

INVESTING IN ADOLESCENT HEALTH AND WELL-BEING: EFFECTIVE INTERVENTIONS IN INDIA

May 2023

Acknowledgements

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Executive Summary

Adolescents in India represent a significant proportion of the country's total population, with approximately 253 million individuals in the age group of 10 to 19 years. Adolescents need access to information, opportunities, skills and services, during this transitional period that is critical to laying a foundation for good health.

In India, limited awareness, lack of agency, limited availability of services, and restrictive or harmful socio-cultural practices adversely affect the overall health outcomes of adolescents. Social stigma and taboos limit dialogue and access to services for sexual and reproductive health (SRH) and mental health, despite a high unaddressed need. Gender-based violence (GBV), coercive practices like early marriage, discrimination and injuries pose additional challenges for adolescents, specifically adolescent girls. Further, as a result of limited awareness and unhealthy lifestyle practices, the country is seeing a growing burden of non-communicable diseases (NCD) and substance misuse in this age group, coupled with micronutrient deficiencies like anaemia.

This perspective analyses interventions in the solution landscape to understand their focus across six health system levers, towards

- 1) Generating awareness and demand;
- 2) Delivering services;
- 3) Building capacities of human resources;
- 4) Developing infrastructure;
- 5) Leveraging technology and
- 6) Strengthening governance and financing.

These solutions have been identified across six thematic areas including SRH, nutrition, prevention of injuries and violence (including GBV), NCD, mental health, and substance misuse, drawing from priority areas for action under the Rashtriya Kishor Swasthya Karyakram (RKSK) by the Government of India.

Using these, the perspective profiles select interventions by non-profit, non-governmental organisations in India that have showcased impact in addressing health and wellbeing needs of adolescents, with a view to enable cross-learning and replication. These interventions can serve as replicable solutions in mature areas like SRH and holistic adolescent development (covering more than one of the six thematic areas), and as noteworthy solutions in the other five emerging areas in India.

Adolescent Health and Well-being Landscape in India

Adolescents are individuals who are in the process of transitioning from childhood to adulthood. **The World Health Organization (WHO) defines adolescents as individuals between the age of 10 to 19 years** (WHO n.d.a). Adolescence is a critical period of development, and interventions during this time can have a significant impact on an individual's overall well-being as they grow into adulthood (Bonnie & Backes 2019). In this period, adolescents go through a number of developmental changes that can make them more vulnerable to emotional, physical and behavioural dysregulation (Viner, Allen, & Patton 2017), while experiencing hormonal fluctuations, cognitive development, and increased social and environmental pressures.

India has one of the largest adolescent populations in the world. As per the 2011 census, India is home to 253 million people aged 10 to 19 years, accounting for 21% of the country's total population (UNFPA n.d.a; Census of India 2011).

Recognising the unique needs of more than one-fifth of our population, the Government of India launched the Rashtriya Kishor Swasthya Karyakram (RKSK) in 2014 – a programme which focuses on providing adolescents comprehensive health services, as well as information and education on healthy behaviours and lifestyles (Ministry of Health and Family Welfare [MoHFW] 2014). The programme strongly focuses on health promotion and disease prevention, in addition to clinic-based services, and aims to reach adolescents in their everyday environments, such as schools, families, and communities.

The programme identifies six priority areas for action (MoHFW 2014):

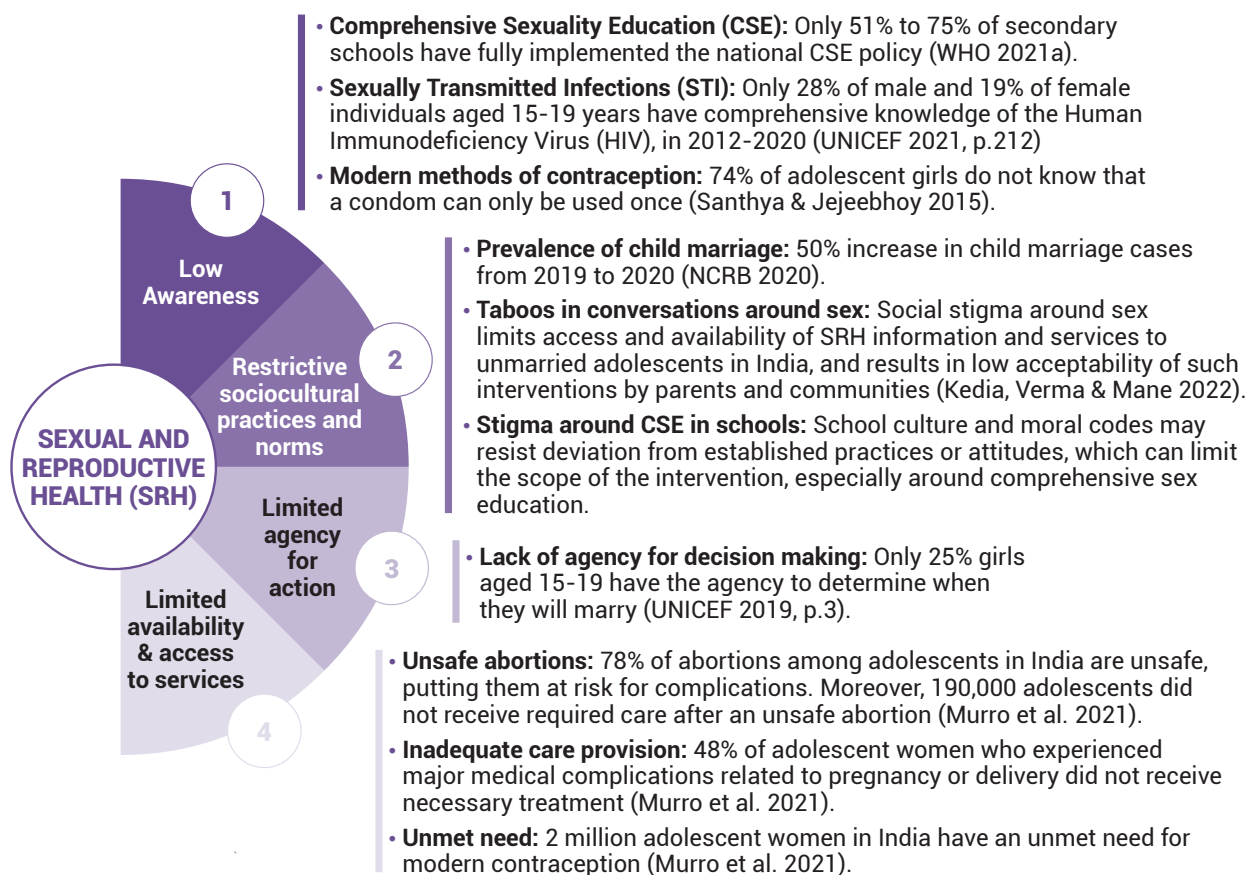
- Enable sexual and reproductive health (SRH)
- Improve nutrition
- Prevent injuries and violence (including gender-based violence [GBV])
- Address conditions for non-communicable diseases (NCD)
- Enhance mental health
- Prevent substance misuse

Please refer to [Annexure 1](#) to understand what each of these areas encompasses.

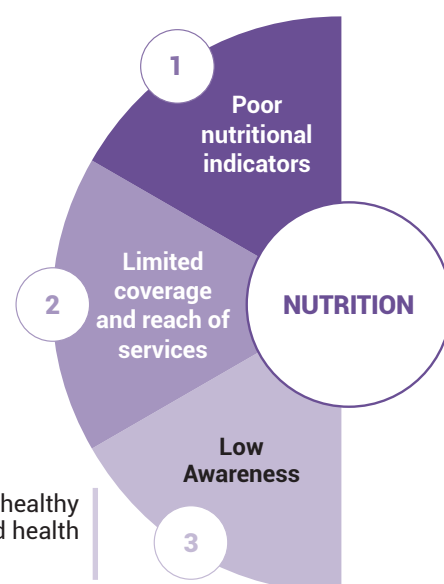
Challenges in Adolescent Health and Well-being

Across these key priority areas identified by RKSK, data indicates poor health outcomes.

Note: All data points are for India and from 2015 to 2022.



- **Anaemia:** 48% of girls and nearly 18% of boys aged 15-19 are anaemic (UNICEF 2019, p.22).
- **Micronutrient deficiencies:** Almost 1 in 5 adolescents (19% girls and 18% boys) has a Vitamin A deficiency and every third girl and boy aged 10-14 has a folate deficiency (UNICEF 2019, p.24-25).
- **Stunting:** Prevalence is high at 30% among girls and 27% among boys (UNICEF 2021, p.18).
- **Overweight:** 5% of adolescents aged 10-14 are overweight (UNICEF 2019, p.2).
- **Weekly Iron Folic Acid Supplementation (WIFS):** Merely 13% of girls and 11% of boys aged 10-14 are receiving WIFS (UNICEF 2019, p.102).
- **Limited access to school-based services:** Over 20% adolescents are not receiving any of the four school-based services (mid-day meal, WIFS, deworming and biannual health checkups) (UNICEF 2019, p.3).
- More than 33% of adolescents were not taught about the benefits of a healthy diet in their school as part of exposure of adolescents to school-based health promotion activities, in 2017-2018 (ICMR-NCDIR 2017-18, p.3).

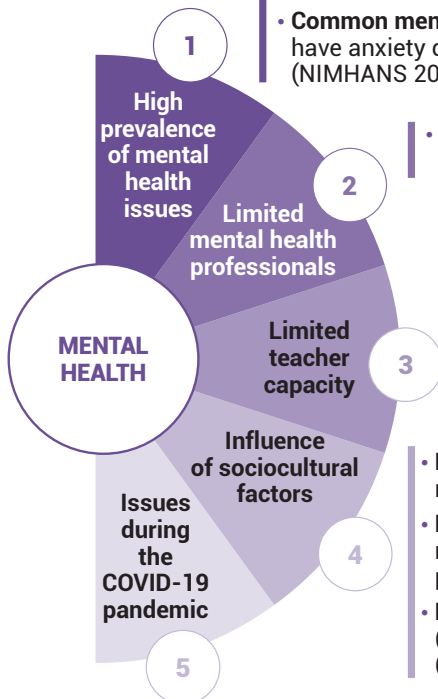


- **Violence against children:** 149,404 cases of violence against children were registered in 2021, more than a 16% increase from 2020 (NCRB 2021).
- **Intimate partner violence:** Nearly 29%, 23% and 26% of married adolescent girls aged 15-19 have reported facing emotional, physical and sexual violence respectively (Patel et al. 2021).

- **Child Labour:** More than 2.5 million children aged 15-17 are engaged in hazardous labour (Khan & Lyon 2015, p. 50).
- **Road traffic injuries:** Over 5% of people killed in road accidents were children under the age of 18 (Ministry of Road Transport and Highways [MoRTH] 2020, p.69).



- Nearly 50 million children were struggling with mental health issues before the COVID-19 pandemic (UNICEF 2021a).
- **Suicides:** Student suicides account for 8% of the total number of suicides in the country, a total of 1.6 lakh suicides (NCRB 2021).
- **Common mental disorders:** Over 4% and nearly 1% of adolescents have anxiety disorders and depressive disorders respectively (NIMHANS 2016, p.xxv).



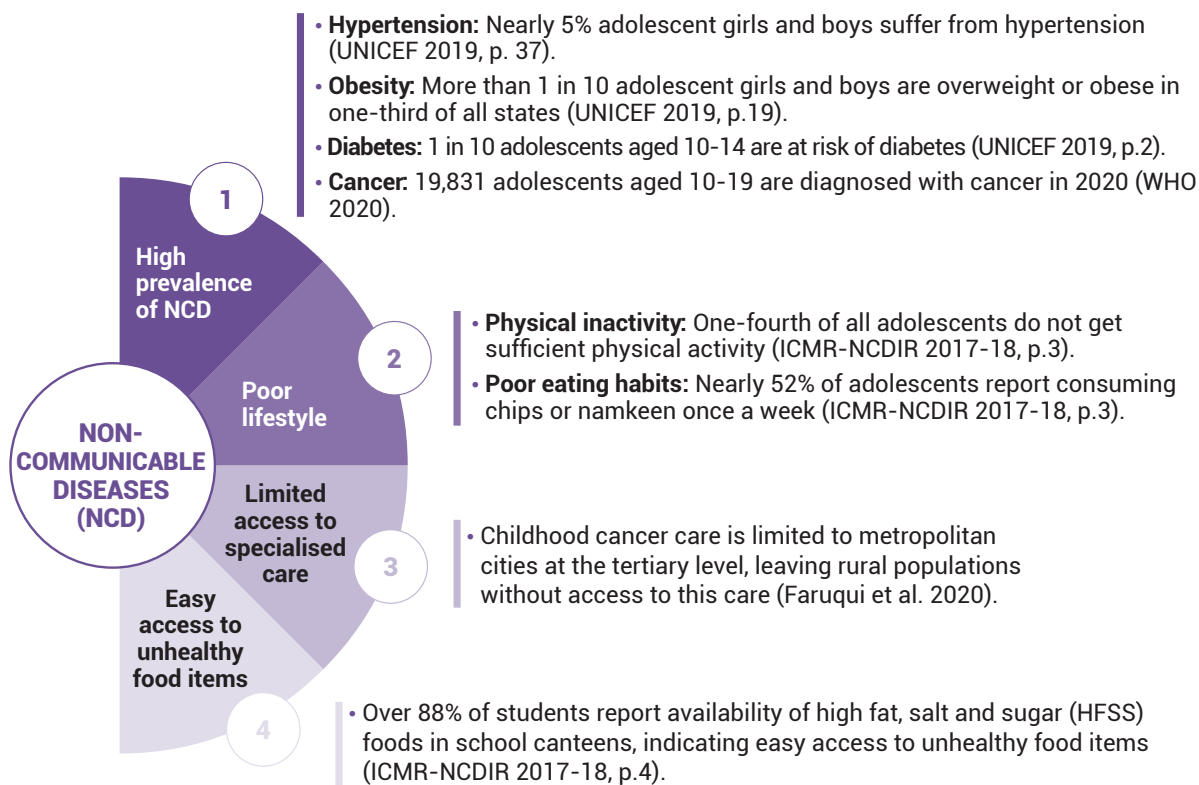
- There are only 1.93 mental health workers per 100,000 population (NIMHANS 2016).

