

RAPID ASSESSMENT OF THE THAI NETWORK OF YOUTH LIVING WITH HIV

UNICEF THAILAND, BANGKOK

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Table of Contents

Acronyms	5
Executive Summary	7
Acknowledgments	14
Introduction	15
Methodology	20
Results	31
Relevance	31
Coherence	36
Effectiveness	38
Sustainability	50
Gender-related issues	53
Conclusions	55
Recommendations	58
References	60
Annex A: Desk Review Results	64
Annex B: Qualitative Data Collection Respondents	74
Annex C: Rapid Assessment Timelines	75
Annex D: Written Informed Consent Form (ICF)	76
Annex E: Evaluation Matrix for the Rapid Assessment	78
Annex F: Quantitative Survey Questionnaire for TNY+ Youth Leaders	85
Annex G: Quantitative Survey Questionnaire for TNY+ Youth Members	89
Annex H: Key Informant Interview Guide	93
Annex I: Focus Group Discussion Guide	99
Annex J: Signed UNEG code of conduct	104

List of Tables

Table 1: Numbers of actual respondents per data collection method and type of respondent ...	21
Table 2: Details of the project activity involvement* of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)	24
Table 3: Criteria plus an overarching and detailed line of inquiry for the rapid assessment (RA).	26

List of Figures

Figure 1: Gender of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) who responded to the quantitative questionnaires.....	22
Figure 2: Groups of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) who responded to the quantitative questionnaires.....	23
Figure 3: Project involvement periods of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)*	24
Figure 4: Feelings reported by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) toward the project activities	32
Figure 5: TNY+ youth leaders (n1 = 13) responses to whether the project was implemented as designed	33
Figure 6: Perceptions of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) of whether the project was able to adapt to changing contexts and needs appropriately.....	34
Figure 7: Thoughts of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) about whether TNY+ members have been empowered/engaged in the project.....	36
Figure 8: Percentages of the scores given by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) to rate project activities (from 0 to 10).....	37
Figure 9: TNY+ youth leader (n1 = 13) and youth member (n2 = 65) perceptions of whether the project benefited them	39
Figure 10: Thoughts of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) about the project's ability to reduce social stigma and discrimination.....	48
Figure 11: Degree of the project's ability to contribute to the project beneficiaries, relevant organizations, or nation as reported by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65).....	49
Figure 12: Real-life application of project information by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)	51
Figure 13: Potential sustainability of project activities, according to TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)	52
Figure 14: The extent to which the project design or implementation was leveraged to promote gender equality, according to TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)	53

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
CD4	Cluster of differentiation 4
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
DDC	Department of Disease Control
DG	Discussion Guide
FAR	Foundation of AIDS Rights
FGD	Focus Group Discussion
KI	Key Informant
KII	Key Informant Interview
KP	Key Population
ICF	Informed Consent Form
IDI	In-depth Interview
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MOPH	Ministry of Public Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NAC	National AIDS Committee
NGO	Non-governmental Organization
NHSO	National Health Security Office
ODPC	Office of Disease Prevention and Control
OIs	Opportunistic Infections
PHO	Provincial Health Office
PLHIV	People living with HIV/AIDS

PWID	People who inject drugs
QQR	Quality, Quantity, Route of Transmission
RA	Rapid Assessment
RTF	Raks Thai Foundation
S&D	Stigma and Discrimination
SAO	Sub-district Administration Organization
SOW	Scope of Work
SRHR	Sexual and reproductive health and rights
SW	Sex Worker
TCO	Thailand Country Office
TG	Transgender
TNP+	Thai Network of People Living with HIV/AIDS Foundation
TNY+	Thai Network of Youth Living with HIV
TOR	Term of Reference
TOT	Training of Trainer
VL	Viral Load
YKAP	Young Key Affected Populations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

Executive Summary

The overarching goal of UNICEF's Country Programme in Thailand (2017–2021) was to contribute to national efforts to enable all children in Thailand, especially the most disadvantaged and excluded, to have their rights progressively fulfilled and develop to their full potential in an inclusive and protective society. In this context, UNICEF has been working with adolescents and youth living with HIV, among other vulnerable adolescents.

Currently, there are approximately 24,000 children and youth living with HIV in Thailand.¹ Even though Thailand has made significant progress in reducing new HIV infections, infection rates among youth account for half of all new infections.² Therefore, it is crucial to ensure that the rights of youth living with HIV are promoted in all aspects.

Youth living with HIV need to be empowered to change their future; they need to be equipped to find solutions to the challenges they face, such as discrimination while seeking employment, and in the workplace, health care settings, and educational and vocational institutions. UNICEF has supported the Thai Network of People Living with HIV/AIDS Foundation (TNP+) since 2016, including helping to establish the Thai Network of Youth Living with HIV (TNY+), which encourages and supports adolescents and youth to become leaders who will bring about positive changes to the lives of their peers and society.

The **main scope of UNICEF's support** consisted of:

1. Supporting adolescents and youth living with HIV to support their peers with HIV—including new infection cases and those who had HIV from birth entering into adolescence or work-life—through information sharing and peer-to-peer counselling;
2. Supporting adolescents and youth living with HIV to have a voice and to raise their concerns with the public and policymakers in order to bring about positive changes in their lives; and
3. Reducing stigma and discrimination against adolescents and youth living with HIV.

Specific outputs of the project included:

1. Improved adolescent and youth knowledge and understanding of health care and prevention from illness related to HIV/AIDS.
2. Improved antiretroviral treatment (ART) adherence and safe sex practices (e.g. regular condom use) among adolescents and youth.
3. Improved ability of adolescents and youths living with HIV to cope with their own self-stigma.
4. Increased capacity of adolescents and youths living with HIV to live a normal life in families and communities.

¹ <https://hivhub.ddc.moph.go.th/epidemic.php>

² <https://www.avert.org/professionals/hiv-around-world/asia-pacific/thailand>

5. Thai adolescents and youth living with HIV empowered to organize their own self-support network (TNY+) with close collaboration and support from the TNP+ network.

To evaluate the achievements and challenges of the project implementation, a **rapid assessment (RA)** was conducted, with the following objectives:

- a. To extract lessons learned from the establishment and operationalization of TNY+;
- b. To gain insights for TNP+, key stakeholders, and UNICEF to help improve the work around youth empowerment, especially vulnerable youth.
- c. To bring together key actors and stakeholders to discuss their work in an open, safe, and honest environment.
- d. To use lessons learned drawn from the assessment to help TNY+, TNP+, and key stakeholders to analyze results achieved and assess how to use these findings to sustain strengths and improve weaknesses.

This RA utilized a mixed-method approach to gather information, consisting of desk research, a short quantitative survey, and qualitative data collection using key informant interviews (KIIs) and focus group discussions (FGDs). Quantitative data collection methods were used to gather information from TNY+ youth leaders and youth members who have been/were involved with the project, while qualitative data collection was conducted with five types of respondents: TNY+ youth leaders, TNY+ youth members, TNP+ advisors, UN agencies, and government entities/agencies. Study tools were designed based on the results of the desk review and close consultation with UNICEF's project staff. The assessment results were presented per the OECD/DAC evaluation criteria of relevance, coherence, effectiveness and sustainability.³ Gender-related issues were also considered.

Conclusions

Relevance

The project had appropriate objectives and was implemented according to target beneficiaries' needs. Leaders felt satisfied because they were able to share their thoughts, helped design the project activities, and participated in budget allocation with the advisors and their team.

The activities implemented by TNY+ with support from UNICEF were proven to be relevant for both target beneficiaries and stakeholders. The focused areas of work and the activities planned were well chosen and designed based on the identified needs of TNY+ members.

Most youth leaders perceived that the project was implemented as designed because the TNY+ network had a systematic working mechanism, and the target beneficiaries (both leaders and members) were able to improve themselves physically and mentally. In addition, they perceived that the project was able to achieve the indicators, and that activities were implemented as planned at both the local and national levels. However, some obstacles were identified, including the COVID-19 pandemic delaying project activities, some youth leaders and members'

³ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

unavailability to participate in project activities, and the TNY+ key management team's lack of project planning and management skills to ensure impact, including risk mitigation.

Also, most youth leaders and members perceived that the project could be adapted appropriately to changing contexts and needs.

Coherence

TNY+ leaders and members were empowered by and engaged with the interventions of government, the UN and other actors. TNY+ was officially appointed as a member of the National Sub-Committee on Human Rights Protection and Promotion of People with HIV in 2020. This membership provided a unique opportunity for the network to amplify the voices of youth living with HIV and mobilize support and resources to reduce stigma and discrimination. It also enabled the promotion of strategic opportunities to address existing legislative gaps and influence policy changes.

All youth leaders reported that TNY+ members had been empowered or engaged in the project. The project adopted youth empowerment as a key strategy throughout different phases of implementation. This coheres with the UN Youth Strategy, the four principles of the Convention on the Rights of the Child, and the national movement on youth development and participation according to Thailand's National Strategy to End AIDS 2017–2030, in which community engagement is emphasized.

Leaders and members received training during the project periods on the following topics: related knowledge on HIV/AIDS, sex education and sexual and reproductive health and rights (SRHR); project management skills; stigma and discrimination concepts and how to cope with real-life situations; and how to train and reach out to others to provide knowledge on HIV/AIDS. Leaders engaged with TNY+ network in various ways, including working as a team, participating in relevant project activities, and being a focal point for communication with other organizations.

Effectiveness

The RA found that all three phases of the project achieved the planned results. Data from the review of the project reports and the opinions of TNY+ members were consistent with and confirmed this conclusion.

The main factors influencing the project's achievements included its systematic and participatory design; alignment of the goals and objectives of TNY+ leaders and members; the network's experienced advisors; and financial support from UNICEF and other organizations.⁴ In addition, the TNY+ network provided a unique opportunity to amplify the voices of youth living

⁴ Funding was provided by TREAT Asia, the National Health Security Office (NHSO), Sub-district Administration Organizations (SAOs), local administrative organizations or Provincial Social Development and Human Security offices, regional Offices of Disease Prevention and Control (ODPCs), provincial health offices (PHOs), provincial and local hospitals/health facilities, and the Aids Healthcare Foundation (AHF).

with HIV and mobilize support and resources to reduce stigma and discrimination against HIV at the national level.

The majority of youth leaders also perceived that the project was of utmost benefit for the youth leaders, while most members perceived that the project was very beneficial to them. The beneficiaries, including TNY+ youth leaders and members, were able to obtain knowledge and understanding of HIV/AIDS-related information; to maintain good physical and mental health; to positively contribute to their families and communities; to gain communication and conceptualized thinking skills; to promote proper practices for HIV prevention among adolescents and youth; and to reduce the negative impact of living with HIV. In particular, youth leaders gained experience in project management and proposal preparation as well as counselling and training on relevant HIV/AIDS topics, and were able to use lessons learned from their project management to improve themselves further.

More than half of TNY+ youth leaders reported that the project was very effective in reducing social stigma and discrimination, while nearly half of the members were neutral or unsure whether the project was able to reduce social stigma and discrimination. Youth leaders also confirmed that the project assisted them to understand themselves and others better and cope with the wider society. As a result, they were also able to reduce self-stigma and help other members cope with discrimination.

Key challenges affecting project implementation included the fact that only about 10 leaders were part of the core team running project/network activities; reluctance to disclose HIV status; and lack of time and availability and travelling difficulties. For instance, some parents had not informed their children about their HIV status, causing restrictions for home visits. Recruitment of new members was also difficult as new cases did not want to disclose their HIV infection to others. Furthermore, some TNY+ leaders and members were also afraid of exposing their HIV status, which created obstacles for public communication and advocacy. Furthermore, youth leaders found participation difficult especially during Phase III, due to personal responsibilities, while visits to members in certain areas were not possible with public transportation and thus required extra budget to secure vehicles. Notably, there were also reports of budget constraints in some activities.

Other challenges included restrictions caused by the COVID-19 pandemic, which resulted in sudden changes in the project's direction, and difficulties evaluating members' feelings through phone visits.

Lastly, other challenges included inappropriate estimation of targets during the project design; the close-mindedness of certain people with whom the network had to engage; the lack of annual monitoring and evaluation activities by TNY+ and its advisors; and the youth leaders' lack of skills, professional experience and confidence, as well as their initial misperception towards TNY+ advisors.

The majority of youth leaders and members reported that the project was able to contribute to the project beneficiaries, relevant organizations, or nations to a high or utmost degree.

Sustainability

Even though the funding from UNICEF has ended, the network maintains strong bonds and connections. Some youth groups that are part of the network could obtain funding from other agencies or their own organizations and coordinate with other groups to implement similar activities.

All leaders and most members reported that they were able to apply information acquired through the project in real life. Only one member said they did not apply the information, while four were unsure.

Most leaders and members perceived that the project activities could be sustained in the future because the network had included several people in the project planning and implementation; the youth had strong bonds with each other; the project activities were appropriate to the needs of the target beneficiaries; and the information could be applied in real life. Although some target beneficiaries still needed help, especially with information related to HIV diagnosis, treatment, laboratory interpretation, and medication, the leaders and members understood the project well enough to drive the activities further. Additionally, as mentioned above, TNY+ leaders from several youth groups reported that they could obtain additional funding supports from various sources to sustain activities.

Gender-related issues

More than half of the leaders and members perceived that project design or implementation was leveraged to promote gender equality. As per the desk review, the project aimed to promote gender equity by involving males and females equally in the project, ensuring no limitations as a result of gender identity throughout all learning processes and capacity-building activities. TNY+ members, especially youth leaders, were equipped to address gender-based violence and its impact in HIV prevention, treatment and quality of life, as well as support the involvement and build the leadership skills of girls and LGBT people living with HIV to effectively voice their concerns.

Recommendations

The recommendations are presented thematically as follows:

1. Increase TNY+ network sustainability:

- **The project should be continued, and support from various funding sources should be considered.** Some activities, such as policy and advocacy, should be moved forward, but without budget support and a continued work plan, it may not be possible to sustain the activities of TNY+. **The activities related to TNY+ should continue to be supported by UNICEF but with different innovative formats and platforms,** such as engaging public and private partnerships, in order to promote the project's sustainability.

- **TNY+ should be registered as a legal entity (i.e., foundation), but it should have a concrete plan and full-time personnel to manage the network.** The number of personnel to run the activities should be increased by 20–25%, especially considering that the current leaders are preoccupied with other responsibilities. **TNY+ should be mainstreamed with the adult (TNP+) network** because the TNP+ network has extensive experience and can advocate with relevant government offices.

2. Expand target beneficiaries and involve more relevant organizations:

- **The project should be designed to consider each location’s characteristics and cultural context,** and future activities should have concrete objectives and plans and should **expand to cover more groups of beneficiaries,** including non-HIV-infected adolescents and ethnic minorities, including migrants. The network should also invite more organizations to be part of relevant activities.
- **Personnel or organizations working in the areas of law, psychology and public health should also be engaged to help the network** in case of any violation to the network and its members.

3. Build capacity of TNY+ youth leaders and members:

- The possible project activities should provide knowledge and understanding related to information on HIV/AIDS, sex education, and safe sex practices to the beneficiaries.

4. Improve project planning, implementation and activities:

- The ToC was not applied during the initial and implementation stages of the project. However, the lesson learned from the project’s implementation results revealed that **the ToC should be applied to any future project,** to assist in identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal.
- **Future projects should consider the readiness of TNY+ leaders and members when moving from one area to another.** Notably, the focuses of Phase II and Phase III of the project were quite different, and the transition was perceived to be too rapid, leaving youth leaders feeling left out from the project planning and activities due to the sudden changes.
- **Budget allocation should be added to activities related to combatting stigma and discrimination.**

5. Initiate appropriate M&E and coaching processes:

- **The project should have a proper M&E process** to assist in self-evaluating and resolving the gaps in project planning and implementation.
- The project outcome indicators should be designed to be measurable and based on realistic situations, with support from an M&E specialist.

6. Continue advocacy to combat stigma and discrimination:

- In order to advocate at the national level, **the experiences of youth living with HIV should be used as an evidence base** for promoting approaches to reach the national and global goal of ending AIDS.

- **Government agencies should be engaged to create opportunities for TNY+ to voice their concerns** in any relevant possible events. UNICEF can act as a support role to enable TNY+ to participate in activities at the national level.

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Kanokwan (Pook) Suwannarong, Ph.D.

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Introduction

In every society, people are subject to stigmatisation based on certain traits, characteristics, or other identifying features.⁵ As Goffman (2017) states, a stigma is caused by “a special relationship between a specific attribute and the stereotype that causes a person to be ‘discredited’ by others.” A preconceived idea shared among society, typically negative, paired with an idiosyncrasy, creates a stigma. When a stigma is attached to an individual, they are then seen as less valuable.⁶ Stigmas can lead to discrimination. Discrimination is a particular act that excludes, rejects, or devaluates certain groups of people. This can occur on a personal level or more widely through societal and structural inequalities.⁷

While the government and other initiatives have put great effort into educating the Thai population on HIV, several studies show that youth living with HIV (YLWH) still experience stigma and discrimination in their school, work, communities, and interpersonal relationships. This has a detrimental impact on their well-being in a variety of ways.

For example, a study conducted by Mathew et al. (2020) revealed that several YLWH experience the most stigma in educational and work environments.⁸ Participants in the survey mentioned overhearing others speak negatively towards those with HIV. They were hesitant to disclose their HIV status to friends, teachers, colleagues and/or employers for fear of being rejected from friendships or social gatherings. Many participants felt that “concealing their HIV status was a safer and simpler alternative to disclosure. Many participants have limited their goals and avoided opportunities due to the uncertainty of the consequences of their status being revealed. The desire to prevent disclosure has also led participants to avoid situations in which their HIV status may be discovered.”⁹ This fear of being “found out” has also led to several participants lapsing in their medication routine, some for weeks, some for years, as they did not want close family or friends to see their medication.

In 2015, UNICEF East Asia & Pacific published a report on adolescents living in the region with HIV/AIDS¹⁰ which found that stigma and discrimination prevent many adolescents from going to clinics for testing or treatment. For those who test positive, many hide their status and go untreated. UNICEF found that schools, specifically in Thailand and a few other countries, were common locations for YLWH to experience stigma and discrimination, including children being denied school admission as a result of their HIV status. The report also highlighted that the impacts of stigma and discrimination on adolescents and youth can be particularly damaging as young people are living through transformative years and can be more easily influenced.

The overarching goal of UNICEF's Country Programme in Thailand (2017–2021) was to contribute to national efforts to enable all children in Thailand, especially the most disadvantaged and

⁵ Goffman, E. (2017). Selections of Stigma. In Davis, L.J. (ed.) *The Disability Studies Reader*. 2nd edition. New York, London: Routledge, pp. 133-144.

⁶ Abbey, S., et al. (2011). Stigma and discrimination. *Can J Psychiatry* **56**(10): 1-9.

⁷ Ibid.

⁸ Mathew, R. S., et al. (2020). Experiences with stigma and discrimination among adolescents and young adults living with HIV in Bangkok, Thailand. *AIDS Care* **32**(4): 530-535.

⁹ Ibid.

¹⁰ UNICEF East Asia & Pacific. (2015). *Adolescents: Under the Radar in the Asia-Pacific AIDS Response*.

excluded, to have their rights progressively fulfilled and develop to their full potential in an inclusive and protective society. In this context, UNICEF has been working with adolescents and youth living with HIV, among other vulnerable adolescents. There are currently approximately 24,000 children and youth living with HIV in Thailand.¹¹ Even though Thailand has made significant progress in reducing new HIV infections, the infection among youth accounts for half of the new infection.¹² Therefore, it is crucial to ensure that the rights of youth living with HIV are promoted in all aspects.

Youth living with HIV need to be empowered to change their future; they need to be equipped to find solutions to the challenges they face, such as discrimination while seeking employment in the workplace, health care settings, and educational and vocational institutions. UNICEF has supported the Thai Network of People Living with HIV/AIDS Foundation (TNP+) since 2016 to support adolescents and youth living with HIV to establish their own network (Network of Youth living with HIV (TNY+), and to engage with them as leaders who will bring about positive changes to the lives of their peers and society.

The **main scope of UNICEF's support** has been:

1. To support adolescents and youth living with HIV to support their peers with HIV (both new infection cases and those who have had HIV since birth) through information sharing and peer-to-peer counseling.
2. To support adolescents and youth living with HIV to have a voice and raise their concerns with the public and policymakers to bring about positive changes in their lives.
3. To work towards the reduction of stigma and discrimination against adolescents and youth living with HIV.

Specific outputs of the project supported by UNICEF included:

1. Improved adolescent and youth knowledge and understanding of health care and prevention from illness related to AIDS.
2. Improved antiretroviral treatment (ART) adherence and safe sex practices (e.g. regular condom use) among adolescents and youth.
3. Improved ability of adolescents and youths living with HIV to cope with their own self-stigma.
4. Increased capacity of adolescents and youths living with HIV to live a normal life in families and communities.
5. Thai adolescents and youths living with HIV are empowered to be able to organize their own self-support network (TNY+) with close collaboration and support from the TNP+ network.

¹¹ <https://hivhub.ddc.moph.go.th/epidemic.php>

¹² <https://www.avert.org/professionals/hiv-around-world/asia-pacific/thailand>

The **programme outcomes** comprised of:

Output 1: Percentage of adolescents and youth living with HIV who know their cluster of differentiation 4 (CD4) count, viral load (VL), antiretrovirals (ARVs) formula, care, and prevention of illness related to AIDS.

Output 2: Percentage of adolescents and youths living with HIV taking ARV continuously.

Output 3: Percentage of adolescents and youths living with HIV who have sex use condoms regularly.

Output 4: Percentage of adolescents and youths living with HIV who can cope with self-stigma on living with HIV.

Output 5: Adolescents and youths living with HIV are able to live a normal life in families and communities.

Output 6: Thai adolescents and youths living with HIV are empowered to be able to organize their own self-support network (TNY+ network) with close collaboration and support from the adult TNP+ network.

