

REPORT OF THE WORKING SUB-GROUP ON ADOLESCENTS & YOUTH FOR NACP-IV

Young people (aged 10-24 years) constitute almost 400 million and represent one third of the India's population¹. Adolescents aged 10-19 years constitute 325 million of the population, which is one fourth of the total population. Compared to earlier generations, the condition of young people in India has considerably improved; they are healthier, more urbanized and better educated than ever before. Nonetheless, the majority continues to experience major constraints in making informed life choices. It is generally acknowledged that significant proportion of youth are exposed to high risk or unwanted sexual activity, do not receive prompt or appropriate care and experience adverse reproductive health outcomes². It is estimated that over 35 percent of all reported HIV incidences in India occur among young people 15-24 years of age³. Evidence suggests that young people are more vulnerable to HIV and other STIs. As per BSS 2006 findings, it is found that: -

- 8 % of young people in age group of 15-19 years have experimented with sex either before or outside marriage
- Only 27% have comprehensive knowledge on HIV transmission and prevention
- 3.4% of youth have self reported STI

A UN report titled "Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood" has ranked India at tenth position with 95,000 HIV infected adolescents along-with the sub-Saharan countries where the highest number of youngsters are infected by the virus. According to the recent HIV estimates based on HIV Sentinel Surveillance 2008-09, it is estimated that 2.92 lakh young people aged 15-24 years are infected with HIV in India in 2009. HIV prevalence of 0.14% is estimated among young people aged 15-24 years.

Population estimates of those at risk adolescents/youth (MARA):

Street and Working Children:

According to United Nations Commissioner for Human Rights (UNHCHR), India has the largest population street children in the world – with about 18 million children living and working on urban streets.

Vulnerability of Street Children to HIV and other STIs:

¹ Secondary analysis of data from National Family Health Surveys of India -1,2,3 for the age group 15-24 years – MoHFW-GOI, 2009

² 'Young people's sexual and reproductive health in India; Policies, Programme and Realities' – K.G.Santha and Shireen J Jejeebhoy, Population Council, New Delhi

³ www.unaids.org.in

A national study of child abuse⁴ among street and working children in 2007 in India found -

- 65.9% of the street children lived with their families on the streets. Out of these children, 51.84% slept on the footpaths, 17.48% slept a night shelters and 30.67% slept in other places including under flyovers and bridges, railway platforms, bus stops, parks, market places
- The overall incidence of physical abuse among street children, either by family members or by others or both, was 66.8% across the states. Out of this, 54.62% were boys and 45.38% were girls
- On a study in India, 22.77% of the street children reported having been sexually assaulted.

Trafficked Children and Children of Sex Workers:

India has a high rate of human trafficking, both internal and international. It is simultaneously a source, transit and destination country for children trafficked for the purpose of sexual and labour exploitation including domestic labour⁵. The link between HIV/AIDS and child trafficking is an important one to highlight. Around the world, sex workers have a high incidence of HIV/AIDS and other sexually transmitted infections, and the same is true in India. Thus, trafficking has been a leading cause in the spread of HIV and hence it becomes necessary to have targeted intervention on HIV/AIDS amongst trafficked children and adolescent⁶.

Children, especially those who migrate, run away or wander on the streets alone are in greatest danger of being trafficked. Even when they migrate with parents, the pressures of urban life on new migrants, can rupture family ties, causing them to end up fending for themselves on the streets.

Achievements during NACP-III

(i) Adolescence Education Programme (AEP)

The Adolescence Education Programme aims at providing adolescents with age appropriate information on the process of growing up during adolescence, HIV and AIDS, STIs and substance abuse. It focuses on the development of life skills as the most effective way to cope with the challenges of adolescence, thus striving to curtail the spread of the infections such as HIV and reduce the instances of substance abuse and other risky behaviors. The Adolescence Education Programme was launched in 2005 as a key mainstreaming initiative by Ministry of Human Resource Development (MHRD), in collaboration with NACO in all the government schools in the country for students of class IX and XI. Simultaneously, a separate program supported by MHRD and UNFPA is also implemented in CBSE affiliated Kendriya Vidyalayas and Novodaya Vidyalayas in about 6000 Schools under the coordination of NCERT.

