

PRESENTATION I



Scaling up the Program: Obstacles and the Way to Move Forward

Presented by Mr. Pramote Kaewsuk, Expert, Office of the Basic Education Commission, Ministry of Education, Thailand.

“The importance of the schools has increased in meeting the needs of young people’s development.”

Mr. Pramote Kaewsuk

Mr. Pramote Kaewsuk (Presentation 2-01)



In his presentation, given on behalf of the secretary-general of the Ministry of Education, Mr. Pramote Kaewsuk talked about scaling up the school-based care and support program from the perspective of his ministry. From the beginning, he said, when the pilot program encompassed just seven schools, there was close cooperation with the Ministry of Public Health.

Once the one-year pilot program was completed, the ministry decided to develop a manual on the care and support of students, and to review the pilot and make revisions to the program. Then the ministry, through its Department of General Education, began expanding the program to all of Thailand’s 76 provinces.

The expanded program reached 2,600 secondary schools in 175 local administrative areas. The schools were divided into groups of 10 to 15, with each group being designated an educational zone. The central level provided policy guidance. At the local level there was a chairman in each school who would present the policy guidance to working teams in the schools. The guidelines would make clear what would be done. Funding was provided according to the guidelines. In each educational zone, one school would serve as the demonstration school, developing the program more quickly and thoroughly so that the others could learn from their example.

The ministry also developed a plan for monitoring and evaluating the program. In particular, they looked at the implementation, problems and obstacles and how they could be overcome. After a time a system of motivational awards for teachers and schools actively involved in the project was created. This helped generate support to the program. The Yangchumnoi School received one of these awards. Many schools received awards. But according to the guidelines, they had to meet certain criteria before getting an award. They weren’t just given out freely.

That was the first phase. Ways were sought to integrate the project into existing mechanisms and education systems in the local areas. The first phase actually took two to three years and quite a number of problems and obstacles were encountered.

The first and one of the biggest problems was changing the role of teachers and administrators. This proved to be quite difficult. Traditionally the thinking was we would focus on academic development as the primary teacher role. Society has been changing rapidly in recent years, but the education system wasn't changing and that had a great impact on the quality of education and children's development. Without making changes the schools could not keep up. They had to change the entire structure of education; it was a complete overhaul. They needed to incorporate academic achievement, physical and mental health, rights, equality and many other issues which are relevant to young people today. Adding all these different aspects to the programming made it difficult to change the roles of teachers and administrators. It required people who understood the needs of young people thoroughly. This was the major obstacle.

The next step was to build capacity. Some schools made no adaptations of the program to the local area, and in some cases aspects of the program weren't appropriate to the local area. The problems and obstacles encountered in each community and school can be very different and so the programming needs to be very different. After a time, emphasis was placed on the importance of adapting the programming to meet local needs. Yesterday, the four schools that presented had a slightly different method of implementation. Sometimes the schools come up with a better implementation plan than the main plan. It was suggested they use a supplemental plan to fill in any gaps. But if schools don't have their own plan or don't have the capacity to develop a plan, they should use the original plan as a starting point to implement programming.

Another obstacle was the local communities. Traditionally, communities gave responsibility to the schools for the upbringing of children. In the new system they have to share responsibility. That was a revolution in thinking. The old ways were no longer valid and changes had to be made at all levels. Schools and communities had to become much closer to solve young people's and the communities' problems. So the schools had to build collaboration. In many instances problems originate at home and not at school. So the relationship between the school and the home is also important.

Outside organizations that participate in the program also needed to understand the program and their relationship to it. Outside organizations are linked to the program because there are instances where the school can't solve certain problems or provide certain services such as drug rehabilitation. The problems were in coordination between agencies working toward the same goals.

During the second phase of the program new problems cropped up because of reorganization in the Ministry of Education. The ministry traditionally divided schools between primary and secondary levels. The

program originally only focused on secondary schools. Then, the Department of General Education and the Office of Primary Education merged into one unit. Suddenly the program had to expand to 35,000 schools. The problem was how to conduct such a massive scale-up. For the most part the additional schools were at the primary level. Creating understanding of the program among the primary schools was even more difficult. The activities associated with program and to be adapted and adjusted to meet the needs of young children. The social behaviors of children at a younger age are very different than those at the secondary level.

At the start, the responsibility for implementing the program was with the ministry. After decentralization, the responsibility fell to local administrators and agencies in the 175 educational zones. It was fortunate that in the zones there were some older administrators who had been involved in the early stages of the programming and could explain it to colleagues. That helped the expansion proceed with less difficulty than in the first phase of the project. The main thing that needed to be done was to build awareness among community leaders in the 175 areas.