Project implementation activities included:

Phase I: Development of the Network of Youth Living with HIV/AIDS and its Work Plan

The first phase was implemented in 2016. The aim of Phase I was to identify the goals, scope of work, work direction, and procedures of TNY+; to conduct a rapid needs assessment to identify the needs of adolescents and youth living with HIV; to develop the network's database/directory of adolescent and youth members; to organize a workshop to finalize the establishment of the network and the work plan, and to organize a monitoring meeting. Phase I resulted in establishing the first very network of TNY+ in Thailand. The network comprised a president and seven target coordinators from different regions, including 171 members from six provinces (Chiang Mai, Chiang Rai, Lampang, Bangkok, Phetchaburi, and Amnart Charoen provinces – the next phase aimed to increase membership to around 520 youth living with HIV within the next three years and expand to another six provinces: Khon Kaen, Kanchanaburi, Nakhon Si Thammarat, Chonburi, and Rayong). The needs assessment with 170 adolescents and youth living with HIV found the following:

- **Misunderstanding health care information:** 80% of respondents did not clearly understand about their CD4 count, viral load, opportunistic infections (OIs), or drug names. Some were also unaware of the consequences of non-adherence or their right to treatment. In addition, 35% misunderstood appropriate treatment and HIV transmission.
- **Poor ARV adherence:** 35% of respondents could not keep good ARV adherence due to several reasons.
- **Internal self-stigma:** 35% of respondents reported feeling worried about living with others as they were afraid others might ask about their HIV status.
- **Unsafe sex practices:** 35% of adolescents had sex, 25% of whom did not regularly use a condom.

- **Lack of family support.**
- **Experience of rights violations.**

Phase II: Adolescent Development and Participation

Phase II was implemented between 2017–2019 with the following objectives:

- 1) Adolescents and youth living with HIV are able to receive treatment per national standards and understand that HIV/AIDS can be treated.
- 2) Adolescents and youth living with HIV understand sex and can communicate with their partners and have safe sex.
- 3) Families and community members understand and can live with adolescents and youth living with HIV.
- 4) TNY+ youth leaders have improved skills to work with adolescents living with HIV and strengthen the network.

This phase included 49 TNY+ leaders and 485 members from 10 areas and organizations, including Tank Youth, Little Bird, Power Teen, Lampang, Khon Kaen, Lopburi, Nong Khai, Chiang Saen, and Mae Sai of Chiang Rai province.

Phase III: Empowering Young People Living with HIV to Advocate for Reduction of Stigma and Discrimination against HIV

Phase III was implemented from January 2020 to December 2021, engaging key beneficiaries including 30+ youth leaders living with HIV and other children and youth living with HIV nationwide by using online engagement approaches. This phase included four main groups that are still implementing the project activities:

- 1) **Tank Youth Bangkok**, responsible for areas in Bangkok, Lopburi, and Phetchaburi provinces.
- 2) **Little Bird group**, responsible for areas in Bangkok, Rayong, Nong Khai, and Khon Kaen provinces.
- 3) **Raks Thai Power Teen Network**, responsible for areas in Chiang Mai, Chiang Rai, and Pha Yao provinces.
- 4) **Rod Ma Lampang group**, responsible for areas in Lampang province.

Organizational partners of the project:

Since April 2016, a group of 40 adolescents and youth living with HIV from Chiang Rai, Lampang, Kanchanaburi, Phetchaburi and Bangkok started forming an unofficial network of youths living with HIV in Thailand, with an aim to collaborate to contribute towards reducing the number of new HIV infection among adolescents and youths. This group of adolescents and youth living with HIV has been mentored by coaches from non-governmental organizations (NGOs) and Civil Society Organizations (CSOs). These NSOs and CSOs include:

- Thai Network of People Living with HIV/AIDS Foundation (TNP+), which included the TNP+ provincial networks in the upper North, Lower North, Central, Northeast, East, and South of Thailand

- AIDS ACCESS Foundation in Chiang Rai
- Mercy Foundation in Bangkok
- Phetchaburi hospital
- Little Birds Group
- Camilli on Ladkrabang
- SEARCH, The Thai Red Cross Society
- We Understand Group
- Chulalongkorn University
- The Church of Christ in Thailand
- Raks Thai Foundation (RTF) in Chiang Mai
- Rod Ma Lampang group
- Children and Youth Program, SEARCH, HIV-NAT, The Thai Red Cross AIDS Research Centre, Bangkok
- The Church of Christ in Thailand
- TREAT Asia
- Medical professionals in each province
- Department of Disease Control (DDC), Ministry of Public Health (MOPH)

To identify the project's achievements and lessons learned, this RA was conducted from November to December 2021 with guidance from UNICEF Thailand and TNY+ advisors.

Rapid Assessment (RA) Objectives

The **main objectives** of this RA were:

- To extract lessons learned from the establishment and operationalization of TNY+.
- To gain insights for TNP+, key stakeholders, and UNICEF to help improve their work around youth empowerment, especially of vulnerable youth.
- To allow key actors and stakeholders to come together to discuss their work in an open, safe, and honest environment.
- To engage TNY+ members and stakeholders in analyzing the strengths and weaknesses of the project and different areas of work, focusing on key aspects that should be built on and what improvements should be made.

The **secondary objectives** of the rapid assessment were:

- To assess the relevance, coherence, effectiveness and sustainability of the work TNY+ have been doing.
- To provide actionable recommendations for TNY+ to feed into its planned interventions for the future.
- To contribute to UNICEF's TCO organizational learning and planning in terms of similar projects or projects that engage youth as advocates.

Methodology

Assessment Design, Data Collection Methods, and Respondents

This RA utilized a **mixed-method study methodology guided by the evaluation matrix (Annex E)** and roadmap outlined in the inception report. The methodology involved the following activities:

Desk Review: Relevant project documents, progress reports, relevant research results, project activities, government documents, publications and studies were reviewed to understand the project context and activities. Results of the desk review assisted in designing the data collection tools. The documents provided by UNICEF included:

- **Phase I:** Project proposal, final report and an abstract on “Lessons learned in forming the National Network of Youth Living with HIV in Thailand.”
- **Phase II:** Project proposal, progress report, TNY+ Khon Gra Toh (คนกล้าโต), indicator evaluation report, and training curricula for TNY+ leaders and members.
- **Phase III:** Project proposal, progress report, a summary of the progress and results in quarter 5 (Q5) during June–August 2021, media evaluation report, a progress report on AIDS Day in 2020 submitted to UNAIDS, and a report from the Little Birds group.
- A global agenda for action to accelerate HIV results for adolescents, particularly excluded groups¹³.

The desk review results are described in Annex A.

Quantitative Data Collection: Short quantitative survey questionnaires were designed to collect information from TNY+ youth leaders and youth members both currently and previously involved with the project. The Google Forms platform was used to collect the data by sending the link via TNY+ youth leader focal points. The quantitative survey respondents completed the questionnaire in around 20 minutes or less. Around 49 TNY+ youth leaders and 485 TNY+ youth members have been/were involved with the partnership projects implemented by TNP+, and approximately 30% of the youths were expected to respond to the online questionnaire. As a result, around 100 quantitative study respondents were expected to participate in this survey.

Qualitative Data Collection Methods: Qualitative research methods using Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were designed to collect in-depth information about the perspectives of the project’s partners and beneficiaries. Five types of respondents were chosen:

1. **TNY+ youth leaders:** Youth leaders of TNY+ activities, such as being a project or activities coordinator or spokesperson for the group.
2. **TNY+ youth members:** Youths who were involved in TNY+ activities without being a leader or spokesperson.

¹³ World Health Organization. (2017). *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation*. Summary.

3. **TNP+ advisors:** These included TNP+ project managers and coordinators from TNP+ in Bangkok and Lampang provinces, Chulalongkorn Hospital, the Little Bird Group in Bangkok, and the Raks Thai Foundation (RTF) in Chiang Mai province.
4. **UN agencies:** UNICEF and UNAIDS staff.
5. **Relevant stakeholder entities/agencies:** Staff from AIDS Foundation and the Private Sector Mobilization

This qualitative data collection gathered information on the knowledge and perspectives of partners and beneficiaries, and on the relevance, effectiveness, coherence, sustainability, strengths and weaknesses of the project implementation. Due to the COVID-19 pandemic situation in Thailand, remote KIIs were conducted with the selected stakeholders using phone or Zoom online interview platforms. FGDs were planned to be conducted at a meeting organized by TNY+ during 4–5 December 2021 at a resort in Nonthaburi province. This meeting invited the TNP+ working group (advisors), TNY+ youth leaders and members, government and CSOs stakeholders, and UN agencies (for the list of respondents, please see Annex B). The numbers of the actual respondents per each data collection method and types of respondent are shown in Table 1.

Table 1: Numbers of actual respondents per data collection methods and types of respondent

Respondent type	Data collection methods		
	Quantitative questionnaires	Key Informant Interviews (KIIs)	Focus Group Discussions (FGDs)
TNY+ youth leaders	13	8	1 FGD (10 respondents)
TNY+ youth members	65		
TNP+ advisors		7	1 FGD (6 respondents)
UN agencies		2	
Government entities/agencies		2	
Total	78	19	18
Grand total		115	

Quantitative survey respondents were selected by approaching TNY+ youth leaders and advisors to share the online questionnaires with the leaders and members who agreed to respond to the surveys. The KII and FGD respondents were selected purposively based on their involvement with the network and its activities.

Nineteen KIIs were conducted among eight TNY+ youth leaders, seven advisors, two UN staff, and two relevant agencies. Among the key informants (KIs), two (10.5%) were male, and 17 (89.5%) were female. The advisors were from TNP+, AIDS Access Foundation, Chulalongkorn Hospital, Raks Thai Foundation (RTF) in Chiang Mai province, and the Little Bird group. Two FGDs (16 respondents) were implemented with 10 TNY+ youth leaders and 6 advisors, 2 of whom were male.

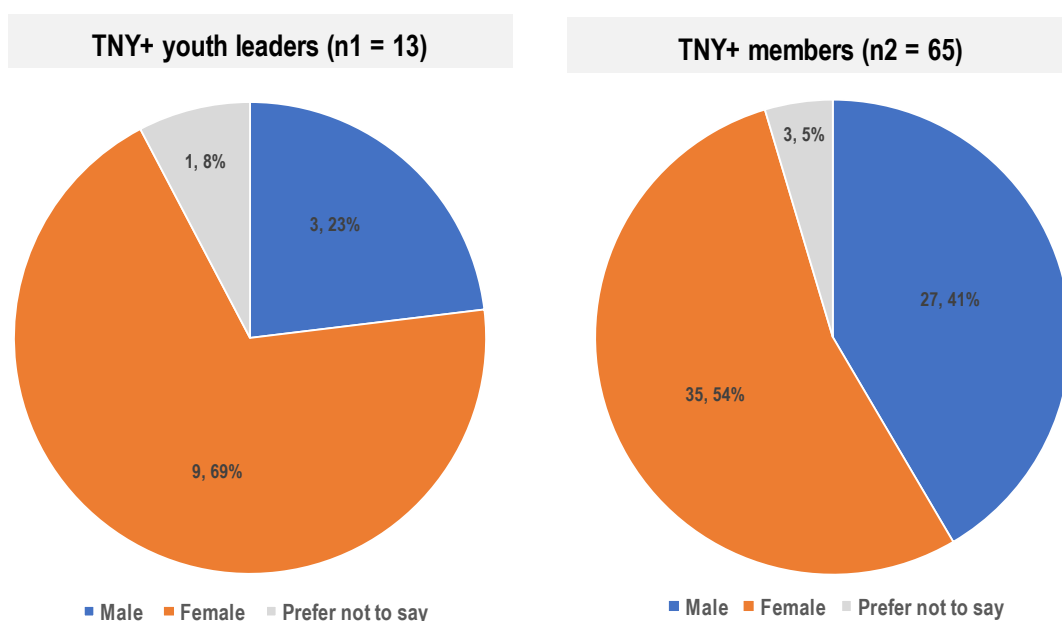
Profiles of the Respondents

Quantitative Survey

Thirteen TNY+ youth leaders and 65 TNY+ youth members responded to the quantitative online questionnaire. The average age of the TNY+ youth leaders was 26.5 years, with the ages ranging between 24–31 years old, while the average age of the members was 23.1 years old, with an age range of 17–29 years old.

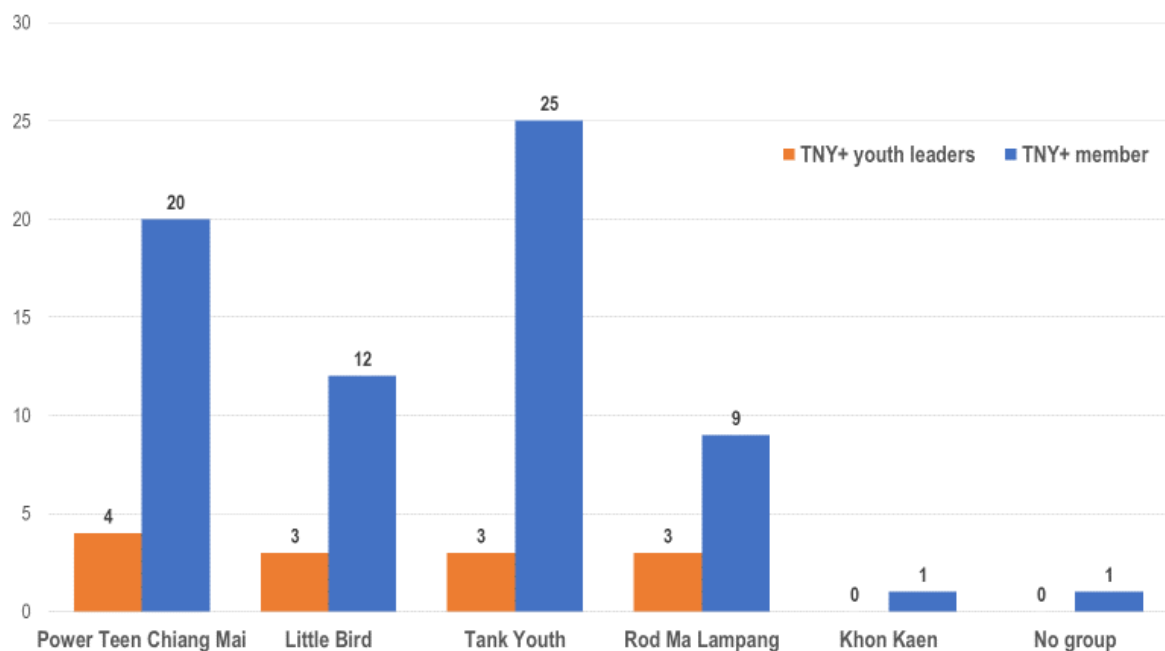
Nine TNY+ youth leaders were female (69.2%), three were male (23.1%), and one person preferred not to identify their gender (7.7%). Of the 65 TNY+ members who responded to the questionnaire, 35 (53.8%) were female, 27 (41.5%) were male, and 3 (4.6%) of them preferred not to identify their gender (Figure 1).

Figure 1: Genders of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) who responded to the quantitative questionnaires



Of the 13 TNY+ youth leaders, 4 respondents (30.8%) were from the Little Bird group, followed by 3 respondents each from the Power Teen Chiang Mai group (23.1%), Tank Youth group (23.1%) and Rod Ma Lampang group (23.1%), respectively. Among the 65 TNY+ members, 25 respondents (38.5%) were from the Tank Youth group, followed by 20 from the Power Teen Chiang Mai group (30.8%), 12 from the Little Bird group (18.5%), 9 from the Rod Ma Lampang group (6.2%), 1 from Khon Kaen province (1.5%), and lastly 1 person reported no involvement with any group (1.5%) (Figure 2).

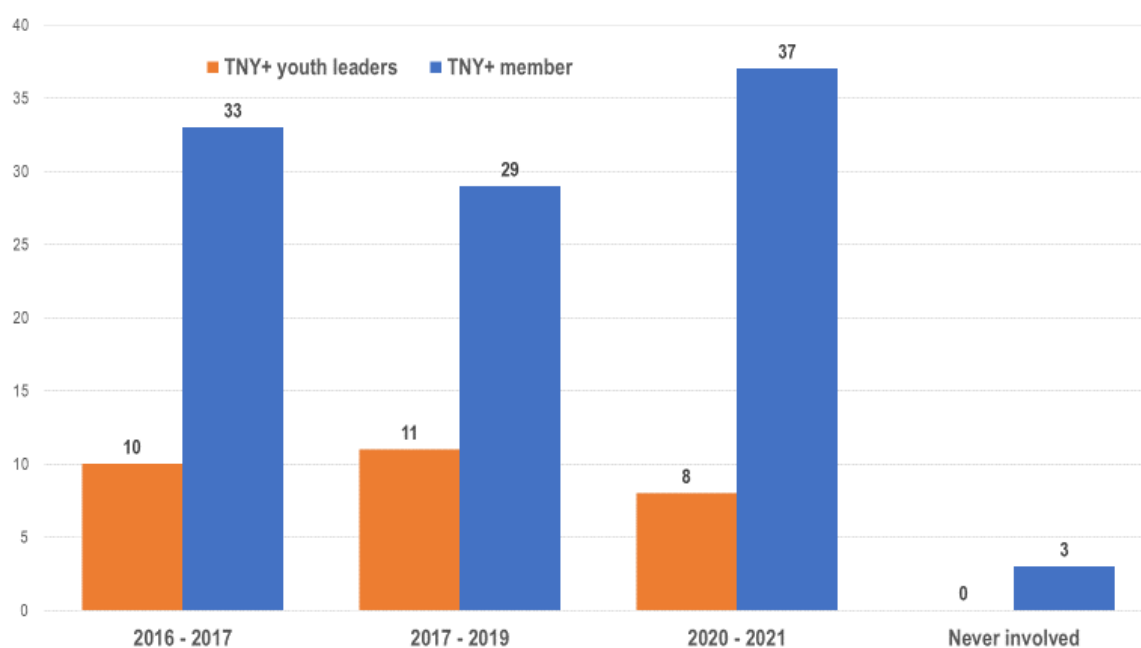
Figure 2: Groups of the TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) who responded to the quantitative questionnaires



Eleven youth leaders reported that they had been working as TNY+ youth leaders. One person (7.7%) reported working as a TNY+ finance staff member, while another one (7.7%) did not report their role with TNY+. Of the 65 TNY+ members, 61 (93.8%) reported their role as TNY+ members, while the other 4 (6.2%) did not report their roles. The KIIs and FGDs revealed that TNY+ consisted of between 10–12 main youth leaders, including a president, a deputy president, a technical and reporting leader, a finance staffer, and a communication lead staffer who were from the 4 aforementioned groups.

Ten youth leaders (76.9%) reported participating in at least one project activity in 2016–2017, while 11 (84.6%) participated in the project during 2017–2019, and 8 (61.5%) participated in the project during 2020–2021. Thirty-three members (50.8%) reported that they participated in the project during 2016–2017, while 29 (44.6%) participated in the project during 2017–2019, and 37 (56.9%) reported involvement with the project during 2020–2021. However, the other 3 members (4.6%) did not report participation in any periods of the project (Figure 3).

Figure 3: Project involvement periods of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)*



*Able to answer more than one.

Twelve of the youth leaders were involved in the youth camps (92.3%), followed by 11 involved in group meetings (84.6%), and 11 who reported being involved in the campaign to reduce stigma and discrimination among youth living with HIV (84.6%). A total of 46 members participated in the youth camps (70.8%), followed by 28 who participated in group meetings (43.1%) and 27 who were involved in the campaign to reduce stigma and discrimination among youth living with HIV (36.9%). Project activity involvement of the leaders and members is presented in Table 3.

Table 2: Details of the project activity involvement* of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)

Participated activities	TNY+ youth leaders* (n1=13)		TNY+ member* (n2=65)	
	Frequency	Percentage	Frequency	Percentage
Youth camps	12	92.3	46	70.8
Group meetings	11	84.6	28	43.1
Campaign to reduce stigma and discrimination among youth living with HIV	11	84.6	27	36.9
Served as TNY+ youth leaders	10	76.9	-	-
Home visit activities	10	76.9	-	-
Assisted in setting up the TNY+ network	9	62.2	19	29.2

Participated activities	TNY+ youth leaders* (n1=13)		TNY+ member* (n2=65)	
	Frequency	Percentage	Frequency	Percentage
Served as a focal point of contact for the project or the provinces	7	53.8	2	3.1
Attended participatory meetings	6	46.2	11	16.9
Attended national policy and advocacy meetings	5	38.5	1	1.5
Delivered presentations in provincial and national meetings	4	30.8	1	1.5
Served as a leader or assistant for communication work through a social network platform	3	23.1	1	1.5
Others, please specify <ul style="list-style-type: none"> • Being a finance staff member • Being a counsellor at a clinic (Rak Ya clinic) 	2	15.4	1	1.5
Were visited by TNY+ youth leaders	-	-	20	30.8

*Able to answer more than one

Assessment Timelines

The RA was carried out rapidly, within 50 days after the signed contract. The RA consisted of three phases:

- 1) **Preparation Phase (5– 26 November 2021):** This comprised of an initial meeting with the UNICEF team, desk review, inception report preparation, designing study tools, launching the quantitative questionnaires in Google Forms, and collaborating with relevant organizations and TNY+ leaders and advisors regarding data collection appointments.
- 2) **Implementation Phase (27 November–17 December 2021):** This included the distribution of questionnaires to TNY+ youth leaders and members, and conducting KIIs and FGDs.
- 3) **Final Phase (18–30 December 2021):** Transcribing audio records, quantitative and qualitative analyses, and report writing.

The detailed planned data collection timelines are shown in Annex C.

Data Collection Procedures

Quantitative questionnaires were sent out to members through TNY+ youth leaders and advisors. The qualitative data collection was implemented through contacting relevant stakeholders to

obtain their availability for interviews. The interviews were conducted by Dr. Suwannarong and notes were recorded by a note-taker. Written or verbal consent agreements for the interview and audio recordings of the interview were obtained from the respondents before implementing the KIIs or FGDs. The written informed consent form (ICF) adapted from UNICEF is shown in Annex D.

Study Tools

Short quantitative questionnaires, KII and FGD discussion guides (DGs) were designed based on the Term of Reference (TOR), results of the desk review, and close consultation with UNICEF project staff. The assessment prioritized the OECD/DAC evaluation criteria of relevance, effectiveness, coherence, and sustainability. The assessment provided evidence-based analysis to answer various strategic questions. UNICEF suggested questions, which were refined and tailored to the country context by Dr. Suwannarong, before being finalized in discussions with UNICEF. The number of questions was kept small to ensure the process was timely and rapid. Descriptions of the assessment OECD/ DAC evaluation criteria are presented below:

Relevance – is the project intervention doing the right thing?

