

การจัดการเรียนรู้แบบเครือข่ายการมีส่วนร่วมสู่โรงเรียนสุขภาวะในสามจังหวัดชายแดนภาคใต้ Learning Management Model of Participatory Networks for Healthy Schools in the Three Southernmost Provinces of Thailand

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บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อ 1) ศึกษารูปแบบการดำเนินโครงการจัดการการเรียนรู้แบบเครือข่ายการมีส่วนร่วมสู่โรงเรียนสุขภาวะในสามจังหวัดชายแดนภาคใต้ 2) เพื่อประเมินผลการดำเนินโครงการจัดการการเรียนรู้แบบเครือข่ายการมีส่วนร่วมสู่โรงเรียนสุขภาวะในสามจังหวัดชายแดนภาคใต้ วิธีการวิจัยเชิงคุณภาพ ด้วยวิธีการคุยกษาเอกสาร การเข้าร่วมกิจกรรม การสังเกต การสัมภาษณ์ และการสนทนากลุ่ม กลุ่มตัวอย่างในการวิจัย ได้แก่ คณะกรรมการระดับส่วนกลาง จำนวน 3 คน ประธานเครือข่าย 15 เครือข่าย/คน ผู้บริหารโรงเรียน จำนวน 100 คน/โรง ซึ่งไม่ได้ทำหน้าที่ประธานเครือข่าย และครูผู้รับผิดชอบโครงการ จำนวน 115 คน/โรง ตัวแทนผู้ปกครอง/ชุมชน จำนวน 15 คน/เครือข่าย บุคลากรนักเรียน จำนวน 2 คน จำนวน 30 คน ตัวแทนนักเรียนแกนนำ เครือข่ายละ 4 คน จาก 15 เครือข่าย รวม 60 คน รวมทั้งสิ้น 338 คน เครื่องมือการวิจัย ได้แก่ แบบสังเคราะห์เอกสาร แบบสัมภาษณ์กึ่งโครงสร้าง การรวบรวมข้อมูลโดยการสังเกต สัมภาษณ์ สังเคราะห์เอกสาร วิเคราะห์ข้อมูลด้วยวิธีการวิเคราะห์เนื้อหา

ผลการวิจัยพบว่า 1) รูปแบบการจัดการแบบเครือข่ายการมีส่วนร่วมของโรงเรียนสุขภาวะ ประกอบด้วย แนวคิดการรวมตัวกันเป็นเครือข่ายด้วยความล้มเหลวของโรงเรียน เครือข่ายละ 5-10 โรง โดยยึดหลักการจัดการกระจายความรับผิดชอบแบบมีส่วนร่วมของโรงเรียนในเครือข่าย ด้วยวิธีการร่วมมติ ร่วมวางแผน ร่วมตัดสินใจ ร่วมดำเนินการ ร่วมรับผิดชอบ ร่วมแก้ปัญหา ร่วมติดตามประเมินผลและร่วมซื่อสัมภ์กัน 2) ผลการประเมินการดำเนินโครงการ เป็นไปตามแนวคิด หลักการ และวิธีดำเนินการของ การจัดการการเรียนรู้ที่วางแผนมาอย่างตัวชี้วัด 11 ตัวชี้วัด ส่งผลให้เกิดโรงเรียนสุขภาวะตามเป้าหมายในด้าน ผู้เรียนเป็นสุข องค์กร เป็นสุข สภาพแวดล้อมของโรงเรียนเป็นสุข ครอบครัวเป็นสุข และชุมชนเป็นสุข

คำสำคัญ : การจัดการเรียนรู้ ; เครือข่ายการมีส่วนร่วมเพื่อสุขภาวะ ; สามจังหวัดชายแดนภาคใต้



ABSTRACT

The objectives of this study were to 1) study the learning management model of participatory network for health schools in the three southern border provinces (Yala, Narathiwat, and Pattani); and 2) to evaluate the outcomes of the learning management of participatory network for health schools in the three southern border provinces of Thailand. The study took the form of qualitative research using documentary studies, activity participation, observation, interview and focus-group discussion. Population and sample group selected by purposive sampling from the project working team members consisted three project experts, fifteen chairpersons of fifteen networks/person, one hundred administrators from one hundred schools who did not act as network chairperson/person, one hundred and fifteen teachers responsible for the project from one hundred and fifteen schools/teacher, fifteen representatives of learners' parents/communities from fifteen networks, two persons from each network numbering thirty persons, core learners from fifteen networks, four learners from each network numbering sixty learners making a total of 393 persons. The research instruments were a document synthesis form and a semi-structured interview form. The data was collected by observation, interview, and document synthesis. Content analysis was employed to analyze data. It was found that 1) the model of learning management of participatory network for health schools consists of a concept of network integration according to schools' willingness. The network consisting of five and ten schools spread out participatory responsibility to the schools to think, plan, decision-making, operate, take responsibility, solve problems, monitor, evaluate, and appreciate success together; 2) the evaluation of the project operation was done according to the eleven indicators stipulating the concept, principle, and operation procedures of the learning management. This contributes to the goal achievement of health schools in terms of having happy learners, happy organizations, happy school environment, happy family, and happy community.

