
Nationwide Youth Information Corners Situation Analysis Report



2017



Nationwide Youth Information Corners

Situation Analysis Report
2017



United Nations Population Fund



Ministry of Health and Sports

Nationwide Youth Information Corners Situation Analysis Report 2017

Table of Contents

Foreword	II
List of Figures	IV
List of Tables	IV
Acronyms and Abbreviations	V
Executive Summary	VI
Background of YICs in Myanmar	VIII
1 Introduction	1
2 Objectives	3
3 Methodology	4
4 Validity and Limitations	7
5 Findings of the Desk Research and Field Research	8
5.1 Key Findings: Basic Information	8
5.2 Key Findings: Management and Operation	13
5.3 Key Findings: Programmatic Outlook and Content	17
5.4 Key Findings: Youth-friendliness and Perceptions	23
5.5 Key Findings: Young people's needs	26
5.6 Key findings: Young people's knowledge	33
6 Conclusions and Recommendations	35
7 Overview of Recommendations	43
Appendices	47
A List of Youth Information Corners (YICs)	48
B Assessment Tools	50
C Quick Assessment Tool for YICs not visited	63
D Report on the Quick Assessment of the Youth Information Corners (YICs) not visited	64
E Youth Information Corner in Sarmalauk manages its own ambulance service	67
F How behavioural change was created in a village in South Shan	69

Foreword

According to the Myanmar Population and Housing Census 2014, the total population of Myanmar is 51.4 million. This includes both the enumerated and the estimated population who were not enumerated in three States of Myanmar. Myanmar has an annual population growth rate of 0.89 per cent. Young people (10-24 years) account for 28 per cent of the total population, numbering 14.1 million. The country is still predominantly rural; 70 per cent of the population live in rural areas and 30 per cent live in urban areas.

The Ministry of Health's main strategies are to: promote and maintain the health status of youth through Youth Health Development Projects in collaboration with relevant sectors; improve youth's access to and utilization of health services; increase youth's access to information about sexual and reproductive health and rights; improve socioeconomic conditions for youth; and to create an enabling environment in which to achieve these goals.

The Youth Information Corners (YICs) were established by the Health Education Division (formerly the Central Health Education Bureau) under the Ministry of Health in 2002, with the support of UNFPA, beginning with 17 and eventually reaching 70 selected rural health centres (RHCs) in States and Regions across the country in 2012. The objectives of the YICs are to increase young people's, including young girls and marginalized young people, access to adolescent sexual and reproductive health and HIV prevention information in rural areas.

This report, *"A Nationwide Situation Analysis on Youth Information Corners"* was prepared by the Health Education Division and the Department of Public Health in collaboration with UNFPA. The report is based on comprehensive information collected by the analysis exercise undertaken in selected YICs by well-organized and trained teams during March to August 2015. This is the first situation analysis of the Youth Information Corners in over a decade. The analysis is based on self-assessments, a situation check questionnaire, interviews with key YIC focal persons, Community Support Group (CSG) members and young people, and focus group discussions.

The findings of the YIC assessment will be invaluable in building a foundation that links the YIC programme to the Ministry of Health and Sports *“National Strategic Plan for Young People’s Health”*, and UNFPA’s strategy for evidenced-based advocacy. The aim is the holistic development of young people through comprehensive sexuality education (CSE) based on a sexual and reproductive health and rights (SRHR) approach. The aim is to complement national action plans that: increase investment in young people’s health and development, including facilitating young people to make healthy, safe and responsible choices in their lives; the implementation of youth programmes that build capacity for sexual and reproductive health service delivery and care; initiatives to reach the most vulnerable; and encourage youth leadership and participation in policy and programme development in Myanmar.

The Ministry of Health and Sports extends its appreciation to the youth volunteers and focal persons of Youth Information Corners who participated in the focus group discussions, giving their time and sharing their experiences of YICs, as well as rural health centre staff who took the time to speak with the analysis team. On behalf of the Ministry of Health, the Department of Public Health and Health Education Division, I would like to express our sincere thanks to Ms. Janet E. Jackson, UNFPA Representative, Myanmar, and the Analysis Team Members Dr. Hla Hla Aye (Assistant Representative), Dr. Sithu Swe (National Programme Officer), Daw Yu Myat Mun (Programme Analyst), U Aye Nyein Lin (Programme Assistant) and Ms. Agnethe Ellingsen (International Junior Consultant) for providing technical and financial support in undertaking this situation analysis.



Dr. Soe Lwin Nyein
Director General
Department of Public Health
Ministry of Health and Sports
Minister for Health, Myanmar

List of Figures

- 5.1. Age group distribution of participants who completed the young people's needs questionnaire **11**
- 5.2. Number of youth volunteers according to YIC focal persons **17**
- 5.3. Stakeholders with whom more collaboration for YIC activities is needed **23**
- 5.4. Perception of community's awareness of young people's health according to YIC focal persons and young people **26**
- 5.5. Main issues among young people in their community according to young people, by geographical area **30**

List of Tables

- 5.1. Overview of the YIC facilities, opening days, operational status, number of young people visiting **9**
- 5.2. Age distribution of young participants who completed the questionnaire **10**
- 5.3. Geographical distribution of young participants who completed the young people's needs questionnaire **11**
- 5.4. Budget costs to operate a YIC **13**
- 5.5. Reasons for non-operational status of YIC reported by YIC focal persons **14**
- 5.6. Use of equipment at the YICs **15**
- 5.7. Type of fundraising activities conducted by YICs for financial sustainability **15**
- 5.8. Main challenges for reaching out to young people according to YIC focal persons **18**
- 5.9. Type of material which is insufficient according to YIC focal persons **18**
- 5.10. Requirements for a successful revival of YICs according to YIC focal persons **19**
- 5.11. Suggestions for change to the CSGs according to CSG members **20**
- 5.12. Type of capacity development needed for CSG members, according to CSG members **21**
- 5.13. How gender issues have been addressed through YIC outreach activities **22**
- 5.14. Type of training YIC focal persons have received according to YIC focal persons **24**
- 5.15. Type of trainings which YIC focal persons are interested in receiving **24**
- 5.16. Reasons why YIC was not visited **25**
- 5.17. Main issues among young people who visit RHC facilities according to YIC focal persons **27**
- 5.18. Main issues among young people according to CSG members **28**
- 5.19. Main issues among young people in their community according to young people **28**
- 5.20. Main issues among young people in their community according to young people, by gender **29**
- 5.21. Sources of information on health according to young people **33**
- 5.22. Health topics young people would like to learn more about **34**
- 5.23. The level of knowledge of young people in their community on specific topics, according to young people **34**

Acronyms and Abbreviations

ASRH	Adolescent Sexual and Reproductive Health
BCC	Behaviour Change Communication
CHEB	Central Health Educational Bureau
CSG	Community Support Group
GBV	Gender-Based Violence
HA	Health Assistant
HED	Health Education Division
IEC	Information, Education and Communication
IP	Implementing Partner
MISP	Minimum Initial Service Package
MOH	Ministry of Health
NGO	Non-Governmental Organization
RH	Reproductive Health
RHC	Rural Health Centre
SRHR	Sexual and Reproductive Health and Rights
WHO	World Health Organization
YIC	Youth Information Corner
YKAP	Young Key Affected Population
YLWD	Young People with Disabilities

Executive Summary

UNFPA Myanmar conducted a situation analysis of 28 out of 70 Youth Information Corners (YICs) in close collaboration with the Health Education Division (HED), DOP and MOHS, in rural and peri-urban areas of Yangon, Ayeyawady, Magway, Kachin, Shan East, Shan North, Shan South, Bago and Mandalay States/Regions between March to August 2015. The analysis consisted of self-assessments of the YICs that were not visited, a situation check questionnaire of the visited YICs, interviews with key YIC focal persons, Community Support Group (CSG) members and young people and focus group discussions, which took place at every YIC.

The main objective of the study was to analyse the impact and efficacy of the YICs, and provide recommendations for a regeneration of YICs according to the changing trends and needs of young people in Myanmar, particularly against the backdrop of the country's continuing transition to democracy and social and political reforms.

KEY FINDINGS:

- Young people show a strong interest to become a peer educator and believe that they can play a role in revitalizing the YICs
- Young people want to be involved in developing new materials about adolescent sexual and reproductive health
- Early marriage, alcohol abuse and contraception are the main health issues mentioned by young people, YIC focal persons and CSG members
- YIC focal persons have limited capacity and require competencies to interact with young people to provide age-appropriate and relevant information
- Coordination between UNFPA and HED regarding YICs has been weak, especially in terms of programme implementation. This includes a lack of regular refresher trainings, updated information education and communication (IEC) materials and equipment for edutainment and transportation
- Effective and formal monitoring and evaluation and supervision systems are lacking
- Due to limited financial and narrative reporting it has been impossible to assess the impact of the programme.

The findings reveal that many young people have a strong desire to become peer educators. This will provide a good foundation to revive the YIC programme, especially as an initiative to advance Myanmar's progress towards achieving the Sustainable Development Goals by 2030.

Young people have also made it clear that they would like to actively participate in the design and development of adolescent sexual and reproductive health (ASRH) and HIV/AIDS information, education and communication (IEC) materials. By including young people in the development process, this will lay the foundation for a new and sustainable YIC programme which encompasses comprehensive sexuality education principles for young people, together with a stronger, more efficient and results-based management.

The potential impact of the YICs could be further utilized through the implementation of the Minimum Initial Service Package (MISP) which involves a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. By taking the lead in rural areas for disaster and other conflict sensitive humanitarian responses, YICs could ensure that the sexual and reproductive health and rights of young people are protected in times of disaster.

If young people engage in civil society, they can use entry points such as sports activities to foster peace as part of the country's broader National Reconciliation and Peace process. This is important in a country such as Myanmar where resources are limited and disasters frequently occur.

Other key issues that need to be addressed to strengthen the YIC programme in the future are: the development of behaviour change communication (BCC) materials, and a focus on issues that are currently under-addressed, including early marriage and gender-based violence (GBV). Further research is needed to investigate these trends.

Furthermore, based on the findings, the HED, Department of Public Health, and the Ministry of Health and Sports need to develop strategies and standard operating procedures, ideally with the support of young people, to ensure that basic health staff are committed to young people's health in rural health centres (RHCs). This is a prerequisite to ensure that the current young generation in rural areas of Myanmar is healthy and productive in the future. It should be mandatory that basic health staff are familiar with, and utilize, the *"National Service Standards and Guidelines on Adolescent and Youth Health Care"*. Almost all of the YIC focal persons (heads of rural health centres) were not aware of these national guidelines developed with support from UNFPA in collaboration with HED, DOPH, and MOHS. They had not received a copy, nor had they received the appropriate training on how to use these.

In order to broaden the evidence-based decision on the future direction of the YIC programme, a user-friendly self-assessment tool was developed in September 2015 and distributed through HED to the remaining 42 YICs which were not visited during the initial study. The goal was to ascertain their self-assessment of the situation and functionality of their YIC, as well as its impact on the community. Out of 42 YICs, 30 returned the questionnaire. The findings were analysed and collated to contribute towards the final recommendations.

Altogether, the analysis concludes that a sustainable, evidence-based YIC programme will create new opportunities for the successful implementation of innovative sexual and reproductive health projects which will further support the Government of Myanmar in their efforts to achieve the Sustainable Development Goals by 2030.

Background of YICs in Myanmar

Myanmar has a rural population of 70 per cent. Young people (aged 10-24) constitute 14.1 million of the total population of the country. In this context, young rural people are one of the target groups of UNFPA's activities. These activities focus on young people and populations that are most at risk, such as vulnerable populations, and those in geographically remote areas, for example rural areas.

In 2002, UNFPA initiated the Youth Information Corner programme in partnership with the Central Health Educational Bureau in selected rural health centres in States and Regions across the country. These were set up to address the reproductive health (RH) needs of rural young people. Coverage was expanded to YICs in 21 Townships in 2004, to YICs in 64 Townships in 2007 and later to YICs in 70 Townships in 2012. To implement this initiative, UNFPA worked with the Japanese Organization for International Cooperation in Family Planning (JOICFP), the Myanmar Red Cross Society (MRCS), the Myanmar Medical Association (MMA), Association François-Xavier Bagnoud (AFXB) and Marie Stopes International (MSI), as well as the Central Health Education Bureau (CHEB) under the Department of Health.

The range of adolescent sexual and reproductive health (ASRH) activities that have been implemented across the 70 Townships include basic ASRH training; training of trainers for peer education and refresher trainings for those who conduct outreach activities in the community; peer education/outreach education; youth leadership development training; and training of health providers in ASRH. All trainings integrate gender equality. A basic set of equipment is delivered by UNFPA to every newly established YIC: books and facilities for the library, ASRH IEC materials, equipment for youth activities, (football, badminton, gym materials etc.), entertainment materials (TV, VCD player, microphones, speakers, karaoke machine), furniture (table, chair, cupboard), and other equipment, such as bicycles for outreach activities and generators for edutainment activities.

YICs are mainly part of sub-rural health centres, usually including or attached to the local delivery room. Some YICs are corners of a room within the sub-rural health centre, while others are separate rooms within the building. YICs usually have a library with literature on reproductive health and other youth related information, edutainment devices such as a TV and karaoke equipment, sports equipment, bicycles for outreach activities, and other items for learning or edutainment.

YICs aim to train youth volunteers to become peer educators on reproductive health issues. Peer educators are selected based on their level of community engagement by the Community Support Group. After their training, they arrange outreach activities, some of which are divided by gender, to raise awareness about reproductive health issues and HIV in their local communities. At some YICs, the youth volunteers also provide counselling, for example

for the prevention of unsafe abortions or advice on contraception methods. However, it seems that no systematic refresher trainings have been provided for existing or new youth volunteers.

The Local Health Assistant (HA) is the head of the rural health centre, and the focal person for the YIC. A Community Support Group (CSG) is established in some communities consisting of senior community members who support the youth volunteers in organizing their outreach activities. Each YIC has an appointed YIC Leader, who is one of the trained youth volunteers and is responsible for the activities of YIC youth peer educators. No membership or registration system exists, and youth who meet at the YIC are both youth volunteers and local youth who do not participate in the outreach activities.

The end of programme evaluation report of UNFPA's support in its second country programme of assistance (2008-2012) stated that behaviour change communication (BCC) activities on ASRH were conducted in 62 Townships, in particular in rural and urban youth centres and in YICS. However, establishing the impact of UNFPA's support for ASRH, and the level of behaviour change achieved, is problematic in the absence of a recent valid survey. It was recommended that to increase the effect of UNFPA's ASRH interventions in Myanmar, UNFPA needed to focus more on youth at risk and use new communication strategies (including different channels of media) that reach larger youth audiences; update the evidence base on ASRH trends; promote more strategic-level partnership responses to ASRH trends; and follow-up on changes required to achieve more user-friendly, age-appropriate and relevant ASRH services. These recommendations outline strategies to reach young people through different media and cater to the changing needs of young people in the country. The report also mentioned that UNFPA was spreading its resources too thin and should focus on interventions that have impact.

Based on the recommendations of the evaluation report, under the third Country Programme of Assistance starting in 2012, UNFPA narrowed down its programme and focused its support on 26 Townships, in partnership with the Health Education Division (HED). The emphasis was to coordinate a response to the RH needs of the rural young population through the development of an *Adolescent and Youth Friendly Health Services Manual for Basic Health Staff*, and supporting the YICs to provide information and training on RH, HIV/AIDS and other health issues related to adolescent needs through library facilities, BCC trainings and other activities. This YIC analysis was conducted to ascertain how UNFPA's support can be more efficient and effective in reaching young people and provide information and services that meet their sexual and reproductive health needs in today's ever changing climate.

Introduction

1

Myanmar has a rural population of 35,401,957¹ (70 per cent). Young people (aged 10-24) constitute around 28 per cent of the total population². In this context, young rural people are one of the target groups of UNFPA's activities. These activities focus on young people and populations that are most at risk, such as vulnerable populations and those in geographically hard-to-reach areas.³ UNFPA is currently supporting Youth Information Corners (YICs) in 26 Townships together with the Ministry of Health through the Health Education Division (HED), to establish a coordinated response to the reproductive health (RH) needs of the rural young population. The YICs provide information and training on RH, HIV/AIDS and other health issues related to adolescent's needs, through library facilities, behaviour change communication (BCC) trainings and other activities.

Since 2011, Myanmar has been undergoing political, socioeconomic and administrative reforms as well as a peace process after decades of unrest and armed fighting between ethnic groups and the Government. Tangible changes in information and communication technology and media freedom have resulted in an increase of, and access to information for young people. In addition more exposure to social media is changing the way some young people think and behave. With increased exposure to media, adult literature can be accessed by young people which may make them vulnerable to risky behaviour. There is a need for accurate sexual and reproductive health (SRH) information for young people to empower them to make healthy choices and decisions in their lives.

A recent review of progress reports of the YIC programme, and the limited data available, indicate an urgent need to regenerate and reinvigorate activities in rural areas. There is also a pressing need to develop a new and sustainable strategy in partnership with the HED, to meet set targets and ensure that expected outcomes and outputs are standardized and delivered. Furthermore, a "*National Strategic Plan on Young People's Health*" 2016-2020 was launched in October 2015 by UNFPA in collaboration with the MOH and WHO. Any future YIC activities should be aligned with this new strategic plan and contribute to its outcomes and outputs as well as promote *the National Service Standards and Guidelines on Adolescent and Youth Health Care* and the *Adolescent and Youth-Friendly Health Services Manual for Basic Health Staff*.

In order to address the RH needs of rural young people in a more effective way, UNFPA undertook a nationwide situation analysis of previously and currently supported YICs in collaboration with the HED. The methodology of the nationwide analysis was based on the findings of a pilot situation analysis in Bago Region and Rakhine State which was conducted in October and November 2014. The findings of this pilot study analysis called for an immediate

¹ This does not include the population that is estimated not to have been counted in the 2014 Census.

² Myanmar Population and Housing Census 2014, Department of Population.

³ UNFPA Strategic Plan 2014-2017, New York: 2014

rejuvenation of the YIC programme. The aim of the situation analysis was to gain sufficient evidence-based data to support a new and comprehensive resource mobilization strategy for a renewal of the YICs across Myanmar, and the eventual extension of YICs and their improved effectiveness, in line with the plans of the newly elected Government and reforms by the Ministry of Health and Sports.

Objectives

2

The objectives of the nationwide situation analysis were aligned with the recently launched “*National Strategic Plan on Young People’s Health*”, as well as UNFPA’s programmatic approach to support the activities of rural young people in accordance with UNFPA’s country mandate.

The objectives of the analysis were:

- To gather information from beneficiaries and implementing partners to ensure that the RH needs of rural young people are addressed in a more effective manner, adopting a consistent results-based management approach.
- To gain evidence-based data to inform UNFPA and its implementing partners in their future programming and communications on young people’s SRH needs.
- To establish a consistent foundation to link the YIC programme to the Ministry of Health and Sports’ evidenced-based advocacy for development, investment and implementation; build capacity for sexual and reproductive health service delivery, including HIV prevention, treatment and care; design initiatives to reach the most vulnerable; and encourage youth leadership and participation in civil society.
- To strengthen partnerships with all actors working on Adolescent Sexual and Reproductive Health and Rights: the HED, UNFPA, implementing partners (IP) and beneficiaries (rural young people) in order to ensure more effective collaboration and mutual capacity development.



