



Lessons learned from nimble adaptations to organisations' responses to the sexual and reproductive health (SRH) needs of adolescents in the context of the COVID-19 crisis.

Country: Myanmar

Myanmar medical Association (MMA)

The Myanmar Medical Association (MMA) is one of the non-governmental organizations in Myanmar contributing to promoting community health activities. Although the organization primarily works for the continuing medical education and capacity building of the member doctors, they work on community health activities in collaboration with the Myanmar government as other NGOs and UN agencies. The Adolescent Sexual and Reproductive Health (ASRH) Project is one of the projects implemented by MMA in line with the National Health Plan in Myanmar. Currently, with the support of Access to Health Fund of UNOPS, the ASRH project is aiming to fulfill two outputs: to promote access to the knowledge on ASRH and HIV/AIDS prevention information, and to promote access to youth-friendly services by the youth living in the project sites in collaboration with the local general practitioners.

Were you delivering services to young people before the COVID-19 crisis?

We were delivering this service to adolescent/young people before the COVID-19 crisis. Although a mass media approach was used in delivering the activities, most were conducted through interpersonal communication such as life-skills based basic ASRH trainings, capacity building trainings, leadership development trainings, peer education activities, and youth-initiated events in the community.

We started reproductive health educational activities including HIV information for young people in 2003 through interpersonal and mass media communication channels using innovative ways. After 2007, the activities changed into a project approach with the financial assistance of some UN agencies including UNFPA, UNESCO, and UNOPS. Millions of young people have gained knowledge we provide through basic adolescent health trainings, skill development trainings, hotlines, a radio and TV program, and organizing local events.

What new approaches did you use to respond to the barriers created by the COVID-19 pandemic to reach young people?

To overcome the barriers created by the COVID-19 pandemic, we used two new approaches to continue most of our educational activities. We used Facebook to do routine educational activities to reach young people during the stay-at-home period and using Zoom links to conduct routine trainings. The programs were launched in April and October 2020 respectively. We modified the existing design of the activities to ensure we met our original objectives. We used a mix of educational approaches that included guided-learning, self-learning, interactive-learning and creating a supportive learning environment. We included different learning aids such as PowerPoint presentations, video clips, audio links, songs and case scenarios while ensuring the learning time remains relatively short.

The success factors in the implementation of these new approaches included teamwork and task-and-talent matching from the project staff, designing activities with the aim of meeting our original objectives while generating interest from our audience, more time spent by the youth on Facebook during stay-at-home period, and the good reputation of the ASRH project in the community.

Why did you decide to use these approaches?

Mass media communication and interpersonal communication have their own strengths and weaknesses. Therefore, in the original work plan of the project, most of the educational activities were conducted using interpersonal communication in order to provide detailed information leading towards an improved level of knowledge, adoption of healthy behaviors, and changing negative attitudes to positive attitudes. Our main challenge was to meet these objectives using mass media.

We identified a three-pronged approach to overcome challenges. Firstly, we drew the youth's attention using several ideas such as meaningful and youthful names for activities, eye-catching posts using colors and design, and following current trends of popular topics amongst the youth audience. Secondly, we broke barriers preventing the audience from participating in our educational activities using means such as giving small incentives to cover the minimal cost for internet usage, shorter duration of the educational posts to avoid disengagement, timing the educational posts to get higher viewers, and uploading the posts regularly at a specific time of the day to increase memory from the audience. Finally, we modified the design of the activities, using a mix of educational approaches, and learning aids.

How are you working to find out if these approaches are having the desired impact?

To know whether our approaches are in fact having the desired impact, we measure the coverage as well as an achievement based on the style of presentation of our activities and the number of young people reached. We measure our audience's level of understanding by tallying up the number of young people who provided correct answers to our questions and

the number of participants who receive prizes from our incentives. Finally, we collect evidence of positive results and output of the activities through screenshots as evidence and posts created by the participants.

To achieve our objectives, we formed a focal team to initiate new ideas and concepts to change the modality of the existing activities. We used Google Forms to conduct assessments when required to monitor and assess our achievements. In addition, we prepared for means of providing feedback based on the nature of the responses, comments, or complaints made by the audience.

However, we were faced with challenges such as unstable connectivity in most of the areas, the cost of using the internet, and the dissatisfaction of some beneficiaries who found it difficult to grasp the information provided in the online activities, in addition to the difficulty to provide in-depth responses to audience queries, in comparison to face-to-face activities.

Myanmar Medical Association (MMA)

Kontakt

Deutschschweiz

Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicuskundi.ch

Suisse romande

Medicus Mundi Suisse
Rue de Varembé 1
CH-1202 Genève
Tél. +41 22 920 08 08
contact@medicuskundi.ch

Bankverbindung

Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX