YHP India (Phase 3)

June 2016

Start-Up Report

AstraZeneca
Young Health Programme
A global community investment initiative

PLAN INTERNATIONAL

List of Acronyms

AFS	Adolescent Friendly Service
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CDPO	Child Development Project Officer
HIC	Health Information Centre
HPD	High Priority Districts
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
MOU	Memorandum of Understanding
NCDs	Non Communicable Diseases
NGOs	Non-Governmental Organisations
NYKS	Nehru Yuva Kendra Sangathan
PE	Peer Educator
RKSK	Rastriya Kishore Swasthaya Karikram
SABLA	Government scheme for empowerment adolescent girls
YHP	Young Health Programme

Improving health & well-being for young people in Delhi

Start-Up Report, Nov 2015 – June 2016

Context:

The YHP will tackle the significant threat of non-communicable diseases (NCDs) by aiming to reduce the practice of associated risk behaviours such as harmful use of alcohol, use of tobacco, poor eating habits and inactive lifestyles, and also addressing behaviours which jeopardise young people's sexual and reproductive health. The programme will engage strategies including youth empowerment through peer education, community mobilisation, health service strengthening and local advocacy.

The new phase of the YHP will build on existing learning to expand into a cluster of marginalised communities across the North West District of Delhi, targeting vulnerable young people aged 10-24 years. In this phase we will focus our attention on other areas where there is huge need and high prevalence of risk behaviours.

Programme Objectives:

The **Overall Goal** of the project is to contribute to the **improved health and well-being** of girls and boys between 10-24 years of age in India.

Specifically, it aims to achieve this by ensuring that adolescent girls and boys in North West District in Delhi are practicing fewer risk behaviors due to an increased capacity to make informed choices about their health, in the context of improved health services, an enabling support system and policy environment.

- **Objective 1** - Build the knowledge and capacity of young people (boys and girls aged 10-24) on limiting risk behaviors, enabling them to protect and promote their long-term health
- **Objective 2**: Raise awareness and mobilize communities to create a safe and supportive environment that facilitates healthy behavior among young people
- **Objective 3**: Improve access to and quality of youth-friendly services that support the health of young people
- **Objective 4**: Strengthen the implementation of policies and laws that support prevention of risk behaviours among young people

Staffing Set-up:

All staff are in place for the YHP both at Plan India and with implementing partners Navshrishti and Dr A V Baliga Trust. Plan India YHP staff supported the partner interview process, combining a written test (to check their knowledge on national programmes such as RKSK, RMNCH+A, programmatic understanding, and their report writing skills) and a face-to-face interview. Some staff from phase 1 and 2 are continuing to work on phase 3 bringing their experience and insight to the new programme communities.

The list of YHP India staff with their roles in the YHP can be found in Appendix 1, p12.

Start-up Workshop:

A 5-day start-up workshop took place in Delhi between 20-25 January 2016 which saw a good mix of participants from Plan India (project team, proposal team, and technical advisors), Plan International UK and the two project partners Navshrishti and Dr. A V Baliga Trust. 1 AstraZeneca employees joined some sessions and this was helpful to understand how future engagement with staff will work and to gain insight on their experiences so far. The YHP Advocacy and Policy manager was also involved in leading a session on advocacy.

There was a high level of engagement throughout the workshop from all participants, and on the second day, four peer educators (2 female, 2 male) from YHP phase 1 and 2 joined the workshop. They shared their experience of working as a peer educator and some of the challenges and successes of working with young people. They provided the team with very useful learning and helped to incorporate a youth perspective to the start-up sessions.

The workshop also included a 1 day field visit to the 5 targeted new YHP areas in the North West District of Delhi during which the team met with a group of young people to gain more insight in their lives and the challenges they perceive related to the 5 risk behaviours. The team also visited a number of old YHP phase 1 and 2 areas to see how the Health Information Centres (HICs) were now being used by community organisations and to meet with some of the peer educators to learn more about the long term changes the YHP was able to bring to their lives.

