

Executive summary

Monitoring and Evaluation Research on Model Development and Redefine Mechanisms for AIDS Prevention and Alleviation in Youth and other Most At Risk Population

Since the first AIDS case reported in 1984, the Royal Thai Government has concerned about HIV/AIDS prevention. AIDS prevention and alleviation was prioritized as national mission which needs the cooperation from every sectors. In the first phase, most of the intervention programs emphasized on prevention; resources were mobilized for AIDS public relations and communication activities. The prioritization of HIV/AIDS intervention has been drastically changed because of many factors such as the successful of effective antiretroviral treatment development, promotion of access to health care and ARV therapy through the universal health care scheme, and the increasing of cumulative number of people with HIV/AIDS (PWHAs). More resources were mobilized for care and treatment. Though Thailand was successfully in decreasing the prevalence and incidence rate of HIV/AIDS, surprisingly founded that most of the new PWHAs cases occurred among specific vulnerable groups and had more complicated problems which leading to unachievable of the previous HIV/ AIDS existing programs. In order to develop the effective model of AIDS prevention campaign, the Health Systems Research Institute, National Health Security Office (NHSO) supported high potential NGOs to launch 22 innovative HIV prevention campaigns among 7 vulnerable groups. For proving the effective of the proposed campaign, the Faculty of Public Health, Mahidol University and collaborative universities were assigned by the Health Systems Research Institute under the supervision of the steering committee and the National Health Security Office to perform monitoring and evaluating research.

Youth was one of the selected target population and the intervention programs for this target population was continuously monitored by reviewing the activity report, progress report, field visit to follow up the progress and to find out the constraints of the activities implementation and also the final evaluation.

On February 24, 2010 the ethical committee of the Public Health Faculty, Mahidol University approved the abovementioned research.

The objectives of this research are as followings;

1. To study the process and activity Implementation to develop the capacity of the engaging organizations and community leaders.
2. To study the project structure and management of all youth projects.
3. To study the project management and mechanism of network building to establish youth friendly health care system.
4. To evaluate knowledge, awareness, risk assessment, skill and HIV prevention practice among target population.
5. To analyse the innovation of youth friendly health care system establishing.
6. To analyse the sustainability of HIV/AIDS prevention and alleviation programs for youth.
7. To recommend the significant policies for the establishing of youth friendly health care system.
8. To build the capacity of networking in monitoring and evaluation.

This research is explanatory research and the methodology applied both quantitative and qualitative. Data collection method for qualitative research was focus group interview and in-depth Interview. For quantitative, cross-sectional survey was applied.

The result indicated that the average age of the research samples was 17.68 years, the lowest was 11 years the highest was 31 years and the standard deviation was 2.95 years. Over half of the samples (50.7 %) was 15-17 years old. While 18-20 and 21-23 years of age were 20.7 and 16.4 percent respectively. 55.8 percent was female and 44.2 was male. 56.4 percent resided outside municipal area and only 43.6 percent was in municipal area. Most of them reported that the current residence is their birthplaces only 17.9 percent migrated from other places. Almost all (96.6%) was single. Most of the educational level attainment was early secondary education (46.0%), late secondary education was 30.4% and 13.8% was primary education. Most of them was student (77.3%) and only 16.9% was labor. 77.0 % were not realized about their household incomes. However, 36.9 percent informed the appropriateness of income and some reported having saving money. About the communication channel exposed to information, television was the most popular (73.4%), radio, printed media and personal media were 54.5, 40.6 and 33.3 % respectively.

For sexual experience, 77.2 % informed having no experience and vice versa 22.8 percent had engaged in having sex. Most of the first sexual partner was lover (82.0%) 15.5% was friend and 7.8% was sex worker. When asking about having sex during the past 6 months, 17.5% accepted having sex. The unsatisfied result disclosed that only 35.4% regularly used condom while as high as 64.6% had unprotected sex.

Assessing AIDS related knowledge by 5 UNGASS questions, 24.9% correctly responded all 5 questions, 43.8% correctly responded 4 questions. The question that most of the samples (95.2%) could provide correct answer were condom use can prevent HIV infection, 93.2% for blood test is the best way to confirm HIV infection, 85.3% incorrectly replied that sharing toilet with PWHAs can be infected and 84.9 percent correctly replied that PWHAs can participate in social activities.