Coherence – how well does the intervention fit?

Effectiveness – is the intervention achieving the project’s objectives?

Sustainability – will the project’s benefits last?

Table 2 below provides an overview of the main criteria plus an overarching and detailed line of inquiry for the RA per the TOR. This RA incorporated human rights, child rights, and gender aspects into questions and analysis, based on the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014).

Table 3: Criteria plus an overarching and detailed line of inquiry for the rapid assessment (RA)

RA overarching questions	Criteria and detailed questions for the rapid assessment (RA)
<p>What did we intend (or plan) to do?</p>	<p>Relevance</p> <p>To what extent has the UNICEF project been appropriate to the targeted beneficiary populations' needs and proved able to adapt to changing contexts and needs?</p> <p>Coherence</p> <p>To what extent were the youth empowerment and engagement of TNY+ consistent with government, UN, and other actors' interventions?</p>
<p>What actually happened?</p>	<p>Effectiveness</p>

RA overarching questions	Criteria and detailed questions for the rapid assessment (RA)
	To what extent and how have the expected results been achieved, and what factors have enabled or hindered this?
What went well, and why?	<p>Effectiveness</p> <p>Are there any areas where UNICEF or TNY+ has contributed particular added value to the project beneficiaries or relevant organizations or nations?</p> <p>Sustainability</p> <p>Did the project include appropriate measures to ensure the sustainability of the processes and results?</p>
What can be improved (and why), and what should we change in the coming period (and in future responses)?	Rapid Assessment Recommendations

Due to the limited RA timeline, the tools were reviewed and approved by UNICEF without pre-test activities. The evaluation matrix and questions are presented in Annex E. Questionnaires for TNY+ youth leaders and TNY+ youth members are shown in Annex F and G, respectively. KII and FGD discussion guides (DGs) are shown in Annex H and I, respectively.

Data Analysis

The quantitative data were reviewed, cleaned, and managed before the analysis using descriptive analysis to obtain frequencies, percentages, mean, and medians. Correlations per gender were expected to determine different perspectives toward the project and its implementations. However, due to the fewer numbers of male participants than planned, correlations per gender were not performed.

The KII and FGD notes were synthesized to obtain the codes and evaluation themes relating to the evaluation objectives. The audio records were then directly summarized into Excel spreadsheets per the set themes. In the cases where respondents did not agree to be audio recorded, interview notes served as the gathered information and were transferred to an Excel spreadsheet. The summarizations were analyzed and triangulated per evaluation objectives and themes to obtain findings, quotes, and recommendations for future project implementation.

Ethical Considerations

Dr. Suwannarong and her team conformed to the guidelines and standards set by the UN and UNICEF. The RA team was guided by [UNICEF's revised Evaluation Policy](#) (2018), the [United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation](#) (2016), [UNEG Code of Conduct for Evaluation in the UN system](#) (2008), [UNEG Ethical Guidelines for Evaluation](#) (2020), [UN SWAP Evaluation Performance Indicator](#) (2018), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014), and [UNICEF-Adapted UNEG Evaluation Report Standards](#) (2017).

Human rights, child rights and gender equity

Human rights, child rights, and gender equality were incorporated in the evaluation through a mainstreaming approach to these issues in the evaluation questions, data collection processes, and analysis. In the evaluation's conclusions, the RA team drew out specific findings and recommendations on human rights, child rights, and gender equity. The conduct of the assessment was guided by the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014).

Confidentiality

Dr. Suwanarong and her team have relevant experience in conducting various local and international quantitative and qualitative studies, for example, projects on HIV/ AIDs, national malaria mixed-method surveys, human-wildlife interface, consumption in Thailand, and human trafficking issues, especially among migrant workers from the neighbouring countries of Thailand. More information on the RA team's previous project experience can be found at <http://www.supa71.com/>.

The RA team understood study protocols and standard operating procedures (SOPs) and upheld the highest ethical research implementation standards. They were trained on the importance of privacy and confidentiality and coached on assuring potential respondents of confidentiality. They also received various research training (including ethics and child safeguard practices) from various universities (including CITI, Chulalongkorn, Mahidol and Thammasart Universities) and institutions/ organizations (including Save the Children, Plan International and World Vision).

The team were bound by confidentiality agreements to respect the confidentiality of respondents fully. The interviews were conducted at a location where the respondent felt comfortable, which was not secluded and could be accessed by a third party to make the respondent feel comfortable. In addition, the youth and relevant stakeholders were individuals aged 20 years old or more;

therefore, no guardian approvals were required. All who agreed to participate signed an informed consent form (ICF).

The information provided by respondents was held in confidence, and their identities protected. Names were deleted upon completion of each interview. KIIs and FGDs were audio recorded to ensure data collection accuracy and reviewing purposes if respondents granted permission. When respondents declined to be audio recorded for the interviews or discussions, field notes were instead used to record data. The RA team ensured that all identifying information was removed from all interviews and discussions transcripts. Even if names were inadvertently mentioned, substitutes were used when transcribed to protect identities. No identifying information was recorded in data files. Data was stored using Excel, Word, and PowerPoint and only accessed by data analysts. Any documents with identifying information will be kept in secure, locked storage until completion of the report has been finalized, at which point the documents will be destroyed. Notes and recordings will be kept in a password-protected location for three years, after which they will be destroyed.

Informed consent procedures

The RA team obtained consent from each respondent before any information was collected. The team informed all respondents of the purpose of the study, the benefits and risks, and the fact that their participation was voluntary. The team informed respondents that they did not anticipate any risk from participating in this study. They also assured respondents that all information would be confidential and that no names or identifying information would be used in any reports resulting from the study. The team asked all respondents to sign or make a mark on the ICF containing this information; researchers then countersigned the consent forms. In case respondents felt uncomfortable reading or writing, the team read the text of ICF out loud for the respondent and his/her witness. In lieu of signing, the respondent could stamp his/her thumb on the ICF and a witness signed their name on the thumb print of the respondent to confirm their participation. Respondents were also offered a copy of the consent form. The written ICF adapted from UNICEF is shown in Annex D.

Risks and Benefits

After completing the data collection activity, KII and FGD respondents were informed that they would not be paid to compensate for foregone labour or travel expenses. However, they would be provided a token of appreciation of no more than 200 THB.

Ethical Clearance and Approval

The methodology and the tools were designed with respect and consideration of human rights. Sensitivity and risks were assessed and informed the development of methodology and tools used. This RA involved respondents aged 20 years and older. This RA focused only on youth empowerment and participation without asking for participants' identification, HIV status or health status. The interviewed stakeholders had experience of working with TNY+ before and had a good understanding of the mandate and work objectives of TNY+. Therefore, this RA was considered an insensitive evaluation project. As a result, UNICEF's ethical clearance and committee review were not required for this assessment.

Protocol deviations and incident report

In the case of any deviation from the study protocol, SOP, or implementation plan, Dr. Suwannarong would promptly submit a written incident report to UNICEF. Dr. Suwannarong would implement the necessary corrective action immediately as required; a protocol violation report would be filed into the assessment report and UNICEF record.

Limitations

The COVID-19 pandemic situation in Thailand limited on-site data collection activity. Therefore, Dr. Suwannarong and her RA team conducted most of the KIIs remotely through phone calls or Zoom meeting platforms, with the support of UNICEF, TNP+ advisors, and TNY+ focal points. It is possible that online interview methods limited some interpersonal communication or observable body language reactions during the interviews. Additionally, phone signal was sometimes an issue among respondents who lived in remote areas. The RA team re-connected with some respondents when they had a better connection signal to obtain clear communication.

Fortunately, the FGDs could be implemented in person at a hotel when COVID-19 restrictions were lifted. During the FGDs, the RA team took necessary steps to ensure the safety of respondents, such as wearing masks, using alcohol spray, and socially distanced discussions with TNY+ youth leaders and advisors.

This RA encountered a low response rate for the quantitative questionnaires. In this regard, the RA team contacted TNY+ youth leaders and advisors ask them to follow up with and encourage potential quantitative questionnaire respondents to complete the questionnaires. Seven TNY+ members responded to the questionnaire on 25 December 2021; therefore, the quantitative report had to be re-analyzed and reported after closing the survey on 18 December 2021. In addition, only a few males participated in the survey, KIIs and FGDs; therefore, the gender difference analysis was not conducted as planned.

Results

The results of the RA are presented according to the OECD/DAC evaluation criteria.

Relevance

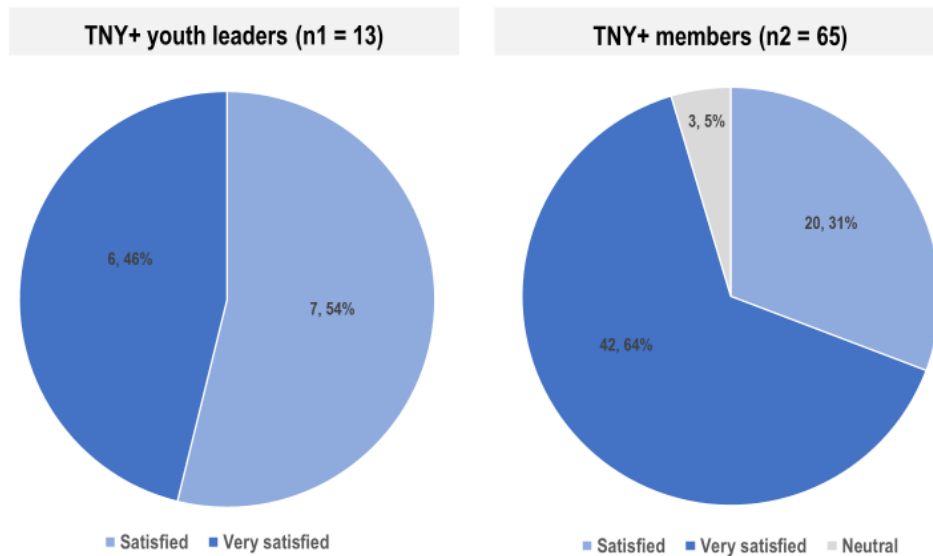
Question	<i>To what extent has the UNICEF project been appropriate to targeted beneficiary populations' needs and proved able to adapt to changing contexts and needs?</i>
Sub-questions	<ul style="list-style-type: none">• <i>Overall, how do you feel about the project/project activities?</i>• <i>Do you think the project was able to be implemented as planned or designed?</i>• <i>Do you think the project was able to adapt to changing contexts and needs appropriately?</i>

Feelings toward the project/project activities

The activities implemented by TNY+ with support from UNICEF were proven to be relevant for stakeholders and target beneficiaries. The focused areas of work and the activities planned were well chosen and designed based on the identification of needs and situations of TNY+ members. In detail, the RA found the following:

Seven youth leaders (53.8%) reported feeling **satisfied** toward the project/project activities, followed closely by six youth leaders who were **very satisfied** (46.2%), while 42 youth members felt **very satisfied** (64.6%), followed by 20 who were **satisfied** (30.8%), and 3 who were **neutral** (4.6%), respectively (Figure 4).

Figure 4: Feelings reported by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) toward the project activities



The quantitative results were in line with the KII and FGD results, which indicated that leaders were mostly satisfied with the project activities because they could share their thoughts and design the project activities as well as estimate budget allocation for the activities with the advisors and their team. **Leaders also reported that they were involved with the project activities because they had a “passion” to work as a volunteer (FGD: TNY+ Leaders).** Notably, two leaders mentioned that **leaders of this project were considered as “heroes” or “idols” by members and were good role models for other adolescents (KI_019 and FGD: TNY+ Leaders).**

Leaders felt that the first five years of the project should be considered as a starting point, from which long-term success could be built (see Sustainability section).

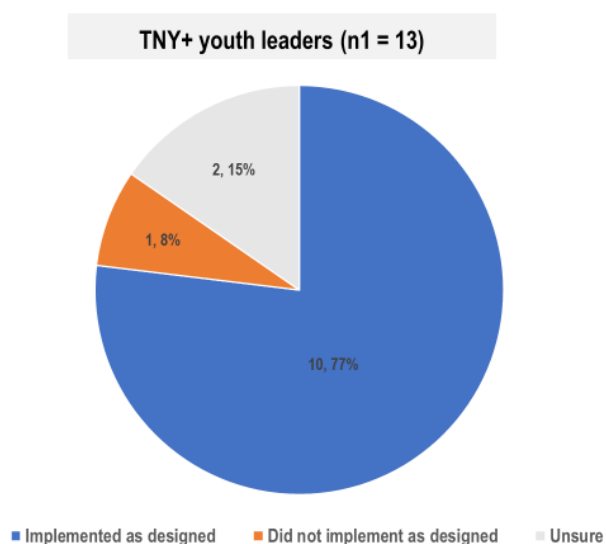
*“I think it's just the beginning of a kid who is just learning to walk... It's just the first 5 years of (long-term) success.”
(FGD: TNY+ Youth Leaders)*

Perceptions about whether the project was implemented as designed

Ten youth leaders (76.9%) perceived that **the project was implemented as designed because the TNY+ network had a systematic working mechanism, and the target beneficiaries (both leaders and members) were able to improve themselves physically and mentally.** In addition, they thought that **the project was able to achieve the indicators, and the activities were implemented as planned at both the local and national levels.** However, two youth leaders (15.4%) were unsure whether the project was implemented as designed, and one (7.7%) thought the project was not implemented as designed. The reasons given included the COVID-19 pandemic delaying the

project activities and the unavailability of the leaders and members to participate in the project activities. Additionally, one leader reported feeling unsure whether the project was able to achieve its indicators/targets (Figure 5). Youth members were not asked about their perceptions because they did not have information about the project design.

Figure 5: TNY+ youth leaders (n1 = 13) responses to whether the project was implemented as designed



The leaders and advisors who participated in the KIIs and FGDs reported that the project was not able to be implemented as designed during 2020–2021 due to the COVID-19 outbreak delaying the project activities, unavailability of the leaders and members to participate in the project activities due to their work roles and responsibilities, and the lack of project planning and management skills. However, according to the desk review results, the TNY+ network still had the ability to reduce self-stigma and empower HIV-positive adolescents and young people to be agents of change; and offer peer-to-peer support, HIV information, referral services, and life-skills training for adolescents and youth.¹⁴

According to project documents, there were several challenges during the Phase II project implementation as some of the project's performance indicator targets were not met. Implementation fell short on issues related to self-stigma and confidence in communicating about HIV with others, disclosing one's HIV+ serostatus, and expanding the project areas and increasing the network membership. Therefore, the project amended its implementation plan to reinforce weak areas and improve the implementation model to reach a wider target beneficiary by conducting home visits, small group meetings, and using social media to reach out to organizations and individuals in need. Activities and funding were also adjusted to meet the needs of the youth leaders in the project areas in order to ensure proper implementation.

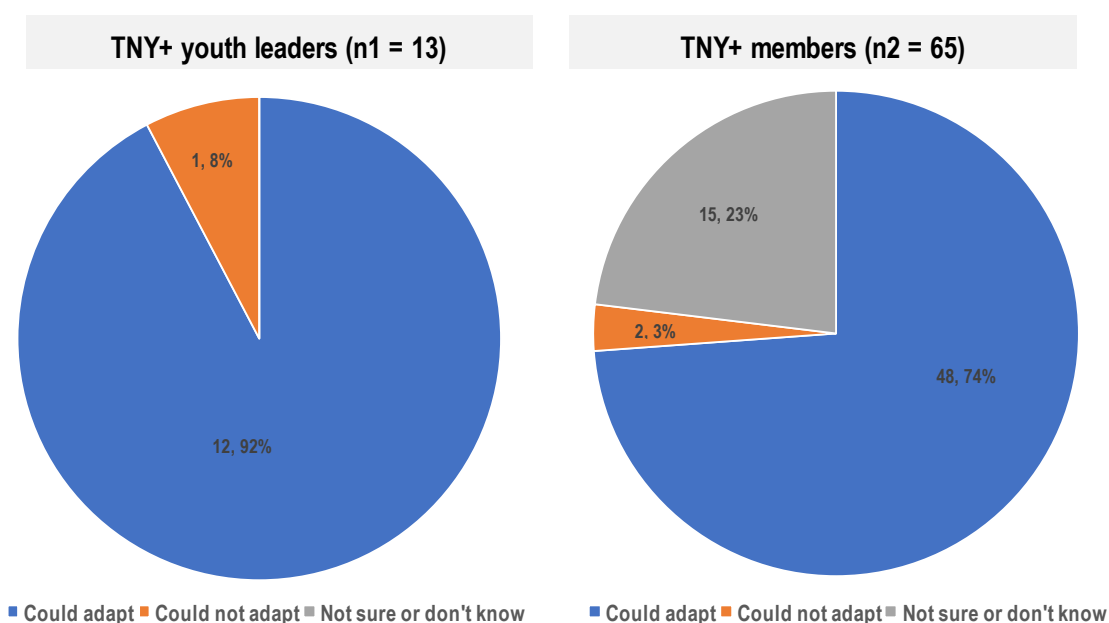
¹⁴ UNAIDS. (2020). 'Empowering young people living with HIV to become agents of change in Thailand'.

Regarding the UNAIDS' 90-90-90 targets,¹⁵ which guide progress on HIV testing and treatment worldwide, Thailand was able to exceed the targets relating to status awareness (94 per cent) and suppressed viral load (97 per cent), but fell short of the target for access to treatment, as only 84 per cent of those aware of their HIV status were accessing treatment by the end of 2020.¹⁶ The project attempted to adopt the 90-90-90 framework and support improvements by implementing relevant activities to persuade adolescents to get tested for HIV, and motivate PLHIVs to seek treatment on a long-term basis, thereby improving their chances of sustaining a suppressed viral load level.

Perceptions of TNY+ youth leaders about whether the project could be adapted to changing contexts and needs appropriately

A total of 12 youth leaders (92.3%) and 48 members (73.8%) perceived that the project could be adapted appropriately to changing contexts and needs. However, one leader (7.7%) and two members (3.1%) disagreed with the perception, while 15 members (23.1%) reported feeling unsure or did not have knowledge on the matter (Figure 6). Likewise, most KII and FGD respondents also perceived that the project could be adapted appropriately to changing contexts and needs.

Figure 6: Perceptions of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) on whether the project was able to adapt to changing contexts and needs appropriately



⁵ The 90-90-90 targets refer to 90% of people living with HIV know their HIV status; 90% of people who know their HIV-positive status are accessing treatment; and 90% of people on treatment have suppressed viral loads (UNAIDS, 2014).

¹⁶ UNAIDS. (2021). Global AIDS Update 2021 – Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS, p. 86.

The desk review revealed that one of the project objectives was to change perspectives on the ability of youth to work and participate in society, helping to highlight how adolescents and youth can be agents of change and positive assets to the community. As interviews and discussions revealed, TNY+ is recognized by both local and national organizations. Youth leaders were able to provide knowledge and information related to HIV/AIDS to members and younger generations, and were able to speak at a public event organized by the United Nations Development Programme (UNDP) and sign a memorandum of understanding (MOU) with the Thai parliament.

Leaders reported that involvement in the project had helped them to improve their leadership abilities and gain confidence in their ability to collaborate with members and solve problems. They could also pass on information and knowledge to younger generations or the members. Moreover, the project motivated the leaders to take on new responsibilities and gain new skills and expertise in areas such as project management, public speaking, proposal writing, health education, and counselling.

Coherence

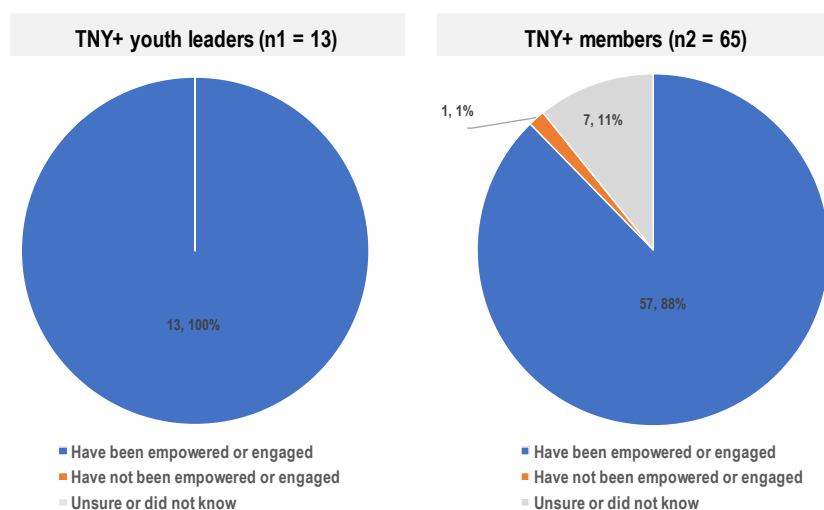
Question	<i>To what extent were the youth empowerment and engagement of TNY+ consistent with government, UN, and other actors' interventions?</i>
Sub-questions	<ul style="list-style-type: none"> • <i>Do you think TNY+ youth members have been empowered or engaged in the project?</i> • <i>From 0 to 10, how would you rate the activities that you are/were involved in?</i> • <i>In your view, to what extent were the youth empowerment and engagement of TNY+ consistent with government, UN, and other actors' interventions?</i>

It was found that the project in different phases adopted youth empowerment as a key implementation strategy. This coheres with the UN strategy on youth agenda, the principle of child rights, and the national movement on youth development and participation according to the National Strategy on ending AIDS, in which community engagement was emphasized. Details of the findings are:

Thoughts about whether TNY+ members have been empowered or engaged in the project

All youth leaders reported that TNY+ members had been empowered or engaged in the project. Fifty-seven members (87.7%) also thought similarly, while seven members (10.8%) were unsure or did not know, and one member (1.5%) did not feel that members had been empowered or engaged in the project (Figure 7).