The start-up workshop provided a valuable opportunity to come together as a team and to gain common understanding on the new thematic focus of the new YHP phase. The workshop and the face to face meetings between key project staff from different organisations and different countries will facilitate communication and efficient implementation throughout the project period.

Plan and partner staff participating in the start-up workshop

Visiting a Health Information Centre and hearing from peer educators from previous YHP phase project community

Selection of Project Locations:

In previous phases of the programme, the YHP India focused on 5 geographical target areas, scattered across 3 districts of Delhi. In phase 3, the YHP India will phase out of those areas and move into 5 new target areas, all located within the North West District (NWD) of Delhi.

There are a number of reasons that the YHP in India is taking this approach:

- Firstly, based upon analysis of need, North West District is an area of great need based upon poverty and health indicators, vulnerable and marginalised populations, and a limited presence of NGOs and other intervening actors.

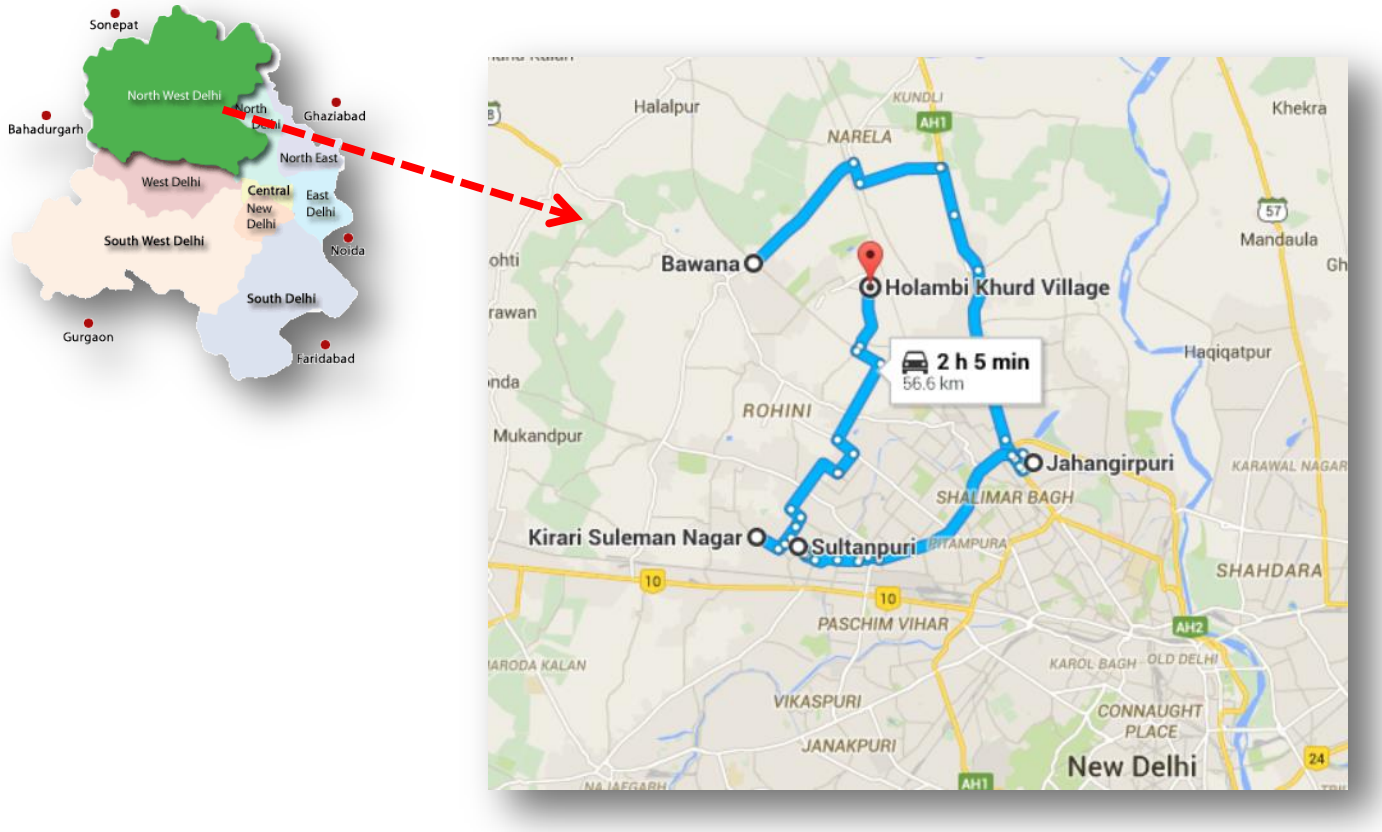
- As NWD has been identified as a governmental High Priority District for improving equitable health care and health outcomes, there is significant potential to work directly with the government towards these goals, to create momentum for long-lasting and meaningful change.

