



MAMTA Health Institute for Mother and Child

# Young People's Health and Development:

A Sexual and Reproductive Health Centred Action Approach, 2003-2008





# Young People's Health and Development: A Sexual and Reproductive Health Centered Action Approach (2003-2008)

## Project Overview

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## I. Background

### I. Sexual and Reproductive Health Rights - The Global context

The International Conference on Population and Development (ICPD), held in Cairo in 1994, was a landmark event recognizing that sexual and reproductive health rights are fundamental to young people and families, as well as to the social and economic development of communities. Their significance is reflected again in the Millennium Development Goals that derive from the Millennium Declaration. On one hand, the Goals do not expressly refer to sexual and reproductive health rights; on the other hand, at least three of the eight Goals – on maternal health, child health and HIV/AIDS – are directly related to sexual and reproductive health. Others relating to reducing poverty, empowering women, education for girls are either influenced or will influence the sexual and reproductive health and thus achievement of the Millennium Development Goals (MDGs).

Over the years, sexual and reproductive health rights are among the most sensitive and controversial issues in international human rights law. In 2003, the Commission on Human Rights confirmed that: “Sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

It clearly reflects that all these international conferences signaled a move away from narrowly focused family planning programmes, to expanding and placing Young People at the centre of an integrated approach to reproduction. It was also recognized that human rights have a crucial role to play in relation to sexual and reproductive health. The following year, this new approach was reaffirmed at the Fourth World Conference on Women held in Beijing in 1995.

Many of the numerous obstacles to sexual and reproductive health rights for Young People are interrelated and entrenched. They operate at different levels: clinical care, the level of health systems, and the underlying determinants of health. For example, in addition to biological factors, social and economic conditions play a significant role in determining women's sexual and reproductive health. The low social status of girls and women frequently contribute to their sexual and reproductive ill health. Many women have poor nutritional status during pregnancy, which may give rise to miscarriage, premature labour and low birth weight. Some traditional views about sexuality are obstacles to the provision of sexual and reproductive health services, including reliable information. These views have an especially damaging impact upon the Young people. Poverty is associated with inequitable access to both health services and the underlying determinants of health. Too often, improvements in public health services disproportionately benefit those who are better off.

### ii. Young People's Sexual and Reproductive Health Rights – The National Context

We are on the threshold of change where many concerned constituencies are moving forward to address the needs of young people – an important group that has so far been overlooked by most programmes. In recent years there has been increasing global agreement that adolescence is a distinct and important period in a person's life. World Health Organization (WHO) has defined

'adolescents' as persons in the 10-19 years age group, while 'youth' has been defined as the 15-24 years age group and combined these two overlapping categories into one entity, i.e. 'young people' covering the age range of 10-24 years. The Government of India defines 'youth' as persons of 15-35 years. There seems to be no global unanimity on the age classification of adolescent and youth. This result in their either getting excluded or subsumed under programmes and services for other groups.

Knowledge about sex and sexuality, as well as familiarity with appropriate colloquial terms that make it possible to conceptualise sex and sexuality as normal concerns, are basic preconditions for empowering people in matters of reproductive and sexual health and rights. The roundabout and muted ways by which such knowledge is traditionally conveyed to young people in India (from aunts, uncles or older siblings rather than from parents) have been further curtailed by the increasing mobility and rapidly changing socio-economic environment.

Cultural factors prevent them from exercising their reproductive rights. Also certain cultural practices like child marriage limit this right further. There is a disparity in attitudes regarding the sexuality of young women and men, and realities that confront them. Conservative elements in society often do not acknowledge young people's sexuality, especially that of unmarried girls. This situation leaves their needs unattended. Reproductive rights of girls are also particularly vulnerable because they are more often subject to coercion in sexual relations. In addition, the consequences of unprotected sexual activity in young people are more onerous for young women than for their male peers. For example, girls are more likely to interrupt their education due to early marriage and childbearing. Doing so has tremendous consequences for their lifelong social and economic status.

It is within this context that a collaborative project was developed by MAMTA and RFSU and supported by Sida. In the year 2000, when the project was first envisaged, young people's reproductive and sexual health was a relatively new issue and few interventions, if any had actually been undertaken on the ground. Much has changed since then. In 2009, we have the national programmes, NRHM (National Rural Health Mission) and NACP III (National AIDS Control Programme), which have focused on addressing these issues. Many organizations since then have piloted interventions on YRSHR (Young People's Reproductive and Sexual Health and Rights) there is a growing body of evidence on strategies and approaches that have been successful in certain ways in reaching out to young people in different circumstances.

We present here, briefly, the journey of a project, that is perhaps one of the most comprehensive in its approach, geographical spread and reach to young people on the issues of sexual and reproductive health and rights. The detailed description of many of this project's components has been provided in the accompanying documents.

## II. The Evolution Phase (2000-2003)

### I. MAMTA-RFSU: Partnership

MAMTA Health Institute for Mother & Child (MAMTA), an NGO (non governmental organization) working with child health in urban slums and among rural poor, identified young people as a resource with tremendous zeal to learn and having willingness to change. While working with adolescents, MAMTA identified their needs for knowledge and services on SRHR and started to develop this line of work. With limited experience of working with issues of sexuality, specifically with Rights perspective, MAMTA rapidly identified a need for building its own capacity and sought to develop partnership with an organization that had expertise or recognized strength in this area.

During an exploratory visit to Sweden, RFSU was identified as a potential twinning partner. RFSU (Swedish Association for Sexuality Education) is the Swedish IPPF (International Planned Parenthood Federation) affiliate and has 70 years experience in YRSHR developing pilot interventions and successful advocacy in Sweden. RFSU also had experience of supporting projects in various parts of the world including Africa, Asia and Europe.

MAMTA and RFSU met in October 1999 to look into areas of collaboration and twinning. Year 2000 marked the renewed beginning of long-term partnership between MAMTA and Sida. MAMTA- RFSU submitted and got an approval by Sida on a joint proposal: 'Evolving Strategies for Optimum Health and Development of Young People, 2000-2003' that aimed at developing and testing strategies to work on the sensitive issue of young people's sexual and reproductive health with a gender and rights perspective.

Key working areas under this partnership were identified with the premise that:

- Accurate and scientific information will enable young people to be responsible in exercising their sexual and reproductive rights.
- Related developmental issues like access to education and school retainment, prevention of early marriage, gender equity and other such issues that impact Young people and their Reproductive and Sexual Health need attention.
- There is a yawning gap between the needs of 'young people' and the services provided to them. Services, be it health or education, should be appropriate for their age and situation.
- Government commitment to young people's rights should be reflected in legal and policy reforms, which not only affect behaviour, but also can, shape people's understanding of equity and justice.
- Adoption of laws and policies should be accompanied by vigorous efforts to enforce and implement these measures.

### ii. Project goal and objectives

As the name indicates, the project 'Evolving Strategies for Optimum Health and Development of Young People, 2000-2003' was conceived as an exploratory effort which, if successful, would lay the foundation for a second, and more strategically focused phase.

The overall purpose of the project was:

- (a) to develop the capacity and knowledge of number of NGOs in India to conceptualise and promote issues surrounding sexuality and gender among youth, as part of a broader concern for 'Young People's Reproductive and Sexual Health and Rights';
- (b) to develop and explore appropriate initiatives in awareness building – through advocacy, compilation of information and dissemination, and through localized field interventions; and
- (c) to develop and explore appropriate organisational forms and institutional mechanisms for a multi-layered and possibly, nation-wide 'YRSHR alliance'.

