10to19
DASRA ADOLESCENTS COLLABORATIVE

10to19: Dasra Adolescents Collaborative – In partnership with National Health Mission, Assam

Learnings and progress from implementation over 2018-2021

In collaboration with our Implementing Partner: **Child in Need Institute**

Objective of this document

The National Health Mission (NHM) of Assam and 10to19: Dasra Adolescents Collaborative (10to19) have been working in partnership since 2018 to improve adolescent health and wellbeing. Child In Need Institute (CINI), the implementation partner in Assam, has worked with the Government in these efforts. This document summarises the key learnings from their collaborative efforts, and tables recommendations for the state's health department on scaling some of the learnings and progress.

This document is a reflection of learnings from Dasra and its implementing partners as a part of the 10to19 Collaborative, based on the experience of implementing on ground in Assam. It is key to note that the learnings shared here have not been statistically validated or backed by extensive research – but are rather early outcomes and good practices that have emerged from the programme implementation, self-evaluated by the 10to19 partners themselves.

Introduction to 10to19's work in Assam

Over the last two years, 10to19 - through its implementation partner CINI - has been providing technical and implementation support to district and block officials in Dhubri and Goalpara[1] districts in Assam, on multiple adolescent health and wellbeing initiatives as part of Rashtriya Kishore Swasthya Karkyakram (RKSK).

CINI was selected as key state implementation partners on the basis of their long-standing success with adolescent and child-focused programming to carry-out a multi-year grassroots program, with the first two years (2019-21) focused on field execution. The project's set-up Phase in 2018 was dominated by an extensive data collection exercise to assess the status of adolescents in the target districts and serve as a baseline for the districts in which 10to19 would begin implementation. Following this, implementation on ground began in 2019 as did the work at the state level which involved the following key aspects:

- On-ground implementation in 2 districts (Dhubri, Goalpara[1]) with support provided to district and block administrations on adolescent issues related to health, education, safety and empowerment
- State support to the NHM to trickle up key learnings, provide consultation and technical support as needed.

Though a substantial part of the implementation time in 2020 was compromised by the national lockdown mandated during the spread of COVID-19, 12+ months of full-scale implementation were completed. While this document outlines the key progress across this time, it is also important to acknowledge some of the key difficulties faced in implementing our approach and a few things that didn't work as well. 10to19 placed a significant emphasis on building evidence and thus conducted an extensive baseline study in 2018 before starting implementation. However, as intermediate progress data was collected in 2019, it was noted that our evidence collection plan was not accurately capturing the intangible impact in areas such as agency building, mindset change etc. Further, since our measures of success were mostly articulated in the longer term, it was realised that stronger intermediate short and medium term success indicators should have been defined. Acknowledging these challenges in our approach has been central to the way in which we have designed the way forward for the Collaborative's work

We look forward to this document becoming a useful resource for the NHM and other civil society organizations especially implementors working towards adolescent health and well-being in the state. We also hope to use this working document as the beginning of a dialogue around what works and doesn't work for adolescent health and well-being programming and look forward to getting further input from stakeholders and practitioners.

1. A detailed overview of each district's adolescent health and well-being indicators gathered through primary and secondary research can be found in the Appendix.

As part of on-ground programme implementation, 10to19's efforts were anchored on three change levers - capacity building of human resources, program and process strengthening, and community engagement, with a cross-cutting focus on data-driven learning.

10to19's Mission

Drive collaborative action towards scalable impact to ensure that adolescents are educated, healthy and empowered to make positive life choices

Interventions in partnership with state departments and/ or with on ground implementation partners, to improve adolescent, health, education and wellbeing

Capacity building of human resources

To ensure better last mile delivery of services:

- Co-create and strengthen training content and pedagogy of training of human resources
- Support training delivery and roll out at various levels (from FLWs to block and district officials)

Program and process strengthening

To ensure smooth implementation of programs and services:

- Facilitate regular inter-department interactions, and intra-department convergence where relevant
- Support implementation of adolescent focused programs and service delivery innovations

Community engagement

To increase demand and uptake of services:

