



September 2006

## Improving Adolescent Lives through an Integrated Program

### The DISHA Program in Bihar and Jharkhand, India

#### The Issue

Improving youth reproductive health and development outcomes must go beyond providing health services. To be effective, programs must address key adolescent transitional life experiences – schooling, relationships, friendships, work and marriage – that present the possibility for positive or negative experiences, practices and choices. For this reason, approaches aimed at improving only one aspect of youth's lives are unlikely to have lasting impact on the overall well-being of young people. Further, in societies with strong age- and gender-based hierarchies, the needs, actions and options of youth are embedded and constrained by health, family, social, economic and cultural systems. In such settings, a holistic perspective and program approach are needed to improve the health and well-being of young people, particularly in impoverished communities.

#### Integrated Program Approach

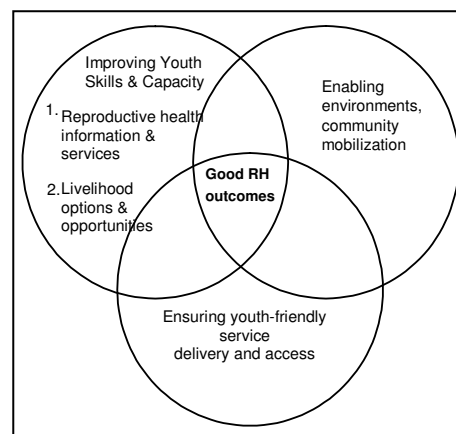
The International Center for Research on Women (ICRW) is implementing the Development Initiative on Supporting Healthy Adolescents (DISHA) with six partners in the states of Bihar and Jharkhand, India, which are characterized by high fertility rates and poor reproductive health outcomes. The goal is to improve the reproductive health and well-being of young people in these states through a multi-sectoral and integrated approach that addresses youth reproductive health and the socio-cultural and economic factors that influence it. DISHA is funded by the David and Lucile Packard Foundation.

ICRW and its partners are in the program implementation phase of DISHA and plan to reach 12,200 youth. Informed by ICRW research and program design, local partners are implementing interventions that are designed around three overlapping areas of the project's integrated framework:

- Improve youth skills and capacity in reproductive health and livelihood opportunities;
- Ensure the provision of youth-friendly health services; and
- Mobilize the community to support young people's access to reproductive health information and services.

Each partner is tailoring aspects of the integrated approach to adapt to local needs and contexts.

Integrated Program Design Framework



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**DISHA Bihar partners:**

*CENCORED* is working in 35 villages in Muzzafapur district, targeting married and unmarried boys and girls ages 14-24 (n=1,200).  
*Daudnagar Organization for Rural Development (DORD)* is working in 20 villages in Aurangabad district, targeting married and unmarried boys and girls ages 14-24 who are in and out of school (n=2,000).  
*Integrated Development Foundation (IDF)* is working in 18 villages in Patna district, targeting married and unmarried boys and girls ages 14-24 (n=2,000).

**Jharkhand Partners:**

*Alternative for India Development (AID)* is working in 45 villages in Singhbhum district, targeting married and unmarried boys and girls who are in and out of school (n=3,000).  
*Badlao Foundation* is working in 30 villages in Jamtara and Dumka district, targeting married unmarried boys and girls ages 14-24 (n=2,000).  
*Tribal Culture Society (TCS)* is working in Saraikela-Kharaswan district, targeting married and unmarried boys and girls ages 14-24 (n=2,000).

**Implementing the Integrated Approach****1. Improve youth skills and capacity in reproductive health and livelihood opportunities.*****Increase youth access to reproductive health information and services***

A key aspect of the DISHA initiative is developing a cadre of youth who are aware of reproductive health issues and will, in turn, impart this knowledge to their peers. As a primary strategy, DISHA trained a subset of youth as peer educators who act as the primary providers of information on reproductive health issues to youth.

All six partners have trained more than 546 peer educators to date. Training was consistent across partners and content included:

- Physiological changes and aspects of adolescence;
- Fertility and conception;
- Safe motherhood;
- Contraception;
- Reproductive tract infections and sexually transmitted infections;
- HIV and AIDS;
- Gender; and
- Myths and misconceptions on each of these issues.

Peer educators are central to implementing the youth skills component because they are the first point of contact between the partners and the target youth populations. Partners adopted a range of strategies to improve the reach of the peer training sessions, tailoring content for each of the target audiences: unmarried youth; newly married couples; and couples with children.

As a secondary strategy, partners formed youth groups as a platform for wider dissemination of health information and counseling. Tribal Culture Society (TCS) and Badlao Foundation established youth resource centers. TCS established these centers in 18 project villages, reaching 790 youth and holding more than 200 meetings between January 2006 and March 2006. Other partners also reported reaching significant numbers of boys and girls via group meetings, peer educators and a variety of other methods. Daudnagar Organization for Rural Development (DORD) reached 199 boys and 196 girls between April and June 2006; Badlao reached 2,400

youth; and Alternative for India Development (AID) reached 1,902 adolescents and 20 school children.

Peer educators remain an asset for partners even after the completion of DISHA. For example, AID uses these young men and women as pressure groups for change in their communities on issues beyond reproductive health, including water conservation, forest resources, education and employment. In this way, the DISHA initiative helped create a group of empowered citizens who remain active in their community.

