[Responding to Needs and Concerns of Young People in Educational Institutions in India]

Expert Group Consultation
New Delhi

4-5th October 2012
MHRD & UNFPA
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1. Background

1.1. Rationale for Working with Young People

Investing in young people (in the age group of 10-24 years) as a priority is important from several perspectives. Young people comprise 30% of the world’s population today. There are approximately 1.8 billion young people across the world with nearly 90% of them living in developing countries and this proportion is likely to increase over the next 20 years. If nation states are to capitalize on this demographic dividend, they need to better understand the realities of young people and respond to them effectively. Globalization, better access to media, migration, urbanization are contextual realities that have increased the opportunities for young people but also placed more demands on them to optimally utilize the opportunities that may come their way. Substantial proportions of young people are not able to realize their potential as they continue to be deprived of education, skill building, health services and most importantly basic human rights to exercise informed choice in decisions that directly impact their lives. There is a growing recognition that investing in young people is an important strategy to achieve the Millennium Development Goals and will pave the way for socio-economic development across countries.

1.2. Overview of Realities of Young People in India

The arguments urging for investment in young people globally are even more relevant for India with an estimated 358 million people (2011) in the age group of 10-24 years comprising 31% of the country’s population. The country could potentially harness the benefits of the huge demographic dividend. Although young people in India today are healthier and have better opportunities of education and career development; there are several barriers at individual, family, community and system (institutional) levels that continue to prevent young people from optimally utilizing the opportunities available to them thereby compromising their health and well being (Santhya, Jejeebhoy, 2012).

Findings from the Youth in India – Situation and Needs 2006-07 Study and National Family Health Survey (NFHS) – 3, 2005-06 further substantiate these realities. Despite strong Government emphasis on universalization of school education, 49% boys and 34% girls in the age group of 15-17 were in school at the time of the survey. Adolescence is a relatively healthy phase of an individual’s life. Eleven percent young men and 17% young women in the age group of 15-24 were found to be moderately or severely anaemic (NFHS – 3). Findings from the Youth Study indicate that 36% young men and 45% young women in the age group 15-24 were aware that a woman can get pregnant at first sex and only 45% young men and 28% young women in the same age group had comprehensive awareness of HIV/AIDS. Fifteen percent young people in the age group of 15-24 received formal sex/family life education. Against these data, the reports from the same study that indicate that 11% young men and 5% young women in the age of 15-24 had pre-marital sex are worrisome as it is very likely that young people do not have relevant knowledge and skills to negotiate safe and responsible sexual relationships. However, in the age group of 20-24, 47% young women reported having been married by age 18 (NFHS – 3). Furthermore 7%
married and 9% unmarried and sexually active young women reported use of a modern method of contraception suggesting a huge unmet need.

1.3. Prioritizing Young People in Government Programmes and UNFPA Country strategy in India

In response to the clear advantages and need for investing in young people on an urgent basis, they are receiving more attention in government policies and programmes pursued by various Ministries, among the development partners and also from civil society organizations. The Ministry of Health and Family Welfare (MoHFW) supports the Adolescent Reproductive and Sexual Health services as well as the School Health Programme as part of the National Rural Health Mission being implemented by the States in the country. The Ministry is keen to strengthen these initiatives through other innovative approaches and by establishing concrete linkages with Ministries pursuing programmes for adolescents and youth. In the immediate future, MoHFW has articulated the need for a youth strategy to respond to the health needs of young people.

Given the more clearly understood advantages of investing in young people, and particularly addressing their reproductive health needs, UNFPA has positioned them at the centre stage of its global Strategic Plan. Broad strategies include the following:

- Evidence-based Advocacy, Policy Development and Accountability
- Strong, good quality Sexual and Reproductive Health Services
- Comprehensive Sexuality Education for both in and out-of-school adolescents
- Active youth participation, leadership and empowerment
- Innovation for inclusion of young people who are marginalized and hence, more vulnerable

Young people are an important stakeholder group in UNFPA India’s existing country programme (2008-12). At the national level, UNFPA reaches adolescents through a range of interventions and partners, like the Ministry of Health and Family Welfare (MoHFW), Ministry of Human Resource Development (MHRD), the Ministry of Youth Affairs and Sports (MOYAS), Non Government Organizations (NGOs) and other UN agencies. Several initiatives for young people are also implemented through the state offices in Bihar, Madhya Pradesh, Maharashtra, Odisha and Rajasthan. In partnership with the relevant national/ state-based institutions, UNFPA supports advocacy efforts that further youth interests and contributes towards improving quality of adolescent outreach programs in school and out-of-school settings.

Guided by the national priorities articulated in India’s twelfth five-year plan and UNFPA’s global mandate, India Country Office proposes to focus on young people in its eighth cycle of assistance (2013-2017). The programming initiatives will be largely concentrated in the 5 UNFPA priority states of Bihar, Madhya Pradesh, Maharashtra, Odisha, Rajasthan and within these states, and within these vulnerable and marginalized sub-groups of tribal young people, those belonging to minority groups and living in urban slums will receive focused attention.
In order to formulate a National Adolescent Health Strategy and firm up a strong UNFPA Country Programme (2013-17) focused on the specific needs of young people, a series of four consultations are planned, each with its unique focus on a youth priority or sub-population. These include:

i) **Vulnerable, out-of-school young people**
There is a recognition of the fact that young people are a heterogeneous group (for example, rural-urban, in and out-of-school, unmarried-married and several others) and although broad needs of education, skill building for livelihood, health services based in a rights framework are universal, interventions can be most effective when they respond to the realities of specific sub-groups. Clearly, opportunities and constraints are not uniformly distributed for all sub-groups. There are marginalized groups of young people that require needs and realities-specific initiatives in order to mainstream them. These groups are the focus of Government’s development plans and programmes. Development agencies, including the UN partners have the mandate to provide necessary inputs to further the Government’s endeavours to achieve these goals.

This consultation was held on September 4-5 in Delhi. As envisaged, the consultation provided an outline of the National Adolescent Health Strategy and guidance for reaching vulnerable young people in UNFPA’s next country programme (2013-17) in the context of the deliberations on the different realities, needs and concerns of vulnerable young people in India.

ii) **Young people enrolled in educational institutions**
With the enactment of Right to Education that ensures free and compulsory education to all children up to the age of 14 years, the secondary school retention rates are also likely to increase in the next five years. With education gaining importance on the national development agenda, agencies like UNFPA need to invest in institutionalizing the agenda of adolescent health and well being in school education. Working through schools is a very efficient and effective mechanism of reaching out to school going adolescents. Considering that adolescents/youth related programmes are the focus of many Ministries/Departments at the National level and in the States, there could be various possibilities of integrating adolescents health concerns in these programmes.

iii) **Communicating with young people, including the use of newer media**
Effective communication is relevant for everyone, but especially for young people as they develop a sense of identity in an environment that bombards them with numerous and often contradictory stimuli with very few reliable resources that they could seek clarifications from. It is important to reach out to young people in the language that speaks to them most effectively. Being a diverse group, the communication needs are likely to vary from traditional to newer media and a well thought out package of different media that build on one another.
iv) Most importantly, a consultation is proposed with young people to get their inputs on the strategies, programmes and mechanisms to improve their health and well being in different settings.

It is being increasingly realized that young people are active agents of change and given their idealism and enthusiasm, they should play a major role in the design and implementation of initiatives directed at improving their health and well being. The youth consultation is proposed in this context.

1.4. Second Expert Group Consultation on Responding to Needs and Concerns of Young People in Educational Institutions in India

In this larger rubric, the Ministry of Human Resource Development and UNFPA jointly convened the second Expert Group Consultation in this series to deliberate on the improved ways of reaching young people in formal and non-formal educational institutions with information and skills related to their improved health and well being. The consultation will also explore possible collaborations between different constituencies including the Government, Civil Society, Research Organizations and others as relevant to actively contribute towards the agenda of improved health of young people. The recommendations from the consultation will provide inputs to the National Adolescent Health Strategy and will also help in firming up strategies for providing life skills focused education and services to young people in educational institutions in UNFPA’s next country programme.
2. The Consultation

2.1. Objectives

- To recommend strategies, innovations and approaches for reaching young people in diverse educational institutions with information and services for improved health
- To explore mechanisms for collaboration among educational institutions and out-of-school settings for improved health and well being of young people

2.2. Expected Outcomes

- Roadmap for collaboration among Government departments and other constituencies for improved health and well being of young people
- Strategies for operational zing UNFPA’s programs for young people in educational institutions in India

2.3. Participants

- Refer to annexure 3 for complete list of participants and speakers

2.4. Methodology
3. Proceedings

3.1. Day 1

3.1.1. Setting the context

Chair: Mr. Apurva Chandra, Joint Secretary, Ministry of Human Resource Development

Objectives

- To develop a better understanding of distribution of young people in diverse educational institutions in India
- To appreciate the aspirations of young people from their perspective and the challenges they face in realizing their potential

Ms. Nalini Srivastava, UNFPA welcomed the speakers and the participants. She read out the objectives of the Consultation and welcomed Ms. Frederika Meijer to address the participants.

