

**‘Child-friendly’ Community Schools approach
for Promoting Health, Psychosocial
Development, and Resilience in Children and
Youth Affected by AIDS**

Preface

The following report is a compilation of all implemented activities and results derived from the Child Friendly Schools project for AIDS affected children in three provinces of northern Thailand. The report outlines the methodology utilized and highlights the best practices and lessons learnt during the planning and implementation period of the project. The report illustrates the crucial importance of incorporating communities into the planning and implementation process of any intended development project. This report will be invaluable tool for organizations planning to replicate this or similar projects in the future. The Thai Life Skills Development Foundation formally wishes to acknowledge the strong support it received from UNAIDS, UNICEF, ONPEC, core educational supervisors, teachers, and all other persons who contributed to implement this important project that helps to improve the life situation of many innocent children.

**The Life Skills Development Foundation
Chiangmai, Thailand**

I. Background & Overview

1. AIDS in Thailand

Thailand has been badly hit by the HIV/AIDS pandemic. In 1997 it was estimated that some 750–800,000 people – 2.3 % of the adult population – were infected with HIV, one of the highest rates outside Sub-Saharan Africa.

Since a major shift in national AIDS policy in 1991, the government has helped significantly to generate and maintain a high public profile for HIV/AIDS, and has followed a clear policy of strategic collaboration between governmental and non-governmental agencies in facing the challenge presented by the disease – making the country's response over the last few years a model for other developing nations. The result has been a leveling out and subsequent downturn in the rate of new infections, which has now been in clear decline since 1995.

2. AIDS in the Northern Region of Thailand

The northern region, particularly the six provinces of the Upper North, has so far borne the brunt of Thailand's AIDS epidemic. In spite of a significant improvement in HIV indicators in recent years, still in 1997, three of the four most affected provinces (with HIV prevalence in ante-natal clinics higher than 4.0 %) were located in the Upper North: Chiang Mai, Chiang Rai and Phayao.

Over the last four years, the advanced status of the epidemic in the Upper North has given high visibility to the suffering of people with HIV and AIDS and their families. Attention to the plight of the affected children, in particular, grew enormously in 1997, helped by the global campaign Children Living in a World with AIDS. Activities in the area of care and social support for people affected by HIV/AIDS have been impressive, with organizations of affected people playing an especially vital role. HIV-positive women have participated extensively, particularly in defending the right to non-discrimination, seeking out support for the most needy families affected by AIDS, and general AIDS prevention. Many have had the courage to speak publicly about their lives and have thus added a good deal of credibility to public and private prevention efforts.

3. How AIDS Affects Children

The problems that children face as a result of HIV/AIDS begin long before their parents die, because they live with sick relatives in households which are stressed by the drain on their resources. Economic pressures and the need to replace lost adult labour often force them to drop out of school. Girls, whose education is traditionally considered less important than that of boys, are often forced out first. As this leaves them unskilled and poorly educated, the employment opportunities open to them are narrow. Commercial sex work may, tragically, be seen as the only way for them to support their families or themselves.

For children, emotional suffering is perhaps the most acute effect of AIDS in the family, though this fact is not always sufficiently valued. Children's psycho-social distress begins with a parent's illness or even before, as knowledge of the parent's HIV-positive status can debilitate the family. They may suffer lingering emotional problems from attending to dying parents and from seeing those parents die. The death of one parent may be made that much more painful by the knowledge that the other is bound to follow in a few years.

The family is still the first safety net for the child orphaned by AIDS. In all but a tiny percentage of cases, orphans remain within the extended family. However, in Thai and hill tribe families, this frequently means they become the responsibility of a grandmother, who may already be poor and be unable, for a variety of reasons, to provide adequate care. Children affected by AIDS are, of course, particularly vulnerable to prejudice. If their parents' HIV status is known, they may be taunted or shunned by other children. In some cases, ignorant and fearful parents of other children, even teachers, might try to exclude them from school. These factors would only add to the misery experienced by the child. Finally, without proper legal knowledge and protection, children affected by AIDS may lose the assets of their dead parent or parents to other members of the extended family, particularly after the death of a male head of the family.

4. Children Affected by AIDS: Definition and Extent of the Problem

Children affected by AIDS may be classed into three groups:

- A) Those with an HIV positive, still healthy, mother;
- B) Those whose mother has developed AIDS; and
- C) Those whose mother has died of AIDS.

Although this classification does not take into account the HIV status of either the father or the child, it emphasizes two of the most important factors for the protection of children in affected families: the availability of the mother, and her ability to provide subsistence, guidance and care for her children.

Many villages and districts, especially in the Upper North, have recently carried out **comprehensive surveys of children affected by AIDS**. A survey at the beginning of 1998 in Chiang Mai's Mae Ai district (pop. 72,806), for example, found 437 children who had lost one or both parents to AIDS. Of these, 58 were true orphans, but 318 had so far lost only their father.

Although those children who have already been orphaned understandably attract the most attention, a balance must be struck between supporting this group and supporting the much greater number of children who will be orphaned in the coming years. Early interventions could prove particularly effective, helping mothers, families and potential future caregivers to plan and prepare the future for these children as far in advance as possible.

5. Project Rationale

5.1 Unmet Basic Physical and Psychosocial Needs of School Children

The past three decades of development in Thailand has brought unprecedented gains in health, education, and economic status: advances in average life expectancy, reductions in child mortality rates, and improved nutritional status, immunization coverage and disease prevention.

Major efforts and investments have been made to improve access to and quality of school education, concentrating on what seems to be the most pressing needs for facilities and equipment, curriculum development, and teacher training. However, for the 97% of Thai children enrolled in primary schools and the more than 30% attending secondary schools, many basic physical and psychosocial needs still remain unmet, and **school is not perceived as a child-friendly environment proactively promoting and supporting the best interests of the child.**

In many rural community schools, common unmet basic physical needs affecting the health of school children still include the following:

Child Health Status: First degree Protein Energy Malnutrition, Subclinical Vitamin A Deficiency, Iron Deficiency Anemia, Iodine Deficiency Disorders, and Helminthic infestations.

School Environment: Lack of safe drinking water, lack of sanitary excreta disposal facilities, soap and water for hand washing, inadequate school lunches (both quantity and quality of nutrition), limited access to playground and sports facilities/equipment, lack of shaded areas for rest and recreation, and lack of safe and convenient transportation to and from school.

The basic psychosocial needs of children remain substantially neglected. Rather than being a source of positive socialization, the school, for many children, is experienced as an uncaring and unsupportive environment, which can have detrimental consequences for their mental health. The school, whether it aims to or not, plays a significant role in the socio-emotional development of children. Relatively little attention has been given to enhancing the role of schools/teachers and community child development centers/caregivers in providing support to children in distress in general, and specifically to **children from families affected by AIDS**, who are being stigmatized, rejected and socially isolated from their peers, resulting in depression, withdrawal, and dropping out of schools and child development centers. Unofficial reports from NGOs in northern Thailand indicate that 10% of orphans are subject to sexual abuse.

Teachers and caregivers can be taught to recognize emotional distress and abuse, and simple ways of helping children through encouraging them to express their emotions and fears about the future, engage in art therapy, therapeutic play, and by providing the nurture they require.