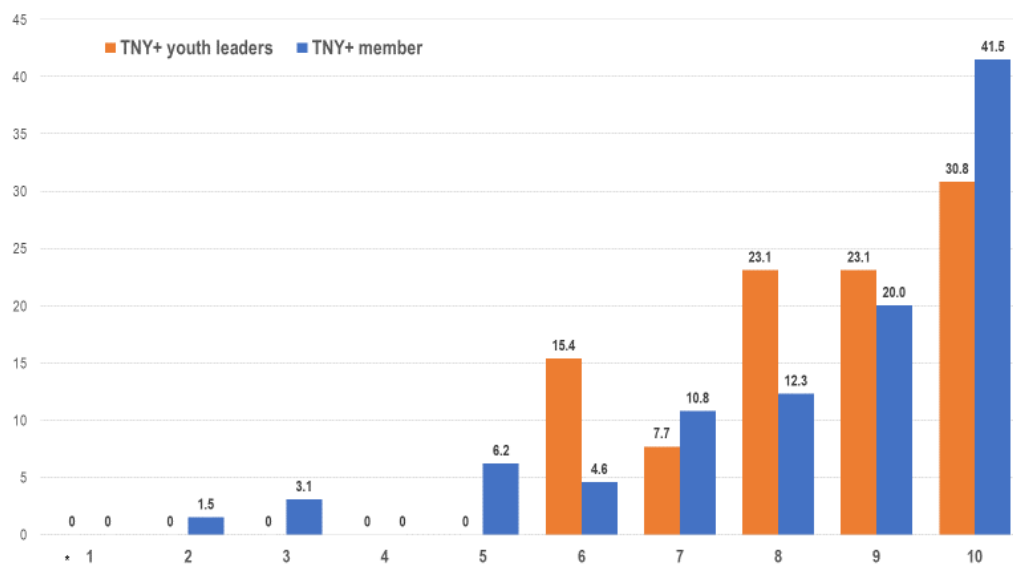
Figure 7: Thoughts of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) about whether TNY+ members have been empowered/engaged in the project



Project activities (rated on a scale from 0 to 10)

Four leaders (30.8%) and 21 members (41.5%) rated their feelings/perceptions towards project activities the maximum score of 10. The scores given among the leaders ranged from 6-10, while those given by the members ranged from 2-10, with 2 leaders (15.4%) giving a score of 6 and 1 member (1.5%) giving a score of 2. Details of the rated scores among leaders and members are presented in Figure 8.

Figure 8: Percentages of the scores given by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) to rate the project activities (from 0 to 10)



Leaders and members were empowered or trained on several topics and activities during the project periods. The topics and activities included:

- Related knowledge on HIV/AIDS;
- Sex education and sexual and reproductive health and rights (SRHR);
- Project and financial management skills, such as how to identify a problem, design a project, monitor and evaluate the project, and develop the project's indicators;
- Quality, Quantity, Route of Transmission (QQR);
- How to be a counsellor or peer support;
- Training on home visit procedures;
- How to follow up/conduct home visits;
- Training from Foundation of AIDS Rights (FAR) for leaders on stigma and discrimination concepts and how to cope with society in real life;
- Being trained as a trainer to provide knowledge on HIV/ AIDS (Output 1 of Phase III); and
- Related information about adolescents' rights and rights to accessing healthcare services.

However, leaders reported that the members were only 60-80% empowered by this project. The lack of empowerment was due to the members having their own personal issues and being unable at times to participate in the project activities.

Leaders **engaged with the TNY+ network, other organizations, and project activities** in various ways, such as:

- Working as a team in the TNY+ network;
- Being focal point persons to coordinate on several issues, including for FAR;
- Participating in several relevant project activities and working with several local and international organizations, including UN organizations; and
- Being a focal point for communication with other organizations under the mentorship of the advisors.

Meanwhile, 300 young people living with HIV gained the skills and competence to advocate for their rights (Output 2 of Phase III). Furthermore, in 2020, TNY+ was officially appointed as a member of the National Sub-Committee on Human Rights Protection and Promotion of People with HIV (Output 2 of Phase III). The network could communicate with others via several communication platforms, as mentioned above (Output 2 of Phase III).

Nevertheless, the advisors and relevant stakeholders did not think that the TNY+ leaders and members engaged much with other organizations, such as provincial and national organizations. They also believed that youth leaders still required assistance from the advisors to guide them during the project implementation. These barriers may have been caused by leaders' reluctance to disclose their HIV status to the public, lack of confidence in communicating in public, and their unavailability to participate in the project activities.

Effectiveness

Question	<i>To what extent have the expected results been achieved, and what have been the factors that have enabled or hindered this?</i>
Sub-questions	<ul style="list-style-type: none"> • <i>In your opinion, what level of the project activities are beneficial to you?</i> • <i>What are/were the key best practices of the project?</i> • <i>What are/were the key challenge of the project implementation?</i> • <i>To what extent and how have the expected results been achieved, and what have been the factors that have enabled or hindered this?</i>

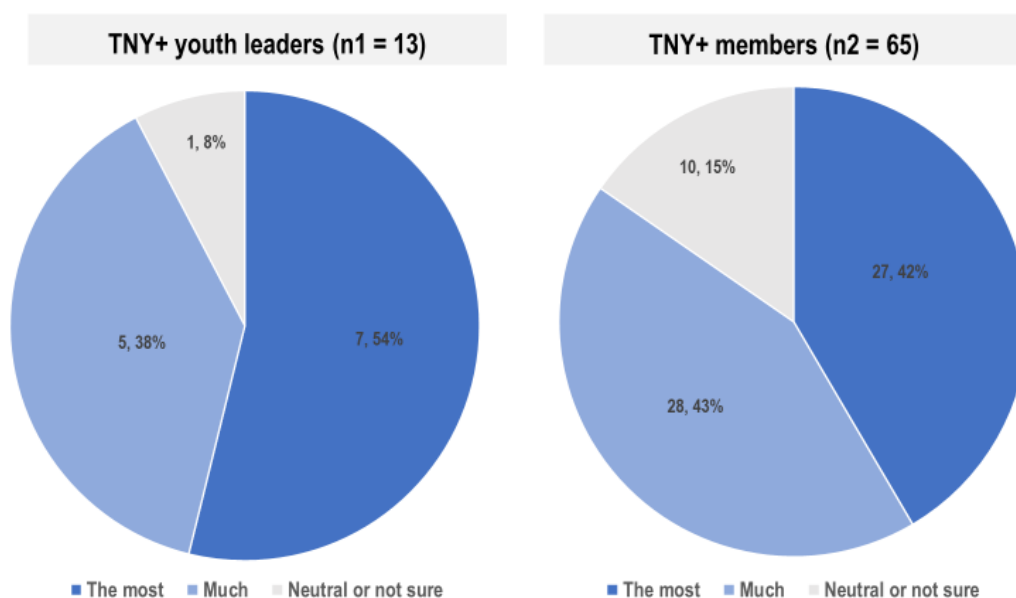
Question	<i>Are there particular areas where UNICEF has contributed particular added value?</i>
Sub-questions	<ul style="list-style-type: none"> • <i>In your opinion, how much can the project reduce social stigma and discrimination?</i> • <i>How much can the project contribute to project beneficiaries or relevant organizations or nation?</i> • <i>Are there any areas where UNICEF or TNY+ has contributed particular added value to the project beneficiaries or relevant organizations or nation?</i>

Benefits from the project to the TNY+ youth leaders and members

The evidence from the assessment showed that the project in all three phases achieved the planned results. The data gathered from the review of the project reports and the opinions of TNY+ members also confirmed this conclusion. The RA found the following:

Seven youth leaders (53.8%) perceived that the project was of **utmost benefit** for youth leaders, followed by 5 who stated it was **very beneficial** (38.5%) and 1 who was **neutral or not sure** (7.7%), respectively. Twenty-eight members perceived that the project was **very** beneficial to them (43.1%), followed by 27 who found the project to be of **utmost benefit** (41.5%) and 10 who were **neutral or not sure** (15.4%), respectively (Figure 9).

Figure 9: TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) reported their perceptions of whether the project benefited them



The KII and FGD respondents reported that the project was able to benefit the target beneficiaries as the structure, goals and missions of TNY+ were established around achieving this. Reportedly, beneficiaries, including TNY+ youth leaders and members, were able to:

- Obtain knowledge and understanding of HIV/AIDS-related information.

“We (youth leaders) and the (TNY+) members obtained more knowledge and understanding about HIV/AIDS and its treatment.”
(TNY+ Leader)

- Promote proper HIV prevention practices among adolescents and youth.
- Reduce morbidity rates due to opportunistic infections (OIs).
- Experience growth in terms of thinking, teamwork, and self-belief.

“I think TNY+ youth leaders grew in terms of thinking, building teamwork, and believing in themselves.”
(TNY+ Advisor)

- Reduce the negative impact/thoughts of living with HIV.
- Improve physical and mental health and ability to contribute to their families and communities positively.
- Gain skills in communication and conceptualized thinking, especially among the leaders.

“I found that they (TNY+ leaders) gained skills, especially in communicating and conceptualizing their thinking.”
(TNY+ Advisor)

- Connect with a broader audience in society.

“The involvement with this project allowed my friends and me to connect with more people in the society.”
(TNY+ Youth Leader)

- Meet with new people to share thoughts, concerns, and opinions regarding how to live well and integrate with society.

Among TNY+ leaders, it was reported that they were able to receive proper treatment from health facilities, serve as counsellors and trainers to members on relevant activities, gain experience in project management skills and proposal preparation to request funding, and obtain lessons learned from their project management.

Project achievements and best practices

The project's achievements and best practices identified in the desk review, quantitative survey, KIIs, and FGDs among the TNY+ leaders, members, advisors, and relevant stakeholders are presented below.

At the end of Phase I and Phase II of the project, 49 youth leaders were empowered and supported with up-to-date HIV and ART-related information, and gained understanding regarding stigma and discrimination against HIV/AIDS, and the rights of people living with HIV. As the target number of youth leaders was 80, these 49 youth leaders were considered as the baseline for Phase III (Output 6.3), although the number of youth leaders kept changing throughout the project period due to availability and other priorities.

The youth leaders used their newly-gained knowledge to support 485 network members. The project surveys conducted at the beginning and the end of the project indicated that the members had increased knowledge and understanding of health care, which contributed to an increase in ART adherence. At the same time, TNY+ members increased their understanding of rights and rights violations, including how to protect their own rights or raise concerns with leading members.

The project recognized that HIV infections continue to be a challenge for young people compounded by societal stigma and discrimination and a lack of adequate support. Furthermore, young people living with HIV lack the confidence and skills to manage self-stigma and societal discrimination and therefore struggle to find employment to support themselves and live a fulfilling life. All these factors impede young people's safe transition to adulthood. To tackle these issues, Phase III of the project aimed to create an opportunity for TNY+ to lead more communication and advocacy initiatives by increasing the capacity of TNY+ youth leaders and general youth members to communicate positively on HIV to the public, and to advocate for changes in areas where rights are violated. This phase's key results come from public engagement with social media content produced or led by TNY+ and the impact of direct advocacy with policymakers.

Achievements of this phase included:

Output 1:

- 1,200 Thai adolescents and young people living with HIV were empowered to be able to scale up and organize their own self-support network.
- 42 key TNY+ members enhanced their skills in claiming their rights, including the right to protection, awareness of right violations, and effective reporting and response mechanisms in case referral and case management.

- A training of trainers (TOT) was conducted among 12 TNY+ youth leaders who were trained to become core trainers for TNY+ members. These leaders reached 350 existing members, providing relevant knowledge and information on HIV/ AIDS.

Output 2:

- 300 young people living with HIV gained the skills and competence to advocate for their rights.
- In 2020, TNY+ was officially appointed as a member of the National Sub-Committee on Human Rights Protection and Promotion of People with HIV. This membership provided a unique opportunity for TNY+ to amplify the voices of youth living with HIV and mobilize support and resources to reduce stigma and discrimination. This membership also promoted strategic opportunities to address existing legislative gaps and influence policy changes.
- Four communication channels were launched in this phase:
 - a. Facebook (@GrowingUpWithHIV)
 - b. LINE application (@YOUTHPLUS)
 - c. A website (www.thaiyouthplus.com) for public advocacy and information
 - d. A 24/7 Hotline (-7110-0978) for the registration of complaints and right violations.

Output 3:

- TNY+ successfully recruited team members to further scale-up public advocacy and communication. Stories and key messages on stigma and discrimination were published on social media platforms.
- TNY+ began to develop its key advocacy campaign to advocate for the rights of people living with HIV in the workplace, as the majority of youth in the network had experienced issues relating to workplace discrimination.

Additionally, the KII and FGD respondents reported project achievements and best practices as detailed below.

TNY+ network setup, goals, direction and advocacy:

The network was able to bring together people living with HIV to work together, establishing a welcoming environment where members feel like a family.

“I feel that being together with the team facilitated the osmosis (transfer) of knowledge and positive attitudes to each other.”
(TNY+ Youth Leader: KI_013)

Leaders also claimed that everyone in the network was able to set goals and move in directions that aligned with the project’s overall goals and directions. They also mentioned that the project was able to support the younger generations.

*“The project was able to support the younger generations.”
(TNY+ Youth Leaders: FGD)*

An advisor also reported that the network had a robust working mechanism and engaged in discussions professionally (*TNY+ advisor: KI_017*), and the project was able to initiate collaboration and working mechanisms between leaders and advisors. Under close mentoring from advisors from various organizations with different expertise and skillsets, leaders and members were able to plan and design the project activities and budget allocation. The network was also able to initiate a peer-to-peer mechanism among the advisors, leaders, members, and clients.

Several TNY+ advisors reported that **initiating the TNY+ network was a key achievement because it helped gather adolescents living with HIV to work together and raise a “collective voice” that carried weight when engaging with relevant organizations** (*TNY+ advisors*) and when the TNY+ youth leaders presented their experiences to the public (*TNY+ advisor: KI_017*).

TNY+ achieved recognition from local and national organizations. It was opened up to the public at an event organized by the United Nations Development Programme (UNDP) to sign a memorandum of understanding (MOU) with the Thai parliament. This event included discussions with the labour commissioner from the House of Representatives to press for action regarding the job application process and workplace discrimination. After the first event, various UN agencies, including UNICEF, UNAIDS, UNDP, and NGOs, also participated in publicly announcing the related activities at the parliament on World AIDS Day. The parliament organized the second meeting with more representatives from several relevant government offices to discuss the issue and possible solutions. As a result, UNAIDS initiated an 8-month project and hired a consultant to mobilize five private offices to be champions for reducing discrimination and to stop requiring HIV tests from job applicants.

Also, the group in Lampang province registered as one of the provincial council members to work on adolescent issues, including consumer protection and medications for HIV-infected people.

Benefits for joining or participating in the TNY+ network and project activities:

Leaders and members were able to meet new people to exchange opinions and experiences with each other in a fun and facilitative environment for teamwork and relationship building.

Leaders strengthened their leadership skills and built their confidence to work with members and work on issues they faced, transferring relevant knowledge and information to younger members. In addition, the project facilitated leaders to engage in new tasks and increase their skills and knowledge, such as project management, public speaking, proposal preparation, health education, and counselling.

Several leaders reported that the project taught and provided extensive experiences, including the World AIDS Day event at an art museum in Bangkok in 2019, which was organized by leaders in close collaboration with relevant organizations. This event announced the TNY+ network to the public.

This project helped members understand the importance of protecting against HIV infection and passing on the knowledge to others, including how to access appropriate healthcare services. This sharing of knowledge helped to reduce the gap in services at health facilities.

Reduce stigma and discrimination:

The project and TNY+ leaders provided knowledge and assisted approaches for navigating through society and entering the workplace. By promoting positive relationships with others, the project provided a safe space with no discrimination. This was one of the achievements set out in the project plan: to change the mindset from “adolescents and youths are problems” to be “adolescents and youths face problems,” shifting the focus on what can be done to improve the lives of adolescents and youth with HIV.

Factors influencing the project’s achievements

TNY+ leaders, members, advisors, and stakeholders reported that the following factors influenced the project’s achievements:

- Project initiation based on understanding the issues faced by youth living with HIV.
- The project design, which allowed leaders and members to suggest ideas for planning, creating, and implementing the project activities.
- The project’s visions, goals, actions and ideas were aligned with the goals and objectives of the network’s advisors and leaders.
- Key advisors had excellent connections with several local and international governmental offices and NGOs, and their extensive experience in setting up TNP+ was integral to advising TNY+.
- The adult (TNP+) and youth (TNY+) networks, including advisors from various organizations, built long-term friendships which facilitated the smooth operation of project activities.
- TNY+ work and activities were aligned with the work of the organizations/groups to which the leaders belonged. Therefore, leaders could receive support and suggestions from their organizations/groups to implement TNY+ activities.
- The 10 leaders had a strong will to devote themselves to the network.
- The enthusiasm of trainers contributed to the effectiveness of the training for the leaders and members.
- Family support and understanding allowed the leaders and members to get involved in the project activities.
- Funding and support from UNICEF.

*“UNICEF is considered as a flexible organization. It provided funding support but also understood the youth very much.”
(TNY+ Youth Leader: KI_019)*

- Aside from funding support from UNICEF, the youth obtained financial support from their groups and other organizations, including TREAT Asia, the National Health Security Office (NHSO), Sub-district Administration Organizations (SAOs), local administrative organizations or Provincial Social Development and Human Security offices, regional Offices of Disease Prevention and Control (ODPCs), provincial health offices (PHOs), provincial and local hospitals/health facilities, and the AHF Foundation.

Key challenges of project implementation

The TNY+ leaders and members were asked to identify any **issues and challenges with project implementation**. The issues/challenges listed include:

- **Home visits:** People living with HIV did not want their HIV status exposed, resulting in challenges with maintaining anonymity during home visits. To address this issue, visits or meetings were conducted at hospital. In addition, some parents still had not informed their children about their HIV status, which cause restrictions for some home visits.
- **Group meetings:** The meetings were challenging to implement due to differences in job duties, responsibilities, lifestyles, and individual mindsets. As a result, it was hard to invite participants to join the meetings.
- **Youth camps:** A camp involving an overnight stay was difficult to organize because participants would have to travel away from their homes for several days.
- **Family camps and partner camps:** Leaders encountered issues with the arrangements and requests for approval to organize the activities. Some families did not have sufficient trust levels to participate in the family camps. Partners camps were similarly affected, as some members had not revealed their HIV status to their partner, which made the organization of activities challenging.
- **Phone visits:** The lack of face-to-face contact and body language sometimes made it difficult to ascertain how members were feeling during the phone calls.

- **Changes in the project’s direction towards advocacy with relevant government offices in Phase III** caused a TNY+ president to resign from the network. Some members felt left out from the project planning and activities because the focuses of Phase II and Phase III were quite different and seemed to move rapidly.

“I felt left out from the project in Phase III since its scope was on advocacy and policy, to which we (leaders and members) could not contribute much.”
(TNY+ Youth Leader: KI_013)

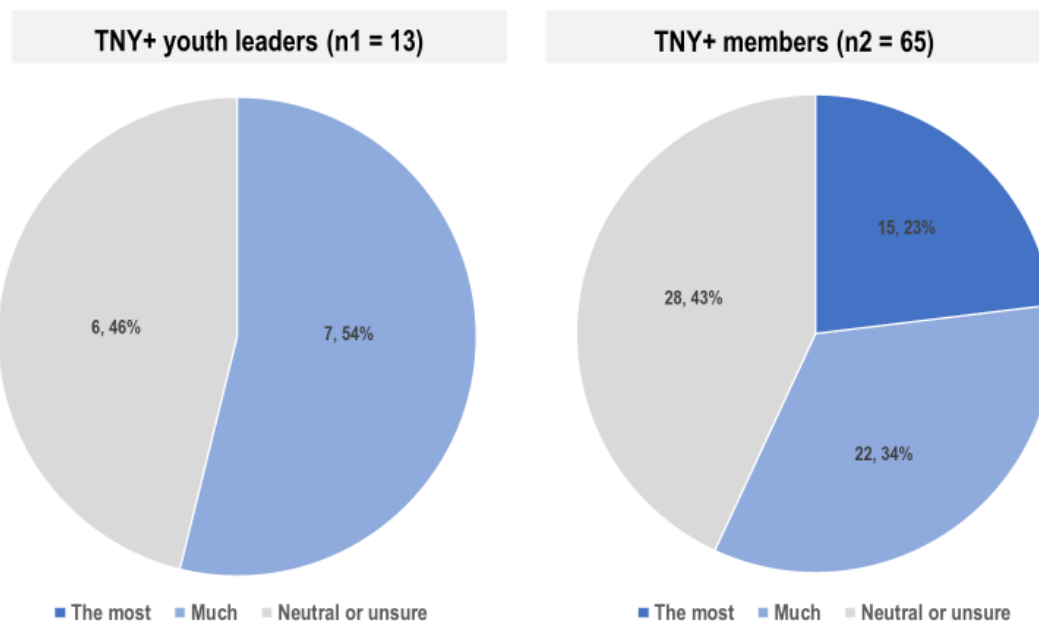
- **Lack of understanding and skills in project implementation and financial management:** To resolve these issues, advisors provided more training and coaching sessions for leaders, including on counselling skills and financial management concepts and practices.
- **Lack of availability/personnel to contribute to project activities:** Due to various personal responsibilities and life transitions, leaders lacked time and availability to work on the project activities, especially during Phase III.
- **Travel restrictions and access difficulties:** Leaders had difficulties travelling to visit members due to the areas being difficult to access and had to spend extra budget if they had to use other types of vehicles instead of public transportation.
- **Numbers of personnel in TNY+:** TNY+ only had 10 leaders to run the network's activities. Even though attempts were made to engage others to get involved with the running of the project or network’s activities, the core team did not expand.
- **Training curriculum:** The first training curriculum on stigma and discrimination was perceived to be difficult to understand. However, it was later modified by the training team.
- **Budget constraints:** There were reports of budget constraints in some activities.
- **Difficulty in increasing membership numbers:** Leaders struggled to find new members because many potential new members did not want to expose their HIV status to others.
- **No monitoring and evaluation (M&E) activities:** There were no official M&E processes for the project.
- **Project indicators:** In each phase, the project was unable to achieve some of the target indicators. This might be because of inappropriate target estimation during the design phase. This resulted in tension during project implementation.
- **Advisors’ feelings toward TNY+ and its members:** The leaders felt that the advisors perceived them as young, partly as a result of result of a generational divide and different background experiences.

