Adolescents and Youth Sexual Reproductive Health Workshop

Bago Region Report

October & December 2017

Pathfinder INTERNATIONAL
Sexual and reproductive health without fear or boundary

Myanmar Partners in Policy and Research

Pathfinder International's mission is to advance sexual and reproductive health and rights globally by catalyzing change locally. Pathfinder's overarching goal of improving sexual and reproductive health is only achievable by addressing a range of systemic challenges that underlie the demand for, and delivery of, health care. Pathfinder's work to improve sexual and reproductive health is fundamentally about improving how systems - both a community system and the formal health system - work for the people it serves.

Pathfinder International, originally incorporated as The Pathfinder Fund in 1957, is a nonprofit, nongovernmental organization based in Watertown, Massachusetts.

PATHFINDER INTERNATIONAL
9 Galen Street, Suite 217, Watertown, Massachusetts 02472,USA
Telephone: +1-617-924 -7200; Fax: +1-617-924 - 3833
Website: www.pathfinder.org

Myanmar Partners in Policy and Research (MPPR) is a local organization that specializes in research, advocacy, and project development and related to sexual and reproductive health and rights in Myanmar. MPPR operates with the conviction that all people, regardless of who they are and where they live, have the right to quality health services, to exist free from fear and stigma, and to lead the lives they choose.

Toward these goals, MPPR works closely with the public health system and a network of partners to remove barriers that are preventing access to quality sexual and reproductive health care and family planning. Working with decision making bodies in the Ministry of Health and Sports, state and township health workers on the ground, as well as stakeholders in local communities, MPPR strives to strengthen the system that vulnerable populations rely on for their health.

No. 21, Upper Mandalay Lane (1), Mingalar Taung Nyunt Township, Yangon, Myanmar
Mobile: + 95-09-769-166-959; Email: myanmarppr@gmail.com
Website: www.myanmarpartners.org;
Facebook: Myanmar Partners in Policy and Research

Acknowledgements

Pathfinder International and Myanmar Partners in Policy and Research (MPPR) recognize and thank the Ministry of Health and Sports of Myanmar for their partnership and especially Maternal and Reproductive Health unit for continuing support. We gratefully acknowledge the David and Lucile Packard Foundation for supporting our work for these workshops, their follow-up activities and this publication. Pathfinder and MPPR express gratitude to all technical, international and national NGO partners and UN agencies for their contributions to the planning and implementation of the workshops.

We dedicate this report to all of the workshop participants, especially youth representatives and those from the twenty-four townships, who travelled long distances to share their experiences with others. We look forward to being part of Myanmar's continuing efforts to bring essential sexual and reproductive health services and contraceptive supplies closer to its people, and improving lives of millions.

February, 2018

Table of Contents

List of Acronyms

AA-HA	Global Accelerated Action for the Health of Adolescents
AH	Adolescent Health
AMW	Auxiliary Midwife
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BHS	Basic Health Staff
CBO	Community Based Organization
CHW	Community Health Worker
DSW	Department of Social Welfare
EC Pill	Emergency Contraceptive Pill
FP	Family Planning
HA	Health Assistant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resource
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MOE	Ministry of Education
MMCWA	Myanmar Maternal and Child Welfare Association
MO	Medical Officer
MOHS	Ministry of Health and Sports
MRH	Maternal and Reproductive Health
MSI	Marie Stopes International
MW	Midwife
MWAF	Myanmar Women's Affairs Federation
NCD	Non-communicable Disease
NYWCA	National Young Women's Christian Association
OC Pill	Oral Contraceptive Pill
PHN	Public Health Nurse
PHS II	Public Health Supervisor II
RH	Reproductive Health
RHC	Rural Health Center
RHC LS	Reproductive Health Commodities Logistic System
RPHD	Regional Public Health Department
SB	Special Branch
SCOG	Senior Consultant, Obstetrics and Gynecology
SDG	Sustainable Development Goal
SH	School Health
SMO	Station Medical Officer
SRHR	Sexual and Reproductive Health and Rights
Sub-RHC	Sub-Rural Health Center
THN	Township Health Nurse
THO	Township Health Officer
TMO	Township Medical Officer
TOT	Training of Trainers
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

The Community adolescent and youth sexual and reproductive health (AYSRH) workshops in Bago Region were held in two, separate, three-day events from October 22 to 24, 2017 in Bago, and December 4 to 6, 2017 in Pyay. Over 200 township representatives such as TMOs, THOs, THNs, MWs, AMWs from 14 townships from eastern Bago and 14 townships from western Bago, as well as 70 youth representatives from both areas, participated in the discussions. The aim of the workshops was to raise awareness towards AYSRH among basic health staff (BHS), identify bottlenecks hampering AYSRH, and strategies to overcome them. The workshops also aimed to engage youth in discussions and incorporate their voices in developing township level action plans. The events were endorsed by the Maternal and Reproductive Health Division of the Ministry of Health and Sports (MOHS), with financial support from the David and Lucile Packard Foundation.

The workshop consisted of 2 parts: youth discussions and township health system analyses. The first day was designated as "youth day" in which local adolescent and youth discussed their views about barriers to AYSRH and how to improve access to services in their townships. The second day consisted of discussions and presentations from local and international experts to learn from their experiences, and group break-out sessions with township teams and selected youth representatives to identify bottlenecks and causes in the provision of AYSRH services and access. On the third day, the participants tackled strategy development and action planning to overcome identified obstacles.

Summary of Main Findings

Key messages from youth

1. Young people's opinions count: Engage youth in the process of decision making
   a. Listen to what young people have to say
2. Marriage is not the answer to unwanted pregnancies, contraception is
   a. Young people want contraceptives available and accessible
3. Make pharmacies more youth friendly
   a. Also give young people the awareness, the knowledge, and skills to demand services
4. Make contraceptive knowledge available in a variety of ways
   a. Use social media
   b. Use billboards, movies, comics, pamphlets, and library
   c. Allow interactive discussions through peer outreach
   d. Start at younger age through school health with lessons on anatomy and sex education
5. Don't neglect youth in rural areas

Challenges at the Township Level

The workshop provided a platform for township health care providers to engage in dialogues with national and international experts as well as with youth in identifying local challenges encountered in the delivery of adolescent and youth reproductive health services. The discussions included 6 key areas listed below.

1. Youth friendly facilities
2. Youth competent workforce
3. Supportive environment
4. Reaching youth with services
5. Understanding needs of youth: Disaggregated data and youth engagement
6. Inter-sectoral collaborations

Key Areas					
1. Youth friendly facilities	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understanding the needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottlenecks/ Issues Identified					
▪ No privacy in facilities ▪ Lack of interested programs for the youth at health facilities	▪ No special attention paid to the needs of youth ▪ Weak communica-tion and counseling skill of BHS ▪ Lack of practice of BHS on unmarried youth	▪ No special program for youth to encourage access ▪ Weak outreach activities for youth ▪ Cannot provide effective contraceptive services for youth ▪ Mobile clinics are only for married adults – not youth friendly, difficult access ▪ Commodities unavailable for youth needs (youth need condom and OC pills but providers have only Depo injection)	▪ Only data available is for all youth (no data specific to unmarried youth)	▪ Lack of knowledge and awareness on AYSRH (communities not interested and do not understand importance of AYSRH) ▪ Cultural and religious stigmas/ beliefs prohibiting SRH activities (especially among Hindu people) ▪ Stigma of premarital sex and use of contraception (parents prohibiting discussions on SRH and utilizing contraceptive methods before marriage) ▪ Pharmacies not aware of AYSRH (little communication with youth)	▪ Schools not accepting of SRH education for students (considered SRH is not relevant for school adolescents) ▪ Little interest/ support of schools in SRH education (lack of awareness on importance of AYSRH) ▪ No organizational/ institutional interest to support out-of-school youth (lack of awareness on importance of AYSRH)

Key Areas					
1. Youth friendly facilities	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understanding the needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Causes Identified					
▪ No enclosed spaces for privacy ▪ No facility (sub-center) at some places (currently using, homes, libraries or village offices as health facilities) ▪ No budget allocation for upgrade of the facilities ▪ Lack of awareness about youth friendly services leading to no interest (not enough support facilities /materials) ▪ No electricity ▪ Insufficient budget for facility and materials	▪ Time limitation to prioritize adolescents and youth ▪ Too few staff and BHS busy to consider youth needs ▪ Explaining about AYSRH considered "extra work" ▪ Adolescents and youth do not feel comfortable approaching BHS of opposite sex ▪ Cultural inhibition by BHS ▪ Weak understanding of the emotion of adolescents and youth by BHS ▪ Lack of interest in Adolescents and Youth by BHS ▪ Lack of awareness and experience in AYSRH by BHS ▪ MW training focuses only on needs of married people (Lack of special training and practice sections on AYSRH)	▪ Road situations and conflicts prevent provider to conduct outreach ▪ Less time among providers for serving AY ▪ Not enough manpower (BHS-work overload) ▪ Culture and language barriers (provider not local) ▪ Weak volunteer services on AYSRH at villages ▪ Lack of trained SRH volunteers ▪ Lack of communication between BHS and youth from hard to reach areas ▪ No instructions for AY regarding SRH ▪ Weak supply from central (not timely) ▪ Commodities stock out	▪ Currently using HMIS not having the column for marital status (marital status, age, gender recorded inconsistently) ▪ No clear instruction and format to collect the data of unmarried youth ▪ No time to collect data in the communities about unmarried youth by providers ▪ No access by unmarried youth – no contact with youth (youth come only when pregnant) ▪ Providers do not listen to youth voices (difficult to get the real data of unmarried youth)	▪ No awareness raising/advocacy sessions on AYSRH in communities ▪ Weak advocacy skill of providers (language barrier between providers and communities) ▪ Providers do not want to clash with community leaders ▪ Lack of communication between village leaders/religious leaders/ parents and providers ▪ Lack of communication between pharmacies and providers	▪ Teachers are not familiar with SRH education (teachers are very shy and reluctant to talk about sex in front of students) ▪ Lack of communication between providers and schools (teachers) ▪ Insufficient time of teachers for SRH (no focal person in school for health) ▪ No regular school visit of providers (school health activity is 2 times per year (maximum) but not focused on AYSRH) ▪ No dialogue on AYSRH ▪ No instruction/ guideline for AYSRH at township level

Key Areas	Key Bottlenecks / Issues	Strategies Identified	Action Plan Identified
1. Youth friendly facility	▪ No privacy in facilities	▪ Plan to create space with privacy at existing facilities by participation of communities and youth (making facilities youth friendly)	▪ Report to Township Medical Officer about the results of workshop and conduct village health meetings to identify champions among community leaders and youth ▪ Create partitions at facilities by using curtain as privacy screen and use signboard "allow only patient to enter" at the entrance
		▪ Plan to get new facilities (sub-center) or to create space with privacy at current building	▪ Report to Township Medical Officer about the results of workshop and to conduct the township coordination meetings with TMO, concerned departments, INGO/NGOs, communities and youth ▪ Submit the results of coordination meeting to MoHS for financial support for construction of new facilities (step by step) ▪ Make the privacy space at current building by getting the supports of communities and youth
		▪ Engage community businesses to reach health facilities	▪ Conduct township coordination meetings to identify champions among business leaders ▪ Search for funding by conducting a fun fair
	▪ Lack of interested programs for the youth at health facilities	▪ Make existing health facilities youth friendly environment	▪ Conduct township coordination meetings to establish youth health committee ▪ Meet with youth teams to identify champions among youth to involve in youth health committee ▪ Keep posters, cartoons, magazines and journals at health facilities for education on SRH (if possible, TV and Wifi)
		▪ Collaborate with concerned departments or business person to get electricity at facilities	▪ Meet with village electrification committee ▪ Search for private donors from the community (for solar panel of generator)
		▪ Secure the required budget in collaboration with community	▪ Conduct township coordination meetings to identify champions among business leaders ▪ Explore funding opportunities through fun fairs

Key Areas	Key Bottlenecks / Issues	Strategies Identified	Action Plan Identified
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Assign AY focal person (Shift the tasks of BHS to volunteers to reduce work overload)	▪ Conduct a township health meeting to identify champions among community and youth for AY focal person (volunteers) ▪ Ask/request MoHS the AY focal job aids
		▪ Solicit change among BHS through interactions with youth	▪ Organize frequently the small meetings with BHS and AMW/CHW to be aware on AYSRH ▪ Conduct youth activities by BHS and AMW/CHW to communicate with youth
	▪ Weak communication and counseling skill of BHS ▪ Lack of practice of BHS on unmarried youth	▪ Ensure health staff are youth competent	▪ Conduct a township health meeting among TMO and INGO/NGOs to get necessary support on trainings and IECs ▪ Give BHS necessary trainings and communication & counseling practice sessions on AYSRH
3. Reaching youth with services	▪ No special program for "Youth" to encourage access ▪ Weak outreach activity for AY ▪ Cannot provide effective contraceptive services for youth	▪ Support AMW/CHWs and youth volunteers for youth outreach in villages (task shifting to AMW/CHW) (reach hard to reach areas through volunteers)	▪ Provide AMW/CHWs and youth volunteers the necessary trainings and communication & counseling practice sessions on AYSRH ▪ Assist so that the volunteers can conduct AYSRH activities for youth at villages ▪ Allow AMW/CHWs to distribute commodities (Condom, OC pill, EC pill) ▪ Ask for IEC materials for AMW/CHWs and INGO/NGOs working on AYSRH
		▪ Create telephone communication between BHS and hard to reach villages	▪ Host a village health meeting with village leader, communities and youth to identify the champions of the villages among those interested in AYSRH (both male and female) ▪ Provide telephone services through the selected champions
		▪ Deliver the education on AYSRH by providing mobile applications	▪ Host village health meetings with communities and youth to launch the SRH mobile application
	▪ Mobile clinics are only for married – not youth friendly for AY to access	▪ Provide separate adolescent and youth activities at monthly mobile services	▪ Report to Township Medical Officer about the discussion results of workshop to provide mobile services for unmarried youth ▪ Host village health meeting to identify the champions for the establishment of youth groups to support mobile team
	▪ Commodities unavailable for youth needs (youth need condom and OC pills but providers have only Depo injection)	▪ Maintain up-to-date commodity inventory and avoid stock-out	▪ Check stock and expiration date regularly; request the required amount of commodities as per RHC-LS ▪ Coordinate with INGOs to get necessary commodities if MoHS supplied stock is out.