Keywords : Learning Management ; Participatory Network for Healthy Schools ; the Three Southern Border Provinces of Thailand

INTRODUCTION

The three southernmost provinces ;Yala, Narathiwat, and Pattani are fertile land withfruits resources and food crops under peaceful co-existence among different cultures and religions. As time passed by, insurgency events have led toprolonged problems andsuspicion intentionally and unintentionally between the local population and the government agency. This resulted in poor healthof children and youth, the key development target in formal and non-formal schools and deteriorationof cleverness, physical and mental happiness. It is so difficult for anyindividual or organization to tackle this serious problem. To promote their well-being, a cooperative effort from community and society is therefore crucialin the form of constructive participation; tothink, plan, make a decision, operate, take responsibility, solve problems, monitor, evaluate and appreciatethe success together.

Over the previousduration, as an organization responsible for health promotion of children, youth and the country citizen, the Thai Health Promotion Foundation (ThaiHealth) has beenfully aware of the significance of the mentioned health development. In the master plan of the ThaiHealth 2011-2012, particular emphasis was placed upon children and youth wellness through learning and participatory education management.Project of the Research and Educational Training Center, College of Education Sciences, Dhurakij Pundit University funded by ThaiHealth [1], on the learning management by participation of community organizations for the benefit of children and youth health, had demonstratedthe learning management of participatory approach by community bodies turned out to bean important process that aimed to building happiness

for learners and community members from their co-working; to think, plan, decision-making, operate, take responsibility, solve problems, monitor, evaluate and appreciate thesuccess together.Due to the participation from all above sectors, the subsequent learners' achievement appeared at ahiger rate.

Apart from this, operation via the model of educational network by community participation had resulted in consolidating the children and youth development through theschools' outstanding learning process in response to the needs of learners and people, especially in Yala, Narathiwat, and Pattani, the three southernmostprovinces including the special development areawhere education quality problems caused from stability issues and ongoing violence. In contrast, with the mentioned learning management of participatory network by community, such problems however, were no longer found in most communities around the schools. Moreover, less insurgency was reported because of the co-operation between schools and learners' parents such as Buketa School network in Waeng District, Bukebakong School network in Yi-ngor District, Suan Phraya School network in Chanae District, and Sriwarin School network in Srisa-korn District, Narathiwat Province for instance. Joined the project since 2012, there were 100-300 students/school. But the number of learners was bound to decrease due to the current insurgency. They movedout to study in Islamic private schoolswhere Islamic coursesdirectly offered asthey were suspicious ofthe public schools. Anyway, after their participation in the project and the project participatory approach was utilized, they turned to realize this awareness. Learning needs, particularly Islamic teachings were proposedby those learners' parents to be taught in schools, as



well as history, professional skills, environment and health promotion. From keeping close eyes on their children, offeringsupport, safeguarding schools, it was found even cigarette smoking behavior, hanging around, sexual problems apparently decreased while increased learning achievement found averagely 6-19%. Peace and stability returned to communities accordingly. Since the class offering religious knowledge and the parents' care in schools together with the schools and communities -to date, their children influxed to the local schools at a higher rate of 50-70%, in each school [2]

The mentionedfruitful learning management of participatory approach by community appeared as many as other 120 inspired schools in the southern-mostprovinces to academically form upthemselves and so called "Moddaeng Team (Red Ant Team)". It was a team of administratorsin the schools directly affected from the southern insurgency happenings since the year 2004.Having considered education benefit from the learning management of participatory network for learners and the general public while the ongoing unrest problems could be likely reduced, the Team then asked to run similar project in line with the schools context. Application of financial support was subsequently requested from ThaiHealthvia the channel of Education Foundation and Dhurakij Pundit University.

In this connection, from public hearing, data survey on learning management, brainstorming of problems and development needs of administrators, teachers from 115 schools by the Education Foundation associated with ThaiHealth, held on March 12, 2016 in Hat Yai Rama Hotel, Hat Yai District, Songkhla Province had revealed that stability and unrest hardship experienced most often in terms of economy,

society, culture, administration and politics by those provinces which led to learning impact onlearners living in the localities. In addition, their physical, mental and cleverness development required urgent improvement as follows. 1) Physical aspect; some problems found were malnutrition, sexual wellness, and addiction (cigarette and Kratom). Suggested solutions included learners' health promotion by focusing on nutrition, fat disease, decreasing smoking habit and learners' sexual problems.2) Mental aspect; originated from the local insurgency causing fear, orphans, mental stability, and discipline. So, enhancing learners' discipline needed religious support process, morality and ethics, 8 desirable characteristics according to the Basic Education Core Curriculum B.E. 2551 (A.D. 2008) as well as having practical skills in religion principle to ensure a happy life. 3) Social aspect; forming up a group of adolescents and their misconduct were found. Recommendations were made on i.e. encouraging learners to perform in society contribution, supporting happy family and building a diversity of learning source in communities suitable to learners' lifestyle. 4) Cleverness aspect; due to low learning achievement of O-Net test over the past 3 years (2012-2014)which was still below the country's overall average mean, both language (Thai and English), mathematics, science, and social studies. Indeed, speedy solution therefore was a pivotal. Fromsuccessful learning management of participation in the past, if the mentioned measure had been taken by all 120 schools, it was believed that the problem would be solved, and then learners' quality would also be certainly developed up to a certain level.

