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2.2 ICT and HIV/AIDS Preventive Education in the Cross-borders Areas of the Greater Mekong Sub-region

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Established in 1966, the SEAMEO TROPMED Network operates as a regional cooperation network for education, training and research in tropical medicine and public health through three regional centres in Malaysia, the Philippines and Thailand. The network's overall role is to promote health and to prevent and control tropical diseases and public health problems. It also serves to facilitate the strengthening of national and institutional capabilities in research and training through postgraduate programmes, workshops, and information dissemination.

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I. Abstract

The use of ICT in HIV/AIDS preventive education can promote fundamental improvements in teaching and learning. At present, the use of ICT for HIV/AIDS preventive education is not fully maximized in Greater Mekong Sub-region (GMS) countries. Realizing the potential of ICT, the project was conceived to address the two most pressing issues in the implementation of preventive education.

This technical assistance had two development goals: to reduce the incidence of HIV/AIDS infection among vulnerable age groups, poor and marginalized population groups; and to expand the use of ICT and other multimedia technologies in HIV/AIDS preventive education.

The objectives were to develop ICT learning materials for HIV/AIDS preventive education in local languages; to build the capacities of teachers, health workers, multimedia providers, and other stakeholders in HIV/AIDS preventive education; and to expand the use of ICT in HIV/AIDS preventive education.

The project focused primarily on teachers and in-school youth, and addressed indirectly the communities where selected schools were located. It was implemented in nine border areas between five participating countries: Cambodia; Lao PDR; Thailand; Vietnam; and Yunnan province in China.

A total of 36 lower secondary schools, two schools each side of the border, were included. The endeavour incorporated: (i) a situational analysis of the sites and schools; (ii) the training of national trainers in a regional centre for the enhancement of their skills on instructional design development, use of ICT tools (word processing, presentations, spread sheets, video) and hands-on production of prototype ICT-based materials; (iii) the provision of basic ICT

equipment to five national teams and 36 schools; (iv) the training of classroom teachers implementing preventive education on the use of ICT and development of learner-generated materials at the school level; (v) materials development; (vi) the delivery of ICT enhanced preventive education in the school setting; (vii) community preventive education; (viii) the development of a database for the SEAMEO component; and (ix) monitoring.

The output and outcomes were:

- The creation of one regional and five national training curricula and a manual on the local language for use in ICT in preventive education;
- 10 national trainers' ICT capabilities were strengthened;
- 614 classroom teachers were trained in the use of ICT (which is much higher than the targeted number of 200), 57.82 per cent of whom are females;
- ICT-based materials developed by trainers and teachers included about 650 computer generated print materials - such as flyers, brochures, newsletters, posters and pop-up materials, 207 PowerPoint presentations, 15 videos in the local language, 79 interactive games, eight VCDs of folk songs, and six radio scripts for local communities;
- 26,679 students were reached by ICT enhanced preventive education, of whom 46.79 per cent were females;
- an estimated 100,000 community members were reached by community preventive education activities in the border areas;
- the ICT capabilities of 36 schools and five national teams were strengthened; and
- A web-based project database was developed.

II. Project Description

1. How does the project link to the needs of the region?

The GMS region is home to more than two million reported cases of HIV. New infection cases are increasingly found among women who also bear the responsibility of caring for those living with HIV/AIDS. A UNAIDS/UNICEF/WHO 2004 report revealed that a total of 10 million young adults, aged 15-24 years, were living with HIV at the year-end of 2003 - 20 per cent of whom were in Asia. Several factors that increase youth vulnerability to HIV infection include a lack of HIV information, a lack of education and services, adolescent experimentation and curiosity, and coerced sexual relationships and gender inequalities. One of the conditions that facilitates the spread of infection in GMS countries is porous and active borders. These borders provide easy access to non-traditional drug use, including intravenous drug use, and engagement in the sex industry. There is still no cure for AIDS and vaccines are still

being developed. Thus, the success in reducing the spread of the virus depends on changing behaviour and addressing the environmental and socio-economic factors that increase vulnerability to the disease.

The school-based preventive education programme plays a major role in prevention activities, especially for the youth. It can reach large numbers of young people long before they become sexually active. The use of the skills-based approach in preventive education enhances the development of life skills that enable the youth to make healthy decisions to protect them from HIV/AIDS and also improve their educational and economic opportunities. In all of the participating countries, policies/enabling statements of the respective ministries of education are in place to support the implementation of preventive education for HIV/AIDS in the school setting. The implementation of preventive education in the school setting is undertaken through curricular and co-curricular activities. However, the coverage, and scope of implementation varies from country to country. Moreover, there are several issues and concerns that affect effectiveness and efficiency. Two of these concerns underscored during the fact-finding workshop were the appropriateness of teaching/learning materials and teaching methodologies.

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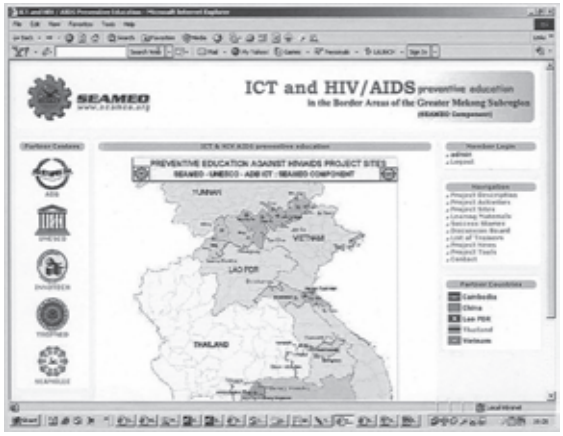
A Vietnamese teacher uses the teaching material developed from the workshop with Vietnamese students

2. How does SEAMEO TROPMED Network address this need?

In consideration of the epidemiological scenario of HIV/AIDS in the region, as well as the status of preventive education in most member countries, the SEAMEO Regional Tropical Medicine and Public Health Network (SEAMEO TROPMED Network) spearheaded the development of a regional proposal which was submitted to, and approved by the Asian Development Bank for funding.