⁴ Study on Child Abuse: India 2007, Ministry of Women & Child Development, Government of India, (Online) Available at <http://wcd.nic.in/childabuse.pdf>

⁵ Victims of Trafficking, Violence Protection Act of 2000, Trafficking in Persons Report, 2005 – USAID

⁶ India – Building a protective Environment for Children – Ministry of Women and Child Development

While the AEP coverage had gone upto 1.12 lakh Schools in 2006-07, the suspension of the programme in eight states (Uttar Pradesh, Madhya Pradesh, Maharashtra, Rajasthan, Gujarat, Kerala, Karnataka and Chattisgarh) in February, 2008 on account of objection to certain material in the toolkit adversely affected the programme. Following this a national level expert committee revised the toolkit which was sent to the States for adaption in consultation with various stakeholders before its introduction. Since then the three out of eight states namely Kerala, Gujarat and Rajasthan have resumed the programme. The coverage of the programme today stands at about 50 thousand out of 1.52 lakh government schools in the country.

(ii) Red Ribbon Clubs (RRC) in Colleges:

Over 13,000 RRCs have been formed in colleges primarily through NSS to enhance knowledge levels about HIV/ AIDS transmission, prevention and related services. The major activities at RRCs include competitions, quizzes, debates, essay writings etc. RRCs also promote voluntary blood donation in Colleges.

(iii) Initiatives for out-of-school youth

There was no single strategy but a combination of strategies during NACP-III adapted to address out-of-school youth. The Link Workers Scheme reached out to High Risk Individuals in rural areas of A and B category districts. Some states worked through NYKS youth clubs and NSS village camps to address out-of-school youth. The high risk and migrant youth were reached through TI interventions.

(iv) Other initiatives

A large number of interventions simultaneously reached the youth in schools, colleges and out-of-School/College. Spots were released on TV and radio specifically focusing on vulnerabilities of youth. Another major initiative undertaken was Red Ribbon Express (RRE) which was rolled out in two phases, the first phase in 2007-08 and the 2nd phase in 2009-10. The first phase of the program reached out to 62 lakh population and the 2nd phase to 80 lakh. The majority of people who accessed the services related to RRE were youth and adolescents. Another initiative was North-East Multi Media campaign in eight states of the north eastern region engaging youth through music and sports. Tamil Nadu organized youth carnival which attracted huge response from the youth and adolescents.

Gaps, Implementation Issues and Challenges

- The AEP continues to be suspended in five states which include Uttar Pradesh, Madhya Pradesh, Maharashtra, Karnataka and Chattisgarh
- There is multiplicity of modules for school going adolescents with the same objective. Apart from the module prepared by NACO in consultation with MHRD and NCERT, CBSE affiliated Kendriya Vidyalayas and Navodaya Vidyalayas follow another module developed by UNFPA. A third module titled “YUVA” was also introduced by NSS with technical support from UNFPA. Multiplicity of modules indicates lack of uniform efforts to effectively involve all stakeholders.

- There is unwillingness on the part of teachers to address issues of sexuality and sexuality education in classes.
- RRC programme outreach in colleges was mostly restricted to RRC members and there has been minimal efforts to reach out to the entire college youth
- The monitoring of both AEP and RRC programme and feedback mechanisms remained weak.
- AEP and RRC programmes have not gone beyond Government schools/ colleges.
- Both AEP and RRC programmes could not be linked with adolescents/youth friendly health services.
- There is lack of availability of age disaggregated data on adolescents/youth at risk.
- Out-of school youth is very large segment of population with various sub-populations at different stages of risk. No comprehensive strategy could be worked out to reach them.

Youth & Adolescents – NACP-IV

Vision:

”Prevention of new infections among adolescents and youth by raising their knowledge levels about HIV and AIDS, building up their life skills to cope with negative peer pressure and linking them with youth friendly services” .

Programme Priorities

Programme Targets

1. Universal coverage of all government and government aided schools and at least 60% coverage of private schools through AEP.
2. Universal coverage of all government and government aided graduate and higher level colleges through RRCs.
3. Mainstreaming with various government and other outreach programmes to reach out-of-school youth with focus on Most at Risk Adolescents (MARA).

Programme and Geographical Priorities:

While AEP and RRCs will be scaled up all across the country, there will be focused intervention for the following MARA groups through mainstreaming process-

- Street and Working children
- Children in conflict with law
- Children of sex workers
- Young Migrant workers above 15 years
- Trafficked children above 15 years

The geographical locations for focused intervention will be urban slum areas in metros (A & B category districts), Red light areas and neighboring locations, high out-migration states and trafficking prone areas.

Risk reduction approaches

There is sufficient evidence to show that many risk-reduction efforts do work among young people and merit strengthening. These are as follows:

- Information on HIV prevention and treatment (in a form they can understand)
- Condoms
- Services for the prompt diagnosis and treatment of STIs
- Harm-reduction services (if injecting drugs)
- Counseling and testing for HIV, with referral to HIV treatment, care and support services

Evidence shows that static services will also need to be complemented by outreach services. Also there is strong body of evidence concerning the protective factors (such as family, school and community ties) which protect young people against HIV-risk behavior.