In the end, the desired result is to have holistic development of children: physical and mental health, opportunities, rights, safety and confidence in order to live happily and with quality lives. Now the program is coming under review to become part of the standardized education program in Thailand. So all of the schools have to be evaluated against the criteria of this program. The importance of the schools has increased in meeting the needs of young people's development.

There have been many positive changes because of this program. Among them are:

- Provincial governors have seen the importance of the program, using it as a tool to help find solutions to drug abuse. Some governors have suggested that state agencies apply the program's model to their own work.
- School administrators have significantly changed how they deal with young people. It's quite clear that child-centered learning in Thailand has reached higher levels of development. Teachers are often very strict, so when a student has a problem, often teachers can't accept it. Some students can not coexist or get along well with the teachers. Teachers become irritated with those students. After the project things started to change, especially with home visits. Teachers started to understand their students a lot more and care for them more. That was a significant behavior change among teachers. In some instances teachers actually give assistance to

students and their families by donating goods etc. Some teachers visit the homes five or six times a year, not just once.

- The changes have led to schools achieving greater levels of success in several areas, especially in building trust between schools, families and communities in the care of children. The view is that the schools provide care, support, warmth and security for the children. The communities' belief and support in the schools has also increased. Many communities donate goods and support the schools in building these activities. Especially when teachers do home visits: it takes a bit of money for transportation and other costs.
- Another outcome is that with increased confidence in schools, some student populations have increased. And the collaboration between schools and communities has also increased. Because this project has helped children of community members receive education and be healthy and happy and is also a factor in developing quality education in schools. Because everyone is involved.

The program has made a difference in the southern provinces. When the communities actually have seen their children deal with problems effectively, it's a source of pride and in turn they lend more support to the schools. Parents and families have greater confidence in the schools and are starting to allow their children to attend.

In terms of academics, civics and religion need to come together in education programming in the schools. Now there are five or six schools that have implemented this program, and the communities have become full participants. Particularly in the area of curriculum, and more specifically in the area of religion. They have local religious leaders come to school and organize the religious education within the curriculum.

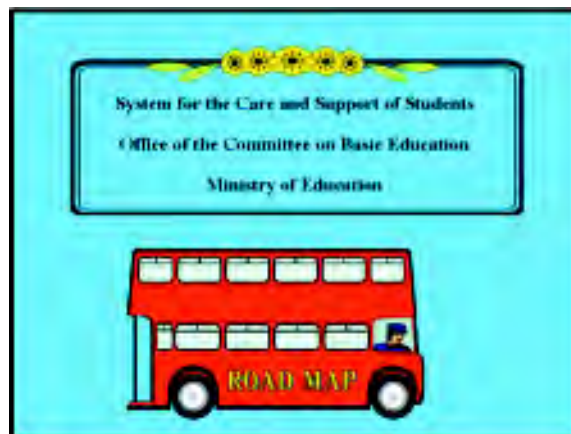
Further developments in this model are desirable. Particularly in the development of standards so they can be disseminated and used to scale up in all schools. One important area is dissemination of data collected in the program because as students move from one level of education to the next, the records don't necessarily follow. Now there is a policy that schools must provide full student records to the next level of education. But the data must remain confidential, only to be used as a benefit in the development of children and not to stigmatize them or put them at a disadvantage. This is similar to doctor's records. The important thing is the protection of rights of the individual.

Other points made by Mr. Pramote included:

- The plan should not be considered a magic bullet that will solve every problem schools and localities face.

- Schools need to think about the evolution of programming and prioritize issues to so it will develop over time.
- The road map for implementation uses three vehicles: the Ministry of Education, the 175 local administrative bodies, 175 areas and the schools.
- Each vehicle has to drive together through four different phases:
 1. Changing the roles of administrators and teachers in the schools. Changing thinking from traditional to holistic or comprehensive approach to young people.
 2. Developing directions and policies to guide the programming.
 3. Building capacity within the schools.
 4. Establishing mechanisms for sustainability of the program at all levels.
- Public schools need to make some adjustment so that the Muslim children receive the education they need that they were getting in private and public schools.

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DISCUSSION



During the discussion session, one participant wanted to know if merging the departments overseeing primary and secondary education at the Ministry of Education had created complications in implementing the school-based care and support program. Mr. Pramote said that the program content had to be different in primary schools to reflect the needs of the younger children. Nonetheless, the concept and thinking behind the program were the same, and some elements remained the same, such as home visits.

