

Part 3
Results of Operation of the Action Plan for 2012
Camillian Social Center Rayong (CSC Rayong)

1. Home for Orphans Living with or Affected by HIV/AIDS

Table 1: Statistics on orphans living with HIV and children affected by AIDS at the age of 2-19 taken care of by CSC Rayong classified by year.

Particulars	1999-2007		2008		2009		2010		2011		2012		Accumulated Total
	F	M	F	M	F	M	F	M	F	M	F	M	
1. New admitted children living with HIV.	83		3	5	6	1	3	3	4	0	0	1	109
2. New admitted children affected by HIV.	22		0	2	1	5	0	1	2	2	0	0	35
3. Children living with HIV referred to Independent Living Center or Home of Children living with Disabilities.	27		3	2	0	3	0	3	2	2	4	1	47
4. Children living with HIV who died.	16		0	1	0	0	0	0	1	0	0	0	18
5. Children living with HIV and children affected by AIDS reintegrated with their families.	33		0	0	1	0	1	0	0	1	0	0	36
6. Children living with HIV at the end of the year.	13	19	15	17	18	16	23	18	23	12	19	13	
7. Children affected by AIDS at the end of the year.	N/A		4	8	5	13	3	14	5	12	5	11	
Children at the end of each year			44		52		58		52		48		

1.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
<p>48 orphans living with HIV or affected by AIDS got care and were able to live their life.</p>	<ol style="list-style-type: none"> 1. 32 orphans living with HIV and 16 orphans affected by AIDS have basic needs for their living. 2. 32 orphans living with HIV got antiretroviral therapy and had improved health. They were cured from AIDS and did not have TB. 3. No orphans living with HIV died when in 2011 one child died. 4. One infant was born without HIV from a mother having HIV by getting standard protection from mother to child transmission and abstained from breast feeding. 5. 45 orphans living with or affected by AIDS had access to compulsory education according to their ages and capacities, and could develop their capacity. 6. 12 caregivers have built their capacity and skill in childcare. <ul style="list-style-type: none"> • On care of child behavioural adjustment from birth to 6 years old so that they would know and understand child behaviours and adjustment of child behaviours at each age properly. • Knowledge in Christianity and other religions, Thai traditions and cultures to promote and develop spirituality and emotion. 	<p>The first goal is to reduce new infection rate with an indicator of no infants getting HIV from their mothers.</p> <p>The second goal is no death related to AIDS with an indicator that children living with HIV had access to care and no child was dead.</p> <p>The third goal is no discrimination and stigma with an indicator of access to public services provided by the state on healthcare and education.</p>

1.2 Problems and Obstacles

- (1) New admitted children were under nourished, developed resistance and lacked of adherence due to lack from their families, resulted in their weak health.
- (2) The number of caregivers was small with high turnover. Some could not take a night shift to take care of the children.

1.3 Direction of Solution

- (1) Support and collaborate with different agencies in the campaign to reduce the rate of new infection, and provide special care to children who are under nourished, have resistance and lack adherence due to lack of care from their families.
- (2) Initiate a mutual aid program by encouraging elder children to help take care of younger children, such as taking bath, dressing, doing homework, helping the caretakers to arrange dosage, and giving training to elder children to take care of themselves.

1.4 Challenges and Future Plan

Provide training to caregivers to be specialists in healthcare of the children to address the problem of admitting new children with malnourishment, resistance and adherence resulted from lack of care from their families.

2. Independent Living Center for Youth (IDP)

Table 2: Statistics on Orphaned Youth Living with HIV at 14-21 years old under the care of CSC Rayong, classified by year.

Particulars	1999-2007		2008		2009		2010		2011		2012		Accumulated Total
	F	M	F	M	F	M	F	M	F	M	F	M	
1. New admitted youth.	14	13	0	0	0	0	0	2	2	0	4	1	36
2. Youth completed their study and are reintegrated with society.	1	0	0	0	3	4	1	2	3	3	2	1	20
3. The number of youth at the end of the year.	13	13	13	13	10	9	9	9	8	6	10	6	
Total number of youth per year	26		26		20		18		14		16		