- **Teachers' capacity to provide mental health care:** Teachers, especially in the public system, lack the time to engage in delivery of mental health interventions, given their limited bandwidth and the multiple support roles they play. In addition, teachers may perceive this as added workload and may not be motivated, or may lack the incentive to engage in mental health interventions.

- **Education:** 81% of children report academics (studies, exams, and results) as a cause for feeling anxious (NCERT 2022, p.xxii).
- **Peer pressure:** 33% of students agree that they try to please friends most of the times by adhering to what their friends want (peer pressure) (NCERT 2022, p.8).
- **Body Image issues:** Only 50% of students from secondary stage (Grades IX–XII) are satisfied with their body image or appearance (NCERT 2022, p.9).

- 43% of students report experiencing mood changes and 24% of the children report emotional changes in their families as an issue in their home environment during the pandemic (NCERT 2022, p.17-18).

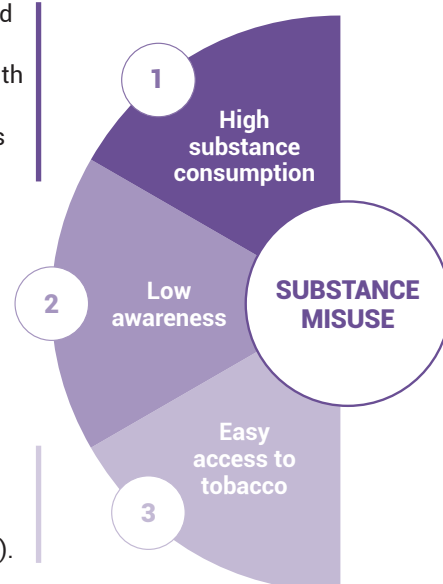
ADOLESCENT HEALTH IN INDIA



- The lifetime prevalence of substance use among adolescents aged 10 to 17 years is nearly 3% (MoSJE 2019).
- **Tobacco use:** Nearly 7% of adolescents have use or experiment with tobacco at least once (ICMR-NCDIR 2017-18, p.3).
- **Alcohol consumption:** Over 1% of adolescents aged 10 to 17 years consume alcohol (MoSJE 2019, p.17).

- Over 33% of adolescents are not taught about the ill-effects of tobacco and alcohol as part of school-based health promotion activities (ICMR-NCDIR 2017-18, p.3).

- Nearly 45% of adolescents report the presence of a shop selling tobacco within 100 metres of their school premises (ICMR-NCDIR 2017-18, p.3).



Effective Solutions and Systemic Levers Addressed

This product captures select interventions in adolescent health and well-being in India, which have demonstrated certain critical elements required for effective solutions and can serve as replicable solutions.

A literature review to identify solutions across all six thematic areas of adolescent health and well-being were undertaken, followed by an elaborate analysis of the interventions to evaluate their approach and impact. Effective solutions were identified and shortlisted based on critical features with respect to their thematic focuses, systemic levers addressed, reach and impact.

The selected interventions have one or many of the following features:

- Implemented in more than one state or district;
- Demonstrated integration with existing systems or structures;
- Recognised for their impact, including recognition by multilaterals or government bodies.

The programme profiles were nuanced on the basis of inputs from organisations, to capture comprehensive intervention details. This was complemented with interviews with select organisations to understand critical success factors that enabled programmes to be effective.

This product does not analyse government interventions and programmes in adolescent health, and those are outside the purview of the report. Additionally, given the vast nature of the adolescent health landscape and focus on select interventions only, many impactful interventions might not have been covered in this perspective, but might have played a significant role in advancing solutions in this space.

It is also important to note that while programmatic interventions have been impactful in specific contexts, each geography and target segment engages with unique contexts, factors and determinants which influence behaviours and health outcomes. Recognising these evolving contexts, and customising to account for specific needs are critical to enable the effective replication of any intervention.

In the Indian context, reproductive and sexual health, and holistic adolescent development have seen a greater number of interventions (relative to the other focus areas), with established evidence of impact demonstrated over a long duration. Solutions in these areas are **mature** in their diversity of solutions, as well as the depth or scale at which they have showcased impact.

Relative to mature areas, mental health, injuries and violence, nutrition, non-communicable diseases and substance misuse interventions for adolescents are fewer in number, with growing diversity in nature of solutions. Interventions in these are **emerging**, with evolving evidence of impact over a relatively shorter time frame. Emerging solutions, by virtue of

being in nascent stages of impact or scale, have a relatively limited depth of information on the solution landscape. *Solutions have been categorised as emerging areas as of April 2023. With development of newer solutions, and greater impact and evidence generated from existing solutions, these areas could be viewed as mature areas in the future.*

Published literature on the interventions, including programme reports, journal publications, and independent impact evaluation studies, were complemented with key informant interviews with select organisations working in the field of adolescent health to gather insights and recommendations. Evidence on impact and reach included in the report comprise information shared by the organisations as well as independent evaluations by third parties, for select programmes.

The perspective also maps all interventions to systemic levers that they engage with:



Generating awareness and demand includes activities focused on increasing demand for health services through education, awareness and community mobilisation (WHO 2017a, p.6).



Delivering services includes activities focuses on increasing availability and accessibility of health services through direct provision (WHO, OECD & The World Bank 2018).



Building capacities of human resources involves capacity building for the provision of responsive, equitable, and efficient services with the goal of obtaining optimal health outcomes within the limits of available resources and conditions (WHO 2007).



Developing infrastructure includes the building and strengthening of the physical environment and supporting elements such as facilities, equipment, information technology (IT), systems and processes (Luxon 2015).



Leveraging technology encompasses the use of digital technologies to strengthen healthcare systems, deliver care and empower patients, with the ultimate goal of realising the vision of health for all (WHO 2021b).



Strengthening governance and financing includes strengthened allocation, spending and utilisation of funds as well as establishing strategic policies and frameworks, fostering effective oversight and collaboration, implementing regulations, and promoting accountability (WHO 2007, p.3).

This perspective can be used by funders to identify effective solutions in adolescent health and well-being. The actionable framework below helps identify levers of the health system that each solution is focusing on, thereby enabling funders to select solutions aligned with their intervention focus. Stakeholders can develop an in-depth view of interventions, to enable an evidence-based view to action.

Overview of Successful Interventions

The profiles capture information on intervention details, programme reach, focus of intervention, intersectional focus including insights on challenges, critical factors enabling effective implementation and intervention impact, from secondary literature and primary interviews.

Please refer to [Annexure 2](#) for detailed profiles of all interventions, by clicking on the name of the respective interventions in the table below:

Table 1: Select interventions with the systemic levers they involve

(Click on organisation name to view details)

Sl. No.	Key Priority Area/Type of Solutions	Organisation Names	Intervention Names	Systemic Levers					
				Generating Awareness and Demand	Delivering Services	Building Capacities of Human Resources	Developing Infrastructure	Leveraging Technology	Strengthening Governance and Financing
1	Holistic Solutions*	Pathfinder International	Promoting Change in Reproductive Behavior (PRACHAR)	✓	✓	✓	✓		
2		Plan India	Young Health Programme (YHP) (Phase 1 and 2)	✓	✓	✓	✓		
3		Society for Nutrition, Education and Health Action (SNEHA)	Empowerment, Health & Sexuality of Adolescents (EHSAS)	✓	✓	✓			
4		Sangath	School Mental Health Promotion Programme	✓	✓	✓			
5		CorStone	Youth First, Bihar	✓		✓			✓
6	SRH	EngenderHealth	TARUNYA, Bihar	✓	✓	✓			
7		CREA	Kahi Ankahi Baatein	✓				✓	
8		The YP Foundation	Know Your Body Know Your Rights (KYBKRYR)	✓	✓	✓		✓	
9	Nutrition	JSI R&T India Foundation	Adolescent Nutrition Sanitation & Health (ANSH)	✓	✓	✓			
10		The Akshaya Patra Foundation	Mid-Day Meal Programme in India	✓	✓				

* Holistic solutions refer to interventions with more than one core thematic focus (from the six priority areas for action) as part of their solution, addressing multiple aspects of adolescent health and well-being.

ADOLESCENT HEALTH IN INDIA

Sl. No.	Key Priority Area/Type of Solutions	Organisation Names	Intervention Names	Systemic Levers					
				Generating Awareness and Demand	Delivering Services	Building Capacities of Human Resources	Developing Infrastructure	Leveraging Technology	Strengthening Governance and Financing
11	Preventing Injuries and Violence	Equal Community Foundation (ECF)	Action for Equality Programme	✓	✓	✓			
12		Breakthrough India	Adolescent Empowerment Programme	✓	✓	✓		✓	✓
13	Mental Health	Centre for Mental Health Law & Policy, Indian Law Society, Pune	Suicide Prevention & Implementation Research Initiative (SPIRIT)	✓	✓	✓			✓
14		Schizophrenia Research Foundation (SCARF India)	Youth Mental Health Programme	✓	✓	✓			
15	NCD	Arogya World	Healthy Schools	✓	✓	✓		✓	

Notable Mentions

This section provides names of some other interventions in adolescent health and well-being, which have not been profiled as replicable solutions but are noteworthy solutions in this space.

Organisation	Programme Name
Ekjut	JIAH (Jharkhand Initiative for Adolescent Health)
Nutrition International	Scaling up fortified and diversified foods in social safety net programs in India
Arpan	Personal safety education programme
Karnataka Health Promotion Trust (KHPT)	<ul style="list-style-type: none"> Sphoorthi Sahaj
Girl Effect	Chhaa Jaa
PATH	Stakeholder-led Advancement of Mental Health of Young People (SAMYP)
Centre for Catalyzing Change (C3)	Udaan: Adolescent Education Programme
University of Leeds in partnership with MIND India, NIRMAAN Rehabilitation Facility and HOPE Foundation Rehabilitation	Project Resilience: The Big Picture

Way Forward for Action

Informed by an evidence-based view of solutions, the perspective aims to guide funding towards action for improved adolescent health and well-being. A comprehensive view of solutions ensures that identified interventions can be viewed by funders as effective pathways to enable impact.

Annexure 1: Key Definitions

SRH

The United Nations Population Fund (UNFPA) defines good sexual and reproductive health as a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It encompasses access to accurate information, safe, effective and affordable contraception methods, and the ability to protect oneself from sexually transmitted infections. It also includes being able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so, and a healthy pregnancy, safe birth, and healthy baby for those who choose to have children (UNFPA n.d.b).

Nutrition

Human nutrition is a scientific discipline, concerned with the access and utilisation of food and nutrients for life, health, growth, development, and well-being (WHO 2000). The scope of human nutrition is vast, ranging from biological and metabolic nutrition, through whole-body and clinical nutrition, to the massive public health nutrition issues of national nutrition programmes and the global prevention, control, and elimination of malnutrition and nutritional disorders.

NCD

As defined by the International Federation of Red Cross and Red Crescent Societies (IFRC) (n.d.), NCD are diseases that are not spread through infection or through other people, but are typically caused by unhealthy behaviours. They are also known as chronic diseases, and tend to be long-lasting conditions that are caused by a variety of factors, including genetics, physiology, environment, and behaviour. The main types of NCD are cardiovascular diseases (heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes (WHO 2022).

Mental Health

Mental health is a 'state of well-being in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community' (WHO n.d.b). Good mental health is essential to an individual's capacity to lead a fulfilling life. Mental health conditions can encompass a wide range of mental disorders and psychosocial disabilities, as well as other mental states that are associated with significant distress, impairment in functioning, or risk of self-harm. Throughout people's lives, multiple individual, social and structural determinants may combine to protect or undermine their mental health and shift their position on the mental health continuum (WHO 2022a). The continuum of mental health care encompasses promotion, prevention, diagnosis, treatment, recovery and rehabilitation.

Substance Misuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, that causes significant problems or distress. (WHO n.d.c; John Hopkins Medicine n.d.) This entails misuse of substances including, but not limited to marijuana, heroin, cocaine, tobacco, alcohol, nicotine, or prescription medicines for purposes other than those for which they are meant to be used, or in excessive amounts (John Hopkins Medicine n.d.; National Cancer Institute n.d.).

Injuries and Violence

Violence is the 'intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation' (WHO 2002, p.5). Injuries, whether intentional (due to acts of violence against others or oneself) or unintentional (due to road traffic crashes, burns, drowning, falls and poisoning etc.) directly impact health outcomes and also cause trauma, which can adversely affect health outcomes (WHO n.d.d; WHO 2021).