Key Areas	Key Bottlenecks/ Issues	Strategies Identified	Action Plan Identified
4. Understand needs of youth	▪ Only data available is the total number of youth (no data specific to unmarried youth)	▪ Improve quality of information on youth collected by BHS	▪ Add separate age columns for gender and ages 10-15 & 16-19 in existing HMIS form ▪ Add one more column to collect the data of marital status
		▪ Collect the data of adolescents and youth (especially unmarried data) at the time of annual data collection	▪ Add new columns for marital status in column for ages of 10-14 & 15-19 at the time of annual data collection in December. ▪ Meet with other concerned organizations and youth teams on collection of more specific data
		▪ Gather data on unmarried youth through youth champions	▪ Meet with youth teams to identify youth champions ▪ Enable youth champion to gather unmarried youth information
		▪ Engage with youth to listen to youth voices	▪ Take youth suggestions to get the information/data of the unmarried youth ▪ Meet with youth (at least once a month)
5. Supportive environment	▪ Lack of knowledge and awareness on AYSRH by communities	▪ Provide necessary information on AYSRH in communities by participation of community volunteers/ youth champions	▪ Host meetings with villages to identify youth champions and community volunteers ▪ Provide necessary trainings and IECs on AYSRH to youth champions and community volunteers ▪ Conduct the AYSRH awareness raising sessions at villages by showing the effective education stories (videos) ▪ Use media to disseminate the correct information on AYSRH among communities
	▪ Cultural and religious stigmas/beliefs prohibiting SRH activities (esp. in Hindu people) ▪ Stigma of premarital sex and use of contraception among parents	▪ Involve community leaders/religious leaders/ parents in changing social norms	▪ Host village health meetings with village leaders, religious leaders and parents to establish youth health committees at villages ▪ Organize SRH workshops with all community leaders ▪ Select the champion parents to involve in SRH awareness/advocacy sessions
	▪ Pharmacies not aware on AYSRH (less communication with youth)	▪ Involve pharmacies in AYSRH program	▪ Conduct the necessary trainings and provide IECs to be youth friendly pharmacies

Key Areas	Key Bottlenecks/ Issues	Strategies Identified	Action Plan Identif
6. Inter-sectoral collaboration	▪ Schools do not accept SRH education for students (consider SRH to not be relevant for adolescents)	▪ Engage teachers to teach SRH to students (adolescents)	▪ Host meeting involving parents, teachers and BHS to establish school health committee ▪ Select champions among interested teachers on AYSRH for regular schedule of SRH education at schools and communication with providers ▪ Provide TOT for AYSRH to champion teachers
	▪ Little interest/support of schools in SRH education (lack of awareness on important of AYSRH)	▪ Assign focal teachers for SRH education at schools	▪ Assist on revision the portion of SRH in curriculum of life skill text book ▪ Discuss with school teachers to identify champions for focal person in schools ▪ Conduct SRH education in yearly school visit (at least twice per year)
	▪ No organization/ institution interest to support out-of-school youth (lack of awareness on important of AYSRH)	▪ Engage ministry/departments, NGOs/CBOs including business leaders to reach out-of-school youth	▪ Conduct advocacy meetings involving concerned ministry/departments (including MOE), CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ Identify champions among youth to conduct series of meeting with different organization/ institutions including business leaders ▪ Conduct AYSRH workshops among MoHS, concerned ministry/department, NGOs/CBOs and youth champions

Recommendations from the participants

As a conclusion to the conference, township teams, in collaboration with state and national experts presented recommendations in alignment with the Government's family planning and reproductive health targets. The recommendations were to:

1. Assign an AYSRH focal person in townships to conduct AY focused activities
2. Fill the sanctioned posts for BHS at RHC/Sub-RHCs that remain vacant
3. Provide townships funds, materials and support required for AYSRH activities
4. Provide direct instructions and guidance from MoHS on AYSRH activities
5. Send instructions from higher authorities to collaborate with Education and Administrative Departments
6. Make facilities (Sub-RHCs, RHCs) youth friendly based on a standard design to ensure privacy, confidentiality, and youth friendly environment
7. Provide budget and supported materials required for the trainings of youth volunteers including counseling and communication practice trainings for AMW/CHWs
8. Set up a system for step-by-step supportive supervision and evaluation for AYSRH activities with a timeframe
9. Keep regular channels for reporting and feedback mechanisms among townships, districts, State/ Regions and central level


MANCHESTER
UNITED

Introduction

The contraceptive needs of adolescents and youth are increasingly recognized as a key component of global health strategies. Maternal conditions rank the highest cause of adolescent deaths among 15 to 19-year-old females globally (WHO, AA-HA, 2017), and Global Strategy for Women's Children's and Adolescents' Health (2016-2030) has made access to contraceptives an integral part of its approach. The contraceptive needs of adolescents were also acknowledged as a key priority area in the Family Planning Summit in 2017.

In 2013, the government of Myanmar has joined the FP2020 movement to increase access to FP services. As the government of Myanmar strives to make good of their FP2020 commitments, reaching adolescents and youth with SRH/FP services is increasingly a critical factor in moving forward towards the goals. The proportion of adolescents and youth in the country is large. Myanmar is home to 23 million children and youth comprising 46% of 51.4 million total population: 30 percent of the population is under age 15, and youth aged 15–24 comprise 18 percent. Yet, there have been little effort to reach young people with SRH services in the country. Social stigma and cultural inhibition bar young people from accessing badly needed SRH-related information and services including contraception. Growing evidence suggests that unwanted pregnancies and related injuries are significant contributors to the nation's high maternal mortality rate. While Myanmar is making significant progresses in the field of RH, there remains a huge gap in relation to meeting the SRH needs of adolescents and youth in Myanmar.

Following its FP2020 commitments, Pathfinder International and Myanmar Partners in Policy and Research (MPPR), with funding from the David and Lucile Packard Foundation, have been supporting the Health Ministry's efforts by conducting Family Planning and Sexual Reproductive Health barrier analysis workshops. Since 2014, four such events have been held in Naypyitaw, Southern and Northern Shan and Kayin States with over 50 townships. With the impetus resulting from these developments, and the recognition of the importance of adolescents and youth in achieving FP2020 goals, Pathfinder/MPPR hosted two state level workshops focused on adolescent and youth sexual reproductive health and rights in Bago Region with a total of 28 townships.

Objectives and Activities of the AYSRH Workshop

1. **Provide updates on adolescent and youth SRH/FP best practices**
   Through presentations by global and national experts, the event provided opportunities to update know -ledge on youth and FP related policies and strategies, technical information on adolescent and youth FP/ RH services.

   As adolescents and youth have their own needs and perspectives, health workers must develop competencies in youth responsive health care to be able to respond to their specific needs. This workshop provided an opportunity to advance knowledge, skills, and perspectives that are essential in adolescent-responsive health care.

Other topics of discussion also included FP2020 and national strategies and policies, integrated service delivery, and improved FP/RH service access and demands. Information on related international developments, best practices, and tools were also distributed. The workshop also provided opportunities for township and state level information and perspectives to be shared with central authorities and partners for further highlight local conditions.

2. Identify bottlenecks and causes hampering adolescent and youth family planning access and demand, and solutions to overcome them
The first and foremost aim of the workshop was to solicit better understandings of difficulties health organizations face in FP service delivery to young people. The workshop provided an opportunity for participants to share their experiences on FP service delivery to youth and built a consensus on major bottlenecks identified. They collectively engaged in the causal analysis of FP service delivery bottlenecks and had a chance to discuss strategies to overcome them and brainstorm what might be needed to put them in actions.

Furthermore, the workshop served as an opportunity for participants to engage in strategic thinking, dialogues for effective FP/RH service delivery, and develop action plans to reach youth. A deeper understanding though discussion of the current status of youth and family planning services in the state encouraged active discussions needed to increase availability and access to critical FP/RH services. The workshop also guided participants to develop action plans to implement priority solutions identified during the workshop. Work done during the workshop was to lay the foundation for a step towards youth friendly services to promote young people's increased access to contraceptive.

3. **Listen to young people' voices and incorporate their views in SRH/FP service delivery:**
   The workshop engaged young people from the region and created an opportunity for health care providers and youth to learn each other's point of view and learn about constraints and opportunities for better access and services. By inviting youth to participate in bottleneck analysis and strategy development to overcome them, the workshop also allowed townships to develop solutions with the involvement of young people.

Results of Discussions

Youth Discussions

Members of local youth organizations such as Bago Youth Network, NYWCA and Pyay Youth Center gathered to discuss sexual and reproductive health issues they face. Participants were generally aware of risks and wanted to avoid pregnancies. They were eager to learn more about how to protect themselves, and wanted to be heard and engaged. The youth meeting without the fear of judgments from parents and other adults allowed the participants to speak freely about their opinions and views, and to prepare a unified voice to be presented during workshops. The questions explored during the discussion included the following:

1) what are the underlying drivers of unwanted pregnancy?
2) what factors protect youth from unwanted pregnancy?
3) what strategies can increase youth access to health services?

The format of the discussions included Pathfinder's board game "Pathway to Change" to prompt thoughts and ideas in fun and youth friendly way. About 31 boys and 39 girls participated in the interactive discussions at gender segregated tables. The following is a summary of the discussions.

A. Personal Driver to Unwanted Pregnancies

1. Lack of knowledge
    a. "I don't know how to use contraceptives"
2. Wrong information and misbelief
    a. "One sexual encounter will not lead to pregnancy."
    b. "I will get fat if I use contraceptives."
    c. "I'll become infertile if I use contraceptives."
3. Image of traditional "good boys/girls" - unable to bring oneself to acquire contraceptives they need
    a. "If I use pills, it means I am sexually active, and not a good girl."
4. Use of contraceptives, esp. condoms, means distrust and no love
    a. "Condoms are only for sex workers."
    b. "If you love me, you should allow sex without condoms."
    c. "No need for contraceptives if we trust each other"
    d. Assumption: No contraception in intimate relationships

B. Social Driver to Unwanted Pregnancies

1. Afraid of seen accessing contraceptives and SRH services because of social stigma
    a. "I don't want my parents to know."
    b. "I don't want to buy contraceptives from pharmacies because they will know that I'm having sex."
2. Scared of judgmental attitudes of service providers
    a. "**Health staff** give a condemning look when they see us."
    b. "**Pharmacies** look at us and give a bad look"
3. Resistance to contraceptives from parents, husbands, religions
    a. "Children are gift of god" – assumption of marriage and birth – no choice
    b. "I cannot fight back the oppositions of family, husband, etc."
4. Peer pressure and temptations for risky sex
    a. "My friends say that I'm not a man until I experience sex without protection."

C. Environmental Drivers to Unwanted Pregnancies

1. Lack of opportunities to learn about sex and contraception
    a. "I never received information or education, so I don't know how to use contraceptives."
2. Remote areas: Too far from pharmacies or clinics
    a. "My house is far away from health facilities. There are no pharmacies nearby."
3. Lack of rural perspectives
    a. Services not available in rural areas, and concentrated in urban areas
4. Lack of youth engagement
    a. "Pharmacies & clinics don't know how to make us feel comfortable"
    b. "They do not know what we want"

D. Why Young People do not Use Health Services

1. Lack of youth competency: No knowledge of youth specific needs
    a. "Health staff can't answer my questions."
    b. "They would not be nice to me if I ask questions."
2. Lack of confidentiality
    a. "I don't go to clinics because I'm afraid that they will gossip."
3. Lack of privacy
    a. "I'm afraid that someone will see me in the clinic."

E. Voices of Youth

1. Marriage is not the solution, contraception is
    - "We are forced to marry, but we are not ready."
    - "It won't be good for our future – no education and economic hardships if we marry too young."
    - "We want more frank discussions with parents and adults."
        - "If I ask about body and sex, I'll get kicked out of the house"
    - "With whom, can we discuss this?"
        - "Government officials are too busy and it must be community people. Religious leaders can teach our parents. Parents need to raise their awareness.