- Support implementation of community awareness, trust building and engagement activities
- Facilitate creation of community champions and involvement of community in decision making

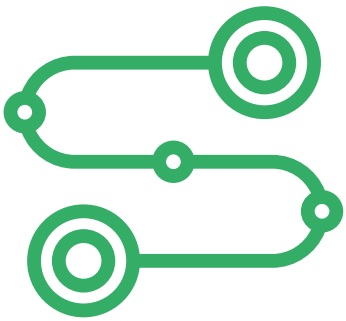
Data-based learning

Facilitate mechanisms to collect timely and actionable data, and create feedback loops at various levels of the administration to ensure evidence based decision making and course correction

An assessment of the status of adolescents in Assam conducted by CINI in 2019 found **low awareness among adolescents about Rashtriya Kishore Swasthya Karyakram (RKSK)** and about important Sexual and Reproductive Health and Rights (SRHR) topics. Their findings indicated that **few had availed the services offered under the program.** In the 4 blocks surveyed (Agia, Chapar, Lakhipur and Raniganj), 1-13 percent adolescents were aware about Adolescent Friendly Health Clinics (AFHCs) and 9-11 percent had attended Village Health and Nutrition Days (VHNDs). It was observed that overall boys had more access to services provided by Accredited Social Health Activists (ASHAs) than girls and also had relatively better knowledge of available services. In the age group of 15-19, girls were more likely to be married and out of school. The efforts of the district administrations and CINI have been to improve the delivery of services under RKSK and also increase community participation and uptake of services.

Early Outcomes

Collaborative initiatives between the districts and CINI have resulted in increased community demand for RKSK services. Moreover, the work has resulted in more coordinated, data driven and effective program management and delivery of the RKSK programs. Over 50 Adolescent Health Days (AHDs) and Village Health and Nutrition Days have been organised and close to 100 safe spaces have been identified at the village level for adolescent focussed activities to be conducted.



Way Forward:

10to19 and its partners remain committed to work for adolescent health and wellbeing in Assam and will continue to further the impact of their collective work in close collaboration with the state government. A key aspect of 10to19's implementation approach going forward will be to:

- Innovate, demonstrate, codify and amplify key programme efforts or 'components' of government schemes into easy-to-adopt forms for the wider sector like effective implementation of Adolescent Health Days (AHDs) or improving adolescent participation in the School Health and Wellness Program (SHWP).
- Focus our work on adolescent-centric design and adolescent and community-led insights
- Take input from and encourage collaboration between multiple CSOs, technical experts, government bodies, funders, private players and others
- Ensure learnings from Assam are amplified to the Central level and in other states for replicability

As part of this refreshed approach, 10to19 in partnership with CINI will continue supporting the design and roll-out of innovations in Adolescent Health and Wellness Days (AHWD) component of RKSK and community-level service delivery of adolescent health services. Within this, a particular focus will be built on integrating the youth perspective and increasing adolescent participation within RKSK. CINI will be working to support the AHWD roll out in the 2 districts of Dhubri and Goalpara. Going forward, 10to19 will identify more such components from within existing government programmes and work with the local and state administrations to innovate in their design and implementation.

10to19 looks forward to a nurturing a strong and long-term partnership with the people and government of Assam to prioritize adolescent health and wellbeing.

Key Learnings and Recommendations

Key learnings from 10to19's collaborative efforts are relevant to NHM's operations across the state. These are summarised below based on the activity categories depicted in the exhibit above:

Capacity building of human resources to ensure better last mile delivery of services

Training of frontline staff is a critical component of the RKSK program. It has a high impact on the quality of service delivery, which can improve health seeking behaviour among adolescents. Trainers, especially those delivering programs focused on sensitive topics such as sexual and reproductive health, are more effective after they receive adequate and high quality training. Updating training methods and formats and providing regular refresher training to trainers, results in greater capacity building and a sense of ownership at the trainer level. To enhance its current efforts, the state health department can consider:

1 **Designing training content that is contextual with local needs and experiences.**
Often the lack of relatability makes training materials less interesting and ineffective. Contextualising content with local language and locally relevant examples **strengthens the link between theory and practice** and makes materials more engaging. Such materials **act as effective tools for training** and can **improve meaningful participation and content retention** among participants.