Annexure 2: Solutions Across Systemic Levers

HOLISTIC SOLUTIONS

Pathfinder International



Pathfinder International is a global non-profit organisation that works with local partners to advance contraceptive services, comprehensive abortion care, and young people’s sexual and reproductive rights in communities around the world—including those affected by poverty, conflict, climate change, and natural disasters. The organisation has partnered with public health systems in more than 70 countries to advance sexual and reproductive health and rights, and gender equality.

Programme: Promoting Change in Reproductive Behavior (PRACHAR)

Systemic Levers



Generating Awareness and Demand



Delivering Services



Developing Infrastructure



Building Capacities of Human Resources

Core Focus Area

Sexual and Reproductive Health and Research (SRH)

Intersectional Focus Areas

Gender Norms and Equality

Start Date: 2001

End Date: 2013

Status: Completed

Objective

The PRACHAR programme empowered young couples and adolescents to adopt healthy reproductive behaviours and tackle social norms that pressured them to marry and have children before they were ready.

Geography

State : Bihar Number of districts: 5

Target Population

ADOLESCENTS

- Girls between 12-14 years of age
- Adolescents between 15-19 years of age
- Newlywed couples who had not yet had a child
- Young couples with only one child

OTHER STAKEHOLDERS

- Families of young couples (especially the mothers-in-law)
- Respected elders and community leaders with influence

Reach

ADOLESCENTS

- Reached more than 90,000 adolescents and young adults with information on key issues in reproductive health (RH) and family planning (FP).

OTHER STAKEHOLDERS

- Over 100,000 adults within the community, including parents, were targeted with similar messages designed to

- promote the concepts of postponing and spacing out having children, with the goal of achieving social acceptance.
- The programme reached 10 million people in 960 villages.

Programme Details

GENERATING AWARENESS AND DEMAND

- The programme engaged parents, mothers-in-law, and other influential adults in the community to shift beliefs and norms around early marriage and childbearing.
- To gain the trust and support of the community, local individuals were chosen as change agents and given the necessary skills to communicate effectively and respectfully within their culture.
- It created edutainment activities to target specific groups, such as 'Nav Dampati Swagat Samaroh' (NDSS), or 'Newly-Married Couples' Welcome Ceremony', which was held during the celebratory arrival of a new bride to the family and village, to educate newly married couples about reproductive health and family planning.

DELIVERING SERVICES

- It provided small packages to couples that included condoms and birth control pills, along with information on the various types of contraceptives available and how to use them.
- It collaborated with social marketing agencies to increase the availability of contraceptives.

BUILDING CAPACITIES OF HUMAN RESOURCES

- It trained and provided support for over 1,000 government health workers, enabling them to deliver accurate and unbiased information about reproductive health to young people in their communities.
- It built the capacity of over 20 local NGO partners and the Government of Bihar to ensure sustainability of the programme.

DEVELOPING INFRASTRUCTURE

- It provided support to enhance community access to sexual and reproductive health services by establishing maternal and child health outreach clinics.

Programme Impact

Impact was measured using an endline survey

- **Building capacities of human resources:** 1,000+ government frontline health workers were trained to provide adolescents with critical health information.
- **Enabling behaviour change and practises:** Multiple positive changes in behaviour were achieved, such as:
 - Increase in interval between marriage and the birth of the first child for newlyweds, from 21 months to 24 months.
 - The number of newlyweds of all ages using contraceptives to delay their first pregnancy more than tripled, from about 5% to 20%.
 - Increase in the number of first-time parents who used contraception to postpone their second pregnancy from 14% to 33%.
 - Increase in the percentage of the population who believed that contraception is both necessary and safe, from roughly 38% to 81% for all respondents, and 45% to 91% among adolescents.
- **Empowerment:** Young women who took part in the programme got married 2.6 years later than those who did not. They had their first child 1.5 years later.

Programme Recognition

Recognised by the United States Agency for International Development (USAID) as a replicable initiative in adolescent health and development.

Sources

- USAID n.d.a
- Daniel et al. 2019
- The Communication Initiative Network 2011
- The Communication Initiative Network 2011a
- The Communication Initiative Network 2011b
- Pathfinder International 2001-2013
- Pandey et al. 2016



Plan India

Plan India is a registered not-for-profit organisation striving to advance children's rights and equality for girls, thus creating a lasting impact in the lives of vulnerable and excluded children and their communities. Since 1979, Plan India and its partners have improved the lives of millions of children and young people by enabling them access to protection, quality education and healthcare services, a healthy environment, livelihood opportunities and participation in decisions which affect their lives.

Programme: Young Health Programme (YHP)

Systemic Levers



Generating Awareness and Demand



Delivering Services



Developing Infrastructure



Building Capacities of Human Resources

Implementing Partners

Plan India is responsible for the overall implementation of the programme and is supported by the following community-based organisations for implementation of Phases 1 to 3:

- Nav Srishti focusses on education, vocational training, child-centred community development, and child protection, working with the active involvement of women and young people and by collaborating with state- and national-level civil society organisations.
- Dr. A.V. Baliga Memorial Trust focuses on livelihood promotion, child rights and protection, education, health, and the empowerment of youth and women in slums and resettlement colonies of Delhi.
- ALAMB focuses on safe motherhood and community participation in healthcare, HIV prevention through awareness building, and women's self-help groups (SHGs).
- CASP focuses on early childhood care and development, child protection, and sanitation.

Since October 2020, in Phase 4, Plan India has been implementing the programme directly.

Core Focus Areas

Phase 1

- Sexual and Reproductive Health

Phase 2

- Sexual and Reproductive Health
- Substance Misuse - Alcohol, Tobacco
- Others – Communicable diseases e.g. Malaria and Dengue, Tuberculosis (TB)

Phase 3 and Phase 4 onwards

- Malnutrition, hygiene, sanitation.
- Communicable diseases such as TB and Malaria.
- Top five high risk factors of non-communicable diseases, including tobacco use and alcohol abuse, substance abuse.
- Top five high risk factors of Sexual and Reproductive Health Rights (SRHR), including anaemia in girls, unwanted pregnancy, illegal and unsafe abortion, sexually transmitted infections, early marriage, exploitation and violence – all of which compound the difficulties of adolescent physical and psychosocial development.

Intersectional Focus Areas

Phase 1 and Phase 2

- Water, Sanitation and Hygiene (WASH)
- Life skills

Phase 3 and Phase 4

- Life skills
- Gender transformative programming

Start Date:

Phase 1 and Phase 2: 2010-2015
Phase 3: 2016-2021 (June)
Phase 4: 2021 (October)-2025

End Date: 2025

Status:

Phases 1, 2 and 3 have been completed.
Phase 4 is ongoing and is being scaled up in Delhi, Bengaluru and Chennai

Objective

The programme aims to significantly improve the health and well-being of adolescent boys and girls from marginalised and disadvantaged backgrounds by enabling them to make informed decisions to safeguard their health in the present and future. In India, YHP is focused on improving the health and well-being of young people in resettlement colonies of Delhi, Tamil Nadu and Karnataka. YHP initiatives are designed on a community-based model.

Geography

Phase 1 and 2

State: Delhi

Number of Districts: 5 resettlement colonies in Delhi

Phase 3 and 4

State: Delhi, Karnataka & Tamil Nadu

Number of Districts: 7 resettlement colonies in Delhi; 4 in Bengaluru and 3 in Chennai

Target Population

Marginalised and disadvantaged young people aged 10-24 years

Reach

ADOLESCENTS AND YOUNG PEOPLE

Phases 1 and 2

- Reached 199,387 young people, including 2,200 young people trained as Peer Educators.

Phases 3 and 4 (Delhi)

- Reached 269,451 young people, including 2,531 young people trained as Peer Educators in Phase 3; and a total of 46,025 young people, including 390 young people trained as Peer Educators in Phase 4.

YHP Bengaluru

- Reached 23,823 young people, including 482 young people who were trained as Peer Educators.

YHP Chennai

- Reached 8,446 young people, including 405 young people who were trained as Peer Educators.

OTHER STAKEHOLDERS

Phase 1 and 2

- Reached 119,770 members of the wider community, including 623 healthcare workers, 13,685 parents, 362 teachers and 67 community leaders.
- In total, 119,770 people have been reached in 5 project communities in Delhi.

Phase 3 and 4 (Delhi)

- Reached 125,647 and 140,355 community members in Phase 3 and 4 respectively.
- 882 healthcare workers and 911 teachers were trained on NCD risks factors for creating awareness with young people regularly during their work in Phase 3.
- 314 healthcare workers, 4,870 parents, 340 teachers and 634 community leaders were trained in three resettlement colonies of Delhi in Phase 4.

YHP Bengaluru

- Reached 58,484 community members, 150 healthcare workers, 5,128 parents in four resettlement colonies of Bengaluru.
- 321 teachers and 90 community leaders were trained in four resettlement colonies of Bengaluru.

YHP Chennai

- Reached 6,911 community members, 131 parents, 15 teachers and 64 community leaders trained in three resettlement colonies of Chennai.

Programme Details

BUILDING CAPACITIES OF HUMAN RESOURCES

- It trained adolescents to become Peer Educators (PE) who inform their peers on health issues and provide refresher training for existing PEs. The trained PEs have delivered numerous health promotion activities, including theme-based competitions, drawing, debates, quizzes, and sports. All the trained PEs reported disseminating learnt information with the adolescents and community people.
- It trained teachers to be more responsive to adolescent health needs, and health service providers on how to offer 'adolescent-friendly' services.

- Young people received training on street theatre, which has enabled them to deliver YHP awareness messages through community drama, and also provided them with skills to enhance their livelihood opportunities.
- Government healthcare providers, including medical officers, counselors, pharmacists, Anganwadi workers (AWWs), accredited social health activist (ASHA) workers, and auxiliary nurse midwives (ANMs) were trained on key YHP thematic areas.

DELIVERING SERVICES

- It established Health Information Centers (HICs) as community spaces specifically tailored to be welcoming to young people. They served as a central hub for conducting various activities in the community and provided a secure and age-appropriate environment for young people to acquire knowledge about key health issues in an engaging and interactive manner.

GENERATING AWARENESS AND DEMAND

- It arranged themed camps and fairs addressing specific adolescent health issues.
- It implemented drop boxes at private areas of HIC where young people could anonymously submit their questions, which would be discussed in a group setting on a weekly basis.
- It implemented school-based activities, like establishing water and sanitation committees in 18 schools to improve sanitation practices and facilities.
- It encouraged youth voices by establishing an editorial committee of children to support the development of YHP resources, such as a programme newsletter, Information Education Communication (IEC) materials such as posters and wall writing (semi-permanent wall painting).
- It empowered young people by building knowledge and skills on NCD prevention, enabling them to take informed decisions about their health, using peer education and community outreach (Phases 3 and 4 only).
- It mobilised communities, including schools, families and community leaders on NCD prevention and the broader health of young people, to create a supportive and enabling environment for the latter (Phases 3 and 4 only).

DEVELOPING INFRASTRUCTURE

- YHP supported the establishment of two clinics that provide adolescent-friendly health services, which aligns with the mandate of the RKSK programme.
- Facilitated establishment of special clinics with convenient opening times for adolescents, resulting in a steady increase of adolescents accessing health services at government health facilities, instead of remaining unsupported, or resorting to unqualified doctors.

ADVOCACY

- It advocates for a policy environment that supports NCD prevention and promotes the broader health of young people.
- It influenced local government in the resettlement colonies to make small steps towards improving waste disposal and access to clean water.

Programme Impact

Impact was measured via baseline, midline and endline surveys.

ENABLING BEHAVIOUR CHANGE AND PRACTICES (PHASES 1 AND 2)

- 84% of the youth surveyed believed that TB is treatable.
- 13,685 parents received information and education through outreach activities conducted at the HICs, increasing overall awareness of health messages within their families and communities.
- About 83% of the respondents reported understanding the harmful effects of substance use, including the link between substance use and addiction, and its association with antisocial behaviour.
- The programme saw a 16% rise in awareness about adolescent-friendly health services among young people, and a 20% rise among peer educators.

ENABLING BEHAVIOUR CHANGE AND PRACTICES (PHASE 3)

- 98% of young people surveyed were able to access Adolescent-friendly Health Services (AFHS).
- 97% of peer educators reported an increase in confidence and ability to engage their peers and community.
- More than 90% of young men and women engaged in physical activity including sports, yoga, walking and dancing.
- Over 76% of young people mentioned a decrease in consumption of added salt.

BUILDING CAPACITIES OF HUMAN RESOURCES

- The programme trained 288 workers such as ASHAs, ANMs, and AWWs on how to reduce risk behaviours among youth and provide adolescent-friendly health services at primary health centres.

DELIVERING SERVICES

- 70.6% young people expressed their satisfaction with the services being provided to them by the government under AFHS (Phase 3).
- Peer Educators and YHP staff referred 1,551 adolescents who needed medical advice or services to health facilities for issues such as TB, dengue, malaria and SRH.

Note: Phase 4 of the programme is in early stages of implementation as of 2023, and impact data is not yet available.

Programme Recognition

BUILDING CAPACITIES OF HUMAN RESOURCES

- YHP has been recognised by the National Human Resource Development Network (NHRDN) India as 'Best CSR Practice' in 2016.
- It has received the Gold Award under the category 'NCD Prevention Campaign' at the 7th India Health and Wellness (IHW) Summit 2021 held in Delhi.

Sources

- | | |
|---------------------|--------------------------------------|
| • AstraZeneca n.d. | • AstraZeneca & Plan India 2010-2015 |
| • AstraZeneca n.d.a | • Plan India n.d.c |
| • AstraZeneca n.d.b | • BBC 2023 |



Society for Nutrition, Education and Health Action (SNEHA)

SNEHA is a secular, non-profit organisation that works with women, children and families in communities; and with public health and safety systems. It works to improve nutrition, reduce maternal and neonatal mortality and morbidity, improve infant and child feeding practices, increase immunisation rates among children, and reduce gender-based violence.