2. We want correct information and knowledge
    - "Sex education is not about teaching children how to have sexual intercourse. It is about having correct knowledge."
    - "Can we talk about it more openly?"
    - "Teachers are very embarrassed even when they are married" "Can they be more open?"
    - "Information about do and don'ts about sex with practical information is needed"
    - "We should start gradually at younger age, rather than bombarding us with information in high school"
    - "Information in library in comic and cartoon formats for younger students would be good"
    - "Make it fun with music and edutainment"

3. Pharmacies should be more friendly
    - No condemning and demeaning look
    - No judgmental questions like "are you married?"
    - If too busy, give pamphlets
    - Know about needs of youth to talk to young people
    - Use suggestion box
    - We need privacy – enclosed space to talk frankly
        - "If only there was a private room, we could consult doctors and nurses too"
    - We want friendly and trusted service providers
        - "But they say, 'we are too busy, come back later"
        - "They are not welcoming and friendly"
        - "They are too impatient"

4. We want to be involved in decision making- How can our voices be heard?
    - Officials are embarrassed, but we want to be involved
    - Be more interested in hearing from youth
    - Parents should change their mind-set and talk to children, rather than just tell them what to do
    - Youth can be involved in charity events
    - Provide edutainment in communities
    - Involve CBOs and train them with SRH skills

Youth-Friendly Facility

Major barriers to youth friendly facilities were the lack of awareness about the needs of young people among service providers, and the lack of privacy and confidentiality due to the existing structure of health facilities. First, health care providers did not know or never thought about young people's specific needs such as ensuring privacy and confidentiality and feeling welcomed in a friendly environment. Moreover, even when these needs are recognized, the physical structure and resources available in current health facilities in townships and villages did not allow for improvements in the facilities, and/or creating youth friendly environment. Strategies proposed to overcome these barriers included creating additional space for youth by tapping into existing resources in communities.

Youth Competent Workforce

Similar to youth friendly facilities, a major issue in the workforce was found in the level of health workers' attention to the needs of young people, and their ability to meet them. For example, there was little awareness of the need to make young people comfortable in accessing services. Gender imbalance in work force, for instance, did not encourage boys to access services when BHS were mostly women. In addition to the lack of awareness and interest, the insufficient number of staff in health facilities and resulting work overload often did not encourage heath workers to consider the needs of youth. Strong stigma and prejudice towards sex outside marriage and use of contraception by unmarried youth also hampered health workers' abilities to meet the SRH needs of young people. Furthermore, the lack of training and practice leading to poor skills in communication and counseling youth compounded the cultural and social barriers to becoming youth-competent health care providers.

Supportive Environment

The social environment in which youth live was generally recognized as not conducive to AYSRH. Participants believed that communities did not have awareness of AYSRH and therefore lacked interest in promoting it. The lack of communication and awareness raising efforts by health care providers and health authorities on the subject also deepened the stigma surrounding premarital sex and use of contraception by youth. Cultural and religious beliefs, particularly among minorities, were seen as a major barrier to constructive discussions and necessary SRH care provision. Therefore, the strategy to create more supportive environment mostly involved initiating dialogues with community leaders and opinion makers including government, business, and religious leaders, parents, teachers, as well as youth, and identify champions who would help raise awareness about the importance of AYSRH in communities.

Reaching Youth with Services

There were no contraceptive services available for youth, nor was there a specific program that tried to reach unmarried youth with SRH services. Existing mobile clinics mostly target married women, and outreach activities by BHS were generally deficient in reaching young people with services. Poor road conditions, insufficient staff, work overload, and cultural and language barriers also compounded the lack of youth specific services. Health care providers have never been provided with guidance regarding AYSRH including volunteers in villages and need for support through task shifting to AMW/CHW was raised as an urgent issue. The lack of communication and interaction with young people in communities was also pointed out as a cause of being unable to reach youth with services. Specific efforts to reach adolescent and youth in this regard were considered important, and key to improving the current situation.

Understanding Needs of Youth: Disaggregated Data and Youth Engagement

In addition to the lack of communication and interactions with youth in local communities, the unavailability of disaggregated data in HMIS and the health center registry made it difficult to understand the level of service utilization and specific AYSRH needs. Points of contact with youth are few, and the lack of guidance and appropriate forms needed to collect routine and disaggregated data from patients prevented service providers to gather information and understand the SRH needs of adolescents and youth. Adding columns to existing monitoring forms, inclusions of unmarried adolescents and youth information in existing data collection activities, working with INGOs, local youth and organizations were some of the strategies to overcome the current difficulties.

Inter-sectoral collaborations

Lack of collaboration with other sectors, particularly between schools and business owners for in and out of school youth, was identified as a major problem in promoting AYSRH. Gaining interest and support from the school and accepting SRH education as part of necessary education were challenging because teachers were not familiar with the issues surrounding AYSRH. Shyness and reluctance of teachers to discuss SRH as well as their fear of being misunderstood by parents as promoting premarital sex also prevented them from discussing the topic. Practical matters such as lack of time and lack of focal person further made AYSRH education difficult to implement in school. Raising awareness of teachers and community members through regular visits and meetings by health care providers and assigning focal persons in schools and form school health committee were some of the advocacy strategies identified as potentially effective. Furthermore, providing TOT training to teachers and having a SRH curriculum were seen as essential in moving forward in school. In terms of out-of-school youth, working with concerned departments, community leaders, CBOs, and other organizations would allow the establishment of AYSRH committees, and potentially organize awareness-raising events and workshops. Working with youth champions to reach out-of-school youth was also deemed important.

Lessons Learned

Lesson Learned:
AYSRH Awareness Raising among BHS is the Priority

Quotes from the Participants of the AYSRH Workshop and Dialogues on Health Staff

"Even us heath workers did not understand how important AYSRH is. After this workshop, we now know that unwanted pregnancies and related maternal mortality rates are high. Young people are losing opportunities for healthy, better life as well as educational and economic benefits. If we can conduct similar workshops at our township and villages, we may be able to change our culture and reduce barriers to some extent and change our views about adolescents and youth."

- Station Medical Officer, Thanatpin Township

"We thought our health facilities were only for pregnant women, under 5 children and elderlies. From this workshop, we realized that we need to help adolescents and youth especially SRH through youth friendly facilities. There are lots to do. We need to improve facilities, manpower, etc."

- Health Assistant from Bago Township

"After learning how important this is, we have decided to submit our action plans to TMO and other officials responsible for youth at coming monthly meetings so that they can also understand the importance of AYSRH. Township education and administration departments will be included. The discussions will serve as advocacy. After getting the approval of concerned authorities, we will be able to continue with the planned SRH activities including school education."

- Township Health Nurse from Shwekyin Township

"Male adolescents and youth would like to talk to male BHS. But existing male BHS and PHS II don't know anything about AYSRH. They need to become aware and skilled at the dissemination of FP/SRH services too."

- Health Assistant from Bago Township

"From this workshop, we came to know that SRH for Adolescents and Youth is very important. We are facing difficulty delivering services to hard-to-reach areas. We want to give more training to AMWs and CHWs and youth volunteers so that the SRH services can be given in hard-to-reach areas. We will also try to provide FP commodities to AMWs and CHWs by having more communication with BHS. As a specific action plan, we will first advocate for AYSRH with concerned departments and communities including parents so that they can learn about the high unmet need, unwanted pregnancies, unsafe abortions and related mortalities among adolescents and youth"

- Township Medical Officer from Daik U Township

1. **Lack of interest in AYSRH – Not my job**

The initial lack of interest in the topic of AYSRH was apparent among workshop participants. BHS were mostly trained for and make living by providing AN care and see their main job to be helping pregnant women and children. In contrast, young people's SRH has been neglected and never considered their responsibilities. Many medical professions seemed to share the lack of concern at least initially. This highlighted the importance of including AYSRH in their job descriptions.

2. **Mistrust between youth and service providers, and lack of dialogues**

One of the workshop objectives was to let young people's voices be heard and considered in the process of barrier analysis and action planning. While the participants listened to the results presented from the youth discussion day, encouraging meaningful inclusion of youth at township discussion tables sometimes presented a challenge. Some participants from township health teams seemed to dismiss opinions of youth representatives and were not eager to engage them in discussions.

Reasons for the reluctance seemed complicated, but partially had something to do with underlying mistrust between youth and health staff. It was partly related to the fact that the previous government saw young people as a force of opposition, and this made dealings with youth politically sensitive. Health staff are government workers, and the cautious attitude towards youth seemed to persist in some areas and among individuals.

Another reason for the exclusion seemed to be related to health staff's fear. They were afraid that their authorities might be undermined and challenged by questions of youth who may oppose their views, or simply by exposing their lack of knowledge. Some youth activists who participated in the workshop also expressed their side of the mistrust. One activist revealed his frustration by stating that "the new government promised to give more space for dialogue with youth in 2015, but it is not happening." Youth representatives in the workshop were aware of this barrier, and appreciated the opportunity to be included in the dialogue and talk to health workers.

Adding to this political backdrop is the cultural tendency of older adults to view young people as uninformed and inexperienced, and hence their views and preferences do not have to be as valued. The social tendency to stress hierarchical relationships and age-defined authority also sometimes hamper the inclusion of young people in discussions. However, there seems to be variances among different locations. For example, communities in Pyay, being exposed to more social activism and youth organizations, were used to more inclusive dialogues with youth.

3. **The importance of social context and environment**

In general, participants of the Pyay workshop were found to be more engaged and interested in the AYSRH topic. While it was difficult to explain precisely, a study conducted in 2015 by Population Council noted the existence of active youth CBOs and other activists in Pyay that were originally formed to combat HIV epidemic among high risk populations. The activities by these groups in the past may have created a positive social environment in Pyay in which people were more aware of SRHR related issues and made it easier to discuss AYSRH issues. The case of Pyay suggests the importance of positive social environment in which community mobilization and engagement may make a difference in AYSRH awareness.

4. **Lack of exposure, not apathy**

One important observation we made was that the participants' initial lack of interest was mostly due to the lack of awareness about the consequences of poor AYSRH that are evident in Myanmar society today – i.e. unwanted pregnancies, unsafe abortions, abandoned newborns, social, economic, and educational consequences of early mother- and fatherhood. Once this concrete information is laid out, the participants showed visible changes in their attitude and willingness to consider possible actions they could take to improve the situations. The initial lack of enthusiasm that we might have seen was not due to indifference towards AYSRH, but could have been more the lack of discussions of these topics in the townships


Community-Based Adolescent and Youth SRH Workshop
Famous Hotel, Bago
22-24October2017
FP 2020


NO SMOKING AREA

Appendix A – Workshop Agenda

Community-Based Adolescent and Youth SRH Workshop

Day 0: Pre-workshop Youth Meeting

8:30 am	Registration Opens
Opening **9:00 - 10:00 am**	Refreshments Welcome remark Objectives of the day: Exploring youth voices Group photograph Video (Pathfinder: AY Defending their SRHR) (Jhpiego: Youth Voices on AH)
Youth Perspectives **Problem Identification** **10:00 - 12:00 pm**	Pathway to Change Game**:** Problem Analysis ❑ Explanation of the game ❑ Exploration of personal, social, and environmental drivers of unwanted pregnancies
Lunch 12:00-1:00 pm	Lunch
Youth Perspectives **Solution Development** **1:00 - 3:00 pm**	Pathway to Change Game: Story telling ❑ Explanation ❑ Exploration of solutions from youth perspectives ❑ Story presentation
Break 2:30-3:00 pm	Coffee break
Youth Perspectives **Facility analysis** **3:00-4:00 pm**	Discussion of youth friendly services ❑ Youth friendly facility ❑ Youth friendly staff ❑ How to reach young people
Summary of results **4:00-5:00 pm**	Summary of results from today's work (Youth representatives) Questions to explore: ❑ What are the underlying drivers of unwanted pregnancy? ❑ What factors protect adolescents from unwanted unsafe pregnancy? ❑ What strategies can increase consistent and effective contraceptive use?
Facilitator Orientation **5:00 - 5:30 pm**	Overview of the day 1 and 2 Roles of facilitators

Day 1: Township Problem Analysis

7:30 am	Registration Opens
Opening Ceremony **8:00 - 8:30 am**	Video (Daw ASSK on importance of FP; K4Health: FP--a Key to Unlocking the SDGs) Welcome remarks: (Health Minister)
Photo/Coffee Break **8:30 - 8:45 am**	Group photograph Refreshments and networking Participants put their signatures on the FP2020 commitment banner Explanation on the conference bag;
Global Updates on AYSRH **8:45 -9:30 am**	Video (Pathfinder: Adolescents and Youth Defending their SRHR) Global updates on AYSRH (Ms. Sono Aibe, Pathfinder International)
National updates on Family Planning & Youth **9:30 – 11:00 am**	Video (UNFPA: Population & FP) Introduction of FP2020 commitments (MOHS/MRH) National Youth SRH policy and strategy & budget allocation (MOHS/MRH) AYSRH program updates (UNFPA) Question and Answer, Discussions
Voices of young people **11:00 12:00**	Video (Jhpiego: Youth Voices on AH) Results from youth discussions on Sunday ❑ What are the underlying drivers of unwanted pregnancy? ❑ What factors protect adolescents from unwanted unsafe pregnancy? ❑ What strategies can increase consistent and effective contraceptive use? Q&A
Lunch 12:00-1:00 pm	Lunch
Workshop Introduction (Plenary) **1:00-1:30 pm**	Objectives and the overview of the workshop (MPPR) Highlights from youth reproductive health studies
Bottleneck Analysis Problem Identification (Township groups) **1:30-2:15 pm**	Identification of problems – rapid fire brainstorming ❑ What barriers do health-care providers face when trying to offer contraception services to unmarried adolescents? ❑ 6 areas of analysis: 1) youth friendly facility, 2) youth-competent workforce, 3) coverage- reaching youth, 4) understand needs of youth, 5) supportive environment, 6) inter-sectoral collaboration ❑ Outputs: Form 1
Bottleneck Analysis Causal Analysis (Township groups) **2:15-3:00 pm**	Causal analysis - rapid fire brainstorming ❑ Identification of gaps between policy/strategies & practices on the ground ❑ presentation preparation ❑ Outputs: Form 1
Break 3:00-3:30 pm	Refreshments and networking
Township Report **3:30 – 5:00 pm**	Selected township groups report back their work and participants provide feedback Q&A
Wrap Up 5:00-5:30 pm	Wrap up of the day & plans for tomorrow