5.2 The Solution: Establishing a ‘Child-Friendly Community Schools’ Initiative

Starting Point: WHO¹ Division of Mental Health’s ‘Child-friendly Schools’ Initiative

In 1997, the WHO Division of Mental Health produced a document (MNH/PSF/97.1) outlining an approach to encourage schools to contribute to the socio-emotional development of children by becoming child-friendly. According to this document:

“Briefly, child-friendly schools promote cooperative and active learning, tolerance, caring, creativity and above all, the self-esteem of children. They provide an education based on the reality of the children's lives and work in close consultation with parents. Child-friendly schools work to prevent bullying and other forms of violence in schools. Becoming child-friendly is not a simple matter for schools. It takes a determined and long-term commitment in order to meet the psychosocial needs of children. However; all schools have the capacity to become child-friendly. More than anything else, the child-friendly status of a school depends upon its policies and the attitudes of the staff.

Thailand Child-friendly Schools Program (CFSP)

Stimulated by the WHO concept paper, Save the Children/US began developing a child-friendly schools initiative in March 1998 in collaboration with Unicef and the Office of the National Primary Education Commission (ONPEC), with encouragement from WHO.

In August 1998, ONPEC approved launching of a multi-year Child-friendly Schools Program to be implemented in 19 provinces as a national education reform pilot project with funding from the Royal Thai Government, Unicef, and Save the Children/US, whose newly registered local progeny partner, The Life Skills Development Foundation, will be the primary NGO collaborating implementing agency in 4 northern provinces. From its inception, a key criteria for selecting sites for the Child-friendly Schools Program is to focus initially on schools in communities with high concentrations of children in need of special protection measures, including children affected by AIDS. CFSP² is designed to take a whole-school approach to addressing the psychosocial developmental needs of all children with a major component on developing generic and locally-specific life skills for children from preschool to middle secondary school level. Other components to be implemented in the model include child rights sensitization, school self-assessment of ‘Child-friendliness,’ school improvement planning/implementation, local curriculum development for active participatory learning, development of multiple intelligences, student learning and health information system, and external linkages for mobilization of community resources.

¹ World Health Organization

² Child-Friendly School Program

Unicef District-based Project for Children Affected by AIDS in Northern Thailand

Commencing in November 1998, Unicef provided US\$240,000 for 2 years to fund implementation of a District-based Project for Children Affected by AIDS in Northern Thailand in the Districts of Mae Ai (Chiangmai Province), Sanpatong (Chiangmai Province) and Mae Chan (Chiangrai Province). The present project will be implemented in 1998-1999 in schools located in these Districts, with the perspective of expansion in other schools of the same districts with the support of the Project funded by UNICEF in the year 2,000. Aims of the Unicef supported Project are:

- To strengthen all-round protection for children affected by AIDS in three districts located in two provinces of the Upper North (Chiang Mai and Chiang Rai).
- To empower families, particularly children and youth, in these areas to avoid infection with HIV.
- To strengthen the capabilities of local government bodies, NGOs, community-based organizations and the private sector to provide a comprehensive response to the needs and rights of children affected by AIDS.
- To contribute, at the national level, to the development of adequate national guidelines and practices to support children affected by AIDS, through the sharing of lessons learned from the experience of the three districts involved in the project.

1.1 Objectives

To create prototype replicable models of rights-based ‘Child-friendly’ schools that respond to the special needs of children in distress, develop psychosocial competencies, and promote healthy lifestyles and resilience in children and youth affected by AIDS in three districts of upper northern Thailand

1.2 Specific Objectives

1. To increase school-community awareness and understanding of the rights, psychosocial needs, and problems of children in emotional distress, orphans, and specific needs of children affected by AIDS.
2. To improve the child-friendliness of schools and child development centers by providing a caring and nurturing environment, and emotional and psychosocial support for children in distress and children affected by AIDS.
3. To enhance the capability of teachers, community child development center caregivers, and parents/guardians to interact with children, including those affected by AIDS, in supportive and nurturing ways that promote psychosocial development and increase resilience.
4. To develop and demonstrate a life-cycle approach (pre-school to grade 9) for active participatory learning to develop psychosocial competencies (life skills) including specific coping skills for children affected by AIDS, health promoting behavior, and resilience.

1.3 Strategies

1. Implement participatory child rights sensitization processes involving children, parents, community leaders, teachers, and other stakeholders in community child development centers and schools.
2. Involve children, adult community leaders, teachers/center caregivers in local generation of criteria/indicators for child-friendliness and use in combination with external criteria/indicators.
3. Establish participatory assessment, analysis, planning, and action systems for continuous improvement of the child-friendliness of schools/community child development centers, including providing emotional and psychosocial support for children in distress and children affected by AIDS.
4. Create a learning exchange network of core trainers, model teachers/center caregivers, and supervisors to promote and model supportive behavior and nurturing ways to interact with children in distress, including those affected by AIDS.
5. Develop and implement processes for school-based participatory learning situation analysis by children, with involvement of parents, caregivers, community leaders and teachers, to identify local social environmental risk factors, protective factors, psychosocial needs and problems of children in distress, including children affected by AIDS.
6. Determine local priorities for specific positive developmental and preventive life skills education for school children affected by AIDS.
7. Develop locally relevant applications of life skills curricula to respond to the social environmental risk factors, risk behavior and problems of students in their everyday lives, including the special needs of children affected by AIDS.

1.4 Implementation Area & School

- **District and reason for selection**

The implementation areas were in 3 districts a) Mae Ai (Chiangmai Province), b) Sanpatong (Chiangmai Province) and c) Mae Chun (Chiangrai Province). These sites were primarily selected due to their high incidence of HIV/AIDS. In Mae Chun, there are up to 500 children that are affected by AIDS, 10% of this figure are orphans. In Mae Ai district from 1990 to present the total number of AIDS infected persons recorded were 1,285 with 396 deceased. An average of 20-25 newly infected persons are recorded each month (from October 1997 to September 1998, 273 newly infected persons were found). These are the total numbers of new infections and patients treated at Mae Ai district hospital. Records illustrate that there are presently 437 AIDS related orphans within Mae Ai district. In Sanpatong district there are also approximately 300 AIDS affected children. From the information received, there are many cases that do not request any help or support from agencies because they fear bringing shame on their family and possible stigmatization. This is still one of the most prevalent problems in the area. All organizations working with AIDS affected people try to avoid bringing unwanted attention and exposure to the affected. These families have already suffered a great amount of pain due to the loss of their family members and societal ostracism.

Schools: numbers of teachers& students

1. **Bann Huarin School** Sanpatong district primary education office.
Chiangmai provincial primary education office.
 - Teacher 16 teachers
 - Students 206 students
 - HIV affected students about 50-70 students

2. **Kamolriem-Sukosol School** Mae Ai district primary education office.
(Pa Tai School) Chiangmai provincial primary education office.
 - Teacher 9 teachers
 - Students 250 students
 - HIV affected students about 30-50 students

3. **Bann Pong Namron School** Mae Chun district primary education office.
Chiangrai provincial primary education office.
 - Teacher 20 teachers
 - Students 456 students
 - HIV affected students about 50-70 students

1.5 Activities

1. School Self – Assessment Process
2. Active Learning & Learning Styles & Multiple Intelligence
3. Self-esteem and dealing with death (for teachers and administrators)
4. Self-esteem and dealing with death (for parents and communities' leaders)
5. Psychological testing
6. Participatory planning with school
7. Rainbow Camp
8. Counseling training
9. Student self initiated activities in school
10. Participatory Evaluation and learning exchange seminar
11. Seminar to disseminate results of the project to key stakeholders for replication

II. Implemented Activities

Activity 1: School Self – Assessment Process

Principle

One of the Child-friendly school’s objectives is to enhance the capacity of the school to conduct a school self-assessment process leading to the development of a strategy to facilitate the child-friendly school implementation process. “Each Child Friendly School developed a system for self-assessment for measuring the child-friendliness of the school. Students, parents, school committee members, teachers, and principal played key roles in this process using locally-developed and external criteria/indicators”.