ThaiHealth therefore allocated some funds to the Education Foundation in implementing a proj-

ect entitled “Learning Management of Participatory Networks for Healthy Schools in the Three Southernmost Provinces”. Under academic assistance from College of Education Sciences at Dhurakij Pundit University, the project adhered to the principle of participation process following its conceptual framework by co-working; to think, plan, decide, operate, take responsibility, solve problems, monitor, evaluate, and appreciate success together [3]. The objectives were to 1) support the solution and development of learners in the three southern border provinces to better their well-being in physical, mental and cleverness aspect, 2) bring about the learning management of participatory community network for health schools, 3) enable learners to learn about the integrated well-being between schools, homes, religious institution and local communities.

The project targets were as follows.

1. Project's content target, to meet with the ten-year wellness target of ThaiHealth and the government policy on education reform containing 5 following contents of activity issues and performance indicators. 1) Raising awareness of decreasing cigarette smoking rate, 2) raising awareness of nutrition principle against fat disease, 3) raising awareness of reducing sexual problems, 4) morality and ethics, and 5) education quality to link with well-being i.e. appropriate age for literacy, analytical thinking and synthesis etc.

2. Regarding target of components of a health school, through the use of participation method by community aiming at the inception of health schools according to 5 following criteria and indicators; 1) happy organizations, 2) happy learners, 3) happy (or clean and safe) school environment, 4) happy family and 5) happy community.

3. Target area of project operation was schools located in the southernmost provinces that assembled up to 15 networks, 115 schools such as 1) Narathiwat Province; 12 networks and 91 schools, 2) Yala Province; 2 networks and 14 schools, 3) Pattani Province; 1 network and 10 schools.

4. Target and output indicators. Upon completion of the project, all networks/schools had successfully reached their goals including 11 output indicators involved with operation as of the set goal and target related to the learning management linking towards health schools i.e. happy learners, happy organizations, happy (or clean and safe) school environment, happy family and happy community.

To apply the results for further project development, the research on the model of learning management was therefore conducted and to evaluate the Project on Learning Management of Participatory Networks for Healthy Schools in the Three Southernmost Provinces of Thailand.

Research Questions

1. What is the learning management model of participatory networks for health schools in the three southernmost provinces?

2. What are the outcomes of the Project on Learning Management of Participatory Networks for Health Schools in the Three Southernmost Provinces of Thailand?

Objectives

1. To study the learning management model of participatory networks for health schools in the three southernmost provinces of Thailand.

2. To evaluate the project results on Learning Management of Participatory Networks for Health Schools



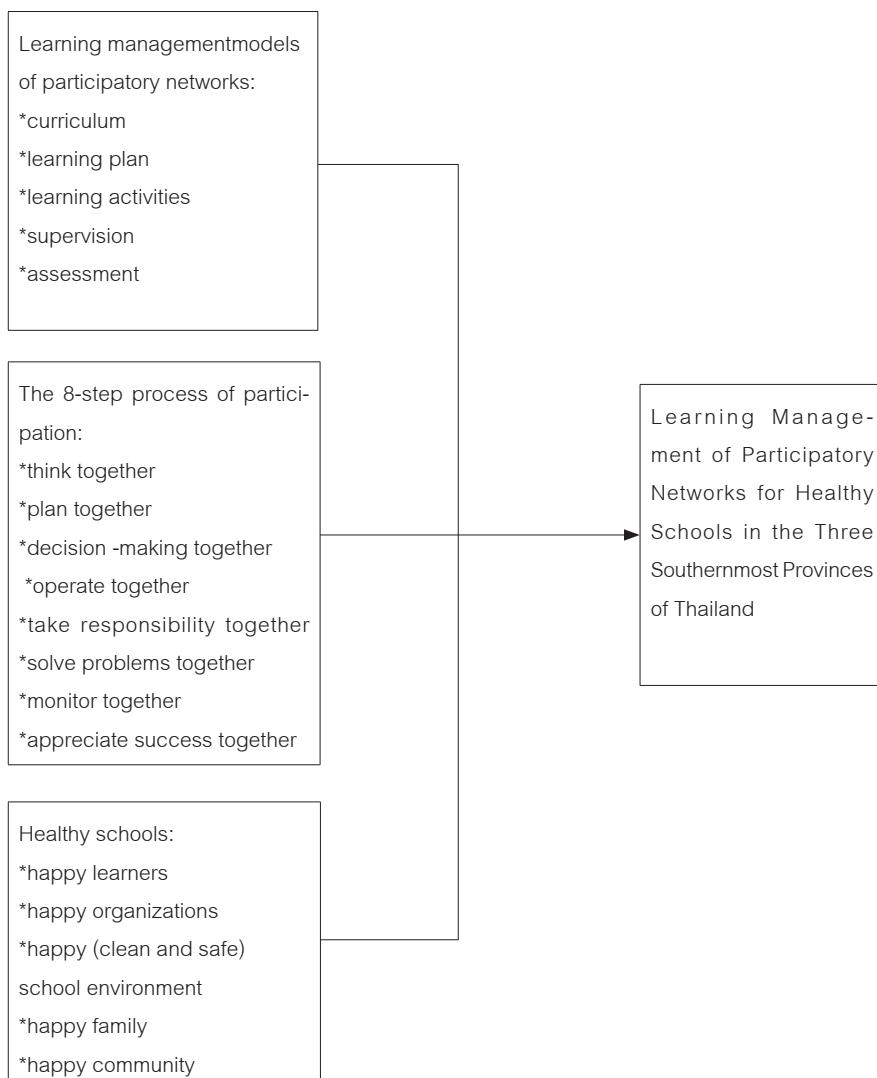
in the Three Southernmost Provinces of Thailand