Methodology

The Rapid Situation Assessment Procedure (RAP) was applied for this analysis. The goal of RAP exercises is to generate programmatically useful information within a short timeframe. In reproductive health, the application of this approach appears appropriate to foster better understanding of the needs for reproductive health services. The RAP methodology has been used in situations that include assessing the specific needs of selected groups (for example young people) and quality of care issues that affect the use of family planning and reproductive health services.⁴

UNFPA has used the RAP methodology for many years. In April 1995, a consultative meeting identified priority areas in which rapid situation analysis procedures have potential value for UNFPA activities.

These were:

- Designing and strengthening information systems for planning, implementing and monitoring reproductive health programmes.
- Developing and strengthening approaches and methods to link and analyse reproductive health data.
- Developing a national and subnational information database, and enhancing national capabilities in the analysis of information.
- Improving data utilization by promoting and encouraging its use by health planners and managers.

Quantitative and qualitative approaches serve different purposes and should be regarded as complementary rather than competing. Therefore both quantitative and qualitative situation analysis tools were developed and pilot tested in both Bago Region, as a non-conflict area, and Rakhine State, as a conflict-affected area, and adjustments were made according to the lessons learned from the pilot.

Although RAP should be viewed as a technique for generating "quick" data for planning and policymaking rather than for building databases, the sample size of young people who filled out the survey, and the forms completed, created a small database which can act as a useful tool for future interventions in other YIC project areas. This is due to the fact that the number of young people connected to a YIC on a regular basis is not consistent, and this aligns to the principle of RAP by generating quick data which aims to get an overview of the community of young people in the respective UNFPA supported YIC. Moreover, data gained in the survey provides an opportunity for measuring change in the future and could be an important tool for evidence-based evaluation and supporting data for resource mobilization, as well as for the development of evidence-based BCC interventions in the future.

⁴ | *Role of rapid assessment procedures*, United Nations, <http://www.un.org/popin/confcon/rapid/raprept.htm>
Accessed May 15, 2015.



Given the context of rural areas, the limited data available and how the YICs seem to currently operate, snowball sampling was selected for the pilot analysis. This is a technique where existing study participants recruit further participants from among their friends and peers, which proved to be an efficient and appropriate method. For the current analysis, however, the method of purposive sampling was applied. This is a method where the researcher selects a sample based on his/her knowledge about the study and population. In this study, local health staff, instructed by the researcher, made a selection of the respondents (young people) and invited them to participate in the research.

Together with the data recorded from the pilot situation analysis, the following assessment tools were used:

- Situation check on previously supported YICs (Questionnaire, see Appendix B, part 1).
- Key informant interviews with Community Support Group members (Structured, see Appendix B, part 2).
- Key informant interviews with YIC focal persons (Structured, see Appendix B, part 3).
- Young people's situation and needs check (Questionnaire, see Appendix B, part 4).
- Focus group discussions at each YIC (Guidelines, see Appendix B, part 5).
- Quick Assessment Tool for YICs not visited (Questionnaire, see Appendix C).

In addition, face to face interviews with young people who were migrants were conducted in current YICs. These were optional, and only conducted when time or interview tools were available. The data gathered were included in the findings of the analysis.

The exercise was conducted from June to August 2015 in Yangon, Ayeyawady, Magway, Bago, Shan North, Shan South, Shan East, Kachin and Mandalay, in a total of 28 Townships. The criteria for the analysis was to visit all currently supported YICs, including one previously supported YIC in each State/Region to compare findings between the two (currently and previously supported). However, the comparison is not analysed in the current assessment because the distinction between the two turned out to be unclear in terms of planning, monitoring and evaluation, and the needs of young people. Interesting information from currently and previously supported YICs was gathered during the research and therefore the findings are combined in Chapter 5.

YICs visited during the pilot analysis in Bago Region and Rakhine State were excluded from the criteria due to the timeframe of the assessment and the fact that these regions had already been visited.

In order to broaden the evidence-based decision on the future direction of the YIC programme, a user-friendly self-assessment tool was developed in September 2015 and distributed through HED to the remaining 42 YICs which were not visited during the initial study. The goal was to ascertain their self-assessment of their situation and functionality of their YIC, as well as its impact on the community. Out of 42 YICs, 30 returned the questionnaire. The findings were analysed and collated to contribute towards the final recommendations.

Under the guidance of the Assistant Representative (UNFPA), the situation analysis was carried out by the situation analysis team which included the National Programme Officer on Young People (UNFPA) the Programme Analyst on Adolescent Sexual and Reproductive Health (ASRH) and the International Consultant on ASRH. In addition to appointed focal persons, officers and support staff from the HED participated in the study. Overall, the situation analysis team consisted of five staff from UNFPA, in addition to one senior liaison officer per State/Region from the HED.

BOX 1. SUMMARY OF RESEARCH METHODOLOGY

- **Situation Check:** at 28 YICs visited
- **Self-Assessment:** at 42 YICs not visited; 30 of 42 returned the questionnaire
- **Key Informant Interviews:** with 28 focal persons
- **Key Informant Interviews:** with 26 members of community support groups
- **Young People's Situation and Needs Check:** with 347 young persons
- **Focus Group Discussions:** with young people at every YIC visited (28)
- **Pilot Study:** in Bago Region and Rakhine State
- **Desk Research:** review of relevant internal documents

Validity and Limitations

The lack of information about the YICs limited preparations for the analysis, especially relating to the development of the assessment tools. Any further analysis should review and revise the tools according to the lessons learned from this analysis.

During the implementation of the research, the fact that one governmental liaison officer was always present, might have restricted both health staff and young people in terms of speaking about the programme critically and/or speaking about sensitive topics. However, the liaison officers were very supportive throughout, and findings from the analysis indicate a high degree of trust towards the analysis team when sensitive topics such as drug abuse and gender-based violence were discussed.

In terms of operational issues, the initial intention of asking questions (the key informant interviews were questionnaires with closed answers) without reading out the options was revised, as the analysis team were made aware that the respondents were not used to answering questions at all and that output would be limited. The team therefore decided to first ask the question and record the response, and then read out the rest of the prepared response options to all respondents, finalizing each question where relevant by asking about any other or additional options. When the respondent was asked about sensitive topics such as GBV, in several cases he/she did not come up with any response, but when asked if there were other or additional options, they responded comprehensively.

Finally, the selection of young people needs to be considered when reviewing the validity of the results. Young people were selected by the local health staff and the timing of the discussions was sensitive to their availability, taking into account their other daily activities. Young people who were working or who had families, compared to those who were available, might be less well represented in the analysis. The fact that, for example, gender-based violence was mentioned to a much higher degree among community support group members and leaders of the YIC, and to a much lesser extent by young people, indicates that the selection of young people might have had an impact on the findings. However, the results are still considered to be a useful indication about young people's needs in rural areas of Myanmar, as reliable data about these issues are still limited in the country.

Findings of the Desk Research and Field Research

The team reviewed numerous internal documents such as Funding Authorization and Certification of Expenditure reports, and quarterly narrative reports submitted by the HED during 2013 to 2014. However, the reports demonstrated limited reporting skills and results-based management, providing little, or no information at all. No other information about the YICs was available. When the programme started in 2002, UNFPA provided training to the implementing partner HED on reporting requirements, and conducted capacity development activities on how to write reports, set appropriate targets and indicators. However, neither UNFPA nor HED provided documentation on which the monitoring could ascertain whether the appropriate focal person at the YIC received this training from HED.

In addition to the documents above, the recently released 2014 Population and Housing Census publications, as well as the most recent draft of the *National Strategic Plan for Young People's Health 2016-2020*, were carefully reviewed for reference.

5.1 Key Findings: Basic Information

In total, 28 YICs were visited. Every visit started with a situation check questionnaire about the history of the YIC and its operation. In order to analyse the management of the YIC facility, a total of 28 key informant interviews (one per centre) were held with the leaders of the YICs. Furthermore, 26 key informant interviews were held with members of the Community Support Groups (CSGs). One interview took place at each YIC where a CSG had been established; a total of 26 YICs. CSGs are usually comprised of senior members of the local community who have been selected based on their commitment to community development, regardless of gender. In the other two recently opened YICs no CSG had yet been established.

About the facility

The overview of the YIC facilities (Table 5.1) shows that the number of young people visiting a YIC varies per facility. The top three most frequently visited YICs are: Myittha Township (Mandalay) with 240 visitors per month, Taungdwingyi Township (Magway) with 200 visitors per month, and Tongwa Township (Yangon) with 150 visitors per month. Six YICs who reported not to be operational are however visited by young people. This can be explained by the fact that they do organize youth activities, although not necessarily related to SRH.

Table 5.1. Overview of the YIC facilities, opening days, operational status, number of young people visiting

State/ Region of YIC	Township of YIC	Opening days of YIC	Operational	Number of young people reached per month (in 2014)
Yangon	Taikyi	7	Yes	20-25
Yangon	Dala	6,7	No	25
Yangon	Thongwa	6,7	Yes	150
Yangon	Kunchangone	6,7	Yes	40
Ayeyawady	Wakema	4,7	Yes	50
Ayeyawady	Nyangdon	7	Yes	80-90
Ayeyawady	Yekyi	7	Yes	60
Ayeyawady	Hinthada	7	Yes	40-80
Ayeyawady	Myanaung	6,7	Yes	40
Bago	Daik U	6,7	Yes	20
Bago	Oktwin	6,7	Yes	50
Bago	Yedashe	6,7	Yes	80
Bago	Kyaukkyi	6,7	Yes	20-30
Magway	Aunglan	6,7	Yes	28
Magway	Taungdwingyi	1	Yes	200
Magway	Myaing	6,7	Yes	30
Magway	Pwintbyu	6 in rainy season, every day in non-rainy season	No	2
Shan North	Lashio	Every day	Yes	30
Shan North	Hsipaw	N/A	No	N/A
Shan East	Tachilek	1,2,3,4,5	Yes	15-16
Shan East	Kengtun	6	No	34
Shan South	Pindaya	Every day	Yes	60
Shan South	Kalaw	1,2,3,4,5	Yes	20
Shan South	Ywangan	6	No	20-25
Kachin	Myitkyina	6,7	Yes	20
Mandalay	Natogy	1,3	Yes	100
Mandalay	Wundwin	7	Yes	120
Mandalay	Myittha	6,7	No	240

About the beneficiaries of the YIC programme: the young people

In addition to the situation check questionnaire and the key informant interviews with YIC focal points and community support group (CSG) members, a total of 347 young people answered the young people's needs questionnaire. Not all young people present during the field visit could fill out the questionnaire, as some needed to leave for work or school, or they joined later during the field visit for the focus group discussions. However, the output of the questionnaire of these respondents is considered as valid as the answers are an indication that it measured what was intended: the young people's needs, interests and perceptions about peer education. Furthermore, 347 out of 1,665 young people (this is the total of young people visiting the YICs per month, according to table 5.1) is 20.8 per cent. This means that one in five young people participated in the questionnaire, a relatively high percentage in terms of reliability given the short period within which the research was conducted.

In total 28 focus group discussions were conducted, one per YIC visited. The young respondents were a mix of previous and current YIC volunteers and members, as well as young people from the local community. In some cases, most young people had no YIC experience, as previous generations of YIC young people had migrated, got married and/or engaged, or were working. In total it was the first visit to the YIC for 14 per cent of respondents when the field visit meeting was held.

Age

The age distribution for young people who filled out the young people's needs questionnaire is shown in Table 5.2. UNFPA defines the age of young people as 10 to 24 years of age⁵.

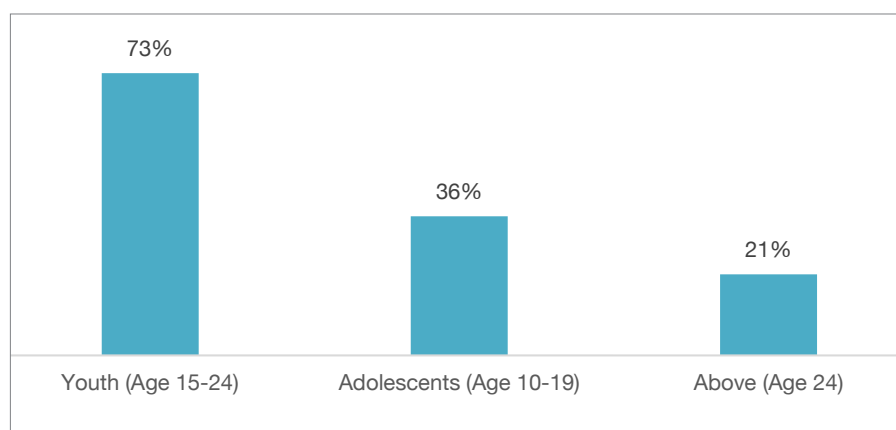
Table 5.2. Age distribution of young participants who completed the questionnaire

Age	Below 12	12	13	14	15	16	17	18	19	20	21	22	23	24	Above 24
Distribution	1%	0%	1%	2%	4%	7%	4%	6%	11%	11%	9%	7%	9%	5%	21%

Although 21 per cent of the participants were above the age of the definition of young people, their input is still valuable as the questions are related to their perception about other young people as well as their previous experience of volunteering as youth peer educators. In total, as highlighted by Figure 5.1, the interests of youth, aged 15-24, as well as adolescents, aged 10-19, are covered to a higher degree than those above 24.⁶ However, the number of young adolescents is very low. The definition of young adolescents covers young people aged 10-14 according to UNFPA's Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings.

⁵ UN.org, "Definition of Youth", www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf Accessed, August 18 2015.

⁶ UN.org, "Definition of Youth", www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf Accessed, August 18 2015.

Figure 5.1. Age group distribution of participants who completed the young people's needs questionnaire

Geographical distribution

The geographical distribution (Table 5.3) of young people who completed the young people's needs questionnaire was: Yangon, 13 per cent (45), Ayeyawady, 18 per cent (64), Bago, 15 per cent (51), Magway, 15 per cent (54), Shan North, 6 per cent (20), Shan East, 6 per cent (21), Shan South, 10 per cent (36), Kachin, 6 per cent (21) and Mandalay, 10 per cent (35). If Shan is combined as one State, the distribution for Shan State is 22 per cent (77).

Table 5.3. Geographical distribution of young participants who completed the young people's needs questionnaire

State/Region	Yangon	Ayeyawady	Bago	Magway	Shan North	Shan East	Shan South	Kachin	Mandalay
Percentage	13%	18%	15%	15%	6%	6%	10%	6%	10%

Gender distribution

There was a marked difference in gender distribution of those who completed the young people's needs questionnaire: 61 per cent were female and 38 per cent were male. In addition, 1 per cent of respondents did not record their gender. It was explained to the situation analysis team at the project sites that the main reason for this disparity was that boys and young males were more involved in work related activities than girls and young women. Even so, a gender breakdown has been undertaken, where relevant, in order to show differences between young males and females in the final analysis.

YICs not visited

Although YICs also exist in Sagaing, Kayin, Mon and Tanintharyi States and Regions, they were not visited as they are not supported under UNFPA's current programme cycle. However, a quick assessment tool was developed in September 2015 and distributed through HED to the 42 YICs in these States/Regions. This enabled information to be gathered on their situation and functionality, as well as their impact on the community. Out of 42 YIC's, 30 questionnaires were returned. The findings were analysed and collated and included in the final recommendations.

According to the list provided to the team before the start of the analysis (Appendix A), no YICs have been established in Chin or Kayah State. There may have been an intention to establish YICs in these States but this did not prove possible due to the fact that these States are hard to reach and no implementing partners were currently on the ground. However, data in Box 2 below show that fertility rates and maternal mortality are relatively high compared to the average in Myanmar in Chin and Kayah States, and that access to RH services and information is particularly pertinent for young people in these areas.

BOX 2. CENSUS DATA ON FERTILITY RATES AND MATERNAL MORTALITY IN CHIN AND KAYAH STATE

While this report was being written, new data were published from the 2014 Population and Housing Census on fertility rates and maternal mortality, highlighting the reproductive needs of the populations in these States. In hard-to-reach and remote areas, the need for access to RH services and information may be the greatest.

In Chin State, the total fertility rate (TFR) for all women aged 15-49 is 4.37 children per woman, which is much higher than the Union TFR of 2.3. According to the Census, Chin State has the highest level of maternal mortality. The MMRatio is 357 deaths per 100,000 live births, compared to the Union level of 282 per 100,000 live births. Maternal mortality is one of the most preventable causes of death and services need to be in place to ensure that every woman is able to access prenatal and postnatal care, and deliver their child in a health facility.

In Kayah State, the total fertility rate (TFR) for all women aged 15-49 is 3.3 children per woman, which is again higher than the Union TFR of 2.3. This highlights the need for access to information and services so that young men and women have the information and commodities they need to decide when and how many children they wish to have.

Sexual and Reproductive Health (SRH) knowledge and interest

Out of the 347 young people who completed the young people's needs questionnaire, 243 (70 per cent) had previous experience as a peer educator. Of those who had been peer educators, 187 (77 per cent), 153 (63 per cent) and 117 (48 per cent) had experience as a peer educator for RH, HIV/AIDS and BCC issues, respectively. These numbers demonstrate a high interest in peer education on SRH related issues and establish a strong foundation for the revival of the YIC programme. Moreover, based on these numbers and on the responses collated from the pilot research, the analysis team is confident that the questions asked were understood by the majority of participants. The feedback provided via the focus group discussions was based on an interest in improving the programme, and valuable responses were given by participants based on their own experiences.

5.2 Key Findings: Management and Operation

Management

Out of 28 YICs, 19 (68 per cent) do not have any monitoring and evaluation (M&E) system in place. Only 9 (32 per cent) of the YICs had set indicators but this did not always correlate with an M&E system being in place. Most of the targets were poorly defined, for example “amount of activities per month”. However, in cases where targets were set, 25 (89 per cent) of the respondents said the targets were met.

Costs

The YIC focal persons were asked to provide a breakdown of the costs for operating the YIC. Table 5.4 highlights the respective proportion of the budget needed for the implementation of activities. The maintenance of equipment includes all kinds of equipment related to the operation of the YIC, including books for the library and edutainment items.

Table 5.4. Budget costs to operate a YIC (more than one answer possible)

Travel costs for outreach activities	82%
Refreshments	54%
Maintenance of equipment	50%
Fuel	32%
Per Diem for volunteers	18%
Incentives for audience	14%
Copy charges for reports	11%
Cost for renovation of YIC room	7%
No budget line needed	4%
Stationary	4%
Gifts for regular YIC visitors	4%
Promotional materials	4%
Telephone bills for advocacy and communication	4%

Functionality

In regard to the functioning of the YICs, the interviewees explained that a withdrawal of support by UNFPA was the main reason behind their non-operational status. Other reasons included young people having other priorities, the marriage of active YIC young people, and a lack of contact with HED. A breakdown of these factors and other reasons are highlighted in Table 5.5. The YIC facility itself, either a corner of a room or a separate room within the rural health centre (RHC) is still used as initially intended (64 per cent), is locked (18 per cent), is used for a different purpose (11 per cent), is empty (4 per cent) or is destroyed (by flood or lack of maintenance) (4 per cent).