Ms Frederika Meijer, Representative, UNFPA

Ms Meijer welcomed all the participants and speakers and shared that this was an important deliberation forum for UNFPA along with the Ministry of Human Resource development; This was the Second Consultation in a series of four Consultations to understand the needs and concerns of adolescents and young people in India, And herein there would be focused exploration of situations, programmes, gaps and opportunities for young people in educational institutions in India

Adolescent Health and development is one of the focus areas of UNFPA in the next country program cycle in the country. This workshop seeks to examine the suitable modes and methods of strategic engagement with young people in educational institutions. She welcomed Mr. Apurva Chandra, MHRD for his opening remarks.
3.1.2. Panel 1: Approaches and Learning from Reaching Young People in School Settings

Chairs

- **Prof. Parvin Sinclair**, Director National Council of Education Research & Training
- **Ms. Vimala Ramachandran** Educational Resource Unit

**Objectives**

- To collate learning from diverse settings that aim to provide context specific and culturally relevant educational inputs to enable adolescents to improve their health and respond to real life situations effectively
- To develop a better understanding of special concerns of out-of-school adolescents and specific efforts required to mainstream them into schools
- To develop a better understanding of the different approaches for providing counselling services in schools

**Expected Outcomes**

- Improved understanding on making school space more responsive to adolescent concerns

- National Adolescence Education Programme and Population Education Project **Prof. Saroj Yadav**, National Council of Education Research & Training
- Adolescence Education Programme implemented in the States through NACO **Ms. Elizabeth** National AIDS Control Organisation
- Jharkhand and Bihar Experience **Ms. Aparajita Gogoi** The Centre for Development and Population Activities
- Odisha Experience **Mr. Sushant Panda**, Kalinga Institute of Social Sciences, Odisha
- Bridge Courses for mainstreaming out-of-school young people into schools **Ms. Vibha Upadhyaya**
- Doosra Dashak
- Learning and Recommendations from Providing Counselling Services in Schools including the Residential Schools **Prof. Vikram Patel**, Sangath
3.1.3. Panel 2: The Potential and Challenge of Integrating Adolescent Health Concerns in the School Curriculum

Chairs
- Mr. Alisher Umarov United Nations Educational Scientific and Cultural Organization
- Prof. Patricia Uberoi Former Professor of Sociology, Institute of Economic Growth

Objectives
- To identify the challenges in the integration of adolescent health concerns in school curriculum and recommend plausible approaches to overcome the challenges

Expected Outcomes
- Realistic way forward on integration of adolescent health concerns in the school curriculum

- Strengthening and Modernization of Madrasa Education Dr. Arshad Alam, Jamia Milia Islamia University
- Rajasthan experience Mr. Uma Kant Ojha, Rajasthan
- National Institute of Open Schooling Experience Ms. Asheema Singh, National Institute of Open Schooling
- Council of Boards of School Education Experience Mr. Puranchand, Council of Boards of School Education
- Training of Teachers: Pre-service training, Continuing Education Prof. Namita Ranganathan, Central Institute of Education, Delhi
3.1.4. Panel 3: Learning and Potential Approaches for Integrating Adolescent Concerns in Vocational Training Institutions

Chairs
- Prof S. S. Jena, Chairman National Institute of Open Schooling
- Mr. Paul Comyn International Labour Organization

Session Objectives
To explore newer spaces, partnerships and mechanisms for integrating health and well being of young people

Expected Outcomes
To establish the relevance of addressing issues related to adolescent health and well being in diverse institutions and settings, especially the vocational training institutions

The Mandate and Potential of Vocational Training and Accreditation: Mr Ranjan Choudhary, National Skill Development Corporation

Mr Choudhary started by setting out a context for the new found focus on vocational skill development as emerging primarily from the people- skill gaps in the context of the rising GDP. Many consultations by the Government tried to come out with a roadmap which would address the talents question. The National skills Policy 2009 is a seminal document in this regard which brought out a competency-outcome-demand led approach. The mandate the Skills policy has set is to deliver skills development for 500 million people by end of 2022. The working population is expected to be approximately 800 million by 2022, the current capacities that the country has in formal education shall be able to prepare 4 million people for an effective work life, the remaining group shall need to be addressed through vocational education and Training (VET).

A key element in the national skills policy is to recognize the role of the private sector in skill and talent development. The national Skill development Corporation NSDC was constituted with the express purpose of catalysing the private sector training agencies.

It is in this context the National Vocational Education Qualification framework NVEQF has been formulated by the MHRD in 2011. The framework sets out a unified and coherent system of national qualifications, Provides common reference for linking various qualifications, Sets common principles and guidelines for nationally recognized qualification system. The NVEQF covers schools, vocational training institutes and higher education, Links qualifications from secondary to doctorate level through a set of learning outcomes, creates National recognition of qualifications;
mobility of students across States possible, also makes possible Comparability of qualifications between general academic and vocational education. UNFPA could potentially support the incorporation of AEP foci into the standards of curricula that are used in accreditation by NSDC.

**Industrial Training Institutions: Mr. R.L. Singh, Ministry of Labour**

Mr. Singh shared with the GOI recognizing the large demographic dividend in front of the country a dedicated attempt to generate avenues for creation of employable skills for young people and developing entrepreneurship has been initiated in the last few years. This included the Formulation of the **National Skill Development Policy in 2009** with a vision to train 50 crore persons in employable skills by 2022. Of these the Ministry of Labour & Employment mandated to train 10 crore persons. While many efforts in this direction are currently shaping up in the form of the National Vocational Qualification Framework being formulated recently, thrust is also on qualitatively enhancing and strengthening some of the ongoing programmes.

The Ministry currently implements 3 flagship programmes:

- **Craftsmen training Scheme**: This is implemented through the network of industrial training institutes across the country. There are a total of 10009 ITIs (Govt. - 2269 & Pvt. - 7740) today, which can absorb upto 14.08 lakh trainees; they offer courses that span 6 months to 3 years in 127 trades including engineering and non engineering. The entry qualifications range from std 8th to std 12th. The CTS remains the most highly accessed vocational training venue across the country.

- **Apprenticeship training scheme** is implemented for onsite training of direct entrants or pass outs from the ITI courses. It has an enrollment of over 27000 industrial establishments across the country which makes a biannual call for apprentices reaching out to more than 3.37 lakh young people. The apprenticeship is offered in more than 272 trades and ranges between 6 months to 3 years offering a monthly stipend between 1500 to

- **Modular Employable skills under Skill development Initiative** is a scheme Started in 2007-08 focusing on the Use of existing infrastructure in Government & Private Sector. Skills are imparted through short term modular courses either in a vocational training centre or in a company. Training is undertaken strictly according to skill gap survey and industry linkage. This is a unique decentralized model of implementation with Flexible delivery schedule- part time, full time, weekends, onsite, offsite to suit various target groups; a special feature herein is the Recognition of Prior Learning

The various programmatic avenues of the Ministry of Labour and Employment present a concrete opportunity for integration of relevant and effective ARSH services.

He finally summarized that the **Ministry of labour and employment has been in skill development work since independence but there are many concerns of young people’s life situations that the Ministry’s programmes do not address.** He shared that life skills
education, occupational safety, and group skills integration into training curricula are potential areas for collaboration.

The Scope and Reach of Jan Siksha Sansthaan: Mr. Ramakrishna Sura, Ministry of Human Resource Development

Mr. Sura shared that the Jan shikshan sansthas are an initiative of national Literacy Mission Authority, Department of School Education & Literacy, Ministry of Human Resource Development. At present 271 JSSs have been established in 27 States and two UTs in the country with a per annum coverage is around 6 lakh beneficiaries. Government of India provides 100% (lump sum) financial assistance to the Sansthas. JSS will concentrate those who are in the age group of 15 – 35 years having no or rudimentary level of education (up to 5th Standard) with Priority Groups are such as women, SCs/STs/OBCs, other economically weaker sections, minorities and rural areas/urban slums.

JSS organise two types of programmes: 1) Vocational Courses: Training programmes involving skills/practical application leading to income generation (more than 500 varieties of vocational courses are being run by JSSs.) 2) Activities: Few awareness programmes organised other than Life Enrichment Education components like soft skills, HIV/AIDS, RCH and Adolescent Issue etc. JSS conducts vocational skills training on standardized curriculum. DGE&T, Ministry of Labour & Employment, DAE and NIFT have supported JSS in standardization of curricula.

With regard to adolescent health, the Life Enrichment Education component including soft skills, HIV/AIDS, RCH and Adolescent Issues has been a breakthrough area in connecting with young people’s life situations and strengthening their capacities for a productive life. This is the component that can be further enriched and adapted to specific audiences.

Livelihood Education: Mr. Aishwarya Mahajan, Aide et Action

Citing the experience from Aide et actions livelihood skills development initiatives, Mr. Mahajan summarized that with poverty conflict and displacements leading to migration to urban centres a loss of traditional skills is taking place. There is much need for innovative training in marketable skills in the urban and semi urban contexts. Aide et action has seen the skill development as part of a larger framework of life skill education and collective building. He said that Enterprise training programme and Gossip circles for Empowerment (GCE) had multiplier effect for gender equity, inclusive education, peace and development, youth and development.

Vocational Training in Schools: Vision and Scope: Dr Saurabh Prakash, PSS Central Institute of Vocational Education

Dr. Saurabh Prakash shared the vision and scope of vocational training in schools. He said the vocational education in school includes Work Experience/Work Education (WE) / Socially Useful Productive Work (SUPW), Pre -Vocational Education, Vocational Education at Higher Secondary level. He said as per the national policy planners higher secondary stage of school education is crucial since it is at this stage that necessary skills and competencies are acquired which enable the students to enter the world of work or to go for higher education. He said that the NPE, 1986 set the target, to cover 10% higher secondary
students under vocational courses by 1990 and 25% by 1995. The POA, 1992 reset the targets of diversification of students in vocational streams at + 2 level to 10% by 1995 and 25% by 2000. He said as per major feature of National Vocational Educational Framework, recognition of prior learning experience gained through informal/non-formal learning, facilitates lifelong learning and international recognition of national qualifications. He provided salient features of revised scheme which includes VE implementation in Classes IX – XII, strengthening of 1000 existing vocational education schools, Establishment of 100 new vocational education schools, assistance to run 500 private vocational education schools under PPP mode, assistance to 250 NGOs for innovative practices, In-service training for existing 1000 VE teachers and induction training for 2000 new VE teachers.