About HIV/AIDS awareness, higher than 90% realized that regularly use condom can protect HIV infection, higher than 80 % claimed that having unprotected sex is high risk behaviour. 70% believed that PWHAs can work as uninfected persons. Over 40% experienced voluntary blood tested.

The evaluation of knowledge about risk assessment and HIV prevention behavior issues indicated that 24.6% passed 80% (replied correct answer for 8 -10 questions from all 10 questions). Almost 90% of youth realized that regularly use condom can prevent HIV infection, sharing drug injection needles and having multiple sexual partner are risk to HIV infection, blood testing before marrying and having a baby can reduce HIV transmission and 72.8% knew that having unprotected sex with healthy person is risk to HIV infection as details shown in table 6.

The survey about HIV prevention practice and skills among the person who had sex in the last 6 months shown that 42.6 % regularly used condom and 53.2 % frequently use. 54.8% reported occasionally applied withdrawal. 58.1% reported having only one single sexual partner and 37.6% had multiple sexual partner. Only 5.4% admitted having sex with PWHAs.

Lesson learnt from this research are as following; in order to promote the sustainability of the intervention for youth, the government should set up the policy encouraging civil society to engage in HIV prevention and alleviation as an important stakeholder; mobilization of human resources, financial and social mechanism is needed to support problem solving interventions; strengthening networking and building their capacity to fight AIDS problems; clear roadmap is essential for scaling up the project activities; networking and cooperation from multi sectors could obviously support AIDS intervention programs especially Provincial and Sub-district Administration Organizations which can integrate HIV/AIDS programs into their routine plans and budget plans that can lead to the sustainability; developing of the information system to collect the strategies and activities for HIV/AIDS prevention programs will be utilized to initiate an appropriate HIV/AIDS programs in each area; moreover, forum for exchanging information and experiences among GOs and NGOs is quite useful; building the capacity of health personnel to be more proactive; developing standard training curriculum for HIV volunteers and on the job training as well to ensure their effective performances. The curriculum should includes;

- HIV/AIDS and youth
- Positive prevention
- Voluntary confidential counseling and testing
- Community health promotion process

Manual for implementing HIV prevention among youth should be developed to guide and maintain the standard of HIV prevention program. Indicators and tools for internal monitoring and evaluation is needed to evaluate the effectiveness of the implemented programs in changing the level of knowledge, attitudes and self risk assessment of the target population. Health forum should be organized by the involve sectors in local level to raise the awareness of the community. Encouraging network building among NGOs for better cooperation among themselves.

Technical suggestion and policy for HIV prevention among school-based youth

1. Establish youth council in district and sub-district level to perform as a consultant group to suggest the youth oriented HIV prevention activities to the local administration organizations.
2. Set up monitoring and support system to ensure the achievement of HIV intervention program done by the project recruited HIV volunteers to increase their self confidence to scale up the activities.
3. Sex education curriculum should add lifeskills emphasized self risk assessment, negotiation skills, problem solving etc. which can be applied in daily life. This curriculum should be one of the indicator to reinforce educational institutes to contain it in their curriculum.
4. Encourage creating of quality environment namely; sport, culture to support spending leisure time among youth in a creative manner.
5. Encourage creating of self esteem among youth by providing an opportunity to take care of disadvantage people such as disabled, orphan, elderly people and PWHAs.
6. Strengthen capacity building of youth leader by applying the related theories and evidence based.
7. Monitoring and evaluating should be empowerment evaluation oriented to create sustainable implementation.

Technical suggestion and policy for HIV prevention among school-based youth

1. Encourage the coordination of youth leaders and networks to launch consecutive HIV prevention activities.
 2. Submit proposal to request funding support from the local administration organizations.
 3. Broadening communication channel among youth, community leaders and government officers to create better coordination.
 4. Promote the collaboration between NGOs and Local Administration Organizations.
 5. Construct the mechanism for strengthening community youth capacity in arranging HIV prevention programs.
 6. Create communication channel for referral and coordination between GOs and NGOs.
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