Table 5.5. Reasons for non-operational status of YIC reported by YIC focal persons

Main reason why YIC is non-operational	Percentage
No longer supported by UNFPA	18%
Other priorities among young people	14%
Lost contact with HED	11%
Marriage of YIC youth	11%
Facilities in bad condition	7%
Time management of Health Assistant	7%
Poverty among young people	7%
Migration of young people	7%
Culturally too sensitive	4%
Young people too busy with school	4%
No attractive incentives	4%
Other reasons	6%

Equipment

A basic set of equipment is delivered by UNFPA to every newly established YIC: books and facilities for the library, ASRH IEC related materials, equipment for youth activities (football, badminton, gym materials etc.), entertainment/edutainment equipment (TV, VCD player, microphones, speakers, edutainment VCD etc.), furniture (table, chair, cupboard) and other supportive materials, such as bicycles for outreach activities and generators for edutainment. The majority of this equipment is still in use for YIC purposes (82 per cent) see Table 5.6. In more than one third of the YICs, (part of the) equipment had been destroyed (36 per cent). In some cases, the health assistant or the health staff had taken the equipment for private use (14 per cent), or it was being used for purposes other than the objectives of the YIC. It was possible to record multiple choices in cases where, for instance, some equipment was destroyed and some parts still in use.



Table 5.6. Use of equipment at the YICs

Used for non-YIC and non-RHC purposes	4%
Equipment destroyed	36%
Equipment still in use for YIC purposes	82%
HA/Staff took equipment	14%
Equipment in too bad a condition to use	7%

Financial sustainability

Regarding the financial sustainability of the YICs, 61 per cent of the YICs took the initiative independently to conduct their own fundraising activities as shown in Table 5.7. From the interviews it could be seen that poverty was an important factor impacting the success of fundraising activities. For example in Magway, the YIC tried to collect money to buy a new roof. This initiative failed as they were not able to generate enough funds from their activities due to poverty among the community. Instead of using the amount that was collected for YIC purposes, the YIC donated the money to poor children in the village.

Table 5.7. Type of fundraising activities conducted by YICs for financial sustainability (more than one answer possible)

No fundraising activities have been conducted	39%
Library fees	36%
Tea shop at Pagoda festival	18%
Rental costs for YIC equipment (e.g. TV)	14%
Song contest and other competitions	11%
Collection box at restaurant (e.g. Lotteria)	4%
Private donation	4%
Loans to young people with interest	4%
Snacks at sport's competitions	4%
Fundraising at other events	4%
Extra sponsorship from local authorities	4%
Collecting money door-to-door	0%

In some cases the YICs raised too much money, which meant that they had funds left over after covering their costs. In Shan North, the YIC youth and the Health Assistant invested the extra funds for a referral system for patients where emergency health care was needed, for example for young women with complications arising from unsafe abortions.

Regarding fundraising activities, it is useful to highlight that several YICs used the equipment donated by UNFPA for fundraising purposes by charging rental fees for its use. According to several YIC focal persons, it is a popular practice to rent out karaoke equipment or televisions or other devices for weddings and local festivities. In these fundraising cases, the YIC management ensured that the equipment was treated with care. One finding was the high amount of YICs trying to raise funds by loaning out books from the YIC library for a fee. This was not necessarily a successful fundraising activity nor did it lead to more frequent use of the library. This requires further exploration.

BOX 3. INSPIRING STORY

YIC in Sarmalauk manages its own ambulance service

By Si Thu Soe Moe, UNFPA Communications

Ko Win Naung (30 years) lives in Sarmalauk and is a former member of the Sarmalauk YIC. After he left, he maintained contact with the YIC, as well as its former members. He explained: “We wanted to start an ambulance service. After considering several options, we turned to U Zaw Naing, Health Assistant, who leads the government run Rural Health Centre (RHC), Sarmalauk. He is a very capable youth leader, and when he heard about our initiative, he was enthusiastic.”

The village agreed to provide the funds to purchase the ambulance, on the condition that it was managed by the YIC. Zaw Naing said: “We were thrilled. It showed the magnitude of trust they put in the YIC. So, we agreed to manage the ambulance service. I helped to get the necessary documents so that the YIC could legally own the vehicle.” The ambulance was purchased and in service by May of 2016.

Win Naung and other former YIC members drive and maintain the ambulance on a voluntary basis: “We have 18 referrals on average a month. Among these are pregnant women who are referred to the Central Women’s Hospital in Yangon. It used to take more than an hour to get to the hospital, given the traffic in Yangon. The ambulance takes about 40 minutes.”

Enthusiasm about the ambulance service is abundant. When asked about the future, Win Naung says simply: “Oh, we will have to carry on. There will be other young people to take our place when the time comes. We are very proud of this initiative. It certainly serves as a beacon for future generations to aspire to. Of that, I am quite certain.”

See Appendix E for the complete story



5.3 Key Findings: Programmatic Outlook and Content

Peer Education

The core objective of the YIC is to provide peer education for young people in rural communities led by voluntary youth peer educators who are trained by HED with the support of UNFPA. The YIC focal persons were asked how many youth volunteers they engaged on average per year when the YIC was in operation. The findings show a high interest among young people in the village to engage as youth volunteers.

Figure 5.2. Number of youth volunteers according to YIC focal persons

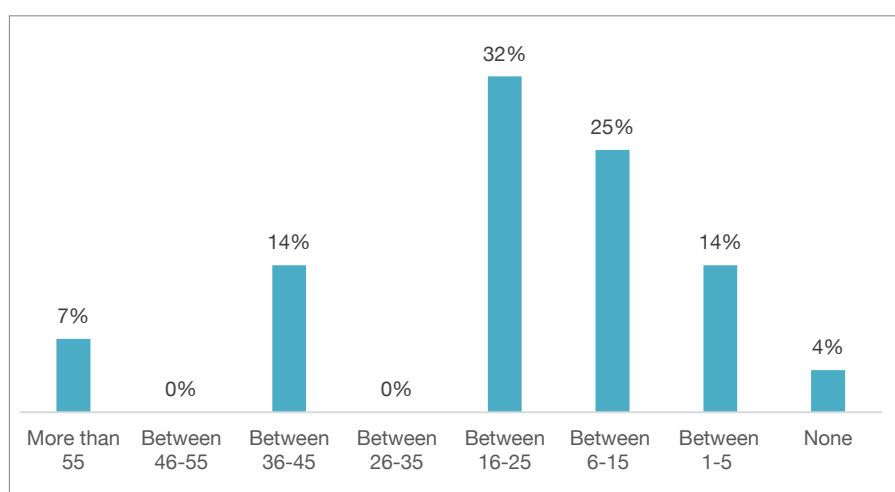


Figure 5.2 shows the number of young people who were youth volunteers in 2014. According to one third of the CSGs (32 per cent), 16 to 25 youth volunteers were engaged in their YIC in 2014. More than 50 per cent of the CSGs mentioned that between 16 and 55 youth volunteers were engaged at their YIC in 2014. The high number of youth volunteers at YICs confirms the views expressed by the young people who were interviewed. Altogether 99 per cent of the 347 young people who completed the needs questionnaire recorded an interest in working as a peer educator in the areas of: RH (76 per cent), HIV/AIDS (62 per cent) and BCC (58 per cent). Respondents could make multiple responses to this question. Furthermore, 90 per cent of young people expressed an interest in becoming involved in the planning and design of RH or HIV/AIDS materials.

Challenges on Outreach Activities

The main challenges that young people faced in outreach activities were mostly related to implementation, as can be seen in Table 5.8. Surprisingly, external reasons such as resistance from the community and poverty among target groups were not strongly seen as obstacles to peer education. This data provides a good indication of where direct-based change is needed.

Table 5.8. Main challenges for reaching out to young people according to YIC focal persons

Type of Challenge	Percentage
Insufficient amount of material available	79%
Not enough young people volunteers	50%
No budget for maintenance	43%
Time management issues of Health Assistant	39%
Resistance from community	29%
Poverty among young people	29%
Not enough edutainment equipment that is suitable for young people	18%
No appropriate transport	18%
Language barriers	11%
Disasters/inaccessibility of areas (rainy season, flooding etc.)	7%
Seasonal reason (e.g. Harvesting)	7%
No incentives for audience	7%
YIC is in too bad a condition	4%
Illiteracy among target group	4%
Male staff required for support for security reasons	4%
Migration of young people	4%
Commitment of local authority	4%
Lack of training for new volunteers	4%
Fear that young people will provide incorrect information	4%
Lack of teamwork skills among young people	4%
Cover of transportation costs	4%

Regarding insufficient amounts of material, which is related to the main challenge of reaching out to young people, respondents were also asked which material is not sufficient. Their replies, indicating that the highest need is for informative learning materials, are summarized in Table 5.9.

Table 5.9. Type of material which is insufficient according to YIC focal persons

Response	Percentage
IEC materials	57%
Training materials for refresher courses	54%
Books	43%
Audio visual aids	39%
Appropriate transport options	7%
Projector	7%
Posters	7%
Promotional items/giveaways	7%
Stationary	4%
Fuel	4%
Edutainment items	4%
Period journals and magazines	4%

Out of all YIC focal persons, 93 per cent were positive about revitalizing YICs. Those who were not, mentioned general socioeconomic changes in their respective geographical area, particularly youth migration, as the main reason for not reviving the YIC. The socioeconomic changes, such as migration, are due to new employment opportunities being elsewhere, such as factory work. This decreases the number of young people available to the extent that the sustainable operation of the YIC is not possible, according to the YIC focal persons. However, for a successful regeneration of peer education, the YIC's would also require further investments, according to the focal persons. These are highlighted in Table 5.10.

Table 5.10. Requirements for a successful revival of YICs according to YIC focal persons

Recruitment of new YIC young people	44%
Regular refresher trainings	41%
Replacement of old/destroyed equipment	33%
Support for specific budget lines	30%
General incentives for young people	26%
Financial support from UNFPA	19%
Uniforms	11%
More IEC materials	11%
Increased commitment of local authorities	7%
Incentives for achievements	7%
Funding support	7%
Monitoring support by UNFPA and HED	7%
Remobilization of former YIC young people	7%
More advocacy to parents	4%
Change of transportation provision	4%
Undertaking other activities	4%
Internet	4%
Exchange programmes between YICs	4%
More support for Health Assistant	4%
Male Health Assistants needed	4%
Commitment of health staff needs to increase	4%
YIC young people need to follow regulations of RHC	4%
Need separate building/room for YICs	4%



Community Support Groups

Community Support Groups (CSG) were established to support the activities of rural health centres (RHCs) and in the case of YICs, to support the youth volunteers in their outreach activities. Members of the CSG were mainly selected by the health assistant (62 per cent), by the village leader (46 per cent), the midwife (8 per cent) or by the local authorities (4 per cent). However, it has been a long time since the CSGs were established and the members present at the field visit were asked if they would like to change the function of the CSGs. The majority (62 per cent) of the respondents answered “no”, 38 per cent answered “yes” and provided the following suggestions for change, as presented in Table 5.11.

Table 5.11. Suggestions for change to the CSGs according to CSG members

General capacity development for members	31%
Gender balance	19%
The reselection of members with new criteria	15%
Refresher trainings	15%
Change of the terms of reference of each member	12%
Increased commitment by CSGs	8%
Need for other non-SRH related health information	8%
Improved leadership of Health Assistant	4%
Car or other transportation provided for referral services	4%
Regular review meetings	4%
Would like to change, but no suggestion made	4%

Capacity development

The highest recommendation for change was related to capacity development. The answers to a follow-up question to CSG members to ascertain in what areas capacity needed to be built, emphasized the need for behaviour change and communication (BCC) skills. This and other areas are highlighted in Table 5.12. The lack of knowledge and skills in BCC is undermining the CSG's ability to address the challenges young people are facing within their community.

Table 5.12. Type of capacity development needed for CSG members, according to CSG members

BCC	65%
Basic reproductive health training	50%
Basic counselling	42%
Interacting with young people in an appropriate way	38%
Leadership	31%
Team building	23%
Update on disease information	23%
Monitoring and Evaluation	19%
Literacy	4%
Specific issues targeting BCC skills	4%
Negotiation skills	4%
Training for new CSG members	4%
General refresher trainings	4%
General RH knowledge	4%
Community mobilization	4%
First aid training	4%
Emergency care training	4%
General health information	4%
All of the above	4%

BOX 4. INSPIRING STORY**How behavioural change was created in a village in South Shan***By Agnethe Ellingsen, youth consultant, UNFPA*

Young people and health staff in rural areas of Ayeyawady, Bago, Kachin, Magway, Mandalay, Shan North, East and South and Yangon cited early marriage, from the age of 13, as a major concern during UNFPA's nationwide situation analysis of its Youth Information Corner Programme. The review indicated that early marriage in rural Myanmar is a challenge to be addressed in the coming years. However, there are success stories from the field which provide indicators to tackle this issue.

An impressive example from Shan South shows how members from a Community Support Group (CSG) who received training on the physical and economic harm of early marriage several years ago, were able to convince their village not to allow marriages before the age of 18. "This is why our village does not have early marriage anymore and adolescent pregnancy is very rare, in contrast to some of the neighbouring villages", one CSG member explained.

UNFPA supported the establishment of CSGs to support trained youth volunteers in the planning and implementing of outreach activities and peer education sessions on sexual and reproductive health. Members of CSGs are usually senior members of the local community who have been selected based on their commitment to community development, regardless of gender. The review showed that CSGs have access to the wider community in most cases. CSGs seem to be an underestimated resource in programming against gender-based violence and early marriage.

See Appendix F for the complete story

Gender

As the YICs have existed for many years (some were established more than ten years ago) there is a strong need for updating and renewing training and IEC materials. At a minimum, this would ensure that materials are in line with accepted international standards and guidelines for addressing issues such as gender and sexual and reproductive health. In regard to gender issues, out of all YICs, 79 per cent have included gender issues in their trainings, together with information on the services they provide. The numbers are too low to be significant, but the issues addressed, integrating gender, through YIC outreach activities are ranked in Table 5.13.

Table 5.13. How gender issues have been addressed through YIC outreach activities

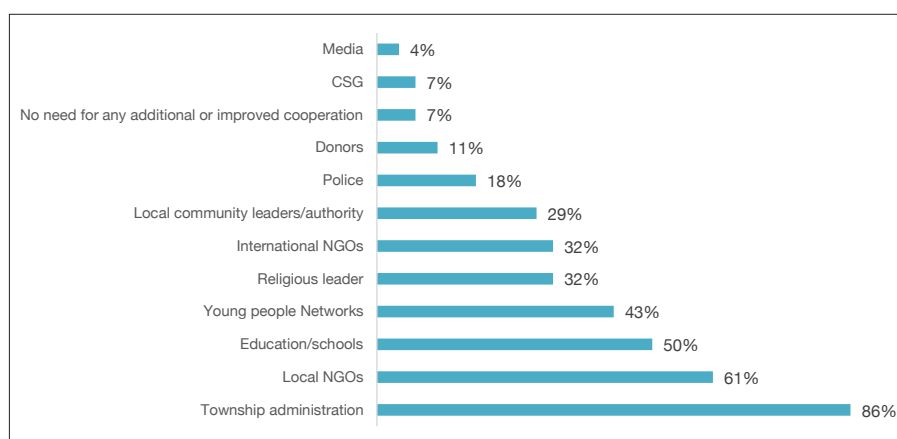
Gender balance in activities	39%
Male involvement in contraception	36%
Male involvement during pregnancy	36%
GBV	25%
BCC for gender equality	25%
Sexual harassment	14%

Partnerships

In terms of new or strengthening partnerships for YICs, the YIC focal points listed partnerships with a range of stakeholders as shown in Figure 5.3. The highest number relate to local government authorities, NGOs, and schools.

This demonstrates that the capacity development of YICs should include advocacy and messaging for relevant stakeholders. Given that the CSGs have been cited as a resource to be optimized, their role in preventing and responding to GBV could be explored. They have ready access to their community and governmental health staff, and are in an ideal position to positively influence and strengthen a collective effort to combat GBV. Their capacity to deal with this issue should be strengthened so that they can support their community, especially young women and girls, more effectively.

Figure 5.3. Stakeholders with whom more collaboration for YIC activities is needed



5.4 Key Findings: Youth-friendliness and Perceptions

Capacity

Out of 28 YICs, only one YIC focal person had previous YIC experience before joining the health facility at the current YIC he/she is managing (Myittha, Mandalay). There are usually no services at the YIC which young people have to pay for. Exceptions to this are library related charges or a YIC membership card (this was only in one case). Close to 100 per cent of the YIC focal persons said that they had never heard about the *“National Standard Guidelines on Young People’s Health”*. Additionally, only 50 per cent had received any training on young people’s health. Of all interviewed YIC focal persons, 61 per cent stated that they do not have sufficient competency on young people’s health. This is alarming given that 39 of all YICs are the only facility providing information on young people’s health in their community. As Table 5.14 highlights, only 4 per cent of the YIC focal persons had received training on HIV/AIDS targeting youth.

Table 5.14. Type of training YIC focal persons have received according to YIC focal persons

BCC	43%
Communication	29%
Counselling	29%
Adolescent sexual and reproductive health	18%
Adolescent Job Aid	11%
Life skills	7%
HIV prevention for young people	4%

In terms of interest on certain topics, YIC focal persons would like to learn more about issues relevant to young people, especially adolescent, sexual and reproductive health (ASRH) in general, as well as BCC and how to communicate with young people (Table 5.15). Surprisingly only 36 per cent want to learn more about HIV/AIDS prevention, even though only 4 per cent of focal persons have received training on this topic in the past. As highlighted above, a stronger focus is needed to build capacity on HIV prevention, particularly to target young key affected populations (YKAPs) especially in rural border areas of Myanmar.

Table 5.15. Type of trainings which YIC focal persons are interested in receiving

Adolescent sexual and reproductive health	54%
BCC	46%
Communication	36%
HIV prevention for young people	36%
Life skills	32%
Adolescent Job Aid	32%
Counselling	25%
General refresher training	11%
Drug/narcotic abstinence	7%
Non-communicable disease prevention	4%
TB/Malaria	4%
Leadership management	4%
Gender issues	4%

Out of those YIC focal persons who responded to the question: “How many young people, including adolescents, are aware of the health services available to them?” 46 per cent said “below half”, 23 per cent said “half of them”, 15 per cent said “above half”, 8 per cent said “above 80 per cent” and 8 per cent responded “unspecified”. In addition to the findings from the questionnaire, the analysis team learned that awareness about the availability of health services is usually high in the village where the YIC is located, but low throughout the rest of the respective Township.

Finally, it is important to highlight new trends and issues that YIC focal persons are confronted with, for example understanding about emergency



contraceptives, and being able to address myths and realities about local harmful practices used for sexual enhancement. During the pilot assessment, the use of silicone injections by men into their genitals was mentioned. From follow-up questions about this, it appears at this time, to be localized in the Yangon area, as well as in Bago and Magway.

Perceptions

Of those young people who had visited a YIC at least once, 80 per cent said the opening hours were convenient for them, while 18 per cent said that they were not. The reason for not visiting the YIC, despite initial intentions to do so, are shown in Table 5.16.

