

**IDENTIFICATION AND ASSESSMENT OF  
OPPORTUNITIES AND CONSTRAINTS  
FOR SCALING UP PLH IN THE PUBLIC  
HEALTH SYSTEMS ENVIRONMENT**

**NAN MWE NOHN**

**MASTER OF ARTS  
IN PUBLIC POLICY**

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**CHIANG MAI UNIVERSITY**

**MAY 2024**

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**AN INDEPENDENT STUDY SUBMITTED TO CHIANG MAI UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF MASTER OF ARTS  
IN PUBLIC POLICY**

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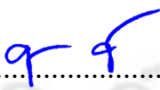
THIS INDEPENDENT STUDY HAS BEEN APPROVED TO BE A PARTIAL  
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MASTER OF ARTS  
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Nan Mwe Nohn

หัวข้อการค้นคว้าอิสระ	การระบุและการประเมินโอกาสและข้อจำกัดต่อการขยายการใช้แนวคิดการเลี้ยงดูเด็กเพื่อให้มีสุขภาพดีตลอดชีวิตในระบบสาธารณสุข
ผู้เขียน	นางสาว หมวยนวล
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### บทคัดย่อ

งานวิจัยนี้ศึกษาโอกาสและความท้าทายในการขยายโครงการการเลี้ยงดูบุตรเพื่อสุขภาพตลอดชีวิตสำหรับเด็กเล็ก (PLH-YC) ภายในระบบสาธารณสุขของประเทศไทย โครงการ PLH-YC มีเป้าหมายเพื่อป้องกันความรุนแรงต่อเด็ก และส่งเสริมการเลี้ยงดูบุตรเชิงบวก ได้รับการทดสอบครั้งแรกในจังหวัดอุดรธานีในปี 2561 การศึกษานี้ เก็บข้อมูลโดยการสัมภาษณ์กึ่งโครงสร้างกับผู้มีส่วนได้ส่วนเสียหลัก รวมถึงผู้กำหนดนโยบาย เจ้าหน้าที่กระทรวง และนักการศึกษา และการวิเคราะห์แหล่งข้อมูลทุติยภูมิ เช่น เอกสารและข้อมูลเว็บไซต์ที่เกี่ยวข้อง การวิเคราะห์ข้อมูลดำเนินการโดยใช้ MAXQDA โดยมีการถอดเทปและวิเคราะห์บทสัมภาษณ์ตามหัวข้อเพื่อระบุรูปแบบและข้อมูลเชิงลึกที่สำคัญ การศึกษาพบโอกาสที่สำคัญ เช่น การสนับสนุนด้านกฎหมายที่แข็งแกร่ง การมีส่วนร่วมขององค์กรระหว่างประเทศที่อาจเกิดขึ้น และการมีส่วนร่วมของภาคส่วนต่างๆ ที่เข้มแข็ง ในเวลาเดียวกัน ความท้าทายต่างๆ เช่น การขาดนโยบายระดับชาติที่สอดคล้องกัน ความเป็นผู้นำที่จำกัด และการดำเนินการที่ต้องใช้ทรัพยากรจำนวนมากยังคงมีอยู่ ข้อเสนอแนะสำหรับการขยายโครงการ ได้แก่ การสร้างความร่วมมือเชิงกลยุทธ์ การได้รับการสนับสนุนจากรัฐบาล การใช้ประโยชน์จากโครงสร้างพื้นฐานด้านสุขภาพที่มีอยู่ และการเพิ่มความตระหนักรู้ของสาธารณะ การวิจัยเน้นย้ำถึงความจำเป็นในการใช้แนวทางที่ครอบคลุมและหลากหลายภาคส่วนเพื่อขยายโครงการ PLH-YC อย่างมีประสิทธิภาพ ซึ่งท้ายที่สุดจะเป็นประโยชน์ต่อสวัสดิภาพเด็กทั่วประเทศไทย

**คำสำคัญ** คำสำคัญ: โอกาสและความท้าทายในการขยายขนาด PLH-YC ในประเทศไทย

**Independent Study Title** Identification and Assessment of Opportunities and Constraints for Scaling Up PLH in the Public Health Systems Environment

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**Degree** Master of Arts (Public Policy)

**Advisor** Asst. Prof. Dr. Ora-orn Poocharoen

## **ABSTRACT**

This research examines the opportunities and challenges of expanding the Parenting for Lifelong Health for Young Children (PLH-YC) program within Thailand's public health system. The PLH-YC program aims to prevent violence against children and promote positive parenting. It was first tested in Udon Thani Province in 2018. The study involved conducting semi-structured interviews with key stakeholders, including policymakers, ministry officials, and educators, and analyzing secondary sources such as relevant documents and website information. Data analysis was conducted using MAXQDA, where interviews were transcribed, coded, and thematically analyzed to identify key patterns and insights. The study found significant opportunities, such as robust legislative support, potential involvement of international organizations, and strong community engagement. At the same time, challenges like the lack of a coherent national policy, limited leadership, and resource-intensive implementation persist. Recommendations for expansion include forming strategic partnerships, securing government support, leveraging existing health infrastructure, and increasing public awareness. The research emphasizes the need for a comprehensive, multi-sectoral approach to effectively expand the PLH-YC program, ultimately benefiting child welfare across Thailand.

**Keywords:** Opportunities and Challenges to Scale up PLH-YC in Thailand

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# CHAPTER 1

## Introduction

### **1.1 Why it is crucial to scale up the Positive for Lifelong Health for Young Children (PLH-YC) Program in Thailand: Addressing Child Abuse and Improving Parenting Practices**

Violence against children (VAC) is a critical global public health issue with significant long-term consequences. Despite legal frameworks, such as Thailand's Child Protection Act of 2003, many children in Thailand continue to face various forms of abuse, with 57.6% experiencing sexual, physical, or psychological abuse (UNICEF, 2019). This ongoing issue underscores the urgent need for effective prevention and intervention strategies.

One notable initiative addressing this issue is the Positive Parenting for Life-Long Health for Young Children (PLH-YC) program in Thailand, conducted by the Peace Culture Foundation (PCF). This evidence-based program offers support to parents and caregivers of children aged 2 to 9 years, incorporating principles of positive psychology. Since its launch in 2018, PCF has successfully implemented the PLH-YC program in Udon Thani Province, demonstrating significant positive impacts, including reductions in harsh parenting and child behavior problems. This makes PLH-YC a vital component in the broader effort to enhance child protection and promote positive parenting in Thailand.

Scaling up the PLH-YC program is crucial for several reasons. Firstly, it addresses the widespread issue of child abuse by providing a structured and evidence-based framework for positive parenting. Secondly, the program's success in the pilot phase indicates its potential for broader application, which can lead to significant improvements in child welfare across the country. Finally, scaling up PLH-YC aligns

with global health priorities and the Sustainable Development Goals, particularly those related to health, education, and the well-being of children (Sanders et al., 2022).

Positive psychology research has shown its significant impact on improving overall well-being, while various forms of violence, including physical, verbal, and emotional, have been found to have a detrimental effect on the long-term health of individuals, families, and communities. Numerous international organizations, such as the World Health Organization (WHO), academic institutions like the University of Oxford, and various civil society organizations, have actively undertaken initiatives to eradicate violence against children.

This study seeks to conduct a comprehensive exploration of the opportunities and barriers associated with scaling up the PLH-YC program to prevent violence against children in Thailand. Specifically, the study aims to address two critical research questions: 1) What opportunities exist for scaling up PLH-YC in Thailand? and 2) What are the barriers or challenges to scaling up PLH-YC in Thailand? To address these questions, the study will gather primary data through interviews with key stakeholders involved in the program. Additionally, it will utilize secondary data gathered from meetings with PCF and review and collect relevant documents from secondary sources, including pertinent websites, and gray reports from international organizations (e.g., websites and reports from PCF, Global Parenting Initiative, WHO, UNICEF, and others).

The target audience for this comprehensive report includes the Peace Culture Foundation (PCF), the Thai Ministry of Public Health (MOPH), UNICEF Thailand, and other child protection and health stakeholders. These organizations are involved in the implementation, funding, and policy advocacy for the PLH-YC program. Their support and collaboration are critical for scaling up the program and ensuring its sustainability.

The study will have a detailed structure, including an introduction to the topic, background information, insights and strategies for scaling up PLH-YC, a diverse range of sources of information, a thorough analysis of the Thai context, highlighting both opportunities and challenges and detailed recommended pathways for scaling up the program.

## **CHAPTER 2**

### **Background Information of the Context**

#### **2.1 Principles and Rationale for Research**

Violence against children (VAC) is a significant global public health issue with severe and costly consequences. A recent global systematic review found that over 1 billion children aged 2 to 17 experience some form of violence each year (Hillis et al., 2016). Children are at risk of violence and abuse, with higher rates expected in low- and middle-income countries (Stoltenborgh et al., 2013; Hillis et al., 2016; Alampay et al., 2018). In Africa and Asia, most children have experienced physical and psychological abuse (Niu, Liu and Wang, 2018; Hillis et al., 2016). This abuse includes corporal punishment such as beating with an object, kicking, punching, slapping, yelling, head knocking, biting, and forcing children to do strenuous exercises or painful positions (Manzoni and Schwarzenegger, 2019). Child maltreatment can take various forms, including physical abuse, sexual abuse, emotional abuse, and exploitation (Fry, McCoy, and Swales, 2012). The consequences of such abuse are immediate and can have serious effects throughout the victims' lives, including increased risk of self-harm, suicide ideation and attempts, aggressive and anti-social behaviors, substance abuse, low self-esteem, depression, anxiety, early sexual activity, multiple sex partners, intimate partner violence, violence perpetration, heart disease, cancer, and respiratory disease (Hughes et al., 2017; Ramiro et al., 2010; Belsky and De Haan, 2011; Shonkoff and Fisher, 2013; Dunne et al., 2015).