Programme: Empowerment, Health & Sexuality of Adolescents (EHSAS)

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources

Core Focus Area

• Sexual Health • Social determinants of health – GBV, food security, social protection schemes • Mental Health • Nutrition

Intersectional Focus Areas

Sexuality, child sexual abuse, citizenship, human rights, and careers

Start Date: 2001

End Date: Not applicable (NA)

Status: Ongoing

Objective

The programme aims to empower adolescents using a gender-transformative approach through experiential education, parental involvement, community mobilisation and supporting public health services.

Geography

State : Maharashtra

Number of districts: 3

Target Population

ADOLESCENTS

• Girls and boys aged 10-19 years.

OTHER STAKEHOLDERS

• Youth, parents, community members, public health system, police, local governments, schools

Reach

OTHER STAKEHOLDERS

• 12,160 youth reached through life skills and health education programmes.

Programme Details

GENERATING AWARENESS AND DEMAND

- EHSAS engages with the community through meetings, campaigns, home visits, street plays, and workshops on topics such as child sexual abuse and child marriage.
- It has established community-based resource centres that provide a safe space for adolescents to share their questions and concerns, and engage with parents and community gatekeepers through meetings and counselling sessions. The centres house a resource library with books and other media on sexuality, gender, health and human rights.
- It provides age-appropriate group education on nutrition, emotional resilience, gender, SRH, GBV, child sexual abuse, citizenship rights and duties.

DELIVERING SERVICES

- It provides anthropometry and anaemia screening, protocol-based treatment packages including Iron and Folic Acid (IFA) tablets and nutrition counselling at the family level.

- It provides mental health screenings and links adolescents to counselling, therapy, and psychiatric services; it runs a community-based stepped care model through barefoot counsellors.
- Partnership with municipal health posts (for deworming tablets, WIFS, Tetanus Toxoid (TT) Injection and Health talks) and with public hospitals such as the Lokmanya Tilak Municipal General Hospital in Mumbai, for referrals in cases of severe anaemia, gynaecological and psychiatric treatment.

BUILDING CAPACITIES OF HUMAN RESOURCES

- It enables young people to become peer leaders through citizenship education workshops and leadership inputs, who then work on civic issues, facilitate group education with younger adolescents, identify cases of GBV and sexual abuse in their communities.
- It builds adolescent competency with system staff such as that from the public health system, local schools, and child care services on adolescent and youth issues.

Programme Impact

Impact data was measured via in-depth interviews and Focus Group Discussions (FGDs):

ENABLING BEHAVIOURAL CHANGE AND PRACTICES

- Increased awareness among public health staff about sexual and reproductive health issues, as well as the need for services specifically for adolescents.
- Increased understanding of gender, puberty, gender-based violence, and child sexual abuse among young people; it also led to a change in attitudes towards gender, and improved behaviour and interpersonal skills.
- Sessions held with parents have reportedly improved attitudes towards gender, communication between parents and children, and have led to discussions of previously taboo topics.
- Change in attitudes towards gender and improved behaviour and interpersonal skills among young people.
- 97% adolescent girls are using hygienic menstrual management methods.

DELIVERING SERVICES

- 88% adolescents were screened for mental health issues, of which 49% were identified for common mental disorders and provided support.
- 10% reduction in number of anaemic adolescents annually (1,200 screened annually).
- 24 percentage point-increase in the number of adolescents receiving WIFS tablets.

Sources

- SNEHA n.d
- Ajgaonkar et al. 2021
- Ajgaonkar et al. 2022
- Srivastava & Sinha 2023



Sangath

Sangath is a non-governmental, not-for-profit organisation that has been operating in Goa and other Indian states for 25 years. It addresses the psychological and social needs of people through comprehensive interventions.

Programme: School Mental Health Promotion Programme (SMHPP)

Note: The programme was called **Strengthening Evidence Base on sCHool-based intErventions for pRomoting adolescent health (SEHER) in Bihar**.

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources

Core Focus Area

- Mental Health
- SRH
- Gender-based violence
- Substance misuse
- Bullying
- Study skills
- Life skills and Socio-Emotional Learning (SEL)

Start Date: 2013

End Date: (NA)

Status: Ongoing

(For the SEHER programme in Bihar and onwards in the form of SMHPP)

Objective

The programme promotes social skills among adolescents through the participation of the school community, nurtured relationships between teachers and parents, and involved students in school-level decision-making processes to encourage a sense of belonging and connectedness to the school.

The programme covers everyone involved in a school setting, including all students and stakeholders. It is established with the rationale that everyone needs to be aware to be able to make informed choices, and that support and guidance should be available whenever they need it. The programme aims to provide support without isolating or labelling any child, while also offering guidance to those who may be experiencing issues or requiring professional help in a supportive and sensitive manner.

Sangath's aim through the SEHER programme was to determine if the intervention would work in a resource-limited state such as Bihar and, if successful, could be applied anywhere. The intervention also aimed to determine whether teachers or counsellors would be the best delivery agents, and explore the impact of improving the school climate on students' mental health and overall school functioning.

Geography

States - Bihar (closed), Goa (The Goa government programme is supported by Prachi Khandeparkar, in an individual capacity as a technical advisor), Maharashtra (Active).

Number of Districts - 4

The programme was initiated in Bihar and later scaled up to Pune.

Currently, the programme is also active in the Gadchiroli district of Maharashtra (aspirational district) through Ashramshalas (Education scheme for children belonging to Scheduled Tribe (ST)).

Target Population

ADOLESCENTS

- Girls and boys in Classes 9 to 12 (Bihar)
- Girls and boys in Classes 5 and above (Pune and Gadchiroli in Maharashtra)

OTHER STAKEHOLDERS

- Teachers
- Parents
- Community

Reach

- The programme has reached more than 150,000 students. Each year 15,000-20,000 students are added to the programme.
- Reached 20,000-25,000 teaching and non-teaching staff.
- Reach more than 50,000 parents.
- It worked with 75 schools in Bihar and is currently working with 45 schools in Pune district and 24 Ashramshalas in the Gadchiroli district.

Programme Details

GENERATING AWARENESS

- A lay counsellor called a 'SEHER Mitra' (SM) or 'school health facilitator' or an existing teacher referred to as 'Teacher as SEHER Mitra (TSM)' (only in Bihar), led activities such as skit presentations, role-playing, and group discussions during the school's general assembly, which took place four times a month.
- A monthly wall magazine is created to enhance knowledge on a specific topic chosen for each month.
- The curriculum covers 'Rights and Responsibilities' to help children think and discuss their responsibilities and rights with respect to bullying, substance misuse and other issues.
- The programme also focuses on translating knowledge to action for effective impact. For topics discussed in class, students are encouraged to set goals and commit to put learning to practice. For example, students may commit to taking a bath everyday or switching off the lights if they are the last one to leave a room, and also encourage their classmates to adhere to their set goals.

DELIVERING SERVICES

- The SM or TSM deliver the curriculum with students. They offer problem-solving counselling for health complaints, social difficulties, nutritional problems, and academic difficulties for students who sought help or were referred by teachers. For students with serious physical or emotional and behavioural issues, referral paths to specialists are established.
- A 'speak-out box' in the form of a letterbox allows students to raise concerns, complaints, and suggestions anonymously. The SM or TSM open the box once a week, and if students identify themselves, they are provided one-to-one counselling to address the issues they raised.
- The programme establishes a School Health Promotion Committee to oversee the design and implementation of interventions in each school, ensuring their acceptability.
- The delivery model in Pune is modified based on the learning from the SEHER programme in Bihar. Recognising that the Bihar model of one counsellor per school was resource-intensive, the model was refined to have one counsellor visiting 2-3 schools, depending on school enrollment, rather than one counsellor per school.

BUILDING CAPACITIES OF HUMAN RESOURCES

- Teachers are trained annually in mental health literacy, supportive and non-exclusionary disciplinary practices, common mistakes in classroom control, and misconceptions about school discipline through workshops.
- Counsellors are trained at a seven-day offsite programme. Their counselling skills and pedagogical skills are assessed for classroom sessions. They are then supported and hand-held by supervisors (mental health professionals) onsite.
- Regular workshops are conducted for parents to teach them how to effectively navigate the challenges of raising an adolescent, importance of education, mental well-being, learning problems and so on.

Critical Factors Contributing to Intervention Success

ENGAGEMENT WITH ADOLESCENTS

- Engaging students in the form of peer groups, encouraging them to discuss mental health topics with their classmates and providing opportunities to generate ideas, helps to increase buy-in and provides valuable input to the programme. This collaboration leads to greater acceptability of the curriculum, targeted to the needs of students.
- Real-life case studies can be used to engage students by providing them with practical examples of how to handle challenging situations can increase relatability with the curriculum. For instance, a role-play exercise could involve an adolescent being bullied due to peer pressure, and demonstrating how they can respectfully tell their friend to stop teasing them or say 'No' to an offer to indulge in substance misuse.
- Evidence shows that early intervention (starting from Class 5) has a positive impact on student well-being. Students who participate in mental well-being programmes during primary school tend to better adjust when transitioning to secondary school, where attitudes and behaviours are more likely to be firmly established.

CADRES TO DELIVER MENTAL HEALTH CARE

- To foster a supportive and inclusive school environment, it is crucial for counsellors to have an active presence in the school system. This includes regular communication with teachers and students and participation in social engagements and activities. By doing so, they can help to secure buy-in and build strong relationships with the school community.
- The term 'counsellor' can often carry stigma for students, implying that they are suffering from mental health issues. Using the term 'mitra', meaning friend, can help create a more approachable environment for students to have conversations and feel more comfortable seeking support.

ENGAGEMENT WITH PARENTS AND THE COMMUNITY

- Regular engagement with parents and the community, facilitated through local support systems such as local ASHAs, AWW or ANM workers is critical and includes basic awareness and sensitisation sessions on topics such as violence, responsibilities, laws related to children, the importance of education, their role as parents or community members, and destigmatising mental health.

PROGRAMME DESIGN

- The programme adopts a whole-school, group and individual approach based on the WHO guidelines on health promotion in schools to address the entire school community, recognising that mental health is a crucial aspect of overall well-being that affects not only individuals, but is also enabled by the school environment as a whole.

Programme Impact

Impact was measured via a cluster-randomised controlled trial and student surveys:

ENABLING BEHAVIOUR CHANGE AND PRACTICES (BIHAR)

- Decrease in cases of bullying, violence perpetration and depression.
- Based on the student survey, more than 90% reported participating in the monthly competitions, attending the general assembly, and being aware of the counselling services.

SYSTEMIC ADOPTION (BIHAR)

- Policies on zero tolerance for bullying and substance use were adopted by schools after discussions with the principal, teachers, and students in the School Health Promotion Committee meetings. The policies were disseminated to students through assembly awareness campaigns and displayed on school notice boards.

The programme in Pune and Gadchiroli is in early stages of implementation as of 2023, and impact data is not yet available.

Programme Recognition

Recognised by the United Nations International Children's Emergency Fund (UNICEF) in 2021 as an evidence-based programme that creates learning environments and culturally acceptable interventions which encourage inclusion, and promotes and protects mental health.

Sources

- Shinde et al. 2017
- Shinde et al. 2018
- Shinde et al. 2020
- UNICEF 2021, p.26
- Sangath n.d.a
- Sangath n.d.b
- Sangath n.d.c
- Sangath n.d.d

CorStone



CorStone undertakes programmes focusing on the development of self-reliance, agency and resilience among marginalised and vulnerable youth, Their focus is on adolescent girls as key change-makers in their communities.

Programme: Youth First, Bihar

Systemic Levers



Generating Awareness and Demand



Building Capacities of Human Resources



Strengthening Governance

Implementing Partner

CorStone directly implements the programme in Bihar.

The organisation has also partnered with implementing organisations from three other states, Rajasthan, Jharkhand and Uttarakhand, for indirect implementation of the Youth First Programme in the community. However, that is not within the scope of this report.

Core Focus Area

- Mental and emotional well being
- SEL - Emotional awareness and management, positive psychology, goal-setting, problem-solving, and assertive communication
- SRH
- Nutrition
- Gender and violence
- Others - Clean water and hygiene

Start Date: 2015

End Date: (NA)

Status: Ongoing

Objective

Youth First programme is a psychosocial resilience, adolescent health, and gender rights intervention, which aims to promote the psychosocial, emotional, and educational well-being of its participants.

Note: The programme model development was tested in 2013-14 through an RCT, after which the same programme was conducted in middle schools as Youth First, and in residential girls schools as Girls First. Based on the well-documented impacts of the Girls First | Bihar programme, and in alignment with the 2020 New Education Policy, Youth First provides an integrated, school-based, resilience and adolescent health training programme to improve mental well-being and physical health, school performance and engagement, self-advocacy, social skills and relationships among youth.

Geography

State - Bihar

Number of districts - Till date it has been implemented in 4 districts. The programme is partnering with the government to reach all districts in Bihar by 2025.

Target Population

ADOLESCENTS

- Adolescents in Classes 7th and 8th.

OTHER STAKEHOLDERS

- Government school teachers.
- Teacher training institutions, including the District Institute of Education & Training (DIET) faculty and Master trainers.