Recommendations:

While mass media and mid-media IEC campaigns will continue to focus on addressing vulnerabilities of adolescents and youth, specific inter-personal interventions will be strengthened for in-school, in-college and out-of-school youth.

Adolescence Education Programme

Since the objections raised in 2007 in some quarters, the programme implementation continues to be affected in some states. Apart from the need for resumption of the programme in five states where it is suspended, AEP implementation needs to be strengthened in other states. The programme has to be provided renewed national ownership. The following steps are recommended:

- Parliamentarians Forum on HIV/ AIDS may be strategically involved for resumption of AEP in five states where the programme is suspended.
- A national steering committee may be constituted to provide overall policy direction for implementing AEP. The committee may be constituted with senior level representation from MHRD, NACO, NCERT, CBSE, ICSE and representatives of partner organisations, NGOs and PTAs.
- On the pattern of national steering committee, state level steering committees may be formed for facilitating the implementation of AEP in the states. The committee at the state level may include senior level representation from State School Education Department, SACS, SCERT, State Board of Secondary and Sr. Secondary Education and representatives of state level partner organisations, NGOs and PTAs.
- The national committee may meet at least once in a year while the state committee may meet at least twice in a year and review the programme. The state level committee will adhere to the directions given by the national committee.

- The national committee should look into the issue of multiplicity of modules and effort should be made to have one module recommended at the national level.
- It should be ensured that two teachers per school are trained on AEP toolkit.
- Two students per classroom of classes IX and XI may also be trained as peer educators as it has been found that teachers are sometimes not very open to discuss issues related to HIV.
- The programme reach may be expanded to private schools through educational societies such as DPS Society, DAV Educational Trust, Schools run by Ramakrishna Mission and by involving CBSE and ICSE Boards.

Red Ribbon Clubs in Colleges

- To achieve the qualitative and quantitative target on RRC, the NSS may be involved at the national level. A national committee may be set up with senior level representation from MOYA, NACO, NSS, AIU, NBTC, and representatives of partner organisations and youth NGOs. The committee may provide overall policy direction for implementation of RRC programme in colleges and review it at least once in a year.
- Similar committees may be set up in the states with memberships drawn from State Departments of youth Affairs, state wing of NSS, state level partners and youth NGOs. The state committees may meet at least twice a year to review the progress of the programme.
- A formal RRC structure may be created in colleges with NSS coordinator being the patron and students holding positions of President, Vice-President, Secretary, Joint Secretary and members of the RRC. These select students may also act as peer educators.
- The RRC may hold special activities such as debates, painting competition, quizzes, essay competition etc. on special days including World AIDS Day, National Voluntary Blood Donation Day, International Blood Donor Day, International Youth Day, National Youth Day, International Women's Day and International Day against Drug Abuse and Illicit Trafficking
- Four Voluntary blood donation camps per year per RRC will be organized.
- Advocacy with Vice Chancellors of the Universities and Principals of colleges and higher officials of Education Department may be carried out to convince them on the need for strengthening and expanding the RCC component and seek their cooperation.
- Periodic trainings may be undertaken on a phased manner for NSS Officers, State Liaison Officers, University Coordinators and College Programme Officers in charge of the RRC and also for office bearers of RRCs.
- RRCs may also be used as platforms for reaching the out-of-school youth through village camps of NSS.

Out-of-School Youth

- Out-of-school youth in general population will be primarily reached through NSS village camps, NYKS youth clubs and programmes under Directorate of Adult Education.

- Schemes such as Sabla of M/o WCD will be leveraged to reach adolescent girls in rural areas.
- High Risk Youth including young migrants will be reached through Targetted Interventions, LWS in Link Workers districts
- The Red Ribbon Clubs in UNICEF districts will continue to address youth in these districts.
- For Most at Risk Adolescents (MARA), technical assistance may be provided to the following agencies concerned to integrate HIV with the ongoing key component of their respective programmes focusing on various vulnerable sections of adolescents/youth:-
 - Juvenile Justice Boards and Child Welfare Committees of M/o WCD
 - NGOS/CBOs working with Street and Working Children under the schemes of M/o Labour, Ministry of Women and Child Development and Ministry of Social Justice & Empowerment