In Thailand, the number of children exposed to violence and in need of help has been increasing almost every year. In Thailand, 57.6% of children experience sexual, physical, or psychological abuse (UNICEF, 2019). This is despite Thailand's implementation of the Child Protection Act of 2003, which primarily provides the legal foundation for responding to cases of child abuse and neglect (Articles 4, 25,

and 26). Unfortunately, the law does not prioritize child maltreatment prevention, and many parents and caregivers in Thailand are unaware of this law. About 52.8% of mothers/caregivers in the country believe that a child needs to be physically punished (UNICEF, 2019). Physical punishment, such as spanking and beating, is still considered a common method of child discipline. Although it is prohibited in schools, corporal punishment still occurs (Watakakosol et al., 2019).

## **2.2 Background Information of Parenting for Lifelong Health for Young Children**

The Parenting for Lifelong Health for Young Children (PLH-YC) program was established in 2012 through a collaborative effort involving the World Health Organization, Stellenbosch University, the University of Cape Town, the universities of Oxford, Bangor, and Reading, and UNICEF. This collaboration aims to support the relationships between parents, caregivers, and children aged 2-9 years, with the primary objectives being to prevent and reduce violence and maltreatment, enhance parenting skills and behaviors, promote non-violent discipline methods, and address disruptive child behaviors. Additionally, the program aims to reduce parental stress and mental health issues through effective parenting practices and stress management techniques. These objectives aim to create an evidence-based intervention to address violence against children and improve children's well-being in low- and middle-income countries (WHO, n.d.; Peace Culture Foundation, n.d.).

### **2.2.1 Program Delivery**

The PLH-YC program utilizes both 8- and 12-session models designed to improve parenting skills and reduce violence against children. These sessions are conducted in group settings and involve participatory methods such as group discussions, role-plays, illustrated stories, and home assignments. The program aims to foster positive parent-child relationships and teach non-violent discipline techniques. The 8-session version, tested in various contexts, has shown effectiveness in reducing child maltreatment and improving positive parenting behaviors. The 12-session version offers a more comprehensive approach, ensuring

sustained engagement and deeper behavioral change among participants (WHO, n.d.; Global Parenting Initiative, n.d.).

Therefore, PLH-YC is a group-based involvement delivered weekly by experienced facilitators to small groups of 12-15 parents. Each session includes mindfulness methods, illustrated stories to teach new parenting skills, role-playing exercises, at-home activities, and group discussions to solve issues. Facilitators provide comprehensive support through home visits, phone calls, and supportive texts. The program also ensures participation by offering childcare, transportation, and meals during the sessions. Furthermore, the program includes features such as an interactive chatbot messaging service called Parent-Chat, an online parenting support group program, and Parent-App, an app-based program for parents of teenagers (Peace Culture Foundation, 2023).

### **2.2.2 Initial Implementation and Adaptation**

The program was first initiated with low-income isiXhosa families in Cape Town, showing improved positive parenting strategies among participants. A larger follow-up study confirmed these benefits, highlighting reductions in harsh parenting and fewer child behavior problems, with positive effects lasting a year. PLH-YC was then adapted and tested in a randomized controlled trial in Metro Manila with low-income families, resulting in reduced child maltreatment and better parenting practices compared to a government program (WHO, n.d.).

### **2.2.3 Global and Local Applications**

Following its initial success, the PLH-YC program expanded to various countries, each adaptation tailored to local cultural and socio-economic contexts. The program has been implemented in the Czech Republic, the Democratic Republic of Congo, Kenya, Malawi, Moldova, the Philippines, Romania, South Africa, Thailand, and Uganda. These implementations have consistently shown positive outcomes, with studies revealing that preventing child maltreatment and violence early can result in long-term health, mental well-being, and social benefits (WHO, n.d.). Therefore, in

Thailand, the pilot project approach based on the Thai cultural context has also demonstrated significant positive effects on the well-being of children and families.

### **2.3. Background Information of PLH-YC Pilot Project in Thailand**

Dr. Amalee McCoy initiated this project in 2018 as part of her PhD thesis at the University of Oxford, under the supervision of Dr. Frances Gardner and Dr. Jamie Lachman. The project involves three evaluation stages to assess the viability of adapting the original 12-session PLH-YC program to the Thai context, particularly for low-income families. The stages include: 1) a formative evaluation involving decision-makers, service providers, and academics (April – Dec. 2018); 2) a feasibility pilot with parents or caregivers, and facilitators (Nov 2018 – April 2019); and 3) a randomized controlled trial (N=120) (May 2019 – Jan 2020). The results of the RCT, which studied the 60 parents that went through PLH-YC compared with the 60 parents with usual care, showed that the adapted 8-session version was effective in reducing abuse, harsh parenting, parent mental health problems, and child behavior problems. It is one of the first times a group-based parenting program has been tested in a public health system in a medium-income country

Based on the initial success of the project, a team was formed under the umbrella of the existing Peace Culture Foundation (PCF), an NGO based in Chiang Mai. PCF is now the primary organization leading the effort to expand the success, build partnerships, advocate for positive parenting, and scale up into the Public Health System of Thailand. In this report, the PLH-YC and its related activities (i.e., training facilitators, management of service delivery, etc.) will be referred to as ‘the program’. The PLH-YC program is designed to provide in-person, group-based support for caregivers of children aged 2 to 9.

Since 2018, PCF has collaborated with the Boromarajonani Nursing College in Udon Thani to incorporate PLH training into its courses. This includes training for nursing students and professionals, such as nurses, public health officers, psychologists, and medical social workers, to become PLH-YC facilitators. PCF also

supports the training of college lecturers to become facilitators, coaches, and trainers of PLH-YC. Facilitators undergo rigorous assessment for certification.

Additionally, PLH-YC has been integrated into the ChildShield System, led by Dr. Chanvit Tharathep of the Ministry of Public Health, to identify parents and caregivers who would benefit from the program. PCF uses the facilities of Health Promotion Hospitals to deliver the program. As of (February 6, 2024), the program has been implemented in several provinces of the Northeastern Administrative Region 8 of Thailand such as Udon Thani, Sakonnakorn, Nakorn Phanom, Buengkar, and Nong Khai. By 2023, the program trained 722 families, 220 facilitators, 19 coaches, and 10 trainers. In 2024, the program targets to train 840 families.

PCF is currently exploring digital modes of services called 'ParentChat' and 'ParentText' to reach a wider audience beyond families in need of these services. Additionally, PCF is focusing on the role of men in caregiving and is leading a community of practice for positive parenting. PCF is also working on developing courses with the Boromarajonani Nursing College to integrate positive parenting techniques into existing modules on developmental psychology and child & adolescent nursing. Lastly, PCF is in the process of establishing a new partnership with the Department of Mental Health, Ministry of Public Health (MOPH), to establish a Positive Parenting Promotion Center in Chiang Mai Province. This center will serve as a hub for capacity building in the Northern region and will offer evidence-based parenting programs.

Therefore, this report focuses solely on the opportunities and challenges of scaling up PLH-YC for the in-person program of 8 sessions and does not cover other PCF projects.

#### **2.4. Overview of the Thai Public Health System**

The public health system in Thailand is exceptionally well-structured, and every citizen receives complete healthcare coverage. The primary structure of the public health system is under the Ministry of Public Health (MOPH), which is responsible for implementing and regulating health policies nationwide. Thailand has achieved significant

advances in public health, particularly through the Universal Health Coverage (UHC) program. This initiative ensures that all residents can access vital health treatments without experiencing financial challenges (Tancharoensathien et al., 2018).

In terms of an institution the Thailand public health system framework, it is comprised of several key agencies with different levels from the local level to the national level. Firstly, the Ministry of Public Health (MOPH) serves as the primary government agency responsible for national health policy and initiatives. Next, the provincial Health Offices implement MOPH policies at the provincial level to ensure that regional healthcare needs are effectively addressed. In addition, the district health offices oversee and provide healthcare services for local health institutions. Lastly, primary healthcare units serve as community-based facilities that offer basic healthcare services with a strong emphasis on preventative care and health promotion (Jongudomsuk et al., 2015).

Thailand's Public Health Service (PHS) finances are principally funded by three major initiatives. The Universal Health Coverage (UHC) program, supported by general taxes, covers the majority of the population and provides access to a wide range of health services at a low cost. Social Health Insurance (SHI), which covers formal sector employees, is supported by payments from businesses, employees, and the government. Furthermore, the government-funded Public Servant Medical Benefit Scheme (CSMBS) provides coverage for public servants and their dependents (Tangcharoensathien et al., 2018). Together, these financial systems guarantee that healthcare is accessible and affordable to all of their citizens across the country.