A Project Management Unit (PMU) was based at the SEAMEO Secretariat Office. A Technical Coordinating Unit to support the PMU and to provide a leadership role was based at the SEAMEO TROPMED Network under leadership of the secretary-general of the network. SEAMEO Regional Centre for Educational Innovation and Technology (SEAMEO INNOTECH) and SEAMEO Regional Open Learning Centre (SEAMEO SEAMOLEC) were also involved.

At the country level, national teams/steering committees composed of representatives from ministries of education and health, and multi-sectoral AIDS committees were organized. The national teams were led by high ranking officials of ministries of education, health and other relevant organizations, such as national AIDS authorities.



A web-based project database

Members of national teams included the Permanent Secretary of Thailand, the Secretary-General from Cambodia, the Director-General from Lao PDR, and Directors from Vietnam and China's Yunnan province. The functions of these national bodies were: (i) policy and decision-making; (ii) coordination of country activities; (iii) provision of technical support; and (iv) monitoring and evaluation.

The actual delivery of ICT-enhanced preventive education was the responsibility of classroom teachers at the selected schools involved in preventive education, with school officials providing support. These classroom teachers were the ones currently implementing preventive education through curricular and/or co-curricular activities.

Regular sharing of experiences and project progress reports were provided, both at national and regional levels.

III. Significant Impacts

In essence the project was able to show how the use of ICT could enhance preventive education in schools, thereby allowing the objectives of preventive education to be met. The output and outcomes enumerated above all contributed to a more effective implementation of preventive education in schools. These schools' experiences provided valuable input to the strengthening of the national preventive education programme.

The specific benefits gained were:

- establishment of a culture of ICT among the 36 schools, thereby contributing to the reduction of the ICT divide;
- higher morale and satisfaction of teachers delivering the preventive education programme;
- increased interest and participation of students;

- the sharing of materials, distributed to neighbouring schools in the project area;
- strengthened partnerships between health and education sectors at different levels;
- upgraded local capacity for decentralized responses to emerging issues in communities;
- increased acceptance of preventive education by parents, community leaders and members;
- new cross-border activities and bilateral cooperation between countries;
- reaching poor marginalized populations along border areas; and
- reaching girls and women in schools and communities, and addressing their needs to reduce their vulnerability to HIV.

IV. Success Factors

There were several factors present in all stages of the project - from planning to evaluation - that helped achieve the objectives. These success factors included:

- The project's relevance to the region. The project's objectives were consistent with the five governments' development strategies and national health and education policies. It addressed a key constraint to the region's development, i.e. the HIV/AIDS problem that affects the poor sector of the population, especially women and children, and youth in rural/border areas.
- Involvement of countries starting from the planning phase, situational analysis, selection of sites and other activities of the project contributed to a higher level of acceptance, ownership of the projects by the countries, as well as provision of support by the implementers.
- Involvement of the education and health ministries. The project served as a platform for a better working relationship between these two ministries at the country level.
- Involvement of the local administrators at the implementation sites allowed for the establishment of an enabling political environment.
- Creation of steering committees who made country level decisions based on actual conditions in the respective countries. There were several aspects and activities in the project implementation that were country specific which contributed to a more efficient and effective implementation.
- The regular regional sharing activities that served to monitor the progress and implementation of the projects. These served as opportunities to provide timely solutions to barriers and problems encountered during the implementation.

V. Lessons Learned and Potential for Project Expansion

The lessons learned proved that the strategy/approaches utilized can be applied at the national level. Below are some prominent lessons.

- The inclusion of human resource development in any project is always relevant and beneficial. The benefits of improved human resources are seen to extend beyond the life of the project.
- Securing the higher commitment of school officials and community leaders and members, within the project and the school programme, through their involvement in all aspects and decision-making will result to a higher level of support, administrative, technical and material support to a certain extent.
- The use of ICT as a tool in the delivery of HIV/AIDS preventive education has significantly improved delivery of the programme, increased morale, and the satisfaction of teachers, as well as the improved participation of students. The use of the technology can be maximized if the approach can be institutionalized in the delivery of other preventive education programmes, as well as the other courses/subjects in the curriculum when appropriate. The technology can also be utilized in enriching non-formal and community education for adult literacy. Non-formal and adult literacy programmes require a more learner centred vis-a-vis teacher centred approach, which can be provided through the use of ICT and ICT-based teaching/learning materials.
- The importance of the sharing of experiences among the partner countries in the regional forum cannot be overemphasized. This becomes more relevant because of the cross-border dynamics that occur in the project sites. The sharing should not only be done among national teams, but equally important is the sharing and collaborative activities of classroom teachers across borders who are directly responsible for the delivery of preventive education. The joint training of teachers from schools along the Thai and Laos' borders was finalized after discussions with classroom teachers. The joint training resulted in the validation of related HIV/AIDS issues and concerns that were incorporated as topics for the development of additional materials.
- Students serve as important resources in the development of materials. The project was able to prove that students once motivated can participate actively in the development of more appropriate and acceptable materials for HIV/AIDS.
- Experience in developmental initiatives points to the importance of providing assistance and policy guidance over the long term.