For e.g. Front line workers (FLWs) in Dhubri and Goalpara were re-oriented on health topics relevant to adolescents using simple, real-life example based content, developed by CINI and translated to Assamese. FLWs further used this proprietary content to train Peer Educators (PE) in the field. For the year 2020-21, the Assam NHM requested CINI to conduct this training of FLWs in all 7 districts of the state, creating a cadre of Master Trainers.

2 **Ensure effective follow-up trainings at regular intervals for FLWs on key soft skills such as adolescent engagement.**
FLWs often interact with adolescents and their parents on sensitive topics and must create an environment that allows adolescents to share concerns without the fear of judgement. Conducting refresher trainings regularly on critical soft skills like engaging adolescents in groups, guiding discussions on sensitive topics and providing necessary medical care gives FLWs an opportunity to **refresh their content knowledge, clarify questions and strengthen their facilitation skills.** This can enable FLWs to **translate their knowledge to practice and improve the effectiveness of adolescent engagement activities.**

For e.g. FLWs were re-oriented and trained through refresher training on the 6 core modules of the RKSK program and critical soft skills like engaging and building trust with adolescents.

Recommended action for department:

- **Review current RKSK training content, design and frequency. Consider redesigning/ strengthening existing training while planning for training budget and calendar of this year. The department may reach out to CINI to access the training content and design used with FLWs.**

Program and process strengthening to ensure smooth implementation of programs and services

The timely identification and resolution of issues, informed decision making, and optimal budget utilization are important components of effective program management. Strengthening these processes can ensure seamless and consistently high quality delivery of services to adolescents. Some recommendations to consider include:

1 **Creating detailed micro execution plans at district and block level to clearly assign roles, responsibilities and budget for all key activities planned.**

This month-by-month planning helps define milestones and identify key resources requirements. Having this clarity allows the department to **set clear accountability and responsibility,** therefore **implement the program mandate effectively and improve budget utilisation.**

For e.g. RKSK consultants at each block planned monthly activities mandated under RKSK, with guidance from the CINI team. This led to regularisation of program components such as Adolescent Health Days (AHDs), peer led adolescent empowerment etc.

2 **Engaging with panchayat and village level stakeholders to make their yearly development plans more adolescent and child focused.**

Community level development plans are created at a holistic level and may not always take an adolescent focus. Engaging proactively with these stakeholders can make their agenda more adolescent and child friendly, thereby enabling **regularisation of program activities at the community level.**

For e.g. CINI supported Gram Panchayats in strengthening their development plans and making them more adolescent friendly. As a result, VHNDs and well as Village-level Child Protection Committee (VLCPC) meetings were held more regularly, allowing adolescent to discuss their vulnerabilities and identify ways to address them with the community.

3 **Regularising intra department reviews and inter department convergence.**

The multiplicity of departments and stakeholders can pose challenges in managing programs such as RKSK that cut across domains for its implementation. The success of such programs depends heavily on effective and regular communication and collaboration across multiple levels, functions and departments. Interactions between stakeholders, within and across line departments, in 10to19's work has **improved accountability, timely identification and resolution of issues, coordination and decision making.**

For e.g. Monthly district and block level review meetings are being held regularly in the two districts of intervention and accountability reports from these are shared with District and State level NHM heads. This interaction has enabled faster decision making therefore improving budget utilization and appointment of more front line human resources. Additionally, CINI along with RKSK officials, have held ~30 convergence meetings with Panchayati Raj Institutions (PRI) and social welfare departments at the village level since December 2019, to strengthen community level implementation.

4 **Using simple tools/ technology to collect village level data on needs of adolescents, with the help of FLW and PEs.**

Having visibility on prevalent social issues and adolescent vulnerabilities at the village level gives FLWs and PEs **better visibility into the most pressing needs,** enables them to **track and better support at risk adolescents, and make decisions for more effective program management.**

For e.g. FLWs with help from PEs and other members of the community, have created 'social resource maps' to track vulnerable adolescents and resources available at the village level to support them; these maps are used as a resource by FLWs and PEs to follow up on vulnerable cases and ensure greater participation in RKSK activities like peer-led sessions and AHD.