#### **2.4.1 Thai Government Funding Sources for Child Protection and Parenting**

The Thai government provides support for child protection and parenting through various approaches. General taxation is the main source of revenue, with a portion allocated to the Ministry of Social Development and Human Security (MSDHS) to carry out policies and initiatives. The budget specifically backs the Child Protection Act of 2003 and the 5-Year National Plan, which includes funding for community services, caregiver training, and awareness programs (Ministry of



Public Health, Thailand, 2023). Additionally, the National Health Security Office (NHSO) manages funding for Universal Health Coverage (UHC), indirectly benefiting child health through healthcare services (NHSO, 2023). As a result, the MSDHS administers social welfare programs aimed at assisting families in need, alleviating financial strain, and creating safer environments for children (Ministry of Social Development and Human Security, 2023).

#### **2.4.2 International and Non-Governmental Support**

Moreover, international organizations like UNICEF and WHO provide critical technical and financial assistance to Thailand's child protection and parenting initiatives (UNICEF, 2023; WHO, 2023). Many non-governmental organizations (NGOs) in Thailand collaborate with the government to provide critical services, with funding from foreign donors and the corporate sector. Local governments and communities developed Community Health Funds to assist local child safety measures and parenting programs (UNICEF, 2023).

#### **2.4.3 Implementation and Operation of Funds**

Thailand's funding for parenting and child protection supports a range of initiatives and services, such as the 5-Year National Plan for Child Protection implementation, the creation of child protection centers, social worker training, and the creation of educational materials (Ministry of Social Development and Human Security, 2023). Furthermore, this funding supports essential programs offered by NGOs, government agencies, and community groups, such as counseling, healthcare, and legal aid (Ministry of Public Health, 2023). Although capacity-building programs provide support for child protection and parenting initiatives, monitoring and evaluation ensure successful program results and efficient use of resources (UNICEF, 2023; WHO, 2023).

#### **2.4.4 Stakeholders and Community Engagement**

Thailand's Ministry of Public Health (MOPH), National Health Service (NHS), and Social Security Office (SSO) are major entities in health care. A variety of facilities offer healthcare services, including clinics, primary care units, and both

commercial and governmental hospitals. Many health projects are supported by WHO, UNICEF, and other NGOs. Academic institutions support health policy and conduct research, while civil society organizations fight for the rights of people to health care (Jongudomsuk et al., 2015). Because more than a million village health volunteers (VHVs) work to promote health and prevent disease, community involvement is essential. Public engagement is made possible in health policy talks via Community Health Funds and the National Health Assembly (Rajan et al., 2019).

Overall, in Thailand, the Ministry of Public Health (MOPH) oversees a well-organized public health system that ensures universal access to healthcare for all residents through initiatives like Universal Health Coverage (UHC). This system includes national and community-based primary healthcare facilities, with multiple levels of administration focusing on health promotion and preventive treatment (Jongudomsuk et al., 2015; Tangcharoensathien et al., 2018). According to the Ministry of Social Development and Human Security (2023), accessibility and affordability are ensured through funding sources such as social health insurance, general taxation, and specific government grants. Additionally, NGOs and international organizations play a significant role in supporting parenting and child protection programs by providing both financial and technical assistance (UNICEF, 2023; WHO, 2023)

## **CHAPTER 3**

### **Literature Review**

#### **3.1 Concept and Theory**

There are evidence-based parenting support (EBPS) programs that can help reduce violence against children. However, these programs have not yet been widely integrated into public health and social welfare programs in most countries (Sanders et.al., 2022; Milton et al., 2013; Ward et al., 2016). Factors that hinder the scaling of interventions include limited financial resources, the complexity of interventions, lack of human resources, program fidelity, low demand due to a lack of awareness, and the absence of sustainable business models (Sanders et al, 2021). Moreover, many social intervention programs have not been expanded in low- and middle-income countries. This is because many standardized tools for scaling up public health interventions were designed in high-income countries and then implemented in LMICs without adequate field testing. Consequently, these tools have had varying degrees of success in different national contexts (Chang and Locke, 2016). Given the background problem mentioned above, to reduce violence and abuse against children, policymakers must develop effective strategies for expanding existing parenting programs to ensure they are accessible to all those in need.

According to WHO (2010), scaling up refers to deliberate efforts to increase the impact of tested health innovations to benefit more people and to promote lasting policy and program development. Other scholars have provided various definitions of scaling up. For example, Milat et al. (2013) defined scalability as “the ability of a health intervention proven to be effective on a small scale and/or under controlled conditions to be expanded under real-world conditions to reach a larger proportion of the eligible population while maintaining effectiveness”. Others view it as “deliberate efforts to increase the impact of health service innovations that have been successfully tested in pilot or experimental projects to benefit more people and promote lasting policy and program development (Simmons and Shiffman, 2007).

Moreover, Uvin, Jain, and Brown (2000) also identified four dimensions of scaling up: quantitative, functional, political, and organizational. Quantitative involves replicating and expanding the program in different locations, while functional scaling focuses on adding other activities to an intervention-based program. Political scaling up aims to collaborate with various governmental stakeholders to ensure and influence program expansion. Organizational scaling involves engaging other existing institutions, such as local or regional communities, to support program expansion and integration. These dimensions of scaling up are interconnected, meaning that we cannot rely solely on one dimension for scaling up. In other words, programs typically need to scale up politically and organizationally as they grow in quantity and functionality.

### **3.2 Conceptual Framework**

According to the definition of scaling up through the Edet report in 2023, scaling up refers to expanding interventions or programs to reach a broader population while maintaining effectiveness, efficiency, and quality of outcomes. It involves increasing the number of beneficiaries and ensuring sustainability and integration within public health and policy frameworks. The timeframes for scaling align with global movements.

#### **3.2.1 Importance of Scaling Up Positive Programs in Thailand**

The importance of scaling up the Parenting Lifelong for Health (PLH) program across Thailand is crucial to meet diverse regional demands (Edet, 2023). The program has successfully enhanced child welfare and parenting among low-income families in Udon Thani, making its expansion important for broader implementation across the country. The PLH-YC program, implemented in 2019 in collaboration with the University of Oxford, Thailand's Ministry of Public Health, and UNICEF, has proven to be an effective evidence-based pilot for positive parenting in Thailand. Establishing a Community of Practice is also essential for

sharing insights and best practices among stakeholders to enhance the program's effectiveness (Edet, 2023).

### **3.2.2 Overview of Established Scaling-Up Frameworks and Their Core Principles**

Edet's 2023 study emphasizes the importance of using systematic frameworks and methodical techniques to effectively scale up the PLH-YC program. These frameworks involve engaging stakeholders, ensuring sustainability and adaptation to the local environment, efficient resource allocation, and constant monitoring and evaluation. Core principles for scaling up include inclusivity, evidence-based decision-making, context-specific adaptations, collaboration, and accountability. These principles ensure effective, equitable, and well-supported interventions across different sectors and communities (Edet, 2023).

### **3.2.3 Key Frameworks and Strategic Approaches**

Edet (2023) highlights three key foundations for developing social interventions and the Diffusion of Innovation Model. The first foundation, the Scaling-up Management Framework, involves a three-step strategy: preparation, support mobilization, and implementation. The Marginal Budgeting for Bottlenecks (MBB) tool, developed by UNICEF, WHO, and the World Bank, helps identify and address healthcare system barriers by providing cost estimates and evaluating intervention impacts. The WHO and ExpandNet Framework offers nine strategic actions for effective and sustainable scaling up, including preparing for scalability and making strategic choices. Lastly, Rogers' Diffusion of Innovation Model explains how innovations spread through social systems, emphasizing factors like perceived benefits and simplicity (Edet, 2023).

### **3.2.4 Global Examples of Successful Scaling-Up Initiatives and the Strategies Applied**

Successful global scaling-up initiatives include the Strengthening Families Program (SFP), the Triple P Positive Parenting Program, and the Parenting for

Lifelong Health (PLH) program in the Philippines. The SFP improves family relationships and reduces problematic behaviors by focusing on protective factors and has been adapted to various cultural contexts. The Triple P Program supports parents in managing their children's behavior and promoting development, showing significant benefits across different settings and cultures. The PLH program in the Philippines integrates positive parenting into the national cash transfer system, reducing physical punishment and increasing positive parenting (Edet, 2023).