School Self-Assessment Activities procedure

- 1. Child Rights Sensitization Training Process**
- ↓
- 2. “ Dream School ” Camp**
- ↓
- 3. Creation of internal criteria and study of external criteria**
- ↓
- 4. School Self-Assessment**
- ↓
- 5. Study tour to example schools**
- ↓
- 6. Analyze the study tour and results from school self-evaluation**
- ↓
- 7. School’s self development plan**

1. Child Rights Sensitization Training Process

- ***“I Have Something to Tell You”*** – to break the ice and build a safe environment for cooperative learning among community members and teachers; learning about other participants and sharing with the overall group.
- ***“I Spy With My Little Eye”*** – to help adult participants become aware of their own feelings and attitudes about children and being a child. Participants count off to form randomly assigned groups, then look at photographs depicting children in various situations (breastfeeding, child labor, street child, pupils, high-risk teenage girls). Participants write cards and express their impressions based on the photographs.
- ***“Oh No! Not Again!”*** – to help participants become aware of what a 6 year old child feels when being scolded by a parent. Participants divide into 2 roles: parent or child and perform role plays by pairs, then share their feelings with the group in plenary.

- **“My Rights”** – to survey participants views of their rights as adults. Participants list their rights: social, economic, cultural, and political. Participants are asked to decide which of these rights children have, disabled children have, and street children have.
- **“Child Rights: Wants & Needs”** – to help adults become aware that child rights are based on their needs. Groups select only 8 from 20 picture cards showing basic needs/rights and other things that may be desirable (television, own room, bicycle, sweets, etc.). Participants sort selected needs/rights picture cards into the 4 Baskets of Rights (survival, development, protection, participation). Participants select picture cards that are related to the role of the school to see the relevance of CRC¹ to schools.
- **“My Rights are More Important Than Yours”** – to help participants realize that child rights are indivisible and that children are entitled to all rights equally. Participants divide into 4 groups to plan and then conduct a debate with 4 representatives each championing one of the 4 Baskets of Rights.
- **“Revisiting I Spy With My Little Eye”** – to help adult participants become aware of shifts in their feelings and attitudes about children and being a child since the initial impressions at the start of the workshop. At the end of the day, participants review the photographs depicting children in various situations (breastfeeding, child labor, street child, pupils, high-risk teenage girls) and write their new impressions on cards. Facilitators help participant see the shifts in their perspectives after experiencing awareness-raising activities.

2. **“Dream School” Camp**

- **Ice Breaking Activity** – to engage all pupil participants, set the climate for active participation and enjoyment with a non-judgmental attitude amongst pupil participants, and build a mutually respectful relationship between participants and facilitators.
- **“Extreme Happiness, Extreme Suffering”** – to help pupils build a common experience base by sharing their happiest (first) and saddest experiences by thinking, drawing, pairing and sharing, and then telling the whole group. Physical punishment by parents and teachers was a common experience.
- **“My Rights: Wants & Needs”** – to help pupils become aware that rights are based on their needs. Groups select only 8 from 20 picture cards showing basic needs/rights and other things that may be desirable (television, own room, bicycle, sweets, etc.). Pupils sort their selected needs/rights picture cards into the 4 Baskets of Rights (survival, development, protection, participation). Pupils select picture cards that are related to the role of the school and place them in boxes for the 4 Baskets to see the relevance of CRC to schools.
- **“Fulfilled/Unfulfilled Rights”** – to help pupils connect their experiences of happiness and sadness with child rights. Pupils re-visit their drawings on happiness and suffering experiences and identify the relevant rights, grouping their drawings by the 4 Baskets of Rights.

¹ Convention on Rights of the Child

- **“School of Our Dreams”** – to stimulate pupils thinking on the characteristics of classmates, teachers, schools, and parents that would make their school child-friendly. Pupils draw 4 murals showing these characteristics and write key words on the murals.
- **“Preparing Multi-Media Presentations”** – to give pupils an opportunity to create presentations on the child rights/friendliness situation in their school-community using the multiple intelligence approach. Pupils select groups to join to develop presentations by skits, song, dance, puppets, etc. They organize to develop scripts, assign roles, make presentation materials, and practice their presentations for the plenary session on day two.

3. Creation of internal criteria and study of external criteria

1. Multi-media presentations by pupils of the “ school of our dreams”.
2. Locally- generated criteria for self-assessment.
3. External criteria of school child-friendliness.
4. School Self-Assessment.
5. Study tour to example schools
6. Analyze the study tour and results from school self-evaluation
7. School’s self development plan

*(For activities in detail please refer to the “ School Self-Assessment: Participatory Learning and Action for Child-Friendly Schools” by The Life Skills Development Foundation)

Results

Reported Goals of Each School

Bann Huarin School (Sanpatong District)

1. School playground and rest areas
2. Updated learning materials such as computers and musical instruments.
3. Parents to provide a supportive learning environment for their children at home.
4. A clean environment at school
5. Students have discipline, be punctual and take responsibility for themselves.
6. Teachers to provide diversity in their teaching methods by using different material.
7. Student must have the opportunity to learn from working groups and to get hands on experience.
8. School to conduct learning and classroom activities in accordance to CRC principles.
9. Student behavior should be respectful and polite.
10. Parents should promote and support self-confidence in their children.

Bann Pong Namron School (Mae Chun district)

1. School to have a concrete road and fence
2. School to have clean sanitation and toilets for students.
3. School is able to provide lunch and milk for students.
4. School to have classrooms and activities room equipped with updated equipment.
5. School to have clean drinking water.
6. Students have an interest and confidence to express themselves.
7. School to have a field to conduct sporting activities for students.
8. Teachers to have good knowledge base and preparation plus modern equipment to teach students.
9. School to conduct outside the classroom learning activities for students.
10. Promote love and understanding and to help each other.

Kamolriem-Sukosol School (Pa Tai) (Mae Ai district)

1. School to provide a boarding house for students who have to travel long distances.
2. School to closely work with development center for small children.
3. School to have a good canteen.
4. School to have a sporting field and modern equipment.
5. School to have the method and capacity to help and protect at risk children.
6. School to have an activities room and to provide learning activities inside and outside the classroom.
7. School to have clean sanitation and toilets.
8. School to have sufficient buildings for the number of students.
9. Teachers to provide assistance for children who are experiencing problems with schoolwork.
10. Students to respect other people and be confident to communicate and participate in activities.

All three schools completed their self -internal indicators and incorporated the school improvement plan, which is now an integral part of the schools charter. School committees, parents, teachers and elected students participated in the process.