- Clustering of target areas helps showcase the impact of YHP activities, thereby enabling the YHP to build a strong business case to encourage wider adoption of these approaches by government and other stakeholders.

- RKSK is the comprehensive National Adolescent Health Strategy of India focusing on substance use, nutrition and sexual and reproductive health that was launched in 2014. NWD has been announced as one of the two districts in which it first will be piloted. By locating in NWD, the YHP is well-positioned to work with the government to support this roll-out and to link it with YHP approaches and structures.

- NWD is an area where Plan and local partners are already implementing other programmes, so there is a strong understanding of the context and existing local profile and relationships that can be used to build a strong foundation for the YHP

The five targeted areas in NWD are Bawana, Jahangirpuri, Sultanpuri, Kirari Suleman Nagar and Holambi villages.



District	Area	Implementing Agency
North West Delhi	Bawana	Navshrishti
	Holambi Khurd	Navshrishti
	Jahangirpuri	Navshrishti
	Sultanpuri	Dr AV Baliga Trust
	Kirari Suleman Nagar	Dr AV Baliga Trust

Results framework:

The YHP team started to develop the results framework during the start-up workshop. In both plenary and group sessions, the team collaborated to develop output and outcome indicators which would inform the results framework of the project. The results framework was finalised in the weeks following the workshop and will form the basis for the baseline exercise which would be conducted next. The results framework can be seen in appendix 2, p13.

Baseline assessment:

The objective of the baseline assessment is to collect detailed baseline data on all project indicators, which have been established by the YHP team, to enable changes to be measured over the course of the five year intervention. The technical proposal and the baseline report of this exercise will be closely aligned to the indicators, which are shown in the table below:

Overall Goal: Improve health and well-being of girls and boys between 10-24 years of age in India	**A.** % of boys and girls aged 10-24 years reporting improved health practices by 2020 in relation to the 5 risk behaviours
Objective 1: Build the knowledge and capacity of young people (boys and girls aged 10-24) in limiting risk behaviours, enabling them to protect and promote their long-term health	**1.1.** % of young people with increased knowledge on the 5 harmful risk behaviours
	1.2. # of young people reporting positive behaviour change relating to 1 or more of the risk behaviours
	1.3. # of peer educators reporting an increase in confidence and ability to engage their peers and community
Objective 2: Raise awareness and mobilize communities to create a safe and supportive environment that facilitates healthy behaviour among young people	**2.1.** % of community members with increased knowledge about the 5 harmful risk behaviours
	2.2. % of schools actively supporting the promotion of adolescent health and reduction of risk behaviours
	2.3. % of community members, including CSGs, actively supporting the promotion of adolescent health and reduction of the 5 risk behaviours
Objective 3: Improve access to and quality of youth-friendly services that support the health of young people	**3.1.** % increase in young people using AFHS
	3.2. % of young people reporting satisfaction with quality of health services
Objective 4: Strengthen the implementation of policies and laws that support prevention of risk behaviours among young people	**4.1.** # of youth advocates reporting greater consideration of their opinions in national and community level dialogue relating to their health
	4.2. # of district and national level stakeholder dialogues and briefings that reflect the needs of young people relating to the 5 risk behaviours

The **specific objectives of the baseline**, in line with the above outlined YHP objectives, are:

