

BODHI Project Proposal Form

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Please add as many extra pages to each item as you want

1. Project Site (including name of villages, etc):

Northern Thailand (Muang District, Chiang Mai Province, and Muang District, Lamphun Province)

2. Project Title:

Comprehensive Sexual and Reproductive Health Program for Underprivileged Young People in Northern Thailand

3. Beginning and end date of proposal

January 2012 to December 2012 (12 months)

4. Aims and objectives of the Project

The aim of the project is to provide holistic and comprehensive sexual and reproductive health services to underprivileged young people (aged 24 years old and lower).

The objectives of the project are to provide sex education, counseling and basic sexual and reproductive health services (i.e. physical examination, screening for HIV and other sexual transmitted infections (STIs), primary medical treatment for STIs, family planning materials including condoms and contraceptive pills).

Such a program will function effectively in promoting sexual and reproductive health as well as preventing illnesses or other negative consequences of sexual risk behaviors among this group. The services will be based on adolescent-friendly atmosphere and will employ psycho-social and medical basis aiming to ensure the better and sustainable service for them. Moreover, the program will examine the change in young people's perceptions and attitudes regarding sexuality, with respect to gender sensitivity, and their sexual practices.

5. Background of the need for the project, including target population and expected coverage of that population

Young people in Thailand is currently facing sexual and reproductive health crisis as UNAIDS and UNICEF (2010) reported that young people, aged 15-24 years old, have become one of the major risk groups for HIV and other STIs. In addition, Ministry of Social Development and Human Security, Thailand, has recently reported in Bangkok Post (2011) that about 7% of Thai women aged 15-19 years old already has children. The recent data also indicated that the rates of teenage pregnancy and unplanned pregnancy are seriously elevated in Thailand. As a consequence, rates of abortion and serious post-abortion complications increase, whereas the real magnitude of this problem is certainly underestimated since abortion in Thailand is an illegal operation.

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For fear of HIV infections, sexual experience of young Thai men has shifted from experimentation with commercial sex workers to sexual relationship with their friends. Among young Thai women, under the influence of modernization, they have become more individualistic and liberal when compared to those in the past. Their sense of liberation embraces all areas of life, including sexual socialization. Young people are becoming sexually active at an earlier age and many are not using protection (UNICEF, 2011). Overwhelming evidence shows that sexual activities among these young people are usually unprotected sex that is likely to bring about negative consequences, although they still characterized their sexual acts as natural, spontaneous, unintentional, and uncontrollable. This practice does not guarantee the decrease in transmission rates of HIV or other STIs since their sexual activities usually occur in the context of casual, sporadic, and short-term relationships. Early initiation of sexual intercourse and frequent unprotected sexual activity, resulting from curiosity and changing ideas about sexual values, bring about potential risks for a range of poor sexual and reproductive health outcomes. They also impact negatively on young people's quality of life and opportunities to develop to their full potential (UNICEF, 2011).

Since the urgent needs to cope with this crisis among young people are recently brought into light in Thailand, Thai government has currently developed sexual and reproductive health promotion programs for Thai youth, including Friends' Conner, Youth and People living with HIV Friendly Services (YPFS), and Youth Counseling Programs (Ministry of Public Health, 2010). Still, the existing programs are not well-covered in Thailand. Most of the programs focus on in-school adolescents, given their easy access and implementation of the programs. Many other young people can still hardly access to the information and services provided, especially those who are out-of school. Those underprivileged young people are vulnerable and have less access to the services and supports. The UNICEF also reported in 2009 that many underprivileged young people, including ethnic minorities, migrants, street children and the very poor in Thailand are still denied regarding their basic rights to survival, education and health care.

In Northern Thailand, many underprivileged young people come to Chiang Mai, the biggest city in the north, as a destination where they seek for a better life. Some others come to Lamphun, a neighboring city, 30 kilometers away from Chiang Mai, to work in the industrial estate of Northern Thailand. Those young people are mostly school dropout or uneducated. Their chance to access to information regarding reproductive and sexual health care and services is rare. While these young people are fragile and many have sexual health risks, the health services providing to them are still very limit.

Although the real number of this disadvantaged population in Chiang Mai and Lamphun areas is hard to identify, it is estimated that the number is way over a thousand (Ministry of Public Health, 2010). The project hopes to provide the services (including sex education, counseling or basic health care) to at least 150 young people in the first year of our program.

Reference:

Bangkok Post, (2011) Published 14 Feb 2011. Retrieved from:

<http://www.bangkokpost.com/news/local/221522/thailand-has-second-highest-teen-pregnancy>. 9 Nov 2011.

Ministry of Public Health, (2010) Central HIV/AIDS Strategic Coordination (CASC) Report, Nontaburi (in Thai).

UNAIDS and UNICEF, (2010) '[Children and AIDS: Fifth Stocktaking Report](#)' Retrieved from: <http://www.avert.org/aids-young-people.htm>. 10 Nov 2011.

UNICEF, (2011) Retrieved from: http://www.unicef.org/thailand/hiv_aids.html. 10 Nov 2011.