Data-based learning

5 **Identifying and scaling low cost, low effort incremental changes to the service delivery process.** Small but meaningful modifications to program implementation can improve efficiencies from a time and cost perspective and also impact outcomes. Changes such as modification to a step in the process, use of a new tool or an additional checkpoint have been able to significantly **increase adolescent engagement and uptake of services.** Identifying and institutionalising such measures is important for the success of the program.

For e.g. Drop boxes have been set up at adolescent drop-in-centres[2] in the village to allow adolescents to share their concerns with FLWs in a confidential manner. This has enabled them to be vulnerable while maintaining their privacy. Seeing the success of this initiative, this innovation has been included in the 2021-22 NHM Project Implementation Plan for Assam.

Recommended action for department:

- **Review current planning process at district and block level. Consider making implementation plans with participation from relevant stakeholders, defining clear activities and milestones**
- **Examine current intra-department review meetings and inter-department convergence meetings. Consider strengthening regularity and ensuring focused agenda, based on data and evidence.**
- **Encourage FLWs and PEs to collect village level data on vulnerable adolescents to better target activities to their needs. The department may reach out to CINI to know more about the social resource maps created for this purpose.**
- **Identify innovations in program/ service delivery being implemented by officials/ FLWs/ NGOs. Consider scaling viable innovations across the state.**

Community Engagement to increase demand for and uptake of services

RKSK is a community based program and its success depends largely on a sensitised and engaged community. To increase community participation and uptake of services, there is a need to build awareness, trust, and ownership among the target populations. To engage more deeply with the community, the department can consider:

1 **Investing time and resources in sensitizing community towards adolescent needs and involving them in decision making where possible.**
Providing a platform for adolescents and the community to understand the RKSK scheme, engage with the FLWs and RKSK personnel and provide input in decisions that directly impact them, can help build awareness, trust and ownership in the community for adolescent health and wellbeing related issues. A strong buy in from adolescents and the community on activities being conducted can have an impact on their commitment to break away from unequal societal norms and support adolescents in successfully transitioning into adulthood.

For e.g. When introducing RKSK to a new village, community meetings were organised by CINI with attendance from parents, adolescents, FLWs and PRI members to sensitise the community towards adolescent issues such as child marriage, SRHR awareness, substance misuse, school drop-out etc. At the end of the meeting, community members collectively identified a suitable 'safe space'[2] (such as Anganwadi Centres) for peer-led adolescent meetings to be held at the village level which were termed drop-in centres for adolescents.

Recommended action for department:

- **Identify areas where adolescents and community members can be included in the decision making process. Empower block and village level officials to engage with adolescents and community members and involve them in decision making.**

2. These are 'safe spaces' (such as Anganwadi Centres), where adolescents can meet without fear of judgement, identified by the community for adolescent focused activities such as PE led meetings etc.

Deep Dive into 10to19–NHM partnership

The following section describes in detail some of the program initiatives being supported by 10to19's partner CINI, in Assam. The objective is to provide the state department with details on the learnings that have improved the uptake and efficiency of government programs in the districts of Dhubri and Goalpara. We hope that this will act as a starter guide to the state in case of scale-up or expansion plans.

Driving Effective Implementation of RKSK and Stronger Decision Making Through Convergence and Sustained Support

Implementing partner	Child In Need Institute (CINI)	**Implementation districts**	Dhubri, Goalpara
Key stakeholders involved	District NHM Cell, Block NHM Cell		
Key Takeaways	• Detailed and participatory planning at the district and block level, along with regular reporting of data and progress ensures effective accountability and implementation. • Engaging with community level stakeholders such as Gram Panchayats can help regularise program mandates at the community level and create strong buy-in to focus on adolescent health and well-being. • Effective training through activity-based and participatory methods is crucial in enabling front line staff to successfully deliver programs.		
Results	CINI's support to NHM Assam has ranged from state level annual planning, to district level micro-implementation plans and even Gram Panchayat Development Plans. This support in the planning and review process has helped increase clarity on roles and responsibilities and enabled accountability through regular review of data. CINI's support on training of Front Line Workers (FLWs) has demonstrated the impact of engaging content and training on their ability to equip peer educators effectively to engage with adolescents and better deliver programs and services. This work has led to training of 359 FLWs who have further conducted 48 Adolescent Health Days (AHD) and 60 Village Health and Nutrition Days (VHND), and facilitated 471 Peer Educator (PE) sessions since 2018, directly impacting close to 7468 adolescents.		
Implications	These technical support and engagement efforts have helped elevate adolescent health and well-being as a key agenda right from the district to the village level development planning. FLW are better equipped to train PEs, who further engage with adolescents on important topics of SRHR and agency.		