1. To assess the knowledge, attitude and practice of young people (10-24) years on the 5 risk behaviours which are central in the intervention and which enhance the likelihood of developing NCDs later in life: 1. tobacco use; 2. harmful use of alcohol; 3. risky sexual behaviours; 4. physical inactivity and 5. Unhealthy diets. Within this component, the study will focus on understanding the drivers and barriers as to why young people are engaged in the 5 risk behaviours**.** The participatory research which was conducted during YHP Phase 2 has already provided some insight in 2 risk behaviours (tobacco use, harmful use of alcohol) and can be used as a start point, but there is a need to explore this further and include the remaining 3 risk behaviours in order for the YHP to design effective and tailor-made strategies and messages

2. To assess the extent to which the communities in which the YHP is implemented provide an enabling environment for young people to prevent or reduce risk behaviours. Within this component, the study

will assess the situation in schools, including teacher's knowledge on risk behaviours and how the schools implement or reinforce the policy and legal environment around the risk behaviours

3. To assess the current condition of public and private health services in the targeted YHP areas, especially in the light of their delivery of youth-friendly services and their implementation of government health programmes such as RKSK and SABLA

The study will collect baseline data through a combination of:

- Primary data collection; quantitative and qualitative depending on the indicators
- Secondary data collection through review of literature and documentation related to the program including national legislation, policies, evaluation reports and any other documentation that is of relevance to the intervention

A Terms of Reference for the baseline has been written and the agency to deliver the baseline has been contracted. The baseline assessment will be carried out in July 2016.

Development of Peer Educators:

Selection of 40 Peer Educators

The YHP team conducted a series of meetings with parents of young people to support their children to become peer educators. This helped them understand that being a peer educator will not only help young people to become empowered with information about 5 risk behaviours which can lead to NCDs, but it will also help their family members and siblings as well. Following this, a series of meeting were carried out with young people to assess their interest to work as peer educators/volunteers. These meetings helped in shortlisting the more interested peer educators who will be trained after the curriculum on 5 risk behaviours is developed by the YHP team. The team also oriented these prospective peer educators/volunteers on the heat wave and the launch of the Young Health Programme in their area. Post orientation, these volunteers as part of the YHP launch, made home visits to inform people about the YHP and precautions to take during the heat wave (see Launch activities section on p.9 for more details).

YHP activities with young people

- 1000 young volunteers and peer educators reached out to 25,000 households (est.125,000 community members)
- 1,178 Young people (837 Male and 341 Female) have been newly registered at the HICs
- 8 HICs have been successfully established in the project communities (2 in Jahangirpuri, 1 Holambi Khurd, 2 Bawana, 2 Sultanpuri, 1 Kirari)
- 16 health sessions have been delivered at the HIC which witnessed participation of 150 young people including sessions held on World Health Day

"We are thrilled that the HICs have been established in our communities. I am sure that we will get the health information we want by being at the HICs" – Ranoo, aged 19, Jahangir Pur

"The young people are very excited about the HICs; hence large numbers of them are registering!" – YHP Project Manager, Dr. A V Baliga Trust

Young people take part in activities in the newly established HICs

Meetings with stakeholders:

Linking YHP to government officials and key stakeholders

Networking with government officials including Medical officers, Auxiliary Nurse Midwives (ANM), Accredited Social Health Activists (ASHA), Anganwadi workers and teachers was carried out across the 5 project communities to familiarise them with phase 3 of the YHP. During these meetings opportunities for collaboration were also explored. The relationship developed with these service providers will also helped in mapping out advocacy issues and then appropriately addressing during project implementation. The project implementation will continue to meet the service providers on a regular basis.

An important outcome was that the Child Development Project Officer (CDPO) of Sultanpuri agreed to share the monthly action plan with YHP to connect in overlap of activities and then coordinate efforts and increase the impact of the programme. The CDPO of Kirari Suleman Nagar suggested that YHP should first approach the ICDS department, Delhi Government and seek for an MOU for working together. The YHP team decided that they will approach the District Programme Officer-ICDS and request approval so that we can formally collaborate on efforts with ICDS for phase 3 of the YHP.