Suggested Mainstreaming Programmes for reaching adolescents and youth

Ministry/Department	Schemes	How to integrate HIV in to the Scheme	Target population reached
National Literacy Mission, Directorate of Adult Education, Ministry of Human Resource Development	Education for all scheme i.e. Zila Saksharta Samiti	HIV prevention education content in the ongoing program Special training program for all the cadre members including PRERAKS	It will help in reaching to out-of-school youth in general population
Ministry of Youth Affairs & Sports	(i) National Service Scheme	(i) Disseminating HIV messages to rural youth through NSS village camps (ii) Reaching rural youth through NYKS youth clubs	It will help in reaching to out-of-school youth in general population
	(ii) NYKS Youth Clubs		
Ministry of Women & Child Development	Sabala The scheme addresses Adolescent Girls (Age 11-18 yrs) (AGs) to improve their nutrition and health status; hygiene and ARSH, covers 200 ICDC districts, focuses on out of school AGs, who assemble at the Anganwadi Centres as per timetable decided by the State Governments, school going girls, meet at the Angan Wadi Centers at least twice a month	Through mainstreaming IEC messages with AWW programme of MoWCD	Adolescent Girls in rural areas
	Integrated Child Protection Scheme [ICPS]	-Through mainstreaming	Street children,

	<p>In order to reach out to all children, in particular to those in difficult circumstances, the Ministry of Women and Child Development has combined its existing child protection schemes under one centrally sponsored comprehensive child protection scheme titled “Integrated Child Protection Scheme (ICPS)”. The components which can be harnessed are as follows:</p> <p>(i) Open shelters for street children in urban and semi-urban areas-provision of health care, flexi-education, vocational training, skill building; run through voluntary organisations</p> <p>(ii) Children’s Homes/ Observation Homes/ Special Homes in the districts set up under Juvenile Justice System for children in conflict with law, under inquiry etc.</p>	<p>age appropriate information on HIV/ AIDS, -linking with services on HIV/ AIDS for children in special needs -Sensitising members of Child Welfare Committees, Juvenile Justice Boards, Special Juvenile Police Units -Integrating component of HIV counseling in the training programmes of ICPS counselors</p>	<p>children of sex workers, those in difficult circumstances and in conflict with law</p>
	<p>Prevention of Trafficking of Women and Children -The scheme reaches out to women traditionally in commercial sex work. Benefits: Shelter Homes- Short Stay, Swadhar Homes providing clothing, food, counseling for women and children below 18 years,</p>	<p>Capacity Building on HIV and AIDS of CBOs/NGOs implementing the scheme, to integrate HIV preventive messages for trafficked women and children Provision of IEC materials on HIV and AIDS</p>	<p>Trafficked young women, children of Sex workers, Adolescents in Conflict with Law, Street & Working Children,</p>
Ministry of Social Justice & Empowerment	<p><u>Prevention of Alcoholism & Substance (Drugs) Abuse</u> This program is reaching out to drug users. Integrated Rehabilitation Centre for Addicts (IRCA) through which drug addicts are rehabilitated is part of this program. This program is implemented in all States.</p>	<p>Integrating HIV Messages through IEC</p>	<p>Street & Working Children</p>
Ministry of Labour	<p>A. CHILD LABOUR Welfare of child labourers through Special Schools (in Non-National Child Labour Project Districts) providing formal education, vocational training etc</p> <p>B. WOMEN LABOUR Organising working women and educating them about their rights, Legal aid, training, skill development etc.</p>	<p>Capacity Building on HIV and AIDS of CBOs/NGOs implementing the scheme, to integrate HIV preventive messages Provision of IEC materials on HIV and AIDS</p>	<p>The benefits may be availed to Street & working children, trafficked children and for Children in Conflict with law</p>
Ministry of Health & Family Welfare	<p>(i) ARSH (ii) Urban Slum Health Care Project: to provide primary health care to BPL families in urban slums of 74 municipalities.</p>	<p>Convergence within the Ministry by integrating HIV/ AIDS messages</p>	<p>For Street and Working Children, poor adolescents and youth</p>

Innovations

- Developing IEC and BCC resource kits in the form of comics, stories and games – supported with library –entertainment approach i.e. multi –media packages for promoting interactive group discussion – both for AEP and RRC
- Using social and interactive networking sites such as facebook, twitter etc. for message dissemination
- Helpline to address queries of youth
- SMS/ voice mail to address youth
- Using music and sports events for message dissemination in schools and colleges; for example prizes may be sponsored for song related to HIV/ AIDS etc.
- RRC Peer Educators conventions with interactive and experiential learning sessions at district/ state and national level with provision for recognition/ rewards
- State level and national level quiz programmes

Stigma & discrimination

Recurring incidents of stigma & discrimination against Children Affected By HIV/AIDS in schools has been a very unfortunate phenomenon. Zero tolerance to such incidents with strict action against the perpetrators will be ensured.