The project comprised of several components and areas of activities:

- (a) Pilot interventions in order to provide an action-learning process
- (b) Networking to establish a multi-layered YRSHR promotive capacity in the country
- (c) Information centre around YRSHR issues as a platform for its training, advocacy, and policy initiatives
- (d) Advocacy to develop effective approaches to influence key decision and policy-makers with respect to YRSHR issues
- (e) Capacity building, particularly around the theme of sexuality-gender-youth
- (f) Research, both in the form of action-research and to profile the YRSHR issues in India

The key strategies that the project worked at evolving were networking, advocacy, information centre and phased interventions. RFSU, based on its strength placed itself in building the capacities and developing skills of MAMTA to deal with young people's concerns and help undertake need-based programs on identified YSRHR related issues.

### **iii. Reflection on the evolution phase**

This phase (2000-2003) was an exploratory project aimed at arriving at an operational strategy on YRSHR that could possibly move into a more focused implementation phase once the experience had been consolidated and analysed. The Twinning project in the initial three years was largely successful in achieving what it set out to do. The strategies chosen in the project were developed and tested to some extent for its effectiveness in addressing YSRHR.

- The phased interventions provided scope to study the unexplored areas related to YSRHR issues. The first year of intervention research showed new directions and brought home the need for sustained efforts in already identified areas. The social environment in intervention areas was encouraging. Female peer educators who were initially not allowed to attend meetings in the same village could now travel to Delhi to participate in various programmes. Community participation was reflected by involvement of PRIs, provisions of space for YIC (Youth Information Centres) by community as few examples. The intervention research and empowerment evaluation in Bawal and Bangalore helped to evolve greater participation of young people in the programmes at all levels and made it more responsive. The participatory evaluation mechanism was empowering for the stakeholders involved.

- The networking experience was a great learning for MAMTA–RFSU, the challenges being constructing the appropriate structure and defining roles and relationships between the network members, tested in the reference that initial apprehensions to work on sensitive issues have been overcome and demand being generated for further interventions. Networking emerged as an important strategy to address YSRHR due to its far-reaching impact. The working group and network members' participation in the activities devised for each state provided the desired momentum to the network. Trying to strengthen the local work by making it part of the larger movement for policies and programme initiatives by bringing forward the voices and experiences of the grassroots to the central and state level was the key. This in no way undermined the relevance and importance of the local work in addressing YSRHR in a more responsive and culturally appropriate manner. As the network was expanding, the growing concern was quality assurance and programme effectiveness. As a result, the need to develop monitoring and evaluation mechanisms, which were simple, less time consuming and fulfilled the needs for establishing accountability came into focus.
- In the beginning Advocacy efforts to bring about a policy change for inclusion of young people with their concerns of SRH (Sexual and Reproductive Health) being addressed seemed a near impossible task. Policies were advocated for and the Government's commitment to young people was reflected in legal and policy changes and accompanied by vigorous efforts to enforce and implement these measures. Articles given in the press on the same evoked encouraging responses at the state and central level. Strengthening Peer Educators to take up the advocacy work in the intervention areas and through network partners was crucial. In order to exchange ideas and strategies and form a joint force to address YSRHR related issues, discussions were facilitated and dialogues between various constituencies and network with other organisations at national and international levels was strengthened.
- Another important effort was the establishment of the Information Centre, which acted as a resource centre and attempted to bring YSRHR related references through the mechanisms of collection and collation under one roof. Not only was it instrumental in providing the organization a strong information base to address the sensitive issues of YSRHR but also supported the network members through its collections in the physical library, the publications in terms of working papers, training manuals and most importantly, a direct access to accurate and scientific information on the web portal. Streamlining acquisitions in terms of procurement and reaching out to the masses through the 'clearing house' mechanism was crucial and required further strengthening.
- RFSU played an important role in building the capacities of MAMTA on identified YSRHR related issues through a series of training programs/exposures/exchanges in the first phase. The twinning played a pivotal role in building an inclusive, culturally relevant movement to address YSRHR. The process of twinning continued to be integral to the future effort. It matured to an extent where the two partners started to look beyond the project to address YSRHR. Newer areas were explored for mutual learning and sharing.

#### **iv. Evaluation of the first phase and key recommendations (Excerpts from the report<sup>1</sup>)**

Sida commissioned a forward-looking external evaluation of the performance and potential impact of the programme. The evaluation was carried out in November-December 2002. Some of the key recommendations made in this evaluation are presented here. These recommendations provided the basis for planning the 'Implementation phase' of this project, 2003-2008.

##### **(a) Information centre**

The evaluation suggested that an analysis be made on types of materials for different user groups. The search mechanism for acquiring appropriate publications was broadened and quality indicators were devised to help prioritisation of new acquisitions. The 'clearing house' concept was explored jointly with other stakeholders, particularly network partners and communication experts.

##### **(b) Networking**

The key recommendation was that various strategies including advocacy, information, phased intervention, capacity building and research should converge on, and be assessed for their contribution to the state networks. For the next phase, an operational approach to rotation of functional responsibilities among State Facilitating Agencies (SFAs) was to be developed. Capacity building needs were to be differentiated over networks depending on strengths and nature of the respective SFAs as well as of the state networks as such. Selection, role, and support with respect to peer educators required to be further developed and communicated throughout the network.

The Working Group was to assist state networks to identify and make alliances with NGOs working with education in order to make inroads into the school system and reach out to school children and youth. Quality indicators for the different aspects of YRSHR interventions taken up by partner NGOs were to be worked out in a participatory manner.

##### **(c) Phased interventions (PIs)**

In both the ongoing (and in future) PIs more focal efforts were needed to systematically explore the potentials and constraints of (a) reaching the poorest and (b) involve educational institutions. Proper action research protocols (rather than action plans for interventions) were to be worked out as part of the design for all PIs. These would include concrete objectives, programme-related relevance of locality/context, and definitions of exit.

Gender perspectives were to be further intensified in a creative way to deepen the understanding of the special needs of both boys and girls and how to address them. Sexuality education was to

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<sup>1</sup> Evolving Strategies for Better Health and Development of Adolescent/Young People: A Twinning Institutional Collaboration Project in India by MAMTA and RFSU. Sida Evaluation 02/40. Authors: Gordon Tamm, Rukmini Rao, Viveca Urwitz (Report also available to download at: <http://www.sida.se>)

be reinforced and reiterated for both project staff and peer educators. It was recommended that PIs develop concrete models for participation of youth in planning, monitoring and research. This experience should feed into the network in a structured way.

(d) **Advocacy**

It was suggested that MAMTA, jointly with RFSU, should as a specific activity initiate and support state-wise advocacy strategies. Indicators of reach, efficiency and effectiveness need to be worked out – not the least for the Delhi/national level advocacy efforts. RFSU was to systematically share its Advocacy strategy in Sweden and work together with MAMTA and partners to identify suitable strategies for India.

(e) **Capacity building**

The key recommendations were for MAMTA & RFSU to jointly undertake the 'capacity & competence needs assessment' together with the different state networks. Based on this, a comprehensive capacity building strategy with a focus on state networks (individually as well as in terms of synergy between them) was to be developed and made part of the next phase. It was also suggested that Gender issues to be more firmly and consistently addressed during training. Institutions at national as well as state level such as state Councils of Education Research & Training, were to be identified through which YRSHR issues could be fed into educational material and curricula development.

