branch	January, May, September, 2010	-Funds -Medical specialists
		2. Counseling on SRH services including STI/HIV/AIDS to the mobile population through existing VCT center in Choibalsan city of Dornod province and Khavirga port	-Counseling on SRH, including STI/HIV/AIDS to 1000 mobile people	-Service providers -CBDs -Trained Taxi and truck drivers	January - December, 2010	
		3. Provide testing on HIV/AIDS , including STIs through VCT center, established in the Red Cross , in Dornod province	500 people will be tested and referred to the govt. facilities in case of higher service provision		January-December,2010	
		4. Develop the motivation system for service providers			August, 2010	
	2. Capacity building	5. Refresher training to the Service providers	20 service providers will be trained		June, 2010	
		6. Refresher training for taxi, bus, truck drivers	20 taxi, bus, truck drivers will be trained			
	1. Information	1.Printing of IEC	-leaflet-5000	-Dr. Gerelmaa,	April, 2010	-Funds



Objective	Strategy	Activity	Expected Outputs	Person Responsible	Timeframe	Resources Needed
		6. Consultation meeting with CFPA  7. M&E  8. Assessment	Organize consultation meeting CFPA authorities 2 times in Choibalsan and Manzouli to sign MOU  Quarterly  End of year		December 2010	

## Papua New Guinea Family Health Association

Objective	Strategies	Activity	Expected Output	Person responsible	Timeframe	Resources Needed
1. Increase commitment and support for the project and strengthen network with stakeholders/partners	Advocacy-resource mobilization to support the project	Conduct stakeholders/partners meetings  Organize a joint parliamentarian meeting	Two(2) stakeholders meeting(National & Provincial)  Two (2) joint parliamentarian meeting	ED	April 2010  November 2010	Funds needed
2.Increase access to STI/HIV and SRH services and information	Advertisement of the position  Weekly clinical services provided in collaboration with the MOH	Recruit project staff (2 years)  Establish an office  Provide SRH, STI/HIV services ,information &referrals	50-100 clients accessing SRH services, sexual health checks, VCT  50-100 referrals	Project staff	April 2010 April 2010  July 2010	Contraceptives Office equipments(computer)&furniture
3.Enhance SRH knowledge and skills of service providers	Identify training needs Provide SRH  Training to selected service provider	Conduct Needs assessment for service providers  Train service providers	20 staff training	Project staff	June 2010	Funds needed
4. To reduce religious barriers on SRHR and ensure religious groups full participation	To provide updated SRHR information	Sensitization seminar for religious leaders	20 religious leaders attended the seminar	Project Staff	May 2010	Funds needed

Objective	Strategies	Activity	Expected Output	Person responsible	Timeframe	Resources Needed
5. To improve the project output.	Conduct M&E	Set up project team  Monitoring visits	2 meetings/year  2 Visit  Lessons learnt & improve on future plan	Program Officer	January 2011	Funds needed

**CROSS BORDER SRHR PROGRAM: WORK PLAN FOR 2010**

**Name of MA: The Planned Parenthood Association of Thailand**

Objective	Activity	Expected Outputs	Person Responsible	Timeframe	Resource Needed
- Advocacy for law & policy improvement of health services to migrants and refugee	<ul style="list-style-type: none"> <li>• Preparation of study on SRH need among cross border population</li> <li>• Preparation of IEC material</li> <li>• Establish contact with Standing-committee on Health and Migrants of Thai Parliament</li> <li>• Presentation of the study to Standing-committee</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting on improvement of law and policy on migrant and refugee</li> </ul>	<ul style="list-style-type: none"> <li>• PPAT staff</li> <li>• University researcher</li> <li>• AFPPD</li> </ul>	<ul style="list-style-type: none"> <li>• January- August 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Technical support from RO</li> <li>• Financial support</li> </ul>
	<ul style="list-style-type: none"> <li>• Organize field visit to refugee camps and border areas</li> <li>• Advocacy seminar at areas level</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies to promote and encourage target population to development</li> </ul>	<ul style="list-style-type: none"> <li>• PPAT</li> <li>• AFPPD</li> </ul>	<ul style="list-style-type: none"> <li>• October- December 2010</li> </ul>	
- Improve coverage of RH/FP/HIV,AIDS	<ul style="list-style-type: none"> <li>• Project designing and planning by PPAT staff, and participating refugees, borderline people, and collaborating agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued and enhanced experience and knowledge of the refugees and borderline people in designing, planning, implementing, monitoring, and evaluating programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Project staff</li> </ul>	<ul style="list-style-type: none"> <li>• January-February 2010</li> </ul>	-
	<ul style="list-style-type: none"> <li>• Education and advocacy for men</li> </ul>	<ul style="list-style-type: none"> <li>• Improved responsibility of</li> </ul>	<ul style="list-style-type: none"> <li>• Project staff</li> <li>• Peer Educators</li> </ul>	<ul style="list-style-type: none"> <li>• March-June 2010</li> </ul>	-



Objective	Activity	Expected Outputs	Person Responsible	Timeframe	Resource Needed
	health and services.	services and information.			<ul style="list-style-type: none"> <li>• 4WD Vehicles</li> </ul>
	<ul style="list-style-type: none"> <li>• Evaluating the activities, and disseminating the lessons learnt.</li> </ul>	<ul style="list-style-type: none"> <li>• Lessons learned about providing sexual and reproductive health services, and empowering women and youth, documented and transferred to other Thai and international agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• PPAT staff</li> <li>• Researcher</li> </ul>	<ul style="list-style-type: none"> <li>• November-December 2010</li> </ul>	-