Table 5.16. Reasons why YIC was not visited

Too little time because of work	48%
Too little time because of school	35%
Too little time because of other issues (fixed answer)	18%
Did not want to go alone	7%
Transportation costs	6%
Did not understand what the YIC actually is/its objectives	3%
Costs related to loss of income if YIC visited	2%
Did not find the facility	2%
Busy with private issues (holiday, children sick, etc.)	2%

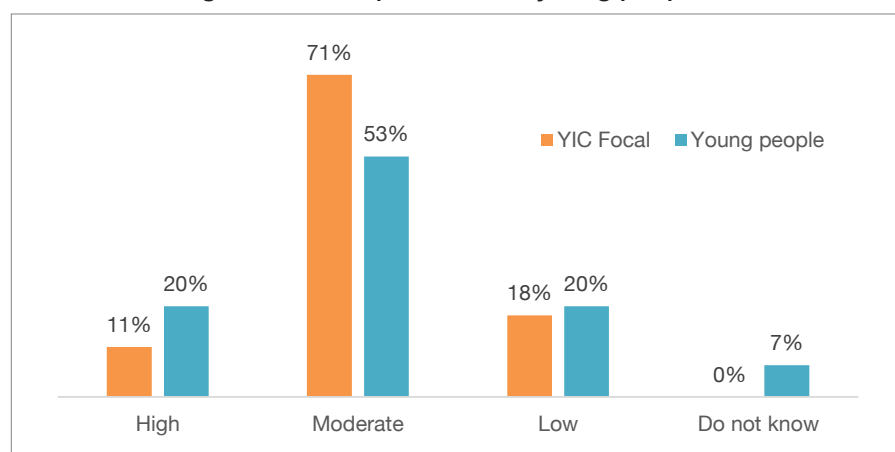
Other reasons cited by 1 per cent of respondents or less were: that there was little privacy/no confidentiality in the facility; the facility was closed during opening hours; the waiting time was too long; other social, health and education activities took precedence; personal issues relating to the attitude of the staff of the facility or YIC focal persons; religious matters; not feeling intelligent enough; or that their partner or relatives prevented them from visiting the YIC.

Additionally it is important to highlight how conflict impacts on the functioning of YICs. In Kachin young people explained that because of the conflict, they didn't feel safe enough to travel to a YIC facility. Seven per cent of the YICs (2 out of 28) mentioned a problem with young people visiting the YICs and behaving boisterously, which can create challenges for staff and others.

Awareness of young people's health

Regarding society's awareness of young people's health, the YIC focal persons and young people themselves were asked how they would rate the awareness of the community about young people's health. The responses are illustrated in Figure 5.4.

Figure 5.4. Perception of community's awareness of young people's health according to YIC focal persons and young people



5.5 Key Findings: Young people's needs

The needs of young people were analysed by looking at the responses of YIC focal persons, the Community Support Groups as well as by the completed self-administered questionnaires by young people. The findings below indicate interesting differences in responses by group, especially related to gender-based violence and contraception, as highlighted in Tables 5.17, 5.18 and 5.19.

YIC focal person's perception about the needs of young people

The findings below highlight what YIC focal persons see as the main issues among young people in the community from a medical point of view (Table 5.17). It should be noted that the question asked was: "What are the main issues among young people visiting the RHC facility?" However, the question seems to have been interpreted as: "What are the general issues among young people?" In spite of this, the results should still provide a relevant and comparatively valid weight.

Table 5.17. Main issues among young people who visit RHC facilities according to YIC focal persons

Alcohol abuse	50%
Early marriage	46%
Contraception	39%
General diseases (TB, Malaria, Dengue etc.)	29%
Menstrual issues	25%
Unwanted pregnancy	21%
Drug abuse	21%
Betel nut chewing	21%
Emergency contraception	18%
Hygiene issues	14%
Traffic accidents	14%
Sexually transmitted infections	11%
Smoking	11%
HIV	7%
Gender-based violence	7%
Premarital sex	7%
Mental health	4%
Anaemia	4%
Health impact of video games	4%
Acute respiratory tract infections	4%
Induced abortion	4%
Breast feeding	4%

Community Support Groups (CSGs)

Table 5.18 details the issues that young people are most concerned about from the perspective of the Community Support Group members. They have direct access to the community and young people. Clearly, there are differences of perspectives and opinions in the answers of the CSGs compared to young people. There is a much higher mention of gender-based violence compared to YIC focal persons or young people. This could be explained by the fact that the CSGs have a more comprehensive understanding of the issues facing young people due to their higher level of access to information. In the quick assessment questionnaire the responses showed that only 26 YICs have CSGs.

Table 5.18. Main issues among young people according to CSG members

Contraception in general	65%
Early marriage	54%
Access to antenatal care	31%
Gender-based violence	23%
Unintended pregnancy	15%
Sexually transmitted infections	15%
Drug abuse	15%
HIV/AIDS	12%
Reproductive organs and their functions	12%
Alcohol abuse	12%
Access to postnatal care	8%
Premarital sex	8%

Young people's needs according to young people

Young people who completed the questionnaire identified unemployment, early marriage and alcohol problems as the top three priority issues at 48 per cent, 47 per cent and 46 per cent, respectively (Table 5.19). Early marriage was also mentioned as a priority by YIC focal persons and CSG members (46 and 45 per cent, respectively). Alcohol problems were mentioned by YIC focal persons and young people as a priority (50 and 46 per cent, respectively).

Table 5.19. Main issues among young people in their community according to young people

Unemployment	48%
Early marriage	47%
Alcohol problems	46%
Poverty	45%
Smoking	44%
Family problems	33%
Drug problems	20%
Poor education opportunities	19%
Stress	15%
SRH related problems (sex, pregnancy, abortion, contraception etc.)	12%
Violence (physical or sexual)	4%
Traffic accidents	1%
Lack of general knowledge	1%

Gender differences

In order to provide an overview on differences by gender, given the inequality of gender distribution among respondents (already stated earlier in this report), the responses have been divided by gender, see Table 5.20. It is important to note that the top 11 issues are the same for both genders, although ranked differently. In terms of the main concerns for boys and girls, these are somewhat, but not significantly, different. Most marked was the positioning of early marriage, which girls ranked as their number one concern, while for boys it was ranked fifth. Unemployment for both sexes ranked high, with males listing this one level higher as a concern than females.

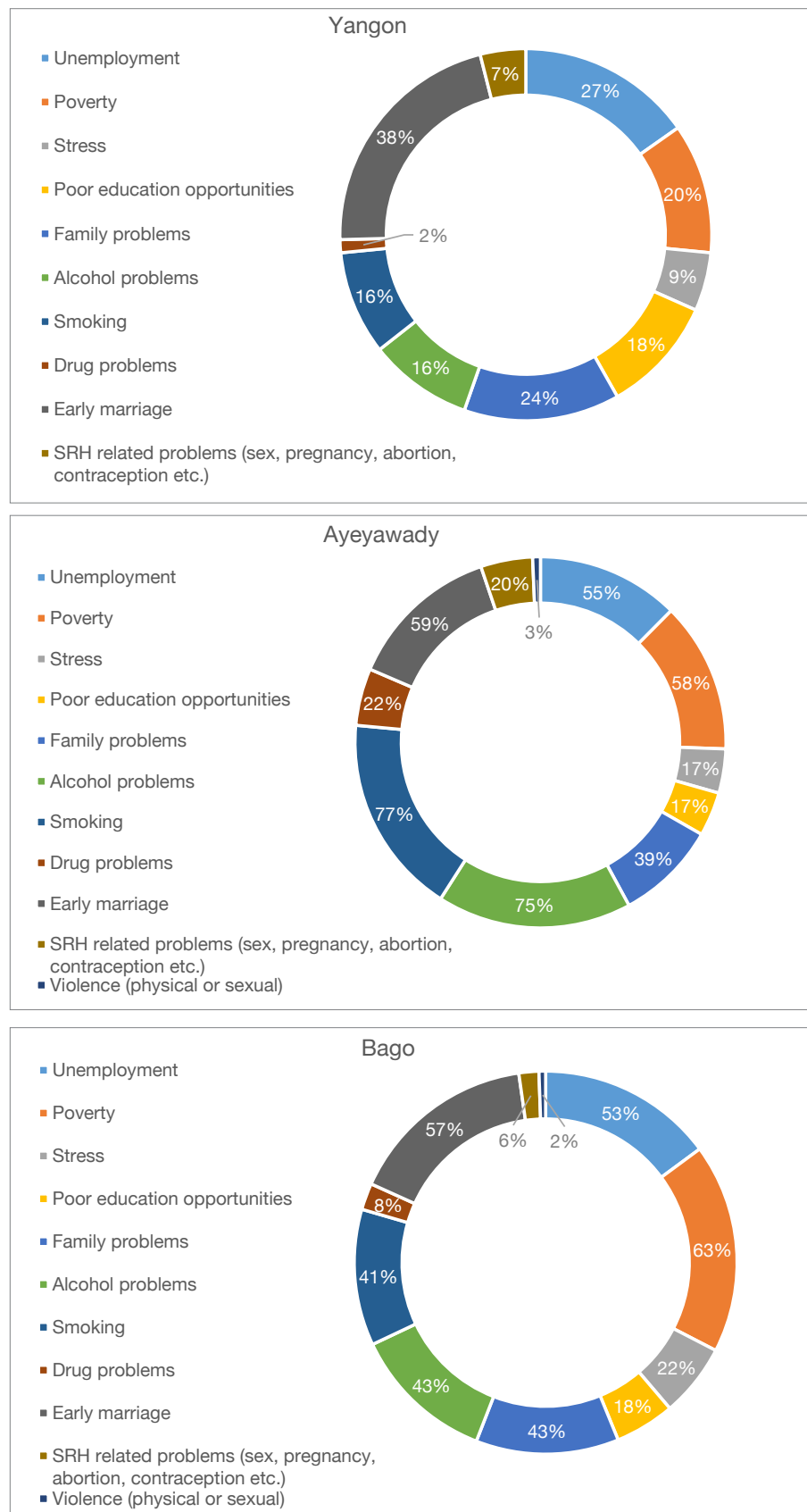
Table 5.5. Main issues among young people in their community according to young people, by gender

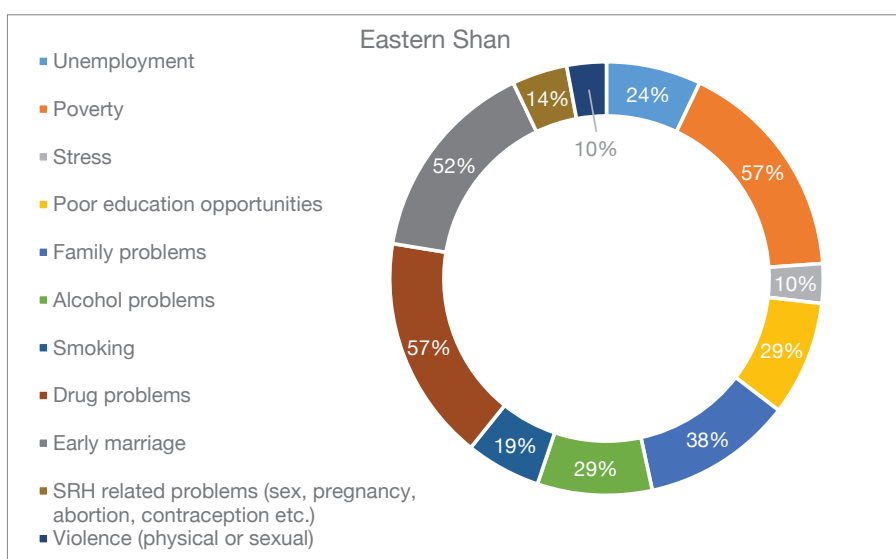
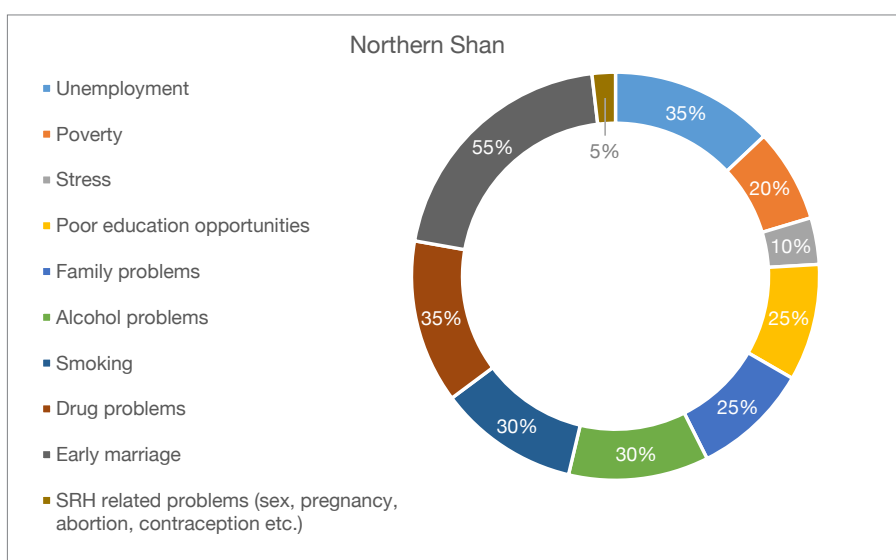
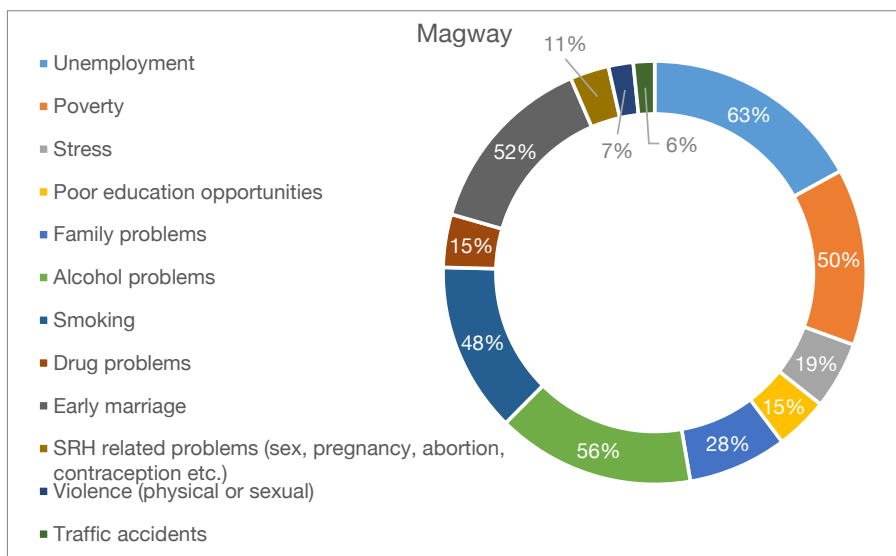
Female	Percentage	Male	Percentage
Early marriage	51%	Unemployment	52%
Unemployment	46%	Alcohol problems	50%
Poverty	45%	Smoking	50%
Alcohol problems	45%	Poverty	46%
Smoking	42%	Early marriage	40%
Family problems	35%	Family problems	30%
Poor education opportunities	19%	Drug problems	24%
Drug problems	17%	Poor education opportunities	21%
Stress	14%	Stress	15%
SRH related problems (sex, pregnancy, abortion, contraception etc.)	13%	SRH related problems (sex, pregnancy, abortion, contraception etc.)	10%
Violence (physical or sexual)	3%	Violence (physical or sexual)	5%
Lack of general knowledge	1%	Traffic accidents	3%
Traffic accidents	0%	No motivation for development	1%
No motivation for development	0%	Lack of general knowledge	1%

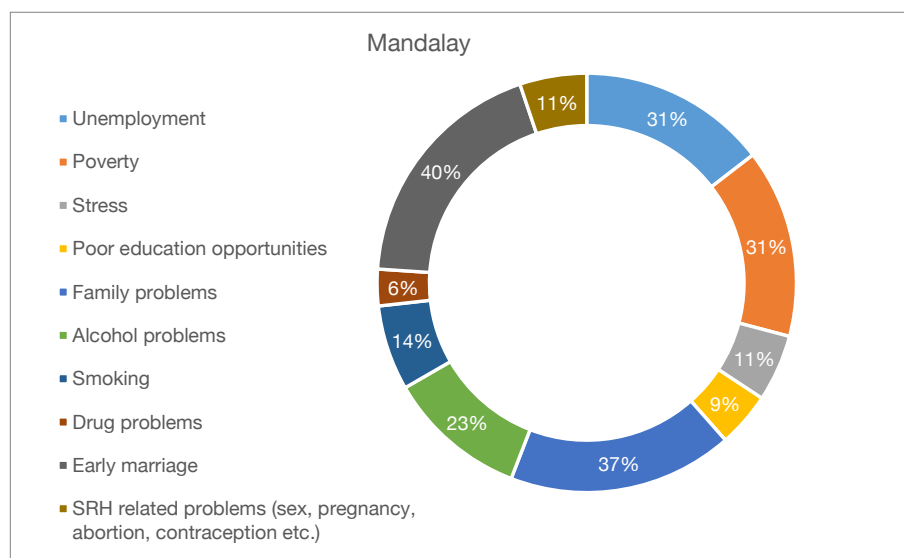
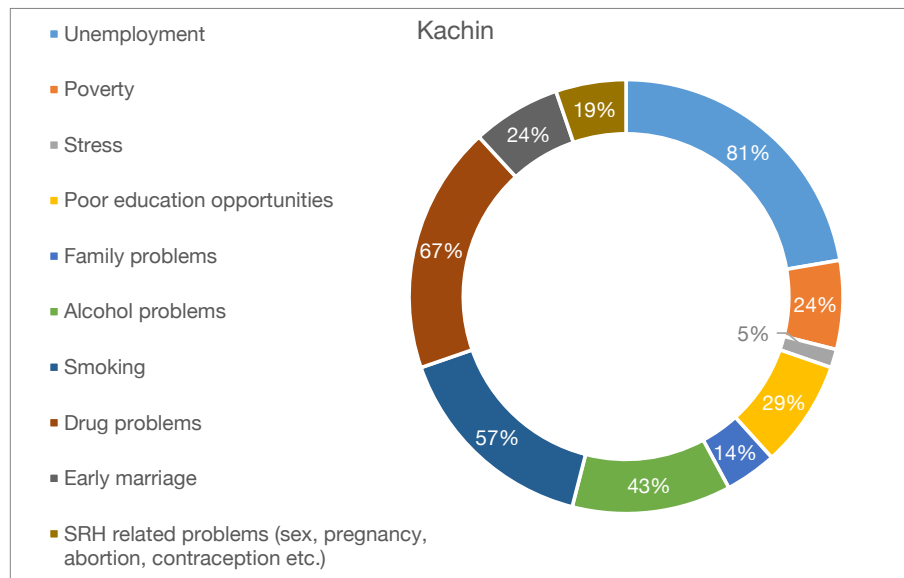
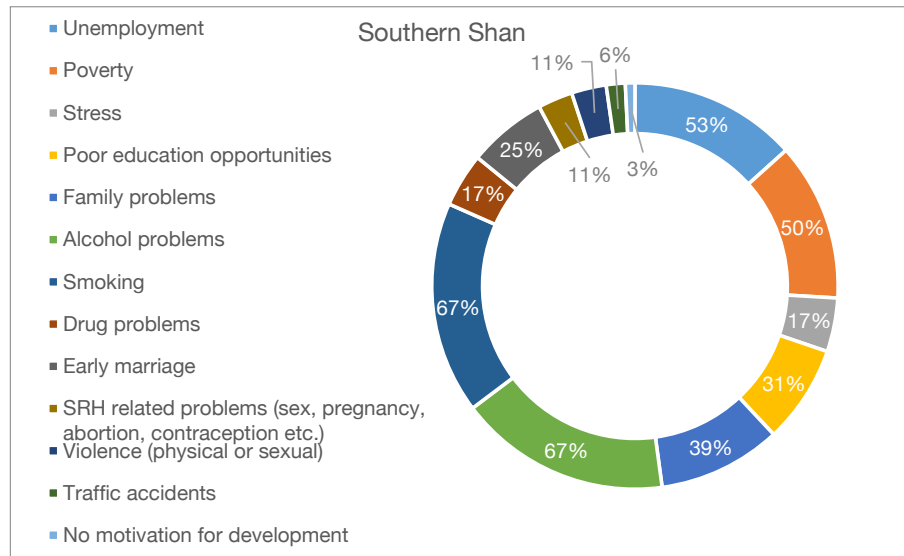
Geographical differences

In order to give an illustration of regional differences, the respondents were also divided by geographical area (Figure 5.21). In order to ensure confidentiality, there is no breakdown by Township level, except in Kachin where there is only one YIC, as in some cases it would be possible to track responses by gender. Unemployment was ranked highest in Kachin (81 per cent), while poverty was the main concern in Bago (63%). Alcohol problems and early marriage were ranked highest in Ayeyawady (75 per cent and 59 per cent, respectively).