Another attendee asked if there was a code of conduct counselors had to follow, and if teachers were now serving as counselors also, could confidentiality relating to students' problems be assured? Mr. Pramote admitted that those are areas that are still a bit weak and in need of further development. There are 500,000 teachers nationwide and so there

is a need to build awareness of child rights. Sometimes confidentiality is violated unintentionally; information may slip out when a teacher is speaking casually to a coworker, and this needs to be addressed. But, the program helps teachers build a better understanding of children and often after home visits they have greater compassion for the students, so violation of confidentiality is lessening. Still, more needs to be done. The problem is being examined, but at the moment there is no code of conduct.

Another participant asked if local government contributes to the program's budget. Mr. Pramote said the budget comes from the central level, but the money is channeled through local government. And many local communities are giving support through donations and contributions. Local governments can add funding if they want, but the basic funding comes from the ministerial level.



Linking School-based Counseling Programs with Health Services

Presented by Dr. Chaiyos Kuananusont, Specialist in HIV/AIDS and STIs, UNFPA

Dr. Chaiyos Kuananusont
(Presentation 3-01)



“We have to look at HIV as a social development issue, not just as a medical or economic issue,”

Dr. Chaiyos Kuananusont.

Dr. Chaiyos opened his presentation by stressing that programs must always be implemented with consideration to the context in which they are to operate. Good things aren't good in every place at every time for everybody, he said. The people programs are aimed at have to see it as good for them if they are to be effective.

There are several reasons to link school-based care and support programs to health services. Linking helps cut down costs while increasing efficiency and the sharing of resources. The services and the programs being linked, however, must be complimentary.

The target group for the programs are children. They should receive both information and services. Information is available. The question is: can we make services available? It is possible, but it is necessary to define services. Providing condoms or other contraceptives might cross the line in some countries.

Most countries have sentinel surveillance. Even though the epidemic has been around a long time in most countries, Dr. Chaiyos said it was necessary to keep intervening at the early stages of its progression. The reason is that many people still lack knowledge about the disease and so are at increased risk and vulnerability.

Schools can play a positive role in reducing the risks faced by young people. Paradoxically, they can also be places where they face increased risk. While children have better access to education and information in school, they may also come in contact with friends who introduce them to risky behavior. They might, through using computers at school, come in contact with inappropriate information, pornography or people in chat rooms that may not provide the best influence. In some ways a child may be at increased risk of HIV infection if he or she is in school. So there as to be interventions earlier in the spectrum of the epidemic. HIV has to be looked at as a social development issue, not just as a medical or economic issue.

Even in an epidemic such as HIV/AIDS, the principles of demand and supply are relevant. If information is available, if health services, condoms and contraceptives are available, those are the supply side. Information makes people aware. Then comes demand. When demand and supply

meet then there is “use”. People can be made aware of their needs and the services that are available, but the aim is that the services are used. If they are, then young people facing choices will be able to determine what is right and act properly.

Young people are at risk in general, in or out of school, because they have limited access to knowledge, especially in Asian culture. There are those who believe young people should not have access to information or condoms because that will encourage them to have sex. It’s a debatable issue. On the other hand, it’s a risk to drive, but young people drive. It’s also risky behavior to have unprotected sex, and young people already are having sex.

Young people, because of their age, are prone to taking risks. When Dr. Chaiyos was a teenager, one of his friends was very proud to show his friends that he had gonorrhea. The reaction of his friends was that it was very cool. It’s the same today, Dr. Chaiyos said, although the cool thing might not be gonorrhea, but drugs or something else. Young people tend to be resistant and try things that are dangerous. A boy will drive fast to show a girl he’s brave. In dealing with young people, parents and teachers have limited negotiating power.

In addition, there are social, economic and cultural factors including globalization. But it’s adults who have created those things. Adults put young people at increased risk and then blame them when they make wrong choices. Who creates pornography? Older people make money from this. It’s tragic.

In this ocean of HIV responses and prevention, school-based counseling is one intervention, but it can’t be the only intervention. Interventions must be combined. Interventions must be complimentary. They help each other. Advocacy, for instance, helps medical programs to be implemented in a smooth way.

Advocacy is critical at the initial stage. Local advocacy with local people is more effective and efficient because the advocates are closer to the real lives of the people. Small-scale interventions are good, but don’t stop at small scale. It’s necessary to scale up for better coverage.