Conceptual Framework

The learning management of participatory network for health schools in the three southern border provinces was carried out on the following basis harmonious with Thai society context in the three southern border provinces. 1) Learning management concerning curriculum development, learning plan, learning activity, supervision and learning assessment (Education Management Division, College of Education Sciences, Dhurakij Pundit University,

2017). 2) The 8 steps of participation processing method by networks i.e. to think, plan, decision-making, operate, take responsibility, solve problems, monitor, evaluate, and appreciate success together [4] 3) Five components of health schools relevant to happy learners, happy organizations, happy(Clean and Safe) school environment, happy family and happy community [1] as shown below.

The Learning Management Model of Participatory Networks for Healthy Schools in the Three Southern Border Provinces of Thailand



Methodology

This participatory research was undertaken during February 1st November 2017 by organizing activities, observation, interview, study from reports and from questionnaires of each activity. Details of population, sample group, instrument for assessment, data collection, data analysis and data presentation explained as below.

1. Population and sample group were collected by purposive sampling from the project working team members. They were 3 project experts, fifteen chairpersons of fifteen networks/person, one hundred administrators from one hundred schools who did not act as network chairperson/person, one hundred and fifteen teachers responsible for the project from one hundred and fifteen schools/teacher, fifteen representatives of learners' parents/communities from fifteen networks, two persons from each network numbering thirty persons, core learners from fifteen networks, four learners from each network numbering sixty learners making a total of 393 persons.

2. Studied variables as of the research conceptual framework included 5 issues of learning management, 8 steps of participation process and 5 components of a health school.

3. Research instruments used were observation, interview, report study and synthesis form.

4. Data collection was done as the mentioned above methods by evaluator (s).

5. Data analysis included content analysis from the studied variables as well as the research conceptual framework.

6. Data presented in essay type associated with figures.

Findings

The learning management model of participatory networks for healthy schools in the three southernmost provinces

The mentioned learning management was organized by both formal and non-formal learning system following the 5 issues of learning management relating to 1) school curriculum management and development, 2) preparing learning plan, manual and learning media, 3) organizing teachers' learning activities, 4) supervising with academic support for teachers and 5) learning assessment of learners, networks and schools consistent with the three southernmost provinces circumstances; Muslim community identity, social and culture, insurgency and stability difficulties affecting the schools' health or health schools. Elaborated concepts, principles and processing steps were as follows.

Concepts: Voluntarily and informally combined into schools' networks with same religion, same faith and philosophy, same context in same area, same society and culture, same problems & needs or in same organization, the schools played the host network role as well as the school network to make arrangements of health education for the network learners and schools in physical and mental health, social and intelligence aspect. Through the principle of participatory decentralization of responsibility joined by families and local communities with freedom, trust each other, education empowerment, checks and balances with the 8 following steps of participation process by administrators, teachers, families and communities; to think, plan, decide, operate, take responsibility, solve problems, monitor, evaluate, and appreciate success together which resulted in the 5 components of a health school; 1) happy learners, 2)



happy organizations, 3) happy school environment, 4) happy family and 5) happy community. As part of achievements, academic assistance was provided from a higher education institution, the Office of Educational Service Area where the network schools attached, local vocational institution and educational experts of the Project and those concerned as displayed in Figure 1: The Learning Management Model of Participatory Networks for Healthy Schools in the Three Southernmost Provinces of Thailand.

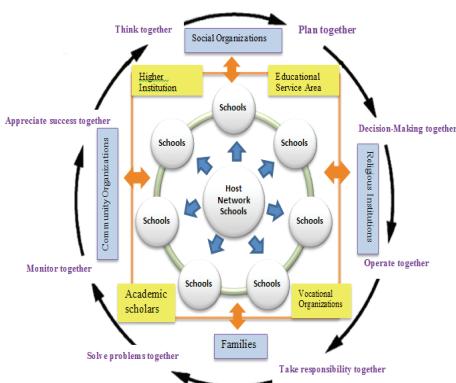


Figure 1 The Learning Management Model of Participatory Networks for Healthy Schools in the Three Southernmost Provinces of Thailand.

2. Evaluation results of the Learning Management Model of Participatory Networks for Health Schools in the Three Southernmost Provinces of Thailand.