Figure 5.5. Main issues among young people in their community according to young people, by geographical area







5.6 Key findings: Young people's knowledge

Source of information

The findings underscore that health workers are a primary source of information on health for young people, highlighting the importance of YICs. Printed media and promotional activities are an important source of access to information for young people about health issues. Surprisingly, friends are not a source of information for young people in many cases, as shown in Table 5.21.

Table 5.21. Sources of information on health according to young people

Health workers	80%
Pamphlets or posters provided by MOH	54%
Newspapers, journals, magazines	51%
TV	48%
Radio	44%
Teachers	41%
Peer educators	36%
Parents or relatives	34%
Friends	30%
Pamphlets or posters provided by INGOs, NGOs and CBOs	26%
Social media/internet e.g. Facebook, websites etc.	24%
Community leader	8%
Telephone hotline	7%
Religious leader	6%

Knowledge

Young people were asked what they would like to learn, indicating where they felt they had insufficient knowledge about certain health topics. These topics are shown in Table 5.22, where the largest concerns were related to sexuality and reproductive health information. In addition, a few young people mentioned specific topics such as anaemia, heart related diseases, kidney disease, cancer, rheumatic fever as well as hypertension as topics they would like to learn more about.

Table 5.22. Health topics young people would like to learn more about

SRH (Pubertal changes, reproductive organs and functions, conception, contraception)	48%
HIV/AIDS	42%
Communicable diseases (e.g. Malaria, TB, flu)	41%
Effects of alcohol	35%
Non-communicable diseases	33%
Effects of tobacco	33%
Maternal and child care	31%
Drug abuse	30%
Effects of betel nut chewing	30%
Sexually transmitted infections	27%
Violence (physical or sexual violence)	22%

In addition, young people were asked how they rate the knowledge of other young people on certain topics, see Table 5.23. When combining “strongly agree” with “agree” and “strongly disagree” with “disagree”, physical and sexual violence and mental health had a higher percentage than the “neutral” or “agree” responses. It is recommended that these topics are integrated into the eventual new YIC programme and that IEC materials are created, as they are “new” topics.

Table 5.23. The level of knowledge of young people in their community on specific topics, according to young people

Young people in your community have good knowledge about:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
HIV/AIDS	8%	44%	31%	12%	3%
Sexually transmitted infections	20%	20%	34%	29%	10%
Reproductive organs and their function	6%	34%	34%	20%	12%
Contraception	12%	45%	23%	13%	4%
Effects of alcohol	15%	39%	24%	15%	4%
Effects of tobacco	12%	40%	24%	16%	5%
Effects of betel nut	12%	37%	30%	15%	3%
Effects of drug abuse	15%	31%	26%	16%	8%
Impact of physical or sexual violence	10%	20%	28%	24%	15%
Mental health	4%	10%	35%	31%	16%
Other diseases	5%	30%	31%	21%	11%

Conclusions and Recommendations

6

The key findings on which the conclusions and recommendations of this analysis are based can be summarized as follows:

- Young people show a strong interest to become a peer educator and believe that they can play a role in revitalizing the YICs
- Young people want to be involved in developing new materials about adolescent sexual and reproductive health
- Early marriage, alcohol abuse and contraception are the main health issues mentioned by young people, YIC focal persons and CSG members
- YIC focal persons have limited capacity and require competencies to interact with young people to provide age-appropriate and relevant information
- Coordination between UNFPA and HED regarding YICs has been weak, especially in terms of programme implementation. This includes a lack of regular refresher trainings, updated information education and communication (IEC) materials and equipment for edutainment and transportation
- Effective and formal monitoring and evaluation and supervision systems are lacking
- Limited financial and narrative reporting has resulted in an inability to assess the impact of the programme.

Interest and involvement of young people

The findings reveal that many young people have a strong desire to become peer educators. This interest provides justification to continue or revive the YIC programme. As an approach, it can contribute to advancing Myanmar's progress towards achieving the Sustainable Development Goals by 2030.

Young people provided a clear message that they would like to actively participate in the design and development of adolescent sexual and reproductive health (ASRH) and HIV/AIDS information, education and communication (IEC) materials. Including young people in the development process will lay the foundation for a new, relevant and sustainable YIC programme which encompasses comprehensive sexuality education principles for young people, together with a stronger, more efficient and results-based management.

The findings also indicate that the involvement of young people in an eventual revival of the YIC programme should be on the operational rather than the management side of the YICs. Young people can be included through feedback mechanisms at the planning, reporting and monitoring and evaluation stages. Overall, the completeness of the responses from HED and most YIC focal persons were very positive. They provided all the requested information on very sensitive issues, and young people showed a strong interest to become more involved in YIC activities and in the design of SRH related activities. This also added to the robustness of the information gathered. In addition, there was a readiness to provide information that could eventually be positively used to address the needs of young people, especially related to early marriage, GBV and the abuse of substances.

Recommendations:

- (1) Encourage young people to volunteer and empower them to lead, own, sustain and strengthen their YIC programme.
- (2) Establish a fund to motivate and reward active youth volunteers and local health staff and offer scholarship opportunities. In order to strengthen the function and sustainability of YICs, one or two young persons with good leadership skills should be given a modest salary to facilitate and implement YIC activities.

Address the needs of young people

Young people identified unemployment, early marriage and alcohol problems as their top three priority issues at 48 per cent, 47 per cent and 46 per cent, respectively. These issues were also discussed in focus group discussions, as well as drug abuse and unsafe abortions. Early marriage was also mentioned as a priority by YIC focal persons and CSG members (46 and 45 per cent, respectively). Alcohol problems were mentioned by YIC focal persons and young people as a priority (50 and 46 per cent, respectively). Issues mentioned by young people that they do not have much knowledge about include: physical and sexual violence; mental health issues; and prevailing legislation regarding gender-based violence. These are interlinked with early marriage, unemployment and alcohol abuse resulting in frustration and violence. The top priorities on the list of health issues that young people want to know more about were SRH, HIV/AIDS and communicable diseases, respectively cited by 48 per cent, 42 per cent, and 41 per cent of respondents.

Recommendations:

- (3) The needs of young people require attention. YICs could play an important role in addressing these needs.
- (4) Provide YICs with national guidelines for the prevention of substance abuse, tailoring these specifically for young people to equip them to make healthy choices in their lives. Provide dissemination of, and training on existing guidelines.
- (5) Investigate, in more depth, issues mentioned by young people that they do not have much knowledge about. Review existing materials and programmes aimed at young people's health and sexuality education, assessing the need for further strengthening of identified topics such as physical and sexual violence and mental health issues.
- (6) Establish YICs in hard-to-reach areas where a lack of access to health information and services is often greater than in less remote areas.

Behaviour Change Communication (BCC) interventions

The core of all YIC initiatives and activities are related to BCC for adolescent sexual and reproductive health (ASRH). Based on scientific evidence, according to the widely used BCC Strategic Framework of Family Health International,⁷ any successful BCC intervention requires strong planning and continuous on-going monitoring and evaluation, ideally with up-to-date baseline data in order to track impact, identify weaknesses and adapt activities to new changes and trends. This is especially important in Myanmar as the country is opening up and access to information, the increase of information and communication technologies, as well as socioeconomic change which is causing socio-cultural changes, are contributing to changes in behaviour among young people. Information needs to explain and provide evidence on why certain practices are harmful and constitute a health risk, including substance abuse, sexual enhancement techniques, and driving under the influence of any stimulates. In addition there needs to be an emphasis on BCC in terms of methodology for young people. The lack of regular refresher trainings on ASRH and life skills for YIC focal persons; capacity development trainings such as monitoring and evaluation (M&E) and reporting; and the lack of knowledge about how to set clear targets and indicators by YIC focal persons, are preventing the YIC programme achieving any long-term impact.

Recommendations:

- (7) Design a capacity development plan for each comprehensive sexuality education topic for youth volunteers, to be updated at least every two years.
- (8) Ensure the provision of operational guidelines, and establish national priorities and leadership for the Ministry of Health for young people's health.
- (9) Provide up-to-date knowledge on young people's health and their needs among local health staff and YIC focal persons.

Evidence-based programming

The findings of the analysis demonstrate weak programme planning, implementation, and monitoring and evaluation of the entire YIC programme. In order to make the YIC and BCC interventions successful, a long-term, continuous and evidence-based M&E system needs to be developed. Without this, the cost efficiency of the YIC programme will be negative and make any revival meaningless. Baseline data is required in order to set targets and indicators. The 2014 Census data and the 2016 Demographic Health Survey are useful starting points in terms of setting measurable indicators and targets, as the number of young people per Township is now known. However, much more data than this analysis can provide is required in order to set clear targets towards achieving the Sustainable Development Goals by 2030. If a measurable, evidence-based YIC programme can be developed this will enable core objectives of the programme to be aligned and standardized across YICs, as well as States and Regions, generating data that can be used for analysis, comparison, and the understanding of differences and needs between YICs.

⁷ Behavior Change Communication for HIV/AIDS – A strategic framework, 2002.

Recommendation:

- (10) Develop a strong evidence-based YIC programme that includes a monitoring and evaluation plan with standard indicators, ideally underpinned by a nationwide baseline study conducted at a minimum every three years, to track outcomes and integrate findings to ensure results-based BCC interventions by YICs. These programmes need to be financed and supported by the MOHS with funding from the international community and donors, with full ownership by the MOHS for continuity.

Insufficient material

As highlighted in the strategic framework for BCC, BCC interventions fail when material and training on its content and application are insufficient. The fact that almost all YICs complained of not having sufficient material further underlines the lack of programme planning and management. This limits the functioning and impact of YIC's.

Recommendations:

- (11) Develop new, updated and relevant IEC materials for YICs in sufficient amounts, integrating gender and rights issues and comprehensive sexuality education, aligned to international guidelines. See Box 5, The Love Question Life Answer Mobile App.
- (12) Ensure the participation and inclusion of young people in the development process of materials in order to stimulate a sustainable YIC programme.
- (13) Develop a simple but efficient logistics system for the provision of IEC materials in order to support SRHR interventions.

BOX 5. THE LOVE QUESTION LIFE ANSWER MOBILE APPLICATION

The “Love Question Life Answer” app is a mobile application developed in 2016 and targeted at young people aged 10-24 years. It is principally for those who own a smartphone but the app can also be viewed by young people who have friends with a smartphone or they can check the app in the Youth Information Corners (YICs).

The main objectives of the app are to increase awareness and knowledge on sexual and reproductive health and rights (SRHR), to reduce unwanted pregnancies and to reduce maternal deaths among young people.

The innovative concept of the “Love Question Life Answer” app was developed by UNFPA Myanmar when it came first in the UNFPA Innovation Hub Competition in 2015; the only winning project in South-East Asia for youth. Through this competition UNFPA Myanmar received funding to develop the app. The app is in the Myanmar language and provides information on topics related to sexual and reproductive health and rights such as: Love versus Sex, Life Skills, Contraceptives, Sexually Transmitted Infections including HIV, Gender Equality and Gender-Based Violence, and Drugs and Alcohol.



YICs as sources of health information

The findings on the sources from which young people get their health information illustrates the potential for YICs to have a greater role and impact if they implement effective BCC interventions, as well as providing guidance on other sources that can be used for outreach activities. The average to low level of knowledge shown in the findings of this analysis further strengthens the urgency for such activities.

Recommendation:

- (14) Develop a capacity development plan on all aspects of young people's health and ensure that all YIC focal persons respect the privacy and confidentiality of young people and interact with them in an age-appropriate manner.

Evaluation

Although annual review meetings took place in the past and were appreciated, it was suggested that the format needs to be changed so that these lead to tangible actions. It was also suggested that regional review meetings should be held, which might be extremely beneficial for some areas of Myanmar.

Recommendation:

- (15) Devise a clear coordination and review structure at all levels, which includes a capacity development component.

Finances

Financial sustainability is another aspect which needs to be more comprehensively addressed. For example, providing specific training on successful fundraising activities, as well as highlighting activities that are unlikely to reap any benefits, such as charging library fees for borrowing books from the YIC library. It is important to develop innovative ways of resource mobilization at a level that is not financially prohibitive for those who need and want to access information.

Recommendation:

- (16) Conduct capacity development trainings on reporting skills for assigned YIC/HED focal persons, including successful fundraising activities and lessons learned from other YICs.

Capacity development on youth and HIV prevention

According to the YIC focal persons, an alarming 61 per cent of all interviewees stated that they do not have sufficient competencies to provide young people with health services. This is particularly concerning as 39 per cent of all YICs are the only facility providing information on young people's health in their community. Only 4 per cent of the YIC focal persons received training to target youth with information about HIV/AIDS, although relevant stakeholders are recommending that urgent action is taken to raise awareness about HIV prevention. Recent reports⁸ highlight that high risk areas, such as border and conflict-affected areas, are poorly serviced, and that the number of people living with HIV, as well as the number of new infections might be much higher than reported. Specific capacity development initiatives targeting rural health officials are needed as young key affected populations are especially vulnerable in rural areas, as well as youth who migrate to rural areas, as services and access to information is much more limited in rural than in urban areas.

The lack of capacity of health workers to confidently address HIV among young people, combined with their low interest, strengthens recommendations for urgent action. The latest UNAIDS Myanmar Country Progress Report stresses the need for a strong focus on border areas in rural Myanmar, where according to the young people interviewed, drug abuse, as well as cross-border sex work are high. The situation is further exacerbated by widespread early marriage.

Recommendations:

- (17) Urgent action needs to be taken to ensure and strengthen the capacity of health workers to provide information about HIV to young people using the *Adolescent and Youth Friendly Health Services Manual for Basic Health Staff* and the *Adolescent Job Aid*.
- (18) Ascertain further changing lifestyle trends among young people, especially in border areas in Myanmar and the knowledge base, evidence and resources that exists to combat harmful practices, including gender discrimination and GBV.

⁸ UNAIDS, Myanmar Country Progress Report, 2014.

Addressing early marriage

The growing realization that early marriage and GBV poses problems for young people and communities calls for these issues to be integrated into all YIC activities. However, this requires much more comprehensive investigation. UNFPA initiatives already address GBV, for example police officers have already received awareness training about GBV. In border areas, women centres should be strengthened as drug and alcohol abuse is widespread and this is one of the underlying drivers of GBV.

The need to end early marriage requires attention at the policy level, both locally and nationally. In addition, capacity development of basic health staff as well as other relevant stakeholders, such as police and local authorities, is needed. Early marriage is a barrier to development and comes at a high cost as UNFPA stated in the report “Girlhood Not Motherhood” (2015). This needs to be urgently addressed if Myanmar is to meet the relevant target of the Sustainable Development Goals by 2030.

Interestingly, the findings show that girls and boys face similar challenges in their lives. This highlights the need to strengthen male participation in girls’ empowerment initiatives. As young males also stated that early marriage is an issue, the findings of this analysis suggest that boys and young men can also be agents of change to address this issue.

Recommendations:

- (19) Address and disseminate information regarding gender equality and gender-based violence in trainings for peer educators at the YICs.
- (20) CSGs could be further utilized to strengthen development efforts, especially targeting GBV and early marriage, as they have direct access to their communities. This could be effective if sufficient support is provided by the government, the international community and/or donors.

Targeting the most vulnerable

Vulnerability and issues of SRH of young people living with a disability (YPWD) not the focus of the analysis. The focus of the research was more targeted on the (general) rural young people that visit YICs. However, one young woman with a disability became pregnant and the YIC focal person needed to try to find the father, as due to her disability the young woman could not remember the reputed father of the child. Other media references have also highlighted the need for a special focus on the sexual exploitation of children and young people living with a disability.⁹ This needs to be taken into consideration when reviving the YIC programme. Furthermore, in several YICs, girls explained during the FGDs that they feel too shy or ashamed to go to the YICs. The needs of girls need to be addressed better in future programmes of YICs.

⁹ Myanmar Times, “Speaking up about abuse”, <http://www.mmtimes.com/index.php/lifestyle/14898-speaking-up-about-abuse.html> Accessed August 12, 2015.

Recommendation:

- (21) Since the YIC programme targets marginalized young people, all marginalized young people such as young people living with disabilities, internally displaced young people, and young people living with HIV, among others, should be covered by this programme and be included in future YIC activities. Disability should be mainstreamed into all parts of the YIC programme to ensure an inclusive approach. A comprehensive girl's empowerment programme should also be established as part of the YIC programme.

Disfunctionality and low efficacy of the YICs

It is important to mention “dysfunctional” YICs: those where the commitment of the YIC focal persons are poor, and there are limited human resources to cope with the issues of young people. These issues never seem to have been addressed, instead support has been redirected to other YICs.

The issue of the efficacy of YICs was addressed at the last review meeting, but no specific action has been taken. It seems that when issues are raised at review meetings they are not addressed as responsibilities are not clearly defined between YIC focal persons and the HED. The fact that the MOH suggested to integrate a revival as well as an expansion of the YIC programme in the *National Strategic Plan on Young People's Health 2016-2020*, should ensure that a monitoring and evaluation programme is developed for YICs.

Recommendation:

- (22) Establish a Joint UNPFA-HED Task Force to support under-achieving YICs and conduct a review of these at each Annual Programme Review meeting.

Promoting youth civic engagement in times of humanitarian disasters

Myanmar is a high risk country in terms of natural disasters. Young people can be an important resource in distributing medical lifesaving supplies for pregnant women, children and vulnerable populations. The floods of 2015 are a strong example of civic engagement. This form of involvement helps build recognition of YIC values as well as cohesion among young people within the community.

Recommendation:

- (23) Build on the potential of YIC focal points and YIC young people to work together during emergencies. Recognize the value of young people's civic responsibility in participating and assisting in any response to disaster and humanitarian emergencies.