- Efforts will be made that specific directives are issued by Departments of Education at the national and state levels to all schools that no child can be denied admission/ removed from the school on account of being infected or affected by HIV.
- Right to Education Act may be appropriately invoked to address issue of stigma and discrimination in educational institutions.
- The training components under AEP and RRC should reinforce messages against stigma and discrimination.
- Teachers training programmes such as B.Ed. and M.Ed. etc. may include a small module on HIV including the issue of stigma and discrimination.
- PLHIV may be included in Village School & Education Committees.
- Advocacy with school principals, parent teachers associations, departments of education, NCERT, SCERTs, examination boards etc. may be done on sustained basis for effective stigma and discrimination measures in educational institutions.

Institutional Structure

At present there are two sanctioned positions of Technical Officer (youth) in NACO. One position may be upgraded to Program Officer level supported by one existing position of Technical Officer (youth).

The position of Consultant (youth affairs) in major SACS as sanctioned may continue, but norms may be changed to attract senior persons with prior experience to having worked in NGO sector at district / state level.

Convergence with NRHM

Linkages will be established with the ARSH programme of NRHM for clinical services to those adolescents and youth who need it. Convergence with Urban Slum Health Care Project will be promoted to poor adolescents and youth in 75 programme municipalities. Messages on HIV/AIDS may be incorporated in the IEC campaigns of NRHM addressing health issues of adolescents and youth.

Monitoring & Evaluation

Considering the huge spread of the programmes such as AEP and RRC in colleges, effective monitoring is a big challenge. However, NACP-IV will endeavour to cover 5% of the schools and colleges in a district through monitoring visits by officers from NACO/ SACS/ DAPCU or other programme partners working at the national, state or district level such as developmental partners, NGOs etc. The Youth Coordinator in SACS will develop a detailed monitoring plan in the beginning of the year in this regard. The programme data may be captured on the following indicators:

AEP

Output	Outcome
Number/Percentage of Schools covered	Number/Percentage of School Children with knowledge and skills related to HIV
Number/Percentage of Teachers Trained	Number/Percentage of Teachers with knowledge on HIV and skills to impart education on HIV
Number of Peer Educators trained	Number of Peer Educators with enhanced knowledge on HIV and skills to impart information on HIV
Number of Students reached	Number/Percentage of Students with knowledge and skills related to HIV

RRC

S.No.	Output	Outcome
1.	Number of RRCs formed	Number/Percentage of RRC members with knowledge on HIV and skills related to HIV
2.	Number of special events organized	Number/Percentage of Adolescents/Youth participated in the special events who have knowledge and skills on HIV
3.	Number of students reached through RRCs	Number/Percentage of students who have knowledge and skills on HIV
4.	Number of VBD camps organized	Number of youth who have knowledge and skills on HIV out of those who have participated and

		donated blood in the event
5.	Number of out-of-school youth reached through NSS camps	Number/Percentage of out-of-school youth who have knowledge and skills on HIV out of those who attended the camp

Indicators for Out of School/College adolescents and MARA:

S.No.	Output	Outcome
1.	Number/Percentage of Street & Working reached out with HIV intervention	Number/Percentage of Street & Working Children with increased knowledge and skill related to HIV
2.	Number of Youth Friendly services functional	Number/Percentage of Children accessing youth friendly services
3.	Adolescent/Youth friendly policies in place	Number of services initiated for adolescents and youth
4.	Number of young migrant workers reached through the intervention	Number/Percentage of young migrant workers with knowledge and skill related to HIV
5.	Number/Percentage of trafficked children accessing services related to HIV	

Mid term (at the end of 2nd year) and endline (towards end of 5th year) evaluation of different programme components will be taken up through independent agencies.

Timelines:

AEP for School Going adolescents/Youth	College Going Adolescents/Youth through RCC
1 st Year – Institute of National/State level committees, harmonize curriculum, teachers training, quality assessed in 23 states, monitoring in place, advocacy strategy in place, Peer Educator training completed and 30% coverage of Government/Govt. Aided and Private Schools	1 st Year – 30% coverage of Colleges
2 nd Year – 50% coverage of Government/Aided Schools and Private Schools, integration of curriculum for Teachers and Students, Training of Teachers and Peer Educators	2 nd Year – 50% coverage of colleges
3 rd Year – 75% coverage of Government/Aided Schools and Private Schools, Training of Teachers, Refresher Training and Peer Educators Training	3 rd Year – 75% coverage of Colleges
4 th Year – 100% coverage of Government, Govt. Aided and Private Schools	4 th Year – 100 % coverage of Colleges