Launch activities:

YHP India Community Launch

Plan India and partner NGOs decided to do an official launch of the YHP Phase 3 on 16th May 2016 by engaging 1000 peer educators and youth volunteers, as well as the programme team to reach out door-to-door. This approach was designed as an alternative to the conventional launch in a town hall setting as YHP Phase 3 will be delivered in new communities where Plan doesn't have much presence. By taking YHP to each and every doorstep more community members were reached and messages could also be delivered about staying safe during the unprecedented heat wave Delhi experienced - 46 degree Celsius this year which is unusually high in comparison with previous years. Heat waves are dangerous and take the life of thousands of children and the elderly every year across India. In order to empower young people and the community as a whole, the YHP peer educators and volunteers made a visit to each household and shared with them the YHP Phase 3 core areas (5 Risk Behaviours which can lead to NCDs) and about the heat wave.

Peer educators and youth volunteers are briefed ahead of the YHP community launch

Combining the issue of the heat wave with YHP launch served a strategic purpose, giving an entry point and acceptance in the new YHP community amongst all age groups. It has brought together lots of stakeholders such as Director of Health for NYKS and it also attracted media attention as the 1000 young people reached out to approximately 25,000 households in total, with an estimated population of 125,000.

The project team also used this activity to capture information about who is the head of the family and met many of them to explain about the YHP being initiated in their community.

Peer educators and volunteers introducing the YHP, sharing health messages around the heat wave and capturing household data as part of the YHP Community launch

AstraZeneca Involvement:

1 AstraZeneca employee joined some sessions of the start-up workshop in January and this was helpful to understand how future engagement with staff will work and to gain insight on their experiences so far.

A project visit was organised with 2 key AZ India staff to both former and new YHP project communities. The focus was to learn from the earlier phases, especially around peer education. Included was a visit to a Health Information Centre and an Adolescent Friendly Health clinic.

A group of staff also participated in the one day YHP community launch. The employees encouraged young people and peer educators to be empowered and to take the YHP agenda forward.

Challenges & mitigation measures:

- With 5 new YHP communities it takes time to establish a relationship with the community. However, the project team is confident and have taken learnings from phase 1 and 2 and gained insights from the start-up workshop and stakeholder meetings
- Some government service providers asked for an MOU between the YHP and their department. Only then can they can partner with YHP. The YHP team has been working towards securing necessary approvals
- Delay in conducting the baseline of YHP Phase 3. The exercise is now about to start
- Slight delay in hiring of project staff, full team now in place

Upcoming Activities in the next 6 months:

- Training curriculum Development
- Training of project staff
- Peer Educator training
- Service Providers training
- Community Awareness activities-Street Play

Appendix 2 – Results Framework

YHP India **Outcome** Indicator Measurement table

OBJECTIVE/GOAL	OUTCOME	INDICATOR NUMBER	OUTCOME INDICATORS	METHODS SELECTED TO MEASURE INDICATOR	SOURCE OF DATA
Overall Goal Improve health and well-being of girls and boys between 10-24 years of age in India	Improved health of girls and boys between 10-24 years of age in Delhi	A	% of boys and girls aged 10-24 years reporting improved health practices by 2020 in relation to the 5 risk behaviours		
Objective 1 Build the knowledge and capacity of young people (boys and girls aged 10-24) in limiting risk behaviours, enabling them to protect and promote their long-term health	Young people in YHP target areas have improved knowledge about harmful risk behaviours	1.1	% of young people with increased knowledge on the 5 harmful risk behaviours	Questionnaire, FGD, PE meetings,	Baseline, Mid Line & End line,
	Young people report actions taken to protect their health in relation to risk behaviours	1.2	# of young people reporting positive behaviour change relating to 1 or more of the risk behaviours	Interviews, PE meetings, FGD, Case Studies	Baseline, Mid Line & End line, Programme Report
	Youth peer educators demonstrate increased confidence and capacity	1.3	# of peer educators reporting an increase in confidence and ability to engage their peers and community	Case study, interview, FGD	Baseline, Mid Line & End line
Objective 2 Raise awareness and mobilise communities to create a safe and supportive environment that facilitates healthy behaviour among young people	Community members in YHP target areas have improved knowledge about harmful risk behaviours	2.1	% of community members with increased knowledge about the 5 harmful risk behaviours	Questionnaire, FGD, community meetings,	Baseline, Mid Line & End line
	Community members secure positive changes in the wider environment that	2.2	% of schools actively supporting the promotion of adolescent health and	Case Studies	Programme report (Annual)