**Plenary discussion**

**Key points in the plenary discussion included**

- There is opportunity for including AH and LSE components into the 16 hours slot that all ITIs have for population education.
- A focus is needed on enterprise development besides skill development ‘we are targeting to creating 500 m job seekers in India.. Why don’t we create job creators.’
- The issue of ‘dignity of labour’ and popular perceptions about vocational education with sharing about students not opting for VET and it remaining and choice of the marginalised.

**Prof S. S. Jena,** summarized that we got a good perspective of what happening in the vocational education sector. He said a large no of young people drop out at class 8th and miss out on all adolescence education inputs that are most necessary and the Vocational education avenues are extremely suitable to address this gap. The JSS experience is Rajasthan is very encouraging to put focus on and invest influencing and engaging with the VET curricula. When we talk of competency based education, let’s see how life skills can be integrated as a competency; this is a critical competency which we can forge into the scenario. He said that there is a possibility that almost 70% of our users in the open school shall benefit from the adolescence education components (they are also compulsorily 14+), when the nation is building up an atmosphere on skill training, let us merge this focus of how to protect yourself, how to feel empowered.

**Mr. Paul Comyn** International Labour Organization reiterated that there is an opportunity to take advantage of the momentum in the skills sector and advocate for generic life skills to be integrated into employability Skills.
3.2. Day 2

3.2.1. Session 1: Department of Health’s Existing School Health Programme and Proposed Plans for Strengthening and Collaborations with Government Departments and Other Constituencies

Dr. Virendra Singh Salhotra, Ministry of Health and Family Welfare

Dr. Salhotra’s presentation focused on the School Health Programme managed by the Ministry of Health and Family Welfare. The programme on Adolescent Health includes Adolescent Reproductive & Sexual Health Programme, School Health Programme, Menstrual Hygiene Scheme and Weekly Iron and Folic Acid Supplementation. The School Health Programme (SHP) specifically addresses physical and mental health needs (varied by age), is linked with nutrition and offers supplements, physical activities and counselling. It is hoped that the service provisions within the programme would result in long fetched dividend for the future MCH and RCH profile by ensuring better educational outcomes and promoting social equity, particularly in the light of increased number of children from Economically Weaker Section in school under the Right to Education Act.

The key elements of SHP include Health Screening and referral linkages with health services for remedial and preventive measures- Ophthalmic, Dental, skin lesions and nutritional problems; Health education for health, hygiene and nutrition; Addressing nutritional issues, particularly anaemia and malnutrition and Advocating for safe and supportive environment in schools. The Programme covers students from Class 1 to 12 in both Government and Government aided schools. There are provisions for biannual screening and health service provision. The Programme is conducted in partnership with a number of agencies, including teachers in screening and communication, National Disease control Programmes and Other Adolescent Health Programmes.

Different strategies are used by different states in implementing SHP. For example, Maharashtra, Uttarakhand and A&N Island have dedicated exclusive teams for SHP; Gujarat, Himachal Pradesh and Bihar have annual campaigns for a dedicated period while Rajasthan has PPP and Public model. Within the SHP, there is involvement of public health infrastructure where in doctors, ANM visit the schools coming under the PHC jurisdiction. However, it was found that the doctors and ANMs are busy with their regular work and did not have adequate time to dedicate to making school visits. For PIP in 2012-2013, the focus has shifted and the states have been asked to assign dedicated teams at block level for SHP. Each state has been asked to send in their requests and to date 2646 teams are approved in 16 states. Additionally, there is a provision for a dedicated hired vehicle facilitating mobility.
## FOCUS AREAS

<table>
<thead>
<tr>
<th>IMPACT AREAS</th>
<th>TARGET</th>
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<tbody>
<tr>
<td>Improved coverage – unreached schools, classes, human resources – specific team,</td>
<td>225,427,911 students</td>
</tr>
<tr>
<td>Capacity building - Nodal Teachers from schools - Class teacher training by Nodal Teachers</td>
<td>1,009,972 schools</td>
</tr>
<tr>
<td>Screening – Equipment, Sites, Medicines, Documentation - Health Cards</td>
<td>Approval Rs. 39,999.36 lakhs. Support</td>
</tr>
<tr>
<td>Referral to higher facilities – referral cards</td>
<td>Secondary and tertiary care is supported through State Insurance, RSBY or through NRHM</td>
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<tr>
<td>Monitoring – planning, data, field visit, follow up</td>
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<tr>
<td>Linkages – Inter ministerial (Education, WCD) and Intra departmental (National Disease control programmes, NRHM)</td>
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<tr>
<td>Equipment and Supply</td>
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<td>Health Promoting Schools</td>
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<td>School Health Policy</td>
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<td>Safe potable water and clean toilet facilities (for boys and girls)</td>
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<tr>
<td>Physical education/activities,</td>
<td></td>
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<tr>
<td>Health education and communication with students and parents,</td>
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<tr>
<td>Health clubs, Health cabinets</td>
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<tr>
<td>Peer leaders as health educators.</td>
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<tr>
<td>Counselling services (Linkages with ARSH and/or ICTC)</td>
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Plans for 2012-2013 PIP include Improved coverage, Capacity building, Screening, Referral to higher facilities, Monitoring and establishing Linkages with other ministries and departments. The SHP has provision of giving one time equipment like weighing scale and height measurement equipment; Snellen’s Chart for visual tests; health cards including BMI for age chart, referral cards & registers; IEC materials and training of team for implementation, communication and monitoring. The Medical Kit is replenished as per requirement. If a referral is made, the SHP reimburses the travel cost as well as the cost of procedure and medicines to the beneficiary. Hence, secondary and tertiary care is supported through State Insurance, Rashtriya Swasthya Bima Yojna (RSBY) or through NRHM.

The SHP is linked with a number of programmes within National Rural Health Mission (NRHM) including Adolescent Reproductive Sexual Health (ARSH), Menstrual Hygiene Scheme; National Vector Borne Disease Control Programme; Revised National TB control programme; National Programme for Controlled Blindness; National tobacco Control programme; National Iodine Deficiency Disorders Control Programme and National Mental Health Programme. The SHP has also formed linkages with the Department of Education and Ministry of Panchayati Raj Institutions for other related activities like Mid Day Meal,, nutrition education and counselling, Sabla scheme, use of local development fund earmarked under total sanitation campaign, for safe potable water.
The Open forum provided an opportunity to the participants to voice their opinion and seek clarifications.

- Responding to a query on the limited linkage between SHP and ARSH programme, Dr. Salhotra said that this would be strengthened by establishing of ARSH clinics and making them functional. It is a known fact that the adolescents do not visit ARSH clinics and the visibility of ARSH clinics is low and efforts will be made to change this scenario.

- Dr. Salhotra said that there is a need to strengthen health, education and counselling components of the SHP. There is a need for developing training modules to train SHP teams, provide detailed guidelines to the teams.

- While each state is expected to have a dedicated team comprising of a doctor, a nurse, this is not a realistic expectation as there is a shortage of trained personnel at the village level. To this, Dr. Salhotra said that NRHM has provision for funding the personnel and it is upto each state to ask for the funds to be released. He further elaborated that states have been encouraged to formulate these teams including staff from AYUSH where possible to ensure availability of service providers.

- Students from open school are also eligible to avail of SHP and get the benefits of referral and reimbursements and this can be formalised by initiating SHP team visits to study centres annually.

- Talking about behavioural change, Dr. Salhotra said that the ASHAs are expected to provide sanitary napkins at subsidized costs to promote menstrual hygiene under the Menstrual Hygiene Scheme. This project is being piloted in 107 districts and will be offered to all the states soon.

- Responding to the query on referral and management protocol, Dr. Salhotra said that as of now, no such protocols were in place. If a problem has been detected during the screening, he/she would be referred to a higher level facility for treatment and management.

- The lack of trained service providers, including doctors and nurses is a reality and there is a need to take cognizance of this fact. ANMs are very busy with their daily tasks and the ASHA is also over burdened. But, there is a need to assess the programme and remove the bottlenecks.

While summing up the session, Dr. Venkatesh, UNFPA said that SHP is a beneficiary centred programme. It would be ideal if all the benefits are brought under one umbrella and are available to the students at one time. Mental health should form an integral part of ARSH strategy and linkages and mechanisms for referrals should be put in place. There is also a need to address school drop outs and make provision to include them in SHP.
3.2.2. Session 2: Group Work: Develop Action Plans for Improved Health of Young People in Different Settings

- All groups were guided by a framework and terms of reference that provided for the group deliberation. (Annexure 2)

- All groups were facilitated by Representatives from the Government Departments and UNFPA

| Group 1: Addressing concerns related to adolescent health and well being in co-curricular spaces and school curriculum |
| Group 2: Integrating adolescent health concerns in teacher training (pre-service and continuing education) |
| Group 3: Integrating adolescent health concerns in vocational training institutions |
| Group 4: Partnerships, collaborations and institutional mechanisms for addressing adolescent concerns at the community level |
| Group 5: Advocacy for policy development and programme implementation to address concerns of young people through collaborations among various constituencies (Government Departments, CBOs, NGOs) |
3.2.3. Presentation of Group Work and Observations on the Action Plans

**Chairs**
- Dr. Rakesh Kumar Joint Secretary, Ministry of Health and Family Welfare
- Mr. Apurva Chandra Joint Secretary, Ministry of Human Resource Development

All five groups presented their discussions to the plenary.