Overview

In 2019, CINI was invited by the NHM, Department of Education and Department of Social Welfare to collaborate as a training partner for the RKSK program in Assam. Through this partnership, CINI has provided support to the NHM in improving training of FLWs and strengthening planning at village level for stronger on-ground implementation of RKSK activities. CINI also engaged with state, district, block and community level functionaries on effective planning and progress review, thereby enabling smooth implementation of RKSK across levels.

Areas of support:

1. Capacity building of frontline health workers to ensure better last mile delivery of services:

1 Collaborating on training design and delivery:

- Recognising that FLWs need on-going support in engaging with PEs and adolescents, CINI supported NHM in re-orienting them on the 6 core modules[3] of RKSK as well as critical soft skills such as convening groups effectively, creating safe spaces for adolescents to share their concerns, and providing relevant health services as needed. These sessions r**efreshed their knowledge** on RKSK activities and **better equipped them to engage on sensitive topics** of adolescent health and well-being.

2 Supporting content development:

- CINI provided supported to the NHM to enhance existing RKSK training modules with real life examples and activity-based inputs to help enhance retention for participants. Collaborating with the NHM, CINI undertook designing of the content and also facilitated printing and distribution of the new material.

- CINI developed and distributed contextualised proprietary material to all RKSK PEs to help improve their understanding of sexual and reproductive health and rights (SRHR) information. CINI's propriety handbook for adolescents on SRHR topics, 'My Body My Rights', has been translated to Assamese, incorporating local nuances and examples to make the content more relevant and relatable.

3. The modules include sexual and reproductive health, nutrition, mental health, injuries and violence including domestic and gender-based violence, substance misuse, and non-communicable diseases

Program and process strengthening to ensure smooth implementation of programs and services:

1 Supporting implementation planning:

- CINI is working closely with Gram Panchayats to create Gram Panchayat Development Plans (GPDP), supporting them to outline activities to be conducted in the year, keeping in mind the needs of adolescents and children in the community. These detailed plans help create **clarity on roles, responsibility and resource needs** for the year. As a result of these efforts, community level platforms such as Village-level Child Protection Committee (VLCPC) meetings and Village Health and Nutrition Days (VHNDs) have been regularised.

2 Enabling data based learning:

- District and block officials are providing training and hand-holding support to FLWs to help them understand their role better and collect and report **regular and accurate on-ground data on aspects of both demand and supply.** Data on community demand is collected using metrics such as attendance for AHDs, while availability of infrastructure and funds disbursement provides insight into the supply side. This data is **regularly reviewed by block and district level officials** and is used to **guide decision making.**

3 Facilitating accountability and convergence mechanisms:

- Monthly review meetings are being conducted at the district and block level with participation from RKSK officials and the CINI team. Accountability reports are created on the basis of these meetings and shared with block, district, and state level NHM officials. The meetings discuss ongoing operations and reviews the data being collected, **creating a strong feedback and accountability loop.** In collaboration with RKSK officials, the CINI team has also helped conduct 30 convergence meetings with panchayat and social welfare officials at the village level.