- **Some TNY+ leaders perceived their roles and responsibilities to be reduced when they started Phase III:** This was because the project missed the transition phase and jumped to policy and advocacy, in which the role of TNY+ was not clear.
- **Working as a team and collaborating with others and relevant organizations:**
 - Some leaders encountered issues related to the open-mindedness of some people with whom the leaders or members had to engage.
 - A member reported challenges with teamwork.
 - As the ages of the team members were nearly equal, they did not treat each other in a professional manner, resulting in a lack of serious work commitment. This sometime led to incomplete assignments and activities.
 - Some leaders had misperceptions regarding the advisors, perhaps due to the age gap or different life/work experiences. This caused some misunderstandings between the advisors and leaders at times. However, this was resolved by both sides by listening more to each other. As a result, the project was able to run smoothly in the end.
- **Self-stigma and social discrimination:** The TNY+ network found it difficult to communicate about HIV with the general public due to the sensitive nature of the topic, and the leaders and members' reluctance to expose their HIV status.
- **Personal issues:** Several personal issues were reported by the leaders and members during the project periods, such as mental health issues and a lack of confidence when liaising with the public.
- **COVID-19 situation:** The pandemic delayed some of the activities.

The project's ability to reduce social stigma and discrimination

Seven leaders (53.8%) reported that the project was **very** effective in reducing social stigma and discrimination, while six (46.2%) were **neutral or unsure** about the matter. Among the members, 28 (43.1%) felt **neutral or unsure** whether the project was able to reduce social stigma and discrimination, while 22 (33.8%) felt that it was **very** effective, and 15 (23.1%) felt it was **utmost** effective in doing so (Figure 10).

Figure 10: Thoughts of TNY+ youth leaders (n1 = 13) and youth members (n2 = 65) about the project's ability to reduce social stigma and discrimination



The KII and FGD respondents confirmed that **the project assisted leaders and members in understanding themselves and others and in coping with society in real life. Participation helped to reduce self-stigma and cope with discrimination in society.** Notably, one leader for the project initiated a “stigma index” with other organizations.

As mentioned above, there were several challenges during the project implementation at the Quarter 4 of Phase II, in that some of the project's performance indicator targets were not met, particularly the one related to self-stigma and confidence in communicating about HIV with others, especially if that communication involved disclosing one's HIV+ serostatus. Therefore, the the implementation plan was amended to promote confidence in communication skills to the members, especially the leaders.

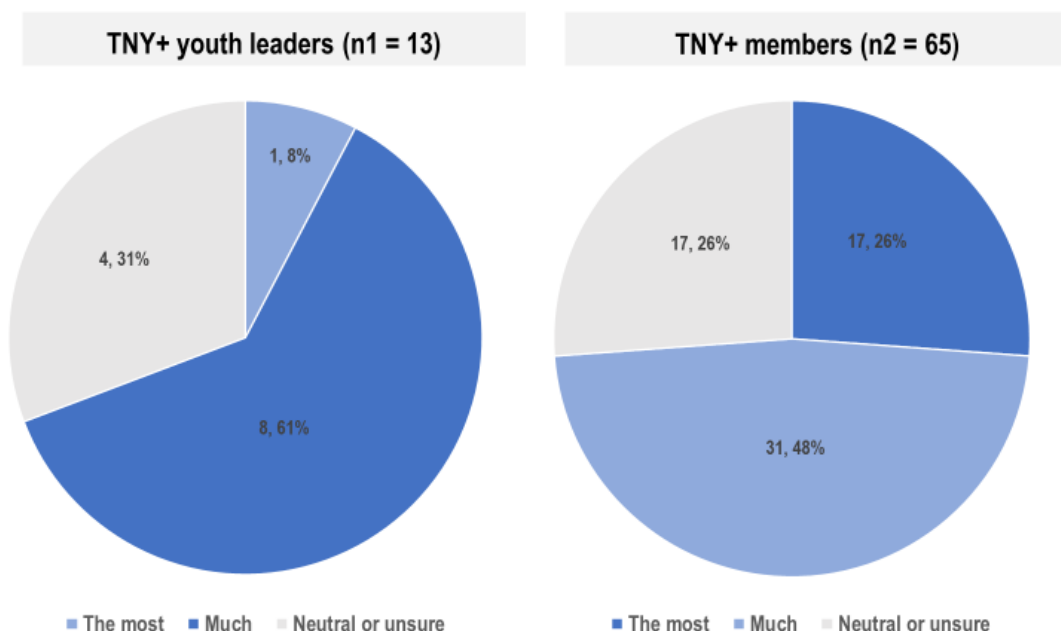
The project’s ability to contribute to the project beneficiaries, relevant organizations, or nation

Figure 11 shows that eight leaders (61.5%) reported that the project was able to contribute **much** to the project beneficiaries, relevant organizations, or nation, while four (30.8%) were **neutral or unsure**, and one (7.7%) thought it contributed to the **utmost** degree. Among the members, 31 (30.5%) described the degree of contribution as ‘**much**,’ while 17 (26.2%) said ‘**utmost**’ and another 17 (26.2%) said ‘**neutral or unsure**.’

One KI observed that the project or the leaders contributed around 50–60% to the project beneficiaries, relevant organizations, or nation in terms of structural management, since the leaders had to be coached or guided by the advisors; but in terms of the project activities, the contribution was gauged to be around 70–80% (KI_015). Leaders also reported that the project was able to reduce the number of new transmission cases (FGD: TNY+ Leaders).

Several advisors and relevant agencies had hoped that leaders or members would be able to represent TNY+ at the local and national levels, to promote recognition and support for TNY+. However, leaders felt unable to reveal their HIV status to the public.

Figure 11: Project’s ability to contribute to project beneficiaries, relevant organizations, or nation as reported by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)



A review of project documentation¹⁷ and discussion with TNY+ leaders and advisors found that TNY+ was officially appointed as a member of the National Sub-Committee on Human Rights Protection and Promotion of People with HIV in 2020. This membership provided a unique opportunity for TNY+ to amplify the voices of youth living with HIV and mobilize support and resources for reducing stigma and discrimination. This Sub-Committee falls under the National AIDS Committee (NAC), a national body consisting of key concerned government agencies chaired by the Prime Minister, the MOPH, the Permanent Secretary of MOPH, and the Director General of the Department of Disease Control (DDC). The NAC determines national strategy and policy and supervises the implementation of national measures to prevent, protect and fight against HIV by public and private agencies in Thailand. Having a member of TNY+ in the National Sub-Committee on Human Rights Protection and Promotion provided TNY+ with strategic opportunities to address existing legislative gaps and influence policy changes. During the reporting period, the TNY+ representative regularly participated in meetings and addressed issues and concerns faced by children and youth living with HIV, and advocated for policy change, especially in terms of involuntary HIV testing for employment which is aligned with the National Strategy. Advocacy focused on educating the public on HIV and reducing stigma and discrimination against people living with HIV. As a member of this Sub-Committee, TNY+ also participated in developing the

¹⁷ A Phase III proposal on Empowering Young People Living with HIV to Advocate for Reduction of Stigma and Discrimination against HIV.

national 5-year ‘Zero Discrimination Costed Operation Plan’, representing the perspectives and addressing the needs and concerns of young people living with or at risk of HIV.

TNY+ also received assistance from UNICEF in the areas of communication and advocacy. TNY+ members attended an advocacy workshop hosted by UNICEF to help them formulate their advocacy strategy. The advocacy workshop equipped TNY+ attendees to understand the process for effecting societal changes through advocacy. The event also raised awareness of the ‘ecosystem’ of the target audience, beneficiaries, supporters, and barriers. Significantly, TNY+ and its network campaigns and communication materials exemplified a youth-led initiative and participation in advocating for/with young people living with HIV.¹⁸

Partnerships with local and central government agencies, including the DDC, MoPH, private sector and media partners, were established to better leverage support for policy development and public advocacy. TNY+ also convened an advisory committee of eight professionals on HIV, communication, and advocacy to provide strategic advice on advancing the advocacy effort. TNY+ held five meetings with this advisory committee to exchange updates and address the project's difficulties collaboratively, resulting in the development of a strategic plan as well as significant events such as International World AIDS Day.¹⁹

Sustainability

Question	<i>Did the project include appropriate measures to ensure the sustainability of the processes and results?</i>
Sub-questions	<ul style="list-style-type: none"> • <i>Do you think the activities from the project can be sustained in the future?</i> • <i>Have you applied information from the project activities to your life?</i> • <i>What information from the project did you apply in real life?</i> • <i>Did the project include appropriate measures to ensure the sustainability of the processes and results?</i>

¹⁸ A Phase III proposal on Empowering Young People Living with HIV to Advocate for Reduction of Stigma and Discrimination against HIV.

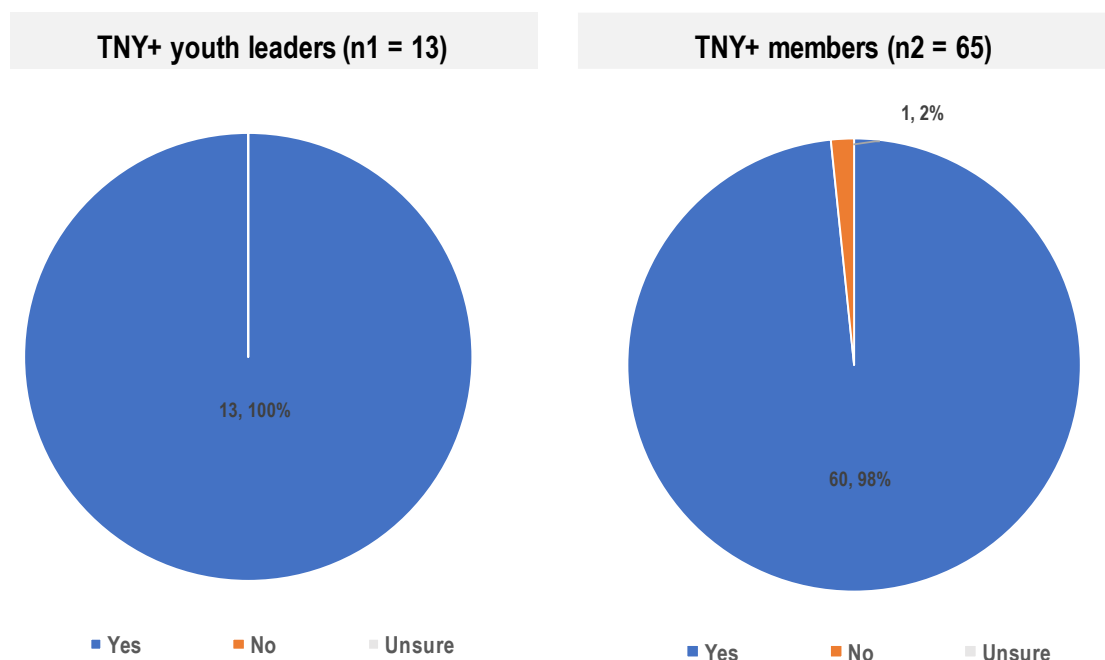
¹⁹ A Phase III proposal on Empowering Young People Living with HIV to Advocate for Reduction of Stigma and Discrimination against HIV.

Sustainability was evaluated from both an individual and a project perspective. Regarding the sustainability of beneficiaries' skills, knowledge, and/or behaviour changes, there was evidence to suggest that beneficiaries would be able to implement the information and skills obtained from the project in their daily life, resulting in long-term benefits. Considering the project's sustainability, it appears feasible that it can be continued without UNICEF assistance. However, it is unclear at which level the network's work will be performed. There were no clear plans or resources in place to ensure the work's continuation.

Beneficiaries’ ability to use/apply information from the project in real life

All leaders (100%) and 60 members (92.3%) reported in the survey that information from the project could be applied in real life. Nonetheless, four members were unsure (6.2%), and one (1.5%) reportedly did not use the information (Figure 12). The results of the KIIs and FGD with the leaders and members also showed that they had applied the information/knowledge in real life, especially regarding how to protect themselves.

Figure 12: Real-life application of project information by TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)



Future sustainability of the project and project activities

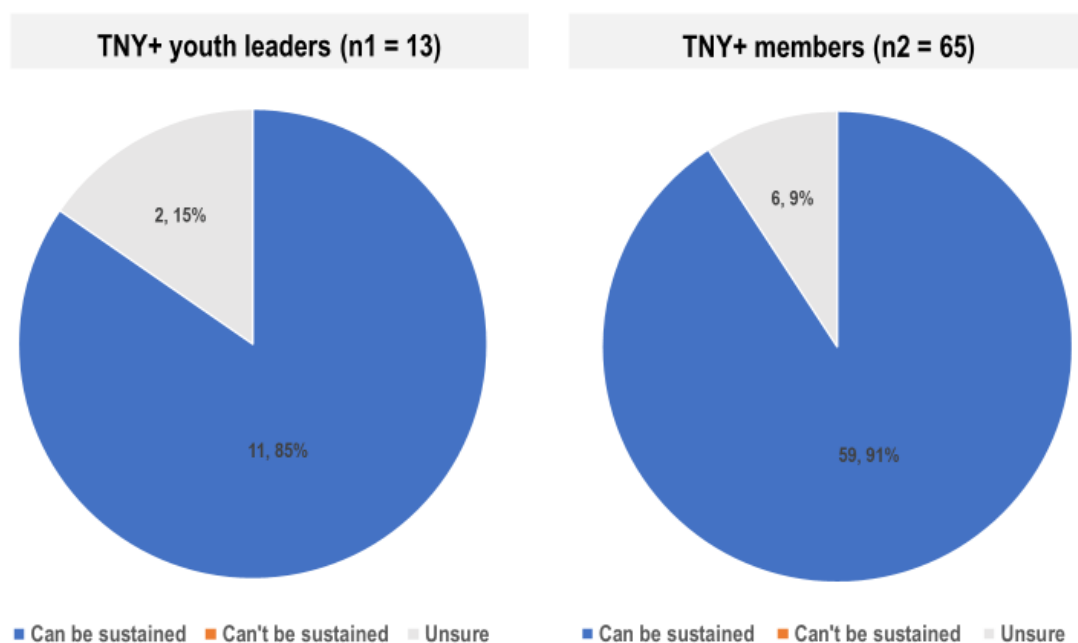
Figure 13 shows that 11 leaders (84.6%) and 59 members (90.8%) perceived that project activities could be sustained in the future. The following reasons were given:

- Several people were involved in the project planning and implementation.
- The youth had strong bonds with each other, especially leaders who had been working as part of the network for several years.

- The project activities were excellent and appropriate to the needs of the target beneficiaries, who could use/apply the knowledge gained in real-life situations.
- Some target beneficiaries still needed help in areas covered by the project, especially on relevant knowledge about HIV diagnosis, treatment, laboratory interpretation, and medication.
- The leaders and members understood the project well enough to drive the project activities further.

However, two leaders (15.4%) and six members (9.2%) were unsure whether the project activities could be sustained in the future (Figure 13), at least partially because individual leaders and members lacked the time and availability due to their current jobs.

Figure 13: Potential sustainability of project activities, according to TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)



One KI shared that UNICEF should continue to support the project but shift to different activities and formats to be more innovative and to involve more public and private partnerships in order to promote the project's sustainability (KI_015).

There were several suggestions from KIIs and FGDs conducted with TNY+ leaders and advisors that TNY+ should be registered as a legal entity (i.e., foundation), alongside a concrete plan and full-time personnel to manage the network. It was suggested that the number of personnel to run the project in the future should increase by 20–25%, especially considering that current leaders are preoccupied with other responsibilities.

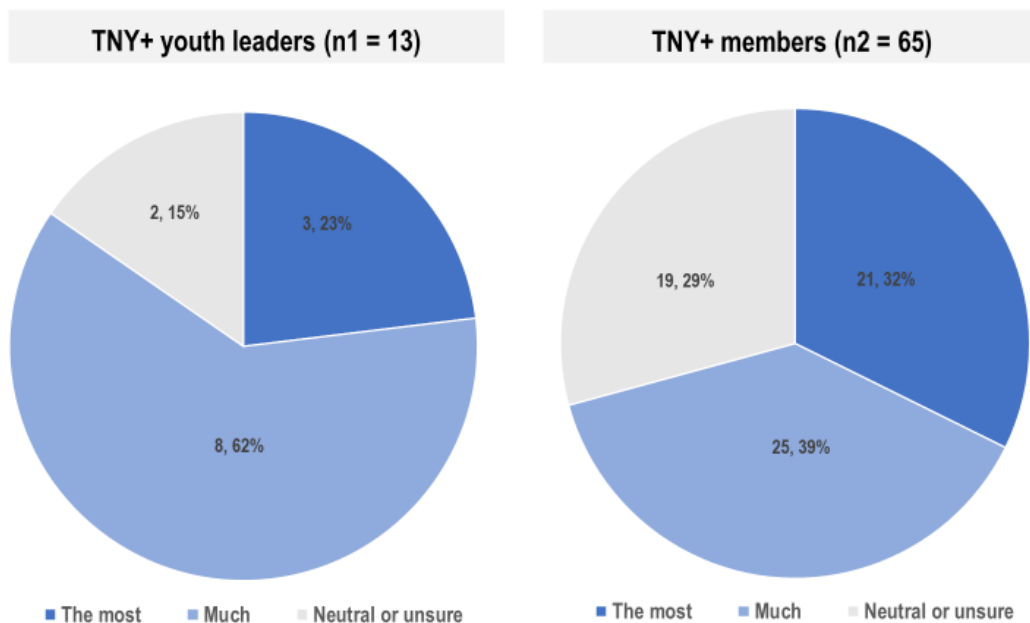
TNY+ should be mainstreamed with the adult TNP+ network, as their areas of work are interlinked, and the former could learn from the latter's experiences. This is because TNP+ has a strong partnership with the NHSO, as evidenced by their collaboration in 2016 on the project "Involvement of people living with HIV/AIDS in the provision of care and treatment: Comprehensive Continuum Care Centre". Building on this, TNP+ could advocate with the Ministry of Health (MOPH) for adolescent-friendly services to support the transition of adolescents from pediatric care to adult clinics. This effort to make the continuum of care more comprehensive and recognize the needs of teenagers, could result in long-term benefits for adolescents across the country. In addition, TNP+ has networks in all of Thailand's regions through which it can mobilize resources or share information. It works directly and closely with important government agencies and NGOs in Thailand and internationally to keep them up-to-date on the latest information, trends, tools, and practices. TNP+ not only brings key networks together, but the experts from those networks may be able to provide technical support and coaching directly to TNY+ on project implementation, as well as on monitoring TNY+ activities.

Gender-related issues

Sub-questions	<ul style="list-style-type: none"> • <i>During the project planning and implementation, in your opinion, what level of leverage did females have?</i> • <i>Do you think the project design or implementation have been leveraged to promote gender equality?</i>
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When asked about the extent to which the project design or implementation was leveraged to promote gender equality, eight leaders (61.5%) reported that it was leveraged to a **high** degree, followed by three who felt it was leveraged to the **utmost** degree (23.1%), and two (15.4%) who were **neutral or unsure**, respectively. Similarly, 25 members (38.5%) indicated a **high** degree, followed by 21 (32.3%) who felt **utmost**, and 19 (29.2%) who were **neutral or unsure**, respectively (Figure 14).

Figure 14: The extent to which project design or implementation have been leveraged to promote gender equality, according to TNY+ youth leaders (n1 = 13) and youth members (n2 = 65)



Leaders noted that the ratio of female to male members in the network was about 70:30. KII and FGD respondents mentioned that there were fewer male than female TNY+ leaders and members, but that roles and responsibilities were assigned mainly based on individual availability, not gender. TNY+ previously had a male president, while another group (Rod Ma Lampang) had a male deputy president. For the project design and implementation, there was an emphasis on issues faced by men who have sex with men (MSM), especially by the Little Bird group. Therefore, MSM issues were included in the Phase II project themes.

As per the desk review, the project also aimed to promote gender equity by involving males and females in the project throughout all the capacity-building activities, with no limitations experienced as a result of gender identity. TNY+ advisors and trainers also provided information and promoted gender equality, gender balance, and positive attitudes toward sexual diversity. This was also one of the major determinants of adolescent empowerment. The project promoted a need-based approach to recognizing each adolescent's unique needs, considering sexual diversity among adolescents and youths living with HIV. TNY+ members, especially youth leaders, were equipped to address gender-based violence and its impact in HIV prevention, treatment, and quality of life, as well as building the leadership skills of girls and LGBT people living with HIV to effectively voice their concerns.

Conclusions

Based on the findings, the key RA conclusions are presented according to the OECD/DAC evaluation criteria as follows:

Relevance

The project had appropriate objectives and was implemented as per the target beneficiaries' needs. Leaders felt satisfied because they could share their thoughts, helped design the project activities, and participated in budget allocation with the advisors and their team. The focused areas of work and the planned activities were well chosen and designed based on the identified needs of TNY+ members.

Most youth leaders perceived that the project was implemented as designed because the TNY+ network had a systematic working mechanism, and the target beneficiaries (both leaders and members) were able to improve themselves physically and mentally. In addition, they perceived that the project was able to achieve the indicators, and the activities were implemented as planned at both the local and national levels. However, some obstacles were identified, including the COVID-19 pandemic delaying the project activities, the youth leaders and members' unavailability to participate in the project activities, and the TNY+ key management team's lack of project planning and management skills to ensure impact, including risk mitigation.

Also, most youth leaders and members perceived that the project could be adapted appropriately to changing contexts and needs.

Coherence

Leaders and members were empowered by and engaged with the government, UN, and other actors' interventions. TNY+ was officially appointed as a member of the National Sub-Committee on Human Rights Protection and Promotion of People with HIV in 2020. This membership provided a unique opportunity for the network to amplify the voice of youth living with HIV and mobilize support and resources to reduce stigma and discrimination. It also enabled strategic opportunities to address existing legislative gaps and influence policy changes.

All youth leaders reported that TNY+ members had been empowered or engaged in the project. Leaders and members received training during the project on the following topics: related knowledge on HIV/AIDS; sex education and sexual and reproductive health and rights (SRHR); project management skills; stigma and discrimination concepts, including how to apply this knowledge to cope with real-life situations; and how to train and reach out to others to provide knowledge on HIV/ AIDS. Leaders engaged with the TNY+ network in various ways, including working as a team in the network, participating in relevant project activities, and being a focal point for communication with other organizations.

Effectiveness

The main factors influencing the project's achievements included its systematic and participatory design, alignment of the TNY+ leaders and members' goals and objectives; the

network's experienced advisors; and the grants obtained from UNICEF and other organizations, including TREAT Asia, NHSO, SAOs, ODPCs, PHOs, local administrative organizations or Provincial Social Development and Human Security offices, provincial and local hospitals/health facilities, and the AHF Foundation. In addition, having the TNY+ network provided a unique opportunity to amplify the voices of youth living with HIV and mobilize support and resources to reduce stigma and discrimination against HIV at the national level.