Day 2 – Township Strategy Development

7:30 – 8:00 am	Arrival
Workshop Explanation Recap (Plenary) 8:00-8:30 am	Recap on workshop activities Explanation of form 2 Explanation on strategies vs. action plans Review of evidence based strategies and best practices (Guidance summary AA-HA)
Strategies and Action Planning (Township groups) 8:30-10:00 am	Township group work Outputs: Form 2 ❑ Brainstorming strategies ❑ Prioritize strategies
TEA/COFFEE BREAK 10:00-10:30 am	Refreshments and networking
Township Report (Plenary) 10:30 – 12:00 noon	Selected township groups report back their work and participants provide feedback ❑ 10 min/group ❑ Discussion, Q & A
LUNCH 12:00 -1:00 pm	Lunch
Action Planning (Township groups) 1:00-3:00 pm	Township group work Outputs: Form 3 ❑ Develop specific and detailed action plans for each strategy ❑ Timelines for implementation ❑ Brainstorm on resource needs and acquisition ❑ Budget adjustments, community resources, local fund raising, proposals
TEA/COFFEE BREAK 3:00-3:30 pm	Refreshments and networking
Township Report (Plenary) 3:30 – 4:30 pm	Selected township groups report back their work and participants provide feedback ❑ Plans for township implementation ❑ 10 min/group ❑ Discussion, Q & A
Best Practices 4:30 – 5:00 pm	Consensus on best practices Commitments from the Region, MOHS, partners ❑ Possible implementation grants with conditions such as local coordinators & youth participation
Concluding Session 5:00-5:30 pm	Closing remarks by Pathfinder International Evaluation on the workshop Adjourn


Community-Based Adolescent and
SRH Workshop
Famous Hotel, Bago
22-24 October 2017
FP
2020
Pathfinder

Appendix B – List of Participants

Bago Workshop

Ministry of Health and Sports
Dr. Hnin Hnin Lwin, Deputy Director, Maternal and Reproductive Health Division

Bago Region, Ministry of Health and Sports
Dr. Aye Nyein – Regional Health Director
Dr. Ni Ni Hlaing – Deputy Director (Public Health)
Dr. Mi Mi Myo – SCOG
Dr. Angelin – Assistant Director
Dr. Lwin Lwin Yee – Assistant Director
Dr. Cho Cho Aung – Assistant Director
Dr. Pan Marla Myat Ko – Dy.TMO, Bago Township
Dr. Naw Naw Hlaing Thet Maung – Team leader (Maternal health, RPHD)
Dr. Khaing Yin Mon Kyaw – Team Leader (School Health, Bago District)
Dr. Su Pyae Khaing – Team leader (School health, Bago Township)

Township Health Team, Bago (East)
(Total 42, Male 7, Female 35)

Bago Township
Ma Hla Thuzar - MW
Daw Soe Yu Swe - HA
Daw Seint Seint Aung - MCH

Daik U Township
Dr. Zaw Win Aung - TMO
Daw Thet Thet Maw - THN
Daw Ei Phyu Phyu - MW

Htantabin Township
Daw Myint Myint Maw - THN
Daw Yee Yee Myint – HA1
Daw Aye Aye Thet - MW

Kawa Township
Dr. Pye Phyo Aung - SMO
U Thet Htet Aung – HA1
Daw Nyo Wai Lwin - MW
Daw Ni Lar - AMW

Kyaukdaga Township
Dr. Htay Nyunt – SMO
Daw Naw Phaw Law Eh - LHV
Daw Po Po Lin – MW

Kyaukkyi Township
Dr. Lwin Htay - TMO
Daw Htay Htay Kyi - THN
Daw Yin Yin Tun – MW

Nyaunglaybin Township
Dr. Yupar Htun - AS
Daw Mi Mi Khaing - THN
Daw Zin Mar Lwin - MW

Oktwin Township
Daw Nyunt Nyunt Wai - THN
Daw Swe Swe Mon - MW

Phyu Township
Daw Than Than Win - THN
Daw Zin Zu Hlaing - MW
Naw Phaw Ki – AMW

Shwekyin Township
Dr. Htang Kyint Lan – Dy.TMO
Daw Lwin Lwin Aye - THN
Daw Wai Wai Thin – MW

Taunggu Township

Dr. Myat Thandar Oo – Team Leader (SH)
Daw Sint Sint Aung – THN
Daw Ei Phyu Lwin – MW

Thanatpin Township

Dr. Ei Phyu Phyu - SMO
Daw Yin Min Htet – MW, Ma Kyet Su Sub-RHC
Daw Khin Mar Aye - AMW

Waw Township

Daw San San Myo – THN
U Nay Myo Tun - HA
Daw Ei Ei Phyu - MW
Ma San San Oo - AMW

Yedashe Township

Daw Kyi Win - THN
Daw Than Than Moe - MW

Other NGOs

Dr. Tin Aung – Project Manager, MSI
U Ye Yint Kyaw – MSI
Tin Lai Lai Aung - Ipas
Dr. Lin Lin Htet – Ipas
Daw Kyawt Kay Khaing - MMCWA
Daw Moe Thuzar Kyaw – MWAF, Bago Region
Dr. Aye Aye Myint - MWAF, Bago Region
Daw Zu Hlaing Hnin – MMCWA, Taunggu
Daw Pan Kyar Phyu – MMCWA, Taunggu

Youth Participants (Total 39: Male 17, Female 22)

Nant May Than Htay – NYWCA
Naw Cho Me Han - NYWCA
Naw Eh Kalu Wah - NYWCA
Naw Dahliar Pwint Oo – NYWCA
Naw Dahorah Moo Gay Htoo - NYWCA
Ma Su Myat Thu – Youth Centre, Shwegyin
Ma Su Myat – Youth Centre, Shwegyin
Ma Htet Htet Kyaw – Youth Centre, Shwegyin
Ja Roi Aung – Intern, NYWCA
Naw Rosy Love – Project Officer, NYWCA
Naw Blut Eh Khue – Volunteer, NYWCA
Ma Ei Mon Thu - Volunteer, NYWCA
Mg Zin Myo Aung – Youth Centre, Bago
Mg Pyae Sone Mhuu - Youth Centre, Kawa
Mg Nay Lin Htet - Youth Centre, Waw
Mg Aung Ye Lwin - Youth Centre, Waw
Mg Naing Aung Lin - Youth Centre, Bago
Mg Han Htoo Zaw – Myanmar Red Cross Society
Mg Zaw Paing – Kawa
Mg Khun Sun Shine – Htantabin
Mg Wai Yan Hein – Htantabin
Ma Su Su Hlaing – Waw
Ma Naw Thyra – Youth Center Yangon
Ma Nang Khaing Zin Mar Phyo – Shan Youth Association, Taunggu
Nang Khayay Hlaing - Shan Youth Association, Taunggu
Nang Kyawt Kay Khaing – Human Right Committee, Taunggu
Ma Khin Su Mon – Daik U
Naw Rozalin Htoo – NYWCA
Ma Su Su Win Myint – Kyauk Kyi
Ma Khet Khet Moe – Kyauk Kyi
Mg Thein Zaw Htike – Shwekyin
Mg Thaw Zin – Daik U
Mg Thu Yain – Youth Center Bago
Mg Tin Aung Lwin – Youth Center Bago
Mg Aung Ye Htwe – Madauk
Mg Khun Khaing Min Tun – Youth Center Bago
Mg Khun Aung Thet Phyo – Yedashe
Mg Myat Aung Paing – Yedashe
Ma May Lwin Tun – MSI Youth, Bago

Pathfinder International
Ms. Sono Aibe – Senior Program Advisor

The David and Lucile Packard Foundation
Ms. Ashley Young - Program Associate
Ms. Lana Dakan - Program Officer

Myanmar Partners in Policy and Research (MPPR)
Ms. Rika Morioka - Consultant
Dr. Phyo Thet Lwin - Program Manager
U Aung Moe - Project Assistant
Ngwe Zin Han – Admin and Finance Manager
Theo (Mr.) – Interpreter
Henry (Mr.) - Interpreter

Pyay Workshop

Ministry of Health and Sports
Dr. Khaing Nwe Tin, Deputy Director, Maternal and Reproductive Health Division

Bago Region, Ministry of Health and Sports
Daw Patrica Moez – Assistant Director, Nursing

Pyay and Tharyarwaddy Districts, Ministry of Health and Sports
Dr. Aye Thein – District Medical Officer (Pyay District)
Dr. Khin Htar Hnit – Deputy District Medical Officer (Pyay District)
Dr. Yamin – DMS (Pyay District Hospital)
Dr. Khin Tha Aung – SCOG
Dr. Amy Htun – AD, Natalin
Dr. Zar Zar Win - MO, MCH/SH/Nutrition, Paung Tae
Dr. Lwin Mar Mon - MO, MCH/SH/Nutrition, Shwedaung
Dr. Ei Mon Oo - Team Leader (School Health), TYWDY District
Dr. Aye Aye Nwe - Team Leader (Maternal Health), TYWDY District
Dr. Yu Wah Oo – Team Leader (School Health), Pyay District
Dr. Khin Nandar Oo – Team Leader (NCD), Pyay District

General Administration and Other Departments, Pyay District
U Aung Kyaw Moe - SB
Daw Than Than Win - DSW
U Win Tin - Staff Officer, District Education
Daw Gyan Gyan Aye – DSW, Pyay District
U Zaw Myo Win - Staff Officer
U Zaw Htet Paing - District General Administration
Daw Khin Aye Win - Staff Officer, District Education
Pol. Maj. Hlaing Win Aung - Dy. District Police Force
Thura - Dy. Corporal, Task Police

Township Health Team, Bago (West)
(Total 67: Male 15, Female 52)

Gyobingauk Township
Dr. Thet Naing Myint - THO
U Aye Naing - THN
Daw Nwe Nwe San - LHV
Daw Aye Aye Thin - MW, MCH
Daw Zar Zar Soe - MW, Khun Nam Village

Latpadan Township
U Zaw Min Htike - THA, Myo Ma
Dr. Win Htut Oo - Dentist
Daw San San Maw - MW, MCH
Daw Zar Zar Tun - MW, Kyunchan Sub-RHC
Daw Zu Zu Lwin MW, Hmawin RHC

Minhla Township
Dr. Saw Kwar Lar - AS
U Toe Myint - HA
Daw Than Nwe Aye - THN
Daw Thwin Zar Soe - MW
Daw Theingi Win - MW

Moenyo Township
Dr. Tharaphi Myo Kyi - AS
Daw Khaing Thida - THN
Daw Su Myat Mon - MW
Daw Su Htay Thet Pan - MW, MCH
Daw Thwe Zin Oo - MW

Natalin Township
Daw Kyin San - THN
Daw Sandar Win - MW
Daw Khin Than Nu - LHV
Daw Kyi Kyi Hla – AMW

Okpho Township
Dr. Htet Lin Naing - AS
Daw Saw Aye Mon -THN
Daw Aye Myat Nwe - LHV
Daw Hnin Nu Wai - MW
Daw Lei Yi - MW

Padaung Township
Dr. Aung Ye Lwin – AS
Daw Thandar Tint – Senior Nurse
Daw Sandar Chit - LHV
Daw Ei Ei Mon - MW
Daw Moe Moe San - AMW

Paukkhaung Township
Dr. Myo Thet Lwin - AS
Daw San San Nwe - THN
Daw Htay Htay Myint - LHV, SH
Daw Yin Chan Myae Aung - MW
Daw Khin Win Aye - AMW, Oakpon

Paungde Township
Dr. Cherry Myint - SMO, Kyarnikan
Daw Win Tin - THN
Daw Thin Thin Aung - LHV
Daw Phyu Phyu Myint - MW
Daw Zin Mar Lwin - MW

Pyay Township
Dr. Daw Min Min Maung - Team Leader, ED/CD/NCD
Daw Tar Tar Aung - MW
Daw Zin Htet Htet Kyaw - LHV
U Tun Myint - THN
Ma Htet Phoo Wai - T/S Health

Shwedaung Township
Dr. Kyaw Myo - SMO, KyeThe
U Sithu Zaw - HA, NCD
Daw Mya Htwe Sein - THN
Daw Hnin Hnin Mu - MW
Daw Aye Aye Myint - MW

Thayarwady Township
Daw Aye Aye Than – PHN
Daw Ohnmar Kyi - MW
Daw San Thazin Maw - MW
U Min Aung - HA, Pha Shwe Kyaw

