NACP – IV – Youth and Adolescent Working Group

A brief on the meeting held on 9-10 May 2011

- The sub-group on youth and adolescents selected Ms Bhagyashree Dengle, Executive Director, *Plan India* as chairperson and Ms Vandana Nair, MAMTA as rapporteur
- During the discussion of two days the group had a brain storming session going into details of existing interventions for youth and adolescents and its strengths and weaknesses.
- Three sub groups were formed to go into specific aspects of ongoing interventions and recommendations for NACP IV.
- The group work is reflected in the form of three presentations which are attached.
- Before the second meeting, the groups will continue their discussions to put together a framework with the first draft recommendations.

Group III

Gaps in evidence and ways to address them

External evaluation of AEP & RRC

- Regular external impact evaluation of the programme to ascertain
  - Effectiveness
  - Skills of adolescents and youth to protect themselves from HIV/AIDS
  - Skills of adolescents and youth to understand and manage ARSH issues and concerns
- Mid-term and end-term evaluation

Available Data sources - I

- NFHS-3 2005-06
  - All indicators except mental health
  - HIV prevalence
  - Schooling
  - Age 15-29
  - All states (HIV for 6 states)
- Youth Study: Population Council
  - All indicators for age 15-24
  - 6 states
- NSSO data , May 2010
  - 64th round (2007-08): education in India
  - Age/sex, urban/rural enrollment

Available Data sources - II

- IIPS Alcohol study
  - Detail data on alcohol use
- BSS 2006, 2009
  - Behavioural indicators
  - 2006 for all states
  - 2009 for selected states
- Migration study (Population Council)
  - 2005-06
  - Four states

Available Data sources - III

- NACP –III evaluation data if available
- IBBA
  - HRGs
  - Age segregated data for select states
- Youth component BSS data
  - Tamil Nadu (APAC)
  - Multiple waves
- State level RRC evaluation reports
  - TN, AP
- Red Ribbon Express
  - Monitoring
  - Concurrent evaluation

Proposed studies

Time frame 3-4 months starting June

- Best practices in HIV programmes (review/documentation)
- Desk review of existing TI data for young people
- Cost effectiveness studies if possible from existing data

Recommendations on existing youth interventions, INNOVATION and program strengthening under NACP IV

Working Group II

Need for uniform definition of Youth

- Will facilitate in convergence/mainstreaming/integration
- NACO can consider age group definition of other ministries for better mainstreaming
- MOYAS :13-35
- RCH and WHO:

  10-19 Adolescent

  15-24 youth

  10-24 Young people

NACO:15-29 current age definition under NACP III

Need for continuation of AEP and RRC

- To achieve NACP 4 objective of accelerate reversal and integrate response
- Need to address youth specific needs through a comprehensive approach
- Better coordination and convergence among Ministry of Youth Affairs, MOHFW, NACO and M/o HRD for effective implementation of AEP
- Need to define mechanism for ministries and department to implement AEP and RRC effectively with phase out plan
- Lack of access, availability and Linkages with youth friendly services which need attention and strengthening
- Need to improve coverage for different sub groups of youth
- Need to develop ownership by the state and evolve joint action plans for scale up and sustainability
- Need to develop M&E framework with indicators and targets including quality measures
- Need to focus and scale up youth interventions in selected states on par with the states where the programme has matured

School Adolescence Education program-Recommendations

- Advocacy with parliamentarians, parents, media and govt functionaries like DEOs, principles for support to AEP at all levels
  - Introduce similar initiatives at state level
  - Orientation of PRIs, Legislature
  - Develop political will
  - Develop partnerships and ownership
- Strong M&E framework required at the district level by involving DAPCUs–formation of committees in non DAPCU districts to bring convergence at district level and to develop operational and monitoring plans
- Need assessment of adolescents at state level in first year of the NACP4
  - Undertaking CNA at state level once in 3 years among adolescents & youth
  - Developing communication plan and re-strategize the activities based on CNA
- Formation of district adolescent resource team(DART) with involvement of civil society organization members and other key stakeholders
  - DART to manage integration of HIV, life skills and ARSH in all youth club in coordination with SACS and NYKS along with any special projects related with the subject. NACO will coordinate with NYKS at HQ level .
  - Voluntary Members from the civil society and individuals with technical expertise (master trainers)
  - Utilizing these teams in conducting training and advocacy
- Extend AEP to private schools by involving associations-forums