(f) **Research**

The evaluation report strongly recommended that MAMTA must clarify and position itself in relation to the research requirements of the YRHSR. This would involve inter alia defining both issues that must be addressed, whether and what MAMTA should undertake on its own/through others/in alliance, as well as the capacity and organizational modifications required to ensure quality.

### III. Implementation Phase (July 2003-2008)

Based on recommendations made in the evaluation report, and reflections and experiences of MAMTA, RFSU, SRIJAN Network, key stakeholders, issues and thrust areas for the next phase were identified. The strategies remained the same except that Research and Documentation emerged as an off shoot of information centre, now renamed as 'Informatics', and taken up as a separate strategy for the coming phase. The strategy of capacity building was re coined and called Global Partnerships in Development. This was done keeping in view the role envisaged for the twinning partners (MAMTA & RFSU).

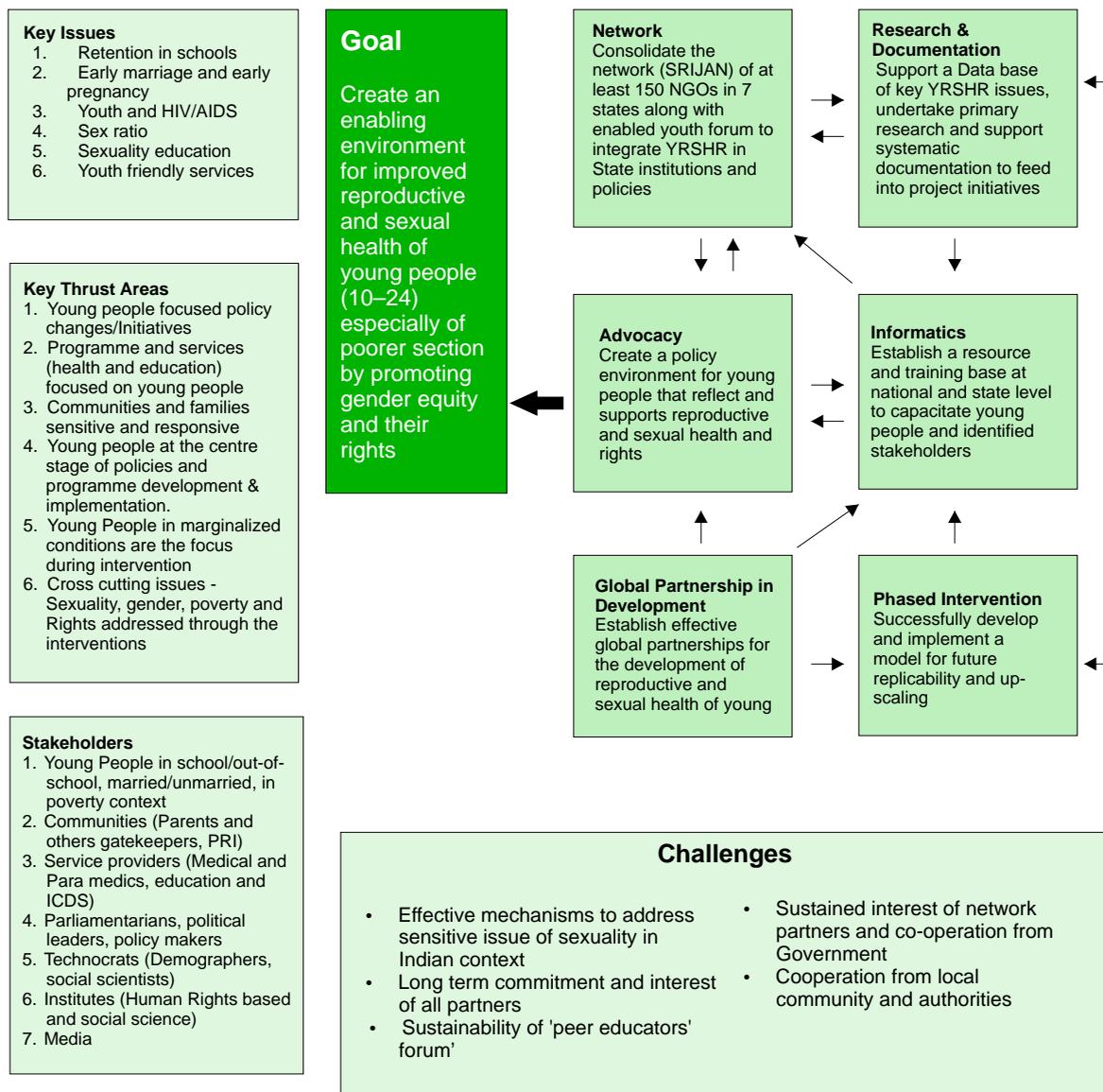
#### i. The Target Group

The project was primarily aimed at young people from poor and disadvantaged sections of the society. The programme focussed on out of school youth, unmarried and married, as well as school going young people.

#### ii. The Stakeholders

<p><b>a. Young People</b></p> <ul style="list-style-type: none"> <li>▶ Age group 15-24yrs</li> <li>▶ Married and unmarried</li> <li>▶ Out of school and in-school</li> <li>▶ Marginalised young people in poverty context</li> </ul>	<p><b>b. Policy makers</b></p> <ul style="list-style-type: none"> <li>▶ Bureaucrats/Senior government officials</li> <li>▶ Politicians/parliamentarians</li> <li>▶ Youth wings of political parties</li> </ul>
<p><b>c. Gatekeepers in communities</b></p> <ul style="list-style-type: none"> <li>▶ Religious leaders</li> <li>▶ Local leaders</li> <li>▶ Parents/in laws of young people</li> </ul>	<p><b>d. Service providers</b></p> <ul style="list-style-type: none"> <li>▶ General practitioners</li> <li>▶ Doctors and frontline health workers</li> <li>▶ Teachers</li> <li>▶ NGOs</li> </ul>
<p><b>e. Institutions</b></p> <ul style="list-style-type: none"> <li>▶ Ministries and government departments                             <ul style="list-style-type: none"> <li>Health and Family Welfare</li> <li>Human Resource Development (Education and ICDS)</li> <li>Youth Affairs</li> </ul> </li> <li>▶ Public Health systems</li> <li>▶ Panchayati raj institutions</li> <li>▶ Media</li> </ul>	

## THE PROJECT PLAN



### **iii. Project Goal and objectives**

At the heart of the project was the desire to create sustainable YRSHR initiative under the umbrella of 'enabling environment' at the country level in India for nearly 300 million young people. Existing cultural diversity and practices, makes this task enormous. The Forward Plan Document for 2003 –2008 had the enabling environment as its focus.

The project goal was described as, "Creating an enabling environment for improved health and development of young people (10-24 years) with an integrated approach to reproductive and sexual health especially of poorer section by promoting gender equity and rights."

At the beginning of the project, six objective based strategies were identified to collectively contribute towards achieving the project goal. The thrust was on Advocacy and Networking. While Networking was the carrying strategy, Research and Documentation, Informatics, Advocacy and Phased Interventions were in supportive roles, aimed at strengthening the network and enhancing the understanding on YRSHR issues. A special focus of the network was to work towards enhancing participation of and empowering young people. Global partnerships added value by bringing in expertise and experiences from nationally and across the world.