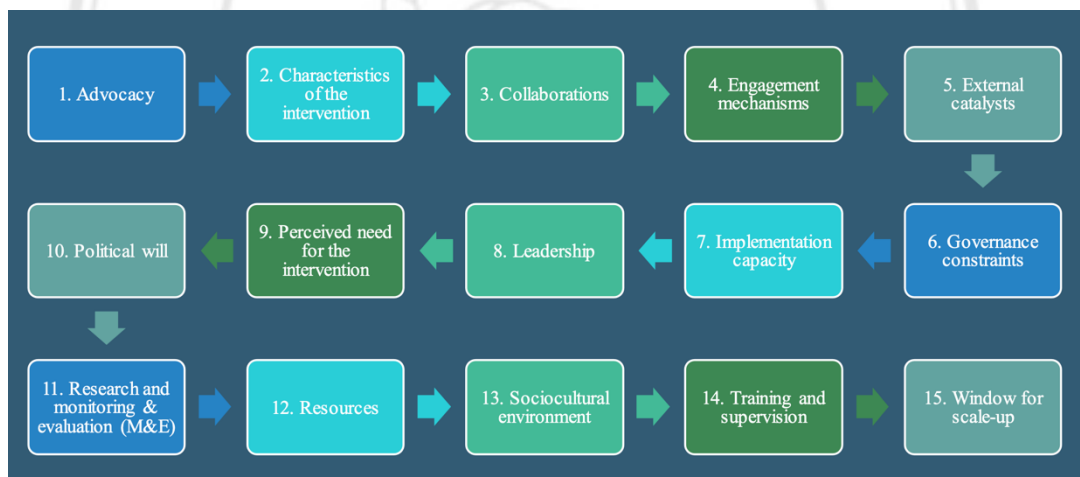
### **3.2.5 Key Challenges Faced in Scaling Up Programs Globally and Lessons Learned**

Scaling interventions is challenging due to the complexity of adapting them to different contexts. Edet (2023), emphasizes the importance of adopting a flexible, adaptive approach to scaling up, as advocated by complexity science. This approach involves continuous learning, strategic adjustments, and engaging a broad network of actors. Integrating interventions into the broader ecosystem of existing health practices and policies is essential for sustainability and impact. The role of intermediary organizations providing training, technical assistance, and ongoing support is also crucial. The report identifies key factors influencing the scaling up of PLH programs in Thailand, including advocacy, engagement mechanisms, intervention characteristics, implementation capacity, governance constraints, external factors, leadership, and the socio-cultural environment (Edet, 2023). Therefore, this study has investigated and focused on the factors that influence scaling up that will help guide the analysis of challenges and opportunities for scaling the PLH-YC program in Thailand, including the advocacy plan for the program

### **3.3 Conceptual Framework Analysis: (15) Factors Influence Scaling Up**

1. Advocacy
2. Characteristics of the intervention
3. Collaborations
4. Engagement mechanisms
5. External catalysts

6. Governance constraints
7. Implementation capacity
8. Leadership
9. Perceived need for the intervention
10. Political will
11. Research and monitoring & evaluation (M&E)
12. Resources
13. Sociocultural environment
14. Training and supervision
15. Window for scale-up



**Figure 1: Conceptual Framework Analysis: (15) Factors Influence Scaling Up**

Source: Adopted the figure by citing from the School of Public Policy

According to the concept of 15 factors, scaling up the Parenting for Lifelong Health for Young Children (PLH-YC) program in Thailand is a complex endeavor influenced by 15 factors. First, advocacy plays a critical role in prioritizing and raising awareness about the intervention, engaging stakeholders, mobilizing resources, and addressing system deficiencies. Next, the characteristics of the intervention itself, such as relevance, efficacy, observable benefits, acceptance,

simplicity, affordability, adaptability, and sustainability, significantly influence its scalability. Third, effective collaboration among community members, government entities, local charities, and private sector organizations helps align goals and streamline efforts (Edet, 2023).

Besides, addressing barriers through suitable engagement mechanisms ensures broader access and integration into daily life programs also needs to consider external catalysts such as natural disasters, economic instability, and civil unrest. These factors can impact the scaling-up process by providing essential support and creating an enabling environment. However, governance constraints such as limited funding, bureaucratic barriers, political instability, and inadequate coordination can pose significant challenges. In addition, the scale-up program has to consider the implementation capacity, which includes having adequate resources, skilled personnel, and support systems, which is crucial for maintaining program fidelity and delivery quality (Edet, 2023).

Furthermore, strong leadership provides clear direction and motivation, while the perceived need for intervention among stakeholders drives political will and support. Including the step of comprehensive research and monitoring and evaluation (M&E) systems provides valuable data for informed decision-making and necessary adjustments. The program must ensure secure resource availability, proper financial planning, and an understanding of the socio-cultural environment for effective implementation. Finally, seizing the right opportunities during the “Window for Scale-up,” considering factors like political necessity, available resources, stakeholder engagement, and organizational readiness, is critical for successful scaling.

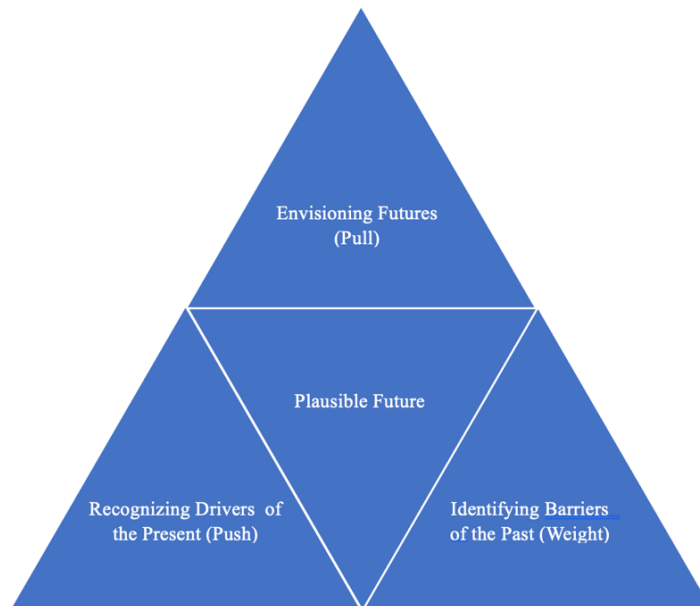
By addressing these interconnected factors, the PLH-YC program can navigate the complexities of scaling up in Thailand, leveraging opportunities, and overcoming challenges to achieve widespread impact (Edet, 2023).



### **3.4 The Futures Triangle Concept: An Analytical Framework for Policy Development**

Sohail Inayatullah's Futures Triangle is a robust strategic foresight tool that provides a framework to identify and analyze the factors that shape potential futures (Sitra, n.d). This tool explores the dynamics of change by examining three main dimensions: the pull of the future, the push of the present, and the weight of the past (Inayatullah, 2008). Consequently, the Futures Triangle concept is valuable in the application in the field of public policy development. Due to the policymakers can gain a deeper understanding of these forces, enabling them to navigate complex socio-political landscapes and anticipate both challenges and opportunities (DPMC, 2021).

The Futures Triangle comprises three main components. Firstly, the pull of the future represents aspirational visions, desired futures, and strategic goals that guide policy direction. These components are often outlined in policy agendas, strategic plans, and visionary leadership, and encompass beliefs, ideas, and aspirations for the future, including both desirable and undesirable outcomes. Next, the push of the present with an idea encompasses current trends, emerging issues, and immediate pressures that drive the need for change. These factors include technological advancements and demographic shifts to economic conditions and political dynamics. Finally, the weight of the past, this part consists of analysis based on the past historical legacies, deeply ingrained structures, cultural norms, and institutional inertia that resist change for the future. These elements can act as barriers to new policies and innovations, interrupt the new window opportunities, and represent limitations and obstacles from past commitments and worldviews (Inayatullah, 2008). The following figure illustrates the concept of the Future Triangle Diagram.



**Figure 2: The Futures Triangle Diagram**

**Source: Adapted the figure by citing from the Future Platform**

Note: This diagram consists of three sections: envisioning futures, recognizing current trends, and identifying past barriers. In the center is the “Plausible Future,” representing potential future outcomes.

The Futures Triangle concept offers several advantages when used in policy development. It helps identify and examine past barriers and current opportunities that need consideration during policy formulation (DPMC, 2021). This includes various socio-cultural aspects, issues of inequality, and the importance of gender sensitivity. By considering the influence of the future, policymakers can explore a wide range of potential futures, both desirable and undesirable, which helps create resilient and adaptable policies for different scenarios (Future Platform, n.d). Additionally, the Futures Triangle can be used as a collaborative tool, involving diverse stakeholders in collectively exploring the factors that shape the future. This fosters a shared understanding of challenges and opportunities and aligns actions toward a preferred future (Sitra, n.d). The insights gained from the Futures Triangle can also contribute to policy analysis and recommendations, enabling policymakers to make more informed and strategic decisions (Future Platform, n.d).

To expand the PLH-YC program in Thailand, it is essential to utilize the Futures Triangle framework. This involves identifying socio-cultural and

institutional barriers that may impede the program's growth, such as traditional parenting practices, existing child protection frameworks that may not fully support the new program, and institutional inertia that resists change. It is also important to analyze current trends and pressures driving the need for the PLH-YC program, including increasing awareness of child rights, rising reports of child abuse, and the urgent need for effective parenting interventions. Recognizing these factors helps in developing strategies that address immediate needs while anticipating future challenges.

Moreover, the opportunities for expanding the PLH-YC program can be identified by articulating a clear and compelling vision focused on improving child well-being, promoting positive parenting practices, and aligning with international child protection standards. This vision provides direction and motivation for stakeholders and can help garner support from various sectors, including government, non-governmental organizations, and the community. By using the Futures Triangle, policymakers can develop strategies that address barriers, leverage current trends, and align with a compelling vision for the future, thus facilitating the successful expansion of the PLH-YC program in Thailand.

All in all, the Futures Triangle is a valuable analytical tool for developing public policy. It provides a comprehensive view of how change happens by looking at historical influences, current trends, and future goals. Moreover, policymakers can use this tool to better understand complex policy issues and create flexible strategies. For example, in the case of the PLH-YC program in Thailand, the Futures Triangle can help identify challenges and opportunities, which can in turn support the program's successful growth and implementation.