The majority of youth leaders perceived that the project was of utmost benefit for youth leaders, while most members perceived that the project was very beneficial to them. Beneficiaries, including TNY+ youth leaders and members, were able to obtain knowledge and understanding of HIV/AIDS-related information; to have good physical and mental health; to positively contribute to their families and communities; to gain communication and conceptualized thinking skills; to promote proper practices for HIV prevention among adolescents and youth; and to reduce the negative impact of living with HIV. In particular, youth leaders gained experience in project management and proposal preparation as well as counselling and training on relevant HIV/AIDS topics, and were able to obtain lessons learned from their project management to improve themselves further.

More than half of TNY+ youth leaders reported that the project was very effective in reducing social stigma and discrimination, while nearly half of the members were neutral or unsure whether the project was able to reduce social stigma and discrimination. The youth leaders also confirmed that the project assisted them to understand themselves and others better and cope with society in real life. Reportedly, they were able to reduce self-stigma and help other members cope with discrimination.

Key challenges affecting project implementation included the fact that only about 10 leaders were part of the core team running project/network activities; reluctance to disclose one's HIV status; and lack of time/availability and travelling difficulties. For instance, some parents had not informed their children about their HIV status, causing restrictions for home visits. Recruitment of new members was also difficult as new cases did not want to disclose their HIV infection to others. Furthermore, some TNY+ leaders and members themselves were also afraid of exposing their HIV status, which created obstacles for public communication and advocacy. Furthermore, youth leaders found participation difficult, especially during Phase III, due to personal responsibilities, while visits to members in certain areas were not possible with public transportation and thus required extra budget to secure vehicles. Notably, there were also reports of budget constraints in some activities.

Other challenges included restrictions caused by the COVID-19 pandemic, which resulted in sudden changes in the project's direction and difficulties evaluating members' feelings through phone visits.

Lastly, further challenges included inappropriate estimation of targets during the project design; close-mindedness of certain people with whom the network had to engage; the lack of

annual M&E activities by TNY+ and its advisors; and youth leaders' lack of skills, professional experience and confidence, as well as their initial misperceptions towards the TNY+ advisors.

The majority of youth leaders and members reported that the project was able to contribute to the project beneficiaries, relevant organizations, or nations to a high or utmost degree.

Sustainability

Even though the funding from UNICEF has ended, the network is still maintained through strong bonds and connections. Some youth groups that are part of the network could obtain funding from other agencies or their own organizations and coordinate with other groups to implement similar activities.

All leaders and most members reported that they were able to apply information acquired through the project in real life. Only one member said they did not apply the information, and four were unsure.

Most leaders and members perceived that the project activities could be sustained in the future because the network had included several people in the project planning and implementation; the youth had strong bonds with each other; the project activities were appropriate to the needs of the target beneficiaries; and the information could be applied in real life. Although some target beneficiaries still needed help, especially with information related to HIV diagnosis, treatment, laboratory interpretation, and medication, leaders and members understood the project well enough to drive the activities further. Additionally, TNY+ leaders from several youth groups reported that they could obtain additional funding supports from various sources, as aforementioned.

Gender-related issues

More than half of leaders and members perceived that the project design or implementation was leveraged to promote gender equality. As per the desk review, the project also aimed to promote gender equity by involving males and females in the project with no limitations based on gender identity throughout all stages of the learning processes and capacity-building activities. TNY+ members, especially youth leaders, were equipped to address gender-based violence and its impact in HIV prevention, treatment, and quality of life, as well as build leadership and involvement of girls and LGBT people living with HIV to effectively voice their concerns.

Recommendations

In line with the objectives of the RA, this section outlines a set of key recommendations based on the findings from the aforementioned data collection methods. The recommendations are grouped thematically as follows:

Recommendation 1: Increase TNY+ network sustainability

The project should be continued, and funding support from various sources should be considered to enable some activities, such as policy and advocacy, to move forward. Without budget support and a continued work plan, it may not be possible to sustain the activities of TNY+.

Activities related to TNY+ should continue to be supported by UNICEF but with different innovative formats and platforms, perhaps involving more public and private partnerships. For example, private sector actors might be able to mobilize TNY+ activities and raise funding. As well as financial support, the private sector may be able to provide coaching on marketing advocacy to promote TNY+'s sustainability. Additionally, UNICEF has extensive experience engaging with public-private partnerships, primarily regarding fundraising activities that may be able to promote the continuation of the TNY+ network.

TNY+ should be registered as a legal entity (i.e., foundation), with a concrete plan and full-time personnel to manage the network. The number of personnel to run any future activities should be increased by 20–25%, especially considering that the current leaders are preoccupied with other responsibilities. TNY+ should be mainstreamed with the adult (TNP+) network because TNP+ has extensive experience working on the issues and could advocate with relevant government offices.

Recommendation 2: Expand target beneficiaries and involve more relevant organizations

The project design should consider each location's characteristics and cultural context. Future activities should have concrete objectives and plans and should expand to cover more types of beneficiaries, including non-HIV-infected adolescents and ethnic minorities, including migrants. The network should also invite more organizations and professions to be part of relevant activities. **Personnel or organizations working in the areas of law, psychology, and public health should also be engaged to help the network in case of any violation to the network and its members.** Psychologists, in particular, could provide mental health support for youth leaders.

Recommendation 3: Build capacity of TNY+ youth leaders and members

Possible future project activities should provide knowledge and understanding related to information on HIV/AIDS, sex education, and safe sex practices to the beneficiaries.

Recommendation 4: Improve project planning, implementations, and activities

The ToC was not applied during the initial and implementation stages of the project. However, the lesson learned from the project's implementation results revealed that **the ToC should be applied**

throughout the project to assist in identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal.

Future projects should consider the readiness of TNY+ leaders and members when moving from one project area to another. Notably, the focuses of Phase II and Phase III of the project were quite different, and the leaders perceived the transition to be too rapid. Any future projects should thoroughly prepare leaders for any upcoming changes to avoid them feeling excluded from project planning and activities.

Budget allocation should be added to activities related to combatting stigma and discrimination.

Recommendation 5: Initiate appropriate monitoring and evaluation, and coaching processes

The project should establish a proper M&E process to assist in self-evaluating and resolving the gaps in project planning and implementation. The project outcome indicators should be designed to be measurable and based on realistic situations, with support from an M&E specialist.

The TNY+ leader team should also be more receptive (*KI_019*). This may help increase the likelihood of achieving the goal and objectives of any future project implementation.

“I think we (the leaders) should listen more and not judge... Maybe we didn't listen to each other enough. If we continue to work together in the future, listening to each other will be very important.”
(KI_019)

Recommendation 6: Continue advocacy to combat stigma and discrimination

In order to advocate at the national level, **the experiences of youth living with HIV should be used as an evidence base** to support the national and global goal of ending AIDS. In addition, **government agencies should be engaged to create opportunities for TNY+ to voice their concerns** in any relevant possible events. UNICEF can support TNY+ to participate in activities at the national level.

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Annex A: Desk Review Results

The following relevant literature was reviewed to assist in designing data collection tools and supporting assessment findings:

Author / date	Name of publication	Link
Abbey et al. (2011)	Stigma and discrimination	https://pubmed.ncbi.nlm.nih.gov/22014688/
Avert (2020)	HIV and AIDS in Thailand	https://www.avert.org/professionals/hiv-around-world/asia-pacific/thailand
Clark and Taplin (2012)	Theory of Change Basics: A Primer on Theory of Change	https://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToC_Basics.pdf
Goffman (2017)	Selections from Stigma	https://uniteyouthdublin.files.wordpress.com/2015/01/lennard_davis_the_disability_studies_reader_secbookzz-org.pdf
Harm Reduction International (2018)	The Global State of Harm Reduction 2018	https://www.hri.global/global-state-harm-reduction-2018
HIV Info Hub (no date)	At a glance, year 2020	https://hivhub.ddc.moph.go.th/epidemic.php
HIV/AIDS Data Hub for the Asia Pacific (2021)	Overview and progress of HIV epidemic response in Thailand	https://www.aidsdatahub.org
ILO (2017)	Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action	https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_605763.pdf
Lolekha et al. (2016)	Elimination of Mother-to-Child Transmission of HIV — Thailand	https://www.cdc.gov/mmwr/volumes/65/wr/mm6522a2.htm
Mathew et al. (2020)	Experiences with stigma and discrimination among adolescents and young adults living with HIV in Bangkok, Thailand	https://pubmed.ncbi.nlm.nih.gov/31625417/
NAC (2014)	Thailand National Operational Plan Accelerating Ending AIDS 2015–2019	https://www.aidsdatahub.org/sites/default/files/resource/thailand-national-operational-plan-accelerating-ending-aids-2015-2019.pdf

NAC (2015)	Thailand AIDS Response Progress Report 2015	https://hivhub.ddc.moph.go.th/report.php
NAC (2017)	Thailand National Strategy to End AIDS 2017–2030	https://hivhub.ddc.moph.go.th/Download/Strategy/EN_3Thailand%20National%20Strategy%20to%20End%20AIDS.pdf
NAC (2017)	Thailand AIDS Response Progress Report 2017	https://hivhub.ddc.moph.go.th/report.php
NAC (2018)	Thailand AIDS Response Progress Report 2018	https://hivhub.ddc.moph.go.th/report.php
National AIDS Management Center (2017)	Thailand Progress Report: Prevention and Control of AIDS	https://hivhub.ddc.moph.go.th/Download/Report/APR/2017/GARP2017%20eng%20Final.pdf
PEPFAR (2019)	Asia Region Operational Plan, ROP 2019: Strategic Direction Summary	https://www.state.gov/wp-content/uploads/2019/09/Asia-Regional_COP19-Strategic-Directional-Summary_public.pdf
Srithanaviboonchai et al. (2017)	Stigmatizing attitudes toward people living with HIV among general adult Thai population: Results from the 5th Thai National Health Examination Survey (NHES)	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5690635/
UNAIDS (2012)	Regional Fact Sheet 2012: Asia and the Pacific.	https://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_asia_pacific_en.pdf
UNAIDS (2014)	The Gap Report	https://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf
UNAIDS (2017)	Update: Thailand launches new national strategy to end the AIDS epidemic by 2030	https://www.unaids.org/en/resources/presscentre/featurestories/2017/september/20170915_Thailand_NSP
UNAIDS (2019)	UNAIDS Data 2019	https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf
UNAIDS (2020)	Empowering young people living with HIV to become agents of change in Thailand	https://www.unaids.org/en/resources/presscentre/featurestories/2020/january/20200123_Thai_network_youth_HIV
UNAIDS (2021)	Global AIDS Strategy 2021-2026	https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy

UNAIDS (2021)	Global AIDS Update 2021 – Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS	https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update
UNAIDS (2021)	AIDSinfo	https://aidsinfo.unaids.org
UNAIDS (2021)	Discriminatory Attitudes Towards People Living with HIV	https://www.unaids.org/en/resources/presscentre/featurestories/2021/january/20210125_discriminatory-attitudes
UNDG Secretariat/ (2016)	LAC PSG Theory of Change: Concept Note	https://unsdg.un.org/sites/default/files/16.-2016-10-18-Guidance-on-ToC-PSG-LAC.pdf
UNICEF (2014)	Situational analysis of young people at high risk of HIV exposure in Thailand: Synthesis Report	https://www.unicef.org/thailand/reports/situational-analysis-young-people-high-risk-hiv-exposure-thailand
UNICEF (2018)	UNICEF and UNAIDS launch report on ending adolescent AIDS in Eastern and Southern Africa	https://www.unicef.org/esa/press-releases/unicef-and-unaid-launch-report-ending-adolescent-aids-eastern-and-southern-africa
UNICEF East Asia & Pacific (2015)	Adolescents: Under the Radar in the Asia-Pacific AIDS Response	https://www.unicef.org/eap/reports/adolescents-under-radar

Results of the review of the above documents are presented below.

HIV/AIDS Situation in Thailand

The UN General Assembly set a target for new HIV infections worldwide to decline by 75% from 2010 to 2020, but no region was able to achieve the target.²⁰ Globally, new HIV infections dropped by 31%, while Asia and the Pacific saw a decline of just 21%.²¹ Thailand, despite not meeting the target, did relatively well. Its new HIV infections dropped by 56%,²² an achievement in comparison to both the global and regional averages. Nonetheless, the HIV prevalence rate among adults aged 15-49 in Thailand was 1.0, which was higher than the global prevalence rate of 0.7.²³ Young people from key populations are particularly at risk of acquiring HIV. In 2018, around half of new HIV infections in Thailand occurred among people aged 15-24²⁴. Unprotected sex is estimated to account for 97% of the new transmissions in 2020, while the other 3% was mainly the result of unsafe injecting drugs.²⁵ As of 2020, Thailand had approximately 500,00 adults and 2,400 children living with HIV and recorded around 12,000 AIDS-related deaths.²⁶

²⁰ UNAIDS (2021) '2021 UNAIDS Global AIDS Update – Confronting inequalities – Lessons for pandemic responses from 40 years of AIDS', pp. 15-17.

²¹ Ibid.

²² UNAIDS (2021) 'AIDSinfo'.

²³ Ibid.

²⁴ UNAIDS (2019) 'AIDS Data 2019', p.136.

²⁵ HIV Info Hub (no date) 'Fact sheet'.

²⁶ UNAIDS (2021) 'AIDSinfo'.

The estimated HIV prevalence among key populations (KPs) is MSM: 11.9%; TG: 11%; PWID: 7.8%; male sex workers (MSW): 3.8%; and female sex workers (FSW): 2.8% non-venue based, and 0.7% venue-based. Data on HIV prevalence among PWUD is not available. Data from a 2019 cohort of Bangkok MSM indicated a decline in HIV incidence for the cohort as a whole, at around 3% per annum, but a resurgence in incidence among young MSM aged 13-21 at 10% per annum. This is consistent with the disproportionate number of HIV infections in YKPs.

A report²⁷ revealed that Thailand is recognized internationally as having made considerable progress in controlling HIV and AIDS. Estimated new HIV infections peaked in the early 1990s at close to 160,000 per year. By 2020, estimated new infections had declined to 6,600, a 56% reduction from 2010. Currently, the most affected KP is MSM, accounting for around 40% of new infections per year. Sex workers, transgender people (TG), and people who inject drugs (PWID) account for around 10% of new infections per year. Half of Thailand's estimated new infections in 2020 (i.e., 3,300) occurred in young people aged 15-24 years, with adolescents (10-19 years) accounting for 14% of all new infections. While there is no data to break down the percentage of new infections among young key populations (YKPs) versus the general population of youth, a recent regional aggregate analysis of new HIV infections among young people in the Asia-Pacific region indicated that 99% of infections are happening among YKPs and this is likely to be mirrored in Thailand. Addressing the high infection rate among YKPs is clearly a high priority.

Regarding the UNAIDS' 90-90-90 targets,²⁸ which guide progress on HIV testing and treatment worldwide, Thailand was able to meet the status awareness and suppressed viral loads targets (94% and 97% respectively), but only 84% of those with status awareness were accessing treatment, by the end of 2020.²⁹

However, HIV-related stigma and experiences of stigma and discrimination in healthcare are recurring barriers that prevent people from testing for HIV, especially among persons who use drugs³⁰ and young people³¹. It should be noted that Thailand provides antiretroviral therapy (ART) free of charge as part of the country's universal health coverage scheme. To date, stigma, discrimination, and transition from pediatric care to adult care remain significant challenges faced by HIV-positive adolescents and young people³². HIV-related stigma and discrimination are significant drivers of the HIV and AIDS epidemic. UNAIDS encourages all nations to monitor progress toward the elimination of this problem.

Thailand: Ending AIDS by 2030

Thailand endorsed the goal of ending the AIDS epidemic by 2030, formalizing the vision in its National Operational Plan Accelerating Ending AIDS 2015-2019. The Plan provided guidelines for all related sectors on the strategies to be employed, with key targets including the reduction of HIV incidence to below 1,000 cases per year by 2030; universal access to HIV voluntary

²⁷ HIV/AIDS Data Hub for Asia Pacific (2021) Overview and progress of HIV epidemic response in Thailand.

⁵ UNAIDS (2014) 90-90-90 target: An ambitious treatment target to help end the AIDS epidemic.

²⁹ UNAIDS (2021) Global AIDS Update 2021 – Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS', p. 86.

³⁰ Avert (2020) HIV and AIDS in Thailand.

³¹ Abbey et al. (2011) Stigma and discrimination.

³² UNAIDS (2020) 'Empowering young people living with HIV to become agents of change in Thailand'.

counselling and testing (VCT) and ART; reduction of AIDS-related deaths to below 4,000 cases per year; and the elimination of stigma and discrimination against people living with HIV/AIDS and key populations.³³ Thailand is also among the 25 countries that have joined the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination.³⁴ A recent survey indicates that 27% of people in Thailand still have discriminatory attitudes towards people living with HIV.³⁵

³³ National AIDS Management Center (2017) Thailand Progress Report: Prevention and Control of AIDS.

³⁴ UNAIDS (2021) Global AIDS Update 2021 – Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS’, p. 168.

³⁵ UNAIDS (2021) ‘Discriminatory Attitudes Towards People Living with HIV’.

Key Populations (KPs) in Thailand

There are several types of key populations (KPs) in Thailand, listed below:

Men who have sex with men (MSM): In 2020, around 64% of new HIV infections among adults occurred in the MSM group.³⁶ HIV prevalence among MSM in the country was 7.3%.³⁷ Young men from this population group are particularly vulnerable to infection.³⁸

Sex workers: In Thailand, HIV prevalence is higher among male sex workers, compared to female sex workers. In 2018, of the estimated 144,000 sex workers in the country,³⁹ HIV prevalence was approximately 3.8% among male sex workers and 0.7% among female sex workers.⁴⁰

Transgender people: It has been estimated that around 62,800 trans women live in Thailand.⁴¹ According to the Department of Disease Control, HIV prevalence among this group was 4.2% as of 2020—a significant decrease from the previously reported rate of 11.0% in 2018.⁴² Earlier, a 2015 UNICEF study found that 39% of young transgender people had sold sex, making them particularly vulnerable to HIV.⁴³

People who inject drugs (PWID): In the first few years of Thailand's HIV epidemic, HIV prevalence among PWID rose from 0% to 40%; but it had halved to 22% by 2011.⁴⁴ The latest data from 2020 indicate that the prevalence has dropped even further to 7.8%.⁴⁵ Despite the apparent progress, it should be noted that Thailand has a rather punitive policy and legal environment focused on drug control, which undermines PWID's access to essential health services. Social stigmatization and compulsory detention for PWID deter many from seeking help and treatment, including harm reduction services.⁴⁶

Migrants: Migration can exacerbate people's vulnerability to HIV, as migrants may face a multitude of challenges such as social exclusion and a lack of access to healthcare services or social protection. According to the 2014 UNAIDS Gap Report, HIV prevalence among migrants from neighboring countries in Thailand is up to four times higher than among the general population, with the highest prevalence among migrants in Thailand being found in the fishing industry.⁴⁷

In 2013, Thailand's Ministry of Public Health announced a policy to provide health insurance that includes ART coverage for cross-border labour migrants not covered by social security, regardless of whether or not they were registered. One year later, there were more than 1.4 millions of migrants registered with migrant health insurance.⁴⁸ However, a progress report published in

³⁶ HIV Info Hub (no date) 'Fact sheet'.

³⁷ Ibid.

³⁸ UNAIDS (2019) AIDS Data 2019, p. 137

³⁹ HIV Info Hub (no date) At a glance, year 2020.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ UNICEF (2015) Situational analysis of young people at high risk of HIV exposure in Thailand.

⁴⁴ Ibid.

⁴⁵ HIV Info Hub (no date) 'Fact sheet'.

⁴⁶ Harm Reduction International (2018) The Global State of Harm Reduction 2018, p. 39.

⁴⁷ UNAIDS (2014) The Gap Report, 'Migrants', p.3.

⁴⁸ NAC (2015) Thailand AIDS Response Progress Report 2015, pp. 18-19.

2017 still identified health coverage for lower-income cross-border migrants as a gap in Thailand.⁴⁹ One issue with implementation is likely due to undocumented migrants not claiming their rights over fears of deportation.⁵⁰

Young key affected populations (YKAP): It has been estimated that around 24,000 young people aged 15–24 years living with HIV in Thailand as of 2021, and that this age group accounts for half of new HIV infections in the country.⁵¹ As mentioned above, adolescents and young people living with HIV often fail to receive the support they need to access or remain on treatment due to social stigma and discrimination, including self-stigma, as well as issues with the transition from pediatric care to adult care.⁵² To address the problem, the Thai Network of Youth Living with HIV (TNY+) was established by UNICEF and national partners led by the Thai Network of People Living with HIV (TNP+). Aiming to reduce self-stigma and empower HIV-positive adolescents and young people to become agents of change, the network offers peer-to-peer support, HIV information, referral services, and life-skills training for adolescents and youth.⁵³

Barriers to the HIV response in Thailand

Legal barriers: Thailand lacks a specific law that provides social protection for people living with HIV, and there remain laws that present barriers for HIV prevention and care services, such as the Prostitution Prevention and Suppression Act, B.E. 2539 (1996).⁵⁴ Nevertheless, the country also has programmes in place to prevent law enforcement from obstructing HIV treatment and prevention.⁵⁵ Additionally, while certain laws might be favourable, their implementation remains a challenge, such as the aforementioned legislation that guarantees the right to primary healthcare for migrants.⁵⁶ Likewise, Thailand's National Strategy to End AIDS 2017–2030⁵⁷ revealed that the incidence of social stigma, exclusion and discrimination against HIV-infected persons and their families are still persistently reported in communities, workplaces, educational institutions, childcare centres and healthcare facilities. Workplace discrimination also exists, as some government and non-government organizations have direct and indirect restrictions prohibiting HIV-infected people from working.