Activity 2: Active Learning & Learning Styles & Multiple Intelligence

Description

Training on Active learning & classroom environment setting for kindergarten, Grade 1-5-8 teachers by international consultant who placed emphasis on creating and apply methodologies for students centered classrooms.

Objectives

1. Participants understand the process of active learning, learning styles and multiple intelligences.
2. Support on contents understanding and workshop training so the participants can apply the training to their own students.

Training process, contents and activities.

1. Presentation on development of Child-friendly School program by Mr. James Hopkins, Save the Children (US).
2. Active learning and compositions of active learning by Dr. Miriam Feinberg.
3. Support on active learning process.

Resources person: Dr Miriam Feinberg, Ph.D. Board of Jewish Education of greater Washington.

Duration: 24th –28th January 1999

Participants

77 participants composing of educational supervisors both provincial and district levels and 1st, 5th and 9th grade teachers.

Results

Most teachers are now well adapted to the new techniques presented at the training and are able to apply these techniques in their own classrooms. Qualified supervisors were sought to monitor and assist these newly trained teachers.

Activity 3: Self-esteem and dealing with death for teachers and administrators

Description

Training educational supervisors and all teachers in the three CF¹ schools on supporting children to increase 'self-esteem' and to deal with the death of their parents or relatives by an expert international consultant.

Objectives

Capacity building for teachers, educational supervisors on psychosocial support for children in distress and enhancing psychosocial competency and resilience in HIV affected children.

Training processes, content and activities.

1. Reviewing the meaning of Child-friendly school.
2. A development in self-esteem for children.
3. A development in EQ for children.
4. Child support in dealing with death.

Resources person: Dr. Miriam Feinberg, Ph.D. Board of Jewish Education of greater Washington.

Duration: 28th February-4th March 1999

Participants

Fifty-two participants composing of educational supervisors, teachers and childcare teachers from all three child-friendly schools.

Results

Majority of participants says they:

1. Can use techniques learnt to help children with problems, lack of love, and orphans.
2. Can use techniques to improve teaching and learning to be more effective.
3. Can solve problems, provide suggestions and incorporate techniques into daily life.
4. Can improve themselves and undertake minor activities for students.
5. Helped improve student's self-esteem as indicated by psychological testing.

¹ Child-Friendly

Activity 4: Self-Esteem and dealing with death for parents and community leaders

Description

Training communities' leaders and students' parents from the three CF schools/communities on supporting children to increase 'self-esteem' and to deal with the death of their parents or relatives by an expert international consultant.

Objectives

Capacity building for communities' leaders and students' parents supports in psychosocial competency and resilience capability for HIV affected children.

Training process, contents and activities.

1. Reviewing the meaning of Child-friendly school.
2. How to assist children in dealing with death in the family.
 - Feeling about death
 - Children and the death situation
 - The importance of children understanding about death
 - Activity "Feeling when someone close had died"
 - Activity "Things to tell the children about death"
 - Standard point of view about death
 - Activity "Things the children would ask about death"
 - Activity "How to answer the children about death"
 - Best methods in helping children to deal with death"
 - Activity "Planning in teaching the children about death"

Resources person: Dr. Miriam Feinberg, Ph.D. Board of Jewish Education of greater Washington.

Duration: 9th - 11th March 1999

Participants

Sixty participants composing of community leaders and parents from all three child-friendly schools.

Results

Participants understand the methods and approaches about talking about death with children. Are now able to help and give support to children suffering from depression due to a death in the family.

Suggestions from the participants

1. Training duration was too short. (Suggested a 5 days training session).
2. Should be more activities.
3. Children should also participate in the training.
4. Should be something else more useful to life routine apart form death.

Activity 5: Psychological testing

Description:

Comprehensive psychosocial situational analysis of all children attending the “CFS¹” pilot schools using two psychological instruments (CDI² and self-esteem inventory).

Resource person: Health Psychologist Sean Devine

Duration: July 1999 and February 2000

Participants All students attending the three CFS pilot schools

Methodology

Teachers were carefully instructed as to how to administer the psychological testing in a small meeting session. All participants were informed that their participation was of a completely voluntary nature and that they could withdraw their participation at any stage. Test administration was monitored and results analyzed by TLSDF³ health care staff.

Results

School	Test	Mean	Depression	Self-esteem
Sanpatong	Pre-test	N=155	20.7613	60.0903
	Post-test	N=144	17.5208	61.3542
Pong Namron	Pre-test	N=379	15.1741	59.8311
	Post-test	N=318	13.7516	65.1572
Pa Tai	Pre-test	N=116	15.4569	56.9655
	Post-test	N=120	14.7083	62.6
Total	Pre-test	N=650	16.5569	59.3815
	Post-test	N=582	14.8814	63.4416

*Note scores over 15 suggest above normal depression according to Thai CDI norms

Test Results

A large number of students tested showed significantly high levels of depressive symptomatology and lowered self-esteem at the pre-test stage. Considerable improvement was evident in both depression and self-esteem test scores at the post-test stage. A correlational analysis indicates that there is a direct relationship between depression and the self-esteem scores. The results from the psychological testing along with focus group discussions with all participating groups indicate that the CFS program was effective even after a relatively short evaluation period.

¹ Child-Friendly School

² Clinical Depression Inventory

³ The Life Skills Development Foundation

Teachers Meeting

A meeting was organized in each school to inform teachers of the results of the psychological testing. Causal reasons for the high levels of depressive symptomatology were discussed and strategies to negate the psychosocial problems experienced by their students were explored.

The possible causes for the high levels of depression as reported by teachers were:

- **Psychosocial/Familial problems:** parental death, loneliness, ostracism, AIDS affected, divorce, imprisonment, quarreling, gambling, drug addiction or dealing and migratory labor etc.
- **Economic problems:** large debts, poor living conditions, and low familial income.
- **Academic problems:** class retention, attention deficits, learning difficulties, low self-confidence.
- **Health problems:** diseases, poor nutrition.
- **Problems with teachers at school:** some teachers lack reasoning skills, are unkind and unfair, frequently reveal student's secrets, insensitive to student's problems.

Teachers discussed several options to assist children experiencing psychosocial problems including a) organizing a house visit program b) counseling program c) provide more attention and be more flexible in their teaching processes.

Activity 6: Participatory planning with schools

Description

Planning workshops on improving child development focusing on providing emotional and psychosocial support for children in distress.

Objectives

1. Teachers in all 3 CFS were able to analyze the test results by themselves.
2. To acknowledge teachers' ideas and attitudes in helping children.
3. To create awareness for school principals and teachers about student development.
4. To support schools to organize activities based on child rights.

Duration: August – September 1999

Participants: Teachers from all 3 CFS

Results

Teachers who were involved in this process are now able to identify and analyze their student's psychosocial problems and barriers with the help of the CDI test results.

There were planned activities to be implemented in all schools by the second semester of 1999.

Problems found and suggested solutions

Problems found	Solutions
Bahn Pong Namron School, Chiangrai <ul style="list-style-type: none">• Understanding difficulties for hill tribe children• Parents work in different province• Parents died from AIDS• Community HIV and drug problems• Lack of psychological skills	<ul style="list-style-type: none">• Organize an activities between school and parents• Student behavior reports to parents• Parent and teachers help analyze situation that affect the students• Scholarship for poor or HIV affected children• Counseling service
Bahn Huarin School, Chiangmai <ul style="list-style-type: none">• Parents infected or died of AIDS• Parents imprisonment• Parents quarreling• Parents gambling or addicted to drugs• Insufficient underwear• Not being accepted by friends• Lack of confidence in expressing	<ul style="list-style-type: none">• House visiting program• Student monitoring in school and at home• Create sensitization for students participation and school discipline• More attention to student's problems• Suitable school activities

themselves	
Kamolriem-Sukosol School (PaTai), Chiangmai <ul style="list-style-type: none"> • Lack of responsibility in their duties • Disabled, handicapped students • Low school attendance rate • Quarrels between tribes • Lack of nutrition • Living with foster parents • Skin disease • Slow learning/ repeated class • Parents/community drug dealing 	<ul style="list-style-type: none"> • House visit program • Child raising training for parents • Organize activities between school and parents • Student behavior report to parent • Study tour between CFS • Re-organize school environment • Health and nutrition promotion in school

Future Goals

Bann Huarin School

1. School MIS- develops further to incorporate students psychosocial issues.
2. Produce a lesson plan regarding student centers e.g. a thematic experiential learning approach.
3. Increase public relations regarding the CFS in the community sector.
4. Develop student's physical environment to encourage natural learning.
5. Build a resource room for CFS materials.
6. Further conduct child rights sensitization, dealing with death, self-esteem development for students.
7. Plan for the monitoring and evaluation of the project systematically and with regular documentation of activities.

Bann Pong Namron School

1. Develop school MIS further regarding psychosocial aspects.
2. Expand and replicate activities initiated at the Rainbow camp (self-esteem and relationship building).
3. Educate students more about HIV/AIDS and drugs using varying techniques e.g., theatre performances.
4. Conduct learning exchange seminar to assist disadvantaged children within the school each month.

Kamolriem-Sukosol (Pa Tai) School

1. Conduct more camps like the Rainbow camp that develop self-esteem and familial relationships.
2. Initiate study tours for students.
3. Encourage students to learn about HIV/AIDS from IEC materials and guest speakers such as a health worker.

Activity 7: Rainbow Camp

Description

A camp was conducted for high-risk children (attending the 3 CFS pilot schools) and foster parents/grandparents of children (orphans) affected by AIDS to strengthen familial relationships and to develop a school-based older-to-younger child support network for AIDS affected children. The implementation of the rainbow camp was funded by Johnson & Johnson CO.LTD (Thailand). The 60 participants were identified and selected by teachers (using both psychological test results and from observation).

Rainbow Camp 1. The participants of this camp were ‘at risk children attending with a parent or guardian of their own choice. The activities in this camp placed an emphasis on living ‘values’ and in building family relationships.

Rainbow Camp 2. A camp for monitoring behavior change and an evaluation of knowledge learnt in camp 1. The majority of activities emphasized skills such as self-awareness, sustaining relationships, dealing with emotions, effective communication, life planning and the drawing of “My Rights”.

Main Objectives

1. Capacity building by enhancing psychosocial skills for children in distress and affected by HIV.
2. Active participatory learning between parents and children with emphasis on enhancing communication and life planning skills.

Camp objectives

1. To support and improve family relationships.
2. To improve the self-esteem of participants.
3. To improve living values.
4. To create a greater understanding of child rights.
5. To encourage life planning.
6. To broaden participants knowledge on HIV/AIDS.

Methodology

1. Conducted a children’s psychosocial behavior test.
2. Organized activities in the camps that emphasize life skills, self-esteem, my rights and good relationships within the family.
3. Brain storming for further activities after the camp.

Duration: 18th –22nd October 1999 and 28th – 30th March 2000.

Participants

Camp 1: 60 high-risk children and children (orphans) affected by AIDS and 60 parents or guardians from

1. Bann Pong Namron School, Chiangrai province.
2. Bann Huarin School, Chiangmai province.
3. Kamolriem-Sukosol (Pa Tai) school, Chiangmai province.

Camp 2: 59 high-risk children and children (orphans) affected by AIDS from

1. Bann Pong Namron School, Chiangrai province.
2. Bann Huarin School, Chiangmai province.
3. Kamolriem-Sukosol (Pa Tai) school, Chiangmai province.

Children opinions after attending the rainbow camp

Issue 1: Their feelings

- Enjoyed participating in activities with other people, made more friends, enjoyed drawing, exercising and playing games, doing activities with parents, feel more confident and learnt more about child rights.

Issue 2: What was learnt from the camp

- Children learnt many things from the camp activities e.g. drawing, self-awareness, building confidence in themselves and child rights.

Issue 3: The application of knowledge learnt from the rainbow camp 1 to daily life.

- More agreement in opinions and improved relationships between parents and children. Ability to resist the use of drugs. Always tell parents before going out somewhere. Able to express feelings freely. Knowing how to help themselves and conduct life planning by themselves.

Issue 4: Child feeling toward their family after attending the camp

- More love and understanding between child and parent. Less punishment. Respect and accept each other's opinions. More time spent with children and better family relationships.
- Are able to talk with parents about stopping quarreling, gambling and drinking.

Issue 5: Children's feelings toward teachers before and after joining the CFS program

Before joining the CFS program

- Teachers were very cruel and gave many punishments. Unhealthy school environment. Students lacked discipline. Teachers teach only from books. Teachers physically punish students. Too many rules in school. No respect

for child rights. Students do not know or understand about child rights. No discipline in school. No understanding between teachers and students.

After joining the CFS program

- Better school environment. Friendlier attitude between teachers and students. More discipline in school. More freedom in the learning process and more individual work research based on students interests. More understanding of students needs and interests. No threatening and physical punishment. New school rules and orders based on student opinions. Child centered learning approach based on child rights.

Results

More than 95% of children and their guardians reflected that they have more moral support and have learnt a lot on how to live together as loving families. They expressed their willingness to change some of their behaviors in accordance with their life plan. Skills such as communication, family values, and self-esteem were useful to participants in improving familial integration and relationships.

Activity 8: Counseling Training

Description

Training on "Talking with Children"
Counseling techniques for teachers.

Objectives

1. The teachers would be able to give a counseling service to students experiencing psychosocial problems.
2. The teachers experience good communication with students.
3. Teachers are able to apply the lesson-learnt from the training to school activities.

Content

1. Problem analysis and good communication.
2. Principle of counseling service.
3. Basic skill of counseling.
4. Process of counseling.
5. Practicing giving counseling service.
6. Reflection of feeling.
7. Child helps planning.
8. Principle of giving encouragement.
9. Implementation of optional activities skill.
10. Hopeless condition (Giving encouragement activities) for teacher.
11. Survey of self-stress in teachers.

Duration: December, 1999

Participants Twenty nine teachers from Mae Ai & Mae Chun schools and 14 from Sanpatong

Results

Teachers become proficient in the following areas;

- Incorporating counseling and guidance skills into the classroom curriculum
- Providing moral support for students
- Communication techniques
- Reflective and observation techniques
- Decision making
- Providing moral support

Evaluations on participation content understanding after the training.