	help address risk behaviours among young people		reduction of risk behaviours		
	Sustainable community structures, including CSGs, are actively supporting the health of young people	2.3	% of community members, including CSGs, actively supporting the promotion of adolescent health and reduction of the 5 risk behaviours	CSG meetings, Youth Group Meetings Case Studies	Programme report (Monthly)
Objective 3 Improve access to youth-friendly services that support the health of young people	Health facilities in targeted area provide greater access to youth-friendly services	3.1	% increase in young people using AFHS	Health Centre Record, score-carding report	Govt. Data
	Health facilities in targeted area provide improved quality of youth-friendly services	3.2	% of young people reporting satisfaction with quality of health services	Health Centre Record, score-carding report	Govt. Data, score-carding report
Objective 4 Strengthen the implementation of policies and laws that support prevention of risk behaviours among young people	Young people have a voice in decision-making processes relating to their health	4.1	# of youth advocates reporting greater consideration of their opinions in national and community level dialogue relating to their health	Community Score-carding Format YHP reports, case studies	FGDs, surveys
	YHP contributes to district and national level dialogue with key stakeholders on the 5 risk behaviours	4.2	# of district and national level stakeholder dialogues and briefings that reflect the needs of young people relating to the 5 risk behaviours	Case Studies, YHP advocacy plan and reporting	Advocacy strategy monitoring, policy briefings, minutes from stakeholder meetings

YHP India **Output** Indicator Measurement table

OBJECTIVE/GOAL	ACTIVITY REF.	ACTIVITY (per proposal)	OUTPUT INDICATORS
Objective 1 Build the knowledge and capacity of young people (boys and girls aged 10-24) in limiting risk behaviours, enabling them to protect and promote their long-term health	1.1	Identify and establish Health Information Centres (HICs) in new areas	# of HICs established
	1.2	HICs deliver a range of activities on 5 thematic areas to HIC participants	# youth enrolled into HIC (girls, boys)
			# competitions/debates in HIC
			# competitions/debates in HIC
	1.3	Develop sustainability plans for HICs beyond the end of the project	# HIC sustainability plans developed
	1.4	Develop peer educator curriculum	Peer education curriculum developed (covering all 5 risk behaviours and NCDs) in year 1
	1.5	Young people identified to be peer educators	# youth identified as PE
			# FGD for recruitment of PE
	1.6	Peer education training on YHP thematic areas	# PE trained
			# trainings delivered
			% improvement KAP
	1.7	Refresher training on YHP thematic areas	# PE attended refresher training
			# trainings delivered
	1.8	Mapping of organisations working in substance use, mental health and eating disorders and relevant services that YHP can signpost cases to, as well as vocational opportunities	Mapping activity conducted in all 5 project areas
			Meetings with other organisations working in communities
	1.9	Signposting of young people with additional support needs	# young people referred to health facilities
	1.10	Development of youth-friendly IEC/BCC materials to support outreach	IEC materials developed for all 5 risk behaviours and NCDs
	1.11	Nutrition awareness camps for young people	# nutrition camps conducted
			# participants at nutrition camps
			# anaemic cases referred to health facility
			# malnourished young people referred to Anganwari centre for Sabla scheme (empowerment programme)
	1.12	Quarterly visits by professional counsellor to provide group and individual counselling:	Quarterly counselling visits conducted per project area
			# youth counselled (male, female)
			# referral cases
	1.13	Linking with wider organisations for integration on sports activities and Sexual and Reproductive Health	Strategic partnerships established
	1.14	Establishment of health information libraries in each HIC	# HIC with functioning library containing materials focussed on 5 risk behaviours and NCDs