Overview of Recommendations

7

- (1) Encourage young people to volunteer and empower them to lead, own, sustain and strengthen their YIC programme.
- (2) Establish a fund to motivate and reward active youth volunteers and local health staff and offer scholarship opportunities. In order to strengthen the function and sustainability of YICs, one or two young persons with good leadership skills should be given a modest salary to facilitate and implement YIC activities.
- (3) The needs of young people require attention. YICs could play an important role in addressing these needs.
- (4) Provide YICs with national guidelines for the prevention of substance abuse, tailoring these specifically for young people to equip them to make healthy choices in their lives. Provide dissemination of, and training on existing guidelines.
- (5) Investigate, in more depth, issues mentioned by young people that they do not have much knowledge about. Review existing materials and programmes aimed at young people's health and sexuality education, assessing the need for further strengthening of identified topics such as physical and sexual violence and mental health issues.
- (6) Establish YICs in hard-to-reach areas where a lack of access to health information and services is often greater than in less remote areas.
- (7) Design a capacity development plan for each comprehensive sexuality education topic for youth volunteers, to be updated at least every two years.
- (8) Ensure the provision of operational guidelines, and establish national priorities and leadership for the Ministry of Health for young people's health.
- (9) Provide up-to-date knowledge on young people's health and their needs among local health staff and YIC focal persons.

- (10) Develop a strong evidence-based YIC programme that includes a monitoring and evaluation plan with standard indicators, ideally underpinned by a nationwide baseline study conducted at a minimum every three years, to track outcomes and integrate findings to ensure results-based BCC interventions by YICs. These programmes need to be financed and supported by the MOHS with funding from the international community and donors, with full ownership by the MOHS for continuity.
- (11) Develop new, updated and relevant IEC materials for YICs in sufficient amounts, integrating gender and rights issues and comprehensive sexuality education, aligned to international guidelines. See box 5, Chapter 6, See Box 5, The Love Question Life Answer Mobile App.
- (12) Ensure the participation and inclusion of young people in the development process of materials in order to stimulate a sustainable YIC programme.
- (13) Develop a simple but efficient logistics system for the provision of IEC materials in order to support SRHR interventions.
- (14) Develop a capacity development plan on all aspects of young people's health and ensure that all YIC focal persons respect the privacy and confidentiality of young people and interact with them in an age-appropriate manner.
- (15) Devise a clear coordination and review structure at all levels, which includes a capacity development component.
- (16) Conduct capacity development trainings on reporting skills for assigned YIC/HED focal persons, including successful fundraising activities and lessons learned from other YICs.
- (17) Urgent action needs to be taken to ensure and strengthen the capacity of health workers to provide information about HIV to young people using the *Adolescent and Youth Friendly Health Services Manual for Basic Health Staff* and the *Adolescent Job Aid*.
- (18) Ascertain further changing lifestyle trends among young people, especially in border areas in Myanmar and the knowledge base, evidence and resources that exists to combat harmful practices, including gender discrimination and GBV.
- (19) Address and disseminate information regarding gender equality and gender-based violence in trainings for peer educators at the YICs.

- (20) CSGs could be further utilized to strengthen development efforts, especially targeting GBV and early marriage, as they have direct access to their communities. This could be implemented if sufficient support is provided by the government, the international community and/or donors.
- (21) Since the YIC programme targets marginalized young people, all marginalized young people such as young people living with disabilities, internally displaced young people, and young people living with HIV, among others, should be covered by this programme and be included in future YIC activities. Disability should be mainstreamed into all parts of the YIC programme to ensure an inclusive approach. A comprehensive girl's empowerment programme as part of the YIC programme.
- (22) Establish a Joint UNPFA-HED Task Force to support under-achieving YICs and conduct a review of these at each Annual Programme Review meeting.
- (23) Build the potential of the YIC focal points and YIC young people to work together during emergencies. Recognize the value of young people's civic responsibility in participating and assisting in any response to disaster and humanitarian emergencies.

References

Chynoweth, K Sarah,
“Advancing reproductive
health on the humanitarian
agenda: the 2012-2014
review” *Conflict and Health*,
Issue 9, 2015.

Family Health International,
Institute for HIV/
AIDS, *Behavior Change
Communication for HIV/AIDS
– A strategic framework*,
2002.

Kerner, Brad, Manohar,
Mazzacurati and Tanabe,
“Adolescent sexual and
reproductive health in
humanitarian settings”. *Being
Young and out of Place.
Forced Migration Review*,
August 2012.

UNAIDS, *Myanmar Country
Progress Report*, 2014.

UNFPA, *UNFPA Strategic
Plan 2014-2017*, New York:
2014.

UNFPA and Save the
Children, *Adolescent Sexual
and Reproductive Health
Toolkit for Humanitarian
Settings*, New York: 2009.

*I Role of rapid assessment
procedures*, United Nations.
[www.un.org/popin/confcon/
rapid/raprept.htm](http://www.un.org/popin/confcon/rapid/raprept.htm) Accessed
May 15, 2015.

Zan Pan Wint and Chit Su,
Myanmar Times, “Speaking
up about abuse”. [http://www.
mmmtimes.com/index.php/
lifestyle/14898-speaking-up-
about-abuse.html](http://www.mmmtimes.com/index.php/lifestyle/14898-speaking-up-about-abuse.html) Accessed
August 12, 2015.

Appendices

Nationwide Youth Information Corners
Situation Analysis Report, 2017

List of Youth Information Corners (YICs)

Provided by HED

Legend: Orange: Part of Pilot Assessment

SN.	States/Regions	Current/3rd Country Programme - UNFPA supported Townships	2nd Country Programme UNFPA supported Townships	Remarks
1.	Yangon	Dala		
2.		Thongwa		
3.		Kunchangon		
4.		Taikgyi		
5.	Mandalay	Natogyi		
6.		Wundwin		
7.			Myittha	Weak in reporting & weak Health Assistant
8.			Mahlaing	Weak
9.			Kyaukpadaung	Good
10.			Toungtha	
11.			Sintgaing	
12.			Thabeikkyin	Good
13.	Nay Pyi Taw		Lewe	
14.			Pyinmana	
15.			Tatkon	Weak
16.	Ayeyawady	Nyaungdon		
17.		Yekyi		
18.		Hinthada		
19.		Myanaung		
20.		Wakema		
21.			Zalun	Weak
22.			Kyangin	Good
23.			Kangyidaunt	Weak
24.			Einme	Weak
25.			Bogale	
26.			Ngapudaw	Good
27.			Pyapon	Good
28.	Magway	Aunglan		
29.		Taungdwingyi		
30.		Myaing		
31.			Yenangyaung	Good
32.			Chauk	
33.			Minhla	
34.			Pwintbyu	Good

SN.	States/Regions	Current/3rd Country Programme - UNFPA supported Townships	2nd Country Programme UNFPA supported Townships	Remarks
35.	Bago	Daik U		
36.		Oktwin		
37.		Gyobingauk		
38.		Yedashe		
39.		Pyay		
40.			Kyauktaga	Weak
41.			Kyaukkyi	Good
42.			Kawa	
43.			Padaung	Weak
44.			Thegon	
45.			Thayarwady	Good
46.			Paungde	Weak
47.	Sagaing		Monywa	
48.			Myaung	
49.			Salingyi	
50.			Khin-U	Weak
51.	Tanintharyi		Dawei	Good
52.			Myeik	
53.	Rakhine	Ponnagyun		
54.			Kyauktaw	Weak
55.	Kachin		Myitkyina	Good
56.	Mon		Kyaikto	Good
57.			Kyaikmaraw	Weak
58.			Mudon	Weak
59.	Shan (North)	Lashio		
60.			Hsipaw	Good
61.	Shan (South)	Pindaya		
62.		Kalaw		
63.			Pinlaung	
64.			Ywangan	Good
65.			Lawksawk	Not submitted reports, no contact with HED.
66.			Nyaungshwe	Good
67.			Hopong	
68.	Shan (East)	Tachileik		
69.			Kengtung	Weak in reporting, but taking action to address this.
70.	Kayin		Hpa-An	No reporting.

Assessment Tools

YIC Analysis Tool

Part 1. Situation Check for previously and currently supported YICs

(HA/Member of CSG/Other Long-term staff)

Questions are asked by the interviewer. Options are not to be read out by the interviewer but replies marked accordingly by the interviewer.

Interview Data			
Opening hours of the YIC:			
Opening days of the YIC:			
Name of Village:			
Name of Township:			
Name of State/Region:			
Name of Respondent:			
Position of Respondent:			
Date of Interview:			
Names of Data Collectors:			

No.	Question	Answer	Remarks
1.	Is the YIC still operational today?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
2.	If no, please specify the reason why the YIC is not operational. (Multiple Choice).	(1) <input type="checkbox"/> No more support by UNFPA (2) <input type="checkbox"/> Facilities in bad condition (3) <input type="checkbox"/> Time Management of Health Assistant (4) <input type="checkbox"/> Poverty among young people (5) <input type="checkbox"/> Other priorities among young people (6) <input type="checkbox"/> Culturally too sensitive (7) <input type="checkbox"/> Migration of young people (8) <input type="checkbox"/> Young people too busy with school (9) <input type="checkbox"/> No attractive incentives (10) <input type="checkbox"/> Marriage of YIC young people (11) <input type="checkbox"/> Lost contact with HED	
3.	How long has the YIC been functional?	(1) Date: frommonthyear tomonthyear (with support by UNFPA/HED) (2) Date: frommonthyear tomonthyear (without support by UNFPA/HED)	
4.	What happened to the facility? (What is inside instead)? (Observation)	(1) <input type="checkbox"/> Trash Room (2) <input type="checkbox"/> Empty Room (3) <input type="checkbox"/> Room used for other purposes (4) <input type="checkbox"/> Room is locked (5) <input type="checkbox"/> As initially intended (6) <input type="checkbox"/> YIC is destroyed	
5.	What happened to the equipment? (Multiple Choice)	(1) <input type="checkbox"/> Donated to school (2) <input type="checkbox"/> Used for Non-YIC and Non-RHC purposes (3) <input type="checkbox"/> Equipment destroyed (4) <input type="checkbox"/> Equipment sold (5) <input type="checkbox"/> Equipment still in use for YIC purposes (6) <input type="checkbox"/> HA/Staff took equipment (7) <input type="checkbox"/> Equipment in too bad a condition to use	
6.	How many young people did you reach during the most active time of the YIC?per month	
7.	Did you set any targets?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	

No.	Question	Answer	Remarks
8.	Please mention the targets.	(1) <input type="checkbox"/> X villages reached (2) <input type="checkbox"/> Promotional targets (3) <input type="checkbox"/> Event targets (4) <input type="checkbox"/> Unspecified targets	
9.	If yes, were they met?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
10.	If yes, please mention the met targets.	(1) <input type="checkbox"/> X villages reached (2) <input type="checkbox"/> Promotional targets (3) <input type="checkbox"/> Event targets	
11.	If no, please mention unmet targets.		
12.	Do you see a possibility of reviving the YIC?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
13.	If yes, how?	(1) <input type="checkbox"/> Support from UNFPA (2) <input type="checkbox"/> Recruitment of new YIC young people (3) <input type="checkbox"/> More advocacy to parents (4) <input type="checkbox"/> Increased commitment of local authorities (5) <input type="checkbox"/> Incentives for achievements (6) <input type="checkbox"/> Refresher trainings (7) <input type="checkbox"/> General incentives for young people (8) <input type="checkbox"/> Funding support (9) <input type="checkbox"/> Monitoring support by UNFPA and HED (10) <input type="checkbox"/> Change of transportation provisions (11) <input type="checkbox"/> Support for specific budget lines (12) <input type="checkbox"/> Replacement of old/destroyed equipment (13) <input type="checkbox"/> Doing other activities (14) <input type="checkbox"/> Uniforms (15) <input type="checkbox"/> Internet (16) <input type="checkbox"/> More IEC materials (17) <input type="checkbox"/> Exchange programme between YICs (18) <input type="checkbox"/> More support for Health Assistant (19) <input type="checkbox"/> Remobilization of former YIC young people (20) <input type="checkbox"/> Male Health Assistant needed (21) <input type="checkbox"/> Commitment of health staff needs to increase (22) <input type="checkbox"/> YIC young people need to follow regulations of RHC (23) <input type="checkbox"/> Need separate building for YIC	
14.	If no, why?	(1) <input type="checkbox"/> Migration of young people (2) <input type="checkbox"/> Young people have no available time (3) <input type="checkbox"/> General socioeconomic changes	
15.	What fundraising activities have been conducted to fund the operation and activities of the YIC?	(1) <input type="checkbox"/> No fundraising activities have been conducted (2) <input type="checkbox"/> Tea shop at Pagoda Festival (3) <input type="checkbox"/> Collection box at restaurant (e.g. Lotteria) (4) <input type="checkbox"/> Money collection door-to-door (5) <input type="checkbox"/> Private donation (6) <input type="checkbox"/> Loan with interest for young people (7) <input type="checkbox"/> Library fees (8) <input type="checkbox"/> Snacks at sport's competitions (9) <input type="checkbox"/> Rental fees for YIC equipment (e.g. TV) (10) <input type="checkbox"/> Song contests and other competitions (11) <input type="checkbox"/> Fundraising at other events (12) <input type="checkbox"/> Extra sponsorship from local authorities	

Part 2. Key Informant Interview Community Support Group Members (English version)

Questions are asked by the interviewer. Options are not to be read out by the interviewer but replies marked accordingly by the interviewer.

Interview Data			
Name of Village:			
Name of Township:			
Name of State/Region:			
Member Name/Number:			
Member Position: (Local leader/shopkeeper/teacher, etc.)			
Date of Interview:			
Names of Data Collectors:			

No.	Question	Answer	Remarks
1.	According to you: "What are the main concerns of your community's young people in terms of reproductive health related issues"? (Multiple Choice)	(1) <input type="checkbox"/> Early marriage (2) <input type="checkbox"/> Unintended pregnancy (3) <input type="checkbox"/> STIs (4) <input type="checkbox"/> Contraception in general (5) <input type="checkbox"/> Emergency contraception (6) <input type="checkbox"/> HIV/AIDS (7) <input type="checkbox"/> Access to antenatal care (8) <input type="checkbox"/> Access to postnatal care (9) <input type="checkbox"/> Reproductive organs and their functions (10) <input type="checkbox"/> Gender-based violence (11) <input type="checkbox"/> Premarital sex (12) <input type="checkbox"/> Alcohol abuse (13) <input type="checkbox"/> Misuse of SRH information on mobile phones (14) <input type="checkbox"/> Menstrual issues (15) <input type="checkbox"/> Lack of general health knowledge (16) <input type="checkbox"/> Drug abuse (17) <input type="checkbox"/> Traffic accidents (18) <input type="checkbox"/> Induced abortion	
2.	According to you: "How do you describe the proportion of services offered on RH and HIV/AIDS to young people?"	(1) <input type="checkbox"/> It is enough (2) <input type="checkbox"/> Fair (3) <input type="checkbox"/> Not enough (4) <input type="checkbox"/> They do not exist at all except at Rural Health Centres	
3.	According to you: "How do you describe the proportion of services on RH and HIV/AIDS provided to the rest of the community?"	(1) <input type="checkbox"/> It is enough (2) <input type="checkbox"/> Fair (3) <input type="checkbox"/> Not enough	
4.	Are there adequate commodities in the community for health service provision to young people?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
5.	If no, what are they? (Multiple Choice)	(1) <input type="checkbox"/> Training aids for awareness raising activities (2) <input type="checkbox"/> Posters and pamphlets (3) <input type="checkbox"/> Contraceptives (4) <input type="checkbox"/> STI drugs (5) <input type="checkbox"/> Demonstration aids (6) <input type="checkbox"/> Clean delivery kits for young mothers (7) <input type="checkbox"/> Other medicines	
6.	What are the ways of providing young people with health related information in YICs? (Multiple Choice)	(1) <input type="checkbox"/> Campaigns (2) <input type="checkbox"/> Training (3) <input type="checkbox"/> Edutainment (4) <input type="checkbox"/> Peer education (5) <input type="checkbox"/> Counselling (6) <input type="checkbox"/> Outreach activities (7) <input type="checkbox"/> General health education (8) <input type="checkbox"/> Exchange between young people's centres	

No.	Question	Answer	Remarks
7.	What are the ways of providing young people with health related information in your area except via the YIC? (Multiple Choice)	(1) <input type="checkbox"/> There is no other provision of information apart from the YIC (2) <input type="checkbox"/> Campaigns (3) <input type="checkbox"/> Trainings (4) <input type="checkbox"/> Edutainment (5) <input type="checkbox"/> Peer education (6) <input type="checkbox"/> Counselling (7) <input type="checkbox"/> General health education (8) <input type="checkbox"/> Outreach activities	
8.	How were the members of the CSGs selected?	(1) <input type="checkbox"/> HA selected the members (2) <input type="checkbox"/> Village leaders selected the members (3) <input type="checkbox"/> Local government selected the members (4) <input type="checkbox"/> HED selected the members (5) <input type="checkbox"/> Self-selection by volunteering members (6) <input type="checkbox"/> Midwife selected the members (7) <input type="checkbox"/> Basic health staff selected the members (8) <input type="checkbox"/> Lady health visitors selected the member	
9.	Do you think the Community Support Group should change their function?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
10.	If yes, what should be changed? (Multiple Choice)	(1) <input type="checkbox"/> The reselection of members with new criteria (2) <input type="checkbox"/> Change the terms of reference of each member (3) <input type="checkbox"/> Capacity development for members (4) <input type="checkbox"/> Gender balance (5) <input type="checkbox"/> Review of core values (e.g. non-judgemental, non-discrimination) (6) <input type="checkbox"/> Leadership of health assistant (7) <input type="checkbox"/> Car or other transportation provided for referral services (8) <input type="checkbox"/> Refresher trainings (9) <input type="checkbox"/> Regular review meetings (10) <input type="checkbox"/> Increased commitment by CSGs (11) <input type="checkbox"/> Need for other non-SRH related health information to be integrated into their responsibilities (12) <input type="checkbox"/> Would like to change, but do not know how	
11.	If you think current members need capacity development, in what areas do they need this? (Multiple Choice)	(1) <input type="checkbox"/> Leadership (2) <input type="checkbox"/> Youth-friendliness (3) <input type="checkbox"/> Basic reproductive health training (4) <input type="checkbox"/> Literacy (5) <input type="checkbox"/> BCC (6) <input type="checkbox"/> Basic counselling (7) <input type="checkbox"/> Team building (8) <input type="checkbox"/> Monitoring and Evaluation (9) <input type="checkbox"/> Update on disease information (10) <input type="checkbox"/> Adolescent Job Aid (11) <input type="checkbox"/> Specific issues targeting BCC skills (12) <input type="checkbox"/> Negotiation skills (13) <input type="checkbox"/> Change of style of uniforms (14) <input type="checkbox"/> Training for new CSG members (15) <input type="checkbox"/> Refresher trainings (16) <input type="checkbox"/> General RH knowledge (17) <input type="checkbox"/> Community mobilization (18) <input type="checkbox"/> First aid (19) <input type="checkbox"/> Emergency care (20) <input type="checkbox"/> Everything (21) <input type="checkbox"/> General health information	

Part 3. Key Informant Interview with YIC Focal Persons

Questions are asked by the interviewer. Options are not to be read out by the interviewer but replies marked accordingly by the interviewer.