Six key issues were identified in the initial phase of the project (after discussion with network partners), which included:

- 1) early marriage and pregnancy,
- 2) youth and HIV,
- 3) adverse sex ratio,
- 4) sexuality education,
- 5) youth friendly services and
- 6) school retention.

### **iv. Key Strategies**

Phased Intervention (Pilot Intervention)

The main objective was to Implement the plan for intervention by active participation of stakeholders & develop 'model' for its future replicability and up scaling.

This was to be achieved through:

- sensitising and mobilizing community & key stakeholders on the issue of YSRHR with a view to promoting their participation
- capacitating Young People to seek and utilize YSRHR services and information
- creating Youth Friendly Services for young people and their enhanced utilization
- building capacities of outreach staff
- maximizing outreach on identified issues of YSRHR
- undertaking intervention for Sexuality Education in schools in Varanasi and intervention research for evidencing the impact of Sexuality Education Programme in Rewari

These interventions were initiated in three socio-culturally and geographically distinct regions of the country with the aim to develop responsive intervention methodologies and approaches on

young people's reproductive and sexual health and rights. A Needs assessment was followed by development of intervention designs in each of these areas: one in an urban slum (Koramangala/Ejipura, Bangalore, Karnataka State), one in a rural cluster of villages (Bawal Block, District Rewari, Haryana State) and another in semi urban location (Pindra Block, Varanasi district, Uttar Pradesh). The design for intervention was developed with active participation of 'young people' and the key community members.

A conscious effort was made to enhance the overall outreach of the project to young people marginalized in the economic sense. A culture and area specific definition of poverty for each of the intervention areas was developed and adapted to include the poorest of the poor.

The project focussed on involvement and participation of young people, development of sustainable linkages, creating information channels within the existing set-up, enhanced ownership by the community and emphasis on generating needs into demand. Sensitization and orientation of health service providers on Youth Friendly Services (YFS) were integral to strengthening service provision in the public health system.

The PI's aimed at advocating the need for sexuality education in government schools and developing curriculum that can be adopted by state governments in future. Sexuality Education was been taken up in two intervention areas (Varansai and Rewari) on pilot basis and implemented successfully. (For more details, please refer to the document 'When Knowledge is Power... to Prevent: School Based Sexuality Education Programme').

Young people's participation particularly through peer educator approach was one of the key approaches adopted in interventions. A systematic curriculum for peer education was followed in the three sites. The success and learning of the phased interventions are analytically documented so as to facilitate development of models for up-scaling and future replication of the approach. (For more details, please refer to the document 'Touching Lives, Empowering communities: Evidences from Pilot Intervention').

The PIs also focussed on MIS at each of the intervention area for refinement of planning and monitoring systems. The specific activities and indicators for each objective were reviewed annually. This follow-up was integral to the project activities and R&D carefully reviewed all the plans and outcomes, which were in consonance with its complementary role of facilitating the formulation of indicators.

## **Informatics**

The main objective was to strengthen resource and training base at central and state level to capacitate identified stakeholders and inform young people.

This was to be achieved through:

- collection and collation of resources based on identification of strengths and gaps assessment on YRSHR issues at Central and State level
- establishing the functioning of 'Informatics' as a 'clearing house'
- enhancing existing training materials and building concise documents for young people
- conducting specific training programs on and around YRSHR issues at central and state levels
- developing innovative means for reaching out to young people in poverty context

'Informatics' enabled young people and those working with them to access an accurate and scientific database on YRSHR related issues. It extensively focussed on dissemination of information and results from innovative research conducted under Phased Intervention and Research & Documentation (R & D), and supported the SRIJAN Network by serving as a training house to build skills and capacities on the identified issues.

Reaching out to the young people in context of poverty has been seen from two different yet complementary perspectives – one, to reach out to the economically marginalized and second, to the young people in the larger context of being deprived on 'scientific and accurate information pertaining to sexual and reproductive health'. This information was disseminated through the web portal ([www.yrshr.org](http://www.yrshr.org) in English and [www.12teen.org](http://www.12teen.org) in Hindi) and also other mediums such as CDs, newsletters, magazines and documents (Aarushi) for young people. The state networks are actively involved as carriers and distributors of this information to young people in their local set up and PI areas. The website served as a medium for dissemination of information as well as a 'clearing house'.

A large number of national and international journals being subscribed at the resource centre (covering issues like gender, sexual and reproductive health, reproductive and child health, adolescent health and development, human rights, population, public health etc.) and media monitoring (print and TV), provided the scope for sharing updated information with the project team, the network partners as well as many stakeholders who used the services of the MAMTA-SRIJAN resource center. Listserv were sent out regularly to all network partners (who had access to internet) and organizations working on YRSHR.

'Informatics' focused extensively on building and imparting need based training programs on YRSHR issues to young people themselves and those working with them. This component also provided support to the other YRSHR targeted strategies at both central and state level to design and deliver their training programs. Development of training tools and aids to support training programs in the form of training manuals, posters, IEC etc. was undertaken.

MAMTA has grown into an institution with substantial knowledge and information bank on YRSHR under the twinning partnership with RFSU, informing and capacitating different stakeholders on issues of young people's sexual and reproductive health and rights. The strategy has succeeded in creating demand for information at central and state levels, which is evident from the technical assistance extended towards development of publications with various government agencies and capacity building programmes conducted at national and international level.

## **Networking**

The main objective was to strengthen a network of at least 150 NGOs in 10 States along with enabled youth fora to monitor services and integrate YSRHR in state institutions and policies.

- This was to be achieved through:
- consolidation of the existing SRIJAN network and reinforcing understanding on YRSHR issues
- expanding the SRIJAN network for greater outreach of YRSHR issues and concerns
- setting the momentum towards the creation of a distinct strategy for greater involvement of young people on/for YRSHR issues through the network mechanism

In the 'Evolution phase', the SRIJAN network had established itself in 7 states across the country with little over 150 members. The State Facilitating Agencies, (SFAs) in each of the seven states played a key role in initiating the network and bringing it to its present stage. After the initiation of the project, the working group took a joint decision to limit the network to 7 states in which it has been initiated during the evolution phase. Efforts were made to consolidate the structure of the SRIJAN network. A key objective in this was to form a charter of the SRIJAN network, which would further strengthen communication links and common understanding about YSRHR issues between the SFAs and the Central agency. Forums were created where more and more network partners could meet and share experiences. Functional responsibilities were shared and owned amongst partners.

A key focus was also on capacity and skill building of the partner agencies in a structured manner with the aim that the partner agencies in turn, would capacitate other organisations in the state to work on YSRHR issues and eventually mainstream these issues into the organisation's mandate. The ultimate aim was also to increase the sense of belonging and ownership in the SRIJAN network, increasing sharing of responsibilities and foster a long-term commitment to working on these issues.

A distinct strategy towards involvement of young people on YSRHR issues in the SRIJAN network was initiated. Activities were organized to sustain peer groups, to capacitate them for advocacy efforts at the state and the central levels, and to mobilize them to voice their concerns in various forums as an advocacy effort. Concerted and synchronized efforts at the central and state levels continued to sensitize key members of the community towards greater understanding and appreciation of the concerns of young people.

SRIJAN partners envisage continuing working and maintaining its momentum till the goal and objectives of SRIJAN are achieved (by year 2011).

(A detailed documentation of this strategy is presented in the document-'Partnerships for Change: Evolution of SRIJAN network').