2.1 A working team at central level was appointed, consisting of a project manager, educational and health experts, educators, administrative and financial staff to coordinate and assist the learning management of participatory network of health schools. At network level, there were networks' school administrators, teachers' representatives,

learners' parents, communities and local wisdom fellows. Meanwhile, support from the central ranging from academic assistance by means of participatory management in concurrent with analysis study, providing knowledge and developing the project staff. In other words, handbook for the project operation was prepared. In addition to the manual, meetings were organized to keep stakeholders informed of the project progress. So did the networks' sub-projects. Also carried out were supervision, teacher development workshops on curriculum development plus a wellness additional single course, knowledge sharing seminar during the project ongoing, workshop on lesson learned and lesson learned book publication, seminar on lesson conclusion, coordination, dissemination and public relations via media either technological or printed media as well as other supports resulted earlier from the past assessment while operating the project. As planned, the operation went on with efficiency in terms of cost effectiveness, utmost benefit to learners, families, communities of the network, effectiveness in cooperation and satisfaction of teachers, families, community, stakeholders including working group at each level helped manage the learning to have meaningful impact on health schools.

2.2 Results from the learning management of participatory network for health schools in the three southern provinces. Each network comprising 5-10 schools formed up informally and voluntarily in a total 15 networks by 120 schools with the same concept, philosophy, belief, problem and need, society and culture, and same affiliation in nearby locality. They adhered to the principle of participatory decentralization, empowerment, knowledge-based, freedom, trust, checks and balances in order to accomplish

the above target of 5 following components; 1) happy organizations, 2) happy learners, 3) happy(clean and safe) school environment, 4) happy family and 5) happy community.

2.2.1 Learning management. Each network worked on positioning the project management along with identification of the target of 5 learning contents; 1) awareness and prevention of cigarette smoking and drugs, 2) awareness and prevention of malnutrition and fat disease, 3) awareness and prevention of sexual problems, 4) morality and ethics and 5) educational quality connecting with wellness in body, mind, emotion and intelligence of learners by developing schools' curriculum, learning plan, teachers manual, parents and community manual, educational media, learning activity corresponded with learning contents that required learners' actual practice. For example, analysis and health risk assessment in schools and community, baseline survey of community health, walk campaign to refrain from cigarette smoking in public, growing non-toxic vegetables, healthy food cooking, morality camping, safe school and community environment, healthcare booklet for learners, etc. and evaluation of participatory learning by teachers together with parents, families and communities.

To develop a curriculum, teachers' manual, and various learning media, any capable school skillful inspecific area would take a lead in the task with other network teachers. From that point, the network schools would take the curriculum, learning plan, guidebooks, educational media which previously developed together to organize learning activities in their schools before returning for their joint assessment. Shortly, this came to the culture of learning management by participation of administrators and

teachers from each school through 8 participatory steps. The network chairperson would provide facilities under academic support from a higher education institution, the Office of Educational Service Area where the schools attached, vocational institution, project experts, organizations concerned from the public and private sector, local administration organization and other social institutions located in those communities or outside communities deemed suitable to participate and give support to the operation i.e. hospital, police station, masjid, sports club and housewives club for instance.

It was discovered the following 8-step participation process was employed according to context of the network and schools.

(1) Think together, the networks and schools organized a community forum for teachers, administrators, schools committees and stakeholders in community to learn about problems encountered and needs of learners, parents and community. Schools vision was then identified together with expectation to achieve the learning management of the networks and schools.

(2) Decision making together, once comments from personal views needed to decide together in any activity affecting management, gain & loss of learners, the people, teachers, administrators, schools committees and stakeholders would then make a decision based on available information of the networks, schools and communities.

(3) Plan together, in the project operation according to the organized community forum, both strategic plan, development plan and operation plan. Identification of project, health activities according to the contents target in harmony with learners, parents and communities' needs.



(4) Operate together, any assignment initiated from thinking and planning together, the network chairpersons, administrators, teachers, schools committees and stakeholders would operate the identified mission together.

(5) Take responsibility together; in co-working and the task outcomes turned out positively or negatively, the network chairpersons, administrators, teachers, schools committees and stakeholders would take responsibility together in the consequence of action without leaving the problems to someone. The responsibility usually rested with level of responsibility i.e. administrators were responsible for administration; teachers had teaching responsibility, learning experiences management, learning development and wisdom learning. At the same time, parents rendered support where possible and monitored their children's learning behavior while the communities in charge of assistance in learning activities and resources mobilization for instance.

(6) Solve problems together, problems from management or operation would be solved out together by the network chairpersons, administrators, teachers, schools committees and stakeholders.

(7) Monitor and evaluate together, in the operation period and post-operation, the network chairpersons, administrators, teachers, schools committees and stakeholders altogether joined the monitor and evaluation of the planned work for betterment and development. In learning assessment, parents or wisdom people were also allowed to take part in learners' assessment.

(8) Appreciate together, when the outcome achieved from co-working management with the network chairpersons, administrators, teachers, schools committees and stakeholders, all expressed

their satisfaction, appreciation in feeling expression forms such as congratulations, honoring, awarding etc.including learningactivitieslessonstogether.

Evidently, unity was a result from networks assembly to deal withthe network administration management, switching from competition to helping each other instead. Solving academic problem together in communitieswas donethrough Professional Learning Community (PLC) model by teachers, administrators, parents/families and relevantcommunities. In consequence, there happened to be a development of work quality and learners' quality according to the set goal with favorable impact on families, communities' strength and stability in the area as well.