	Content	Most	Much	Fair	Less
1	Problem analysis and communication	37%	56%	7%	
2	Integrated and counseling service	33%	58%	9%	
3	Basic skill of counseling	57%	22%	7%	14%
4	Basic skill practice				
	• Observation	26%	65%	9%	
	• Questioning skill	33%	53%	14%	
	• Listening skill	20%	47%	33%	
5	Practices				
	• Sentence repeating skill	21%	70%	9%	
	• Feeling reflecting skill	49%	29%	22%	
6	Skills practices				
	• Giving encouragement	44%	56%		
	• Decision making	44%	51%	5%	
7	Self care taking				
	• Giving encouragement	42%	51%	7%	
	• Decision making	33%	51%	16%	

Activity 9: Student Initiated activities in school

Description

Encourage student to start up activities of their own interest in school with teachers acting as advisors. This activity was introduced after attending the Rainbow Camp. The implemented activities in each school are:

1. Bann Huarin School

Activity: Friends help friends

Duration: December 1999

From the student surveys, found 20 students whose parents died of HIV and 25 students whose parents are separated.

Objectives

1. To support and give encouragement for HIV affected children.
2. Familial separation and HIV affected children can participate in activities with other students in a harmonious and happy manner.

Participation 45 HIV and familial separation affected students

Evaluation

Success criteria	Method	Instrument
1. An improvement in emotion condition of students affected by HIV and familial separation.	Observation	Observation sheet
2. HIV affected students able to live and do activities with other students with happiness.	Observation and behavior records.	Observation sheet and behavior record sheet.
3. More helps, supports and sympathy from community.	Observation and questionnaire	Observation sheet and questionnaire sheet.

2. Kamolriem-Sukosol (Pa Tai) School

Activity Hungary mushroom breeding for commercial sale

Mushroom breeding is part of the basic vocation lesson in school and encourages students to grow their own mushrooms for consumption at home.

Objectives

1. Students learnt through an active learning process.

2. Support students with mushrooms.
3. A useful activity during free time to avoid student involvement with drugs.
4. Be able to apply and use as living in the near future.

Participants 15 HIV affected students

Process

1. Provide basic information about the Hungarian mushroom.
2. Study tour to analyze mushroom growing techniques.
3. Breeding ground preparation.
4. Buying the mushroom seeds.
5. Breeding process.
6. Weekly monitoring.
7. Monthly evaluation.
8. Monitoring and result at the end of semester.

Expecting results

- Students learn and understand the process of mushroom breeding.
- Provided mushroom for consumption and commercial sale.
- A good use of free time.
- Problem solving skills.
- Can be used in daily life.

Evaluation on

- Amount of product per kilogram and project expenditure balance.
- Student responsibility, intention and interests.

3. Bann Pong Namron School

Activity Dream school camp

The child center learning approach and a good learning environment in school are very essential for the new improved teaching system. The “Dream School Camp” was organized for the purpose of brainstorming various ideas and opinions that may improve learning processes and environments in school.

Objectives

1. To improve students quality of life.
2. To create an awareness in students to appreciate their own work.
3. To incorporate students, teachers and parents ideas in development.
4. A participatory development between students, teachers and parents.

Results

1. A shared commitment amongst schools and communities was established.
2. Cooperation in the improvement of the school environment.
3. Student’s life quality had improved.

Activity 10: Participatory Evaluation Activities and Learning exchange seminar

Description

Several techniques were utilized during the program implementation period to provide continual feedback regarding the programs effectiveness at reaching its objectives. A description is as follows:

Evaluation activity 1: Learning exchange seminar for teachers, principles and educational supervisors from both district and provincial levels.

Evaluation activity 2: Program assessment by the 2nd Rainbow camp participants.

Evaluation activity 3: Learning exchange seminar and program assessment of both parents and pilot teachers.

Evaluation Activity Objectives

1. To give children an opportunity to express opinions and ideas on program activities, principals, educational supervisors and parents.
2. To exchange learning experiences between teachers on helping HIV affected children.
3. To exchange information on implemented work, lessons learnt and problems experienced.
4. To monitor and evaluate the impact of the program.

Evaluation Activity 1: Participatory learning exchange between teachers, principals and educational supervisors from both district and provincial levels.

Seminar workshop on the topic of “Teachers assisting HIV affected children” for teachers from the three pilots schools. The seminar utilized experience exchanges and participatory active learning both in panel and through core-group discussions. The following issues were discussed:

1. The skills from the training applied to the actual intervention.
2. The impact on children from the teachers and administrators point of view.
3. The impact on children after joining the project.
4. Problems and suggestions.
5. Planning to help children in difficult circumstances and to enhance their full incremental development.

Duration 28th-29th January 2000

Participants

- Thirty Five teachers and principals from Bann Huarin School, Kamolreim-Sukosol (Pa Tai) School, Bann Pong Namron School
- Educational supervisors from Sanpatong, Mae Ai and Mae Chun District Primary Education Office, Chiangmai and Chiangrai Provincial Primary Education Office.

Results

From the brain storming and panel presentations “Children in the teacher point of view.” teachers from the 3 pilot schools made the following points:

- Depressed children were initially sad, lacked self-confidence particularly when expressing their opinions. They did not seem to trust their teachers or parents and were not interested in studying and receiving help from other people.
- Children have now have changed from being depressed, aggressive, with low self-confidence, reclusive and introverted from their teachers and friends to become more cheerful, they ‘dare to share’ their opinions, get along better with friends, are more open about their real life situation, have better problem solving skills, and are more self confident individuals.

Key teachers from the 3 school sites concluded that they have seen some very positive behavioral changes in their 60 + HIV affected students

- 60%-70% in Bann Huarin School
- 70%-80% in Pong Namron School
- 60% in Kamolreim-Kosol School

Factors responsible for this improvement were the organizing of CRC awareness activities in schools, a) effective counseling services with constant observation of special cases, b) a thematic learning approach, c) discovering learning, and e) an improved learning environment in school.

Problems Encountered:

Community problems: community’s understanding in dealing with children in difficult circumstances, drugs, gambling.

Cultural problems: low levels of understanding. Many tribal traditions and festivals cause low class-attendance rates among minority children.

Parents problems: death, divorce and a lack of time spent with children cause depression in children.

Suggested activities in helping the children in difficult circumstances

1. Support vocational training in the community.
2. Life skills camps for students.
3. Child-centered learning approach applied in schools.
4. Community participation in school development
5. Providing tangible knowledge about HIV/AIDS.

6. Student's hands on experience in vocational training and learning.
7. Close supervision from both provincial and district education supervisors
8. Development in both teaching structures and materials

Evaluation Activity 2: Program assessment by the 2nd Rainbow camp participants.

Description

A Child-Friendly School program assessment by the 2nd Rainbow camp participants. Implemented by researchers from Northern region Child development Center.

Resource person Researchers from Northern region Child development Center.

Duration 27 – 29 March 1999

Participants 59 high-risk children and children (orphans) affected by AIDS from

1. Bann Pong Namron School, Chiangrai province.
2. Bann Huarin School, Chiangmai province.
3. Kamolriem-Sukosol (Pa Tai) school, Chiangmai province.

Results

Children's feelings toward teachers before and after joining CFS program

Before joining the CFS program

- Teachers are very cruel and used many forms of punishment.
- Unhealthy school environment.
- Student's lacked discipline.
- Teachers teach only from the book.
- Teachers physically punished students.
- Too many rules in school.
- An unclean environment in the school.
- No respect for child rights.
- Student doesn't know or understand about child rights.
- No understanding between teachers and students.