Interview Data	
Name of Village:	
Name of Township:	
Name of State/Region:	
Name of Focal:	
Position of Focal:	
Start of service at YICmonth.....year
Date of Interview:	
Names of Data Collectors:	

No.	Question	Answer	Remarks
1.	Do you have previous experience with a YIC in a different Township?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
2.	If yes, which Township?		
3.	Are there parts of the service that young people have to pay for in this YIC?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
4.	What budget lines do you need for operating the YIC? (Multiple Choice)	(1) <input type="checkbox"/> Fuel (2) <input type="checkbox"/> Maintenance of equipment (3) <input type="checkbox"/> Travel costs for outreach activities (4) <input type="checkbox"/> Refreshments (5) <input type="checkbox"/> Per diems for volunteers (6) <input type="checkbox"/> Incentives for audience (7) <input type="checkbox"/> Copy charges for reports (8) <input type="checkbox"/> No budget lines needed (9) <input type="checkbox"/> Stationary (10) <input type="checkbox"/> Cost for renovation of YIC room (11) <input type="checkbox"/> Gifts for regular YIC visitors (12) <input type="checkbox"/> Promotional material (13) <input type="checkbox"/> Phone bills for advocacy and communication	
5.	Do you include gender issues in your trainings or other information or services that you are providing?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
6.	If yes, which issues do you discuss on gender? (Multiple Choice)	(1) <input type="checkbox"/> GBV (2) <input type="checkbox"/> Male involvement in use of contraception (3) <input type="checkbox"/> Male involvement during pregnancy (4) <input type="checkbox"/> Sexual harassment (5) <input type="checkbox"/> BCC for gender equality (6) <input type="checkbox"/> Gender balance in activities (7) <input type="checkbox"/> Gender equality in general	
7.	Is there a monitoring system to track the implementation of the programme?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
8.	If yes, please specify indicators?	(1) <input type="checkbox"/> Feedback after health education sessions (2) <input type="checkbox"/> No. of communities who received outreach activities (3) <input type="checkbox"/> No. of activities in general (4) <input type="checkbox"/> No. of outreach activities per month (5) <input type="checkbox"/> Monitoring of information sought at YIC	
9.	If yes, please specify targets.	(1) <input type="checkbox"/> No target set, indicator only (2) <input type="checkbox"/> No. of poor pregnant women received transportation (3) <input type="checkbox"/> 50% of young people provide feedback after health education session (4) <input type="checkbox"/> No. of health education sessions per month (5) <input type="checkbox"/> No. of villages and schools covered per month	

No.	Question	Answer	Remarks
10.	How many young people volunteers have been engaged on average per year since the establishment of the YIC?	(1) <input type="checkbox"/> 0 (2) <input type="checkbox"/> Between 1-5 (3) <input type="checkbox"/> Between 6-15 (4) <input type="checkbox"/> Between 16-25 (5) <input type="checkbox"/> Between 26-35 (6) <input type="checkbox"/> Between 36-45 (7) <input type="checkbox"/> Between 46-55 (8) <input type="checkbox"/> More than 55	
11.	What are the main challenges for reaching young people in the community? (Multiple Choice)	(1) <input type="checkbox"/> Insufficient amount of materials available (2) <input type="checkbox"/> Not enough young people volunteers (3) <input type="checkbox"/> No budget for maintenance (4) <input type="checkbox"/> Not enough youth-friendly edutainment equipment (5) <input type="checkbox"/> Time management issues for Health Assistant (6) <input type="checkbox"/> YIC itself is in too bad a condition (7) <input type="checkbox"/> Resistance from community (8) <input type="checkbox"/> Disaster reasons (rainy season, flooding etc.) (9) <input type="checkbox"/> Poverty among young people (10) <input type="checkbox"/> Illiteracy among target group (11) <input type="checkbox"/> Male staff required for support for security reasons (12) <input type="checkbox"/> Migration of young people (13) <input type="checkbox"/> Commitment of local authority (14) <input type="checkbox"/> Appropriate transportation (15) <input type="checkbox"/> Lack of training for new volunteers (16) <input type="checkbox"/> Fear that young people provide wrong info. (17) <input type="checkbox"/> Non-disaster seasonal reason (e.g. Harvesting) (18) <input type="checkbox"/> Language barriers (19) <input type="checkbox"/> Lack of teamwork among young people (20) <input type="checkbox"/> Cover of transportation costs (21) <input type="checkbox"/> No incentives for audience	
12.	If the materials are not sufficient, what are they? (Multiple Choice)	(1) <input type="checkbox"/> IEC materials (2) <input type="checkbox"/> Audio visual aids (3) <input type="checkbox"/> Books (4) <input type="checkbox"/> Training materials for refresher courses (5) <input type="checkbox"/> Transportation options (6) <input type="checkbox"/> Projector (7) <input type="checkbox"/> Stationary (8) <input type="checkbox"/> Posters (9) <input type="checkbox"/> Fuel (10) <input type="checkbox"/> Promo items/giveaways (11) <input type="checkbox"/> Edutainment items (12) <input type="checkbox"/> Period journals and magazines	
13.	According to you: "What are the main concerns of young people visiting your facility?" (Multiple Choice)	(1) <input type="checkbox"/> Early marriage (2) <input type="checkbox"/> Unintended pregnancy (3) <input type="checkbox"/> Contraception (4) <input type="checkbox"/> Emergency contraception (5) <input type="checkbox"/> Menstrual issues (6) <input type="checkbox"/> HIV (7) <input type="checkbox"/> STIs (8) <input type="checkbox"/> GBV (9) <input type="checkbox"/> Drug abuse (10) <input type="checkbox"/> Alcohol abuse (11) <input type="checkbox"/> Hygienic issues (12) <input type="checkbox"/> General diseases (TB, Malaria, Dengue etc.) (13) <input type="checkbox"/> Mental health (14) <input type="checkbox"/> Smoking (15) <input type="checkbox"/> Premarital sex (16) <input type="checkbox"/> Traffic accidents (17) <input type="checkbox"/> Anaemia (18) <input type="checkbox"/> Betel nut chewing (19) <input type="checkbox"/> Health impact of video games (20) <input type="checkbox"/> Acute respiratory tract infections (21) <input type="checkbox"/> Induced abortion (22) <input type="checkbox"/> Breast feeding	
14.	Are young people, including adolescents, in your area aware of health services available to them?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> Yes but not a sufficient amount of young people (3) <input type="checkbox"/> No (4) <input type="checkbox"/> I do not know	
15.	If only some of them are aware, how many of them?	(1) <input type="checkbox"/> Below half of young people (2) <input type="checkbox"/> Half of young people (3) <input type="checkbox"/> Above half of young people (4) <input type="checkbox"/> About 80% of them (5) <input type="checkbox"/> Unspecified amount mentioned	
16.	Do you think you are competent to provide health services to young people?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> A bit, but need more competency (3) <input type="checkbox"/> No (4) <input type="checkbox"/> I have no interest in young people's health	

No.	Question	Answer	Remarks
17.	Have you received any training specifically on young people's health?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
18.	If yes, what (Multiple Choice)	(1) <input type="checkbox"/> Communication (2) <input type="checkbox"/> BCC (3) <input type="checkbox"/> HIV prevention for young people (4) <input type="checkbox"/> Life skills (5) <input type="checkbox"/> Counselling (6) <input type="checkbox"/> Adolescent sexual and reproductive health (7) <input type="checkbox"/> Adolescent Job Aid (8) <input type="checkbox"/> Other, please specify:	
19.	What would you like to learn more about related to young people? (Multiple choice)	(1) <input type="checkbox"/> Communication (2) <input type="checkbox"/> BCC (3) <input type="checkbox"/> HIV prevention for young people (4) <input type="checkbox"/> Life skills (5) <input type="checkbox"/> Counselling (6) <input type="checkbox"/> Adolescent sexual and reproductive health (7) <input type="checkbox"/> Adolescent Job Aid (8) <input type="checkbox"/> General refresher training (9) <input type="checkbox"/> Drug/narcotic abstinence (10) <input type="checkbox"/> Non-communicable disease prevention (11) <input type="checkbox"/> TB/Malaria (12) <input type="checkbox"/> Leadership management (13) <input type="checkbox"/> Gender issues	
20.	If an unmarried adolescent girl (age below 19) asks you for contraceptives, what would you do?	(1) <input type="checkbox"/> Not provide contraceptives (2) <input type="checkbox"/> Not provide contraceptives and consult with parents (3) <input type="checkbox"/> Provide contraceptives without counselling (4) <input type="checkbox"/> Provide contraceptives with counselling (5) <input type="checkbox"/> Provide contraceptives with counselling and consult with parents	
21.	Do you think the opening hours of the YIC are convenient for young people?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
22.	If no, why? (Multiple Choice)	(1) <input type="checkbox"/> Young people are working (2) <input type="checkbox"/> Young people are attending school (3) <input type="checkbox"/> YIC is too remote to reach within opening hours (4) <input type="checkbox"/> Other, please specify:	
23.	What is the average waiting time for young people to be seen by the health worker at the RHC?	(1) <input type="checkbox"/> 0-10 minutes (2) <input type="checkbox"/> 11-20 minutes (3) <input type="checkbox"/> 21-30 minutes (4) <input type="checkbox"/> 31-40 minutes (5) <input type="checkbox"/> 41-50 minutes (6) <input type="checkbox"/> 51-60 minutes (7) <input type="checkbox"/> More than one hour (8) <input type="checkbox"/> More than one day	
24.	How many young people have come to the RHC for health services in the past three months?	(1) <input type="checkbox"/> 0-20 young people (2) <input type="checkbox"/> 21-40 young people (3) <input type="checkbox"/> 41-60 young people (4) <input type="checkbox"/> 61-80 young people (5) <input type="checkbox"/> 81-100 young people (6) <input type="checkbox"/> More than 100 young people	
25.	How many young people have come for health services in the past three months to the YIC?	(1) <input type="checkbox"/> 0-20 young people (2) <input type="checkbox"/> 21-40 young people (3) <input type="checkbox"/> 41-60 young people (4) <input type="checkbox"/> 61-80 young people (5) <input type="checkbox"/> 81-100 young people (6) <input type="checkbox"/> More than 100 young people	
26.	Do you have to register those people who come for health services at the RHC?	(1) <input type="checkbox"/> Yes (If yes, check for the existence of book) (2) <input type="checkbox"/> No	
27.	Out of the services you provide, which in your opinion is the easiest? (Multiple Choice)	Type of services: (1) <input type="checkbox"/> Health education sessions (2) <input type="checkbox"/> Counselling services (3) <input type="checkbox"/> Provision of contraceptives (4) <input type="checkbox"/> Provision of STI drugs (5) <input type="checkbox"/> Genital examination (6) <input type="checkbox"/> Physical examinations in general (7) <input type="checkbox"/> Vaccinations (8) <input type="checkbox"/> Antenatal care (9) <input type="checkbox"/> Edutainment	

No.	Question	Answer	Remarks
28.	Out of the services you provide, which is the hardest to provide? (Multiple Choice)	Type of services: (1) <input type="checkbox"/> Health education sessions (2) <input type="checkbox"/> Counselling services (3) <input type="checkbox"/> Provision of contraceptives (4) <input type="checkbox"/> Provision of condoms (5) <input type="checkbox"/> Provision of STI drugs (6) <input type="checkbox"/> Genital examination (7) <input type="checkbox"/> Physical examination in general (8) <input type="checkbox"/> Antenatal care with HIV prevention/PMCT (9) <input type="checkbox"/> Treatment of other illnesses such as diabetes and hypertension (10) <input type="checkbox"/> General antenatal care (11) <input type="checkbox"/> BCC	
29.	Why? (Multiple choice)	(1) <input type="checkbox"/> Not trained for the task (2) <input type="checkbox"/> Too sensitive to handle (3) <input type="checkbox"/> Low level of patient's knowledge (4) <input type="checkbox"/> Too little time to implement task properly (5) <input type="checkbox"/> Not enough human resources to assist in task (6) <input type="checkbox"/> Not enough training aids (7) <input type="checkbox"/> Patient not willing to listen (8) <input type="checkbox"/> Unmet need of lifestyle education (9) <input type="checkbox"/> Shyness of patient (10) <input type="checkbox"/> Need for more privacy for task (11) <input type="checkbox"/> Language barrier (12) <input type="checkbox"/> Poverty	
30.	Which other sectors in the community do you think you should work with? (Multiple Choice)	(1) <input type="checkbox"/> No need for any additional or improved cooperation (2) <input type="checkbox"/> Education/schools (3) <input type="checkbox"/> Township administration (4) <input type="checkbox"/> Religious leaders (5) <input type="checkbox"/> Police (6) <input type="checkbox"/> Local NGOs (7) <input type="checkbox"/> International NGOs (8) <input type="checkbox"/> Young People's Networks (9) <input type="checkbox"/> CSGs (10) <input type="checkbox"/> Donors (11) <input type="checkbox"/> Media (12) <input type="checkbox"/> Local community leaders/authority	
31.	How would you rate the level of awareness of the community on the importance of young people's health?	(1) <input type="checkbox"/> High (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Low (4) <input type="checkbox"/> I do not know	
32.	Are you aware that there are national services, standards and guidelines for the health care of young people?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
33.	If yes, please specify how you utilize them?	
34.	Do you have any feedback mechanisms for young people to improve RH services?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
35.	If yes, how can young people make suggestions? (Multiple Choice)	(1) <input type="checkbox"/> Suggestion box (2) <input type="checkbox"/> Review meeting (3) <input type="checkbox"/> M&E conducted by health assistant (4) <input type="checkbox"/> Feedback after outreach/HE session (5) <input type="checkbox"/> Personal feedback	
36.	Have young people been involved in the design or provision of health services in the past?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
37.	If yes, how have they been involved in the design or provision of health services in-house or in outreach activities of the YIC in the past? (Multiple Choice)	(1) <input type="checkbox"/> Planning stage (2) <input type="checkbox"/> Implementing stage (3) <input type="checkbox"/> Reporting stage (4) <input type="checkbox"/> M&E stage (5) <input type="checkbox"/> Development of IEC materials (6) <input type="checkbox"/> Other, please specify:	

Part 4. Adolescents and Young people's Situation and Needs Check Survey

Self-administered

Basic Data			
Name of Village:			
Name of Township:			
Name of State/Region:			
Age:			
Gender:		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female	

No.	Question	Answer	Remarks
1.	Have you ever been involved in the design of any RH services?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
2.	Would you like to be involved in the design of any RH or HIV/AIDS material?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
3.	Have you ever been a peer educator in RH and HIV/AIDS, BCC trainings? (Multiple Choice)	(1) <input type="checkbox"/> I have never been a peer educator in RH, HIV/AIDS or BCC trainings (2) <input type="checkbox"/> I have been a peer educator in RH training (3) <input type="checkbox"/> I have been a peer educator in HIV/AIDS training (4) <input type="checkbox"/> I have been a peer educator in BCC trainings	
4.	Would you like to be a peer educator in the future in RH, HIV/AIDS or BCC issues? (Multiple Choice)	(1) <input type="checkbox"/> I have no interest in becoming a peer educator (2) <input type="checkbox"/> I have an interest in becoming a peer educator in RH (3) <input type="checkbox"/> I have an interest in becoming a peer educator in HIV/AIDS (4) <input type="checkbox"/> I have an interest in becoming a peer educator in BCC	
5.	Are the opening hours of the YIC convenient for you?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (3) <input type="checkbox"/> I have not visited the YIC facility yet	
6.	If you have not visited or used the services although you wanted to, what were the reasons you did not use them? (Multiple Choice)	(1) <input type="checkbox"/> Too little time because of school (1) <input type="checkbox"/> Too little time because of work (2) <input type="checkbox"/> Too little time because of other issues (3) <input type="checkbox"/> Costs related to loss of income if visit YIC (4) <input type="checkbox"/> Transportation costs (5) <input type="checkbox"/> Did not want to go alone (6) <input type="checkbox"/> Too little privacy/no confidentiality in facility (7) <input type="checkbox"/> Personal issues related to facilities' staff or YIC focal person (8) <input type="checkbox"/> Partner or relatives prevented visit (9) <input type="checkbox"/> Could not find the facility (10) <input type="checkbox"/> The facility was closed during opening hours (11) <input type="checkbox"/> Waiting time too long (12) <input type="checkbox"/> Did not understand what the YIC actually is/its objectives (13) <input type="checkbox"/> Religious matters (14) <input type="checkbox"/> Other social, health & education activities (15) <input type="checkbox"/> Busy with private issues (holiday, sick children, sick, etc.) (16) <input type="checkbox"/> I am not intelligent enough	
7.	How do you rate the awareness of the community of young people's health?	(1) <input type="checkbox"/> High (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Low (4) <input type="checkbox"/> I do not know	
8.	In your option, what are the main problems experienced by young people in your community? (Multiple Choice)	(1) <input type="checkbox"/> Unemployment (2) <input type="checkbox"/> Poverty (3) <input type="checkbox"/> Stress (4) <input type="checkbox"/> Violence (physical or sexual) (5) <input type="checkbox"/> Poor education opportunities (6) <input type="checkbox"/> Family problems (7) <input type="checkbox"/> Alcohol problems (8) <input type="checkbox"/> Smoking (9) <input type="checkbox"/> Drug problems (10) <input type="checkbox"/> Early marriage (11) <input type="checkbox"/> SRH related problems (sex, pregnancy, abortion, contraception etc.) (12) <input type="checkbox"/> Traffic accidents (13) <input type="checkbox"/> No motivation for development (14) <input type="checkbox"/> General lack of knowledge	