Thegon Township
Dr. Thura Lwin - SMO, Sinmieswe
Daw San Nwe Win - LHV
Daw Ni Ni Lwin Oo - MW
Daw Thinzar Win - AMW
Daw Hla Hla Aye - PHN, PH

Zegon Township
U Than Min Oo - HA
Daw Hnin Yu Aung - PHN
Daw Mar Mar Nee - MW
Daw Moth Moth Aung - MW

Other NGOs

U Than Tun - District Officer, Red Cross
U Aung Min - T/S Officer, Red Cross
Daw Ohnmar - Member, MMCWA
Daw Moh Moh Htun - Member, MWAF

Youth Participants (Total 31, Male – 14, Female 17)

Ma May Thu Zaw - HSD, Shwe Taung
Ma Theingi Win - HSD, Shwe Taung
Mg Shine Myat Thaw - HSD, Shwe Taung
Mg Aung Ko Win – MSM, Shae Thot, Aung Lan
Ma Hnin Ei Nwe - Moe Myitta, Pyay
Ma Sandar Moe - Moe Myitta, Pyay
Ma Hlaing Ya Min - Moe Myitta, Pyay
Ma Hlaing Thazin Wai - Moe Myitta, Pyay
Ma Yin Yin Hla - Moe Myitta, Pyay
Ma Zin Mar Nyine - Moe Myitta, Pyay
Mai Nan Dar Hlaing - Moe Myitta, Pyay
Ma Zun Pwint Wai - Moe Myitta, Pyay
Mg Kyaw Swar Moe - Youth Center, Pyay
Mg Kyaw Thu Aung - Admin & HR Asst., Youth Centre, Pyay
Ma Lwin Lwin Htike - Youth Center, Pyay
Mg Yan Naing Zaw Oo - Youth Center, Pyay
Mg Wai Linn Oo - Youth Center, Pyay
Ma Thet Htoo Zin - Youth Center, Pyay
Mg Saw Sar Law Eh Ka Paw Moo - Youth Center, Pyay
Mg Min Ko Ko - Youth Center, Pyay
Mg Wai Yan Tun - Youth Center, Pyay
Mg Aung Khant Kyaw - Youth Center, Pyay
Mg Paw Oo Thant - Youth Center, Pyay
Ma Moet Moet Myint Kyu - Youth Center, Wet Hti Kan
Ma Thu Zar - Youth Center, Pyay
Mg Tun Thet Paing - Youth Center, Pyay
Ma Chue - Youth Center, Wet Hti Kan
Ma Ya Minn Thu - Youth Center, Wet Hti Kan
Ma Su San Lwin - Youth Center, Wet Hti Kan
Mg Ye Min Naing - Youth Center, Wet Hti Kan
Mg Aung Pie - Youth Center, Wet Hti Kan

Myanmar Partners in Policy and Research (MPPR)

Ms. Rika Morioka - Consultant
Dr. Phyo Thet Lwin - Program Manager
U Aung Moe - Project Assistant
Ngwe Zin Han – Admin and Finance Manager
Khun Kyi (Mr.) – Interpreter

Appendix C – Discussion Results by Township

Bago Group (A) Thanatpin, Nyaunglaybin and Taunggu Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ No privacy in facilities ▪ Lack of interested programs for the youth at health facilities	▪ No special attention paid to the needs of youth ▪ Weak communication and counseling skill of health care providers	▪ No special program for "Youth" to encourage access (weak outreach activity for AY) ▪ Commodities unavailable for youth needs (youth need condom and OC pills but providers have only Depo injection)	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Lack of knowledge and awareness on AYSRH by communities ▪ Socio-cultural norms are strong in communities (Cultural and religious beliefs especially in Hindu people)	▪ No business leader interest in SRH for out-of-school youth (lack of awareness on AYSRH) ▪ Schools do not accept the SRH education for students (adolescents)
Causes Identified					
▪ No enclosed space to make privacy available ▪ No budget allocation to upgrade the facilities ▪ Lack of awareness about youth friendly services leading to no interest (not enough supported facility/materials)	▪ Time limitation to prioritize adolescents and youth (Staff allocation at sub-RHC – only MW) (MW has to do all the works such as ANC, projects, trainings, etc.) (PHS II is vacant at some facilities) ▪ Cultural impact on health care providers (explaining about social stigma and the importance of AY SRH is considered "extra work") ▪ Lack of awareness and experience on AYSRH by health care providers	▪ Road situations and conflicts prevent provider to outreach ▪ Weak supply from central (not timely)	▪ Currently using HMIS not having the column for marital status	▪ No awareness raising session on AYSRH in communities ▪ Lack of close communication between village leaders/ religious leaders and providers	▪ No dialogue on AYSRH between providers and business leaders ▪ Teachers are not familiar with SRH education (teachers are very shy and reluctant to talk about sex in front of students)

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ No privacy in facilities	▪ Plan to create space with privacy at existing facilities by participation of communities and youth (making facilities youth friendly)	▪ Report to Township Medical Officer and conduct village health meetings to identify champions among community leaders and youth ▪ Make partition at facilities by using curtain to be privacy and put a signboard "allow only patient to enter" at the entrance
		▪ Engage business person from the community to reach health facilities	▪ Conduct township coordination meetings to identify champions among business leaders ▪ Search for funds by conducting fundraiser
	▪ Lack of interested programs for the youth at health facilities	▪ Make existing health facilities youth friendly environment	▪ Meet with youth teams to identify champions among youth ▪ Keep vinyl, cartoons, magazines and journals at health facilities for education on SRH (if possible, TV and Wifi)
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Assign AY focal person (volunteers)	▪ Conduct a township health meeting to identify champions among community and youth for AY focal person (volunteers) ▪ Ask/request MoHS the AY focal job aid
		▪ Solicit change among BHS through interactions with youth	▪ Organize frequently the small meetings with BHS and AMW/CHW in order to be aware on AYSRH ▪ Conduct the youth activities by BHS and AMW/CHW to communicate with youth
	▪ Weak communication and counseling skill of health care providers	▪ Ensure health staff are youth competent	▪ Conduct a township health meeting among TMO and INGO/NGOs in order to get necessary supports on trainings and IECs ▪ Give BHS necessary trainings and communication & counseling practice sessions on AYSRH
3. Reaching youth with services	▪ No special program for "Youth" to encourage access (weak outreach activity for AY)	▪ Support AMW/CHWs for youth outreach in villages (task shifting to AMW/CHW)	▪ Provide AMW/CHWs necessary AYSRH trainings and communication & counseling practice sessions. ▪ Allow AMW/CHWs to distribute commodities (Condom, OC pill, EC pill)
		▪ Create telephone communication between BHS and hard to reach villages	▪ Host a village health meeting with village leader, communities and youth to identify the champions of the villages among those interested in AYSRH (both male and female) ▪ Provide the counseling services on telephone through the selected champions
	▪ Commodities unavailable for youth needs	▪ Make the commodity inventory up to date not to be stock-out	▪ Check stock & expiration date regularly and to request the required amount of commodities as per RHC-LS ▪ Coordinate with INGOs to get necessary commodities in case stock supplied from MoHS is out.

4. Understand needs of youth	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Improve quality of information on youth collected by BHS	▪ Add separate age columns for gender and ages 10-15 & 16-19 in existing HMIS form ▪ Add one more column to collect the data of marital status
		▪ Gather data on unmarried youth through youth champions	▪ Meet with youth teams to identify the champions among youth ▪ Provide champion youth to get the information of unmarried youth
5. Supportive environment	▪ Lack of knowledge and awareness on AYSRH by communities ▪ Socio-cultural norms are strong in communities (Cultural and religious beliefs especially in Hindu people)	▪ Provide necessary information on AYSRH ▪ Involve community members/religious leaders in changing social norms	▪ Host village health meetings with village leaders, religious leader and parents to establish youth health committees at villages ▪ Conduct the AYSRH awareness sessions at villages by participation of religious leaders
6. Inter-sectoral collaboration	▪ Lack of business leader interest in SRH for out-of-school youth (lack of awareness on AYSRH)	▪ Engage business leaders to reach out-of-school youth	▪ Conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ Identify champions among business leaders
	▪ Schools do not accept the SRH education for students (adolescents)	▪ Engage teachers to teach SRH to students (adolescents)	▪ Host meeting involving parents, teachers and BHS to establish school health committee ▪ Select champions among interested teachers on AYSRH for regular schedule of SRH education at schools ▪ Provide TOT for AYSRH to the champions teachers

Bago Group (B) Yedashe and Shwekyin Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Infrastructure of the health facilities does not allow privacy	▪ No special attention paid to the needs of youth ▪ Weak communication and counseling skill of health care providers	▪ No special program for "Youth" to encourage access (weak outreach activity for AY) ▪ Racial tension with Hindu population – issue of culture and language	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Communities not understand how important of AYSRH	▪ No community volunteer interest in SRH for out-of-school youth (lack of awareness on AYSRH)
Causes Identified					
▪ Mostly current health facilities are hall type	▪ Time limitation to prioritize adolescents and youth ▪ Focus on AN care (Cannot separately give the time for "Youth") ▪ Work overload (no focal person for AY) ▪ BHS do not know about AY SRH and sex education (MW training focuses only on needs of married people)	▪ Less time of provider for AY (work overload) ▪ Providers are not from local area and cannot speak local language	▪ No time to collect information/ data in the communities about unmarried youth by providers	▪ Weak advocacy skill of providers (language barrier between providers and communities)	▪ Not receive good social status by doing SRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Infrastructure of the health facilities does not allow privacy	▪ Plan to create a special room at existing facilities to be privacy	▪ Make the township coordination meetings with concerned officials in order to establish township health committee ▪ Submit the request to MoHS ▪ To search the private donors from the communities
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Fix the time and assign AY focal person from existing BHS at facilities	▪ Host a township health meeting to designate a AY focal person at facilities ▪ Ask/request MoHS the AY focal job aid
	▪ Weak communication and counseling skill of health care providers	▪ Ensure health staff are youth competent	▪ Explain concerned officials at monthly meetings to get necessary trainings and IECs regarding SRH for BHS ▪ Give BHS necessary trainings and communication & counseling practice sessions on AYSRH
3. Reaching youth with services	▪ No special program for "Youth" to encourage access (weak outreach activity for AY) ▪ Racial tension with Hindu population – issue of culture and language	▪ Support youth volunteers for youth outreach in villages	▪ Host a township coordination meeting to identify volunteers from existing youth volunteers of other activities (TB, malaria projects) ▪ Provide the necessary trainings and IECs on AYSRH in collaboration with INGO/ NGOs
4. Understand needs of youth	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Gather data on unmarried youth through youth champions	▪ Meet with youth teams to identify the champions among youth ▪ Provide champion youth to get the information of unmarried youth
5. Supportive environment	▪ Communities not understand how important of AYSRH	▪ Involve youth champions in advocacy sessions at communities	▪ Host meetings with youth to identify youth champions ▪ Provide necessary trainings and IECs on AYSRH to youth champions ▪ Conduct the AYSRH advocacy sessions at villages by participation of youth champions
6. Inter-sectoral collaboration	▪ No community volunteer interest in SRH for out-of-school youth (lack of awareness on AYSRH)	▪ Create the sense of ownership and responsibilities	▪ Conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ Identify champions among youth for AYSRH focal person in communities ▪ Conduct series of meeting by participation of youth champions to explain about the importance of AYSRH and current activities on AYSRH

Bago Group (C) Bago and Kawa Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Lack of privacy	▪ No special attention paid to the needs of youth ▪ Lack of practice of provider on unmarried youth ▪	▪ Mobile clinics are only for married – not youth friendly for AY to access	▪ Only data available is the total number of youth (difficult to get the data of unmarried youth)	▪ Lack of knowledge and awareness on AYSRH by communities	▪ Schools do not accept the SRH education for students (adolescents) ▪ No community volunteer interest in SRH for out-of-school youth (lack of awareness on AYSRH)
Causes Identified					
▪ No facility (sub-center) at some places (currently using the libraries or village offices as health facilities)	▪ Too few staff and BHS busy to consider youth needs ▪ MW training focuses only on needs of married people	▪ No instruction/ guideline for adolescents and youth regarding SRH	▪ Currently using HMIS which does not have the column for marital status	▪ No awareness raising session on AYSRH in communities (provider not want to clash with community leaders)	▪ Teachers are not familiar with SRH education ▪ Lack of communication between providers and teachers ▪ BHS don't receive good social status by doing SRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Lack of privacy	▪ Plan to create space with privacy at current building	▪ Report to Township Medical Officer about the results of workshop ▪ Conduct township coordination meetings with TMO, INGO/NGOs, CBOs and business leaders to get necessary support
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Assign AY focal person (volunteers)	▪ Conduct a township health meeting to identify champions among community and youth for AY focal person (volunteers) ▪ Ask/request MoHS for AY focal job aid
	▪ Lack of practice of provider on unmarried youth	▪ Provide the trainings on AYSRH education and services to increase the skill of existing BHS	▪ Provide AYSRH trainings to all BHS at monthly meetings (2-day training at CME) ▪ Cooperate with INGO/NGOs to get necessary supports on trainings and IECs
3. Reaching youth with services	▪ Mobile clinics are only for married – not youth friendly for AY to access	▪ Provide separated adolescent and youth activities at monthly mobile services	▪ Report Township Medical Officer about the discussion results of workshop to provide mobile services for unmarried youth ▪ Host village health meeting to identify the champions for the establishment of youth groups in order to support mobile team
4. Understand needs of youth	▪ Only data available is the total number of youth (difficult to get the data of unmarried youth)	▪ Improve quality of information on youth collected by BHS	▪ Add one new column in current HMIS form to collect the data of marital status (especially for unmarried youth) ▪ Discuss with Township Medical Officer and decide which basic data of adolescents and youth will be collected at regular data survey (in every December)
5. Supportive environment	▪ Lack of knowledge and awareness on AYSRH by communities	▪ Involve youth champions in advocacy sessions at communities	▪ Host the meetings with youth to identify youth champions ▪ To provide necessary trainings and IECs on AYSRH to youth champions ▪ Conduct the AYSRH advocacy sessions at villages by participation of youth champions
6. Inter-sectoral collaboration	▪ Schools not accept the SRH education for students (adolescents)	▪ Engage teachers to teach SRH to students (adolescents)	▪ Host a meeting involving parents, teachers and BHS to establish school health committee ▪ Select champions among interested teachers on AYSRH for regular schedule of SRH education at schools as well as regular contact with providers ▪ Provide TOT for AYSRH to the champions teachers
	▪ No community volunteer interest in SRH for out-of-school youth (lack of awareness on AYSRH)	▪ Create the sense of ownership and responsibilities	▪ Conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ Identify champions among youth for AYSRH focal person in communities ▪ Conduct series of meeting by participation of youth champions to explain about the importance of AYSRH and current activities on AYSRH