Reach

- Reached all teacher training institutions, including the DIET faculty across all 38 districts of the state.
- Reached 1,632 government schools across 4 districts.
- As of 2023, reached approximately 115,000 students and 3,450 teachers.

Programme Details

GENERATING DEMAND AND AWARENESS

- The Youth First initiative commences with a programme called the Youth First Resilience Curriculum, consisting of a progressive two-year curriculum of 32 sessions. Each year has 16 sessions: the first ten sessions are focused on promoting mental and social well-being (MSWB) among young individuals followed by a six-session adolescent gender and health curriculum. This resilience curriculum covers various topics including character strength, emotional intelligence, mindfulness, gratitude, goal-setting, problem-solving, conflict resolution and effective communication. The resilience curriculum is followed by sessions on adolescent health and gender, covering topics on reproductive and sexual health, hygiene, gender and violence.
 - A typical lesson combines 20-30 minutes of skill building followed by 30 minutes of group discussion and problem-solving.
- The curriculum is interactive and facilitative, utilising stories, discussions and activities to convey and practise concepts and skills.
- The trained school teachers establish and facilitate peer-support groups of 15-20 students each, during the school day for one hour each week.
- Manuals which include the curriculum and steps to be followed during each session are provided to facilitators.

BUILDING CAPACITIES OF HUMAN RESOURCES

- A cascade train-the-trainer model is used, in which CorStone trains district government master trainers, who then train local school teachers to facilitate the programme content.
- Ongoing refresher training and field support is provided to facilitators who need additional support.
- Training is offered to faculty members from all teacher training institutions, including the DIET faculty's across the state, who undertake regular in-service and pre-service training for all recruited teachers and Bachelor of Education (B.Ed) students.

STRENGTHENING GOVERNANCE (IN THE EDUCATION SYSTEM)

- Monitoring protocols by master trainers included observations of adherence to the curriculum in the manuals, as well as the facilitators' ability to adequately deliver curriculum and manage participants.

SYSTEMIC ADOPTION

- Integration within key educational training institutions such as DIETs to ensure the Youth First programme's sustainability and scale-up across the state.

Critical Factors Contributing to Intervention Success

PROGRAMME DESIGN

Adding health, gender and intersectional areas as an add-on to core SEL interventions could lead to better outcomes for adolescents, as suggested by evidence generated by the programme. Emotional resilience programmes build life skills and coping mechanisms, and thereafter adding a health and gender component, results in a more comprehensive approach to promote not only overall well-being and mental health among adolescents, but also give them skills to build better relationships, challenge discrimination and create social transformation.

Programme Impact

Impact was measured across different phases of the programme:

1. Model Building: The programme model (common to Youth First and Girls First) was tested through a Randomised Control Trial (RCT) to assess the impact of adding resilience to a standard health curriculum conducted only among girls. The results demonstrated that in the arm where girls received a combined resilience and health curriculum, impact was amplified on health outcomes. Some key results are as follows:

- There was a 33% increase in emotional resilience among girls.
- 99% girls improved their knowledge on HIV and AIDS, menstruation, anaemia, malaria, clean water, substance use, and health consequences of early marriage, relative to the control group.
- Attitudes about gender equality among girls improved by 18%.
- 96% girls showed improved clean water behaviour such as purifying water through filtering, boiling, or chlorinating.

2. Scale-up Phase:

- Pre and post assessments were conducted annually through the period from the implementation science phase (2015-2017) to scale-up trials (2018-2022) to assess impact across key resilience, health and education-related indicators that showed consistent improvement from pre-post assessment.
- A systematic follow-up impact assessment was conducted qualitatively via focus group discussions in 2022 with a cohort of students 3.5 years after the baseline and 1.5 years after the end of intervention:

FGD guides included vignettes including fictitious characters that described challenges frequently faced by students in the study area, customised for boys and girls.

AWARENESS THAT THE SITUATION IS LINKED TO SOCIAL INEQUALITY

- Girls in both the intervention and control arms were aware that social inequalities between boys and girls existed, and they attributed the situation in the vignette to the existence of these unequal social norms.

AWARENESS THAT THE SITUATION IS 'WRONG'

- Girls and boys from both arms were also clear to a similar extent not only that the situation was “wrong,” but also that the main character should do something concrete to change it. They also believed that the inequality that had caused the situation itself was unfair and should change.

RELATED TO THE SITUATION AND HAD BASIC IDEAS OF HOW TO SUPPORT

- Girls across both intervention and control arms both indicated that if they knew someone in this situation, they would provide emotional support, talk to the girl's parents, and provide encouragement to the girl to reach her goals.

Sources

- Leventhal et al. 2018
- Leventhal et al. 2022
- CorStone n.d.

Solutions in Sexual and Reproductive Health (SRH)



EngenderHealth

EngenderHealth

EngenderHealth is a global non-profit organisation committed to advancing sexual and reproductive health and rights and gender equality. EngenderHealth largely partners with health systems and governments to provide sustainable, high-quality services and a policy environment that supports access to care.

Programme: TARUNYA- Adolescent Health and Development Program

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources

Implementing Partners

Aragami India, Integrated Development Foundation and MAMTA

Core Focus Area

Sexual and Reproductive Health (SRH)

Start Date: 2011

End Date: 2021

Status: Completed

Objective

The programme aimed to provide young people with sexual and reproductive health and rights information and services, and foster a supportive enabling environment.

Note: EngenderHealth began providing technical assistance to the Government of Jharkhand in 2008 and began supporting the RKSK programme in 2017 in one district of Bihar. This perspective captures learnings from implementation in Bihar since 2017.

Geography

State: Bihar

Number of districts: 3

Target Population

ADOLESCENTS

- Marginalised out-of-school adolescents aged 10-19 years.

Reach

ADOLESCENTS

- Between January 2017 and January 2023, the project reached a total of 588,595 adolescent contact points – 56% of whom were girls and 44% of whom were boys – with health information and services from programme-supported facilities and providers.

Programme Details

The programme aimed to improve AFHCs at facilities and increase community outreach to adolescents through PEs and Adolescent Health Days (AHDs).

The programme closely collaborated with the State Health Society, Bihar to promote the agenda of adolescent health in the state. In addition, the programme supported the Bihar government in implementing its RKSK adolescent health programme.

GENERATING AWARENESS AND DEMAND

- The programme focused on reaching marginalised out-of-school adolescents through the peer educator model and formed adolescent peer groups to facilitate group meetings for discussing SRH topics in the community.
- Adolescent-friendly clubs were formed to serve as learning platforms, where PEs from different villages could share challenges and successes.
- AHDs were organised to increase awareness among adolescents, parents, and other influencers about the RKSK programme and adolescent health issues and to promote uptake of adolescent health services.
- It engaged with adolescents in private coaching institutes to raise awareness on RKSK, SRH, and GBV-related issues.
- The programme created an enabling environment at communities through the engagement of parents, siblings, village resource groups which included Anganwadi workers, Panchayati Raj Institution (PRI) members, SHGs, JEEViKA members, Vikas Mitras, and teachers.
- The programme created a 'Positive Parenting Module' to engage parents as key positive influencers in adolescent lives.
- It also engaged elder brothers of adolescent girls in addressing key challenges faced by their sisters through the 'ABC module' as a means of promoting male engagement.
- A thorough village mapping was conducted and local ASHAs were directly approached to identify and engage peer educators who could best represent the community's diverse groups. This approach ensured acceptance by the entire community.

ADVOCACY

- The programme facilitated convergence by improving coordination amongst government departments and civil society.
- It leveraged existing programmes such as Nehru Yuva Kendra Sangathan (NYKS) and skill development for advocating and incorporating adolescent health issues in their programmes.
- Kishore Sammelan events were organised at the primary health centres for peer educators and adolescents to visit their local health centres and share feedback on the programme with health providers and government officials from the district health, education, and social welfare departments.

DELIVERING SERVICES

- It operationalised the AFHCs by supporting the creation of private rooms or spaces where adolescents could receive confidential services. The programme also equipped these clinics with key infrastructure and basic supplies, including registers for record maintenance.
- Diverse stakeholders converged to strengthen adolescent health services, such as the District Committee on Adolescent Health (DCAH), which brought together representatives from the Education, Health, Women and Child Development, and Youth Affairs departments.
- It partnered with a local NGO that was familiar with the local community and had the capacity to offer human resources to serve as counsellors and block coordinators. They played an important role in mentoring PEs and ASHAs, in addition to supporting AFHCs.

BUILDING CAPACITIES OF HUMAN RESOURCES

- The capacity of personnel at AFHCs (ANMs, GNMs, Counsellors) was built to empower them to effectively fulfil their prescribed roles in the RKSK. The availability of counselling services was strengthened by training project staff and facility staff (ANMs & General Nursing and Midwifery (GNMs)) and peer educators to ensure sustainability.
- Gender, youth and social inclusion orientations were provided to build the capacity of project and government partner staff to reflect on, challenge, and change harmful norms and biases.
- Capacity building of data entry operators and ANMs on project reporting was undertaken.

Programme Impact

Impact was measured via baseline and endline survey (two rounds, August 2019 and October 2020)

ENABLING BEHAVIOUR CHANGE AND PRACTICES

- Awareness of health services in the community increased from 27.9% at baseline to 70.6% at the endline survey.
- A significant increase in knowledge and awareness levels was seen among adolescents in PE areas. Awareness of HIV or AIDS which increased from 47.5% to 65.3%.
- 46.3% of adolescents who interacted with the PE went on to avail a service from the AFHC.
- The use of menstrual hygiene products for menstrual protection increased from 75.7% to 85.9% in PE areas.
- Attendance at adolescent health days increased five-fold from 6.5% to 33.7%.

BUILDING CAPACITIES OF HUMAN RESOURCES

- The programme built the capacity of 99 ANMs and GNMs, and 3,686 village resource groups (ASHA, AWW, teachers, JEEViKA and PRI members) including 345 ASHA facilitators, enabling them to play their prescribed roles in RKSK.

Programme Recognition

Recognised by USAID as replicable initiatives in adolescent health and development.

Sources

- EngenderHealth n.d.a
 - EngenderHealth n.d.b
 - EngenderHealth n.d.c
 - Kurup et al. 2021
 - Agragami India n.d.
-

CREA



CREA is a feminist international human rights organisation led by women from the Global South. CREA's work draws upon the inherent value of a rights-based approach to sexuality and gender equality.

Programme: Kahi Ankahi Baatein

Systemic Levers



Generating Awareness and Demand



Leveraging Technology

Core Focus Area

Sexual and Reproductive Health and Rights (SRHR)

Intersectional Focus

SRHR for women and girls with disabilities

Collaborators

CREA and Gram Vaani in partnership with TARSHI, Maraa and Gunjan Sharma (independent consultant) have contributed to the design, content creation of the mobile phone info-line 'Kahi Ankahi Baatein.'

Start Date: 2016

End Date: NA

Status: Ongoing

Objective

Kahi Ankahi Baatein ("Saying the Unsaid") is a technology-based infoline aimed at providing information on SRHR, choice and consent to young people in Hindi-speaking communities through brief, narrative-style Hindi messages. The service is offered by CREA in partnership with Gram Vaani and TARSHI, and four community radio stations - Apna Radio, Alfaz-e-Mewat, Gurgaon ki Awaaz and Waqt ki Awaaz.

Geography

States: The info-line has been accessed by callers from more than 24 states and 6 Union Territories.

Target Population

ADOLESCENTS

- Adolescents below 18 years of age

OTHER STAKEHOLDERS

- Youth who are 19 years old and above

Reach

ADOLESCENTS

- Adolescents below 18 years of age form about 44% of all callers.

OTHER STAKEHOLDERS

- Young people aged 19-25 years form about 41% of callers.
- People aged 25 years and above form 13% of all callers.

Programme Details

GENERATING AWARENESS AND DEMAND

- The episodes explore a range of issues around gender, sexuality, sexual health, and GBV, and include topics such as virginity, condoms, break-ups, body image, gender-based discrimination (GBD) and others.
- It provides a safe and anonymous platform for young people to get essential SRHR information in Hindi.
- Four channels can be accessed by callers via the infoline, through which different types of content are delivered:
 - **Jaankari** (information channel with pre-recorded information on various SRHR-related topics): This channel broadcasts nine consecutive episodes that provide accurate information on various SRH issues.

ADOLESCENT HEALTH IN INDIA

- **Abhiyaan** (curated content in partnership with community radio stations): This channel provides information on themes such as abortion, misconceptions about masturbation, female masturbation, and reproductive organs. Short audios with expert interviews, testimonials, suggestions, and advice are aired every Friday, and a drama series on the same topic is presented on Tuesday.
- **Sawal Jawab** channel: This is a dedicated channel where answers are posted in response to questions by callers on a weekly basis.
- **Baat Pate Ki**: Frequently asked questions (FAQ) channel.

LEVERAGING TECHNOLOGY

- Episodes are disseminated through an IVRS (Interactive Voice Recording System) to reach out to a diverse range of audiences across geographies and age categories.

Programme Impact

ACCESS: The infoline has been successful in reaching young unmarried populations who have limited access to information about SRH in general.

Sources

- Singh 2016
- CREA World n.d.a
- CREA World n.d.b
- Singhania & Muralidharan 2022

The YP Foundation (TYPF)



The YP Foundation (TYPF) is a youth-led organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice.