2.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
<p>16 orphaned youth living with HIV and affected by AIDS got care and built capacity to live well in society by themselves.</p>	<ol style="list-style-type: none"> 1. 15 orphaned youth and 1 orphan affected by AIDS got basic needs for their living. 2. 15 orphaned youth got antiretroviral therapy and had improved health and cured from AIDS with no sign of TB. 3. No orphaned youth living with HIV died. 4. 16 orphaned youth living with and affected by AIDS have got compulsory education as per their capacity, and were able to build their capacity further. 5. 16 orphaned youth living with and affected by AIDS were able to live in society and implement activities with state agencies and private sector in Rayong and neighbouring areas. 6. One caregiver got capacity building on knowledge and skill in care of youth with the following details: <ul style="list-style-type: none"> - Process on building self-esteem of the less-fortunate (SALT) - Management of knowledge, models of solution of the problem of teen pregnancy at Ban Chang. 7. They were able to give assistance and support to youth in leading a life with values, such as voluntarism in youth, social responsibility. 	<p>The second goal is no death related to AIDS with an indicator that no youth was dead.</p> <p>The third goal is no discrimination and stigma with an indicator that youth had access to state services on healthcare and education.</p>

2.2 Problems and Obstacles

Young people were entering teenage. They were attracted to opposite sex and become more independent, resulted in community life of many youth. Sometimes, they were late and their responsibility, assignments were affected, including management of their daily living.

2.3 Direction of Solution

- (1) Talk to young people more in personal and group on the emerged issues, and encouraged them to share their ideas and attitudes towards behavioural changes of their friends in the center.
- (2) Provide opportunity for elder youth to take care, give advice and assistance to younger youth, and take part in setting time-table, planning activities and regulations on community life.

2.4 Challenges and Future Plan

- (1) Prepare youth on education, employment, jobs so that one day they would be equipped to lead their life in society.
- (2) Develop perception and thinking, and encourage youth to plan their future life before being reintegrated with society, as well as long term planning of their life for youth who still remain in the center.

3. Palliative Care Unit (PCU)

Table 3: Statistics on AIDS Patients at the age of 18 and over 60 at CSC Rayong, classified by year.

Particulars	1996-2007	2008	2009	2010	2011	2012	Accumulated Total
1. New admitted AIDS patients.	1,336	116	103	92	84	44	1,775
2. AIDS patients reintegrated with society.	418	26	70	33	30	32	609
3. Patients referred to the Garden of Eden.	21	41	26	24	3	10	125
4. Patients died.	644	41	37	42	29	23	816
5. Patients at the end of the year.	71	79	49	42	64	43	

Remark: Point 5 – 43 patients (21 women 22 men), including 9 women and 3 men at the age of 35 to over 60 living at the Garden of Eden.

3.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
<p>108 AIDS patients at the age of 18 to over 60 who were abandoned and poor got assistance to live with human dignity.</p>	<ol style="list-style-type: none"> 1. 108 people living with HIV and AIDS patients had basic needs for their living (total number assisted in 2012). 2. 30 people living with HIV and AIDS patients got antiretroviral medicines, had improved health and cured from AIDS with no TB. 3. 23 AIDS patients, 21.10% of all AIDS patients at CSC Rayong, died, which was reduced from 2011 when 29 from 126 AIDS patients died, or 23.01%. 4. 10 of them died of TB. The deceased got care before and treatment after death with dignity. 5. 7 people living with HIV and AIDS patients with psychosis and chronic diseases were rehabilitated physically and mentally, and were able to live in society with human dignity. 6. 13 people living with HIV/AIDS patients with disabilities got rehabilitation until they could help themselves in daily life in little matters. 7. 32 people living with HIV were reintegrated with society and able to help themselves with information on care and health coverage. Another 13 were preparing to be reintegrated with society by joining the Garden of Eden (getting vocational skills development). 8. 13 caretakers got capacity building on primary healthcare and were able to help and support AIDS patients appropriately. 	<p>The second goal is no death related to AIDS with an indicator that people living with HIV and AIDS patients had access to comprehensive care</p> <p>The third goal is no discrimination and stigma with an indicator of access to state services on medical care.</p>

3.2 Problems and Obstacles

- (1) The activity on dishwashing soap making did not achieve the objective as it should since it was an old activity that they had done it before. Therefore, they got bored and did not want to take part.
- (2) In some activities, such as recreation games, leaders lacked experience.
- (3) In some months, the patients had health problems and could not take part in activities, such as patients with psychosis conditions or disabilities, and so on.