## **CHAPTER 4**

### **Methodology**

#### **4.1 Approach and Sources of Information**

This research utilized a qualitative approach to gather insights from key stakeholders on the opportunities and barriers to scaling up the PLH-YC program in Thailand. Data were collected from primary sources, such as semi-structured interviews, and secondary sources, including relevant documents and website information. The aim was to conduct a thorough and insightful analysis of the factors affecting the scalability of PLH-YC, ensuring a variety of perspectives from those involved or impacted by the program.

##### **4.1.1 Scope of Limitation**

This study's priority focused on the access to barriers and opportunities of the PLH-YC program in Thailand. Therefore, in terms of the scope of limitation, this study did not include or focus on the different sectors of the Public Health System (PHS) such as the landscape and foundation of the PHS institution, details of financial or funding sources, stakeholders and civil engagement, and detailed implementation process of it.

#### **4.2 Research Sampling and Samples**

The main objective was to understand participants' views on the factors influencing the scaling up of the PLH-YC program. The research team, led by Dr. Orn Poocharoen, a director from the School of Public Policy at Chiang Mai University, identified and mapped potential participants selected by the Peace Culture Foundation (PCF). These participants included policymakers, ministry officials, and other key individuals within Thailand's healthcare and social welfare systems.

Participants were chosen based on specific criteria to ensure they could provide relevant and in-depth insights. Each participant needed at least five years of experience in targeted ministries or organizations, a solid understanding of institutional processes

and culture, and familiarity with positive parenting programs. This selection process aimed to gather valuable information from individuals who could significantly contribute to understanding the challenges and opportunities for scaling up PLH-YC.

#### **4.3 Participates Invitation**

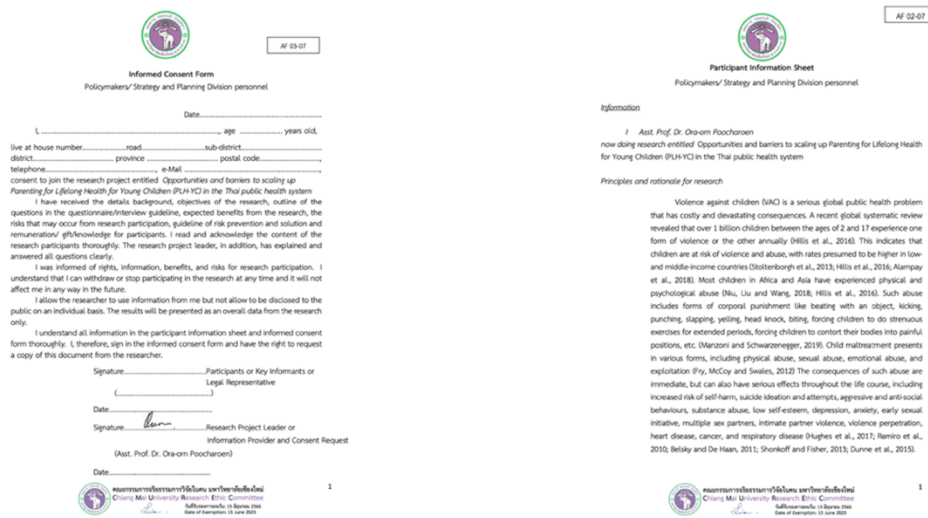
The interviews were structured with a set of eight carefully crafted questions designed to gather comprehensive information about different aspects of the project. These questions were intended to ensure discussions with each participant obtained diverse viewpoints and ideas. Below is a table containing the interview questions used during meetings with various stakeholders. The research team initially identified 17 potential participants for interviews, but only 14 were available due to conflicts with their schedules or unavailability at the appointed times. Some senior experts who had confirmed their availability did not respond on the interview day, likely due to their busy schedules or forgetting the appointment. The figure labeled Figure 1 provides an image of the participants who took part in the interview.

#### **4.4 Ethical Considerations**

Ethical considerations were a priority throughout the research. Participants were informed about the study's purpose, expected benefits, potential risks, and their rights, including confidentiality and the option to withdraw at any time without penalty. Each participant received a participant information sheet and an informed consent form detailing these aspects. Participants had to sign the informed consent form before the research commenced.

Stringent guidelines were put in place to safeguard the privacy of participants during the interview process. This included securely storing sound recordings, video recordings, and photographs on the principal investigator's hard drive, which was protected by a special password. Additionally, the data was kept for up to one year, after which all files were deleted to ensure confidentiality. Specifically, to illustrate

in detail, the below two figures 2: (a) & (b) were the “Informed Consent Form” and “Participant Information Sheet” provided to participants.



**Figure 3: “Informed Consent Form” and “Participant Information Sheet”**

#### 4.5 Interview Process

The interviews were structured with a set of eight carefully crafted questions designed to gather comprehensive information about different aspects of the project. These questions were intended to ensure discussions with each participant obtained diverse viewpoints and ideas. Below is a table containing the interview questions used during meetings with various stakeholders.

The interviews were conducted via Zoom to allow participation from various locations in Thailand. Each session lasted about 1.5 hours, providing ample time for detailed discussions. Interviews were held in both Thai and English to accommodate non-Thai nationals. All interviews were recorded and transcribed word for word to ensure accuracy and completeness. The transcriptions were then uploaded to Microsoft 365 as Word documents. After that, the research team used ChatGPT to organize and review the transcriptions multiple times, ensuring that they were free from errors introduced during recording and transcription.

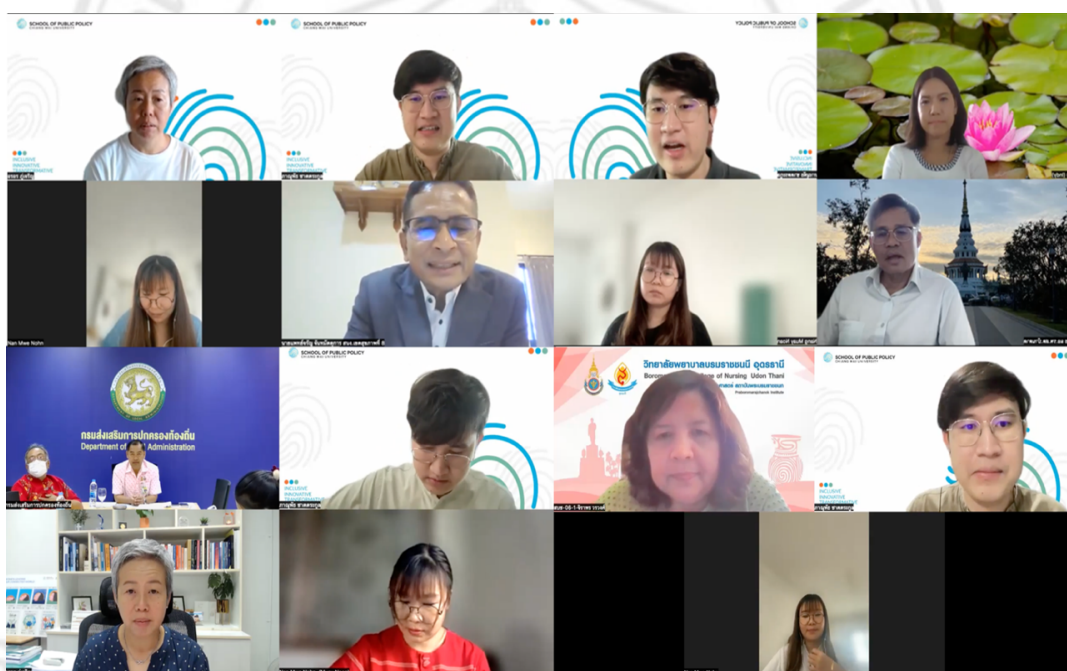
The in-depth interviews were conducted between July 25 and 27, 2023, with 14 participants from diverse stakeholder groups. These interviewees included high-ranking officials such as the Department of Local Administration's Deputy Director and the Public Health Division Director from the Ministry of Interior. Additionally, the Director of the Strategy and Planning Division from the Department of Children and Youth at the Ministry of Social Development and Human Security, an Early Childhood Specialist from UNICEF Thailand's Education Section, and a lecturer from Chulalongkorn University's Faculty of Medicine participated, providing valuable insights.

**Table 1: Interview Questions**

Interview Questions
1. Can you please introduce yourself and provide a brief overview of your organization's mission and activities related to funding and policy-level advocacy?
2. How familiar are you with the PLH-YC project? Could you share your initial thoughts on its potential benefits and impact?
3. In terms of funding, what options or strategies do you believe would be most suitable for the PLH-YC project? How would your organization be able to contribute in this regard?
4. Are there any specific funding sources or partnerships that you believe would align well with the goals and objectives of the PLH-YC project?
5. Policy-level advocacy plays a crucial role in advancing projects like PLH-YC. What advocacy efforts has your organization undertaken in the past, and how could you support the project's advocacy initiatives?
6. How do you see your organization's involvement in the PLH-YC project beyond financial contributions? What additional resources, expertise, or networks can you bring to the table to enhance the project's success?
7. Given the timeframe and resources available, what milestones or targets do you think are realistic for the PLH-YC project to achieve within the next 2-3 years? How can your organization contribute to meeting these objectives?
8. Based on our discussion today, do you have any questions or additional insights you would like to share regarding the potential partnership between your organization and the PLH-YC project?