Bago Group (D) Kawa, Waw and Htantapin Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Infrastructure of the health facilities does not allow privacy	▪ Too busy to consult with youth ▪ Weak communication and counseling skill of health care providers	▪ No special program for "Youth" to encourage access ▪ Racial tension with Hindu population – issue of culture and language	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Lack of knowledge and awareness on AYSRH by communities	▪ No organization/ institution interest to support out-of-school youth
Causes Identified					
▪ No facility in some villages and currently using other places given by the villages	▪ Work overload of health care providers (too many patients to care for – 5000-6000/MW) (not only main works but other projects) ▪ Lack of awareness of provider about AYSRH and sex education ▪ Lack of special training for providers on AYFHS	▪ Weak volunteer services on AYSRH at villages (lack of training/ supporting/ motivation to SRH volunteers) ▪ Providers are not from local area and cannot speck local language	▪ No access by unmarried youth – no contact (difficult to get the real data of unmarried youth) ▪ Marital status, age, gender recorded inconsistently ▪ No clear instruction and guideline to collect the data of unmarried youth	▪ Lack of awareness session/ advocacy concerning AYSRH at the villages	▪ No instruction/ guideline for AYSRH at township level ▪ No dialogue/ advocacy on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Infrastructure of the health facilities does not allow privacy	▪ Plan to get new facilities (sub-center)	▪ Report to Township Medical Officer about the results of workshop and conduct township coordination meetings with concerned departments, community and INGO/NGOs ▪ Submit the results of coordination meeting to MoHS in order to get Union budget for the construction of new facilities (step by step)
2. Youth-competent workforce	▪ Too busy to consult with youth	▪ Assign AY focal person (volunteers)	▪ Conduct a township health meeting to identify champions among community and youth for AY focal person (volunteers) ▪ Ask/request MoHS the AY focal job aid
	▪ Weak communication and counseling skill of health care providers	▪ Ensure health staff are youth competent	▪ Conduct a township health meeting among TMO and INGO/NGOs in order to get necessary supports on trainings and IECs ▪ Give BHS necessary trainings and communication & counseling practice sessions on AYSRH
3. Reaching youth with services	▪ No special program for "Youth" to encourage access ▪ Racial tension with Hindu population – issue of culture and language	▪ More support volunteers for youth outreach in villages	▪ Report to Township Medical Officer about the discussion results of workshop to provide the volunteers necessary trainings and IECs on AYSRH ▪ Host village health meetings to identify/train champions among youth to work as SRH volunteers at villages ▪ Supervise volunteers' activities on AYSRH at villages by BHS
4. Understand needs of youth	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Gather data on unmarried youth through youth champions	▪ Meet with youth teams to identify the champions among youth ▪ Provide champion youth to get the information of unmarried youth
		▪ Improve quality of information on youth collected by BHS	▪ Add separate age columns for gender and ages 10-15 & 16-19 in existing HMIS form
		▪ Create the guideline and instruction for the collection of separate youth data	▪ Coordinate with authorities, social organizations and INGO/NGOs ▪ Let youth participate in the discussions
5. Supportive environment	▪ Lack of knowledge and awareness on AYSRH by communities	▪ Provide SRH awareness sessions in communities through volunteers	▪ Have village health meetings with village leaders, religious leader and parents to establish youth health committees at villages ▪ Select local volunteers who interest in AYSRH and have authority at villages and provide necessary trainings and practices on AYSRH ▪ Advocate the communities through trained volunteers
6. Inter-sectoral collaboration	▪ No organization/ institution interest to support out-of-school youth	▪ Engage local NGOs and CBOs to reach AYSRH activities	▪ Conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ Conduct the AYSRH workshops among MoHS, local NGOs/CBOs and youth champions

Bago Group (E) Phyu, Kyaukkyi and Oktwin Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ No privacy in facilities ▪ Lack of interested programs for the youth at health facilities	▪ No special attention paid to the needs of youth ▪ Weak communication and counseling skill of health care providers	▪ No special program for "Youth" to encourage access	▪ No data specific to unmarried youth	▪ Strong cultural and religious norms among communities (esp. Hindu) (community do not interest on AYSRH program)	▪ Little interest/ support of schools in SRH education ▪ No business leader interest in SRH for out-of-school youth (lack of awareness on AYSRH)
Causes Identified					
▪ No enclosed space to make privacy available ▪ Lack of awareness about youth friendly services leading to no interest (not enough supported facility/materials)	▪ Work overload of health care providers (MW has to do all the works such as ANC, projects, trainings, etc.) ▪ Lack of awareness of provider about AYSRH and sex education ▪ Lack of special training for providers on AYFHS	▪ Work overload of BHS ▪ Lack of trained SRH volunteers (do not have one volunteer at one village)	▪ No instruction and format to get the data of unmarried youth	▪ Lack of close communication between village leaders/religious leaders and providers	▪ No regular visit of providers to schools (school health activity is 2 times per year (maximum) but only for school health and immunization, not focus on AYSRH) ▪ No dialogue on AYSRH between providers and business leaders

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ No privacy in facilities	▪ Create space with privacy in existing facilities by partition	▪ To make coordination meeting with village committee and youth teams ▪ To make the partition for privacy by getting the supports of village committee and youth
	▪ Lack of interested programs for the youth at health facilities	▪ Make existing health facilities youth friendly environment	▪ To meet with youth teams to identify champions among youth ▪ To keep vinyl, cartoons, magazines and journals at health facilities for education on SRH
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Assign AY focal person from existing BHS at facilities and provide the necessary trainings	▪ To have a township health meeting to designate a AY focal person at facilities ▪ To ask/request MoHS the AY focal job aid
		▪ Assign vacant posts to reduce work overload of BHS	▪ To report Township Medical Officer about the discussion results of workshop to proceed asking MoHS for vacant posts
	▪ Weak communication and counseling skill of health care providers	▪ Ensure health staff are youth competent	▪ To conduct a township health meeting among TMO and INGO/NGOs to get necessary support on trainings and IECs ▪ To give BHS necessary trainings and communication & counseling practice sessions on AYSRH
3. Reaching youth with services	▪ No special program for "Youth" to encourage access	▪ Train AMW/CHWs and youth volunteers for youth outreach in villages (to be one volunteer at one village)	▪ To provide the necessary trainings and communication & counseling practice sessions on AYSRH ▪ To assist so that the volunteer can conduct the activities through interaction with youth at villages
4. Understand needs of youth	▪ No data specific to unmarried youth	▪ Collect the data of adolescents and youth (especially unmarried data) at the time of annual data collection	▪ To add new columns for marital status in column for ages of 10-14 & 15-19 AY at the time of annual data collection in Dec. 2017 ▪ To meet with youth teams for their participation in data collection to be more specific
5. Supportive environment	▪ Strong cultural and religious norms among communities (esp. Hindu) (community do not interest on AYSRH program)	▪ Involve community leaders/religious leaders in changing social norms	▪ To have village health meetings with CBOs, village leaders, religious leader and parents to establish youth health committees at villages ▪ To conduct the AYSRH awareness sessions at villages by participation of community leaders and religious leaders
6. Inter-sectoral collaboration	▪ Little interest/support of schools in SRH education	▪ Assign focal teachers for SRH education at schools	▪ To assist on revision the portion of SRH in curriculum of life skill text book ▪ To discuss with school teachers to identify champions for focal person in schools ▪ To conduct the SRH education in yearly school visit (at least twice per year)
	▪ No business leader interest in SRH for out-of-school youth (lack of awareness on AYSRH)	▪ Engage business leaders to reach out-of-school youth	▪ To conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ To identify champions among business leaders

Bago Group (F) Daik U and Kyaukdaga Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ No privacy in facilities	▪ Lack of close communication with youth ▪ Too busy to consult with youth	▪ Commodities unavailable for youth needs (youth need condom/OC pills but providers have only injection) ▪ No special program for "Youth" to encourage access	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Strong religious beliefs especially in Hindu people (communities not allow providers to talk about SRH to young people)	▪ No organization/ institution to support SRH for adolescents and youth
Causes Identified					
▪ Most facilities are hall type	▪ Gender different (MW, especially young ones, are too shy to communicate with young boys) (PHS II sometimes take the responsibility of MW but most PHS II are male then young girls are reluctant to show them) ▪ Work overload of providers (No volunteer)	▪ Weak supply from central (not timely) ▪ Lack of trained SRH volunteers (do not have one volunteer at one village)	▪ No access by unmarried youth – no contacts (youth come only when pregnant) ▪ No time to collect information/data in the communities about unmarried youth by providers	▪ Lack of close communication between village leaders/religious leaders and providers	▪ No dialogue on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ No privacy in facilities	▪ Create space with privacy in existing facilities by partition	▪ To meet with youth teams to identify volunteers among youth ▪ To install the curtain at facilities by getting the assistance of volunteer youth to be privacy
2. Youth-competent workforce	▪ Lack of close communication with youth ▪ Too busy to consult with youth	▪ Assign AY focal person (volunteers)	▪ To conduct a township health meeting to identify champions among community and youth for AY focal person (volunteers) ▪ To ask/request MoHS the AY focal job aid
3. Reaching youth with services	▪ Commodities unavailable for youth needs (youth need condom/OC pills but providers have only injection)	▪ Make the commodity inventory up to date not to be stock-out	▪ To check the stock and expire date regularly and to request the required amount of commodities as per RHC-LS ▪ To coordinate with INGOs to get necessary commodities in case stock supplied from MoHS is out.
	▪ No special program for "Youth" to encourage access	▪ Train AMW/CHWs and youth volunteers for youth outreach in villages (to be one volunteer at one village)	▪ To provide the volunteers necessary trainings and communication & counseling practice sessions on AYSRH and distribute required IECs ▪ To assist so that the volunteers can conduct AYSRH activities for youth at villages ▪ To allow volunteers to distribute commodities (Condom, OC pill, EC pill)
		▪ Deliver the education on AYSRH by providing mobile application	▪ To have village health meetings with communities and youth to launch the SRH mobile applications
4. Understand needs of youth	▪ Only data available is the total number of youth (no data of unmarried youth)	▪ Gather data on unmarried youth through youth champions	▪ To meet with youth teams to identify the champions among youth ▪ To provide champion youth to get the information of unmarried youth
5. Supportive environment	▪ Strong religious beliefs especially in Hindu people (communities not allow providers to talk about SRH to young people)	▪ Involve community members/ religious leaders in changing social norms	▪ To have village health meetings with village leaders, religious leader and parents to establish youth health committees at villages ▪ To conduct the AYSRH awareness sessions at villages by participation of community members and religious leaders
6. Intersectoral collaboration	▪ No organization/ institution to support SRH for adolescents and youth	▪ Engage ministry/departments, NGOs/CBOs to reach AYSRH activities	▪ To conduct advocacy meetings involving concerned ministry/departments (including MOE), CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ To conduct the AYSRH workshops among MoHS, concerned ministry/department, NGOs/CBOs and youth champions