3.3 Direction for Solution

- (1) Study new activities to attract participation of the patients.
- (2) Leaders should practise to gain skills.
- (3) Screen patients and identify other appropriate activities for different groups of patients.
- (4) Promote religious activities more to develop spirituality of the patients to love one another and realize reality of life after death.

3.4 Challenges and Future Plan

- (1) Follow up rights of antiretroviral therapy that the patients are entitled.
- (2) Develop people living with HIV to have knowledge on different symptoms so that they could be leaders.

4. The Garden of Eden

Table 4: Statistics of AIDS Patients at the Garden of Eden at the age of 16-67 classified by year.

Particulars	2003-2007	2008	2009	2010	2011	2012	Accumulated Total
1. New admitted AIDS patients.	251	28	26	24	21	16	366
2. AIDS patients reintegrated with society.	211	12	21	16	7	7	274
3. Patients referred to PCU including those who died.	20	7	6	5	2	5	45
4. Patients at the end of the year.	20	29	28	31	43	47	

4.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
47 people living with HIV who were 22 women and 25 men were prepared to be reintegrated with society.	<ol style="list-style-type: none"> 37 people living with HIV and AIDS patients got antiretroviral therapy with improved health and their AIDS was cured without TB. Four people living with HIV have got medical care against TB the whole course for 6 months. 22 people living with HIV were prepared for reintegration with society by engaging in farming and wage earning with average income of 1,500 - 2,000 Baht per head per month. Seven people living with HIV were reintegrated with society and took care of their own life with jobs and housing. They regularly went to hospitals for medical care. 	<p>The second goal is no death related to AIDS with an indicator that people living with HIV and AIDS patients had access to comprehensive and continuous medical care.</p> <p>The third goal is no discrimination and stigma with an indicator that they had access to state services on medical care.</p>

4.2 Problems and Obstacles

- (1) Some farm produce were sold below their costs and they could not negotiate for better price due to small quantity of the produce. As a result, production was not continued, such as hydroponic vegetables. One factor was the lack of experience and good knowledge on farming and marketing.
- (2) Animal raisers were disturbed by pests, such as rats and reptiles, as well as pets, such as cats and dogs.
- (3) Animal raisers had a problem of high cost of animal feed, resulted in inadequate food for pigs, ducks, chicken and cows.
- (4) Income of most people living with HIV was not sufficient for a living.
- (5) People living with HIV did not have improved health.
- (6) There were not enough vehicles to transport sick people in emergency to hospitals and students to schools.

4.3 Direction for Solution

- (1) Acquire new budget for hydroponic vegetable production or stop the production.
- (2) Identify measures to prevent enemies of animals, such as informing owners to take care that their pets do not disturb animals and erect additional fence to prevent other animals.
- (3) Acquire vegetable and food wastes from food shops or vegetable retailers to substitute expensive animal feed.
- (4) Support people living with HIV to get wage earning outside until they have enough income for their living.
- (5) Submit project proposals to seek assistance for vehicles to Rayong provincial administration organization, which has got an approval for 1 car. Arrangement is underway.

5. Education for HIV/AIDS Prevention

Table 5: Number of Beneficiaries of the Education for HIV/AIDS Prevention Program classified by year.

Particulars	1998-2007	2008	2009	2010	2011	2012	Accumulated Total
1. Schools, workplaces, communities and entertainment establishments in Rayong with action plan on HIV/AIDS prevention.	31	22	28	30	20	33	
2. Students, employees, community members and sex workers who are prevention leaders.	64	32	21	20	14	141	293
3. Those who have got HIV/AIDS and sexual health trainings.	20,327	2,034	1,625	1,623	988	1,291	27,888
4. People who visited CSC Rayong for exposure on holistic HIV/AIDS operation, volunteers and interns.	12,617	1,961	1,671	1,983	2,491	2,773	23,496