2.2.2 Operation outcome of target indicator was achieved according to identified indicators of the overall project as follows. 1) There was risk assessment according to health target in every network school. 2) Identification of health target in 5 contents and completed the operation as earlier targeted. 3) Networks and every network school created learning innovation both curriculum, individual subject, learning media i.e. papers, e-media and online media. Learners prepared their own booklets as a result from their successful learning. 4) Learning plan was developed to be utilized in every network school. 5) Networks and schools cooperated with parents and communities in promoting learners' health i.e. agreement made between schools and parents, drug campaign to prevent from alcohol drinking and cigarette smoking, sports, and learners assessment from manuals prepared by schools to monitor and develop learners etc. 6) There were a total of 1,275 core learners or 167.76% of the target. 7) There was a total of 416 core parents or 152% of the target. 8)

There was a work connection from schools to families and communities. 9) Higher echelon made use of the project operation outcome in developing learning management. 10) Lesson learned together by the networks and schools, a result from co-working. 11) Each network asked cooperation from parents, communities' representatives, and communities' organizations including higher education and vocational institution to provide related activities i.e. Tambon Health Promotion Hospital was to give health knowledge to learners, drug prevention by police, and healthy cooking details corresponded with local resources by health wisdom individuals. 12) There were networks for expanding the results i.e. network in Yala and Pattani Province were reported in preparation stage to join the project later on.

2.2.3 Operation outcomes towards healthy schools as follows.

(1) Happy learners, with participatory approach in network and schools' operation and the assigned core learners to participate in every activity linking with communities of every network. It was learning by doing on problem-based and need-based. In terms of learners' participation in every activity, as many as 15,784 learners attended the activities, averagely 1,052 learners/network or 138 learners from each school or a diversity of 95% participated in classroom to actual practice under the networks context i.e. survey of community health, nutrition campaign, non-smoking behavior, older brothers/sisters taught younger brothers/sisters, learners' literary quality by integrated booklet proposing ideas, telling story, search of contents with illustration. Next was book-binding to make up a book from integrated groups' work by co-working till becoming skillful. Fortunately, opportunities were given

to learners to present the networks' achievements and their role as resource persons in the seminar for core learners etc.

What had happened to learners in the aspect of knowledge, thinking skill, analyzing skill and practice, attitude towards non-smoking, awareness and appreciation of food in choosing healthy food, obviously caused changes in behavior. Participation in activities and from the networks and schools' learning reflected in their activities presentation. With pleasant smiles, they were enthusiastic to give information and ideas emerged from essays. They participated in knowledge sharing activity both at school level and network level. Besides, the project administration offered them an opportunity to attend the lesson summary seminar at ratio one-fourth of the seminar participants. All learners spoke the same thing they really enjoyed with health activity. The participation enabled them to apply knowledge and experience in self-development and forwarded to their families till became a normal practice. This proved the health learning management via active learning, especially the learning and practice of the eight basic virtues; diligence, frugality, honesty, discipline, politeness, cleanliness, unity and goodwill leading to physical, mental, social and intelligent happiness of learners.

(2) Happy organization or happy school, in general, school organization consisted of teachers, administrators, learners, buildings and school atmosphere. As the operation mechanism, learning management activities were organized by participation process, particularly the Project on Learning Management of Participatory Networks for Healthy Schools in the Three Southernmost Provinces. Clear picture could be viewed at two levels affecting each other leading to happy schools. To elaborate; 1) at



school level, it was collaboration of teachers, administrators, learners and school committees and 2) at network level, it was collaboration of teachers, administrators and learners from other network schools with support and participation from other organizations such as families, communities, public and private organizations and local administration organizations in activities held by the networks.

From interview and observation of the networks' chairpersons and school administrators of each network, it was learned never before those schools had such close academic interaction. Mostly, cooperation would take place only by the command of higher echelon. Perhaps, there may be a latent competition or work separately. But because this project, administrators voluntarily gathered with the same faith, philosophy, context, affiliation and or the same problems. After gathering, they then began to think, plan, decide, operate, take responsibility, solve problems, monitor, and evaluate together. This kept them even in closer relations and helped each other in terms of administration and management and finally led to a success and enjoyed the success together.

The same way, the teachers who used to work just within their schools but in this co-working on curriculum development, learning plan, teachers' manual, and instructional media permitted them to consolidate academically in sharing knowledge, instructional development to health as well as integrated other learning contents groups toward the same direction which eventually became the professional community of teachers' network.

Obviously, the picture of administrators, teachers and learners' happiness was the happiness of both school and network level. If continued support

could be provided further from their upper echelon and outer organizations, academic and health empowerment would certainly follow thereafter to ensure sustainable health schools and health networks in the near future.