### **Advocacy**

The main objective was to influence policy environment for young people reflecting and supporting reproductive and sexual health and rights.

This was to be achieved through:

- technically capacitating MAMTA and network partners on advocacy skills through advocacy experts (RFSU)
- developing and implementing advocacy strategy to synergise center and state initiatives
- sensitizing identified constituencies on YSRHR issues at central and state levels
- establishing working forums to consistently advocate for policies/strategies for YSRHR issues at both levels
- developing capacity of young people to engage them in advocacy to provide distinct visibility

In the phase of five years, aim was to further consolidate and sustain these advocacy efforts by building capacity within the state partners to advocate for YSRHR issues. In the year 2003-2004, a joint working group meeting of MAMTA/RFSU and SFA was conducted to identify common issues for advocacy at different levels. Similar meetings were held in consecutive years from

2005 to 2006. A joint training programme by RFSU for MAMTA and SFAs was held to build capacities on advocacy. RFSU in the first phase contributed to the advocacy effort through training and the parliamentarian's exchange visit. Youth meetings at central level with representation from each region were organized in order to add impetus to youth advocacy efforts.

Advocacy initiatives resulted in positive and encouraging results in the first year. MAMTA with its persistent efforts raised a debate in the media and in the political arena on the need for a better visibility of young people across health programmes, while emphasizing the need for integration of sexuality and sexual health. Developmental issues like access to education and school retention, prevention of early marriage, gender equity and other such issues that impact Young people and their Reproductive and Sexual Health were also taken up.

Another objective was to establish a synergy between the advocacy efforts in partner states and the central level and share experiences. Furthermore, jointly identify clear advocacy policies and strategies for each partner state, keeping their differing ground realities in mind. Identified constituencies like policy makers, educationists, media, medical professionals, lawyers, judiciary, parliamentarians and legislators were sensitised to YRSHR issues through direct interactions, workshops and advocacy in the state level community forums. The key aim was to establish a working forum of identified constituencies, to bring about policy/programme changes on YRSHR. The adoption of laws and policies by governments accompanied by vigorous efforts to enforce and implement these measures; working foras were envisaged to facilitate this aspect too.

A key strategy in this phase of advocacy was the involvement of youth. They were a distinct voice and agenda in advocacy efforts at both the state level and the central level. Young people themselves were capacitated to advocate for YRSHR issues using activities like peer educator exchange programmes, field visits, advocacy rallies and petitions. An editorial team comprising of young people had taken on the responsibility of bringing out Aarushi and its vernacular editions.

A detailed documentation of this strategy and what it could achieve during 5 years of the project period, is available in the document-'Sometimes all they need is a voice: Advocating for Sexual and Reproductive Health Rights for Young People'.

### **Research and Documentation**

The main objective was to establish a diversified database on young people as well as to conduct primary research in the identified 'gap areas.

This was to be achieved by:

- enhancing the database on YRSHR issues for various stakeholders
- disseminating the database through the print and the e-media
- promoting action oriented learning by documenting and disseminating lessons emerging from phased intervention to feed into advocacy and programme development
- facilitating primary research on identified gap areas on YRSHR issues at central and state levels
- developing quality assurance indicators

The data base was developed on the basis of available information pertaining to young people, collected and collated from authentic reports such as Census of India, National Family Health

Survey (NFHS), District Level Rapid Household Survey(DLRHS)-Reproductive and Child Health (RCH), Sample Registration Survey (SRS), National AIDS Control Organization (NACO)-Behavioural Surveillance Survey (BSS) and Crime data of Ministry of Home Affairs, besides some of the raw data analysis from the same sources. All the information presented in the data base pertains to 10-24 years age groups.

The 'admin' (the programme which uploads the data over the net) underwent major restructuring in the year of 2006. Simultaneously a lot of work was done to make the software more user-friendly. However, Research and Documentation continued to collate and compile more data to diversify the data base. At present there are 226 tables available over the net classified into fifteen parameters. Simultaneously the portal quality has also been improved by making it more dynamic and user-friendly, as the team worked on quality improvement. As a result new features have been added such as multivariate tables, more variables, colour combination of maps based on scientific classification, etc.

The Database portal [http://yrshr.org/stat\\_builder/view\\_data.asp](http://yrshr.org/stat_builder/view_data.asp) has been made available free of user charge for wider dissemination. Registered users include Research Scholars, NGOs, Medical Institute, Universities and other educational institutions, bilateral and multi lateral organizations.

Database collated by Research and Documentation is ever evolving by nature with addition of new surveys and data sources as more and more national agencies are recognizing the need to focus on young people and young population of India. This database, the first of its kind in India, is structurally able to cull out data for comparison and accessibility from a vast array of data collated from multiple surveys and time periods. Disseminating the data base to larger audience especially the network partners has already been initiated. A CD version is also planned for wider dissemination of the data base.

In identifying and defining the scope, depth and magnitude of young peoples' sexual and reproductive health and rights issues, R&D has initiated primary research in different settings. The first step in this exercise was identification of gaps on YRSHR issues in country context (Situational analysis, policy and literature review, and discussions of the working group). A series of Primary Research were undertaken in identified SRH gap areas identified i.e. Sexuality Education, Youth friendly health services and gender issues (like addressing masculinities as a strategy to improve YSRHR) between 2003-2008. The strategy also supported the documentation of evidences from Pilot Interventions through Intervention research. The final research reports from all these studies are now available.

A Cluster Randomized Control Trial on 'Preventing and Managing Adolescent Pregnancy' in Intervention site, Bawal (with Karolinska Institute) has been initiated in the exit phase and will be completed by December 2009.

### **Global Partnership in Development**

The main objective of this strategy was to develop effective fora for global partnerships for ensuring sexual and reproductive health and rights for young people. This was to be achieved by:

- undertaking capacity building in the areas of youth friendly services, sexuality education and advocacy

- collaborating and networking with organizations / institutions nationally and internationally to strengthen the ongoing efforts
- strengthening project implementation and twinning

The MAMTA – RFSU twinning resulted in the strengthening of MAMTA's skills and capacities on YRSHR issues. This was achieved through extensive training programs, and exposure visits for the MAMTA team in set-ups in Sweden and India. The above process sensitised the twinning partners to each other's cultures, which are inextricably linked to attitudes and behaviour towards YRSHR. This facilitated the development of training methodologies and content that was contextually and culturally appropriate. The concept of youth clinics in Sweden was adapted to suit the Indian socio-cultural environment. RFSU's wide experience in advocacy of YRSHR issues was instrumental in building capacities within SRIJAN and in MAMTA as well as guiding the strategy.

The global partnership became more relevant with Sida supporting MAMTA-RFSU for the Advanced International Training Programme for South and South East Asia (2003-2007).

Newer areas of capacity building (identified through needs assessment), collaborations for research undertakings at national level and exposure visit of key stakeholders from both SFAs and central levels were facilitated jointly by Rfsu and MAMTA. Capacity building was identified as a strategy that would feed into other strategies to reciprocate learning in the areas of developing quality control indicators and intervention strategies, research and documentation and community mobilization. An effort to mainstream rights at the organizational level and in all strategies through IPPF was made possible within the mandate of this strategy.

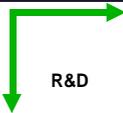
As expressed by the network partners and during the MAMTA–RFSU meeting in Sweden, the collaborations and technical support sought from institutions both within the country and those outside, enhanced the quality of research interventions and added value to the ongoing work.