5.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
At least 500 girls, boys, youth and women in Rayong have capacity in management of prevention and rights violation.	<ol style="list-style-type: none"> 1. At least 276 girls, boys, youth women and men in Rayong have learned and developed their life skills to avoid risk behaviours, and volunteered to be prevention leaders. 2. 752 HIV/AIDS prevention leaders played a significant role in disseminating proper information to other people in schools, workplaces, communities and entertainment establishments. 3. 13 schools, 7 workplaces, 9 communities and 4 entertainment establishments had concrete policies and action plan on management of HIV/AIDS situation and sexual health in their organisations with monitoring system. 4. The rate of HIV infection, especially in youth and sex workers in the target area, through blood test of 5,731 cases, was 119 people, or 2.08%, falling from 2010 and 2011 at 47.60% (2,996 people got blood test and 131 were found HIV positive, or 4.37%) within 2 years. 	<p>The first goal is to reduce new infection rate with the following indicators:</p> <ol style="list-style-type: none"> 1. The rate of infection in the priority group was reduced. 2. 33 state agencies and private sector had policies and action plan as a partnership for continuous management of HIV/AIDS situation. 3. There is mechanism for pushing implementation of the plan in each organization.

5.2 Problems and Obstacles

- (1) Motivation on formulation of policies and action plan on AIDS with the priority groups had a problem of continuation because there was high turnover of people responsible. Therefore, CSC Rayong quickly and regularly followed up and monitored new people responsible, and also prepared MOU signed by both concerned parties.

- (2) Over 40% of student and employee leaders who have gained skills did not implement activities as indicated in action plan of their organizations. Therefore, their organisations and CSC Rayong mutually planned to support leaders to take part more in activities by rewarding them as encouragement with a plan on regular development of new leaders.
- (3) Economic condition of the country affected workplaces. Several of them slowed down activities initiated from outside or not related to their production. As a result, activities on HIV/AIDS prevention with employees have drastically reduced. CSC Rayong, thus, discussed with leaders on how to develop new action plan or activities that could be implemented with minimal impacts on production of the enterprises.

5.3 Challenges and Future Plan

- (1) The current and future of HIV infection in men having sex with men and sex workers (covert prostitution) tend to increase, which corresponds to a situation of several female sex workers who had problems related to sexually transmitted diseases (STDs) or other symptoms inside their sexual organs. It was assessed that sex workers and their clients did not use any device to protect themselves. Therefore, they have high risk of infecting HIV also. Future plan of CSC Rayong is to extend the work with sex workers in entertainment establishments so that they would have greater access to diagnosis and prevention. It will promote change of behaviours and guidelines for a living with good quality of life. It will continue to work with youth in and outside schools with comprehensive module on sexuality and AIDS, and support the role and participation of leaders in prevention at different levels of society.
- (2) Budget on AIDS, especially on prevention, of different agencies in the country and abroad has decreased due to economic recession, environment and public health when other infectious diseases occurred, such as TB, at an increasing rate. Consequently, bigger part of the budget is allocated to control other infectious diseases and also relief of disasters. Moreover, Thailand has been ranked as middle income country that is able to help itself. This situation directly affects operation of CSC Rayong. Foreign donors stopped giving financial support organisations in Thailand. Therefore, CSC Rayong has to turn more to local funding sources. It has to develop and diversify resource development and fundraising to enable continuation of its work on HIV/AIDS prevention.

6. Empowerment of Eastern Network of People Living with HIV/AIDS

Table 6: Number of beneficiaries of the eastern network of people living with HIV/AIDS, classified by year.

Particulars	2000 - 2008 (9 provinces)		2009	2010 (8 provinces)		2011	2012	Accumulated Total
	2007	2008		2009	2010			
1. People living with HIV and AIDS patients in eastern region had access to antiretroviral therapy.	25,949	35,244	30,741	31,130	33,105	38,663		
2. Local groups of people living with HIV/AIDS in eastern region.	76	76	73	70	65	67		
3. Members of local groups of people living with HIV/AIDS took part in at least one activity of the eastern network.	12,667	13,967	14,123	17,000	13,261	18,862		
4. People living with HIV/AIDS who are leaders of local groups, provincial and regional networks.	189	203	265	197	237	276		
5. People living with HIV/AIDS who are leaders and got training in this year.	1,121	198	151	111	101	39	1,811	
6. people living with HIV and AIDS patients got comprehensive and continuous care from local groups that provided comprehensive and continuous care.	5,576	3,694	5,299	5,648	6,818	4,072	31,107	