(3) Happy (safe and clean) environment, the general educational environment normally mentioned in the aspect of social, economic, cultural, political, administration, environment and population. For schools in the three southern border provinces of Yala, Narathiwat, and Pattani where glorious social and culture, their identity has remained for a long time in the fertile land of fruits and food crops, they unfortunately have faced with unrest from insurgency incidents threatening their lives and assets, particularly, the local schools in the past two decades. As a result, families (learners' parents), communities, and the public sector suspected each other over some time. The objective of informal forming up of Mod Daeng Team (Red Ant Team) by administrators from about 100 schools in some part of Yala, Narathiwat, and Pattani was to help each other in social aspect and solving their educational problem at a certain level. When they received support linking with educational quality and virtues from ThaiHealth, Education Foundation in cooperation with Dhurakij Pundit University, they found unity and assistance not only the aspect of social and culture but also discovered a cooperating mechanism in educational management that led to health of teachers, administrators, parents, communities' leaders as well as other sectors toward stability and peace in the territory at last. In other instances, when there was a sign of unrest, the schools would be informed by learners' parents and communities to keep full alert.

(4) Happy family, basically most Muslim family included parents, sibling, and grandparents according to their culture and tradition. Some are extended family or nuclear family. Owing to Muslim way, it is however impossible to limit their children as in other societies. Each family therefore has many children, different from other religions but they are in peaceful co-existence at a certain level. The mentioned violence has effects on families, youth or learners at a certain level. In addition to misunderstanding between schools and learners' parents, economic problem as well caused a lack of care from their families. When learning management activities organized by participatory network of communities, families or learners 'parents following the criteria of identified project's outcome indicators. There were as many as 4 indicators as follows. 1) Network and every school cooperated with families and communities in setting safe environment free from all vices - an individual school was to hold at least 3 activities. 2) Network, every school run their own promotion for a happy family through learning activities together with learners, teachers, and parents such as good family relations, self-reliance, to decrease and prevent the health risk factors. 3) There were at least 2 representatives of families and core communities who could join schools' activities connecting with families, masjids and communities. 4) There was a holistic and united collaboration in community health activities between schools, families, temples, masjids and communities together with active and closely support from a higher education institution and experts causing schools and families joined hands in hands to improve learners' learning via schools' activities that lastly led to families happily co-existence.

(5) Happy community, here community referred

to the forming up of work organizations according to the social context and local culture comprising area boundary, individuals, families, organizations, club, religious institution, public and private sector's work units and other community institutions. These organizations participated and organized health activities of schools' network. In this regard, the following output indicators related to communities were identified by the project and reached their goals as follows. 1) Network and every school cooperated with families and communities in setting safe environment free from all vices - an individual school was to hold at least 3 activities. 2) Cooperation with communities as a model to enhance health condition of learners, children and youth. 3) At least 2-3 representatives of core communities totally 262 were allowed to join activities with schools leading to connection with masjid families and communities. This number exceeded the set target at 143.89%. 4) There was a holistic and unified collaboration in community health activities between schools, families, temples, masjids and communities together with active and closely support from a higher education institution and experts. Comments from the network chairpersons, school administrators, teachers and parents' representatives mostly indicated all communities' bodies were recognized and provided with opportunities to participate in activities held by the networks and schools or upon their requests, no matter from the local administration organization, health promotion hospitals, police office, religious leaders/masjids or housewives' club for instance. Concretely, the learners' health was proved taken care by community. Once children, youth or learners were well looked after by all parties, communities' problems arose from children and youth therefore



lessened resulting growing communities' wellness and led to communities' common happiness at last.

Case study of Learning Management by the Networks

In terms of administration management by the said participatory approach, it was revealed the networks and schools managed on their own under the principle of academic empowerment, freedom and trust each other. They took turn to take a lead and follow up by taking turns to skillful lead the activities while other schools followed in the organized activities. For example:

Lubor Kayor School Network: Lubor Kayor School acted as the host network, skillful in turning rubbish into gold. So, it took a lead in preparing manual, learning media for further use by other schools. In the meantime, other schools having skill in developing Islam teachings would take a lead in developing curriculum and teachers' manual to be used by other network schools too. In case of common problems in some activities i.e. Thai language clinic activity to solve literacy problem. Every school under the same network must conduct analytical thinking to deal with the problems, develop curriculum, teachers' manual and learning media together and use them together within the network. Moreover, the application of the King's philosophy which became an innovative administration model of the network called CAP Model; C: Comprehension, to build knowledge and comprehension among co-workers; Awareness: to raise awareness of problem and work together; P: Participation, to encourage participation by the network schools on knowledge-based and virtues-based that came up with active cooperation and support received from administrators team, teach-

ers, learners, their parents and affiliated networks. These made organizing activities in Pattani network project with strengthened disciplines and attention in health problem achieved according to objectives, goals and activities indicators with cooperation from various sectors in organizing activities to think, plan, decide, operate, take responsibility, solve problems, monitor, evaluate and appreciate success together in line with guidelines of learning management of participatory network for health schools [5].