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6. Detailed description of the project, such as how many days and for how long the clinic will be open

CSRH Program office will be located at the Research Institute for Health Science (RIHES), Chiang Mai University, Thailand. The project will cooperate with Faculty of Medicine of Chiang Mai University, Chiang Mai Provincial Health Office of Ministry of Public Health, and Raks Thai Foundation (non-government organization) to run its work. Chiang Mai Provincial Health Office and Raks Thai Foundation are currently running the program 'Youth and People Living with HIV/AIDS Friendly Service' (YPFS), providing services to the youth in Chiang Mai and Lamphun areas. As stated earlier, this program is still small and in an early stage of development. Also, it focuses more on young people in a formal education system, where most of underprivileged young people are out of their reach. Therefore, the CSRH program will be operated to bridge this gap, by having the allied resource persons (i.e. medical doctor, nurse, counselor and social worker) in Chiang Mai and Lamphun to contribute their expertise to help those marginalized, out-of-school and other neglected young people.

Two clinics will be located at Raks Thai Open Houses (one in Chiang Mai and another in Lamphun). The Houses normally open to meet young people 7 days a week all year. In the first year of the CSRH project to serve disadvantaged young people, the program staff (field workers) will introduce the project to this group at their work places and/or any public places where the staff can meet the target group (i.e. public gardens, playing fields, game shops, places where various festivals in Chiang Mai and Lamphun are conducted). The staff will invite the target group to come to Raks Thai Open Houses. They can come to the clinics in Chiang Mai or Lamphun, depending on their preference and location of living/working. The Houses will be used to provide services to them.

7. Other project information you consider to be relevant, including specific activities & measures/indicators of the number of activities

Raks Thai Open Houses normally open every day for any young people who can come to freely discuss sexual and reproductive issues of concern to them. For this CSRH Program, we will focus more on out-of-school and ethnic-minority young people. The project will provide basic sexual and reproductive health services, individual counseling and informal group education sessions concerning sexual and reproductive health care in the contemporary context. There will be a physician or nurse practitioner come to give services to this group once a week (at either one of the two clinics), or as appointed (approximately 4 days per month overall, or 2 days per month in each clinic). Individual counseling (8 days per month) and informal group education sessions (2 sessions per month) will also be provided by the experts.

The participation of young people in this program will be on their voluntary basis, and young people in this group are viewed as the center of the program. They will be invited to take part in the activities and project evaluation. Any services provided will be derived from young people's needs, in which their community will also be associated.

Measures/indicators of the number of activities will be explained in item 9.

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8. Details of people & staff involved, their qualifications & other information, including BODHI's contact person and the project director's CV

Project director and BODHI's contact person (CV as attached)

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9. How will the project be evaluated (we will send a Project Evaluation Form at the appropriate time)?

The implementation of the program will be monitored in terms of process and outcome evaluations which will be launched from the beginning to the end of the program. Process evaluation will be a significant input for program modification and improvement to appropriately serve specific needs of our target population, where outcome evaluation will provide whether the objectives of CSRH Program are met.

In terms of *process monitoring and evaluation*, participation of young people, and relevant health providers and NGOs staff will be encouraged. This participatory evaluation will facilitate the identification of needs and priorities of target population by taking their lives context into consideration. Data to the program monitoring will be collected by various methods (i.e. questionnaire survey, observation, informal listening session, client interview, staff meeting, and documentary log). The purpose of these activities will aim at assessing how well the services are performed and whether the project serves the needs of the target group. The indicators to be measured during this phase will be, for example, numbers of clients, clients' acceptance and satisfaction of the services, follow-up rates, and clients' degree of participation in giving feedbacks for improving the services. Activities gearing toward process monitoring and evaluation will be done throughout the period of services provided.

For *outcome evaluation*, the indicators will be, for example, youths' attitudes toward condoms and other contraceptive materials, perceptions regarding to sexuality with respect to gender sensitivity and safe sex practice, and rates of STIs and unplanned pregnancy among our target population. Data obtained from the questionnaires, health records, and service statistics will be used for analysis.

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10. Budget (Please be very specific, and use an extra page if necessary):

The program team members anticipate that the project will be self-sustaining with two years. However, the team will initially request funding from BODHI in **Year 1** first. After sending a report at the end of year 1 to show our progress, the team will consult with BODHI again on the plan to conduct the activities in year 2, and also ask for another funding support from BODHI and/or other funders.

The budget is justified in USD.

Particulars	Funds requested from BODHI
Work compensation	
- Physician or Nurse practitioner (4 days/month)	600
- Counselor (8 days/month)	600
- Sex education staff (2 sessions/month)	400
- Project manager (12 months)	400
- Field work staff (12 months)	600
- Adolescent involvement (12 months)	600
Sub-total	3,200
Materials and Supplies	
- Screening kit (i.e. pregnancy test, STI/HIV screening test)	1,000
- Medical supplies (i.e. medicines, family planning materials, condoms)	2,000
- Supplies for project's activities	1,200
- Office supplies	400
Sub-total	4,600
Traveling and Meeting	
- Transportation of project staff members (12 months)	1,000
- Monthly staff meeting	400
Sub-total	1,400
Miscellaneous	
- Communication (telephone, fax)	400
- Photocopy/printing	400
Sub-total	800
Total (USD)	10,000

11. How long do you require funding from BODHI?

One year.

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Photos:

(Previous activities with young people, and local health care and NGO staff)



Talking with young people at Raks Thai Open House

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Training workshops with Chiang Mai adolescents

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Going out night with young people and providing sex education

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Regular meetings with local health care staff