**Group 1 - Addressing concerns related to adolescent health and well being in co-curricular spaces and school curriculum**

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Challenges</th>
<th>Approach/Strategy</th>
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<tbody>
<tr>
<td>Expressive nature of adolescents</td>
<td>Judgmental attitude of key stakeholders (parents, teachers)</td>
<td>Sensitization and capacity building of key stakeholder’s on AEP issues specially in dealing with adolescents on their concerns and inquisitiveness</td>
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<tr>
<td>Increase in secondary schools enrolments</td>
<td>Approachability: Not clear whom to approach</td>
<td>Creating enabling environment which encourages adolescents to freely speak up</td>
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<td>Chances of falling into wrong channels of information</td>
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<td>Poor attendance in school</td>
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<td></td>
<td>Stigma and prejudices associated with AEP that refrain students from openly discussing these issues</td>
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<tr>
<td>School Health Program/Adolescent Health program exist</td>
<td>Linkages with AEP is very weak</td>
<td>Better convergence between AEP and SHP/AHP</td>
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<td>AEP exists in the country in various states</td>
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<td>AEP exists in RMSA guidelines and NCF guidelines</td>
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<tr>
<td>AEP Adopted in several state</td>
<td>Ensuring effective classroom transaction</td>
<td>Establishing robust AEP implementation structure across states</td>
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<td>Weakness in training systems</td>
<td>Strengthening of capacity building structure on AEP</td>
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<td>Difficulty to hold students to AEP</td>
<td>Reaching out to younger students in school systems</td>
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<td>Classroom transactions on AEP are very dry</td>
<td>Development and use of student friendly/interactive IEC materials- audio visual/IT enabled</td>
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<td></td>
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<td>Classroom transactions to be made more interesting</td>
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<tr>
<td>Problem Statement</td>
<td>Solution</td>
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| No other platform available in schools systems to reinforce AEP issues other than classroom transaction | Establishment of AEP/health clubs in schools  
Introduction of AEP counselling in school |
| How to effectively monitor AEP in schools                                         | Establishing robust monitoring mechanisms                                                          |
| How to scale up AEP across the country                                            | Developing case studies of successful experiences on AEP as advocacy materials for the states (e.g. Models) |
| Lots of interactive forums exists in schools e.g. PTA/MTA/SMDC, meena cabinets/manch, debating clubs etc. | They are theme/topic based and exist in silos- how to use these forums for mainstreaming AEP  
Mapping the existing platforms/institutions available in schools to impart/reinforce AEP in schools  
AEP becomes a mainstream/important topics of conducting business of these forums |
Group 2 - Integrating Adolescent Health Concerns in Teacher Training (Pre-Service & Continuing)

Opportunities
- Follow-up activities on National Curriculum for Teacher Education Framework
- Large number of existing Teacher Training Institutes as well as huge number of teachers at elementary and secondary level
- Existing teacher education scheme has an outlay of Rs 7000 crores and therefore States and UTs action plan should take benefit of it
- Opportunities under SSA and RMSA

Challenges
- Absence of proper understanding & appreciation of adolescent needs & concerns and framework of AE
- Variations in the existing syllabi & courses and other materials across States & UTs
- Large number of private institutions with limited faculty & infrastructure
- Coordination with all the stakeholders related to teacher education at State & National level for integration
- Inadequate availability of trained teacher educators to improve the quality of teacher education including AE
- Providing skill based training to both pre-service & in-service teachers (due to numbers and spread)
- Large number of teaching learning materials are available but quality of several are questionable
- Resistance to change the mind-set of the policy makers, teacher educators, professional bodies of teachers & teachers themselves
- Lack of innovative pedagogy of transactions
- Lack of supportive environment for research
- Lack of functional networking with interventions in different sectors
- Lack of documentation & dissemination related to AEP

How to overcome these challenges
- Review of the existing curriculum, courses & materials of teacher education; Planning for effective integration in NCFTE & courses and training materials and other activities
- Intensive and frequent advocacy at political level with policy makers, officials, teacher educators, professional bodies & teachers themselves at all level – district, state & national
- Orientation of principles of DIETs, IASE, CTE & SSA, RMSA functionaries including officials of institutions created under new scheme (for ex – BIET)
- Development of need based instructional materials for trainers, pupil teachers and teachers
- Capacity building and enhancement of trainers, teachers, pupil teachers based on innovative experiential pedagogy of transaction focusing on life skills
- Context specific suitable strategies need to be evolved in terms of coverage & quality of teacher training including use of IT based services
• Development of a system for continuous support, feedback & monitoring at various levels
• Continuous research & evaluation studies to generate evidences in respect of quality of integration & transaction at all levels
• Integration of AE in the researchable areas at M.Ed, M.Phil & PhD level
• Evolve/ made functional the existing mechanism of networking with interventions in different sectors at all levels
• Documentation & dissemination of best practices, success stories, case studies, voices of adolescent & teachers
• Sharing of success stories including best practices at different level by organizing various seminars conferences, workshops and also through the use of ICT; Annual conferences on AEP for teachers & practitioners.
Group 3 - Integrating Adolescent Health Concerns in Vocational Training Institutions

Background
- Those seeking vocational training is very heterogeneous group.
- School Drop outs
- Enrolled in Formal School offering Vocational courses.
- NIOS Students, Affiliated to different centres.
- NYKS Clubs runs vocational training centres supported by DGET.
- ITI’s, Government and Private Polytechnics and VTP/VTI’s
- Self Taught traditional skills, Entrepreneurship skills, Craftsmen skills, seeking recognition and certification
- Commonalities despite of heterogeneity
- Need for professional recognition and identity

Challenges
- Age group and marital Status varies considerably
- Course duration varies (3months – 2 years)
- Entry Qualifications different across courses
- Mode of transaction (part time or full time)
- Each course has a structured curriculum – how to weave in adolescents issues
- Vocational trainers are skill based persons. How to train them to be adolescents educators.
- Manuals which inform the courses are of technical nature – How to find space and ways of integrating life skills and adolescents issues
- Acceptance of the concept of adolescent’s education a part of vocational training by line departments at national and state level.
- How adolescents and life skill issue can serve the needs of job seeking youth and those who want to become entrepreneurs.
- Significant adolescents issues and life skills required in particular
- Team Work and cooperation
- Leadership skills
- Assertiveness
- Decision making – Problem solving
- Negotiation Skills
- Using Resources Effectively
- Handling Sexual Harassment
- Para legal Awareness
- Gender Sensitivity Awareness
- Effective communication and healthy inter personal relationships
- Self awareness and self esteem
- Coping with Stress and emotions
- Dignity of labour
Opportunities and Way Forward

- Focus of government on vocational training and a huge target has been kept for next ten years.
- New Institutions and organizations are entering in the domain of skill training.
- ITI’s and Schools offering vocational courses have formal space and time allocated in curriculum for this purpose. However the course needs to be examined through a review and content analysis of the curriculum and its transaction (Every ITI has a social science educator with 17 hours allocated to such training in total quantum of 80 hours course time.
- Advocacy efforts to begin at the highest level for acceptance of the idea and its onward dissemination.
- Negotiate with planning commission and Line Ministries at National and State level.
- Advocacy with line ministries at the national and state level and with other significant bodies like National Rural Livelihood Mission, National Urban Livelihood Mission.
- Evaluating the adequacy of resources to deliver Adolescents education which include infrastructure.
- Creating E-Learning Opportunities through developing a website which gives the necessary information and inputs
- Pre Service and in service training of vocational trainers to subsume these dimensions their part of role profile.
- To provide a standard course in a capsule or modular form to each centre of institution as a resource.
- Promote networking and unification of all the bodies engaged in vocational training in one forum for dissemination and sharing and collective deliberations on policy and transaction issues.
- The different pilot projects that are in process in different parts of the country for best practices to be learned.
- Three examples – Mega Sky Project and Vocational Higher secondary schools and ITI’s
Group 4 - Partnerships, Collaborations and institutional mechanisms for addressing adolescent concerns at the community level

Mapping the opportunities

- Various institutions are already working on adolescent issues.
- Lead agencies can be the Health Department and Education Department, Women and Child Development Dept
- Other institutions will partner in carrying out the programmes
  - Nehru Yuva Kendras
  - Panchayat Raj Institutions
  - Educational institutions-NVS, KVS, CBSE Sahodaya school complexes, Schools of excellences, (Govt. and Govt. aided ) Colleges, ITIs and Vocational Training Institutes
  - Religious institutions-madrasas, seminaries, convents, dharmashalas, gurudwaras, faith based organisations
- Indian Academy of Paediatrics
- Federation of Obstetrics and Gynaecologists Society of India(FOGSI)
- FPAI
- NGOs/CBOs working on adolescent issues

Institutional mechanisms for partnerships- collaborations

- Working groups, convergent platforms for key ministries at the national level to be replicated at state and district levels
- Functional ToRs for the working groups
- Role for NGOs/CBOs as coordinators of such committees at grassroots level
- Representation/ participation of adolescent/s organizations in such committees

Challenges

- Lack of understanding of the magnitude and diversity of adolescent issues
- Lack of enabling environment for Adolescent health at institutional as well as community level
- Need for behaviour change at the community level(social norms)
- Institutionalisation of convergence at all levels
- Ways of Addressing Challenges
- Evidence based Behaviour change communication strategies addressing multiple stakeholders such as:
  - Communities/ caregivers (parents)
  - PRI and village level institutions, SHGs
  - Teachers, PTAs,
  - Village influencers
  - Service providers (sensitization)
  - Policy /decision makers (advocacy)
- Capacity building/development
  - Teachers, peer educators, front line workers, SHGs, Trainers and counsellors who run the ARSH clinics
  - Religious and faith based groups and related stakeholders
  - Use of technological innovations.