After joining the CFS program

- Better school environment.
- More friendly relationship between teachers and students.
- More discipline in the school.
- More freedom in the learning process and more individual work research out of students interest.
- More understanding of students needs and interests.
- No threatening and physical punishment.
- New school rules and orders based on student opinions.
- Child centered learning approach based on child rights.

Evaluation Activity 3: Participatory learning exchange and program assessment of both parents and core teachers.

Description

Participatory learning exchange and program assessment of both parents and core teachers involved in the program. A discussion both in panel and group format was conducted.

Content

1. The impact of the program on children.
2. Behavior changes in students after joining the program.
3. Suggested school improvement for better child development.

Duration 30-31 March 1999

Participants 6 core teachers and 15 parents from 3 pilot Child-Friendly Schools.

Results

1. Programs impact on students

1.1 Impact on their knowledge

After several training sessions the children understand more about CRC and their rights, needs and development in life skills.

1.2 Impact on their life skills

- Improvement in family relationships. Understand and acceptance their parents' reasoning.
- Courage in speaking, answering, expressing opinions and participation in activities.
- Improvement in participation and responsibility at home and school.

An important factor for this improvement is the parental attitude and understanding of their children's needs.

2. Children's behavior changes after joining the program

Before joining the program

- Bad tempered, unreasonable, always arguing with parents.
- Lack of responsibility in doing housework and homework. Skip classes without asking permission to do so.

After joining the program

- Children are now more reasonable, understand and listen to parents, they now speak politely with more self-confidence.
- Speak more openly and are able to consult with teachers and parents. Able to separate the rights from the wrongs. More responsibility both in housework and doing homework.

An important factor for this improvement is the parents increased understanding and recognition of their child's opinions.

3. Suggested school improvement for child development

3.1 Improvement in programs

- **Activities:** To organize more activities in the school in which both parents and children participate in.
- **Support:** Need support for sports and learning facilities e.g. computers, football, basketball, volleyball etc. Support for scholarships, traveling expenses and compensation for parents that teach in the local curriculum program. Resource persons for vocational training. Soap, shampoo and toothpaste are also needed.

3.2 Improvement in school

- **Teaching:** Emphasis on creating an awareness of the dangers and the affects of drug abuse.
- **Activities and facilities:** Improvement in school environment, school lunch and activities emphasis on teaching morals. Organize more activities after school.

Suggested activities for child and life skills development

Kamolriem-Sukosol (Pa Tai) school

1. Workshop training about drugs by an outside resource person.
2. Provide knowledge on skin diseases and health services by the public health office.
3. Provide sport facilities for youths and students.
4. Organize school activities that emphasize on discovery learning to provide critical thinking development.
5. Promote vocational subject in school.
6. Support students to study to a higher level by providing scholarships or traveling funds.

7. Health promotion- provides public health clinics in every village.
8. Organize activities that create awareness in helping the family and community.
9. Improve Thai language skills in students.
10. Organize a study tour for students.

Bann Huarin School

1. Health Promoting

- Provide school lunch and milk.
- Vaccine injections for all students.
- Provide health insurance and free medical treatment.
- Provide knowledge on health promotion by doctors, psychologists and specialists from Chiangmai University.
- Counseling services for personal matters.
- Parents' participation in supporting the school health promotion.

2. Learning Process

- Integrated teaching approach and local curriculum.
- Using computers as teaching material.
- Teacher's efficiency training.
- Extra teaching period as necessary.

3. Participation

- Students increased participation in the teaching process.
- Students increased participation in decision making in relation to their own issues and interests.
- Increased participation from parents and community in the school development.
- Increase parent's interest and participation in school activities.

4. Child Protection

- Provide a safe environment in school.
- Training on protecting themselves from drugs and being abused.

5. Life Skills Development

- Organize several overnight camps e.g. Rainbow camps, scout camps
- Student committee election.
- Friend help friend program. Friends taking care of each other, older students taking care of the younger students.
- The senior students assist the younger children e.g. to help them brush their teeth.
- Activities on a special occasions e.g. Mother's day.

Bann Pong namron School

1. Physical Health

- Make the most use of allocated free time.

2. Mental Health

- Regular conversation and idea exchanging with family members.
- Suggestions and guidance from teachers and parents.
- Make the most of free time and experience from real life situations.

3. Social contact

- Parents should support children to work in employment that interests them after they graduate from school.
- Teachers and parents help to evaluate and estimate student's capabilities.

The intention of both school and parents in child development should go in the same direction. Parents were keen to participate in activities with their children so they can understand more from each other. It was noticed in the workshop that parents were seeing the importance of their children's education and the teacher's teaching process. In-return teachers were more open and accepting of differing opinions and were willing to create a good learning exchange with parents.

Activity 11: Seminar to disseminate results of the project to key stakeholders for replication

Objectives:

1. To create sensitization and awareness about HIV affected children and children in difficult circumstances.
2. To disseminate the results to key stakeholders for replication.

Summary Conclusions

1. Project background and objectives and implemented activities

The Child-Friendly School Program addresses psychosocial issues and problems experienced by HIV affected children

The implemented activities were:

1. Child Rights Sensitization Training for teachers, school committee and parents. Create internal indicators, school development plans and charter.
2. Active Learning & Learning Styles & Multiple Intelligence training for teachers through the national learning reform initiative.
3. Teacher training on self-esteem building and dealing with death.
4. Psychological tests for self-esteem - all the students in 3 pilot schools.
5. Participatory planning with school.
6. Rainbow Camp for HIV affected children and their parents.
7. Counseling service training for teachers.
8. Student self initiated activities in school.
9. Learning exchange seminar.
10. Rainbow Camp 2 for HIV affected children.

The Child-Friendly School Program is financially supported by Save the Children (US), UNICEF, UNAIDS and Johnson & Johnson Co. Ltd (Thailand).

2. Children's Life Skills Development (Chairperson TLSDF)

The introduction of life skills development for children in difficult areas started in January 1998 to March 2000.

Section 2.1: Teachers' opinions

Before joining the program

High depression levels and low self-confidence levels among children were noted and reportedly due to several issues including family problems, poor conditions, bad environments and a high HIV incidence in the community.

After joining the program

Teachers developed skills in dealing with children's problems and are able to assist more in this area. Children have more understanding and accept their family's predicament and are more accepting of assistance from other people e.g. scholarships and school lunches. A distinct improvement in self-confidence and ability to recognize the difference between right and wrong was also observed.

Section 2.2: Parents' opinions

Improvement in behavior was observed after their children joined the program and participated in many Child Rights sensitization activities. Improvements include: Increased participation in school activities with confidence, more reasoning skills, an acceptance of others opinions, politeness and more responsibility in their tasks.

Suggestions for improvement

- ***Improvement in the Program***

The training in life skills should be available to all personnel in the school and not just for a specific group. The CRC sensitization should emphasize more on respecting other people rights.

- ***Improvement in schools and teachers***

To develop an activity that places emphasis on participation skills and how to live with others in the community.

Section 2.3: Students' opinions in focus group discussions

They were very pleased to attend the Rainbow camp and undertake activities with their parents and guardians. They are now able to apply what they learnt from the camp to their daily life situation. They now feel more confident in asking their parents to quite drinking or gambling. A positive change in their learning environment was noted as well. An improvement in the school surrounding, classroom atmosphere and teachers' teaching approach was also reported.