6.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
<p>18,862 members of 67 local groups of people living with HIV/AIDS and people affected by HIV and AIDS in eastern region had capacity in managing discrimination, stigma and violation of rights.</p>	<ol style="list-style-type: none"> 1. 38,663 people living with HIV/AIDS in eastern region have got antiretroviral therapy with an increase of 5,558 people as compared to the year 2011, accounting for 89.24% of the total number of 43,320 people living with HIV/AIDS in 8 eastern provinces (1984 - March 31, 2011). 2. The number of people getting sick of opportunistic infections and came for medical care at hospitals with centers for comprehensive and continuous care provided by local groups of people living with HIV/AIDS has decreased from the accumulated number from the beginning of the project in March 2008 to March 2012 was 106, and 22 in April - September 2012. 3. 22 from 67 local groups of people living with HIV/AIDS have developed quality of services on care for people living with HIV/AIDS and affected people with a comprehensive approach. In 2012, 4,072 adults and 253 children got continuous care. They supported 91% (84% in 2011) of people living with HIV/AIDS to get CD4 counts twice a year, and 90% (85% in 2011) to get viral load counts. There were 4% of new members who have developed resistance. 4. People living with HIV/AIDS successfully demanded for their rights to health coverage of Atazanavir in the social security scheme. As a result, this medicine is included in the list of antiretroviral therapy coverage by social security scheme. 5. At least 3 provincial networks and local groups of people living with HIV/AIDS collaborated with local administration organisations to provide information on HIV prevention, care and living together with people living with HIV/AIDS in local communities. 	<p>The second goal is no death related to AIDS with the following indicators.</p> <ol style="list-style-type: none"> 1. The number of people living with HIV and AIDS patients getting antiretroviral therapy has increased. 2. The number of deaths resulted from acute opportunistic infections has decreased.

6.2 Problems and Obstacles

- (1) The number of staff of the eastern network was not enough. There was also high rate of staff turnover due to hard work vast field areas extending to 8 eastern provinces. The eastern network has to adjust its operational method by using mechanism of provincial networks more, as well as recruiting new staff through regular announcement.
- (2) Some techniques, such as analytical thinking, of committee members and leaders of local groups were limited, resulted in lack of continuity or comprehensive planning that could address to current issues. They were also unable to have access to and tap local resources for use in their operation. The eastern network needs to support these mechanisms continuously with clear and applicable guidelines.

6.3 Challenges and Future Plan

- (1) Health conditions of people living with HIV/AIDS were affected by side-effects of long term use of antiretroviral medicines, such as diabetes, cancer, hypertension, dyslipidemia, chronic kidney disease, hepatitis B and C. In children, chronic kidney disease and diabetes are found. There is also a problem that children entering teenage did not have good adherence.
- (2) The strength and continuation of the networks of people living with HIV/AIDS resulted from their successes in having access to medical care helped people living with HIV/AIDS to have improved health and could help themselves with jobs and families. As a result, volunteers of local groups and the networks had less time for the operation. Therefore, the eastern network plans to reform its structure and operational mechanisms to cope with future situation by supporting provincial networks to play greater role and tasks in empowering the networks.
- (3) Global Fund supporting the work on center for comprehensive and continuous care undertaken by the network of people living with HIV/AIDS in Thailand has deteriorated. At present, the national office of health security has provided ongoing support and defined indicators of achievements. In the past, most local groups were not able to achieve these indicators, such as reduction of new infections in discordant couples, due to the falling number of leaders of local groups and limitation in skills on information preparation. As a result, several local groups stopped the operation of center for comprehensive and continuous care. Therefore, the eastern network has to introduce methodology that could support these leaders to operate with greater quality.
- (4) Caritas Switzerland has stopped its financial support. Therefore, the eastern network has to develop a plan on serious and diverse local fundraising strategies to support its future operation.

7. Scholarship for Affected Children

Table 7: Statistics on Orphaned Children and Youth living with HIV and affected by AIDS at the age of 5-23 getting scholarship, classified by year.

Particulars	1999-2007	2008 2009 2010 2011 2012					Accumulated Total
		2008	2009	2010	2011	2012	
1. New children and youth receiving scholarship.	120	6	7	12	4	54	203
2. Children and youth finishing their study.	15	-	8	7	12	2	44
3. Children and youth who stopped receiving scholarship before they complete their study.	-	6	-	7	11	3	27
4. Children and youth who have got scholarship at the end of the year.	105	105	104	102	83	132	

7.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
132 children and youth affected by AIDS and living with their families or relatives regularly got scholarship with choices for jobs.	<ol style="list-style-type: none"> 132 children and youth affected by AIDS have got education. One youth affected by AIDS completed study in junior vocational education with certificate and another student completed grade 6 of secondary education. One child who finished study has got a job. 	The third goal is no discrimination and stigma with an indicator that they had access to state services on education and living together in society.