Besides this partnership, MAMTA entered into technical collaboration with many other organisations based on the identification of areas that required specific inputs. This included the Karolinska Institute and IMCH, Uppsala University, Sweden; Nossal Institute for Global Health in Victoria, Australia, and Oregon State University, Portland, USA.

Most of the capacity building through these organisations has been on Research and Documentation, as this was a relatively new strategy for MAMTA and within this project.

## vi. Interface

A conscious effort was made to make visible the interrelatedness of the strategies so as to bring out the interfacing of the various strategies more clearly and avoid duplication. The following framework was created to guide the project teams working on different strategies.

 R&D	R&D	Informatics	Networking	Advocacy	Phased Intervention
Informatics	Use data and research documents to prepare relevant information material		Prepare documents/ training tools ,disseminate information, and provide training to network partners, facilitate sharing and exchange of information	Provide evidences for policy level efforts, build capacity of partners on advocacy	Conduct trainings and provide relevant information for better intervention
Networking	Support network partners with area and country specific data on YRSHR	Strengthen information base , and establish 'clearing house' for wider dissemination of information		Advocate at local and state level through network and a convergence at centre	Develop models that can be replicated through network partners
Advocacy	Provide/generate research data for specific advocacy effort	Disseminate information on YRSHR to identified key stakeholders	Provide a platform for advocacy at central and state level through the network		Facilitate phased intervention in undertaking advocacy at local level.
Phased Intervention	Collect data and conduct research at grass root level for developing better tools and intervention methodologies	Share information and experience of workable models and facilitate access to information to Young people in intervention sites	Provide replicable intervention designs and first hand learning experience to network partners	Evidence based 'models' to advocate for policy changes	

### Some examples of interface

#### Trainings on Gender and Sexuality

This was a joint effort of the Informatics and Networking. While informatics coordinated with RFSU, the networking team coordinated with network organization for conducting basic and advanced trainings at central level. The core trainers from state level, in turn, facilitated the training sessions for other stakeholders and partner agencies with support from the networking strategy. Follow up of the core team was organised by the Informatics strategy jointly with RFSU.

## **Sexuality Education**

The sexuality education research study in Bawal is an example of interface between Research and Documentation, Phased Interventions and Global Partnerships. While R&D and Nossal Institute for Global Health (University of Melbourne) provided technical support under the mandate of global partnerships, the research team was responsible for finalizing the research design and developing the relevant research tools. The team positioned at the intervention site delivered the curriculum in school and the data collected by the intervention team was analyzed by Research team while being supported technically by Nossal Institute. The results from this study were shared with the network partners and would be disseminated through them to various stakeholders in the states.

### **vii. Monitoring and Evaluation**

Monitoring and Evaluation (M&E) system was to measure the progress and act as intrinsic part of further movement. It enabled comprehensive assessment of effectiveness and impacts, at the same time gave a sense of worth to individuals in the team for being able to contribute.

The magnitude of work and multiplicity of formal and informal partnerships with a diverse group of stakeholders resulted in a continuing flow of information on programme status, performance and impact. A systematic plan facilitated the project to become progressively cost effective by building on the lessons of both successes and failures.

M&E was a shared responsibility between MAMTA and its partner organisations in phased intervention areas and the network. The partner organisations especially the SFAs had the responsibility for monitoring state partners; while MAMTA monitored at an overall level: the focal areas, the programs, as well as cross-cutting issues.

MAMTA undertook regular operational monitoring that was assessed on a quarterly basis as well as developed systems of self assessment in place for network partners and participated in some of these assessment exercises. Quality of network partners' work was enhanced through technical support visits and monitoring visits.

Strategies maintained a yearly action plan, which was further detailed out to prepare monthly action plans. Twice a year, joint review of the project by MAMTA and RFSU took place as part of the Project management meetings. Strategy specific detailed processes, output and outcome indicators were maintained in each strategy and were reported once a year. This system also built the scope of mid course corrections in respective strategies.

The project MIS is presented in the Annexure.

### **viii. Midterm Evaluation**

A Midterm Evaluation of the project was undertaken in 2006 to review the progress of the RFSU-MAMTA collaborative programme on 'Young People's Health and Development - A Reproductive and Sexual Health Centred Approach'.

The key findings and recommendations from this evaluation, led to the review of the project strategies and incorporating or modifying components, so as to enhance the impact of the ongoing interventions.

The complete report<sup>2</sup> can be accessed at <http://www.sida.se>

One of the key recommendations made for the project was pertaining to Exit Strategy.

“There is an urgent need to discuss and introduce an 'Exit Strategy' that should permeate all strategies/components during the last leg of the agreement period. This means that the plans as they stand for the remaining period should be reviewed and wherever necessary, be revised in order to ensure that there are:

- (a) clearly defined end-of-programme scenarios for each strategy, including how to strengthen key actors and institutional arrangements that will carry the processes created forward
- (b) clear evidence-based lessons learned for all strategies, particularly as regards the experience gained in reaching (or not reaching) intended results or impact
- (c) intensified sharing of experiences and dissemination of findings, not the least to the network partners”

As a result an Exit plan was formulated, that was to be implemented in the last spell of the project (2007-08) as well as any extension period that was agreed upon by the implementation and funding agency.

### **I. Exit Plan**

As the project approached the end of this agreement period (2003-08) and five years of implementation, there was an attempt to assess which of the programme components should continue to grow, modify its objectives or strategies, or consider alternative strategies such as exit. Based on this, an 'Exit plan' was formulated, that identified these components.

The 'Exit' was defined as a specific plan describing how the program intends to withdraw from the 'defined intervention' so that the achievement of programme goals is not jeopardized and that further progress toward the (stated) goals is made. At the same time it assures sustainability of impact and activities after the program is withdrawn.

Since the program included a variety of interventions, there was a need to identify different approaches for exit. Certain activities/interventions were no longer required because the change brought about by them is permanent and self sustaining. These activities were planned for 'Phase

<sup>2</sup> Evolving Strategies for Better Health and Development of Adolescent/Young People: A Twinning Institutional Collaboration Project in India by MAMTA and RFSU. Side Evaluation 02/40. Authors: Gordon Tamm, Rukmini Rao, Viveca Urwitz (Report also available to download at: <http://www.sida.se>)

Out'. Other interventions required taking-over of activities by the community or transfer of responsibility for program activities to a government entity or other permanent organization. These activities were described as being 'Phased Over'. Each strategy used a combination of these approaches.

The exit strategy presented here is based on what individual strategies were expected to achieve till 2008. The mid term evaluation was used as a guide to identify the 'gap areas' and what remained to be done in order to achieve the project objectives. Participatory exit planning process involving primary stakeholders was undertaken in Networking and Phased Intervention strategies. Some of the 'gap areas' (as identified in the mid term report) were addressed through the action plans for the year 2007-08.

The key exit points in each strategy were identified.