Stigma and discrimination: Stigmatization against HIV remains relatively common. According to UNAIDS (2020), more than one in four people (27%) held discriminatory attitudes towards people living with HIV.⁵⁸ Furthermore, a 2017 survey found that one in 10 people living with HIV in Thailand experienced stigma and discrimination in a healthcare setting, and a third avoided health facilities as a result.⁵⁹ More recently, in a 2020 survey, 9.3% of MSM and 5.9% of transgender

⁴⁹ NAC (2017) Thailand AIDS Response Progress Report 2017, pp. 16-18

⁵⁰ ILO (2017) Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action, p. 22.

⁵¹ HIV Info Hub (no date) At a glance, year 2020.

⁵² UNAIDS (2020) 'Empowering young people living with HIV to become agents of change in Thailand'.

⁵³ Ibid.

⁵⁴ NAC (2017) Thailand AIDS Response Progress Report 2017, pp. 33-34.

⁵⁵ UNAIDS (2012) 'Regional Fact Sheet 2012: Asia and The Pacific'.

⁵⁶ UNAIDS (2014) The Gap Report, p.3.

⁵⁷ National AIDS Committee (2017) Thailand National Strategy to End AIDS 2017–2030.

⁵⁸ UNAIDS (2020) 'Discriminatory Attitudes Towards People Living with HIV'.

⁵⁹ UNAIDS (2019) AIDS Data 2019, p. 147.

people in the country reported having avoided health care due to stigma and discrimination.⁶⁰ PWID may also be reluctant to seek healthcare services. In addition to prejudice and stigma from health service providers and law enforcement, misconceptions about drug addiction also contribute to the avoidance.⁶¹ However, it should be noted that the Ministry of Public Health has set a target to reduce HIV-related discrimination in healthcare settings by 90% by 2030 in its 2017-2030 National AIDS Strategy.⁶²

Structural and resource barriers: Thailand is an upper-middle-income country with a decent health system infrastructure, but poverty continues to be a significant challenge, particularly among those living in rural areas.⁶³ The Thai government has allocated significant resources to the AIDS response, but third-sector organizations working on HIV prevention, especially among key population groups, do not receive an appropriate share of the funding.⁶⁴

Youth living with HIV also face barriers, especially stigma and discrimination in health care and employment settings. Therefore, several organizations and communities have been working on resolving and reducing HIV stigma and discrimination issues at the implementation level and advocating for national-level policy.

Communities of People Living with HIV

Numerous local and international non-governmental organizations (NGOs) and civil society organizations (CSOs) have been working with people most affected by HIV in Thailand. The efforts have been coordinated by TNP+, which has been working with TNY+. Their support for the production of generic antiretrovirals (ARVs) and representation of marginalized key population groups have been vital.⁶⁵

UNICEF is one of the international organizations to have supported the project and programmes related to HIV/ AIDs network development and Empowering Young People Living with HIV to advocate for the reduction of stigma and discrimination (S&D) against HIV. Notably, it has supported TNP+ to develop TNY+.⁶⁶ The support has been provided in three phases: Phase I: 2016–2017; Phase II: 2017–2019; and Phase III: 2020–2021.

The large number of third-sector organizations working to address HIV/AIDS issues in Thailand can be explained by the fact that the country had one of the highest rates of HIV prevalence in Asia and the Pacific in the 1990s. Previously, the rate of mother-to-child transmission (MTCT) of HIV was also high. However, it decreased from 24% in 1994 to 10% in 2003.⁶⁷ Remarkably, as the government and CSOs have made enormous efforts to strengthen the public health care system to reduce HIV transmissions, Thailand was able to eliminate MTCT by 2015, with the transmission rate dropping below the World Health Organization (WHO) elimination threshold of 2%. The latest

⁶⁰ UNAIDS (no date) 'Data Sheet'.

⁶¹ NAC (2014) Thailand National Operational Plan Accelerating Ending AIDS 2015-2019.

⁶² UNAIDS (2017) Update: Thailand launches new national strategy to end the AIDS epidemic by 2030.

⁶³ PEPFAR (2019) Asia Region Operational Plan, ROP 2019 Strategic Direction Summary, p. 50.

⁶⁴ NAC (2017) Thailand AIDS Response Progress Report 2017, p. 23.

⁶⁵ Avert (2020) HIV and AIDS in Thailand.

⁶⁶ UNAIDS (2020) 'Empowering young people living with HIV to become agents of change in Thailand'.

⁶⁷ Lolekha et al. (2016) 'Elimination of Mother-to-Child Transmission of HIV — Thailand'. *MMWR Morb Mortal Wkly Rep*;65. DOI: 10.15585/mmwr.mm6522a2external icon, p. 564.

data from 2020 indicates an MTCT rate of 1.65%.⁶⁸ Meanwhile, the overall HIV prevalence rate hovers at 1% of the population.

This is a significant success to celebrate, but the work is not yet done. On the one hand, the last generation of children born with HIV are alive and have access to the necessary medication. They are now adolescents and young people who are looking to be fully active members of society. On the other hand, despite the drop in overall HIV prevalence, new infections are rising among young people engaging in high-risk behaviours. These include commercial sex workers, PWID, and MSM, especially among the 15–24-year age group. The Department of Disease Control data indicates that 70% of all sexually transmitted HIV infections in Thailand are occurring among young people in the 15–24 age bracket.

Therefore, adolescents and youth already living with HIV are starting adulthood with multiple challenges. They have low ARV adherence, experience difficulties coping with HIV status disclosure when having relationships, and face barriers obtaining decent work due to stigma and discrimination in the workplace. In addition, the majority of them are from low socio-economic backgrounds and live in poor urban areas. Many are also living in poverty and/or in families with domestic violence and drug use issues. Children in poor households and under-served settlements are considerably worse off than the urban average and often do less well than their rural counterparts. Data and evidence generated by UNICEF, such as from MICS (Multiple Indicator Cluster Survey) 6, showed that children in small communities are worse off than others, especially in terms of secondary school attendance, adolescent birth rates, and accepting attitudes of HIV/AIDS.

UNICEF has been supporting TNY+ since 2016 using All-In (a global agenda for action to accelerate HIV results for adolescents, particularly excluded groups) as a framework⁶⁹. The programme aims to accelerate the reduction in AIDS-related deaths and new HIV infections among adolescents and young people. It engages, mobilizes, and supports adolescents and young people living with HIV to become leaders who can bring about positive changes to their own lives and among their peers. The programme was developed and designed in consultation with adolescents and young people, with support from TNY+. TNY+ is active in advocacy and supports adolescents and young people in the network on ARV adherence and reproductive health education, including guidance on safe sex and condom use. Network members have also participated and shared their voice in regional and global fora, aiming to generate the political will to invest in adolescent HIV issues and mobilize resources for adolescent-focused initiatives.

At the end of the first phase of the project, 49 youth leaders were empowered and supported with up-to-date HIV- and ART-related information, and improved understanding on stigma and discrimination against HIV/AIDS and the rights of people living with HIV. The youth leaders used this information to support 485 network members. Surveys conducted at the beginning and the end of the phase indicated that members had increased knowledge and understanding of health care, which contributed to an increase in ART adherence. At the same time, TNY+ members had

⁶⁸ HIV Info Hub (no date) 'Fact sheet'.

⁶⁹ UNICEF (2018) UNICEF and UNAIDS launch report on ending adolescent AIDS in Eastern and Southern Africa.

increased understanding regarding the rights and rights violations. They are able to protect their own rights and/or raise concerns to the leading members.

HIV infections continue to be a challenge for young people. Compounded by societal stigma and discrimination and a lack of adequate support from the system, young people living with HIV lack the confidence and skills to manage self-stigma and societal discrimination and therefore struggle to find employment to support themselves and live a fulfilling life. All these factors impede the youth's safe transition into adulthood. To tackle this, the third phase of the project (January 2020 – December 2021) aimed to create an opportunity for TNY+ to lead more communication and advocacy initiatives by increasing the capacity of youth to communicate positively on HIV to the public and to advocate for changes on the areas that their rights are violated. Key results of this phase were expected to come from public reach and engagement through social media content produced or led by TNY+ and the impact of direct advocacy with policymakers.

Relevant Theories

Theory of Change (ToC)

As per the desk reviews and by reviewing the adolescent programme, the project is relevant to the Theory of Change (ToC). The TOC is a participatory process whereby relevant stakeholders jointly identify outcomes deemed essential for achieving their shared goals, with the outcomes then arranged in a causal framework.⁷⁰ This helps to shed light on the necessary preconditions and interventions. Additionally, as part of the ToC process, related parties' roles are identified; underlying assumptions, beliefs, and risks related to desired goals are made explicit; the validity of the solution and linkages are assessed, and a narrative is written to explain the logic of the causal framework.⁷¹ Given these steps, the ToC increases the likelihood that an intervention will achieve its desired goals. For this particular project, the participation and engagement of the HIV-positive youth members of TNY+ not only helped ensure sound intervention designs, but have also been vital to empowering the youth to be agents of change, capable of empowering themselves and their broader community.

It should be noted that the ToC was not applied during the initial and implementation stages of the project. However, the lesson learned from the project's implementation results revealed that the ToC should be applied throughout the stages of the project to assist in identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal.

⁷⁰ Clark & Taplin (2012) Theory of Change Basics: A Primer on Theory of Change.

⁷¹ UNDG LAG Secretariat/PSG (2016) 'Theory of Change: Concept Note'.

Annex B: Qualitative Data Collection Respondents

The qualitative data collection respondents were from the following organizations:

TNY+ youth leaders

1. Power Teen Chiang Mai
2. Tank Youth Bangkok
3. Little Bird Bangkok
4. Rod Ma Lampang

TNY+ advisors and relevant stakeholders

1. TNP+
2. Chulalongkorn University
3. Little Bird Bangkok
4. Raks Thai Foundation, Chiang Mai office
5. UNAIDS
6. UNICEF
7. AIDS Foundation
8. Private Sector Mobilization

Annex C: Rapid Assessment Timelines

Date	Activities	Responsible persons
5 th November 2021	Kick-off meeting	UNICEF and Dr. Suwannarong
6 th – 15 th November 2021	Shared relevant documents to the consultant	UNICEF
6 th – 15 th November 2021	Conducted desk review, prepared inception report and data collection tools	Dr. Suwannarong
16 th November 2021	Submitted a draft of the inception report to UNICEF	Dr. Suwannarong
16 th – 24 th November 2021	Reviewed the draft of the inception report and provided feedback to the consultant	UNICEF
24 th November 2021	Submitted the revised inception report and tools and obtained approval from UNICEF	Dr. Suwannarong and UNICEF
24 th – 26 th November 2021	Contacted potential interview respondents for the interview and revised the inception report and tools	Dr. Suwannarong
27 th November 2021 – 17 th December 2021	Conducted key informant interviews (KIIs) by using a remote interview platform	Dr. Suwannarong
4 th – 5 th December 2021	Attended a meeting organized by TNY+/ UNICEF and conducted FGDs	UNICEF and Dr. Suwannarong
18 th – 27 th December 2021	Implemented data analysis and wrote a report	Dr. Suwannarong
29 th December 2021	Submitted a first draft report	Dr. Suwanarong
29 th December 2021	Reviewed and provided feedback to the report	UNICEF
30 th December 2021	Revised the report and submission	Dr. Suwannarong

Annex D: Written Informed Consent Form (ICF)

unicef  for every child

องค์การทุนเพื่อเด็กแห่งสหประชาชาติ (ยูนิเซฟ)

แบบฟอร์มเพื่อขอความยินยอม

ข้าพเจ้า _____

รับทราบและยินยอม

- ตอบคำถามเกี่ยวกับชีวิต ครอบครัวของข้าพเจ้า
- อนุญาตให้มีการบันทึกบทสนทนา
- อนุญาตให้มีการถ่ายภาพนิ่งหรือวิดีโอ
- อนุญาตให้ นำ บท สัม ภา ษ ณ์ ภาพ นิ่ง แ ละ ภาพ วิ ดี โอ ออก เผย แ พร ์ โ ต ย อ ง ค ์ ก าร ทุน เพื่อ เด็ก แห่ง สห ปร ะ ชา ชาติ และองค์กรพันธมิตรที่ได้รับอนุญาตอย่างเป็นทางการ
- ชื่อและใบหน้าของข้าพเจ้าจะได้รับการเก็บเป็นความลับ หากข้าพเจ้าไม่ต้องการแสดงตัว

หากข้าพเจ้ามีข้อขัดข้องประการใดระหว่างการให้สัมภาษณ์ หรือร่วมกิจกรรม ข้าพเจ้ามีสิทธิ์ที่จะถาม และขอข้อมูลเพิ่มเติม หากข้าพเจ้ารู้สึกอึดอัด ไม่ต้องการตอบคำถาม ข้าพเจ้ามีสิทธิ์ที่จะไม่ตอบคำถาม หรือหยุดการให้สัมภาษณ์ และการถ่ายภาพนิ่ง และ/หรือภาพวิดีโอ

ลายเซ็น _____

วันที่ _____

Consent and Release Form

I _____ acknowledge and consent to:

- Answer questions regarding myself and my family
- Give my permission for the conversation to be recorded
- Give permission for photographs and footage of myself to be taken
- Give permission for UNICEF and its authorised partners to use, reproduce and distribute all or part of the interview, photographs and footage on any traditional or electronic media format
- My name and identity will be withheld if I wish to remain anonymous.

Should I have concerns or questions during the interview and/or activity, I have the right to ask and request for additional information. If I become uncomfortable and do not wish to continue, I have the right to not answer any questions and may ask to stop the interview, photography and footage shooting.

Signature _____

Date _____

Annex E: Evaluation Matrix for the Rapid Assessment

OECD/DAC Assessment criteria	Rapid assessment main questions	Sub-Questions	Questionnaires	KII	FGD
Relevance	To what extent has the UNICEF project been appropriate to targeted beneficiary populations' needs and proved able to adapt to changing contexts and needs?	<ul style="list-style-type: none"> • Overall, how do you feel about the project/project activities? • Do you think the project was able to be implemented as planned or designed? • Do you think the project able to adapt to changing contexts and needs appropriately? 	<p style="text-align: center;">X</p> <p>Youth members</p>	<p style="text-align: center;">X</p> <p>TNP+ advisor, UN agencies, and government entities/agencies</p>	<p style="text-align: center;">X</p> <p>Youth leaders</p>
Coherence	To what extent were the youth empowerment and engagement of TNY+ consistent with government, UN, and other actors' interventions?	<ul style="list-style-type: none"> • Do you think TNY+ youth members have been empowered or engaged in the project? • From 0 to 10, how would you rate the activities that you are/were involved in? • In your view, to what extent were the youth empowerment and engagement of TNY+ consistent with government, UN, and other actors' interventions? <i>PROBE:</i> <ul style="list-style-type: none"> ○ Do you think the youth have been empowered or engaged? 	<p style="text-align: center;">X</p> <p>Youth members</p>	<p style="text-align: center;">X</p> <p>TNP+ advisor, UN agencies, and government entities/agencies</p>	<p style="text-align: center;">X</p> <p>Youth leaders</p>

OECD/DAC Assessment criteria	Rapid assessment main questions	Sub-Questions	Questionnaires	KII	FGD
		<ul style="list-style-type: none"> • Why did you say so? ○ How did the youth empower or engage with the government, UN, and other actors/interventions? <ul style="list-style-type: none"> • Any challenges? • How did you resolve the challenges? 			
Effectiveness	To what extent have the expected results been achieved, and what have been the factors that have enabled or hindered this?	<ul style="list-style-type: none"> • What factors contributed to the project’s achievements? • What were the challenges of the project? • What are/were the key best practices of the project? • What are/were the key challenges of the project implementation? • In your opinion, what level of the project activities are beneficial to you? <p><i>PROBE:</i></p> <ul style="list-style-type: none"> ○ If appropriate - why did you say so? ○ If not appropriate – why did you say so? ○ If you could design the project again, what should the project be improved? What are the points to be concerned about? <p><i>PROBE:</i></p> <ul style="list-style-type: none"> ▪ Project planning and work plan ▪ Budget allocation 	<p style="text-align: center;">X</p> <p>Youth members</p>	<p style="text-align: center;">X</p> <p>TNP+ advisor, UN agencies, and government entities/agencies</p>	<p style="text-align: center;">X</p> <p>Youth leaders</p>

OECD/DAC Assessment criteria	Rapid assessment main questions	Sub-Questions	Questionnaires	KII	FGD
		<ul style="list-style-type: none"> ▪ Types of the beneficiaries ▪ Activities ▪ Monitoring and Evaluation plan <ul style="list-style-type: none"> • Did you have any results of the evaluation? • What were the results? ▪ Did you use the results for improving the next phases of the project? • To what extent/how have the expected results been achieved, and what have been the factors that have enabled or hindered this? <i>PROBE:</i> <ul style="list-style-type: none"> ○ What are/were factors leading to achievements? <ul style="list-style-type: none"> ▪ Any best practices? ▪ What were the best practices? Why did you identify it as a “best practice”? ○ What are/were factors leading to issues or challenges? <ul style="list-style-type: none"> ▪ What did you consider as a “challenge”? 			

OECD/DAC Assessment criteria	Rapid assessment main questions	Sub-Questions	Questionnaires	KII	FGD
		<ul style="list-style-type: none"> ▪ How did you/your organization resolve challenges? 			
Effectiveness	Are there particular areas where UNICEF has contributed particular added value?	<ul style="list-style-type: none"> • In your opinion, how much can the project reduce social stigma and discrimination? • How much can the project contribute to project beneficiaries or relevant organizations or nation? • Are there any areas where UNICEF or TNY+ has contributed particular added value to the project beneficiaries or relevant organizations or nation? <i>PROBE:</i> <ul style="list-style-type: none"> ○ If YES – why did you say so? What is the particular added value? ○ If NO – why not? 	<p style="text-align: center;">X</p> <p>Youth members</p>	<p style="text-align: center;">X</p> <p>TNP+ advisor, UN agencies, and government entities/agencies</p>	<p style="text-align: center;">X</p> <p>Youth leaders</p>
Sustainability	Did the project include appropriate measures to ensure the sustainability of the processes and results?	<ul style="list-style-type: none"> • Do you think the activities from the project can be sustained in the future? • Have you applied information from the project activities in real life? • What information from the project did you apply in real life? • Did the project include appropriate measures to ensure the sustainability of processes and results? 	<p style="text-align: center;">X</p> <p>Youth members</p>	<p style="text-align: center;">X</p> <p>TNP+ advisor, UN agencies, and government entities/agencies</p>	<p style="text-align: center;">X</p> <p>Youth leaders</p>

OECD/DAC Assessment criteria	Rapid assessment main questions	Sub-Questions	Questionnaires	KII	FGD
		<p><i>PROBE:</i></p> <ul style="list-style-type: none"> ○ Do you think the project/relevant activities are able to sustain the results? ○ What can be sustained? <ul style="list-style-type: none"> ● Why could it be sustained? What are the factors able to influence sustainability? ○ Any process or results that you think cannot be sustained? <ul style="list-style-type: none"> ● Why did you say so? ● How can you/your organization resolve these challenges? 			
Gender-related issues		<ul style="list-style-type: none"> ● During the project planning and implementation, in your opinion, what level of leverage did females have? ● In your opinion, were the project design or implementation leveraged to promote gender equality? <p><i>PROBE:</i></p> <ul style="list-style-type: none"> ○ If YES – why did you say so? ○ If NO – why not? 	<p style="text-align: center;">X</p> <p>Youth members</p>	<p style="text-align: center;">X</p> <p>TNP+ advisor, UN agencies, and government entities/agencies</p>	<p style="text-align: center;">X</p> <p>Youth leaders</p>

OECD/DAC Assessment criteria	Rapid assessment main questions	Sub-Questions	Questionnaires	KII	FGD
Rapid Assessment Recommendations		<ul style="list-style-type: none"> • Do you have other suggestions for the project implemented previously and possible future projects? • If you were to design a relevant project with a budget from UNICEF or TNY+ again – what would you design/ plan for the project? What would you consider? <i>Probe: whether to</i> <ul style="list-style-type: none"> ○ Add more suitable objectives for the project ○ Re-design the project activities ○ Expand more beneficiaries for the project ○ Invite more organizations to be involved with the project ○ Improve the monitoring and evaluation process ○ Then, why did you say so? • Do you have any other suggestions for the project to improve their project’s objectives or project intervention? <i>PROBE:</i> <ul style="list-style-type: none"> ○ How to improve the future project, in terms of – <ul style="list-style-type: none"> • Project initiation and guidance 	<p style="text-align: center;">X</p> <p>Youth members</p>	<p style="text-align: center;">X</p> <p>TNP+ advisor, UN agencies, and government entities/ agencies</p>	<p style="text-align: center;">X</p> <p>Youth leaders</p>

OECD/DAC Assessment criteria	Rapid assessment main questions	Sub-Questions	Questionnaires	KII	FGD
		<ul style="list-style-type: none"> • Budgeting • Personnel and resources • Selection of the project beneficiary types 			
Rapid Assessment Recommendations		<ul style="list-style-type: none"> • As a donor or project manager, how should the project be improved? (ASK only UN agencies) <i>PROBE:</i> <ul style="list-style-type: none"> ○ Why did you say so? ○ Any best practices you found from the project? ○ Any barriers in terms of project designing, implementation, or monitoring and evaluation? ○ What should you or your organization do to resolve these barriers or challenges? 		<p style="text-align: center;">X</p> <p>UN agencies,</p>	

Annex F: Quantitative Survey Questionnaire for TNY+ Youth Leaders

Respondents

A short quantitative questionnaire will be surveyed among TNY+ key youth leaders who have been involved with the project, including in the project design, implementation, coordination, or serving as a representative in the local- and national-level meetings. At least 20 persons are expected to respond to this questionnaire.

Survey method

This questionnaire will be launched via Google Forms, with the link distributed to the focal points of each relevant organization to forward to the youths. The respondents will spend on average 20 minutes responding to the questionnaire.

Questionnaire

Introduction:

You are invited to participate in this survey because you are/were involved with the project(s) implemented by the Thai Network of People Living with HIV/AIDS (TNP+) Foundation, supported by UNICEF. This survey aims to assess the project's achievements and lessons learned to improve future project implementation.

The survey shall take approximately 20 minutes to complete. Kindly note that your personal information will be kept confidential; it will not be exposed nor tracked/traced. Your personal answers will not be disclosed and will remain anonymous. You can stop filling the survey at any time if you feel uncomfortable answering the questions.

If you have any questions about the survey, please email me, Dr. Kanokwan (Pook) Suwanarong, an individual consultant for UNICEF, at ksuwanarong@supa71.com, or call 085 915 5425.