Includes elements of partnership and collaboration at the ground level

Add On: Development of curriculum and content, tailored to the needs of adolescents in various settings

**Suggested Approaches**

- Formative and operations research commissioned: Development Partners with committed funding from Govt/donors
- Identification of convergence platforms and setting up of core groups with defined ToRs
- Development of BCC strategies with clear implementation plans for different adolescent groups using participatory approaches
- Budgets from Govt/donors and technical support from NGOS/INGOs, Bilateral partners and academic institutions for roll out/implementation
- Document success stories and disseminate to relevant stakeholders
- Recognition to achievers
- Rest is work in progress
Group 5 - Group work on potential strategies for converged efforts to reach vulnerable adolescents

Where are these adolescents?
- Out of school
- In informal work settings
- Special circumstances: Street children, adolescents in institutional settings, adolescent commercial sex workers (maybe are best addressed through a targeted approach- likely convergence between NACO and NRHM for such special audiences)
- In school (with special vulnerability for drop out/ low attendance)

Challenges:
- No custodian ministry
- Special problems in reaching them
- Accountability mechanisms weak/ not in place
- Involvement of young people

What are their needs?
- To continue education in various formats
- Acquire employable skills
- Information and basic services for all the dimensions of health (physical, emotional, mental) including SRH and preventing/ managing anaemia etc.
- Recreation and exposure
- Life skills
- Support system - for guidance, counselling and crisis intervention (e.g.: Gram Panchayat, SHGs, child line, NIOS like tele-support services)

Strategies:

Access to Information:
1. National communication strategy on issues faced by young people [includes social determinants of health and includes aspects of mental health]
2. Mandatory inclusion of age appropriate sexuality education and Life skills transactions as a marked curriculum starting from primary school
3. Harnessing ICT for enhanced access to information: experiments in Telecounselling and Vernacular website dedicated to adolescent users and SMS information dissemination projects. [health- JSK existing- less functional helpline]
4. Periodic Community based outreach / mela as one stop knowledge meet bringing together info from all relevant deptts. [health, youth affairs, labour, Edu- SHP, rural dev]- functional convergence. (need to equalize inputs for in school and out of school)
Access to services:
1. Make school a common learning space for all adolescents – e.g. adolescent clubs.
2. Integration of AH & SHP into vocational education venues & NIOS (Contact venues):
   a. Advocate with ministry of labour on the strong expressed need for more vocational education opportunities for youth from marginalized backgrounds.
3. Dedicated / accentuate role of existing community mobiliser with focus on adolescent girls and boys - to strengthen their connect and linkage to services relevant to them.
   Possibilities: Deptt of health through placement at VHSNC
5. Accountability.
6. Ownership - Opportunities for participation in community processes and decision making feedback mechanism and responsibility.
7. Collaboration with community led programmes through NGO partnerships

Review mechanism
1. Coordination forums and periodic meetings
2. Developing a set of programme indicators for review
3. Review of collaboration.
4. Conclusion and Way Forward

Ms. Frederika Meijer Representative United Nations Population Fund
Dr. Rakesh Kumar Joint Secretary, Ministry of Health and Family Welfare
Mr. Apurva Chandra Joint Secretary, Ministry of Human Resource Development

Synthesis of Deliberations: Dr Jaya Sharma, Programme Officer ARSH, UNFPA

Dr. Jaya summarised the deliberations of the two days highlighting the following aspects:

Framework for working with adolescents
- Acknowledging the Paradigm Shift
  - Instrumentalist Approach
  - Rights based approach
  - Adolescents not a “problem” but Adolescents are a positive and valuable resource that needs to be appreciated and respected
- Understanding Adolescence
  - One of the most healthy phase of life yet with very specific needs and concerns
  - Emphasis on health promotion rather than disease prevention and treatment
- Mental Health Issues: Should be part of any health package for young people
  - Although data available only for severe end-of-the spectrum issues such as depression and suicides, we know that majority of adolescents grapple with concerns related to body image, being comfortable with changes, relationships, self esteem, gender issues
- Behavioural Realities of Young People: Experiment (Risk Taking), Idealistic, Impulsive, Enthusiastic which should be accepted as Normal
- Situate adolescence in a life span perspective within dynamic sociological, cultural and economic realities (globalization, urbanization, networking)
- Recognition that certain biological phenomena are predictable, yet this particular life stage like any other will socially unfold differently
- Diverse groups of adolescents faced with different sets of opportunities and challenges
- Certain core needs and concerns of adolescents are universal, yet ‘no one size fits all’ The concept of “several adolescences” important consideration in policies and programmes
- Young people have articulated the centrality of education in their lives, BUT the majority identify it as a pathway for securing gainful employment
- Urge for spaces for recreation, sports, talent development and opportunities for exploring the “world outside”
- Identify family and schools as important support systems
- Aspirations linked to family and community
Current scenario for programming

- Opportunities for Education of Young People in India
  - Increasing Attention in Policies, Programs, Resource Allocation
  - Increasing Enrolment in Formal Settings
  - Several players: Government, Elected Representatives, Civil Society, Private entities, Religious Bodies
  - Diverse avenues: Schools, Residential Schools (Ashram Schools, KGBVs), Open School, Bridge courses, ITIs, JSS

- Challenges in Promoting Education of Young People in India
  - Quality
    - Is education preparing young people for job markets, self employment and life?
      - Curricula and learning materials
      - Methods of teaching

- Inclusive and Responsive
  - Drop Out Rates (32 million enrol in class 1 and 8 million graduate from class 12)
    - Higher dropout rates for marginalized, particularly for girls that perpetuate the vicious cycle of deprivation and disadvantage
    - Facilitate multiple entry points: Accelerated learning models/ Enrich existing curricula, Bridge Courses

- Relevance
  - Less than 2% opt for training in agriculture: Although mandate for 25% school students to divert to vocational training, only 4% school students opt for vocational subjects LACK OF APPRECIATION FOR DIGNITY OF LABOUR
  - Life skills education
  - Response to Reproductive and Sexual Health Concerns

Education sector efforts in Adolescent development

- AE: To empower young people with accurate, age appropriate and socially relevant information, promote healthy attitudes and develop skills to enable them to respond to real life situations effectively

- Achievements of Adolescence Education
  - Three decades of evolving programme with MHRD and NCERT, also navigated the controversy related to sexuality education
  - Recognized as an educational input in the National Curriculum Framework, 2005
  - Teacher training
  - Training of peer educators: Inculcating Youth Leadership
  - Interactive teaching-learning materials
  - Mental health issues getting increasing attention
  - Enhanced abilities of students to respond to real life situations effectively
  - Multiple players engaged at national, state, district level
• Challenges in Promoting Adolescence Education
  o Not yet universalized
  o Add on : Not integrated in the curriculum
  o Obvious link with scholastic performance missing
  o Continuing education of teachers: Knowledge, Attitudes
  o Quality in large scale cascade models

• Challenges in Promoting Adolescence Education
  o Assessment of life skills NOT an easy task
  o Evidence based recommendations for successful and meaningful programming
  o Need to prove social relevance to different constituencies

Learning’s and Way Forward For Programming:
• Programming on the considerations of
  o Realities of young people
  o Characteristics of this specific stage of life
  o Positioning AE in the context of enhancing life skills to enable young people to achieve their potential and realize the demographic dividend
  o Involve young people at all stages of programmes

• Sustained investments in capacity building of relevant personnel
  o Participatory, process-oriented teaching-learning approaches that engage with young people rather than being prescriptive, stigmatizing and fear inducing
  o Beyond face-to-face approaches: e-learning, distance learning
  o Build in existing continuing education mechanisms

• Better use of existing spaces in schools: school assembly, prefect system, evaluation system (CCE)
  o Specific pre-assigned space within school time table
  o Well defined monitoring mechanisms
  o Integrate reward/ recognition policies for teachers/ schools
  o Engage parents and communities

• Advocacy with officials in Depts. of Education, school teachers, principals

• Sustained multi-stakeholder (Vocational Education and Training Institutions, Health and others) consensus building on the importance of responding to young people’s concerns and social relevance of AE

• Research and documentation
• Enabling environment and support systems
  o Integrate age and experience elements of adolescence education across all stages of schooling rather than start in class 9
  o Curricular and co-curricular boundaries should be broken
  o Co-ordination among various constituencies (Government Agencies, Civil Society, Religious Bodies) to avoid duplication and efficient utilization of resources
    ➢ Guiding principles and basic minimum curriculum should be defined by MHRD
5. Annexure

Annexure 1: Agenda

Responding to Needs and Concerns of Young People in Educational Institutions in India

Expert Group Consultation

October 4-5, 2012
Hotel Claridges, Delhi

Objectives

- To recommend strategies, innovations and approaches for reaching young people in diverse educational institutions with information and services for improved health and well being
- To explore mechanisms for addressing the concerns of young people through effective collaborations among various constituencies

Expected Outcomes

- Roadmap for collaboration among Government departments and other constituencies for responding to the concerns of young people
- Strategies for operationalizing UNFPA’s programs for young people in educational institutions in India
**Day 1: 4 October**  
**Vice Regal Hall (Second Floor)**