	1.15	Provision of basic sports equipment at the HICs that can be used by young people	# HIC with basic sports equipment
			# sports activities conducted using HIC equipment
			# young people participating in sports activities (girls, boys)
	1.16	Participatory research into poor eating habits, inactive lifestyles and risky sexual behaviour	Participatory research is conducted covering 3 risk behaviours
Objective 2 Raise awareness and mobilise communities to create a safe and supportive environment that facilitates healthy behaviour among young people	2.1	Community outreach activities	# of young people reached (girls, boys)
			# of wider community reached (male, female)
			# activities implemented
	2.2	Community meetings	# community meetings conducted per project area on each risk behaviour
			# community members attending event/meeting
	2.3	Nutritionist community talks	# nutritionist talks conducted
			# young people participating in talks (male, female)
	2.4	Establishment of new CSGs	# of new CSGs formed per project area
			# participants in CSG (male, female)
	2.5	CSGs trained on advocacy	# CSGs advocacy trainings conducted
			# CSG members trained (male, female)
	2.6	CSGs action planning	Every CSG completed action planning in year 1
	2.7	CSGs supported to become sustainable	At least 1 CSG per project area is supported
	2.8	Targeting of vendors selling unhealthy food and drinks near schools	# vendors sensitised on healthy food selling
			# 1-2-1 interactions with food vendors
	2.9	Creation of vendor display materials	# vendors displaying materials
	2.10	Wall-painting	# schools or public spaces with wall paintings / other displays in each project area
	2.11	Advocacy meetings with key stakeholders	# of advocacy meetings with key stakeholders
			# of stakeholders participating in meetings
	2.12	Community safety meetings	# of community safety meetings with key stakeholders
			# of community members participating in meetings
	2.13	Campaigns linked to celebration/awareness days	# of activities implemented linked to celebration/awareness days
	2.14	Mapping of teacher knowledge	Mapping of teacher knowledge in each project area
	2.15	Development of teaching materials	Development of integrated teaching materials covering all 5 risk behaviours and NCDs
	2.16	Sensitisation of teachers and principals	# of teachers sensitised
			# of schools targeted
	2.17	Promoting healthy foods in schools	# of advocacy meetings with principals

Objective 3 Improve access to youth-friendly services that support the health of young people	3.1	Health service mapping	Health service mapping completed in each project area
	3.2	Health worker knowledge mapping	Health worker knowledge mapping completed in each project area
	3.3	Development of YHP technical modules for health service providers (and teachers)	Development of integrated teaching materials covering all 5 risk behaviours and NCDs
	3.4	Health worker sensitisations	# of health workers sensitised
			# of training sessions conducted
	3.5	Score-carding	Scorecard assessment conducted in all health facilities in each project area
	3.6	Supporting improvements of YFHS	# of AFHS facilities supported following scorecard assessment
	3.7	Creating model YFHS	Model AFHS created per project area
	3.8	Health worker exchanges	# of visits carried out
			# health workers participating in visits
	3.9	RKSK rollout	# of health workers sensitised on RKSK
Objective 4 Strengthen the implementation of policies and laws that support prevention of risk behaviours among young people	4.1	Synergy meetings	# of meetings with district and state level health and allied departments officials
			# of stakeholders attending the meetings
	4.2	Advocacy mapping	Advocacy mapping conducted covering all 5 risk behaviours
	4.3	Advocacy tool development	# of policy briefs and other advocacy tools created
	4.4	YHP Advocacy plan	YHP advocacy plan developed and implemented
	4.5	Mapping of advocacy forums	Mapping of advocacy forums relating to each risk behaviour (including where youth advocates can participate)
	4.6	Advocacy and leadership training	# of youth advocates trained (male, female)
			# of trainings conducted
	4.7	Participation of youth advocates	# of youth advocates engaging stakeholders at public events and advocacy meetings
	4.8	Joint advocacy	# of joint advocacy activities conducted
	4.9	Launch and celebration events	Launch and celebration events conducted