School Adolescence Education program-Recommendations

- Rebrand AEP to reduce opposition and taboos
  - Develop new program title, logo and color branding
- IEC and BCC resource kit in form of comics, stories and games–supported with library–entertainment approach in collaboration with HRD
- **Use of multi –media packages for promoting interactive group education**
  - **e.g. digitations of AEP programs, use of social networks (facebook etc) cell phones, sms etc**
  - **Developing self learning package and uploading in the website**
  - **Integrating self risk assessment tool**
- Peer led approach 1:100

RRC-Recommendations

Convergence-

- Converging RRC with NSS units in colleges, modalities to be discussed between NACO and NSS headquarters

Strengthening

- Capacity building of program officers and peer volunteers of NSS
- Youth friendly IEC and BCC materials
- Monitoring
- Enhancing private colleges response
- Better linkages with referral services

RRC-Recommendations

Introducing innovative approaches

- Possibility of Helpline for youth
- Interactive web based learning
- Use of social network
- Possibility of outsourcing the services to ensure timely rollout
- Centre of excellence on youth at district level /regional level
- Develop a M&E framework and standardized reporting software

Recommendations

- Mass media campaigns to encourage youth to go for HIV /STI testing and treatment
- SMSing /voice mail to address youth
- Documentation and dissemination on best practices to all stakeholders at regular intervals
- Media and political advocacy
- National level quiz program
- Youth friendly kiosks at strategic locations
- Review and revision of all tool kits and sharing with SACs during first quarter
- Self learning multi- media package for youth to learn comprehensive information on HIV/AIDS/STI-Linkages with help line.
- RRC Activities should be classified as activities within RRC within the college and outside college
- Early involvement in RRC

Out of school youth- Recommendations

- Develop size estimation of OSY ,indicators, target and coverage ,M&E plan
- Specific youth plans for metro-cities
- Developing comprehensive plan for urban youth
- Introducing youth friendly communication – edutainment including sports
- Revise , evaluate and adapt teens clubs formed by NYKS and ICDS

Out of school youth- Recommendations

- Involvement of TI NGO and CBOs to reach out migrants at source
- Need for Youth friendly IEC materials and strengthening rural libraries
- Linkages with health programs including health camps
- Mid media activities including folk theatre to reach rural youth
- Defining package of services
- Linkages with health and support services
- Shift from awareness to increasing risk perception and take informed decisions
- Help line
- Distt level communication campaign to address most at risk population
- Branding of clubs with state specific names
- Periodic evaluation , revisiting program based on research
- Greater involvement of local NGOs /CBOs/FBOs/PRIs
- Involving positive youth in communication

General recommendation

- Capacity building of consultant youth at SACS
- Greater coordination between consultant youth and consultant mainstreaming
- Formation of State level HIV/AIDS youth coordination committees
- Sensitization and planning meeting with vice chancellors of different universities
- Mobile vans to visit colleges to compliment the RRC activities
- Greater involvement of DAPCU in coordination and convergence and monitoring
- Media advocacy by involving professional advocacy agencies
- Reintroduction of blue and red book
- Developing self learning multi media packages and uploading them in website for any one to learn
- Greater involvement and networking of program implementers and organizations working for youth
- Establishing national technical resource group on youth
- Developing specific policy and guidelines for dealing with minors

Package of services for Out of school

- Information on HIV prevention and treatment and Promote individual behaviour change
- condoms,
- harm reduction services in case of injecting drug users,
- services for prompt diagnosis and treatment of STI,
- Counseling and testing for HIV
- referral to HIV treatment and support services

Youth Vulnerability mapping and outreach strategy

NACO

Working Group 1

May 10, 2011

Vulnerability Vis-à-Vis SRH & HIV

- **Age & Gender**
  - **10-14**
    - Need to substantiate with data for the age group (10-14); what is to be done and how interventions will be implemented. Need to increase awareness about child sexual abuse (e.g., at ages below 10).
    - TARSHI modules on vulnerability
    - Age specific LSE chart to be developed- for e.g. at pre school you talk about stigma and discrimination (hold hands or help when classmate is sick)
    - Need to gather evidence to suggest what is to be addressed for ages 10-14; 15-19 – e.g., peer pressure - Review of existing materials and compile relevant content.
  - **15-19**
    - This is age of actual intervention; peer pressure; sexual debut; marriage; no access to contraception; lack of information
    - Existing modules for in-school interventions but we need strategies for out-of-school to be defined
    - Linkages with MoHFW ARSH- Adolescent friendly Health clinic program to be defined and strengthened
  - **20-24; 25-29**
    - Continuity to the ones above;
  - **30-35**