7.2 Problems and Obstacles

- (1) Children and youth got their scholarship by post. Some lost contact with the project. CSC Rayong will stop providing scholarship to those who lost contact or could not be followed up.
- (2) Monitoring through home visitation could not be done to all children due to limitation of its personnel. CSC Rayong contacted families, organisations or local group of people living with HIV/AIDS who have requested for scholarship for the children, to help follow up and motivate the children or their parents to contact CSC Rayong.

8. Adoption for Orphans Living With or Affected By HIV/AIDS

Table 8: Statistics on orphaned children and youth living with HIV and affected by AIDS at the age of 2-21, classified by year.

Particular	2006-2011			2012			Accumulated Total
	F	M	Total	F	M	Total	
1. Children and youth with adopting parents.			34	10	6	16	50
2. New adopting parents.	325	217	542	26	4	30	572
3. Children and youth who have not got any adopting parent at the end of the year.			33			15	

8.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
<p>47 orphaned children and youth living with HIV and 17 affected by AIDS, total 64 children under the care of CSC Rayong have appropriate education for a living and good quality of life through support from their adopting parents.</p>	<ol style="list-style-type: none"> 1. 50 orphaned children and youth living with HIV and affected by AIDS have scholarship for their study and healthcare at an average of 3,000 Baht per child per month. 2. 572 Thais and foreigners took part in this adoption program by regularly provide sponsorship and visits to these children. 3. 4 orphaned children and youth living with HIV and affected by AIDS finished their study in 2011. 	<p style="text-align: center;">-</p>

9. Public Relations and Resource Development

9.1 Summary of Achievements

Goal (Quantitative and Qualitative)	Achievements (Quantitative and Qualitative)	Response to National AIDS Strategies 2012-2016 (Goal/Indicators)
<p>1. Short term (1-5 years): Proceeds from resource development of all programs increase 25% every year.</p> <p>2. Long term: Proceeds from resource development of all programs could cover all expenses of CSC Rayong.</p>	<p>1. <u>Public Relations</u></p> <ol style="list-style-type: none"> 1) Send news to local newspaper and cable TV. 2) Publish newsletter as a source of information and news of CSC Rayong for supporters and outside people. 3) Put brochure as insert with bank statements to seek donation from the banks' credit card customers and various magazines. 4) Ask for live interview to publicize the work of CSC Rayong on air with local radio stations. 5) Produce spots on fundraising activities and public relations of CSC Rayong at local radio stations. 6) Sent invitation letter to TV stations to film activities of CSC Rayong. 7) Public relations booth of CSC Rayong. <p>2. <u>Resource Development</u></p> <ol style="list-style-type: none"> 1) Adoption project 'Bridge of Hope' at 100 Baht monthly sponsorship. 2) Project on 'New Life', ONE BED ONE LIFE ONE SPONSOR at 4,000 Baht per month. 3) Lunch program for orphans living with HIV at 5,000 Baht per meal. 4) A project 'ONE FACTORY ONE SPONSOR'. 5) Lunch program for children on birthdays. 6) Take part in a program accumulation of credit card points with various banks. 7) Sent project proposal to different donors to seek their financial support. 8) Send out newsletter to old and new sponsors. 9) Put donation box at various enterprises in Rayong and neighboring areas at least 100 more boxes. 10) Sell and deliver handicrafts to interested people. 	<p style="text-align: center;">-</p>

9.2 Problems and Obstacles

Due to unfavorable economic conditions in 2011, several provinces in Thailand were affected by severe flood, resulted in continued recession in 2012. Therefore, both the number of sponsors and donations dropped. Moreover, the strong Thai Baht resulted and stagnant world economic condition that resulted in falling financial support from abroad.

9.3 Challenges and Future Plan

Reduce the number of fundraising activity to 1 event a year in the first half of the year, while in the second half the program will focus on fundraising for World AIDS Day event.