Programme: Know Your Body Know Your Rights (KYBKYR)

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources



Leveraging Technology

Implementing Partners

- DEHAT
 - Swabhiman Samiti
 - Asian Bridge India
 - i-Saksham
 - Izad Foundation
 - iLab Learning Hub
 - The Community Library Project
 - Ideal Youth for Revolutionary Change (IYRC)
 - Swechha
- Previously, partners included:**
- Agrabami India
 - Yeh Ek Soch (YES) Foundation
 - Centre for Social Equity and Inclusion (CSEI)
 - Nine is Mine

Core Focus Area

Sexual and Reproductive and Health, Rights and Justice (SRHRJ)

Intersectional Focus

- Sexuality
- Human rights
- Disability
- Violence and discrimination
- Mental health
- Sexual and GBV prevention

Start Date: 2009 End Date: NA Status: Ongoing

The KYBKYR programme started in 2009 and the curriculum has been regularly updated to make the content more affirmative and catered towards community needs. It was formalised as a disability-affirmative, queer-trans-affirmative, and pleasure-affirmative document in 2019 as per the International Technical Guidance on Sexuality Education (ITGSE) guidelines.

Objective

The KYBKYR programme aims to empower adolescents and youth by providing information on health, sexuality, and human rights without any stigma. The programme enhances the ability of young people to advocate for their health and well-being on personal, community, state and national levels. The programme has been implemented in day schools and residential schools.

Geography

State: Delhi, Uttar Pradesh, Rajasthan, Bihar & Kerala Number of districts: 8

Target Population

ADOLESCENTS

- Adolescents below 18 years of age.

OTHER STAKEHOLDERS

- Youth who are 19 years old and above.

Reach

ADOLESCENTS AND CHILDREN

- Young adolescents between the ages of 9-13 years, and adolescents aged 14 years and above, both in-school and out of school settings, belonging to marginalised and vulnerable communities.

OTHER STAKEHOLDERS

- Youth above 18 years
 - Parents
 - Teachers
 - Front Line Workers (FLWs)
- The programme reached over 13,000 young people across schools and community settings through comprehensive sexuality education for adolescents aged 14 years and above, from diverse geographies in 2019.
 - It also reached over 350 young people across schools and community settings in Delhi and National Capital Region (NCR) through comprehensive sexuality education for adolescents aged 9-13 years.

Programme Details

GENERATING AWARENESS AND DEMAND

- The Comprehensive Sexuality Education curriculum is specifically designed for two age groups, 9-13 years, and 14 years and above.
 - The curriculum for 9-13 years has a trans-feminist, pleasure-affirming, and rights-based perspective. It consists of 10 sessions of 1-1.5 hours each, with two additional sessions acting as a buffer for the implementation of monitoring and evaluation tools and revision-based activities.
 - The curriculum for 14 years and above has 13 sessions on various themes such as bodily changes during adolescence, different types of sexual identities, identity and power, gender, beauty standards, attraction and sex, healthy relationships and rejection, masculinities, effective communication, violence and consent, contraception, abortion, and STI. Rights and pleasure serve as the fulcrum of the curriculum and are present as cross-cutting themes in all sessions. Each session is 1.5 hours long.
- The curriculum is contextualised to local settings and has activities which are based on lived experiences, making the concepts easier to grasp.
- The curriculum has been adapted for delivery in school spaces condensed into an 8-hour module from the original 16-hour version. The curriculum was also adapted for a two-day 'summer camp' setup for a boot camp model in 2022, working with 200 adolescents aged 9-13 years. This flexibility is important for implementing the curriculum in a school environment.
- Through the programme, regular meetings are held with educators and parents to update them on the conversations being held with adolescents. This serves as an opportunity to build their capacity to support shifts in attitudes and behaviours that adolescents may experience. For instance, in a school setting, if the adolescents demand access to information, the educators should be equipped to answer their questions and support the change.
- The programme organised two pride events in Varanasi and Siddharth Nagar. These events helped build queer solidarity and create a positive conversation about acceptance.

BUILDING CAPACITIES OF HUMAN RESOURCES

- The programme empowers peer educators to become self-sufficient CSE educators through both scheduled training and informal capacity-building discussions.
- It trains older peer educators (18+) to commit 20 hours per week with higher accountability, and younger participants (14+) with lower accountability as they have other commitments. The focus for young adolescents is leadership development and advocacy participation.
- The programme places a special focus on recruiting gender and sexual minorities from historically marginalised communities who have experienced discrimination based on religion or caste to serve as KBYKYR fellows, to maintain a balanced representation of the participants.
- Peer educators co-lead sessions with KYBKYR fellows and focus on either content or programme delivery, depending on the topic at hand. For example, when the topic concerns puberty and the body, the peer educators involvement might be higher. However, if the topic shifts towards pleasure, and the peer educator may not have the capacity to lead and the session may be led by the fellows. This approach allows for different levels of involvement and accountability among the peer educators.
- It includes sensitisation as well as capacity building of teachers to answer any follow-up questions that adolescents might have regarding SRHR and support the attitudinal shift that they might experience.
- The curriculum has been translated into local languages to enhance the effectiveness of the programme delivery.
- Outside Delhi, the programme trains organisations who further use the peer education model to deliver the curriculum to larger groups to ensure sustainability of efforts.

DELIVERING SERVICES

- During the COVID-19 pandemic, adolescents in Siddharth Nagar came together to establish a help desk to ensure the delivery of contraceptives.
- The programme ensures that contraceptives were available at Community Health Centres. A supply of contraceptives is also provided to ASHA and ANM workers for them to disseminate at the village level.

ADVOCACY

- It advocates for strengthened implementation of RSKS programme and AFHCs by engaging with government officials and ensuring that the necessary resources, such as contraceptives and counselling services, are made available.

LEVERAGING TECHNOLOGY

- It provides digital literacy training to peer educators to make them more comfortable with technology.
- The curriculum includes video resources; podcasts on experiences of adolescents as well as facilitators; illustrated tools to be used during sessions; jamboards that can be used for virtual implementation.

Critical Factors Contributing to Intervention Success

ENGAGEMENT WITH PARENTS

- To address parental concerns regarding SRHR, the programme:
 - Highlighted the long-lasting positive impacts that this will have on their children's lives;
 - Emphasised on their feminist capacity-building approach which aims to equip adolescents with the skills and capacities to work in corporate environments more broadly.
- Even with initially hesitant parents, the positive impact from the first few sessions can be a key factor in securing their buy-in. When parents see their children working for the betterment of their community, they feel a sense of gratitude and pride, alleviating any concerns they may have had.

PROGRAMME DESIGN

- It is crucial to involve adolescents in the development of the curriculum to ensure it remains relevant and adaptive to changing social contexts and behaviours. The challenges faced by a 12th-grader now will not be the same as those faced by a 12th-grader in the past or in the future, hence requiring the curriculum to be flexible enough to adapt to these changes.

Programme Impact

A monitoring tool was implemented to gather baseline and endline data from programme participants.

RELATIONSHIPS

- 28%, 25% and 33% increase in the number of participants who could identify that inequality based on difference in power, gender, and gender identity respectively, can lead to discrimination or biases and inequalities within relationships.

VALUES, RIGHTS, CULTURE AND SEXUALITY

- 40% of participants started 'normalising' conversations around feelings of attraction that one experiences during adolescence.
- 52% increase in the number of participants who started recognising and challenging the ways in which socio-cultural norms influence the idea of a 'real man', and 58% increase in number of participants who became more accepting towards expressions of sexuality that did not conform to the prescribed norms.

UNDERSTANDING GENDER

- 62% increase in the number of participants who started believing that everyone has a right to determine a gender identity that is different from the one assigned to them at birth.

VIOLENCE AND STAYING SAFE

- 25% increase in the number of participants who recognised that intimate partner violence is a violation of human rights.
- 33% increase in the number of participants who showed an increased understanding of consent, and 57% increase in the number of participants who recognised that consensual sexual behaviour is an important aspect of a healthy sexual relationship.

THE HUMAN BODY AND DEVELOPMENT

- 36% participants showed an increased understanding about bodily changes. 40% of participants also showed an increased acceptance that everyone's body is unique and that everyone experiences changes differently.

SEXUALITY AND SEXUAL BEHAVIOR

- 33% increase in the number of participants who understood that sexuality is a healthy part of being human, even in cases when the expression of sexuality does not fit societal norms.
- 33% increase in the number of participants who understood that sexuality is a healthy part of being human, even in cases when the expression of sexuality does not fit societal norms.

SEXUAL AND REPRODUCTIVE HEALTH

- 60% participants showed an increase in knowledge and awareness on contraceptive methods.
- 56% participants displayed an increase in awareness on RTIs, STIs, HIV and AIDS.

ADVOCACY

- The adolescents in Siddharth Nagar, Uttar Pradesh, organised a successful rally and presented six demands at a town hall meeting with a state representative and the family planning team. Three of their demands were fulfilled within three months, including the appointment of a gynaecologist, provision of medical termination of pregnancy services, and an ultrasound technician. In addition, a separate examination room was set up for women and gender minorities during gynaecological exams, to ensure privacy.

DELIVERING SERVICES

- Enhancing the leadership skills of 50-60 youth leaders to provide sexual and reproductive health information and services to their peers in communities.

The impact has also been captured by collecting the lived experiences of the adolescents whom the team work with, particularly in regard to accessing SRHR services during COVID-19 pandemic.

Programme Recognition

Recognised by The United Nations Educational, Scientific and Cultural Organization (UNESCO) as Comprehensive Sexuality Education Programme in 2014.

Sources

- The YP Foundation n.d.a
- UNESCO 2014
- The YP Foundation n.d.b
- The YP Foundation n.d.

Note: Information on the reach and impact is not available for some of the following interventions, and has been captured where available.

Solutions in Nutrition



JSI R&T INDIA FOUNDATION

JSI R&T India Foundation

JSI R&T India Foundation is a not-for-profit organisation focused on strengthening public health systems to raise equity, quality and access for vulnerable communities. Their mission is to improve the health and well-being of vulnerable communities through innovative, evidence-informed and replicable strategies in partnership with government, private sector and civil society. Since 2014, they have maintained an impact-driven portfolio on nutrition, supply chains, WASH, Reproductive, Maternal, Newborn Child and Adolescent Health (RMNCH+A) and TB control and prevention.

Programme: Adolescent Nutrition Sanitation & Health (ANSH)

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources

Collaborator

SHARP NGO

Core Focus Area

Nutrition

Intersectional Focus

WASH

Start Date: 2018

End Date: 2020

Status: Closed

Objective

The goal of ANSH project was to improve the nutritional status of 10-19 year-old adolescent, school-going and out-of-school girls and boys through evidence-based, globally accepted interventions in four aspirational districts of India, with Bhaich and Gaya as core intervention districts.

Geography

State: Uttar Pradesh, Bihar, Assam & Madhya Pradesh

Number of districts: 4

Target Population

Adolescents aged 10-19 years

Reach

ADOLESCENTS AND CHILDREN

- Mitigated anaemia in 150,000 rural adolescents.
- Assisting 2,058 undernourished adolescents to improve their Body Mass Index (BMI) through counselling on improved diet and WASH practices.

OTHER STAKEHOLDERS

- Engaged with 1,592 families, 198 FLWs and 256 peer leaders.

Programme Details

GENERATING AWARENESS AND DEMAND

- Enhancing knowledge of nutrition including the importance of balanced diet, consuming a variety of foods, choosing foods high in iron, deworming, and enforcing WASH practices among rural adolescents, their parents, teachers, peer leaders and the broader community to enhance their understanding.
- Creating a cartoon character named 'ANSHika' who acts as an example for older adolescent girls and enhances relatability. The illustration is displayed prominently on a wall, with simple messages about nutrition and WASH written next to it.
- Encouraging the use of fortified foods and regular Iron Folic Acid (IFA) supplements among adolescents.

DELIVERING SERVICES

- Supporting AFHC counsellors to improve nutritional counselling.
- Working closely with RKSK to improve uptake of WIFS and with Integrated Child Development Scheme (ICDS) to improve reach of Take Home Rations (THR).

BUILDING CAPACITIES OF HUMAN RESOURCES

- Building the capacity of FLWs on nutritional literacy.

Programme Impact

PREVALENCE

The programme was able to reduce incidences of anaemia and improve BMI in 150,000 rural adolescents.

ENABLING BEHAVIOUR CHANGE AND PRACTISES

- The programme organised 72 AHDs in 39 schools, 33 Anganwadi Centres (AWCs) and 49 Adolescent Clubs in Anganwadis.
- ANSHika corners have been installed in 30 schools and 20 AWCs to convey messages to adolescents in a lively manner.
- It improved nutritional literacy of 242 school teachers and 198 FLWs.
- Participatory knowledge building sessions were held with 1,246 out-of-school adolescents during AFHCs meetings held at AWCs.

SERVICE DELIVERY

- 62% increase in the number of participants who started believing that everyone has a right to determine a gender identity that is different from the one assigned to them at birth.

VIOLENCE AND STAYING SAFE

The distribution of Iron Folic Acid tablets through the WIFS programme has been made more efficient, and there has been an increase in participation by schools and children.

Sources

- Misra et al. 2019
- JSI R&T India Foundation n.d.a
- USAID n.d.b
- JSI R&T India Foundation n.d.b



The Akshaya Patra Foundation

The Akshaya Patra Foundation is an NGO working to combat hunger and malnutrition in schools by providing mid-day meals and supporting the education of disadvantaged children.

Programme: Mid-Day Meal Programme in India

Systemic Levers



Generating Awareness and Demand



Delivering Services

Core Focus Area

Nutrition

Intersectional Focus

Education

Start Date: 2000

End Date: NA

Status: Ongoing

Programme Details

GENERATING DEMAND

The menu is designed considering the regional palate, taste and flavours, using seasonal vegetables and local ingredients for diversity, following a cyclic approach with emphasis on local preferences.