3. Psychological testing on self-esteem and depression

Pre and post-testing for depression and self-esteem levels in all children attending the CFS project provided an invaluable situational analysis of the psychosocial climate within the schools. Furthermore it was an important tool

to evaluate the programs effectiveness from a mental health perspective. Significant improvements in students self esteem and depression levels were evident after a 1year period of program implementation. These results suggest that the CFS project has been effective in alleviating psychosocial problems experienced by AIDS affected and children in difficult circumstances. A key project strategy was to strengthen school/community ties and this objective has provided positive results.

4. The relevance of the Child-Friendly School Program and the new educational reform

The life skills development support program has taken an important step forward for GO's in education. This is one of the advantages of NGO's being their ability to create and implement projects cooperatively with GO's. In Chiangmai and Chiangrai the program originated in 3 original pilot schools and was further replicated to 23 CFS in Thailand. This year, the program has expanded to 67 schools in 23 provinces. Next year there are plans to further expand the implementation to around 150 schools. There are more than 32,000 primary schools in the country and it would take considerable time to provide coverage in all primary schools in Thailand. The CFS project is a good example of a school-based model development that can be implemented by NGO's and replicated to GO's specifications and operational criteria.

The Child-Friendly School Program conformed to the Nation Education Act. B.E. 2542 in 4 main issues:

4.1 Child-Centered teaching approach

All the implemented work and learning activities in school must come from students' interests.

4.2 Learning with happiness

Teachers must acknowledge and understand that programs such as the MIS are instrumental in monitoring their students' physical and psychosocial condition. They must also be willing and able to help and support student's to solve everyday problems. The new National Educational Act does not condone physical punishment or scolding and teachers who breach this act may have their permits revoked.

4.3 Community's participation

The school charter, criteria and plan for the next three years is established by considering the school's problems and needs in a year by year action plan. For example for the next three years all students must be able to study the English language, and all students must be free from drugs etc.

School committees must be composed of representatives from three groups from the community.

1. Parents
2. Community leaders

3. Community scholars

4.4 Moral improvement

Student's ability to live with and be more accepting of other people's opinions with happiness. In regards to activities Kamolriem-Sukosol (Pa Tai) school and Bann Huarin School are considered to be very successful in dealing with the problems in the community.

Bann Huarin School experiences a large number of HIV affected children. This is not just a local problem found in Thailand, but a critical problem that could be found all over the world. To face the problem, students must be helped to accept and deal with their situation. Teachers are instrumental in building self-esteem amongst the children and play a key role in reducing the incidence of AIDS related stigma. *“The techniques used at Bann Huarin School provide a good example for the rest of the 30,000s schools in Thailand and possibly to other schools in the World experiencing a similar situation” (OPPEC¹ Associate Director)*. Kamolriem-Sukosol (Pa Tai) school experiences a very active drug problem in the community. The school and community must be aware that this problem negatively affects and influences the students.

“The best we thing we can do is make our children become good citizens, have high knowledge, good health and are ready to face their problems in the future.”(OPPEC Associate Director)

5. The importance of life skills development for children affected by AIDS and in difficult circumstances

Life skills development for children in difficult areas activity is a crucial part of the Child-Friendly School Program. It is operating in three of the 23 schools in the CFS program primarily selected because of their need for special support with an emphasis on mental health development.

After one-year period of program implementation the schools had significantly increased their capability in several areas: a) helping and supporting children with special needs b) education reform utilizing the child-center approach c) life skills promoting and capacity building in children to solve and adapt to the problems they face d) importantly, schools are now able to strengthen their relationship with the community and enhance the participation of parents in their children's learning process e) capacity building in students to improve their mental health and learning out-comes.

¹ Office of the Provincial Primary Education Commission

III. Best Practices

There are 5 best practices that had a positive impact on children, parents and teachers in 3 pilot Child-Friendly Schools in Chiangmai and Chiangrai.

1. The development of local criteria for school development by using “school self-assessment process”.

The development of local criteria for school development by using “school self-assessment process” is considered a first step in the collaboration between school and community. This is also instrumental in the development of the child-friendliness of the school by using the whole school-community method that emphasizes on participation and stimulation to create a community of learners and a learning environment supported by parents.

Schools are able to cooperate with the community systematically in the introduction of the child-centered learning approach and CRC¹ based activities.

2. Children’s problems sensitization using psychological tests and participatory planning with school.

The results of the psychological tests allowed the schools principals and teachers to analyze and derive causal reasons for the high levels of depression in children. New attitudes and teaching techniques were adapted in conjunction with a house visit program that provides special care for special cases.

3. School personnel development.

1. Workshop training on the active learning approach by Dr Miriam Feinberg, Ph.D. Board of Jewish Education of greater Washington.

Training Topics:

- 3.1 Active learning and Learning styles & Multiple Intelligence’s
- 3.2 Introduction of counseling and parent-teacher training on creating self-esteem and deal with death in the family.

Teachers are able to adapt the training content to their teaching methods and skills by using active learning activities and a thematic approach in the school subjects. Able also to incorporate discovery learning approach in student’s interests as outlined in the National Education Act. B.E. 1999.

¹ Convention on Rights of the Child

2. The training for 60 parents from 3 pilot schools in helping the children to deal with death taught the majority of participants to understand the true feelings felt by their children and to become more aware of the importance of encouragement for children from surrounding people.

4. Rainbow Camps

Activities for 65 students and their parents/guardians from 3 pilot Child-Friendly Schools. The first camp emphasized specifically on several areas including: effective communication skills, life planning with parents, child rights and health education on HIV/AIDS. An evaluation of the effectiveness of the first camp was conducted at the second Rainbow Camp. It was found that participants were able to apply the skills and knowledge learnt from the camp to their daily life routine. Parents and children respect and accept each other's opinions more and spend more time together. These camps were considered to be very successful activities in helping HIV affected children and their parent/s or guardians.

5. Participatory Learning exchange seminar

Participatory learning exchange seminar between teacher's from the 3 pilot schools, and between parents and teachers. This method provides exact feedback from the participants and also creates an understanding between both teachers' and parents' needs. It was reported that parents sought more participation in their children's learning activities in all 3 schools.

Best Practices from schools: As Reported by Core Teachers from 3 Pilot Schools.

1. Teachers can provide a counseling service and home visits for students with psychosocial problems.
2. Schools to provide a safe learning environment and activities to assist in improving students' behavior.
3. Teachers improved their teaching skills in several areas: active learning approach, multiple intelligence, self-esteem, dealing with death in family, counseling service for students with special needs, and providing encouragement for parents to participate in school activities.
4. Positive behavior changes in personal hygiene and mental health.

IV. Lessons Learnt

1. After teachers train in the topics of active learning, learning styles & multiple intelligence, introduction of counseling, self-esteem and dealing with death, there should be more intensive monitoring on how they apply the content learnt to the school curriculum and identify what training topics would be useful for future replication.
2. Most of the activities in the student self-initiated activities in school are dominated by teacher's ideas. The teachers must support students to create and analyze their own activities and processes. Teachers' attitudes and practices must change in order to encourage participation by students.

The seminar to disseminate results of the project to key stakeholders for replication was not very successful due to the lack of support from some GO's and also the local media were inefficient in publicizing the results nation wide.

Contributing Agencies and Persons

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