Pyay Group (A) Paungde, Thegon, Shwedaung Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Lack of privacy at health facilities ▪ Lack of interested programs for the youth at health facilities (though the space is available)	▪ No special attention paid to the needs of youth ▪ Weak counseling skill of BHS	▪ No special program for "Youth" to encourage access ▪ Weak Mobile Clinic (outreach) efforts	▪ No data specific to unmarried youth	▪ Stigma of premarital sex and use of contraception among parents (parents prohibiting discussions on SRH) ▪ Strong sociocultural norms in communities	Schools not accept the SRH education for students (adolescents) (considered SRH is not relevant for school adolescents) ▪ No ministry/ department support SRH activity for adolescents and youth
Causes Identified					
▪ No enclosed space to make privacy available ▪ Lack of awareness about youth friendly services leading to no interest (not enough supported facility/ materials)	▪ No special time due to work overload given from upper level ▪ Lack of counseling training for BHS	▪ Less time of provider for AY (mainly working on ANC, delivery and PNC) ▪ Road situation prevents provider outreach ▪ Not enough man-power (BHS)	▪ Lack of contacts with youth ▪ No time to collect information/ data in the communities about unmarried youth by providers	▪ Lack of awareness/ advocacy sessions on AYSRH by providers ▪ Lack of close communication between village leaders/religious leaders and providers	▪ Teachers are not familiar with SRH issues ▪ Lack of communication between providers and teachers ▪ No dialogue on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Lack of privacy at health facilities	▪ Create space with privacy in existing facilities by partition or extension	▪ To report to Township Medical Officer about the results of workshop (Jan. 2018) ▪ To coordinate with township supervision committee to get necessary supports (Feb. 2018)
	▪ Lack of interested programs for the youth at health facilities (though the space is available)	▪ Make existing health facilities youth friendly environment	▪ To conduct township coordination meetings in order to establish youth health committee (Feb. 2018) ▪ To meet with youth teams to identify champions among youth to involve in youth health committee (Feb. 2018)
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Try to get more staff to reduce work overload of BHS	▪ To ask central level to get more staff ▪ To establish youth charity group (to get their assistance)
	▪ Weak counseling skill of BHS	▪ Assign one special staff for counseling on AY SRH at facilities	▪ To report Township Medical Officer about the discussion results of workshop to proceed asking MoHS for the assignment of one counseling staff ▪ To provide the selected staff necessary counseling practice sessions and IECs
3. Reaching youth with services	▪ No special program for "Youth" to encourage access ▪ Weak Mobile Clinic (outreach) efforts	▪ Provide the activities regarding FP/SRH for adolescents and youth at villages through volunteers (reach hard to reach areas through volunteers)	▪ To collaborate with INGO/NGOs and other partners working on AYSRH to get necessary supports on trainings and IECs for volunteers (May 2018) ▪ To allow AMW/CHWs to distribute commodities (Condom, OC pill, EC pill) (May 2018)
		▪ Try to get assignment on the vacant positions	▪ To report Township Medical Officer to proceed asking/requesting MoHS (step by step) (As per MoHS)
4. Understand needs of youth	▪ No data specific to unmarried youth	▪ Gather data on unmarried youth through youth champions	▪ To meet with youth teams to identify the champions among youth (Aug. 18) ▪ To provide champion youth to get the information of unmarried youth

5. Supportive environment	▪ Stigma of premarital sex and use of contraception among parents (parents prohibiting discussions on SRH)	▪ Provide necessary information on AYSRH among parents	▪ To select local volunteers who interest in AYSRH and have authority at villages and provide necessary trainings and practices on AYSRH (Aug. 18) ▪ To advocate the communities especially parents through trained volunteers (Aug. 18)
	▪ Strong socio-cultural norms in communities	▪ Involve community members/religious leaders in changing social norms	▪ To have village health meetings with village leaders, religious leader and parents to establish youth health committees at villages (Aug. 18) ▪ To conduct the AYSRH awareness sessions at villages by participation of religious leaders (Aug. 18)
6. Inter-sectoral collaboration	▪ Schools not accept the SRH education for students (adolescents) (considered SRH is not relevant for school adolescents)	▪ Engage teachers to teach SRH to students (adolescents)	▪ To have a meeting involving parents, teachers and BHS to establish school health committee (Sep. 18) ▪ To select champions among interested teachers on AYSRH for regular schedule of SRH education at schools as well as regular contact with providers ▪ To assist on frequent open discussion among school teachers and students
	▪ No ministry/ department support SRH activity for adolescents and youth	▪ Engage ministry/departments to AYSRH activities	▪ To conduct regular township coordination meetings with administrative dept., education dept. and social welfare to advocate on AYSRH activities (Sep.18)

Pyay Group (B) Padaung, Latpadan, Moenyo Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Lack of privacy at health facilities	▪ No special attention paid to the needs of youth ▪ Weak communication and counseling skill of BHS	▪ No special effective program for "Youth" to encourage access ▪ Cannot provide effective contraceptive services for youth	▪ No special data of youth (age, unmarried)	▪ Stigma of premarital sex and use of contraception among parents (parents prohibiting discussions on SRH) (strong cultural and religious beliefs)	▪ Village administrators (administrative departments under ministry of home affair) not interest in SRH for adolescents and youth ▪ No organization/ institution to support SRH for out-of-school youth (lack of activity on AYSRH)
Causes Identified					
▪ No enclosed space to make privacy available	▪ Work overload of BHS ▪ Lack of information on AYSRH among BHS	▪ Language barrier ▪ Not enough volunteers at villages ▪ Commodities supply- stock out ▪ Road situation prevent provider to outreach	▪ No guidelines and formats to collect the data of unmarried youth ▪ Lack of contacts with youth	▪ Lack of awareness/ advocacy sessions on AYSRH by providers	▪ Village administrators giving more priority on other administrative tasks (lack of awareness on AYSRH) ▪ No dialogue on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Lack of privacy at health facilities	▪ Create space with privacy in existing facilities to be youth friendly facilities	▪ To conduct the township coordination meetings and report to MoHS to get Union budget (as per MoHS) ▪ To meet with village health committees and youth teams to install the local material (curtain, vinyl) at facilities for privacy (Within 1 year)
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Shift the tasks of BHS to volunteers to reduce work overload	▪ To conduct a township health meeting to identify volunteers among community and youth ▪ To ask/request MoHS the job aids
	▪ Weak communication and counseling skill of BHS	▪ Ensure health staff are youth competent	▪ To conduct the trainings and workshops regarding AYSRH for BHS ▪ To review/evaluate the skills of BHS and provide refresher trainings (if necessary)
3. Reaching youth with services	▪ No special effective program for "Youth" to encourage access	▪ Train AMW/CHWs and youth volunteers for youth outreach in villages (to be one volunteer at one village)	▪ To select volunteers interested in AYSRH from local areas (both male and female) who can speak local language as well ▪ To collaborate with INGO/NGOs to get necessary supports on trainings and IECs for volunteers
	▪ Cannot provide effective contraceptive services for youth	▪ Make the commodity inventory up to date not to be stock-out	▪ To check the stock and expire date regularly and to request the required amount of commodities as per RHC-LS ▪ To distribute based on MWs' needs (not equal distribution)
		▪ Task shifting to AMW/CHWs	▪ To allow AMW/CHW to distribute commodities (Condom, OC pill, EC pill)
4. Understand needs of youth	▪ No special data of youth (age, unmarried)	▪ Collect the data of adolescents and youth (especially unmarried data) at the time of annual data collection	▪ To make detail plan for data collection (within 3 months) ▪ To let youth participate in the discussions
		▪ Gather data on unmarried youth through youth champions	▪ To meet with youth teams to identify the champions among youth (within 3 months) ▪ To provide champion youth to get the information of unmar ▪ ried youth

5. Supportive environment	▪ Stigma of premarital sex and use of contraception among parents (parents prohibiting discussions on SRH) (strong cultural and religious beliefs)	▪ Provide necessary information on AYSRH among parents	▪ To conduct awareness raising sessions on AYSRH by showing the real evidence stories (videos) (within 3 months) ▪ To select the champion parents to involve in awareness raising sessions (within 3 months)
6. Inter-sectoral collaboration	▪ Village administrators (administrative departments under ministry of home affair) not interest in SRH for adolescents and youth	▪ Engage village administrators to reach out-of-school youth	▪ To conduct regular coordination meetings with administrative department to advocate on importance of AYSRH and current activities (within 3 months)
	▪ No organization/institution to support SRH for out-of-school youth (lack of activity on AYSRH)	▪ Engage local NGOs and CBOs to reach AYSRH activities	▪ To conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee (within 3 months) ▪ To conduct the AYSRH workshops among MoHS, local NGOs/CBOs and youth champions (within 3 months)

Pyay Group (C) Thayarwady, Min Hla, Latpadan Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Lack of privacy at health facilities ▪ Lack of interested programs for the youth at health facilities (e.g. video, comic and IECs)	▪ No special attention paid to the needs of youth ▪ Weak communication and counseling skill of BHS	▪ No special effective program for "Youth" to encourage access (weak services on AYSRH)	▪ No data specific to unmarried youth	▪ Communities not understand how important of AYSRH (parents prohibiting utilizing contraceptive methods before marriage)	▪ Schools not accept the SRH education for students (adolescents) ▪ No organization/ institution to support SRH for out-of-school youth (lack of activity on AYSRH)
Causes Identified					
▪ Cannot provide the separate place at facilities ▪ No electricity ▪ Not enough supported facility/materials	▪ Work overload because of insufficient staff ▪ Lack of training and practice sessions for BHS ▪ MW training focuses only on needs of married people	▪ Not enough trained SRH volunteers at villages ▪ Less time of providers for adolescents and youth ▪ Culture and language barriers	▪ No guidelines and formats to collect the data of unmarried youth	▪ Lack of awareness/ advocacy sessions on AYSRH by providers	▪ Teachers are not familiar with SRH issues ▪ No dialogue on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Lack of privacy at health facilities	▪ Try to create the separate place with privacy at existing facilities	▪ To have a meeting with village health committee and youth (Feb. 18) ▪ To make partition at health facilities for privacy by participation of youth
	▪ Lack of interested programs for the youth at health facilities (e.g. video, comic and IECs)	▪ Collaborate with concerned departments or business person in order to get electricity at facilities	▪ To meet with village electrification committee ▪ To search the private donors from the community (for solar panel or generator)
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Arrange to be enough manpower	▪ To ask central level to assign the vacant position (Mar. 2018) ▪ To coordinate with youth teams to identify volunteers among youth (Mar. 2018)
	▪ Weak communication and counseling skill of BHS	▪ Ensure health staff are youth competent	▪ To arrange the list of BHS who need the trainings and practices Feb. 2018) ▪ To have a township coordination meeting with TMO and INGO/NGOs to get necessary trainings and IECs (Feb.2018)
3. Reaching youth with services	▪ No special effective program for "Youth" to encourage access (weak services on AYSRH)	▪ Train more volunteers in order to set up volunteers and youth focal person at each village (task shifting to AMW/CHWs)	▪ To select volunteers interested in AYSRH from local areas (May 2018) ▪ To collaborate with INGO/NGOs to get necessary supports on the trainings for new and existing volunteers (May 2018) ▪ To allow AMW/CHW to distribute commodities (Condom, OC pill, EC pill)
4. Understand needs of youth	▪ No data specific to unmarried youth	▪ Create the separate data format to get youth' information (especially unmarried youth)	▪ To make detail plan for data collection (Feb. 18) ▪ To let youth participate in the discussions
5. Supportive environment	▪ Communities not understand how important of AYSRH (parents prohibiting utilizing contraceptive methods before marriage)	▪ Provide necessary information on AYSRH among communities especially parents	▪ To conduct the awareness raising on AYSRH by distributing IECs and showing videos at the days of ANC, EPI and mobile clinic (Feb. 18) ▪ To use media to disseminate the correct information on AYSRH

6. Inter-sectoral collaboration	▪ Schools not accept the SRH education for students (adolescents)	▪ Engage teachers to teach SRH to students (adolescents)	▪ To have a meeting involving parents, teachers and BHS to establish school health committee (Mar. 18) ▪ To select champions among interested teachers on AYSRH for regular schedule of SRH education at schools ▪ To provide TOT for AYSRH to champions teachers
	▪ No organization/ institution to support SRH for out-of-school youth (lack of activity on AYSRH)	▪ Engage local NGOs and CBOs to reach AYSRH activities	▪ To conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee ▪ To conduct the AYSRH workshops among MoHS, local NGOs/CBOs and youth champions