Thank you and kind regards,

Dr. Kanokwan (Pook) Suwanarong

Consultant

Questions:

Question No.	Questions	Responses	Remarks to researcher
1	Are you willing to participate in this survey?	1. Yes 2. No [STOP this survey]	
2	What is your age?	_____ [NUMBER]	
3	What is your gender?	1. Male 2. Female 3. Prefer not to say	
4	In which period did you get involved with the project? <i>(Able to select more than one choice)</i>	1. 2016 – 2017 2. 2017 – 2019 3. 2020 – 2021 4. None of the above 5. Not able to recall	
5	What is/was your affiliation with the project?	1. Power Teen Chiang Mai 2. Tank Youth Bangkok 3. Little Bird Bangkok 4. Rod Ma Lampang 5. Other, please specify _____	
6	What is/was your role for the TNY+ project?	1. TNY+ youth leader 2. TNY+ youth member 3. Other, please specify _____	
7	In what activities are you/ have you been involved in the project? <i>(Able to select more than one choice)</i>	1. Serve(d) as a youth leader for the project 2. Assisted in the establishment of the first network of youth living with HIV in Thailand 3. Attended workshop(s) 4. Presented work on the project in local or national meetings 5. Participated in the national dialogues 6. Participated in HIV awareness-raising and communication activities/campaigns to reduce stigma and discrimination 7. Served as a provincial focal point for the project/activities 8. Led or assisted in communication outreach programme via the social media platform(s) 9. Home visits 10. Group meetings	

Question No.	Questions	Responses	Remarks to researcher
		11. Youth camps 12. Other, please specify_____	
8	Overall, how do you feel about the project/project activities?	1. Very satisfied 2. Satisfied 3. Neutral 4. Unsatisfied 5. Very unsatisfied 6. No comment/ unsure	
9	Do you think the project has been/is being implemented as planned/designed?	1. Yes 2. No 3. Not sure	
10	As per the above, why do you think so?	_____ [TEXT]	
11	To what degree are the project activities beneficial to you?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
12	Do you think the project able to adapt to the changing contexts and needs of youth living with HIV appropriately?	1. Yes 2. No 3. Not sure or don't know	
13	Do you think TNY+ youth leaders and members have been empowered or engaged in the project?	1. Yes 2. No 3. Not sure or don't know	
14	In your opinion, to what degree does the project help reduce social stigma and discrimination?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
15	During the project planning and implementation, in your opinion, to what degree do you think males, females, and LGBT people are able to benefit from the project?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
16	What are/were the key best practices of the project?	_____ [TEXT]	

Question No.	Questions	Responses	Remarks to researcher
17	What are/were the key challenges of the project implementation?	_____ [TEXT]	
18	On a scale of 0 to 10, how would you rate the activities that you are/were involved in?	_____ [NUMBER]	Rating scale
19	Have you applied the knowledge/information gained from the project activities in real life?	1. Yes 2. No 3. Unsure	
20	What knowledge/information from the project have you applied in real life? <i>(Able to select more than one choice)</i>	1. Appropriate practice for safe sex behaviours 2. Improved confidence in the workplace 3. Presentation and discussion/ brainstorming skills 4. Better work organization 5. Better care of health 6. Less stigma, more self-confidence or self-worth. 7. Other, please specify _____	
21	What factors contribute to the project achievement?	_____ [TEXT]	
22	In your opinion, to what extent do you think the project's outcome can contribute to project beneficiaries or relevant organizations, or the nation?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
23	Do you think activities from the project can be sustained in the future?	1. Yes 2. No 3. Not sure	
24	In relation to the above question, why did you answer so?	_____ [TEXT]	
25	Do you have other suggestions for project implementation in the future?	_____ [TEXT]	

Annex G: Quantitative Survey Questionnaire for TNY+ Youth Members

Respondents

A short quantitative questionnaire will be surveyed among the TNY+ members. At least 100 persons are expected to respond to this questionnaire.

Survey method

This questionnaire will be launched via Google Forms, with the link distributed to the focal points of each relevant organization to forward to the youths. The respondents will spend 20 minutes on average responding to the questionnaire.

Questionnaire

Introduction:

You are invited to participate in this survey because you are/ were involved with the project(s), implemented by the Thai Network of People Living with HIV/AIDS (TNP+) Foundation, supported by UNICEF. This survey aims to assess the project's achievements and lessons learned to improve future project implementation.

The survey shall take approximately 20 minutes to complete. Kindly note that your personal information will be kept confidential; it will not be exposed nor tracked/ traced. Your personal answers will not be disclosed and will remain anonymous. You can stop filling the survey at any time if you feel uncomfortable answering the questions.

If you have any questions about the survey, please email me, Dr. Kanokwan (Pook) Suwanarong, an individual consultant for UNICEF, at ksuwannarong@supa71.com, or call 085 915 5425.

Thank you and kind regards,

Dr. Kanokwan (Pook) Suwanarong

Consultant

Questions:

Question No.	Questions	Responses	Remarks to researcher
1	Are you willing to participate in this survey?	1. Yes 2. No [STOP this survey]	
2	What is your age?	_____ [NUMBER]	
3	What is your gender?	1. Male 2. Female 3. Prefer not to say	
4	What is/was your affiliation with the project?	1. Power Teen Chiang Mai 2. Tank Youth Bangkok 3. Little Bird Bangkok 4. Rod Ma Lampang 5. Other, please specify _____	
5	Which period did you involve with the project? <i>(Able answer more than one choice)</i>	1. 2016 – 2017 2. 2017 – 2019 3. 2020 – 2021 4. None of the above 5. Not able to recall	
6	What is/ was your role for the TNY+ project?	1. TNY+ youth leader 2. TNY+ youth member 3. Other, please specify _____	
7	In what activities are you/ have you been involved in the project? <i>(Able answer more than one choice)</i>	1. Assisted in the establishment of the first network of youth living with HIV in Thailand 2. Attended workshop(s) 3. Presented work on the project in local or national meetings 4. Participated in the national dialogues 5. Participated in HIV awareness-raising and communication activities/ campaigns to reduce stigma and discrimination 6. Serve(d) as a provincial focal point for the project/ activities 7. Led or assisted in communication outreach programme via social media platform(s) 8. Participated in youth camps 9. Other, please specify _____	

Question No.	Questions	Responses	Remarks to researcher
8	Overall, how do you feel about the project/ project activities?	1. Very satisfied 2. Satisfied 3. Neutral 4. Unsatisfied 5. Very unsatisfied 6. No comment/ unsure	
9	To what degree are the project activities beneficial to you?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
10	Do you think the project has appropriately adapted to changing contexts and needs?	1. Yes 2. No 3. Not sure or don't know	
11	As a TNY+ member, do you think TNY+ members have been empowered or engaged in the project?	1. Yes 2. No 3. Not sure or don't know	
12	In your opinion, to what degree does the project help reduce social stigma and discrimination?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
13	During the project planning and implementation, in your opinion, to what degree do you think males, females, and LGBT people are able to use benefit from the project?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
14	What are/ were the key best practices of the project?	_____ [TEXT]	
15	What are/ were the key challenges of the project implementation?	_____ [TEXT]	
16	On a scale of 0 to 10, how would you rate the activities that you are/ were involved in?	_____ [NUMBER]	Rating scale
17	Have you applied the knowledge/information	1. Yes 2. No	

Question No.	Questions	Responses	Remarks to researcher
	gained from the project activities in real life?	3. Unsure	
18	What knowledge/information from the project have you applied in real life? <i>(Able to select more than one choice)</i>	1. Appropriate practice for safe sex behaviours 2. Improved confidence in the workplace 3. Presentation and discussion/ brainstorming skills 4. Better work organization 5. Other, please specify_____	
19	What were factors of the project achievement?	_____ [TEXT]	
20	In your opinion, to what extent do you think the project's outcome can contribute to project beneficiaries or relevant organizations, or the nation?	1. The least 2. Less 3. Neutral or not sure 4. Much 5. The most	
21	Do you think the activities from the project can be sustained in the future?	1. Yes 2. No 3. Not sure	
22	In relation to the above question, why did you answer so?	_____ [TEXT]	
23	Do you have other suggestions for project implementation in the future?	_____ [TEXT]	

Annex H: Key Informant Interview Guide

Target respondents: TNY+ key members, including youth leaders, TNP+ advisors, UN agencies, and government entities/agencies.

Respondents

Key informant interviews (KIIs) will be conducted among respondents who are TNY+ key members, including youth leaders, TNP+ advisors, UN agencies, and government entities/agencies.

Materials

Notebook, pens, audio recorders.

Procedures

The following steps will be conducted. Below are instructions for the moderator and note-taker for this rapid assessment (RA).

- a. This is a remote interview via various platforms, which depend on the agreement of the respondents. The RA team will make sure that the respondents are fully available for the whole session of the discussion.
- b. Greet respondent(s) and introduce yourself and explain objectives for the interview activity. Provide information that the KII will take about 60–90 minutes in total.
- c. Obtain written or verbal consent from individuals for the interviews and request their permission to take notes and record the conversation during the interview.
- d. Confirm with the respondents that their information will be kept confidential and will not be traced their identifications in the report, except they would allow it. Any information will only be reported at the aggregate level, not on an individual level.
- e. Explain the rules that there are no right or wrong answers, and different opinions are accepted. We would like to hear everyone's views. ASK if respondents have any questions regarding the KII procedures.
- f. Follow the KII discussion guide. The moderator will read the bolded and italic fonts. This is to note that the discussion guide is just a guideline.
- g. Close the session, thank the respondent for his/her time, and allow them to raise any questions or concerns after the interview.

Discussion Guides

The following document outlines the structure of the discussion and lists the type of questions to be asked. However, the discussion is not limited to the questions listed here and may be expanded or re-phrased as the interviewer sees fit. Nevertheless, the structure of the discussion will be adhered to.

INTRODUCTION

(5 mins)

- The interviewer introduces the project objectives and follows the above procedures.
- **Could you please introduce yourself briefly?**
PROBE:
 - Name
 - Office name and office location
 - Position title
 - Job roles and responsibilities of this current position
 - Years of being in this position and previous work roles (if relevant)
 - Responsible areas/ locations/ provinces
 - Current roles and responsibilities that are related to the project

KNOWLEDGE AND EXPERIENCES WITH THE PROJECT

(10 mins)

“As you’ve been informed, I’m conducting a rapid assessment for the project that was/has been implemented by TNY+, supported by UNICEF or through TNP+. Now I would like to discuss the following topics.”

ASK:

- **Could you please explain the project briefly?**
PROBE:
 - Brief goals/objectives of the project?
 - Please provide information on each project in the following –
 - Goals
 - Objectives
 - Beneficiaries
 - Could you please tell me more about how many partners have been involved with the project?
 - What are/ were the activities of the project in each phase?

- **What are your organization’s roles and responsibilities with the project?**

PROBE:

- How many people in your organization have been involved with this project?
 - Who are/were they?
 - What are/were their roles and responsibilities?
 - Any challenges regarding the resources or personnel?
- How many partners have been involved with this project aside from your organization?
 - Who are/were they?
 - What are/were their roles and responsibilities?
 - What are/were the activities conducted?
- Aside from UNICEF or TNY+, any other donors for the relevant project/ activities?
 - If YES – Do/ did the project have the same following -
 - Goals or objectives?
 - Project beneficiaries?
 - Activities?
 - What are/were the project implementing results?
 - Any challenges?
 - Any resolutions for the issues?

- **Would you please explain more about project activities that received UNICEF funding or TNP+-funding supports each year?**

PROBE:

- What are/were these activities?
- What was/were the implementing results in each activity/year?
 - Did you/your organization conduct any monitoring and evaluation activities of the project?
- Any challenges of each activity?
 - How did you/your organization resolve the challenges?

ATTITUDES AND PERSPECTIVES TOWARD THE PROJECT AND THEIR ACTIVITIES

(35 mins)

“Now, we are going to discuss the project more in-depth.”

ASK:

- **In your view, to what extent has the UNICEF/TNY+ project been appropriate to targeted beneficiary populations' needs and proved able to adapt to changing contexts and needs? (Relevance)**

PROBE:

- If appropriate - why did you say so?
- If not appropriate – why did you say so?
- If you could design the project again, what should the project be improved? What are the points to be concerned about?

PROBE:

- Project planning and work plan
- Budget allocation
- Types of the beneficiaries
- Activities
- Monitoring and Evaluation plan
 - Did you have any results of the evaluation?
 - What were the results? Did you use the results for improving the next phases of the project?

- **In your view, to what extent were the youth empowerment and engagement of TNY+ consistent with government, UN, and other actors' interventions? (Coherence)**

PROBE:

- Do you think the youth have been empowered or engaged?
 - Why did you say so?
- How did the youth empower or engage with the government, UN, and other actors/interventions?
 - Any challenges?
 - How did you resolve the challenges?

- **To what extent/how have the expected results been achieved, and what have been the factors that have enabled or hindered this? (Effectiveness)**

PROBE:

- What are/were factors leading to the achievements?
 - Any best practices?
 - What were the best practices? Why did you identify it as a “best practice”?
- What are/were factors leading to issues or challenges?
 - Why did you consider as a “challenge”?
 - How did you/your organization resolve them?

- **Are there any areas where UNICEF or TNY+ has contributed particular added value to the project beneficiaries or relevant organizations or nations? (Effectiveness)**

PROBE:

- If YES – why did you say so? What is the particular added value?
- If NO – why not?

- **In your opinion, was the project design or implementation leveraged to promote gender equality? (Gender-related issue)**

PROBE:

- If YES – why did you say so?
- If NO – why not?

- **Did the project include appropriate measures to ensure the sustainability of the processes and results? (Sustainability)**

PROBE:

- Do you think the project/relevant activities are able to sustain the results?
- What can be sustained?
 - Why could it be sustained? What were the factors able to influence sustainability?
- Any process or results that you think cannot be sustained?
 - Why did you say so?
 - How can you/your organization able to resolve the challenges?
- **As a donor or project manager, how should the project(s) be improved? (ASK only UN agencies)**

PROBE:

- Why did you say so?
- Any best practices you found from the project?
- Any barriers in terms of project designing, implementation, monitoring, and evaluation?
- What should you or your organization do to resolve the barriers or challenges?

RECOMMENDATIONS FOR THE PROJECT IMPLEMENTATION

(10 mins)

- **If you were to design a relevant project with a budget from UNICEF or TNY+ again – what would you design/plan for the project? What will you consider?**

Probe: whether – to

- Add more suitable objectives for the project
- Re-design the project activities
- Expand more beneficiaries for the project
- Invite more organizations to involve with the project
- Have better monitoring and evaluation process

Then, why did you say so?

- **Do you have any other suggestions for the project to improve the project’s objectives or project intervention?**

PROBE:

- How to improve the future project, in terms of –
 - Project initiation and guidance
 - Budgeting
 - Personnel and resources
 - Selection of the project beneficiary types

- Activity implementation
- Monitoring and evaluation (M&E)
- Reporting the project to UNICEF or TNY+

CLOSING SESSION

(5 mins)

- **Before closing this interview, please feel free to ask any questions.**
- If not, thank you for the participation and provide information to provide a token of appreciation that I will send to you via courier.

THANK YOU

Annex I: Focus Group Discussion Guide

Target respondents: TNY+ key members, including youth leaders, TNP+ advisors, UN agencies, and government entities/agencies.

Respondents

Key informant interviews (KIIs) will be conducted among respondents who are TNY+ key members, including youth leaders.

Materials

Notebook, pens, audio recorders.

Procedures

The following steps will be conducted. The below instruction is for the moderator and note-taker for this rapid assessment (RA).

- a. This is a remote interview via various platforms, which depend on the agreement of the respondents. The RA team will make sure that the respondents are fully available for the whole session of the discussion.
- b. Greet respondent(s), introduce yourself and explain objectives for the interview activity. Provide information that the KII will take about 60–90 minutes in total.
- c. Obtain written or verbal consent from individuals for the interviews and request their permission to take notes and record the conversation during the interview.
- d. Confirm with the respondents that their information will be kept confidential and will not be traced their identifications in the report, except they would allow it. Any information will only be reported at the aggregate level, not on an individual level.
- e. Explain the rules that there are no right or wrong answers, and different opinions are accepted. We would like to hear everyone's views. Ask if respondents have any questions regarding the KII procedures.
- f. Follow the KII discussion guide. The moderator will read the bolded and italic fonts. This is to note that the discussion guide is just a guideline.
- g. Close the session, thank the respondent for his/her time, and allow them to raise any questions or concerns after the interview.

Discussion Guides

The following document outlines the structure of the discussion and lists the type of questions to be asked. However, the discussion is not limited to the questions listed here and maybe expanded or re-phrased as the interviewer sees fit. Nevertheless, the structure of the discussion will be adhered to.

INTRODUCTION

(5 mins)

- The interviewer provides an introduction to the project and follows the above procedures.
- **Could you please introduce yourself briefly?**
PROBE:
 - Name
 - Office name and office location or your affiliation for this project
 - Position title for this project
 - Roles and responsibilities of this project
 - Years of being in this position
 - Responsible areas/ locations/ provinces
 - Current roles and responsibilities that are related to the project

KNOWLEDGE AND EXPERIENCES WITH THE PROJECT

(10 mins)

“As you’ve informed that I’m conducting a rapid assessment for the project that was/has been implemented by TNY+, supported by UNICEF or through TNP+. Now I would like to discuss the following topics.”

ASK:

- **Could you please explain the project briefly?**
PROBE:
 - Brief goals/ objectives of the project?
 - Please provide information on each project in the following –
 - Goals
 - Objectives
 - Beneficiaries
 - Could you please tell me more about how many partners have been involved with the project?
 - What are/were the activities of the project in each phase?
- **What are your organization’s roles and responsibilities with the project?**
PROBE:
 - How many people in your organization have been involved with this project?
 - Who are/ were they?

- What are/ were their roles and responsibilities?
 - Any challenges regarding the resources or personnel?
 - How many partners have been involved with this project aside from your organization?
 - Who are/were they?
 - What are/were their roles and responsibilities?
 - What are/were the activities conducted?
 - Aside from UNICEF or TNY+, any other donors for the relevant project/activities?
 - If YES – Do/did the project have the same following -
 - Goals or objectives?
 - Project beneficiaries?
 - Activities?
 - What are/were the project implementing results?
 - Any challenges?
 - Any resolutions for the issues?
- **Would you please explain more about project activities that received UNICEF funding or TNP+-funding support each year?**

PROBE:

 - What are/were the activities?
 - How was/ were the implementing results in each activity/ year?
 - Did you/ your organization conduct any monitoring and evaluation activities of the project?
 - Any challenges of each activity?
 - How did you/your organization resolve the challenges?

ATTITUDES AND PERSPECTIVES TOWARD THE PROJECT AND THEIR ACTIVITIES

(35 mins)

“Now, we are going to discuss the project more in-depth.”

ASK:

- **In your view, to what extent has the UNICEF/TNY+ project been appropriate to targeted beneficiary populations' needs and proved able to adapt to changing contexts and needs? (Relevance)**

PROBE:

- If appropriate - why did you say so?
- If not appropriate – why did you say so?
- If you could design the project again, what could be improved? What are the points to be concerned about?

PROBE:

- Project planning and work plan
- Budget allocation
- Types of beneficiaries

- Activities
 - M&E plan
 - Did you have any results of the evaluation?
 - What were the results? Did you use the results for improving the subsequent phases of the project?
- **In your view, to what extent were the youth empowerment and engagement of TNY+ consistent with government, UN, and other actors' interventions? (Coherence)**

PROBE:

- Do you think the youth have been empowered or engaged?
 - Why did you say so?
 - How did the youth empower or engage with the government, UN, and other actors/interventions?
 - Any challenges?
 - How did you resolve the challenges?
- **To what extent/how have the expected results been achieved, and what have been the factors that have enabled or hindered this? (Effectiveness)**

PROBE:

- What are/were factors leading to achievements?
 - Any best practices?
 - What were the best practices? Why did you identify it as a “best practice”?
 - What are/were factors leading the issues or challenges?
 - Why did you consider as a “challenge”?
 - How did you/ your organization resolve them?
- **Are there any areas where UNICEF or TNY+ has contributed particular added value to the project beneficiaries or relevant organizations or nations? (Effectiveness)**

PROBE:

- If YES – why did you say so? What is the particular added value?
 - If NO – why not?
- **In your opinion, was the project design or implementation leveraged to promote gender equality? (Gender-related issue)**

PROBE:

- If YES – why did you say so?
 - If NO – why not?
- **Did the project include appropriate measures to ensure the sustainability of the processes and results? (Sustainability)**

PROBE:

- Do you think the project/ relevant activities are able to sustain the results?
 - What can be sustained?

- Why could it be sustained? What were the factors able to influence sustainability?
- Any process or results that you think cannot be sustained?
 - Why did you say so?
 - How can you/ your organization able to resolve the challenges?

RECOMMENDATIONS FOR THE PROJECT IMPLEMENTATION

(10 mins)

- **If you were to design a relevant project with a budget from UNICEF or TNY+ again – what would you design/plan for the project? What will you consider?**

Probe: whether – to

- Add more suitable objectives for the project
- Re-design the project activities
- Expand more beneficiaries for the project
- Invite more organizations to involve with the project
- Have better monitoring and evaluation process

Then, why did you say so?

- **Do you have any other suggestions for the project to improve the project’s objectives or project intervention?**

PROBE:

- How to improve the future project, in terms of –
 - Project initiation and guidance
 - Budgeting
 - Personnel and resources
 - Selection of the project beneficiary types
 - Activity implementation
 - Monitoring and evaluation (M&E)
 - Reporting the project to UNICEF or TNY+

CLOSING SESSION

(5 mins)

- **Before closing this interview, please feel free to ask any questions.**
- If not, thank you for the participation and provide information to provide a token of appreciation that I will send to you via courier.

THANK YOU

Annex J: Signed UNEG code of conduct

UNEG Code of Conduct for Evaluation in the UN System

Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of a consultancy company) before a contract can be issued.

Agreement to abide by the Code of Conduct for Evaluation in the UN System¹

Name of Consultant: Kanokwan (Pook) Suwannarong

Name of Consultancy Organization (where relevant): _____

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at (place) on (date) Bangkok, Thailand on November 19, 2021

Signature: 