DELIVERING SERVICES

The foundation operates through three types of kitchen models: Centralised, Decentralised and School-based Kitchens.

- **Centralised kitchens** are large facilities that have the capacity to prepare up to 100,000 meals per day. These kitchens serve multiple schools located in their vicinity. These facilities are semi-automated to ensure hygiene during the cooking process.
- **Decentralised kitchens** are established in areas where factors such as challenging terrain and inadequate road connectivity prevent the construction of large infrastructure. These kitchens are operated by women's SHGs under the guidance and supervision of Akshaya Patra's kitchen process and operations module.
- **School-based kitchens** are established by developing the existing school infrastructure and providing training on various operational aspects including quality, menu development to the deployed cook-cum-helps for effective handover.

Objective

Improving nutrition for children in classes 1-10 in government and aided schools, Education Guarantee Schemes (EGS) and Alternative and Innovative Education (AIE) centres, by increasing attendance and providing support to disadvantaged children and those in drought-affected areas.

Geography

States - Andhra Pradesh, Tamil Nadu, Telangana, Karnataka, Maharashtra, Assam, Madhya Pradesh, Chhattisgarh, Delhi, Gujarat, Odisha, Rajasthan, Tripura, Uttar Pradesh & Uttarakhand

UTs - Daman & Dadra and Nagar Haveli (DNH), Puducherry

Number of districts - 70

Target Population

ADOLESCENTS

- School children from Classes 1-10, both boys and girls, belonging to disadvantaged sections and in drought-affected areas, will receive support during summer vacations.

OTHER STAKEHOLDERS

- SHGs women

Reach

ADOLESCENTS AND CHILDREN

Akshaya Patra reaches out to 2,010,516 (includes Anganwadi feeding) children via 66 kitchens across fifteen States and two Union Territories of India, providing them with freshly cooked meals on all school days. It implements the mid-day meal programme in 22,367 schools of the country, with plans to expand.

Programme Impact

The Akshaya Patra Research Lab was established in collaboration with the Centre for Society and Policy at the Indian Institute of Science (IISc) Bangalore. An impact framework for the Mid Day Meal (MDM) scheme was developed by synchronising the main determinants of child health and nutrition, as identified by various studies and reports from organisations such as the World Bank, United Nations, WHO, and NITI Aayog on health and nutrition, with the MDM scheme. This framework serves as the foundation for evaluating the multi-level impacts of the MDM scheme on a child's nutrition.

ENABLING BEHAVIOUR CHANGE AND PRACTICES

- Increase in school attendance.
- The practice of children from diverse religious and caste backgrounds eating together has promoted a sense of unity.

DELIVERING SERVICES

- Providing children with the necessary nutrition, including energy, carbohydrates, proteins, and fats, through its mid-day meal programme for school children.

INFRASTRUCTURE

- Number of centralised kitchens: 66
- Number of decentralised kitchens: 2

Programme Recognition

- The organisation has been recognised as a member of the National Steering-cum-Monitoring Committee.
- Its technology and process used in centralised kitchens have been studied by renowned universities like Harvard.

Sources

- The Akshaya Patra Foundation n.d.a
- Upton et al. 2017
- The Akshaya Patra Foundation n.d.b
- OneWorld Foundation India 2012
- The Akshaya Patra Foundation n.d.c
- The Akshaya Patra Foundation n.d.d
- Centre for Society and Policy and Indian Institute of Science n.d.

Solutions in Preventing Injuries and Violence

Equal Community Foundation (ECF)



The Equal Community Foundation (ECF), located in Pune, India, has been actively working towards ending violence and discrimination against women in India since 2009. Their goal is to raise every boy in India to be gender equitable.

Note: In the coming years, ECF plans to enhance its strategy to make it more inclusive by including girls as part of their programmes.

Programme: Action for Equality Programme

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources

Core Focus Area

Gender equality (Preventing Injuries and Violence)

Intersectional Focus

• SRHR • Sexuality • Human rights

Start Date: 2009

End Date: NA

Status: Ongoing

Objective

The Action for Equality (AfE) programme is a community-based initiative that aims to change the behaviour and attitudes of adolescent boys aged 13 to 17 towards gender and gender-based violence.

Geography

State : Maharashtra

Number of districts: 1

Target Population

• Adolescent boys aged 13 to 17 in low-income and urban communities in Pune.

Reach

Reached 6,000+ adolescent boys

Programme Details

Note: Details have been captured for the programme phase upto March 2023, prior to the focus expansion to include girls.

DELIVERING SERVICES

• Programme mentors use a structured curriculum on Gender Transformative Approach to work intensively with participants in group education sessions. The full AfE programme lasts 18 months and is comprised of three separate stages:

• **Foundation Programme (15 weeks)**

Drives awareness about issues related to gender and enables participants to recognise and challenge the social and gender norms around them. It includes other themes such as human rights, sexuality, masculinity and healthy relationships. It allows them to identify discrimination within their communities, peer groups and families.

• **Action Programme (15 weeks)**

Encourages participants to take collective action to address gender issues in their communities and families. Over 15 weeks, participants, under the guidance of a mentor, learn about gender issues and develop ways to address them. The goal is for participants to take the lead in designing and implementing actions, and for mentors to play a supportive role.

• Leadership Programme (15 weeks)

Provides leadership training to participants once a month that focuses on building skills related to advocating for equality principles.

- The AfE curriculum is standardised, but contextual examples and case studies may vary depending on local contexts. It is available in multiple languages, including Hindi, English, and Marathi, with some translations in Bengali and Tamil.

GENERATING AWARENESS AND DEMAND

- The programme uses a participatory approach, where young people generate ideas and insights themselves. For example, in the human rights session, they imagine being on an uninhabited island and identify their requirements as a community, which are then linked to human rights.
- The programme recognises the importance of engaging boys with the perspective of girls and women. To encourage collaboration, the programme facilitates a platform for boys to engage in dialogue with girls about problems they face in the community.
- Programme mentors mobilise the boys by going house-to-house within the community and encouraging them to attend sessions held in community halls, such as the Samaj Mandirs.
- The intervention generates awareness about mental health through conversations about masculinity and peer pressure, and encourages boys to understand that crying is a normal human emotion and has nothing to do with one's gender identity.

BUILDING CAPACITIES OF HUMAN RESOURCES

- It trained over 70 community-based organisations (CBOs) across India to implement the AfE curriculum with boys. These CBOs are located in various states including West Bengal, Rajasthan, and Gujarat. However, the organisation itself does not directly work in these areas.

Critical Factors Contributing to Intervention Success

ENGAGEMENT WITH MEN AND ADOLESCENT BOYS

- Engaging men and boys is crucial for achieving meaningful change through women's and girls' empowerment initiatives. The programme is designed with the approach that viewing all men as perpetrators is not productive, and hence it is important to view them as potential contributors to the solution.

PROGRAMME DESIGN

- Identifying the root causes of gender norms is essential for promoting gender equality and enabling behaviour change.

Programme Impact

The impact was measured using Gender Attitude Survey (GAS), Knowledge and Skill Assessment, Outcome Surveys, Action Log and FGDs with parents:

ENABLING BEHAVIOUR CHANGE AND PRACTISES

- The percentage of boys supporting gender equitable attitudes increased from 3% to 50%.
- The percentage of graduates from the AfE programme justifying gender inequitable attitudes decreased from 54% to 5%.
- More than 70% of the mothers reported that boys do household chores on their own, without being told.
- Attitudes towards gender equity have improved with regards to girls' right to education, women's ability to work outside of the home and the right for women to choose their own attire.
- Participants have gained increased knowledge of gender and human rights issues, enabling them to raise awareness on gender-based violence and discrimination in their communities. They have also improved their skills to analyse situations related to gender-based violence and discrimination (GBVD), suggest solutions to address GBVD problems, and communicate clearly and confidently with people in the community.
- Results also show that graduates have better relationships with their sisters, do more household chores and pay more attention to their studies.
- During the pandemic, ECF mentors spoke with over 200 unemployed fathers at home, offering a platform to discuss mental health and ventilate their feelings. The programme gave them the chance to share their vulnerabilities, a topic they are not usually asked about. Women from these households reported reduced violence.

Sources

- Postles 2018
- Gonsalves 2021
- Equal Community Foundation (ECF) n.d.





Breakthrough India



Breakthrough India is an organisation whose primary focus is to reduce violence against girls and women, with the aim of changing social norms by making violence against women and girls unacceptable in society.

Programme: Adolescent Empowerment Programme

Systemic Levers

-  Generating Awareness and Demand
-  Building Capacities of Human Resources
-  Leveraging Technology
-  Strengthening Governance and Financing

Core Focus Areas

Gender-based discrimination (GBD) and gender-based violence (GBV)

Intersectional Focus

Gender identity, values, aspirations, goals, roles and stereotypes, recognition and tolerance towards discrimination and interpersonal skills such as public speaking, communication, inter-gender and intergenerational dialogue, negotiation, presentation, assertiveness, leadership, self-efficacy and trust-building, and SRH.

Start Date: 2014

End Date: NA

Status: Ongoing

Objective

The objective of Adolescents Empowerment Programme is to help adolescents reach their fullest potential by addressing the challenges of a gender-normative society. 'Taron ki Toli' (TKT) is a gender equity curriculum designed for adolescents in India to shape adolescents' gender attitudes and beliefs in a way that they do not accept GBD and GBV. This curriculum is rolled out in schools and the community.

The programme aims to create a safe and facilitative environment where adolescents can understand and actively participate in decision-making on issues that affect their lives. The ultimate goal is to empower adolescents by building their knowledge and skills, promoting positive practices, and increasing access to preventive, curative, and protective services. Through this programme, adolescents can enhance their participation within their schools, families, and communities and build a better future for themselves.

Geography

States (Direct intervention via community developers, district coordinators, or district training teams from Breakthrough) - **Uttar Pradesh, Jharkhand, Delhi & Haryana**

States (Indirect intervention via state government) - **Punjab & Odisha**

Number of districts (Direct Intervention) - 14

Target Population

ADOLESCENTS IN RURAL AND PERI-URBAN AREAS

- Younger adolescent boys and girls (11-14 years).
- Older adolescent girls (15-18 years).

OTHERS

- Youth (19+ years)
- Teachers
- Parents
- Frontline workers (ASHAs and AWWs), local bodies (Gram Panchayat).

Reach

- The programme reached approximately 900,000 students through direct implementation of the intervention on the ground.
- It reached approximately 335,000 adolescents through its work with state government and education systems.

Programme Details

GENERATING DEMAND AND AWARENESS

- The **Ujjwal Tara Programme** is for **11-14 year olds**. It covers issues like life skills, communication, gender discrimination, and violence in regular school activities to educate adolescents on identifying and understanding the link between discrimination and violence.
- The **Roshan Tara Programme** for **15-18-year-olds** focuses on skill-building to identify and respond to discrimination and violence. Adolescents collaborate and organise events to raise community awareness and focus on topics such as education, aspirations, health, and gender-based violence.
- Those who complete the programme, or other passionate individuals from the village can become **Team Change Leaders (TCLs)**. **TCLs, aged 19-25**, work with adolescents to raise issues related to violence, safety, education, and gender-based violence, and help negotiate solutions with the community.
- The programme team raises awareness of adolescent issues through hyperlocal campaigns, theatre, video vans, dance, storytelling, and film-making workshops.
- Conducts community mobilisation activities to highlight and raise awareness on violence against adolescents and ways to address such issues.

STRENGTHENING OTHER SYSTEMIC LEVERS (GOVERNANCE)

- The programme ensures that every government school has a School Management Committee (SMC) and every village has a Village Level Child Protection Committee (VLPC) to enhance effective governance, create a functional school environment.
- It works with SMCs and VLPCs to ensure that schools and communities are working together to address issues such as access to functional toilets for girls, safer commute to schools and prevention of child marriage.

BUILDING CAPACITIES OF HUMAN RESOURCES

The programme involves

- Sensitising ASHAs and AWWs about adolescent issues and violence, including how to handle such issues, and sensitising them on issues of GBD and GBV.
- Working with teachers and principals on strengthening SMCs.
- Working with village administration on identifying issues affecting girls and women and addressing them.
- Training teachers in Odisha and Punjab to deliver the gender transformative curriculum in schools, enabling them to ensure the well-being of adolescents. This is an indirect intervention which involves delivering the TKT curriculum through trained teachers, achieved through a partnership with the state government.
- Training of frontline workers.

LEVERAGING TECHNOLOGY

- The TKT sessions were repurposed during the COVID-19 pandemic and delivered through digital platforms like Google Hangouts, WhatsApp videos or calls.

ADVOCACY

- National-level advocacy aims for a gender transformative curriculum and gender transformative school systems. National advocacy also highlights gender in the National Curriculum Framework and the National Education Policy.
- State-level advocacy, initiated from ground-level issues, enables the reflection of infrastructure needs, such as access to toilets and transportation, and budgeting for gender-based issues.
- Following the COVID-19 pandemic, there was a significant drop in school attendance. The organisation took a proactive approach by engaging in conversations with communities and running campaigns to bring students back to school.

Critical Factors Contributing to Intervention Success

PROGRAMME DESIGN

- The possession of life skills and leadership skills among adolescents are crucial in creating a discrimination-free environment.
- It is crucial to understand that boys are key stakeholders in reducing violence, and recognise that issues of violence and gender-based violence are cross-cutting and affect both boys and girls equally.