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<th>Timing</th>
<th>Agenda Item</th>
<th>Responsibility/ Speakers</th>
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<tr>
<td>9.00 AM – 9.30 AM</td>
<td>Registration and Tea</td>
<td>ARSH Team</td>
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<td>- Opening Remarks</td>
<td>- Mr. Apurva Chandra, Joint Secretary, Ministry of Human Resource Development</td>
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<tr>
<td>10.00 – 10.30 AM</td>
<td><strong>Setting the Context</strong></td>
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<td>- Young People in Educational Institutions in India (<em>includes schools, NIOS, ITIs etc</em>)</td>
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<td>- Youth Voices: Aspirations and Challenges</td>
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<td><strong>Chairs:</strong></td>
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<td>- Mr. Apurva Chandra, Joint Secretary, Ministry of Human Resource Development</td>
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<td>- Ms. Frederika Meijer, Representative United Nations Population Fund</td>
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<td>10.30 AM - 10.45 AM</td>
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<td>10.45 AM – 1.00 PM</td>
<td><strong>Panel Discussion – Approaches and Learning from Reaching Young People in School Settings</strong></td>
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<td>- Co-curricular spaces</td>
<td><strong>Speakers (15 minutes each)</strong></td>
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<td>- National Adolescence Education Programme and Population Education Project</td>
<td>- Prof. Saroj Yadav, National Council of Education Research &amp; Training</td>
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<td>- Adolescence Education Programme implemented in the States through NACO</td>
<td>- Ms. Elizabeth, National AIDS Control Organisation</td>
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<td>- Jharkhand and Bihar Experience</td>
<td>- Ms. Aparajita Gogoi, The Centre for Development and Population Activities</td>
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<td>- Odisha Experience</td>
<td>- Mr. Sushant Panda, Kalinga Institute of Social Sciences, Odisha</td>
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<td>Bridge Courses for mainstreaming out-of-school young people into schools</td>
<td>Ms. Vibha Upadhyaya&lt;br&gt;Doosra Dashak</td>
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<td>Learning and Recommendations from Providing Counselling Services in Schools including the Residential Schools</td>
<td>Prof. Vikram Patel, Sangath</td>
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<tr>
<td>1.00 PM - 1.45 PM</td>
<td>Lunch</td>
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<tr>
<td>1.45 PM – 3.30 PM</td>
<td>Panel Discussion- The Potential and Challenge of Integrating Adolescent Health Concerns in the School Curriculum</td>
<td>Dr. Arshad Alam&lt;br&gt;Jamia Milia Islamia University&lt;br&gt;Mr. Uma Kant Ojha, Rajasthan&lt;br&gt;Ms. Asheema Singh&lt;br&gt;National Institute of Open Schooling&lt;br&gt;Mr. Puranchand&lt;br&gt;Council of Boards of School Education Experience&lt;br&gt;Prof. Namita Ranganathan&lt;br&gt;Central Institute of Education, Delhi</td>
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<td>3.30 PM – 3.45 PM</td>
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| 3.45 PM – 5.30 PM | Panel Discussion – Learning and Potential Approaches for Integrating Adolescent Concerns in Vocational Training Institutions | *Speakers (15 minutes each)*<br>  
- Mr. Ranjan Choudhury, National Skill Development Corporation  
- Mr. R.L. Singh, Ministry of Labour  
- Mr. Ramakrishna Sura, Ministry of Human Resource Development  
- Mr. Aishwarya Mahajan, Aide et Action  
- Dr. Saurabh Prakash, PSS Central Institute of Vocational Education (NCERT)  

**Chairs:**<br>  
- Prof S. S. Jena, Chairman, National Institute of Open Schooling  
- Mr. Paul Comyn, International Labour Organization  

- The Mandate and Potential of Vocational Training and Accreditation  
- Industrial Training Institutions  
- The Scope and Reach of Jan Siksha Sansthan  
- Livelihood Education  
- Vocational Training in Schools: Vision and Scope
## Day 2: 5 October, 2012  Maharani Hall (Ground Floor)

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| **9.30 AM – 10.00 AM** | Department of Health’s Existing School Health Programme and Proposed Plans for Strengthening and Collaborations with Government Departments and Other Constituencies | Dr. Virendra Singh Salhotra  
Ministry of Health and Family Welfare |
| **10.00 AM – 1.00 PM** | **Group Work:** Develop Action Plans for Improved Health of Young People in Different Settings | All participants guided by a framework and terms of reference that will be provided during the consultation  
Facilitated by Representatives from the Government Departments and UNFPA Colleagues:  
- Mr. Om Prakash Arora  
Ministry of Human Resource Development  
- Dr. Virendra Singh Salhotra  
Ministry of Health and Family Welfare  
- Ms. Lopamudra Mohanty  
Department of Women and Child Development  
- Mr. R.L. Singh  
Ministry of Labour & Employment  
- Dr. Mohinder Gupta  
Ministry of Youth Affairs and Sports  
- UNFPA colleagues:  
  - Dr. Daya Kishan Mangal  
  - Dr. Prakash Deo  
  - Mr. Hemant Dwivedi  
  - Dr. Vibhavendra Raghuyamshi  
  - Mr. Rajnish Ranjan Prasad |
| **1.00 – 2.00 PM** | Lunch                                                                     |  
Presentation of Group Work and Observations on the Action Plans  
**Chairs**  
- Dr. Rakesh Kumar  
Joint Secretary, Ministry of Health and Family Welfare  
- Mr. Apurva Chandra  
Joint Secretary, Ministry of Human Resource Development |
| **2.00 – 4.00 PM** |  
Each group to present in 10 minutes  
**Chairs**  
- Dr. Rakesh Kumar  
Joint Secretary, Ministry of Health and Family Welfare  
- Mr. Apurva Chandra  
Joint Secretary, Ministry of Human Resource Development |
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<td>Key Recommendations and Way Forward</td>
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<td>- Ms. Frederika Meijer</td>
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<td>Representative United Nations Population Fund</td>
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<tr>
<td></td>
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<td>- Dr. Rakesh Kumar</td>
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<tr>
<td></td>
<td></td>
<td>Joint Secretary, Ministry of Health and Family Welfare</td>
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<td></td>
<td>- Mr. Apurva Chandra</td>
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<td>Joint Secretary, MHRD</td>
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Annexure 2: Terms of reference for Group work

Terms of Reference for Group Work - 1

**Objective:** To Develop Action Plans for Improved Health and Well Being of Young People in Different Settings

**Group Task:** Addressing concerns related to adolescent health and well being in co-curricular spaces and school curriculum

Based on an understanding of the guiding principles and content of Adolescence Education, the group should:

- Map the opportunities for addressing adolescent concerns in co-curricular and curricular spaces of school education
- Identify key challenges in addressing adolescent health and well being issues in co-curricular spaces and recommend approaches to address them

For example, an important challenge is that Adolescence Education (AE) is not given sufficient importance in school education. Potential ways of addressing this challenge could be specific space in the time table mandated from the Department of Education, increments/ recognition to nodal teachers who transact this programme etc

- Identify key challenges in integrating adolescent health and well being issues in the school curriculum and approaches to address them

For example, two important challenges in the way of integrating issues identified in Adolescence Education in the school curriculum are:

- AE is considered an add-on and its relevance in contributing towards the well-being of school students is not understood.
- Insufficient capacities among curriculum developers, text book writers to integrate this content area.

Potential ways of addressing these two challenges could be:

- Operations research to generate evidence on the ways in which AE contributes towards improving the well being of school students and scholastic performance
- Focussed advocacy with policy makers and school administration and governing bodies on the relevance of AE
- Capacity building efforts as needed.

Please note that sharing of real examples; experiences will be most useful in developing practical action plans.
Reference Documents

1. Executive Summary of Concurrent Evaluation of Adolescence Education Programme
2. Recommendations: National Seminar on Findings from the Concurrent Evaluation of Adolescence Education Programme
3. Guiding Principles and Scheme of Content of the Adolescence Education Programme
5. Recommendations from the 2009 consultation on cultural relevance of AE
Terms of Reference for Group Work-2

**Objective:** To Develop Action Plans for Improved Health and Well Being of Young People in Different Settings

**Group Task:** Integrating adolescent health concerns in teacher training (pre-service and continuing education)

Based on an understanding of the guiding principles and content of Adolescence Education, the group should:

- Map the opportunities for integrating adolescent concerns in teacher training (pre-service and continuing)

For example, including Adolescence Education in existing teacher training opportunities in Sarva Siksha Abhiyaan (SSA) or Rashtriya Madhyamik Siksha Abhiyaan (RMSA)

- Identify key challenges in addressing adolescent health and well being issues in teacher training (pre-service and continuing) and recommend approaches to address them

For example, important challenges in the way of addressing adolescent health and well being issues in teacher training are:

- Adolescence Education (AE) related content is considered sensitive and teachers often find it difficult to transact these issues in classroom settings.

- Policy makers and curriculum developers are not convinced of the relevance of AE in enhancing teachers’ capacities to transact the curriculum better is not understood.

- Insufficient capacities among teacher tutors and trainers who are engaged in continuing education of teachers on learner-centric participatory methodologies.

Potential ways of addressing some of these challenges could be:

- Operations research to generate evidence on the ways in which teachers sensitized to AE can contribute towards improving the well being of school students and scholastic performance,
- Focussed advocacy with policy makers, university deans and governing bodies of schools on the relevance of AE and learner centric, participatory methodologies
- Investment in development of learner-centric training and resource materials in different formats (print, audio-visual etc)
- Capacity building efforts as needed

Please note that sharing of real examples; experiences will be most useful in developing practical action plans.
Reference Documents

1. Executive Summary of Concurrent Evaluation of Adolescence Education Programme
2. Recommendations: National Seminar on Findings from the Concurrent Evaluation of Adolescence Education Programme
3. Guiding Principles and Scheme of Content of the Adolescence Education Programme
4. Concept Note: Pre-service training of teachers
Terms of Reference for Group Work-3

Objective: To Develop Action Plans for Improved Health and Well Being of Young People in Different Settings

Group Task: Integrating adolescent health concerns in vocational training institutions

Based on an understanding of the guiding principles and content of Adolescence Education, the group should:

- Map the opportunities for integrating adolescent health concerns in vocational training institutions

In order to realize the potential of demographic dividend in the country, there is a strong focus on vocational training, accreditation and linkages with markets. All these efforts aim to enhance employability of young people so that they can realize better life options. Besides economic well-being, an important component of positive living is having the life skills to respond to real life situations in responsible ways. Given that the labour market is largely aimed at profit making, it is extremely important that along with vocational training, young people are also empowered with information and skills to navigate the challenges they may face in their work places. Importantly, vocational skills enhancement could result in migration in search of better livelihood options and information and skills related to their health and well being could possibly help many young people to make successful transitions to new working environments.

- Identify key challenges in addressing adolescent health and well being issues in curricula and teaching in vocational training institutions and recommend approaches to address them

For example, an important challenge could be lack of appreciation of the relevance of elements of adolescence education in building better awareness, inter-personal skills, motivation, commitment and improved performance in work and career. Potential ways of addressing these could be

- Operations research to generate evidence on the ways in which vocational training with integration of elements of Adolescence Education enriches employability and well being of young adults.
- Focussed advocacy with policy makers, accrediting institutions and govt initiatives offering vocational training to integrate AE suitably and significantly into curriculum.