Use of Participatory Approach to Build Community Ownership of Adolescent Issues and Increase Uptake of Adolescent Health Services like RKSK

Implementing partner	Child In Need Institute (CINI)	Implementation districts	Dhubri, Goalpara
Key stakeholders involved	Front line workers (FLWs), adolescents, parents, teachers, Pachayati Raj Institution (PRI) members, etc.		
Key Takeaways	• Engaging adolescents, parents, and community in sensitization and decision making creates a strong enabling environment to address adolescent focused issues effectively. • Providing adolescents platforms to engage with adults creates a sense of confidence and builds agency in them towards their own development		
Results	CINI's intervention in Dhubri and Goalpara has resulted in increased participation from adolescents in youth-initiatives (like menstrual hygiene month, international youth day, adolescent health days etc.), and increasing agency to speak up. Close to 800 adolescents have participated in youth empowerment campaigns through social media and various competitions organised at the village level. Since the commencement of CINI's field work in 2019, 101 adolescent safe spaces have been identified, and appropriately embellished with IEC materials at the village level. The setting up of these adolescent safe spaces, or 'drop-in centres' (DICs) has enabled 125 peer groups, led by 500 peer leaders, and including close to 4918 adolescents to convene through 6539 peer-led sessions over this period.		
Implications	Adolescents in these districts are becoming more engaged in their own development and are gaining confidence and sense of agency through adult-adolescent interactions in platforms like VLCPCs and PRIs. An enabling environment has been created, which will encourage adolescents to demand their own rights in the future, even after the intervention is over.		

Overview

CINI supported two districts in Assam to drive village level demand for services using a participatory and prevention-led approach. CINI's focuses on strengthening existing systems by making them more functional and by involving primary duty bearers (such as parents, service providers and local governance bodies) in decision making on adolescent health and wellbeing.

Areas of support:

Community engagement to ensure better last mile delivery of services:

1 Support implementation of community engagement/ empowerment activities:

- To orient the community to the RKSK program, CINI helped organise village level community sensitisation meetings which saw attendance adolescents, parents, health workers, and PRI members. These were also an opportunity to collectively identify a 'safe space' for adolescents to convene, which in most cases ended up being the pre-existing Anganwadi Centres (to be used after their usual operating hours). These spaces have been termed as 'drop-in centres' (DICs). These meetings **played a key role in creating community buy-in, which in turn helped manage concerns and backlash that is expected when adolescents are engaged on sensitive topics** such as sexual and reproductive health and rights.
- In an attempt to overcome hesitation among adolescents to discuss sensitive issues and open up about their concerns, drop boxes have been set up at the DICs that **allow adolescents to share their vulnerabilities** with the FLWs through written notes, and get referred to the relevant services. This innovation has been highly appreciated by the state and was included in the Project Implementation Plan for 2020-21.
- Adolescents in the community have been engaged to prepare and create engaging IEC materials for the DICs. These spaces have been identified as a 'safe space', where adolescents can discuss their concerns and vulnerabilities without fear of judgement, and engage with their peers on topics of relevance and high interest.
- Community level platforms such as VLPCs have been strengthened through regular engagement and convening. These adult-adolescent interactions help create a sense of agency and confidence in adolescents and gives them an opportunity to be involved in their own development. Over the course of the intervention period, 50 such interactions have been set up.

2 Enabling data based learning:

- FLWs and PEs came together in the two select districts with the support of CINI to create 'Social Resource Maps' as an assessment and tracking tool for adolescent vulnerabilities and social issues in the village. Through a colour coding system, the maps mark homes of all adolescents in the village, calling out specific vulnerabilities (risk of child marriage, child labour, school dropout etc.) and identifying all resources available in the village for their support (panchayat office, Anganwadi Centre, schools etc.). These maps are **used by PEs and FLWs to follow up on vulnerable cases and ensure at-risk adolescents participate in RKSK activities on priority.**

If you would like to know more about the interventions described in this document or have any questions, please reach out to the 10to19 Collaborative through any of the following channels:

Website: www.10to19community.in Email: 10to19community@dasra.org

Appendix

District Profiles: Overview

The National Health Mission (NHM) of Assam and 10to19: Dasra Adolescents Collaborative (10to19) have been partnering since 2019 to improve adolescent health and wellbeing in the districts of Dhubri and Goalpara. The following document gives a snapshot of the demographics and key health, education and child protection related indicators for the district.