ENGAGEMENT WITH COMMUNITY, PARENTS AND TEACHERS

- In the socio-ecological model, change cannot be achieved by individuals alone. To bring about meaningful change, it is necessary to engage with the entire ecosystem, which includes the community, local bodies and leaders, parents and adolescents, whose actions and attitudes can shape beliefs and behaviours of adolescents.

Programme Impact

SYSTEMIC ADOPTION

- A gender transformative curriculum on the lines of TKT has been adopted and integrated into 6th to 8th grade curriculum in government schools in Odisha and Punjab, to promote positive attitudes towards gender equity.

Impact was measured using cluster-RCT by J-Pal and a survey on assessing gender attitudes and behaviours and aspirations (across Sonapat, Panipat, Rohtak and Jhajjar districts in Haryana (2014-2016):

- The RCT found that the intervention improved gender attitudes.
- Programme participants also reported more gender-equitable behaviour such as increased interaction with the opposite sex.
- The change in attitudes is similar for boys and girls, but behaviour change is larger among boys, pointing to the importance of barriers for girls to act in accordance with their own altered attitudes.

ADVOCACY

- The girls of Devipur in Deoghar district, Jharkhand, who faced difficulties attending college due to lack of transportation, have made a change with the help of TCL and Rosha Tara adolescent groups. These groups approached the authorities and successfully advocated for a functional bus, resulting in the college enrolment of twenty girls.
- The issue of insufficient functioning toilets in schools has persisted in certain areas for more than 50 years, but now it is being addressed through the efforts of students demanding change.

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Solutions in Mental Health

Centre for Mental Health Law & Policy, Indian Law Society, Pune



A not-for-profit that aims to strengthen and transform the mental health of our communities to be holistic and responsive in addressing individual and collective well-being.

Programme: Suicide Prevention & Implementation Research Initiative (SPIRIT)

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources



Strengthening Governance and Financing

Core Focus Area

Mental Health & Suicide Prevention

Intersectional Focus

Health, Education, Agriculture, Law Enforcement (Police), Village Administration

Start Date: 2017

End Date: 2023

Status: Ongoing

Objective

SPIRIT aims to implement and evaluate an integrated, evidence-based suicide prevention intervention at scale in rural communities. The sub-interventions are across public health, education, and agriculture sectors, which include:

- Training adolescents (14-15 years) using the 'Youth Aware of Mental Health Program' (YAM) to increase their awareness on mental health, develop coping strategies and encourage support-seeking behaviour,
- Setting up Community Storage Facilities (CSFs) for farming households to safely store their pesticides, and
- Training Community Health Workers (CHWs) to identify, assess, support, and refer persons who are at risk of self-harm and suicide in the community.

Geography

State: Gujarat Number of districts: 1

Reach

Reached approximately 300,000 people based across 116 villages

Target Population

- Adolescents and young people
- Community health workers
- Rural community members (with a special focus on agrarian communities)

Programme Details

BUILDING CAPACITIES OF HUMAN RESOURCES

The programme entails

- Training adolescents aged 14-15 years through the YAM programme to increase their awareness on mental health, develop coping strategies and encourage help-seeking behaviour.

- Training a team of local instructors for delivering the YAM programme.
- Training community health workers to recognise, evaluate, assist, and refer people who may be at risk of self-harm and suicide in the community.
- Training a team of CHWs as Master Trainers to deliver the training on identification, assessment and support provision to other CHWs.
- Training local community persons as local managers on the standard operating procedures of the CSFs and as a referral point for the trained CHWs.
- Training the research team at the Bangladesh Center for Communication Programmes on various aspects of suicide prevention research for prospective scale-up in their context.
- South Asia Implementation Research Fellowship in Mental Health, a fellowship programme for early-mid career researchers and health care professionals to increase their knowledge and skills in implementation science, particularly in mental health.
- Workshops with policymakers to enable evidence-informed policies for suicide prevention.
- Workshops with media professionals for improved reporting on suicides.
- Launch of a free self-paced e-course for all media professionals on 'Reporting Suicides Responsibly: Implementing Evidence-based Guidelines for the Media.'

DELIVERING SERVICES

- Setting up community storage spaces and facilitating and promoting access to these lockers for farming families to securely store pesticides.

GENERATING AWARENESS

- Developing educational posters, booklets, promotional folk songs, pamphlets, pocket calendars (with a list of community resources), promotional community-level games, and promotional skits for dissemination to create awareness among rural communities. These collaterals have been adapted to the local context and are in regional languages. They mainly focus on various thematic areas of mental health and suicide.

Programme Impact

BUILDING CAPACITIES OF HUMAN RESOURCES

The SPIRIT programme has

- Conducted YAM sessions for 2,370 young people in public schools across 47 villages.
- Trained a team of 50 local instructors for delivering the YAM programme.
- Trained 110 local community members as facility managers for the CSF intervention.
- Trained 480 healthcare providers to identify, evaluate, assist, and refer people who may be at risk of self-harm and suicide in the community.
- Trained a team of 12 CHWs as master trainers for training their peers.
- Conducted a training session with 85 policymakers on suicide prevention and mental health at the Lal Bahadur Shastri National Academy of Administration, the civil service training institute on public policy and public administration in Mussoorie, India.
- Conducted online training workshops and webinars for 138 media professionals on the importance of reporting suicide responsibly.

Till date, 306 people have signed up for the course, 'Reporting Suicides Responsibly: Implementing Evidence-based Guidelines for the Media', with 141 successfully completing it. A media house has institutionalised the course and made it compulsory for all new employees. A media college has also incorporated the course as a mandatory internal assignment. The programme has had three cohorts of the South Asia Implementation Research Fellowship in Mental Health, comprising a total of 27 fellows.

SERVICE DELIVERY

- The programme has been able to identify 900 cases of suicide and suicide attempts through their model of community-based surveillance system across 116 study sites.
- It established 51 operational CSFs with 8,460 lockers, with a usage rate of 80% across all facilities.
- It facilitated the identification, referral and support provision for 110 at-risk people from the community by the trained community health workers.
- It facilitated the replication of the existing community-based surveillance system model across a district in Bangladesh.
- It aims to scale up the community-based surveillance system model and capacity building component of the programme to ten districts within Gujarat in collaboration with the State Public Health Department.

Programme Recognition

- Sub-interventions of SPIRIT (community-based surveillance system and YAM as an evidence-based strategy) have been highlighted in WHO's LIVE LIFE: An implementation guide for suicide prevention in countries (2021).
- A case study based on the project was selected at the Global Forum of Bioethics in Research, 2021 under the theme 'Engagement and co-creation'.

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Schizophrenia Research Foundation (SCARF India)

SCARF is a mental health centre and nonprofit organisation based at Chennai, Tamil Nadu, offering a multidisciplinary, comprehensive range of psychiatric care and rehabilitation services.

Programme: Youth Mental Health (YMH) Programme

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources

Core Focus Area

Mental Health

Intersectional Focus

Social Emotional Skills

Start Date: 2019

End Date: NA

Status: Ongoing

Objective

The SCARF-YMH programme aims to create a society of emotionally empowered and healthy young people realising their fullest potential. It focuses on meeting the mental health needs of young people aged 12-24. It was created to address the issue of youth mental health and related disorders through a collaborative effort involving various community partners and mental health experts.

Geography

State : Tamil Nadu and Odisha

Number of districts: 4

Target Population

Adolescents and young people aged 12-24 years

Reach

- SCARF engaged and interacted with 400 school students and 200 college students via mental health literacy programmes.
- It worked with nearly 250 individuals through their community space, called Resource centre for Youth Mental health by SCARF (rYMs).
- It reached nearly 350 children, and 50 staff members in child care institutions.

Programme Details

GENERATING AWARENESS AND DEMAND

- Resource center for Youth Mental health by SCARF (pronounced Rhymes) has been established with the aim to provide a safe and supportive environment for young people to connect with one another, learn about self-care and mental wellness, and provide support to their peers.

DELIVERING SERVICES

- SCARF works towards delivering clinical services such as medical care, mental health assessment and care planning, community services to support youth, young adults and their families.

BUILDING CAPACITIES OF HUMAN RESOURCES

The programme involves

- Training teachers to recognise the early signs of common mental health issues among students, which can allow for early intervention and better outcomes. They will also be trained to manage their stress through effective coping techniques and stress management.
- Training school and college counsellors to deliver interventions for common mental health issues among students and make appropriate referrals, if necessary. SCARF continues to monitor and assist with these activities on an ongoing basis.
- Training staff members of child care Institutions to identify and refer children from their institutions for appropriate mental health care.
- Building the capacity of students in college settings to support each other as peer support personnel.

Programme Impact

The programme is in early stages and the impact is yet to be measured.

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- SCARF n.d.b

Solutions in Non-Communicable Diseases

Arogya World



Arogya World is a global non-profit health organisation that aims to prevent non-communicable diseases such as diabetes, heart disease, cancer and chronic lung diseases by providing health education and promoting lifestyle changes through behaviour change communication.

Programme: Healthy Schools

Systemic Levers



Generating Awareness and Demand



Delivering Services



Building Capacities of Human Resources



Leveraging Technology

Core Focus Area

NCD - Diabetes

Intersectional Focus

- Education
- Exploring the possibility of integrating mental wellness with Healthy Schools through partnership with experts in mental wellness and adolescent health.

Start Date: 2011

End Date: NA

Status: Ongoing

Objective

The Healthy Schools programme leverages teachers, frontline workers and student peer-leaders to educate and promote diabetes prevention in the school and community.

Geography

State - Andhra Pradesh, Telangana, Assam, Bihar, Dadar and Nagar Haveli, Delhi, Goa, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh & West Bengal

Number of districts - 75

Target Population

Adolescents aged 11 to 14 years who are studying in government or low-cost affordable schools, in both rural and urban areas.

Reach

It reached 750,000 middle school children across 16 states/UTs.

Programme Details

GENERATING AWARENESS AND DEMAND

- The programme is a two-year intervention targeting middle school students aged 11-13 years (Classes 6-8). The curriculum is implemented through training teachers and peer leaders to educate and reach out to students about diabetes awareness and prevention.
- Creation of age-appropriate components of the educational modules like fun learning games, students' worksheets, and intra school activities like poster-making as an extension of the classroom activities.

ADOLESCENT HEALTH IN INDIA

- Activities leverage the school and the student to reach out to the families. For example, activities in the programme require the students to go into their family and community, communicate what they have learned, and engage their parents in the process.

DELIVERING SERVICES

- Arogya World signed MoUs with the Banda District Government and the Goa State government for programme implementation. Additionally, they also secured a letter of support for working with municipal schools in the Thane district near Mumbai.

BUILDING CAPACITIES OF HUMAN RESOURCES

The programme involves

- Training teachers to facilitate innovative classroom activities.
- Training students to be peer leaders as agents of change, ensuring that the knowledge gained from the programme is sustained in the school.
- Creating a peer manual and shared resources with the students so that they can continue the programme even after it ends.
- Partnering with schools and trains local NGOs as implementation partners to educate young people about preventing diabetes. These NGOs collaborate with Panchayati Raj Institution (PRI), AWW, and ASHAs, and receive training to effectively implement and conduct the programme.

ADOPTION OF TECHNOLOGY

- The Adolescent Health Programme has been digitised. It complements the new NCERT - Ministry of Health and Family Welfare's (MoHFW) Ayushman Bharat School Health programme curriculum. The importance of a healthy lifestyle and the prevention of NCD is emphasised through engaging and interactive physical and digital games. The programme materials are available on the government portal Diksha. The process of data collection and analysis for impact assessment has also been digitised using technology.

Critical Factors Contributing to Intervention Success

PROGRAMME DESIGN

- The programme was designed to allow for easy integration within the school's academic calendar, especially in government schools where time is limited due to multiple activities and a hectic schedule. From a design perspective, the ten activities in the Healthy Schools programme are designed to fit into a 40-minute period, typically during a break or extracurricular period.
- The programme prioritised ease of understanding and implementation, considering the varied group of individuals who may be responsible for its delivery.
- The infrastructure of the school played a crucial role in the successful implementation of the Healthy School programme. To accommodate diverse school setups, the programme ensured flexibility to allow for implementation in a physical, hybrid, or purely online format, depending on the school's available resources.

ENGAGEMENT WITH SCHOOL ECOSYSTEM, COMMUNITIES AND FAMILIES

- To ensure successful behaviour change, the programme extended beyond the school and engaged the community and families through partnerships.

Programme Impact

The focus of impact is on behaviour change, which is measured through indicators of knowledge, attitude, and practice before, during and after the programme:

Enabling behaviour change and practices during the first two years of the programme (2011-2013)

- Nearly 24% more students understood that unhealthy eating habits can put you at risk for diabetes.
- 18% more students acknowledged that a lack of physical activity or exercise can increase future risk of diabetes.
- 15% more students increased daily vegetable intake, with significant increase also in the overall average daily servings of fruits, vegetables, and milk or milk products.

Note: Arogya World has partnered with Stanford University's Center for Asian Health, Research, and Education (CARE Center). The partnership involves sharing legacy data with Stanford University for analysis and evaluation of the impact of Arogya World's Healthy Schools programme.

Programme Recognition

Arogya World was selected as a recipient of the 2022 United Nations (UN) Interagency Task Force and the WHO Special Programme on Primary Health Care Award. The award recognised Arogya World's Door Step Prevention Model, which includes the Healthy Schools Programme.

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