**1. Phased Intervention:**

- Organize peer educators into 'youth groups' at village level
- Organize local stakeholders into 'Youth Health Committees'
- Link youth groups to Nehru Yuva Kendra Sangathan (NYKS) and other youth bodies
- Document evidences of 'change'/'impact' at community level
- Prepare 'Road Map' of the Interventions and disseminate within the network

**2. Research and Documentation:**

- Disseminate (primary) research findings widely within and outside the network
- Promote database among potential users
- Complete and share the results from Operational Research Study on Addressing Adolescent Pregnancy in PI Intervention site Bawal (with Karolinska Institute)

**3. Informatics:**

- Strengthen Resource Centers at State level
- Update website in vernacular language (Hindi) so as to reach a wider audience (young people)
- Support 'Core team of Trainers on Gender and Sexuality' to take on trainings independently

**4. Networking:**

- Establish National and State Youth Forums (by involving peer educators through the network)
- Strengthen the Positive Youth Speakers' Forum
- Document network's functional mechanism for wider dissemination

**5. Advocacy:**

- Strengthen 'Core Advocacy Group' within SRIJAN network on Advocacy Skills
- Build capacities of Youth Forums and Positive Youth Speakers' Forum
- Focused advocacy (at central level) for introduction of Sexuality Education into schools
- Formulate state specific advocacy plans for SRIJAN states

**ix. Sustainability**

Lesson learned from the project have proved that developing human resources with adequate knowledge, skills and understanding of the issues together with the development of systems in the institutions for effectively addressing the denied needs of the stakeholders lead to a sustained project impact. Mainstreaming sexuality, gender and rights across the organisation and its programmes is a sustainability issue.

The project has looked into the sustainability aspect and build-in mechanisms for the same. As the strategies in the programme are varied, the sustainability aspect differs for each of these.

The phased interventions looked at the exit point and worked towards transferring knowledge, structures and responsibilities to the local bodies and communities so as to enable them to sustain the project. Throughout this phase young people from communities were the main anchors in the entire process, wherein they participated and facilitated the work at the community level and were part of the various linkages that were developed.

The informatics put in place certain mechanisms to generate revenue for its sustainability. It has certain paid sections on the portal and organised tailor-made trainings for other organisations / institutions on YRSHR. The materials like the manuals, working papers etc. are chargeable.

Advocacy for policy change/initiative had efforts aimed at building the skills of different stakeholders and young people themselves so that they can take on advocacy as and when needed.

Networking was a strategy specifically aimed to achieve long term, sustainable, people centered and participatory development. This was a way of developing collective strength among organisations to enable them to address and influence the macro issues and policies. This in itself is a mechanism for sustainability of efforts put in to address YRSHR. Members were encouraged to take control over the activities, directions and resources of the network. Attempts were made to enable dialogue between donors and network members and provided detailed information on how to access resources for their programmes.

## IV. The Journey so Far

'Young people's Health and development: A Sexual and Reproductive Health Centred Action Approach (2003-2008) has been a unique and pioneering project in Indian and South Asian context for a number of reasons. It is for the first time that such a comprehensive project has been undertaken in India. The project is comprehensive not only in context of the geographical coverage (7 states and about 90 districts) but also in terms of the range of issues covered and the strategies used to meet the project goals and objectives.

Secondly, this project, for the first time in the country, addresses youth sexuality through a reproductive and sexual health and rights approach.

Thirdly it is an initiative that blends international experience (from Sweden) with culturally acceptable ways of working on issues of youth and sexuality in India, through civil society collaboration between two countries (India and Sweden).

The project has convincingly shown that it is possible to promote a dialogue and begin awareness around sexuality, gender and youth in India, in highly varying social contexts and institutional environments.

When the project was initiated in 2003, it was recognized that the government policies and programmes lacked provisions for addressing young people's health needs. At the same time, lack of evidence on what programmes /strategies work best for young people in terms of addressing their sexual and reproductive health needs, was acutely felt by the various stakeholders working with young people. The project set out to address these very challenges and succeeded, to an extent, in meeting them.

Since the project was initiated in 2003, a perceptible change has taken place in the policy environment in the country. There can be no doubt that advocacy through this project has also made its contribution towards bringing about this change. But what makes it even more significant is the fact that through this project it has been possible to demonstrate ways to mobilize communities around issues of young people and establish models for delivery of youth specific and youth responsive health (Youth Friendly Services) and education (Sexuality Education) services. The SRIJAN network, established as part of this project, has the potential to deliver on various levels: national, state and grassroots level. The Phased Intervention and Research & Documentation strategy, through action research, have created some evidences pertaining to Sexuality Education, Youth Friendly Services and Masculinity as a risk factor in perpetuating Gender Based Violence and HIV infection. Besides this, the experience of working with peer education strategy, establishing channels for information on sexuality (Youth Information centers, websites), developing database on young people are some of the components of the project that generate widespread interest among stakeholders as possible mechanisms for community outreach on young people's issues. The process of establishing such a large network, involving partners in taking on functional responsibilities and sustaining their interest over a long period of time lends itself as an example that many would like to understand closely (and emulate).

The sharing of results from the project will further the goal and objectives of the project by drawing support from wider audience on the issues of Young people's SRH. It should also contribute towards sustainability of successful components of the project by generating donor interest and possibly bringing in funds for 'scaling out or up' within the network. It is envisaged that these

results will influence the Policy environment, not only at national but also where it matters most: the seven states in which the SRIJAN network currently exists. Health being a state subject, the objective would be to reach out to 'key players' from the government and apex institutions in SRIJAN states. The project results disseminated to the identified audience should be able to guide the 'roll out' of state/government supported schemes and programmes for young people. It will also help to establish SRIJAN as a network with capacities and experience to reach out to a large population of young people in some of the most populous but 'low performing' (on health and development indicators) states in India. Key evidences from project lab (Phased interventions) will contribute towards strengthening the evidence base in the country. The dissemination of experiences and results from this project should be seen as an exercise that aims to maximize the benefits of this Sida-RFSU-MAMTA accomplishment.

## V. Moving Forward

This intervention has mobilized civil society participation for working on health and development issues of young people, helping them to define a common vision and objectives that can be achieved through a network with 135 NGOs in 90 districts and 7 states. However there is still a long way to go in creating an enabling environment for Sexual and Reproductive health issues at all levels. The transition from 'social welfare' to 'development' and 'beneficiaries' to 'participatory role' has been the hallmark of this project. The project has enabled MAMTA and its partners to advocate with the systems, establish linkages with stakeholders and above all, create evidence based tools to enhance program intervention design for enhanced outputs.

Despite the constant efforts to achieve the required goal, a lot still needs to be done. A functional network of the 135 organizations with expanding scope of work in SRH, linkages with the government departments, youth forums in initial phase, evidence based approaches on YFHS, SE, Community interventions are some of the building blocks for the future. It is imperative that we do not lose the momentum created over the last decade and accelerated in last five years. Issues like sexuality education, youth friendly health services, HIV & SRH convergence for youth health and development in light of MDG commitments is an unfinished agenda. The successful stories and the best practices lend strength to the fact that youth friendly services are needed for a sustained and continued response towards accessible, and available sexual and reproductive health needs of young people. These efforts must continue for few more years for the issues to be mainstreamed into national policies and programmes. State level interventions, which are more local and context specific, are the key for any interventions that are undertaken in the future. The best practices and models are to be scaled up in cost effective manner, and advocacy continued and even intensified so as to see 'action' on the commitments made so far. Young people have to be at the centre of sustainable development and for that India needs and conglomerate of civil society organisations, young, sincere and earnest advocates for taking this agenda forward in years to come.