Please note that sharing of real examples; experiences will be most useful in developing practical action plans.
Reference Documents

1. Guiding Principles and Scheme of Content of the Adolescence Education Programme
2. Data from Industrial Training Institutions, Jan Siksha Sansthaans, NIOS
3. A sample of Vocational Training curriculum from an accredited institution
Terms of Reference for Group Work-4

Objective: To Develop Action Plans for Improved Health and Well Being of Young People in Different Settings

Group Task: Partnerships, collaborations and institutional mechanisms for addressing adolescent concerns at the community level

Based on an understanding of the guiding principles and content of Adolescence Education, the group should:

- Map the opportunities for strengthening partnerships between institutions (including educational institutions, Panchayati Raj institutions, religious institutions) and communities for integrating adolescent concerns.

For example, partnerships among schools and communities could be strengthened by means of sensitizing existing mandatory bodies such as School Management Committees (SMCs) and Parent Teacher Associations (PTAs) on the importance of addressing adolescent concerns. Feasibility and mechanisms of teachers and students organizing outreach efforts at the community level should be explored. Partnerships between youth organisations, Community Based Organizations (CBOs), Panchayati Raj institutions, religious institutions and others as relevant may also be fruitfully worked out.

- Identify key implementation challenges in addressing adolescent concerns through partnerships at the community level and recommend approaches to address them

For example, having institution and agency specific programming is one of the challenges that prevents different constituencies to work towards a common shared goal of addressing the concerns of young people, lack of links among the relevant constituencies at the community level, Insufficient capacities and time to establish and operationalize effective collaborations.

Potential ways of addressing these challenges could be

- Operations research to generate evidence on effective partnerships at the community level among different constituencies,
- Clear identification of particular programmatic areas that will benefit from collaborative work across government and NGO players, and delineation of specific strategies, roles of different participants
- Institutionalization of mechanisms to promote effective partnerships, for example, to recognize schools, teachers and students who contribute towards community outreach, recognize Nehru Yuva Kendra Sangathan (NYKS) supported teen clubs that are able to establish effective referral linkages for education and vocational training,
- Capacity building efforts as needed
Please note that sharing of real examples; experiences will be most useful in developing practical action plans.

**Reference Documents:**
1. Executive Summary of Concurrent Evaluation of Adolescence Education Programme
2. Recommendations: National Seminar on Findings from the Concurrent Evaluation of Adolescence Education Programme
3. Case study/documentation of successful community engagement initiatives, for example, Doosra Dashak, Nirantar’s Sahajini curriculum
Terms of Reference for Group Work-5

Objective: To Develop Action Plans for Improved Health and Well Being of Young People in Different Settings

Group Task: Advocacy for policy development and programme implementation to address concerns of young people through collaborations among various constituencies (Government Departments, CBOs, NGOs)

Note: The action plan should focus on suggesting specific approaches for co-ordination for reaching vulnerable sub-groups, including the tribal, Muslim minority and urban poor

Based on an understanding of the guiding principles and content of Adolescence Education, the group should:

- Map the opportunities for collaborations among various constituencies, for the purpose of cross-sectoral integration of adolescent concerns in relevant policies and programmes
- Identify key policy and advocacy challenges in forging collaborations between various constituencies, for inter-sectoral integration of adolescent health concerns and recommend approaches to address them

For example lack of coordination between Government departments of Health, Education, Youth, Women & Child Development, Labour etc, with one another and lack of linkages with CBOs and NGOs, partly due to vast and scattered nature of the work in the field; lack of vision regarding importance and benefits of cross-sectoral work.

Potential ways of addressing these challenges could be:

- Evidence-based, target-audience specific advocacy efforts with different constituencies at multiple levels (village, district, state and national),
- Delineation of audience specific strategies that specify the roles of different participants will be valuable

Please note that sharing of real examples; experiences will be most useful in developing practical action plans.

Reference Documents

1. Executive Summary of Concurrent Evaluation of Adolescence Education Programme
2. Case study of the Udaan project- initiative of Dept.of Health and Family Welfare, Government of Uttarakhand
## Annexure 3: List of Participants

### Expert Group Consultation on Adolescent Education Programme

**4th and 5th October 2012, Hotel Claridges, Aurangzeb Road, New Delhi**

<table>
<thead>
<tr>
<th>Government</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr. Veera Gupta</strong>&lt;br&gt;Secretary&lt;br&gt;Central Board of Secondary Education&lt;br&gt;2, Community Centre, Preet Vihar&lt;br&gt;Delhi - 110092&lt;br&gt;Tel: +91 11 22549627, 22549628&lt;br&gt;Email: <a href="mailto:veeragupta.cbse@gmail.com">veeragupta.cbse@gmail.com</a></td>
<td><strong>Mr. Rajnikanth Dasi</strong>&lt;br&gt;B-15, Sector-62 (Institutional Area)&lt;br&gt;Noida - 301301&lt;br&gt;Uttar Pradesh&lt;br&gt;Cell: +91 9873554156&lt;br&gt;Email: <a href="mailto:dasir2003@rediffmail.com">dasir2003@rediffmail.com</a>&lt;br&gt;Email: <a href="mailto:rajanikanth.dasi@gmail.com">rajanikanth.dasi@gmail.com</a></td>
</tr>
<tr>
<td><strong>Ms. Kaneez Fathima</strong>&lt;br&gt;Deputy Commissioner (Acad.) - AEP&lt;br&gt;Navodaya Vidyalaya Samiti (NVS)&lt;br&gt;B-15, Institutional Area, Sector-62&lt;br&gt;Noida – 201307&lt;br&gt;Uttar Pradesh&lt;br&gt;Tel: +91 120 2405195&lt;br&gt;Email: <a href="mailto:kaneanzfatima070@rediffmail.com">kaneanzfatima070@rediffmail.com</a></td>
<td><strong>Mr. Puran Chand</strong>&lt;br&gt;Joint Secretary, COBSE&lt;br&gt;Council of Boards of School Education&lt;br&gt;6H, Bigjos Tower, Netaji Subhash Place&lt;br&gt;Ring Road, Delhi - 110034&lt;br&gt;Tel: +91 11 27353351, 27351264&lt;br&gt;Cell: +91 9810720088&lt;br&gt;Email: <a href="mailto:cobse@sify.com">cobse@sify.com</a>; <a href="mailto:p1942chand@sify.com">p1942chand@sify.com</a></td>
</tr>
<tr>
<td><strong>Mr. Sudhanshu Patra</strong>&lt;br&gt;Consultant UNFPA&lt;br&gt;Kendriya Vidyalaya Sangathan&lt;br&gt;18, Institutional Area,&lt;br&gt;Shaheed Jeet Singh Marg&lt;br&gt;New Delhi - 110 002&lt;br&gt;Cell: +91 9868486547&lt;br&gt;Email: <a href="mailto:psudhanshu@gmail.com">psudhanshu@gmail.com</a></td>
<td><strong>Mr. S. Ajay Kumar</strong>&lt;br&gt;Principal&lt;br&gt;Kendriya Vidyalaya No 3,&lt;br&gt;Ring Road, Naraina, Delhi Cantt.&lt;br&gt;New Delhi-110010&lt;br&gt;Tel: +91 11 25693499&lt;br&gt;Email: <a href="mailto:kv3dc@rediffmail.com">kv3dc@rediffmail.com</a></td>
</tr>
<tr>
<td><strong>Mr. Harish Meena</strong>&lt;br&gt;National Council of Education Research &amp; Training (Deprt. of Educational Psychology and Foundations of Education)&lt;br&gt;Sri Aurobindo Marg, Hauz Khas&lt;br&gt;New Delhi - 110016&lt;br&gt;Tel: +91 26964083&lt;br&gt;Cell: +91 9212439214&lt;br&gt;Email:<a href="mailto:harishncert@gmail.com">harishncert@gmail.com</a></td>
<td><strong>Mr. Bijaya Malik</strong>&lt;br&gt;National Council of Education Research &amp; Training (Deprt. of Educational Psychology and Foundations of Education)&lt;br&gt;Sri Aurobindo Marg, Hauz Khas&lt;br&gt;New Delhi - 110016&lt;br&gt;Cell: +91 9013454202&lt;br&gt;Email: <a href="mailto:bijayancert@gmail.com">bijayancert@gmail.com</a></td>
</tr>
<tr>
<td><strong>Mr. Hasan Waris</strong>&lt;br&gt;Director, SCERT&lt;br&gt;Near Mahindru Post Office&lt;br&gt;Patna-800 006, Bihar&lt;br&gt;Tel: +91 612 2370783 (O)&lt;br&gt;Cell: +91 9431004275&lt;br&gt;Email: <a href="mailto:scertbihar@sify.com">scertbihar@sify.com</a></td>
<td><strong>Mrs. Asano Sekhose</strong>&lt;br&gt;Chairman&lt;br&gt;Post Box No. 613&lt;br&gt;NBSE, Bayavü Hill&lt;br&gt;Kohima, Nagaland-797001&lt;br&gt;Tel: +91 370 2260201&lt;br&gt;Cell: +91 9436001091&lt;br&gt;Email: <a href="mailto:nagaboard@gmail.com">nagaboard@gmail.com</a></td>
</tr>
</tbody>
</table>
Mr. V. Balamurugan  
Joint Director  
Directorate of Teacher Education,  
Research and Training, College Road,  
Chennai – 600006  
Tel: +91 44 28278742, 26475959  Cell: 7373003994  
Fax: +91 44 28211392  
Email: dt tert@tn.nic.in, avmuruganjd@rediffmail.com