Lalo Network: Formed up by 8 schools in 4 Sub-districts of Rue-sor District, Narathiwat Province. A new administration pattern was thus initiated namely PISED. P: Planning together, I: Interaction while working together by 6 actions; to gather, to think, to operate, to take responsibility, to evaluate and to appreciate together. S: Supervision, to pay a visit for solving problems and cooperative work development. E: Evaluation, to evaluate work performance together. D: Development, to develop work together by the applied administration model. Then followed by an initiative of innovative learning, both "good community, early warning sign of drug" and 2 learning plans were developed for further use in every school. Also prepared were a manual for organizing adolescent activities; more attention to comprehensive sex education, well-being manual, virtues classroom manual, test paper for activity safe life, do not take a risk, teaching plan on wellness activity and plan for organizing adolescent activities, more attention to sex education, a total of 2,041 Akhirah book banks of children/child in the network, learning media corresponded with health i.e. media for cooking, comprehensive sex education, drugs, morality media leading to Islamic way of life, and literary media [6] which thoroughly exceeded the

indicators identified by the project. The project mission thus reached its goals in better change of physical, knowledge, morality and health development of learners and teachers.

Pattani Network: The network consisted of 10 schools in Pattani Province from Yaring District, Yarang District, Nongchik District, Mayor District and Panareh District. Ban Prang School served as the host. PTCR Model was used in applying administration. P: Planning the operation by reflecting vision and identified strategy together. T: Teamwork by coordinating all parties to participate in the operation to fulfill the mission. R: Respect by welcoming and honoring each other in the task. The said management allowed parents to come and discussed the risk behavior of learners. To solve the problems, they offered cooperation and kept their eyes on their children. In concurrent, the school administration, teachers, janitors and teachers on duty were assigned to monitor learners' behavior with weekly reports to the school administrators. That's why learners' behavior changed positively. They tried to avoid drugs, alcohol drinking and cigarette smoking [7] in line with the goals set.

Factors influencing the success included good administration management, knowledgeable personnel with capability, sincerity, and leadership through the use of step-by step participation, knowledge-based operation, sufficient and flexible budget, freedom, trust, information and communication technology specially the line application within the networks, favorable relations, and friendly network, all played a vital role in the project's success. It is deserved to be a prototype for learning management in other schools and for extending results in the future days.

Problems and difficulties encountered: For overall picture of the project operation, only very few difficulties encountered. Or if any, each network could handle its own i.e. remote, activities organized in different duration or priority and overlapped mission for instance. Nevertheless, some problems could not be tackled by its own network due to natural disaster and security/hazard as below.

1. Floods lasted longer than the past year for almost 4 months. It was such a hard time for the networks and schools to make arrangements preparation. Some activities must be postponed. So did the project administration's monitor and supervision because some activities needed to be adjusted and merged.

2. Unrest situation in the territory, apart from the floods, the project's networks and schools in the three southern border provinces also faced with increased severe insurgency events during the month of March-May 2017. It required a careful attention for the working team's monitor and supervision when entering the target area. In some occasions, the planned trip must change its entering style during the mentioned period. From individually supervision of the networks and schools, it was the combination in the area according to the context, 2-3 networks/area where expected to be safe. The worst situation seriously led to effects on learning management and health of children and youth or learners in those zones. And so, all parties concerned should take precaution and pay more attention to this challenging issue.

Recommendations

1. Recommendations for the operation

Because of existing problems and possible occurrences, the following are recommendations



for project development and learning management for well-being in the three southernmost provinces.

1.1 The long and continued floods in the first phase made the project's administration team and networks joined in agreed cooperation to adjust the work plan and activities appropriate to the situation with the utmost benefits to learners. For example, adjusted supervision plan from entering the area to be supervision from meeting, knowledge sharing seminar and monitor from line application and telephone. Besides, the networks and school put off activity arrangements or made adjustment to some activity space using communication and technology as coordination tools. The use of communication and technology therefore turned out to be crucial in handling the project that worth using constantly.

1.2 Under the uncontrolled violent circumstance in the above three provinces, a careful cooperation from all parties is required with concern over security of the working group, teachers and administrators. The change of time and operation area must therefore be done consistent with the situation and cooperation from families, parents, and communities in the form of thinking, working, monitoring and evaluating together seriously according to the project's principle. Based on trust and honor, they recognized each other, no matter they are from the public or private sector, local administration organization, the general public, families, communities or social bodies in communities.

1.3 The success factors discovered from the above project's observations should be continually enhanced, both the network influential leadership, academic empowerment, expenditure monitor, providing financial and accounting knowledge, and building Professional Learning Community (PLC),

particularly the integration of the project's activities to routine learning activities following policy and core curriculum of the Basic Education including the project administration, ThaiHealth and their upper echelon. Eventually, the success in health learning would result in strengthening learners, children, youth's body, mind, society and their intelligence as a whole.

1.4 In case of similar project be undertaken, it is strongly recommended to spread to all affiliated schools in the three provinces zone so as to create a connection of learning management of participatory network to ensure more powerful impact on learners, children and youth intensively.

1.5 From the lesson in learning management of participatory network to health schools that geared to happy learners, happy school organization, happy school environment, happy family, and happy community, it is an essential foundation for education development in the three southern border provinces. It is recommended the upper echelon, development offices and stability offices to study the model and mechanism and apply as development guidelines for solving problems mission in the overall area - another way to bring back peaceful hometown to the people.

2. Recommendations for further research

2.1 To conduct a comparative study in learning management of participatory network by community with learning management of participatory community (without network) in the three southern border provinces.

2.2 To conduct an in-depth study of impact on learning management of participatory network for health schools on families and communities in the three southern border provinces.

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