**Note: The table contains interview questions to gather diverse viewpoints and detailed insights from various stakeholders regarding the PLH-YC program.**

Moreover, the interviews included engagement with the Boromarajonani Nursing College, focusing on educational support through training and curriculum development, which is essential for the project's implementation phase. The Director of the College, who participated as an interviewee, provided critical primary data about the college's early experiences with the project. The discussions aimed to identify how nursing education and training institutions could support and expand the PLH-YC project, addressing potential challenges and opportunities in scaling up the program in Thailand.



**Figure 4: Image of the participants during the interview recorded by Zoom.**

**Note: Interviews with potential partners, including high-level representatives from the Ministry of Health and Boromarajonani Nursing College, and the image original record by a research team in confidential.**

**Source: From Zoom Recorded**



#### **4.6 Data Analysis Process**

The research team manually analyzed the collected data to identify key themes and patterns. After the research team completed the data transcription process, the researcher (Dr. Ora-orn Poocharoen) took the lead in conducting the data analysis phase. The lead researcher meticulously reviewed the transcribed interviews, carefully reading through each transcription multiple times to ensure all relevant details were captured.

Initially, interviews were transcribed in Thai. Since the study was conducted in English, these transcripts were translated to ensure accurate analysis and meaningful conclusions. The main researcher collaborated with the team to cross-check data categorization, ensuring consistency and accuracy. She continued to conduct the data analysis through the MAQDA software process in different including steps such as data importing, coding, retrieving codes, using visualization tools like code matrices and word clouds, memo features, and generating reports.

#### **4.7 Limitations**

The research team faced some difficulties, particularly when scheduling interviews with busy professionals. Coordinating suitable times required flexibility and often involved adjusting schedules. Some participants had to cancel or reschedule due to unforeseen commitments, highlighting the importance of being prepared for unexpected events.

Another challenge was the language barrier faced by a team member with intermediate proficiency in Thai. This team member struggled with complex formal Thai and specific government references. This limitation was mitigated by involving another team member who is a native Thai speaker, ensuring the research process remained robust and effective. Despite these challenges, the team successfully gathered valuable data, contributing to a comprehensive understanding of the opportunities and challenges for scaling up the PLH-YC program.

All in all, the research provided detailed insights into the factors affecting the scalability of the PLH-YC program in Thailand. Through a systematic approach to data collection and analysis, and effective team collaboration, the study identified key opportunities and challenges for scaling up the program. This information serves as a valuable resource for future policy and strategy development aimed at improving the health outcomes of young children and their families.



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## **CHAPTER 5**

### **Findings**

#### **5. 1 Opportunities and Challenges in the Thai Context**

The PLH-YC program in Thailand stands out due to its various strengths that showcase its potential impact. One significant aspect is its strong foundation of evidence from randomized control trials (RCTs), proving its effectiveness and establishing it as one of the few evidence-based parenting programs in the country. This empirical support not only enhances the program's credibility but also ensures that its methods are scientifically validated, leading to positive outcomes. Additionally, the program's customization to suit the Thai context, with a pilot project that has been implemented in the Northeastern region. This tailored approach makes the program culturally relevant and resonant with the local population, increasing its acceptance and efficacy. Despite being region-specific, the program is adaptable for implementation nationwide, making it a versatile tool for promoting positive parenting practices across Thailand.

Furthermore, the PLH-YC program provides crucial secondary support to high-risk families, aiming to break the cycle of violence within families. By addressing the needs of vulnerable families, the program helps create safer and more nurturing environments for children, essential for their healthy development and well-being. Moreover, the program is supported by well-planned research projects that offer policymakers valuable insights for informed decision-making. These initiatives include cost-benefit analysis, social return on investments, and comprehensive evaluations of the program's processes and impacts. For instance, the impact evaluation of the scaled-up PLH-YC in Region 8 of Thailand provides essential data for refining and optimizing the program, ensuring maximum benefits for families and communities.

The PLH-YC program in Thailand is a potent tool for promoting positive parenting practices and enhancing child protection efforts due to its strong evidence base, cultural tailoring, focus on high-risk families, and robust research support. Therefore, to successfully scale up the PLH-YC program in Thailand, the leading stakeholders need to take advantage of existing opportunities and tackle the major challenges head-on to ensure smooth implementation and integration.

## **5.2 Main Opportunities**

The study identified numerous significant prospects for improving child protection and advancing the Parenting for Lifelong Health for Young Children (PLH-YC) program in Thailand.

To begin with, Thailand benefits from a robust legislative framework that is specifically dedicated to preventing violence against children. The Child Protection Act of 2003 stands out as a cornerstone, providing comprehensive measures to safeguard the welfare of children. Additionally, the National Child Protection Committee has developed a 5-Year National Plan for Child Protection, which outlines strategic goals and detailed actions to enhance child protection efforts. Furthermore, the 'Health in All Policies' approach emphasizes the integration of health considerations into the policy-making processes of all sectors. This comprehensive legislative and policy framework establishes a solid foundation for furthering child protection initiatives.

Moreover, the potential involvement of global organizations such as the World Health Organization (WHO) and UNICEF presents a valuable opportunity. These organizations can offer crucial support in developing a national strategy that involves a diverse range of sectors and stakeholders. Their advocacy is essential for the establishment of a National Early Development Policy Committee, which would ensure a coordinated and multi-sectoral approach to early childhood development. By leveraging the expertise and resources of various stakeholders, this committee can enhance the effectiveness of child protection efforts.

Another key opportunity lies in the existing Child Protection Joint Initiative, which has successfully integrated the PLH-YC program into child protection services. Despite its current achievement, the future of this initiative remains uncertain, as it has not yet been formally discussed with the leadership of the Ministry of Public Health (MOPH). However, interviews conducted during the study indicate a positive outlook: the Strategy and Planning Division within the MOPH has expressed a willingness to officially pilot and adopt the PLH-YC program. This openness signifies a potential for fruitful collaboration, where the Health Department and Mental Health Department can jointly propose and implement the program. This collaboration would not only maintain the initiative but also enhance its reach and impact within Thailand's child protection framework.

At equal importantly, the collaboration between the Peaceful Children Foundation (PCF) and Boromarajonani Nursing College is a significant step toward establishing a hub for capacity-building in 8 sessions. This collaboration seeks to improve the skills and knowledge of practitioners in child protection and positive parenting within this region, thereby creating a sustainable support system. Furthermore, PCF is taking the lead in establishing a Positive Parenting Promotion Centre in Chiang Mai, which could potentially serve as the primary capacity-building hub for the northern region of Thailand, thereby extending the influence and effectiveness of positive parenting programs.

Furthermore, the establishment of the Thai Positive Parenting Community of Practice represents a significant leap forward. This community brings together key departments from various strategic ministries, fostering collaboration and knowledge exchange among stakeholders. By involving these essential departments, the community guarantees the integration of positive parenting practices into broader strategies and policies for child protection, thereby enhancing their effectiveness and long-term sustainability.

Regarding infrastructure, Thailand already possesses a network of Health Promotion Hospitals. These hospitals play a vital role in delivering healthcare services and promoting well-being at the community level. Their existence provides a strong foundation for integrating and scaling up positive parenting programs. By utilizing this existing infrastructure, the implementation of PLH-YC and other child protection initiatives can be streamlined and extended, ensuring that more families and children can benefit from these programs.

Village Health Volunteers (VHVs) present another potential avenue for collaboration with PLH-YC. These volunteers hold a crucial role in driving public health initiatives within local communities. Their trusted status among community members enables them to effectively promote health and wellness. Furthermore, the Health Assembly network structure is well-established, providing a strong foundation for community-based health promotion and engagement. This extensive network ensures the efficient dissemination and utilization of health-related information and resources at the grassroots level.

Moreover, there exists a significant opportunity for engagement with politicians. Recently, certain parliamentarians have initiated discussions on positive parenting during parliamentary sessions. This political interest holds the potential to be instrumental in advancing policies and securing funding for child protection and positive parenting programs. When lawmakers actively participate and show support, it paves the way for more substantial legislative backing and resource allocation towards these vital initiatives.

Another critical aspect to consider is funding, which offers numerous opportunities. Financial resources can be accessed at different levels, such as the sub-district level, the Department of Local Administration (DOLA), the National Health Security Office, the Thai Health Promotion Board, and through the government budget. These funds can be utilized to support and expand positive parenting

programs, ensuring they have the necessary financial support for sustainable implementation and growth.

Furthermore, there is a noticeable increase in public interest and a shift in cultural values regarding child-rearing. More individuals are recognizing the significance of positive parenting and are willing to adopt new practices that promote the well-being of children. This change in societal attitudes is crucial as it creates a supportive environment for the implementation and sustainability of positive parenting programs. When the public values and supports these initiatives, it significantly enhances their effectiveness and reach.

### **5.3 Main Challenges**

However, the study also identifies several key challenges that need to be addressed to effectively scale the Parenting for Lifelong Health (PLH) and similar programs in Thailand.

Firstly, there is a significant gap in the form of a coherent national policy or strategy specifically designed to support positive parenting and child protection systems. This absence leads to a lack of ministerial-level policy directives, budget allocations, and comprehensive planning needed to scale PLH and related programs. Without a clear national framework, efforts to expand and implement these initiatives remain fragmented and under-resourced, hindering their potential impact.