Dr. Sanjay Chakane  
Principal ASC College  
Indapur University of Pune  
District Pune, Maharashtra  
Cell: +91 9890171857  
Email: schakane@gmail.com

Prof. K.B. Rath  
Principal  
Regional Institute of Education  
Sachivalaya Marg, Unit-9,  
Bhubaneswar-751002  
Tel: +91 674 2541409  
Fax: +91 674 2541409  
Cell: 09937392814  
Email: rieajmer@yahoo.com

Mr. Ashwini Mishra  
District Programme Coordinator  
Sarba Sikshya Abhiyan (School and Mass Education Department)  
District Project Office, Sarva Sikshya Abhiyan  
Chatrapur, Ganjam (Near Bus Stand)  
Ganjam - 761110, Odisha  
Cell: +91 9437150257  
Email: mishra.ashwini@gmail.com

Mr. Shashank Sahu  
Senior Education Consultant  
SC/ST Development Department, OMTES  
Government of Odisha, Bhubaneswar  
Odisha - 751001  
Cell: +91 9437091412  
Email: sasanka.sahu4@gmail.com

Mr P S Rana  
Assistant Commissioner  
Navodaya Vidyalaya Samiti  
Regional Office  
Boring Road  
Opp A N College  
Patna - 800013  
Cell: +91 9471000827  
Email: p_srana@yahoo.co.in  
Email: nvspatna.acad@gmail.com

Mr. Naga Bhaskar  
PGT(Bio)  
JNV Alirajpur  
Alirajpur(Jhabua)Dt  
Madhya Pradesh - 457 887  
Cell: +91 9893794875  
Email: jaichanderbhaskar@rediffmail.com

Mrs. Rajeshwari Sawant  
Principal  
Gwalior Glory High School  
Shivpuri Link Road, Gwalior  
Tel: +91 751 2436101, 2436201  
Cell: +91 9826243156  
Email: gwaliorglory@rediffmail.com  
Email: rajeshwarisawant@yahoo.com

Dr. S.S. Das  
Ministry of Health and Family Welfare  
Government of India  
Nirman Bhawan, Maulana Azad Road  
New Delhi
### UN Agencies

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Agency</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sudha Balakrishnan</td>
<td>HIV/AIDS Specialist</td>
<td>UNICEF</td>
<td>73, Lodi Estate, New Delhi-110 003, Tel: +91 11 24690401, Cell: +91 98189 55222, Email: <a href="mailto:sbalakrishnan@unicef.org">sbalakrishnan@unicef.org</a></td>
</tr>
<tr>
<td>Dr. Shankar Chowdhury</td>
<td>National Programme Officer</td>
<td>UNESCO</td>
<td>B 5/29, Safdarjung Enclave, New Delhi – 110029, Tel: 26713000, 26711871, Email: <a href="mailto:s.chowdhury@unesco.org">s.chowdhury@unesco.org</a></td>
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<tbody>
<tr>
<td>Ms. Ivonne Camaroni</td>
<td>National Programme Officer</td>
<td>UNESCO</td>
<td>73, Lodi Estate, New Delhi – 110003, Tel: +91 11 24690401, Email: <a href="mailto:icamaroni@unicef.org">icamaroni@unicef.org</a></td>
</tr>
<tr>
<td>Ms. Geeta Sharma</td>
<td>Expert in HIV/AIDS section</td>
<td>UNICEF</td>
<td>73, Lodi Estate, New Delhi – 110003, Tel: +91 11 24690401</td>
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### Development Partners

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<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Mr. Robert Zimmerman</td>
<td>Second Secretary</td>
<td>Embassy of the Kingdom of The Netherlands</td>
<td>6/50F Shantipath, Chanakyapuri, New Delhi, Tel: +91 11 24197616, 24197609, Fax: +91 11 24197710, Email: <a href="mailto:nde-ppc@minbuza.nl">nde-ppc@minbuza.nl</a></td>
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### Independent Consultants

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<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Ms. Rekha Masilamani</td>
<td>Advisor Policy</td>
<td>Ipas India</td>
<td>P.O. Box 8862, E-63, Vasant Marg, Vasant Vihar, New Delhi - 110057, Tel: +91 11 46068827, Cell: +91 9313625544, Email: <a href="mailto:gandhim@ipas.org">gandhim@ipas.org</a></td>
</tr>
<tr>
<td>Ms. Vasanta</td>
<td>Cell</td>
<td></td>
<td>Cell: +91 9871519080, Email: <a href="mailto:vasantal@gmail.com">vasantal@gmail.com</a></td>
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<th>Name</th>
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<tbody>
<tr>
<td>Ms. Medha Gandhi</td>
<td>Advisor Policy</td>
<td>Ipas India</td>
<td>P.O. Box 8862, E-63, Vasant Marg, Vasant Vihar, New Delhi - 110057, Tel: +91 11 46068827, Cell: +91 9313625544, Email: <a href="mailto:gandhim@ipas.org">gandhim@ipas.org</a></td>
</tr>
<tr>
<td>Ms. Mridula Seth</td>
<td>Cell</td>
<td></td>
<td>Cell: +91 9811158447, Email: <a href="mailto:sethmridula@yahoo.co.in">sethmridula@yahoo.co.in</a></td>
</tr>
</tbody>
</table>
Ms. Shveta Kalyanwala  
98, Nilgiri Apartments, 
Opp. St. George's School 
Alakhnanda, Kalkaji 
New Delhi - 110019  
Cell: +91 9871202510  
Email: shvetakalyanwala58@gmail.com

Ms. Amrita Dey  
Research Scholar, Dept. of Sociology 
Jadavpur University  
Kolkata.  
Email: amrita6.dey@gmail.com

Dr. J. L. Pandey  
58, Binsar Apartments 
Abhayakhand - IV, Indirapuram 
Ghaziabad - 201 010  
Cell: +91 9910060357  
Email: jpande2001@gmail.com

Civil Society

Ms. Gracy Andrew  
Sangath  
841/1 Behind Electricity Dept 
Alto-Porvorim, Bardez  
Goa 403521  
Tel: +91 832  2414916  
Cell: +91 9890677500  
Email: gracayandrew@gmail.com  
Email: contactus@sangath.com

Mr. Abhijeet Yadav  
Dhriiti 
New Delhi  
Cell: 9899188952  
Email: abhijeet.yadav@dhriiti.org

Ms. Sunaina Walia  
Technical Expert - RH 
International Center for Research on Women (ICRW),  
C – 139 Defence Colony 
New Delhi – 110024  
Tel: +91 11  24654216  
Email: swalia@icrw.org

Ms. Anu Arvind Gupta  
Eklavya 
E33, Saket Nagar, Dewas  
Madhya Pradesh  
Tel: +91 7272  256003  
Cell: +91 9406661177  
Email: anuarvindbali@gmail.com

Ms. Dipa Nag Chowdhury  
MacArthur Foundation India  
India Habitat Centre 
Zone VA, First Floor 
Lodhi Road  
New Delhi 110 003  
Tel: +91 11  24644006, 24611324  
Fax: +91 11 24644007  
Email: dnagchowdhury@macfound.org  
Email: indiaoffice@macfound.org

Ms. Ashraf Patel  
The Communitiy  
C/O Youth Collective  
First Floor, 11/8, Nehru Enclave East 
Kalkaji, New Delhi - 110017  
Cell: 9818320503  
Email: ash.pravah@gmail.com
<table>
<thead>
<tr>
<th><strong>University/Institutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Shashi Prabha</td>
</tr>
<tr>
<td>Assistant Professor</td>
</tr>
<tr>
<td>Women's Training College,</td>
</tr>
<tr>
<td>Patna - 800001</td>
</tr>
<tr>
<td>Cell: +91 9431826696</td>
</tr>
<tr>
<td>Email: <a href="mailto:shashiwtc@gmail.com">shashiwtc@gmail.com</a></td>
</tr>
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<thead>
<tr>
<th><strong>Research Agencies</strong></th>
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<tbody>
<tr>
<td>Mr. Sunish R</td>
</tr>
<tr>
<td>Manager</td>
</tr>
<tr>
<td>Deloitte Touche Tohmatsu India Pvt. Ltd.</td>
</tr>
<tr>
<td>Deloitte Centre, Anchorage II, #100/2</td>
</tr>
<tr>
<td>Richmond Road, Bangalore</td>
</tr>
<tr>
<td>Karnataka, 560025, India</td>
</tr>
<tr>
<td>Tel: +91 80 66276073</td>
</tr>
<tr>
<td>Fax: +91 80 66276412</td>
</tr>
<tr>
<td>Mobile: +91 9342237911</td>
</tr>
<tr>
<td>Email: <a href="mailto:sunishr@deloitte.com">sunishr@deloitte.com</a></td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Ms. Purna</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PRAVAH</td>
</tr>
<tr>
<td>C-24 B, Second Floor, Kalkaji</td>
</tr>
<tr>
<td>New Delhi 110019</td>
</tr>
<tr>
<td>Tel. +91 11 26440619, 26213918/9711891717</td>
</tr>
<tr>
<td>Email: <a href="mailto:purna.pravah@gmail.com">purna.pravah@gmail.com</a></td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Ms. Vinita Nathani</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Centre for Development and Population Activities (CEDPA)</td>
</tr>
<tr>
<td>C-1 Hauz Khas</td>
</tr>
<tr>
<td>New Delhi – 110016</td>
</tr>
<tr>
<td>Tel: +91 11 47488888</td>
</tr>
<tr>
<td>Fax: +91 11 47488899</td>
</tr>
<tr>
<td>Email: <a href="mailto:vnathani@cedpaimdia.org">vnathani@cedpaimdia.org</a></td>
</tr>
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<tr>
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<tr>
<td>Tel. +91 11 26440619, 26213918/9711891717</td>
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<td>C-1 Hauz Khas</td>
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