## VI. References

1. Forward Plan document: Young People's Health and Development :A Reproductive and Sexual Health Centred Approach, Submitted by MAMTA-RFSU, 2003
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4. Project Annual Reports, Mamta Health Institute for Mother and Child, 2003-2008
5. Exit plan: Young People's Health and Development :A Reproductive and Sexual Health Centred Approach, Submitted to RFSU-Sida, 2008

### Management Information System

Indicators	Key Questions	Data Source	Baseline Value	Frequency	Current Status As on Date...	Person Responsible*
			(July 2003)			
<b>Output 1.</b>	<b>Database on key YRSHR issues are used for advocacy and wider dissemination.</b>					
Number of agencies used database for policy formulation, designing interventions and other research purposes	Which agencies sought information?	Concerned agencies		Quarterly		Programme Manager (PM) R&D
	For what purpose?					
	How was it used?					
	How did it help the program for policy negotiation?					
Database informed X number of network partners' interventions	How many partners and agencies used the data for designing the interventions?	Concerned partners and agencies		Half Yearly		PM (R&D)
<b>Output 2.</b>	<b>A strengthened resource and training base at national and state to capacitate Young people and related stakeholders</b>					
No. of people and organization capacitated through training and at centre and state level	How many training programs have been conducted at different levels?	Pre and post training evaluation		Quarterly		Programme Manager (Informatics)
	How many people participated?	Report/ feedback from partners		Quarterly		
	How many participants trained others?	Quarterly report of partner NGOs		Half yearly, Mid term evaluation		
	How did trained persons apply this knowledge in other areas of operation?	Interviews and FGD				
	What difference did it make and how it helped in creating enabling environment?					Programme Manager (Network) Senior Programme Manager and Assistant Director
No of feed backs, e-counseling queries, hits/demand on the portal and other disseminated resources	How have this information been useful?	Portal/ web site		Half yearly Mid tern and final evaluation		Programme Manager (Informatics)
	What are the areas in which e-counseling help and how?			Half yearly		
	What has been its impact in terms of creating enabling environment?			Mid term and final evaluation		

<b>Output 3.</b>	<b>Strengthened network of at least 150 NGOs in 10 states along with enabled youth fora to monitor services and integrate YRSHR in State institutions and policies</b>					
NGO partners take on functional responsibility based on their strengths	How did the strength of each partner of the working group contribute to the network?	Feedback from partner NGOs during half yearly review (Working Group Meeting)		Half yearly		Programme Manager (Networking)
	How did collective strengths of the working group contribute to the program?	Feedback during annual review		Annual		
X no. of young people access Y no. of services	What RSH services are available in demonstration areas?	Baseline data		Mid term and final evaluation		Senior Programme Manager
	What are the required RSH services for different age groups?	Baseline data				
	What are the gaps in services for different age groups?	Baseline data				
	What gaps are addressed by this program for different age groups	Quarterly and annually report		Quarterly		
X no of local institutions NGOs and state Government integrated YRSHR into their programmes (policies)	Which are the associated NGOs and institutes that are indirectly working on YRSHR?	Stakeholder analysis		Baseline Mid term and final evaluation		Programme Manager (Networking)
	What interest do they have in seeking solutions?					
	What problems are they facing?					
	What are their weaknesses in seeking solutions?					
	Link between them and other stakeholders?					
	How is the current Program helping them?					
	How did they integrate YRSHR in their programs and policies?					
<b>Output 4.</b>	<b>Policy environment for young people reflects and supports reproductive and sexual health and rights</b>					
X no of working fora and pressure groups established and strengthened	Which are the pressure groups or local networks that are functional?	Stakeholder analysis with existing pressure groups and concerned government offices			Baseline, mid term and final evaluation	Programme Manager (Advocacy)
	What are the key issues that they are advocating?					
	What are their key strengths and weaknesses?					
	How effective links they have with policy makers and other stakeholders?					

No of initiatives/campaigns to mainstream the gender equity and SRH rights in policies, legislation and their implementation	What are the gaps in current policies and legislation?	Current related policies, legislation			Baseline study	
	What is the current understanding of rights and gender equity among stakeholders?	Interviews with stakeholders				
	What do they want to achieve?					
	What are the issues for initiatives/Campaign?	Annual plans			Annually	
	What are steps for advocacy?	Annual plans			Annually	
	What have they achieved?	Annual report			Quarterly and annual reports	
	What has been the outcome so far?				Mid term and final evaluation	
<b>Output 5.</b>	<b>Improved RSH among the target group and lessons documented for replicability and up -scaling</b>					
Reduced rate of pregnancies in below 18 years at demonstrated sites	Out of hundred families how many report the cases of pregnancy in the age groups 12 to 18?	Family source Local clinic		Mid term and final evaluation		SPO and PO of phased intervention areas & Programme Manager (Research and Documentation)
	How many married young women have safe deliveries?	Newspaper report				
	Reduced rate of prevalence of STI at demonstrated sites	Out of hundred families how many young people of both sexes report cases of STI?	Family source, Local clinic/hospitals			
	How many of them of both sexes report cases of STI?					
<b>Output 6.</b>	<b>A fora for global partnerships in the development of reproductive and sexual health of young people is made effective</b>					
No. of exchange programs, trainings and partnership facilitated by Mamta and RFSU	What are themes and expectations from exchange programs?	Interview with MAMTA staff and other concerned trainees			Baseline	Senior Programme Manager Asst. Director
	What are the themes of training?					
	The areas in which capacity is required?					
	How has the enhanced capacity been leveraged?				Half yearly and Annual report	
	What are the strengths of current partnership?				Base line Mid term and Final evaluation	
	How have the multiple partnerships contributed to expand the program and advocacy?					
Other agencies acknowledge and promote twinning partnership (such as the one between Mamta and RFSU) for effective cross learning	How widely has the twinning experience shared?				Baseline Mid term and final evaluation	Senior Programme Manager Asst. Director
	Which agencies sought the information on Twinning?					
	For what purpose?					
	How was it used?					





MAMTA Health Institute for Mother and Child is a non-profit, non-government organisation aiming to improve Sexual and Reproductive Health of current and future generations through Rights-based approach. Through its various interventions the organisation constantly strives to bring about an equitable and sustainable change in the lives of young people in India and in South Asia. In addition to Sexual and Reproductive Health and Rights, MAMTA has a significant focus on Maternal and Child Health, and HIV Prevention, Care & Support programmes. Working in the context of poverty and addressing gender and Rights issues is a common mandate within all areas of work.

Established in 1991, MAMTA presently has interventions located in three countries (India, Nepal and Bangladesh) and 12 states in India. Its headquarters are located in New Delhi, with state offices in Lucknow, Chandigarh and Jaipur. MAMTA's interventions are made possible through partnerships with more than 150 organisations across India and South Asia.



RFSU (the Swedish Association for Sexuality Education) was founded in 1933. Today it is the leading organisation in Sweden in the field of Sexual and Reproductive Health and Rights (SRHR). RFSU sees openness on sexuality as the point of entry of health promotion and prevention. Rights to sexual and health services, and sexuality education are key tools in the struggle for a healthier and more equitable society.

RFSU's five international programmes on Sex Education and the right to information about sexuality, STI and HIV/AIDS, Right to sexual and reproductive health care, Health and rights of lesbians, gays, bisexuals and transsexuals, Women's right to safe abortion and reduced maternal mortality, Right to freedom from sexual violence and violence based on gender covers Tanzania, Zambia, Uganda, Kenya, China, Mongolia, Vietnam, Bangladesh, Russia, Estonia, Latvia and Lithuania.

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