Defining Vulnerability

- Early sexual debut
- Early marriage
- Initiation into risk practices/behavior (alcohol,.drugs, sexuality experiments, child sex abuse)
- Trafficking
- Peer pressure
- Exposure to Media/Technology (mobile, internet)
- Children/ adolescents in poverty/socio-economically marginalized
- Adolescents at work / vocational institutes (e.g call centres, at sites of sex work, urban slums, rural at farms)
- Migration
- Discrimination (e.g., gender related discrimination; family; education; health institutions; community settings)

Listing of Vulnerability*

- Most-at-risk adolescents
  - Vulnerable to child abuse
  - Early initiation of addictions leading to drug use and IDU
  - Early sexual debut (leading to homo- and/or hetero-sexual activity)
  - Early marriage
  - Street children
  - Domestic workers or other vocational work
  - Adolescents with STI and teenage pregnancies
  - Adolescent headed households
  - Mental health issues
  - Adolescents in situations of conflict; in juvenile homes; in families with high risk practices (substance abuse, sex worker/trafficking; MSM; adolescent receiving blood and blood products); socio-economically marginalized; children affected by HIV/AIDS
- Adolescents living with HIV and their sexual needs

**Overarching principle for allocating resource for direct intervention vis-à-vis convergence*

Gaps & Recommendations for NACPIV

- Gaps
  - RRC guidelines to be reviewed and finalised
  - Strategy to reach out of school youth most crucial
  - Lack of follow up on youth initiatives & mid- and mass-media campaigns
- Recommendations
  - Enabling environment by training parents and teachers
  - SRH education to be addressed
  - Qualitative elements of behavior change of providers and including community (e.g., family and peers)
  - Adolescent-/youth-friendly SRH services
  - Interact with youth and adolescents across geographic diverse regions

Ministries- Existing schemes

- MOHFW- Women and girls entering RCH services (JSY, FP and abortion services, ICDS- AWWs Nutrition IEC, ARSH clinics, School health)
- MWCD- SABLA Scheme, ICPS, Rehabilitation homes,
- CWC – rehabilitation homes, Juvenile Justice Board, street and working children
- MSJE- Drug and Alcohol programs, Social defense division,
- Ministry of Minority - OBC/SC/ST schemes, Women leadership schemes
- Department of Prohibition- prevent alcohol use its now become part of legislation on excise- data captured for under age drinking and substance use
- HRD – In school, out of school, sabal Bharat, JSS, Village education, Sarva shiksha abhiyan Madhyamik shiksha abhiyan
- Labour – working children/ adolscents, domestic, child labour
- Youth Affairs – NSS camps and Youth Clubs of NYKS

NACP –IV - Direct Interventions

- Recommendations for TIs: Early inclusion into TIs (age and gender disaggregated data for Core groups their partners and adolescents- Prevention of Risk practices)
- Link Workers Scheme- Quality of intervention, guidelines to include most vulnerable adolescents and youth – Define (Early marriages, unmarried youth into alcohol or substance use, into multiple partners not using condoms to be covered)
- AEP- Link LSE with age and gender appropriate messages S&D and moving on to SRH and HIV
- Out of School youth- Youth information centres for most at risk and vulnerable adolescents (pilot models based on evidence)-street children, juvenile homes, drug users
- Linking with relevant ministries for data on most at risk and vulnerable adolescents

Operationalizing

- Jointly develop MOUs and guidelines with MOHFW, MWCD, and other ministries to ensure inclusion or convergence
- Adolescent health clinics/ school health joint guidelines for reaching adolescents and capturing data on vis a vis gender, age and risk practice (risk assessments) or evive the health clinics
- STI clinics under NRHM convergence and linkages had been initiated but needs to be monitored
- JSY should ensure All institutional deliveries mothers are referred to ICTC and further positive pregnant mothers linked ART, PPTCT , EID services and family planning services
- Positive networks/ ICTC as community care givers for children and adolescents and on positive prevention for adolescents living with HIV tracking of below 18 and sexually active adolescents
- Positive speakers to be part of IPC, BCC services
- ASHA and ANMs to be trained on HIV counseling and referrals and linkages with nutrition (VHN day, Mid day meals) ensure monitoring to include all positive pregnant women, girls and adolescents in existing schemes
- Care and support programs for Pediatric HIV to ensure SRH of Adolescent living with HIV is addressed through counseling).
- TIs should capture the age and gender disaggregated data for below 18 years in all groups IDU, FSW, MSM, Migrants
- Ensure reporting and prevention of child sexual abuse and trafficking (male and female children)
- Joint IEC development with line ministries (youth friendly) e.g VHN day Nutrition related IEC for positive pregnant mothers, prevention IEC and BCC among adolescent health clinics
- Joint implementation guidelines, technical support and monitoring and evaluation tools
- Ensure involvement of civil society