Pyay Group (D) Latpadan, Gyobingouk, Zegon Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Lack of privacy at facilities	▪ No special attention paid to the needs of youth ▪ Weak communication and counseling skill of BHS	▪ Weak education services for the youth from the villages to encourage awareness on AYSRH ▪ Weak contraceptive services for youth to encourage access	▪ Only data available is the total number of youth	▪ Communities not understand how important of AYSRH ▪ Strong cultural and religious stigmas ▪ Pharmacies not aware on AYSRH (less communication with youth)	▪ Little interest/ support of schools in SRH education (lack of awareness on important of AYSRH) ▪ No organization/ institution to support SRH for out-of-school youth
Causes Identified					
▪ Insufficient budget ▪ No enclosed space to make privacy available	▪ Unsatisfied at work because of work overload and work pressure ▪ Weak understanding on the emotion of adolescents and youth ▪ Insufficient time ▪ Lack of awareness and experience of AYSRH	▪ Culture and Language barriers ▪ Road situation prevent provider to outreach ▪ Commodities supply- stock out	▪ Lack of contacts with youth ▪ No time to collect information/data in the communities about unmarried youth by providers ▪ Marital status, age, gender recorded inconsistently ▪ No clear instruction and guideline to collect the data of unmarried youth	▪ Lack of awareness/ advocacy sessions on AYSRH by providers ▪ Lack of close communication between pharmacies and providers	▪ Insufficient time of teachers for SRH (no focal person in school for health) ▪ No dialogue on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Lack of privacy at facilities	▪ Engage business person from the community to reach health facilities	▪ To conduct township coordination meetings to identify champions among business leaders (Jan. 18) ▪ To search the fund by conducting fun fair (Jan. 18)
		▪ Try to create the privacy space at facilities by using local materials	▪ To coordinate with village committee (Jan. 18) ▪ To make the partition by local materials under the supports of village committee (Jan. 8)
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Provide more supports to BHS	▪ To have a township health meeting with community, INGO/NGOs and business leaders to get necessary supports (Jan. 18)
		▪ Solicit change among BHS through interactions with youth	▪ To provide the necessary trainings and practice sessions to BHS (Feb. 18) ▪ To conduct the activities in collaboration with youth (Feb. 18)
		▪ Shift the tasks of BHS to volunteers to reduce work overload	▪ To conduct a township health meeting to identify volunteers among community and youth (Feb. 18) ▪ To ask/request MoHS the job aids (Feb. 18)
	▪ Weak communication and counseling skill of BHS	▪ Ensure health staff are youth competent	▪ To conduct township coordination meeting with TMO and INGO/NGOs to get necessary supports (Feb. 18) ▪ To conduct the necessary trainings and practice sessions for all BHS under the township (Feb. 18)
3. Reaching youth with services	▪ Weak education services for the youth from the villages to encourage awareness on AYSRH	▪ Involve youth leaders from local areas in AYSRH activities	▪ To select youth leaders interested in AYSRH from local areas and provide the necessary trainings and practices on AYSRH (Apr. 18) ▪ To assign those trained youth leaders as volunteers in AY SRH activities (Apr. 18)
		▪ Reach hard to reach areas through AMW/CHWs	▪ To provide AMW/CHWs necessary trainings and communication practices on AYSRH (Apr. 18) ▪ To ask IECs for AMW/CHWs to INGO/NGOs working on AYSRH (Apr. 18)
	▪ Weak contraceptive services for youth to encourage access	▪ Make the commodity inventory up to date not to be stock-out	▪ To check the stock and expire date regularly and to request the required amount of commodities as per RHC-LS ▪ To distribute based on MWs' needs (not equal distribution)

4. Understand needs of youth	▪ Only data available is the total number of youth	▪ Gather data on unmarried youth through youth champions	▪ To meet with youth teams to identify the champions among youth (Feb. 18) ▪ To provide champion youth to get the information of unmarried youth
		▪ Improve quality of information on youth collected by BHS	▪ To add separate age columns for gender and ages 10-15 & 16-19 in existing HMIS form (Mar. 18) ▪ To also add one more column to collect the data of marital status (Mar.18)
		▪ Create the guideline and instruction for the collection of separate youth data	▪ To ask/request MoHS for necessary supports (Jan. 18) ▪ To coordinate with authorities, social organizations and youth leaders (Feb. 18)
5. Supportive environment	▪ Communities not understand how important of AYSRH ▪ Strong cultural and religious stigmas	▪ Involve champion youth in SRH awareness raising sessions	▪ To create the effective education stories (movies) to disseminate the correct information on AYSRH (Jan. 18) ▪ To have meetings with youth to identify champions among youth (Jan. 18) ▪ To conduct the awareness raising on AYSRH by participation of champion youth (Feb. 18)
	▪ Pharmacies not aware on AYSRH (less communication with youth)	▪ Involve pharmacies in AYSRH program	▪ To conduct the necessary trainings and provide IECs to be youth friendly pharmacies (Jan. 18) ▪ To monitor the trained pharmacies (yearly)
6. Inter-sectoral collaboration	▪ Little interest/support of schools in SRH education (lack of awareness on important of AYSRH)	▪ Assign focal teachers for SRH education at schools	▪ To assist on revision the portion of SRH in curriculum of life skill text book (May 18) ▪ To discuss with school teachers to identify champions for focal person in schools (May 18)
	▪ No organization/ institution to support SRH for out-of-school youth	▪ Engage local NGOs and CBOs to reach AYSRH activities	▪ To conduct advocacy meetings involving CBOs, red cross, MMCWA, business leaders and youth to establish township youth committee (May 18) ▪ To conduct the AYSRH workshops among MoHS, local NGOs/CBOs and youth champions (May 18)

Pyay Group (E) Okpho, Pyay Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Lack of privacy at health facilities ▪ Lack of interested programs for the youth at health facilities (e.g. movies, comic and games)	▪ No special attention paid to the needs of youth ▪ Weak counseling of BHS with adolescents and youth	▪ Weak education services for the youth from the villages to encourage awareness on AYSRH ▪ Weak contraceptive services for youth to encourage access	▪ No data specific to unmarried youth	▪ Lack of interest on adolescents and youth regarding SRH	▪ Little interest/support of schools in SRH education (lack of awareness on important of AYSRH) ▪ No ministry/department support SRH activity for adolescents and youth
Causes Identified					
▪ No enclosed space to make privacy available ▪ Insufficient budget ▪ No electricity	▪ Work overload of health care providers ▪ Lack of interest on Adolescents and Youth ▪ Lack of interest and awareness on AYSRH	▪ Not enough manpower (BHS) (no outreach services of BHS) ▪ Culture and Language barriers ▪ Not enough commodities and IECs for continuous supply ▪ Lack of communication between BHS and youth from hard to reach areas	▪ Marital status, age, gender recorded inconsistently ▪ Lack of contacts with youth	▪ Lack of awareness/ advocacy sessions on AYSRH by providers	▪ Insufficient time of teachers for SRH ▪ Lack of close communication between providers and schools ▪ No dialogue on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Lack of privacy at health facilities	▪ Create space with privacy in existing facilities by partition or extension	▪ Coordinate with village committee and youth teams ▪ Make the partition for privacy by getting the supports of village committee and youth
	▪ Lack of interested programs for the youth at health facilities (e.g. movies, comic and games)	▪ Secure the required budget in collaboration with community	▪ Organize the village health meetings to identify champions among business person ▪ Search the required fund by conducting fun fair
		▪ Collaborate with concerned departments or business person in order to get electricity at facilities	▪ Meet with village electrification committee ▪ Search the private donors from the community (for solar and generator)
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Shift the tasks of BHS to volunteers to reduce work overload	▪ Conduct a township health meeting to identify volunteers among community and youth ▪ Ask/request MoHS the job aids
		▪ Solicit change among BHS through interactions with youth	▪ Provide BHS the necessary trainings and practice sessions regarding AYSRH ▪ Conduct the activities in collaboration with youth
	▪ Weak counseling of BHS with adolescents and youth	▪ Ensure health staff are youth competent	▪ Conduct township coordination meeting with TMO and INGO/NGOs to get necessary supports ▪ Conduct the necessary trainings and practice sessions for all BHS under the township
3. Reaching youth with services	▪ Weak education services for the youth from the villages to encourage awareness on AYSRH	▪ Support AMW/CHWs for youth outreach in villages (task shifting to AMW/CHW)	▪ Provide the necessary trainings and communication & counseling practices on AYSRH ▪ Ask IECs for AMW/CHWs to INGO/NGOs working on AYSRH
		▪ Involve youth leaders from local areas in AYSRH activities	▪ Host village health meetings with village leaders, religious leaders and youth teams to identify champions from youth ▪ Provide communication trainings and necessary IECs
	▪ Weak contraceptive services for youth to encourage access	▪ Make the commodity inventory up to date not to be stock-out	▪ Check the stock and expiration date regularly; request the required amount of commodities as per RHC-LS ▪ Distribute based on MWs' needs (not equal distribution)
		▪ Reach hard to reach areas through AMW/CHWs	▪ Provide AMW/CHWs the necessary trainings and communication & counseling practices on AYSRH ▪ Support commodities to those AMW/CHWs to distribute at hard to reach areas

4. Understand needs of youth	▪ No data specific to unmarried youth	▪ Improve quality of information on youth collected by BHS	▪ Add separate age columns for gender and ages 10-15 & 16-19 in existing HMIS form
		▪ Gather data on unmarried youth through youth champions	▪ Meet with youth teams to identify the champions among youth ▪ Provide champion youth to get the information of unmarried youth
5. Supportive environment	▪ Lack of interest on adolescents and youth regarding SRH	▪ Provide SRH awareness sessions in communities	▪ Select local volunteers who interest in AYSRH and have authority at villages and provide necessary trainings and practices on AYSRH ▪ Advocate the communities through trained volunteers by creating the supported materials such as IECs and evidence videos
6. Inter-sectoral collaboration	▪ Little interest/ support of schools in SRH education (lack of awareness on important of AYSRH)	▪ Assign focal teachers for SRH education at schools	▪ Have a meeting involving parents, teachers and BHS to establish school health committee ▪ Discuss with school teachers to identify champions for focal person in schools ▪ Frequently visit to school to raise SRH awareness of the teachers
	▪ No ministry/ department support SRH activity for adolescents and youth	▪ Engage ministry/departments to AYSRH activities	▪ Conduct regular township coordination meetings with administrative dept., education dept. and social welfare to advocate on AYSRH activities

Pyay Group (F) Paukkhaung, Paungde, Natalin Townships

Key Areas					
1. Youth friendly facility	**2. Youth-competent workforce**	**3. Reaching youth with services**	**4. Understand needs of youth**	**5. Supportive environment**	**6. Inter-sectoral collaboration**
Key Bottleneck Problems Identified					
▪ Lack of privacy at health facilities ▪ Lack of special services (interested programs) for the youth at health facilities	▪ No special attention paid to the needs of youth ▪ Weak communication and counseling skill of BHS	▪ No special program for "Youth" to encourage access ▪ Weak Mobile Clinic (outreach) efforts	▪ No data specific to unmarried youth	▪ Cultural and religious stigmas prohibiting SRH activities ▪ Lack of interest on adolescents and youth regarding SRH	▪ Little interest/support of schools in SRH education (lack of awareness on important of AYSRH) ▪ Village administrators (administrative departments under ministry of home affair) not interest ed in AYSRH
Causes Identified					
▪ No enclosed space to make privacy available ▪ No electricity ▪ Insufficient budget	▪ Insufficient time of BHS for adolescents and youth because of not enough manpower (Work overload) ▪ Gender different between BHS and AY ▪ Lack of awareness and experience of AYSRH	▪ Work overload due to not enough manpower (BHS) ▪ No volunteer to advocate AYSRH at villages ▪ Road situation prevent provider to outreach	▪ No contact with youth (not listening youth' voice)	▪ Lack of awareness/ advocacy sessions on AYSRH by providers	▪ Lack of communication between providers and schools (no dialogue on AYSRH) ▪ No dialogue on AYSRH

Strategies and Action Plan			
Key Areas	**Key Bottleneck Problems**	**Strategies Identified**	**Action Plan Identified**
1. Youth friendly facility	▪ Lack of privacy at health facilities	▪ Try to extend the existing facilities in order to get the required space	▪ Report to Township Medical Officer and conduct the township coordination meetings with concerned departments, community and INGO/NGOs ▪ Submit the results to MoHS for Union Budget (step by step)
	▪ Lack of special services (interested programs) for the youth at health facilities	▪ Collaborate with concerned departments or business person in order to get electricity at facilities	▪ Meet with village committee ▪ Search the private donors from the community
		▪ Secure the required budget	▪ Report to Township Medical Officer about the results of workshop ▪ Ask MoHS for required budget under the title of FP
2. Youth-competent workforce	▪ No special attention paid to the needs of youth	▪ Shift the tasks of BHS to volunteers to reduce work overload	▪ Conduct a township health meeting to identify volunteers among community and youth ▪ Request MoHS the job aids
		▪ Assign AY focal person (volunteers)	▪ Conduct a township health meeting to identify champions among community and youth for AY focal person (volunteers) ▪ Request MoHS for the AY focal job aid
	▪ Weak communication and counseling skill of BHS	▪ Ensure health staff are youth competent	▪ Conduct township coordination meeting with TMO and INGO/NGOs to get necessary supports ▪ Conduct the necessary trainings and practice sessions for all BHS under the township
3. Reaching youth with services	▪ No special program for "Youth" to encourage access	▪ Train volunteers for youth outreach in villages (one volunteer per one village) ▪ Reach hard to reach areas through volunteers	▪ Have village health meetings to select champions among communities and youth interested in AYSRH ▪ Collaborate with INGO/NGOs to get necessary supports on the trainings and IECs for new and existing volunteers ▪ Support youth volunteers to conduct AYSRH activities at villages as AY focal person
	▪ Weak Mobile Clinic (outreach) efforts		
4. Understand needs of youth	▪ No data specific to unmarried youth	▪ Engage with youth to listen youth voices	▪ Take the suggestions of youth to get the information/data of the unmarried youth ▪ Meet with youth (at least once a month)

5. Supportive environment	▪ Cultural and religious stigmas prohibiting SRH activities ▪ Lack of interest on adolescents and youth regarding SRH	▪ Involve community leaders in changing social norms	▪ Organize SRH workshops with all community leaders ▪ Conduct the awareness raising sessions on AYSRH by participation of community leaders
6. Inter-sectoral collaboration	▪ Little interest/support of schools in SRH education (lack of awareness on important of AYSRH)	▪ Assign focal teachers for SRH education at schools	▪ Host a meeting involving parents, teachers and BHS to establish school health committee ▪ Discuss with school teachers to identify champions and focal person in schools ▪ Frequently visit schools to raise SRH awareness of the teachers
	▪ Village administrators (administrative departments under ministry of home affair) not interest in SRH or adolescents and youth	▪ Engage village administrators to reach out-of-school youth	▪ Conduct regular coordination meetings with administrative department to advocate on importance of AYSRH and current activities (within 3 months)