Another critical challenge is the absence of clear leadership or ownership for the scaling-up plan. Effective implementation and expansion of positive parenting programs require a dedicated entity to lead and coordinate efforts across various sectors. However, the current situation lacks such leadership, leading to fragmented efforts and reduced efficiency. Identifying and empowering a leading organization or committee is essential to drive the scaling-up process and ensure consistent progress.

Additionally, the Ministry of Public Health (MOPH) does not have a primary mandate for child protection. Instead, this responsibility falls under the Ministry of Social Development and Human Security (MSDHS), which oversees a network of 6,796 Family Development Centers. While the MSDHS plays a crucial role in child protection, the lack of direct involvement and mandate within the MOPH creates gaps in coordination and implementation. Bridging these gaps requires enhanced collaboration between the MOPH and MSDHS, ensuring that health and social services are effectively integrated to support positive parenting and child protection initiatives.

In addition to the previously mentioned challenges, several other critical areas need attention. The Ministry of Interior (MOI) and the Department of Local Administration (DOLA) could be valuable partners in these efforts, but parenting and child protection are not currently within their mandates. Their primary responsibilities include managing 3,500 Primary Health Facilities as part of decentralization efforts and overseeing Child Development Centers across the country. While their involvement could be beneficial, expanding their roles to include child protection and parenting support would require strategic planning and reallocation of responsibilities.

Another significant need is the design of the implementation process. This includes creating effective incentives for facilitators, developing a comprehensive recruitment process for caregivers, and establishing a thorough monitoring and evaluation system for pilot programs. Addressing these elements is crucial for ensuring the successful and sustainable implementation of positive parenting programs like PLH. The recruitment process of caregivers needs to be streamlined to ensure that those who are selected are well-suited for the roles. Additionally, comprehensive monitoring and evaluation will help in assessing the effectiveness of the pilots, allowing for continuous improvement and scaling up of successful models.



Another essential step is to document and describe the “model” of collaboration at the sub-district level, specifically in Udon. This model can serve as a valuable example for other regions to follow, providing practical insights and lessons learned from the implementation process. By sharing the Udon model, other areas can replicate successful strategies and avoid potential pitfalls, promoting a more uniform and effective approach to child protection and positive parenting across the country.

Another key challenge is that the intervention itself is resource-intensive and top-heavy, requiring a sustained commitment from all stakeholders involved. Implementing and maintaining programs like PLH-YC demands significant financial, human, and logistical resources. This high level of resource consumption can be a barrier to scaling up, particularly in regions with limited access to these resources. Therefore, ensuring long-term commitment from government agencies, NGOs, and community organizations is important to overcoming this obstacle and maintaining the momentum needed for effective program implementation.

Furthermore, the Peace Culture Foundation (PCF) faces limitations in its organizational capacity to spearhead the scaling-up effort. While PCF has been instrumental in promoting positive parenting initiatives, its current resources and infrastructure may not be sufficient to manage a large-scale expansion. So, PCF might need to strengthen its capacity through additional human resources, funding, training, and partnerships is essential to enable it to effectively lead the scaling-up process and ensure the sustainability of these initiatives.

Another significant issue of the program is the lack of public awareness and support for children’s rights to protection. Despite existing laws and policies, many people in the community are not aware of or receive information on the highlighted importance of child protection and positive parenting. This lack of awareness hinders the acceptance and adoption of these programs. Therefore, the program also needs to consider raising public awareness through targeted campaigns, education, and

advocacy is necessary to build a supportive environment where children's rights are recognized and upheld.

Finally, generating demand from parents, caregivers, and service providers is a crucial aspect that needs attention. For programs like PLH-YC to be successful, there must be a strong demand for these services from the community. Engaging parents and caregivers through outreach, education, awareness raising, and demonstrating the tangible benefits of positive parenting practices can help generate this demand. Similarly, training and motivating service providers to advocate for and deliver these programs is vital for their widespread adoption and effectiveness.



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## **CHAPTER 6**

### **Policy Recommendation: Ways Forward to Overcome the Challenges and Grab the Opportunities for Scale Up PLH-YC Program in Thailand**

#### **6.1 Recommendations for scaling up PLH-YC in Thailand**

To expand the Parenting for Lifelong Health for Young Children (PLH-YC) program in Thailand, a strategic plan involving both vertical and horizontal scaling is required. This strategy will focus on identifying key drivers, forming effective partnerships, and enhancing organizational capacity to ensure the program can be easily transferred and applied across different regions. The main goal is to integrate PLH-YC into the national health agenda for widespread and sustainable implementation. To achieve this, evidence-based models will be presented to secure government support, pilot programs will be conducted, and various pathways for sustainable expansion will be explored. Coordinated efforts from multiple ministries and international organizations are essential to making PLH-YC a cornerstone of child health and welfare across Thailand. Detailed recommendations, including specific strategies and actions, are in the following sections.

#### **6.2 Ease of transferring and Applying the Solution at Scale-Up**

##### **6.2.1 Vertical Scaling Up by 2024**

To effectively scale up the Parenting for Lifelong Health for Young Children (PLH-YC) program, it is essential to take several strategic steps starting to implement it in 2024. The following expansion strategic steps:

One of the initial actions is to prepare and present a comprehensive report on the Model of Udon Thani or Region 8 to the Ministry of Public Health. Following this, it is crucial to follow up with the Ministry on the Evaluation Report of the Child Protection Joint Initiative (2018-2022) conducted by UNICEF. These steps are

fundamental in advocating for the inclusion of PLH-YC on the policy agenda of the Ministry or related Ministries.

The subsequent phase involves securing budget allocations for pilot programs in other regions by October 2024. This will necessitate gaining support from high-level decision-makers within the Ministry. The ultimate objective is to secure an increased budget allocation by October 2025, ensuring the program's sustainability and wider implementation.

There are three potential steps for implementing the PLH-YC program:

1. **Simultaneous Implementation Across All Health Areas:** This approach entails requesting all health areas to implement the program simultaneously, ensuring consistent adoption and potentially expediting the scaling process.
2. **Piloting and Adaptation Before Full Implementation:** This pathway involves conducting pilot programs in different regions, making necessary adaptations based on the outcomes, and subsequently implementing the program in its entirety. This method allows for refining the program to better suit local contexts before widespread adoption.
3. **Expedited Process with Political Support:** This approach focuses on obtaining expedited support from the Minister and their political team. By securing high-level political backing, the implementation process can be accelerated, leveraging political will and resources.

Moreover, a critical decision that needs to be made is how to position the PLH-YC program. It can be positioned either as part of the Child Protection System or as a Parenting Support System. This positioning decision will significantly impact the program's implementation and overall effectiveness.

## **6.2.2 Horizontal Scaling up for 2024-2026**

To achieve a broader impact, the program plans to expand its operations horizontally from 2024 to 2026. This expansion strategy involves several key steps aimed at enhancing the reach and effectiveness of the Parenting for Lifelong Health for Young Children (PLH-YC) program.

The priority is to build on the existing partnerships in 8 sessions, which have shown promising results in the initial phase. Region 8 will serve as a model for further expansion, with a focus on enhancing collaboration with local partners such as Boromarajonani Nursing College. This partnership is crucial for establishing a regional capacity-building hub, which will provide training, resources, and support to practitioners in child protection and positive parenting. Additionally, efforts will be made to strengthen the implementation of the PLH-YC program by refining existing practices and addressing any challenges encountered during the initial phase. By leveraging the established relationships and the strong foundation in 8 sessions, the program aims to increase its reach and effectiveness. Specific activities will include organizing workshops, providing ongoing training for local practitioners, and ensuring a continuous feedback loop to improve the program. The ultimate goal is to create a sustainable model in 8 sessions that can be replicated in other regions.

Following this, the strategy includes initiating small-scale projects in the North, Central, and South regions of Thailand. These projects will serve as pilot programs, acting as trial runs for the more extensive phase 2. Collaborating with local partners in these regions will be essential, focusing on research, mutual learning, and establishing a sense of ownership of the program among local stakeholders. By involving local partners from the start, the program can adapt to regional needs and contexts, ensuring more effective and sustainable implementation.

Continuous exploration of various implementation plans and designs is also crucial. This includes identifying diverse funding sources, developing comprehensive service packages, and refining the processes for selecting families to

participate in the program. By experimenting with different approaches, the program can identify the most effective strategies for different contexts and needs, ensuring flexibility and adaptability in its operations.

A critical component of the scaling-up strategy is the ongoing development of a multi-sector delivery model. This involves close collaboration with multiple governmental bodies, including the Ministry of Public Health, the Ministry of Interior, the Ministry of Social Development and Human Security, and potentially the Ministry of Education. By engaging these ministries, the program can integrate its initiatives into broader national policies and frameworks, ensuring a more cohesive and comprehensive approach to child protection and positive parenting across the country.

All in all, the horizontal scaling-up strategy for 2024-2026 is designed to expand the program's reach and impact through strategic regional expansions, pilot projects, continuous innovation in implementation, and robust multi-sector collaboration. This comprehensive approach aims to build on existing successes and adapt to new challenges, ultimately enhancing the well-being of children and families across Thailand.