### ***Provide livelihood options and opportunities for youth***

DISHA also develops livelihood options, which provide youth – particularly girls – with an alternative to early marriage and childbearing. Our approach to livelihoods interventions is aimed at providing viable, income-generating activities. In conceptualizing livelihood options, partners adopted a market-oriented approach that emphasized group-based enterprise development. Partners also designed a project-wide livelihood strategies framework where each partner selected the most suitable intervention based on local skills and context to develop production and entrepreneurial skills among a targeted subset of youth.

Some partners, particularly TCS, had substantial experience in developing livelihood options and helped to define the criteria for selected interventions. These criteria focused on sustainability, market environment, supply chain, market access, packaging, marketing and building a buyer base. In conjunction, ICRW developed a booklet for partners that compiled information on government livelihood schemes, the purpose and benefits of the various schemes, and how to access them. Some examples of partner interventions include:

- TCS teaches women to make and sell candles;
- CENCORED, AID and TCS promote continuing education;
- DORD and TCS offer training in making and selling handicrafts;
- CENCORED makes and markets compost;
- CENCORED produces *papad* (lentil wafers); and
- TCS, AID and Badlao develop mechanisms for savings and credit.

An exciting aspect of the DISHA livelihoods initiative is the development of a common product line combining the outputs from individual projects implemented by partners. This product line combines woven textiles from Badlao, tailoring at DORD, appliqué at IDF, and packaging and marketing by CENCORED and TCS. In combination with ICRW, partners are exploring options for financing and government assistance and plan an initial product release in December 2006.

## **2. Ensure the provision of youth-friendly health services.**

DISHA's integrated approach also improves the availability and accessibility of reproductive health services to married and unmarried boys and girls. This component involves two elements: (1) training a cadre of youth as depot holders (contraceptive providers) and (2) training select health providers from the community to provide youth-friendly health services.

### ***Youth as Depot Holders***

In collaboration with two organizations that are experienced in the distribution of contraceptives – Janini (DKT International) in Bihar and Population Services International (PSI) in Jharkhand – partners are training their brightest peer educators to provide contraceptives and information on contraceptives to other adolescents in their communities. To date, DORD and Badlao have

trained 42 peer educators as depot holders, information counselors and primary referral points. Between January 2006 and March 2006, these peer educators counseled 98 female and 48 male adolescents for testing, treatment and referral to other health information services.

### ***Youth Friendly Services***

To strengthen the skills of the community's existing health providers and better meet the health needs of youth, specific providers were selected for additional training on youth reproductive health issues. These providers included registered medical practitioners, *aangan wadi* workers (local health volunteers) and auxiliary nurse midwives. To date, AID has held meetings with more than 65 health services providers in their respective villages. TCS has established mobile health clinics that also provide reproductive health services, treating 657 patients between April 2006 and June 2006. Referral mechanisms are being established between peer educators, depot holders and trained health service providers so they can better meet the reproductive health needs of young men and women in their communities.

### **3. Mobilizing the community to support young people's access to reproductive health information and services.**

Another key feature of DISHA's integrated approach is to understand and address the fact that youth behavior and options reflect their socio-cultural and economic context. As a result, interventions aim to transform the local context in ways that enhance the reproductive health and life options of young people. Following an initial baseline assessment of community needs, each partner participated in a range of community-based events introducing DISHA and its objectives. The initial activities focused on developing rapport with the broader community, specifically focusing on youth, and establishing alliances with critical stakeholders. These activities included talking with parents, inviting village elders to observe meetings, distributing visual aids to youth after meetings and incorporating a variety of learning tools into the peer education sessions. Between April 2006 and June 2006, meetings were held with more than 1,600 stakeholders across the six partners to establish community support for the project. Partners now are undertaking mass communication activities – street plays, wall writings, fairs, rallies, mobile health clinics and sport events – to sensitize and orient the community to issues such as early marriage and its effects, contraception and youth reproductive health needs.

<p>To engage adults in the youth-focused initiative, partners held community meetings and shared the results of the baseline and needs assessment activities, which was particularly powerful in garnering adult support for youth reproductive health and related concerns. This engagement of key adults yielded increased support for the proposed interventions.</p>
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### **Future Prospects**

By implementing DISHA's integrated approach, ICRW and its partners are keen to put in place a number of mechanisms to ensure that the project's activities are sustained beyond the project lifecycle. The integrated approach focuses on three key groups that determine youth well-being: (1) young men and women; (2) key adults in their lives, such as parents; and (3) select health service providers. The activities with youth and adults seek to build the capacities of young people, generate adult support for youth concerns and foster meaningful youth-adult partnerships.

Second, ICRW is working intensively to build the capacity of local partners to address the holistic needs of young people in their catchment communities so that they build on existing social capital, knowledge, networks, and commitment. Capacity-building efforts focus on providing an

orientation to the needs of young people, developing and implementing integrated programs, establishing program management and monitoring systems to ensure the quality and outreach of programs, and fundraising to sustain integrated programming.

Finally, ICRW promotes broader reproductive health goals and the need for integrated programming through partnerships and networks. ICRW and its partners advocate for programs and funding from government to sustain these integrated programs. ICRW also cites DISHA's experience of improving youth health and well-being, particularly early marriage and early childbearing, at various local, regional, national and international forums.

**Related Resources:**

ICRW (2004). *Development Initiative on Supporting Healthy Adolescents (DISHA): Information Bulletin*. Washington, D.C.: ICRW.

ICRW (2005). *DISHA Baseline Quantitative Report: Selected Data from Project Sites, September 2005*. Washington, D.C.: ICRW.

ICRW (2006). *Young Lives in Bihar and Jharkhand, India: Insights from the DISHA Baseline Survey*. Washington, D.C.: ICRW.

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