No.	Question	Answer	Remarks																																																																								
9.	Which health related topics do you want to learn more about? (Multiple Choice)	(1) <input type="checkbox"/> HIV/AIDS (2) <input type="checkbox"/> STIs (3) <input type="checkbox"/> SRH (Pubertal changes, reproductive organs and functions, conception, contraception) (4) <input type="checkbox"/> Effects of alcohol (5) <input type="checkbox"/> Effects of tobacco (6) <input type="checkbox"/> Drug abuse (7) <input type="checkbox"/> Effects of betel nut chewing (8) <input type="checkbox"/> Violence (physical or sexual) (9) <input type="checkbox"/> Maternal and child care (10) <input type="checkbox"/> Communicable diseases (e.g. Malaria, TB, flu) (11) <input type="checkbox"/> Non-communicable diseases (12) <input type="checkbox"/> Anything about health (13) <input type="checkbox"/> Anaemia (14) <input type="checkbox"/> Kidneys (15) <input type="checkbox"/> Cancer (16) <input type="checkbox"/> Rheumatic disease (17) <input type="checkbox"/> Hypertension and heat stroke (18) <input type="checkbox"/> Health issues (19) <input type="checkbox"/> Mental health																																																																									
10.	Usually, where do you source health-related information? (Multiple Choice)	(1) <input type="checkbox"/> Parents or relatives (2) <input type="checkbox"/> Friends (3) <input type="checkbox"/> Peer educators (4) <input type="checkbox"/> Health workers (5) <input type="checkbox"/> Teachers (6) <input type="checkbox"/> Community leaders (7) <input type="checkbox"/> Religious leaders (8) <input type="checkbox"/> TV (9) <input type="checkbox"/> Radio (10) <input type="checkbox"/> Telephone hotline (11) <input type="checkbox"/> Newspapers, journals, magazines (12) <input type="checkbox"/> Pamphlets or posters provided by INGOs, NGOs and CBOs (13) <input type="checkbox"/> Pamphlets or posters provided by MOH (14) <input type="checkbox"/> Social media or internet in general, e.g. Facebook, websites etc. (15) <input type="checkbox"/> YIC Library/activities																																																																									
11.	How do you rate the level of knowledge of young people regarding their own health on the following issues?	<table><tr><th>Issue</th><th>Strongly agree</th><th>Agree</th><th>Neutral</th><th>Disagree</th><th>Strongly disagree</th></tr><tr><td>Young people in my community have good knowledge about HIV/AIDS</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about STIs</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about reproductive organs and their functions</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about contraception</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about the effects of alcohol</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about the effects of tobacco</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about the effects of betel nut</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about the effects of drug abuse</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about the impact of violence (physical or sexual)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about mental health</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Young people in my community have good knowledge about other diseases (TB, malaria, dengue etc.)</td><td></td><td></td><td></td><td></td><td></td></tr></table>	Issue	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Young people in my community have good knowledge about HIV/AIDS						Young people in my community have good knowledge about STIs						Young people in my community have good knowledge about reproductive organs and their functions						Young people in my community have good knowledge about contraception						Young people in my community have good knowledge about the effects of alcohol						Young people in my community have good knowledge about the effects of tobacco						Young people in my community have good knowledge about the effects of betel nut						Young people in my community have good knowledge about the effects of drug abuse						Young people in my community have good knowledge about the impact of violence (physical or sexual)						Young people in my community have good knowledge about mental health						Young people in my community have good knowledge about other diseases (TB, malaria, dengue etc.)						
Issue	Strongly agree	Agree	Neutral	Disagree	Strongly disagree																																																																						
Young people in my community have good knowledge about HIV/AIDS																																																																											
Young people in my community have good knowledge about STIs																																																																											
Young people in my community have good knowledge about reproductive organs and their functions																																																																											
Young people in my community have good knowledge about contraception																																																																											
Young people in my community have good knowledge about the effects of alcohol																																																																											
Young people in my community have good knowledge about the effects of tobacco																																																																											
Young people in my community have good knowledge about the effects of betel nut																																																																											
Young people in my community have good knowledge about the effects of drug abuse																																																																											
Young people in my community have good knowledge about the impact of violence (physical or sexual)																																																																											
Young people in my community have good knowledge about mental health																																																																											
Young people in my community have good knowledge about other diseases (TB, malaria, dengue etc.)																																																																											

Part 5. Focus Group Discussion Questions and Probes

No.	Question/Answer
1.	Let's start the discussion by talking about what makes this YIC a good place to visit?
2.	What could be improved?
3.	Why are some young people coming and some not?
4.	Would you all continue visiting the YIC after you are older than 24? If yes, why? If no, where would you go instead to access information about RH and HIV/AIDS issues?
5.	If the YIC in your local community did not exist, where would you go instead?
6.	Do girls and boys visit the YIC equally? If not, why?
Probes for Discussion: <ol style="list-style-type: none"> (1) Which costs are related to actually visiting the YIC (transportation, loss of income etc.?) (2) Who brought them to the YIC the first time? Parents? Friends? Own initiative? (3) Any cultural issues related to materials produced and distributed in the past? (4) Gender equality as part of the training and material shared at YIC? (5) Working hours of YIC convenient? (6) Special local features impacting the functioning of/or visiting YIC? (7) Special local features impacting local young people: high unemployment rates, disease, no schools available etc.? (8) Do they prefer more privacy/confidentiality than the YIC offers? (9) Difference between YIC and their home (atmosphere, facilities, security etc.) (10) Known cases of unhealthy behaviour or even death due to insufficient knowledge about health-related issues or access to RH services (11) Please provide success stories 	

Part 6. Face-to-Face Interview with Potential/Current Young People Migrants

Questions are asked by the interviewer. Options are not to be read out by the interviewer but replies marked accordingly by the interviewer.

Basic Data			
Name of Village:			
Name of Township:			
Name of State/Region:			
Age:			
Gender:	1) <input type="checkbox"/> Male 2) <input type="checkbox"/> Female		
Previous experience as young person migrant:	(1) <input type="checkbox"/> Rural to rural (2) <input type="checkbox"/> Rural to urban (3) <input type="checkbox"/> Urban to rural (4) <input type="checkbox"/> Urban to urban (5) <input type="checkbox"/> Rural to abroad (urban) (6) <input type="checkbox"/> Rural to abroad (rural) (7) <input type="checkbox"/> Urban to abroad (urban) (8) <input type="checkbox"/> Urban to abroad (rural) (9) <input type="checkbox"/> Rural to nationwide (truck driver) (10) <input type="checkbox"/> Urban to nationwide (truck driver)		
Length of previous migration:	(1) <input type="checkbox"/> Less than 3 months (2) <input type="checkbox"/> Between 4 and 6 months (3) <input type="checkbox"/> Between 8 to 12 months (4) <input type="checkbox"/> Between 13 and 18 months (5) <input type="checkbox"/> Between 19 to 23 months (6) <input type="checkbox"/> Between 2 and 3 years (7) <input type="checkbox"/> Between 4 and 5 years (8) <input type="checkbox"/> More than 5 years		

No.	Question	Answer	Remarks
1.	Do you think you will migrate in the future again either short or long term?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
2.	If yes, what type of migration will it be?	(1) <input type="checkbox"/> Rural to rural (2) <input type="checkbox"/> Rural to urban (3) <input type="checkbox"/> Urban to rural (4) <input type="checkbox"/> Urban to urban (5) <input type="checkbox"/> Rural to abroad (urban) (6) <input type="checkbox"/> Rural to abroad (rural) (7) <input type="checkbox"/> Urban to abroad (urban) (8) <input type="checkbox"/> Urban to abroad (rural) (9) <input type="checkbox"/> Rural to nationwide (truck driver) (10) <input type="checkbox"/> Urban to nationwide (truck driver)	
3.	When do you think you will migrate?	(1) <input type="checkbox"/> Within the coming 3 months (2) <input type="checkbox"/> Within the coming 4 and 12 months (3) <input type="checkbox"/> After 1 year (4) <input type="checkbox"/> Within the coming 2 and 3 years (5) <input type="checkbox"/> After 3 years	
4.	How long do you intend to migrate for?	(1) <input type="checkbox"/> Less than 3 months (2) <input type="checkbox"/> Between 4 and 6 months (3) <input type="checkbox"/> Between 7 to 12 months (4) <input type="checkbox"/> Between 13 and 18 months (5) <input type="checkbox"/> Between 19 to 23 months (6) <input type="checkbox"/> Between 2 and 3 years (7) <input type="checkbox"/> Between 4 and 5 years (8) <input type="checkbox"/> More than 5 years (9) <input type="checkbox"/> Forever	
5.	Why do you intend to migrate? (Multiple Choice)	(1) <input type="checkbox"/> Better education opportunities (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Following family (4) <input type="checkbox"/> Conflict (5) <input type="checkbox"/> Earn more money (6) <input type="checkbox"/> Want to work in other place for new experience (7) <input type="checkbox"/> Do not want to live with parents anymore (8) <input type="checkbox"/> Other, please specify.....	

No.	Question	Answer	Remarks
6.	Do you have a social network where you intend to migrate to?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
7.	If yes, who do you know where you are going to migrate to? (Multiple Choice)	(1) <input type="checkbox"/> Close relatives (2) <input type="checkbox"/> Distant relatives (3) <input type="checkbox"/> Friends (4) <input type="checkbox"/> I already know some of my colleagues (5) <input type="checkbox"/> Other, please specify.....	
8.	Do you know where you can access RH facilities and services in your new destination?	(1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
9.	When moving to your new destination, how important is it for you in the beginning to research where you can access RH facilities and services?	(1) <input type="checkbox"/> Not important at all (2) <input type="checkbox"/> A little bit important (3) <input type="checkbox"/> Somehow important, but not a priority (4) <input type="checkbox"/> I will try to prioritize (5) <input type="checkbox"/> It is among my top priorities	
10.	If you think now, what challenges do you think you will face when trying to access RH facilities and services in your new destination? (Multiple Choice)	(1) <input type="checkbox"/> Stigma (2) <input type="checkbox"/> Financial difficulties (3) <input type="checkbox"/> Time management (4) <input type="checkbox"/> Access to information and where to find it (5) <input type="checkbox"/> Being alone without a partner, friend or relative to ask about RH facilities and services (6) <input type="checkbox"/> Other, please specify.....	
11.	How would you rate your knowledge about RH, pregnancy, STIs, HIV/AIDS, impact of drugs, alcohol, tobacco and betel nut chewing before you migrate or before you migrated in the past?	(1) <input type="checkbox"/> Enough knowledge (2) <input type="checkbox"/> A bit but need more knowledge (3) <input type="checkbox"/> Poor knowledge (4) <input type="checkbox"/> No knowledge at all	

Quick Assessment Tool for YICs not visited



State/Region:	
Township:	
Village:	
Date of YIC establishment:	Month: _____ Year: _____
Position of YIC Focal:	
Gender of YIC Focal:	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
Functionality:	1. <input type="checkbox"/> In operation (Regular activities conducted) 2. <input type="checkbox"/> Partly operational (Occasional activities conducted) 3. <input type="checkbox"/> Not in operation (No activities conducted for the last 12 months)
If YIC non or partly functional, please indicate the <u>three</u> main reasons for functionality status:	1. _____ 2. _____ 3. _____
Opening time now or at time of operation:	Day(s): _____ Time: _____
Time of operation with UNFPA support:	From month _____ year _____ to month _____ year _____
Time of operation without UNFPA support:	From month _____ year _____ to month _____ year _____
Equipment provided by UNPFA:	1. IEC Material: type, quantity and condition: _____ _____ _____ 2. Books: quantity and condition: _____ _____ _____ 3. Edutainment: type, quantity and condition: _____ _____ _____ 4. Other support in kind: quantity and condition: _____ _____ _____
Average cumulative number of youths reached, excluding YIC Youth Volunteers, during the last 12 months:	_____
Average cumulative number of youth volunteers reached during the last 12 months:	_____
Date and type of last training provided by UNFPA to YIC Youth Volunteers:	Date: _____ Type: _____
YIC does or did have a Community Support Group:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
YIC Youth were organized and engaged in natural disaster/emergency response:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

Report on the Quick Assessment of the Youth Information Corners (YICs) not visited

Location

- The YIC centres are based in Rural Health Centres in a Township, and are located in 15 out of 17 of Myanmar's States and Regions. There are no YICs in Kayah and Chin States.

Established years

- Of the 30 YICs who completed the quick assessment, 9 YICs were established more than ten years ago, 17 YICs were established between five and ten years ago, and the remainder were established less than five years ago.

The rank and gender of YIC focal persons

- Almost all of the YIC focal persons are Health Assistants of Rural Health Centres and most of them are men.

Current operational status of YICs

- Of those YICs who reported, 18 YICs had stopped operating, while 12 YICs operated occasionally and only 2 YICs were operating regularly.

Reasons why the YIC has stopped functioning

The main reasons given by the YIC focal persons were:

- Shortage of available time of youth.
- Youth are engaging in other educational activities/employed.
- Shortage of available time of RHC staff.
- Paper work, administrative work and health care activities according to their ToRs.
- Shortage of training by HED and UNFPA.
- The basic training for new YICs and refresher trainings for youth volunteers are not regularly conducted.
- Shortage of financial support.
- There is no budget/funds for office running costs or maintenance costs for entertainment and sport materials, nor to buy new books for libraries. There are no fundraising activities in most YICs to sustain centres.
- Migration of youth.

- Many of the YIC youth volunteers are moving to cities, as well as abroad, for work because there are very few job opportunities in the villages where they live. Some are going to cities to study higher education. In addition, some have moved to new locations where his/her spouse's family live.
- No parental consent to visit YIC: some parents think that going to the YIC and participating in YIC activities is time wasting and they want their children to help with household chores or the family business instead. Some more conservative parents do not want their children to talk about or participate in training or activities related to sexual and reproductive health. They still consider that talking about SRH issues is taboo.
- YIC youths are getting older and married: many youth volunteers who joined YICs at the beginning are getting older and married. Most of their time and effort are dedicated to their family.
- No new youth are coming to YICs: as the trainings and youth activities are limited, no new youth are visiting YICs. Moreover, the functions of YICs are outdated for young people. Nowadays, the library, karaoke and sports materials are not enough to attract youth to use the YICs.
- The YIC focal persons are always moving (posted to another RHC). As YIC focal persons are government civil servants (Health Assistants/Lady Health Visitors) some are transferred to other RHCs or are promoted to a higher rank. Almost all of the YIC focal persons who established a YIC together with HED and UNFPA have left that YIC and moved to another area.
- No separate office for YIC: the YIC centres are attached to the RHC and there is no separate building. Most YICs are not spacious enough for youth activities and a library.

Opening days and hours

- Most of the YIC centres operate twice a week (mostly at weekends) and opening hours are in line with RHC working hours.

IEC materials and library

- There are a few IEC materials still at YICs including pamphlets, booklets and posters. Although many YICs have stopped functioning, the materials are still in place in the library.

Number of youth reached by YIC per month during the last 12 months

- It is no surprise that YICs that are not operational have not been visited by any youth or youth volunteers. However, many young people and volunteers have still visited YICs over the last 12 months: 3,044 youth and 50 youth volunteers visited and participated in YIC activities at Pakaryi YIC, Htawe, Tanintharyi Region, and 152 youth and 189 youth volunteers visited Thabut YIC, Myeik, Tanintharyi Region.

Trainings provided for YIC youth

- The types of trainings conducted for YIC young people were basic: Adolescent Sexual and Reproductive Health trainings, refresher trainings, and behaviour change communication trainings. The most recent trainings for YIC volunteers were conducted in Boyargyi, Kamarkasid, Gyophyu, Nathogyi, Poppa, Shwe Taung, Naung Mun and Bawgyo YICs. It has been five years since the last training was conducted in Kyay Mone YIC (Monwya) and Kaung Boh YIC (Yat Sauk) and seven years since any training was conducted in Down Kya YIC (Sint Kaing).

Community Support Groups

- Out of 30 YICs who responded, 21 YICs had Community Support Groups (CSGs).
- Humanitarian Activities: of the 30 YICs that responded, youth volunteers from 18 YICs had participated in humanitarian activities in their communities in the last 12 months.

Youth Information Corner in Sarmalauk manages its own ambulance service

Yangon, published 23rd September 2016, by Si Thu Soe Moe, UNFPA Communications

Standing proudly in front of the ambulance, Ko Win Naung remembers when the initiative was first suggested. “It was on a rainy day in August, 2015, he said, “I was chatting with my friends. A friend recounted his experience of accompanying a referral case to Yangon Central Women’s Hospital. There was no ambulance service, and the patient had to make her own arrangements. This was a typical story in our area. This conversation sparked an idea”, Ko Win Naung continued: “A friend said, ‘Win Naung, how about starting our own ambulance service? You have the network’ and those words turned into action!”

Thirty-year old Ko Win Naung, who lives in Sarmalauk, is a former member of the Sarmalauk Youth Information Corner (YIC) and was one of its first members in the early 2000s. The YIC programme is a joint initiative between the United Nations Population Fund and the Ministry of Health. Win Naung joined the YIC in the early days, and participated in its community health and development support programmes. After he left, he maintained contact with the YIC, as well as its former members. He explained: “We wanted to start an ambulance service. After considering several options, we turned to U Zaw Naing, the head of the government run Rural Health Centre (RHC), Sarmalauk. He is a very capable youth leader, and when he heard about our initiative, he was enthusiastic.”

The latter part of the year saw Win Naung and his like-minded friends hold successive meetings with village elders, also attended by U Zaw Naing and YIC members. The village agreed to provide the funds to purchase the ambulance, on the condition that it was managed by the YIC. Zaw Naing said: “We were thrilled. It showed the magnitude of trust they put in the YIC. So, we agreed to manage the ambulance service. I helped to get the necessary documents so that the YIC could legally own the vehicle.” The ambulance was purchased and in service by May of this year.

Youths from Sarmalauk YIC are committed to managing the ambulance service. Twenty-two year old Ma Thin Thin Wai reflected on the other members’ enthusiasm: “We are very proud as this is the first initiative of its kind in our community, and also a good example of how youth can contribute to the welfare of its community.”

Win Naung and other former YIC members drive and maintain the ambulance on a voluntary basis. He said: “We have 18 referrals on average a month. Four

of these were pregnant women who were referred to the Central Women's Hospital in Yangon. It used to take more than an hour to get to the hospital, given the traffic in Yangon. The ambulance takes about 40 minutes."

Win Naung and his friends, together with YIC members and other villagers, formed a committee to manage the ambulance service. He explained: "The service is free of charge. However, a trip costs on average MMK 20,000 (equivalent to USD 20). To cover the costs, the committee members contribute on a monthly basis, and until now this has been enough. But we welcome donations as well."

Enthusiasm about the ambulance service is abundant. When asked about the future, Win Naung said simply: "Oh, we will have to carry on. There will be other young people to take our place when the time comes. We are very proud of this initiative. It certainly serves as a beacon for future generations to aspire to, of that, I am quite certain."



How behavioural change was created in a village in South Shan

Agnethe Ellingsen, youth consultant UNFPA

UNFPA conducted a nationwide situation analysis of its support to rural youth, which shed light on the under-addressed issue of early marriage. Although the situation of early marriage in rural Myanmar seems to be a challenge, success stories from the field are providing valuable evidence-based information on how to approach the problem.

Throughout the projects sites UNFPA visited as part of an in-depth analysis of its Youth Information Corner (YIC) Programme in rural Yangon, Ayeyawady, Mandalay, Magway, Kachin, Bago and Shan North, East and South, early marriage, including marriage as early as the age of 13, seems to be one of the main concerns of both young people and health staff in rural areas. As part of its support to rural youth in Myanmar, UNFPA established Community Support Groups (CSGs) at 26 of its 28 YICs to support UNFPA trained youth volunteers in planning and implementing outreach activities and peer education sessions on sexual and reproductive health and rights. Members of CSGs are usually senior members of the local community who have been selected based on their commitment to community development, regardless of gender.

The in-depth review showed that CSGs have good access to their communities and seem to be an under-estimated resource in programming against gender-based violence and early marriage. One impressive example from Shan South showed how members from a CSG, who received training on the physical and economic damage of early marriage several years ago, were able to convince their village to agree not to marry before the age of 18. “This is why our village does not have early marriage anymore and adolescent pregnancy is very rare, in contrast to one of the neighbouring villages. They are located in a hard to reach area” one female CSG member explained.

More comprehensive trainings on the impact of child marriage are needed. Although the example from Shan South exemplified the fruits of UNFPA’s cooperation with the Central Health Educational Bureau, the way forward is challenging and the findings from the in-depth-review will be utilized for further evidence-based programming, adapting to the changing needs of the young rural people of Myanmar.



Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