### **6.3 Drivers, Enabling Conditions, and Partnerships**

The success of the Parenting for Lifelong Health for Young Children (PLH-YC) program in Thailand depends on several critical elements, such as key influencers, favorable circumstances, and strategic collaborations. A significant driving force is the close partnership with the Thai government, which is essential for aligning national policies and ensuring sufficient support and resources for parenting initiatives. Moreover, collaborating with the World Health Organization (WHO) is also crucial to establishing a strong multi-sectoral mechanism that can support all parenting programs throughout Thailand. Another goal that will support the scale-up program to success is to advocate for national strategies that include clearly defined joint key performance indicators (KPIs) shared among different

ministries. This coordinated approach ensures that different sectors are working together towards common objectives, enhancing the effectiveness of parenting programs and child protection initiatives.

#### **6.4 Organizational Capacity to Implement the Solution at Scale-Up**

Despite the ambitious goals of the Peaceful Children Foundation (PCF), it currently operates with a small team of only five individuals. To effectively drive their advocacy strategy and execute the Scaling-up Plan with all its partners, it is crucial to establish a dedicated working committee. This committee would play a pivotal role in coordinating efforts, managing resources, and ensuring alignment among all stakeholders. Additionally, PCF must plan for the long-term organizational capacity needed to scale the PLH programs efficiently. This entails not only expanding our team but also developing the necessary infrastructure and processes to support the program's expansion and sustainability. By addressing these capacity challenges, PCF can ensure that the PLH-YC program influences more families and children, maximizing its impact on child protection and positive parenting in Thailand.

#### **6.5 Additional Practical Process for Scaling-Up Pathways to Consider**

To improve the implementation and effectiveness of the PLH-YC program in the Thai context, it is important to consider various detailed strategies.

First, of all, one approach is to keep the original eight sessions of the PLH-YC program to maintain the core content and structure, ensuring its efficacy and comprehensiveness. Alternatively, integrating these sessions into existing programs that families are already involved in could make participation easier for parents by reducing additional time commitments, even though it may slightly shift the focus of the content.

Another effective strategy is to explore an outsourcing model by partnering with community-based organizations. These organizations, with their established presence and trust in local communities, can help deliver the PLH-YC program. By

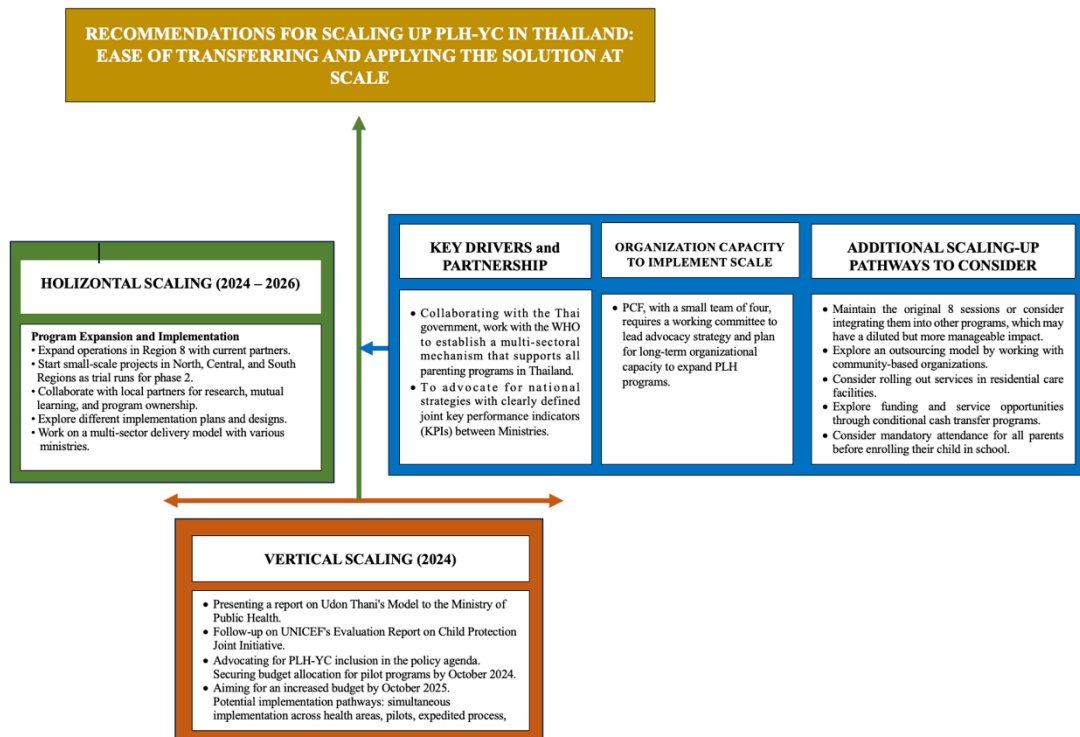
utilizing their networks and resources, a wider audience can be reached, ensuring that more families benefit from the program's interventions.

Moreover, it is also crucial to provide services in residential care facilities to target vulnerable children and families in these settings. Implementing the program in such facilities ensures that these populations receive the necessary support and resources to promote healthy parenting practices and child development.

Next, considering funding and service opportunities through conditional cash transfer programs can offer a sustainable financial foundation for the PLH-YC program. These programs, which provide financial incentives to families based on specific actions like attending parenting sessions, can increase participation rates and maintain consistent engagement. This approach not only supports families financially but also emphasizes the importance of the parenting education provided.

Finally, to ensure that all parents fully participate in the PLH-YC program and derive maximum benefits from it, it is recommended that the program should make it compulsory for parents to attend before their children commence school. This implies that parents would be required to complete the program's sessions as a prerequisite for enrolling their children in school. This approach guarantees that every parent receives the necessary training and support to assist their children in growing up healthy and resilient, resulting in a broader and more consistent positive impact. Mandatory attendance also promotes greater consistency in parenting practices across diverse communities, reducing disparities in child-rearing approaches. It fosters a more supportive environment for children's development and learning. By establishing this as a standard requirement, the program can reach a larger audience and achieve greater effectiveness, ultimately enhancing the overall well-being and future success of the children. The following figure explain different recommendations and implementation strategies for scaling up PLH-YC in Thailand





**Figure 5: Recommended and Proposed Stakeholders Planning Process**

**Note: The recommendations for the strategies and planning to scale up the PLH-YC Program in Thailand**

**Source: Developed by Researchers**

## **CHAPTER 7**

### **Conclusion**

The main aim of this report was to assess the challenges and opportunities of expanding the Parenting for Lifelong Health for Young Children (PLH-YC) program in Thailand. The PLH-YC program has shown significant positive impacts in pilot regions that applied in Thailand in 2018, especially in low-income areas and is backed by strong empirical evidence, indicating its potential for broader application, especially when tailored to the Thai context.

Therefore, this study addressed key questions about the opportunities and challenges of scaling up the PLH-YC program. Opportunities include strong partnerships with local and international organizations such as the Peace Culture Foundation, Boromarajonani Nursing College, WHO, and UNICEF. Additionally, community engagement through the Thai Positive Parenting Community of Practice and Village Health Volunteers, along with funding from various government levels and increasing public interest, create a supportive environment for scaling up the program. However, several challenges need to be addressed. These include the lack of a clear national policy specifically for positive parenting and child protection, limited clear leadership for the scaling-up effort, the resource-intensive nature of the program, and the need for greater public awareness and demand. Overcoming these challenges would require a strategic approach that involves both vertical and horizontal scaling, securing government support, implementing pilot programs, and leveraging digital platforms.

The study used semi-structured interviews with key stakeholders and qualitative data analysis using MAXQDA software to identify themes and patterns related to the program's scalability. Participants included policymakers, ministry officials, and representatives from various healthcare and social welfare organizations. This comprehensive methodology ensured a deep understanding of the opportunities and barriers in scaling up the PLH-YC program.

In order to address these challenges and leverage the identified opportunities, the report provides several strategic recommendations. For vertical scaling in 2024, a

comprehensive report on the Udon Thani Model should be presented to the Ministry of Public Health, followed by a follow-up on the Evaluation Report of the Child Protection Joint Initiative (2018-2022) conducted by UNICEF. Securing budget allocations for pilot programs by October 2024 and an increased budget by October 2025 is crucial. The program should be implemented across all health areas, with pilot programs and political support, and a decision should be made on positioning the program as part of the Child Protection System or Parenting Support System.

For horizontal scaling from 2024 to 2026, existing partnerships in Region 8 should be strengthened by enhancing collaboration with local partners like Boromarajonani Nursing College. Initiating small-scale projects in North, Central, and South regions, continuously exploring various implementation plans and designs, and developing a multi-sector delivery model involving multiple governmental bodies are essential steps. Moreover, the key drivers and partnerships involve close collaboration with the Thai government and WHO and advocating for national strategies with clearly defined joint KPIs shared among different ministries. Organizational capacity needs to be expanded by growing the PCF team and establishing a dedicated working committee, as well as developing the necessary infrastructure and processes to support the program's expansion and sustainability.

Additional scaling-up pathways include maintaining the original eight sessions or integrating them into existing programs, partnering with community-based organizations to deliver the program, providing services in residential care facilities, utilizing conditional cash transfer programs to offer financial incentives for attending parenting 8 sessions and making program attendance mandatory before school enrollment.

In conclusion, effective scaling of the PLH-YC program will require coordinated efforts from multiple ministries, international organizations, and community groups. By addressing the identified challenges and implementing the strategic recommendations, the PLH-YC program has the potential to significantly improve child welfare and parenting practices across Thailand, ensuring a brighter future for children and families.

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