In priority populations, young people are targeted first. Some colleagues in different departments or ministries feel they are in competition with counterparts in other ministries working on similar problems, but they aren’t. No one can cover it all. More people need to be involved. More of everything is needed. Capacity is being combined, so there is no competition. And, it’s still not enough.

The HIV virus works 24 hours. Health care workers, teachers and the rest work eight, nine, and ten. What are the weak points in the program?

There is increased demand, but can it be maintained? Has there been success in getting parents to spend more time with their children? In most cases no. But don't be depressed. There is still hope.

Other points made by Dr. Chaiyos included:

- The World Bank and many institutions are paying attention to the impacts of HIV/AIDS, both social and economic.
- Many people still lack knowledge and are at increased risk and vulnerability. There are many reasons, such as migration, the tsunami, situations where parents migrate to work and leave their children in the care of others, disrupting the family and making everyone more vulnerable.
- Young people can't be forced to use the services. They can only be encouraged and motivated to use the information and services.
- Many things are taught, but are they learned? With young people, the message must be perceived and understood.
- Single interventions are not sufficient.
- VCT can be promoted if it's clear for the target groups why they have to be tested.
- If VCT can be promoted, people will be more aware of the threat of HIV.
- Learning from real life is important.
- Peer education is critical for effective interventions.
- The shortest way to reach young people is to reach their parents.

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DISCUSSION



A participant noted that counseling services were provided in community health centers in Indonesia, and asked if counseling services were linked with the school health program in Thailand. Dr. Chaiyos said they were. One area, however, where Lifeskills training and linkages were lacking was in Thailand's vocational schools. Dr. Chaiyos said he had raised the

issues with relevant authorities who told him it would be impossible to teach Lifeskills to vocational school students, but could offer no reason why. There is a similar situation, he said, with teaching HIV prevention to pregnant women who have tested negative for the disease. While many educators feel it's important to teach this, no program has been developed. Sometimes, Dr. Chaiyos said, people just live with something and think it is normal, which is why it's necessary to conduct advocacy with the authorities to make them more aware of the problems and solutions.

Mr. Carl noted that HIV and drug abuse prevention is often taught only in biology classes, but some are starting to teach them in civics and social studies courses. That raises the issues of which teachers should be trained in these subjects.

Another participant asked how to define school-based programming. Dr. Chaiyos responded that the definition is ambiguous and it doesn't have to mean only in-school learning. The important thing is to focus on results rather than definitions.

One participant said the term counseling intimidates some teachers because they feel they are not fully trained to be counselors, and so they might sign on the program more readily if it were called something like care and support. Dr. Chaiyos noted that all terms can be confusing, while Mr. Carl said the terms will differ depending upon country context. Some terms might lead to discrimination. Dr. Chaiyos said discrimination is the greatest barrier to accessing care and support in every country, but it's the issue least addressed. Very few HIV/AIDS programs address discrimination, and it might be why many are still not successful. In some areas the number of intravenous drug users (IDUs) is rising, as are infections among them, so success has not been achieved. A participant noted that changing behavior is a difficult task and people shouldn't be too discouraged by statistics. Dr. Chaiyos added that statistics are only a tool, and that more difficult than changing behavior is maintaining the change in behavior.

Mr. Carl said that BSS is important for surveillance and assessing young people. But no country in the region is fully using it yet. There is a trend that surveillance among young people will someday be in place. Until then how will we know what's happening with our adolescent students? HIV aggregates 15 to 49, not just students. It gives politicians and administrators a lot of loopholes not to do programming. So what evidence base do we have? Do we need to do some assessment? Do we need to do some proxy? And how will we apply it to both our prevention and intervention programming?

Dr. Chaiyos said that the UNFPA definition of school based counseling could be different from country to country. The important thing is to think

in terms of empowerment and safer behavior. In preventing HIV so many social economic and development factors have to be addressed at the same time. Alcohol, HIV and drugs are all connected.

Mr. Carl added that vulnerability is the lack of empowerment, the inability to act in your own best interests. Issues among adolescents tend to be looked at separately, but similar factors of vulnerability may be at the root of all. School-based programming doesn't have to be in a clinical format, but how do we train teachers to recognize needs of students and empower them? Then we can reduce vulnerabilities across the board. What about cases that do pop up where there are suicidal youths, drugs or physical abuse against the young person? What other programs exist, if they do exist? Are there other agencies like police, hospitals, etc. that we aren't thinking of that we can link to our program?