At the start of its work in Assam, the collaborative conducted a baseline among girls and boys from the age group of 10 to 21. The study was conducted in two blocks – Raniganj of Dhubri district and Lakhipur of Goalpara district. The survey targeted 3,600 adolescents between the ages of 10 to 19, both male and female, in-school and out-of-school, and married and unmarried.

Health indicators, 10to19 Baseline survey Assam, 2019
M – Male; F – Female

Indicator	10 – 14 years		15 – 19 years	
	Lakhipur	Raniganj	Lakhipur	Raniganj
Heard about ASHA (%)	M – 47.2 F – 34.5	M – 53.9 F – 31.5	M – 34.6 F – 84.2	M – 65.1 F – 77.7
Availed ASHA's services on general health and hygiene (%)	M – 94.0 F – 67.3	M – 44.1 F – 66.7	M – 81.1 F – 97.8	M – 63.2 F – 90.9
Heard about RKSK (%)	M – 10.5 F – 7.7	M – 0.6 F – 1.4	M – 27.1 F – 10.2	M – 5.5 F – 4.2
Heard about AFHC (%)	M – 0.7 F – 0	M – 11.5 F – 13.8	M – 5.6 F – 0	M – 11.6 F – 9.1
Number of respondents	M – 142 F – 142	M – 154 F – 143	M – 107 F – 108	M – 146 F – 142

Dipstick Survey on Status of Program

A rapid assessment was conducted amongst 200 program participants in the districts of Dhubri and Goalpara by 10to19 as part of the project assessment and evidence creation efforts in Jan 2021. While the study is yet to be published, early findings collected from the survey show:

Of adolescent respondents were aware of RKSK

Of these respondent adolescents attended RKSK sessions regularly

Of respondents received some type of health related information from an ASHA

District Profile: Dhubri

Dhubri is one of the 33 districts in Assam and is further divided into 12 administrative blocks. As of Census 2011, the district had a total population of 19,49,258 which is 6.2% of the total population of Assam. The district had a sex ratio of 953 females per 1000 males, and a literacy rate of 58%.

Details of the district's adolescent population (Census, 2011) are given below:

Total adolescents (age group 10-19)	Total adolescents in the age group 10-19 (as a percentage of total district population)	MGirls in the age group of 10-19	Girls in the age group of 10-19 (as a percentage of total adolescents)
4,17,268	21%	1,97,175	47%

Key Indicators

The table below lists key metrics from available government sources on adolescent health and wellbeing in the district:

Key health, education, and child protection indicators, as per government reports				
Theme	Indicator	Dhubri	Assam	India
Health	Women age 20-24 years married before age 18 years (NHFS4, 2015-16)	50%	32%	27%
	Women age 15-19 years who were already mothers or pregnant at the time of the survey (NHFS4, 2015-16)	23%	12%	8%
Education	Enrolment secondary classes (9th and 10th) (UDISE+, 2018-19)	12%	14%	15%
	Enrolment higher secondary classes (11th and 12th) (UDISE+, 2018-19)	4%	6%	10%
Child protection	Reported cases of sexual violence against children in 2019 under POCSO Act (0-18 years)	151	1,779	47,335
	Reported cases of child labour in 2019 (0-18 years)	0	68	770

District Profile: Goalpara

Goalpara is one of the 33 districts in Assam and is further divided into eight administrative blocks. As of Census 2011, the district had a total population of 10,08,183 which is 3.23% of the total population of Assam. The district had a sex ratio of 964 females per 1000 males, and a literacy rate of 67%.

Details of the district's adolescent population (Census, 2011) are given below:

Total adolescents (age group 10-19)	Total adolescents in the age group 10-19 (as a percentage of total district population)	Girls in the age group of 10-19	Girls in the age group of 10-19 (as a percentage of total adolescents)
2,21,156	22%	1,05,223	48%

Key Indicators

The table below lists key metrics from available government sources on adolescent health and wellbeing in the district:

Key health, education, and child protection indicators, as per government reports				
Theme	Indicator	Dhubri	Assam	India
Health	Women age 20-24 years married before age 18 years (NFHS5, 2019-20)	36%	32%	27%
	Women age 15-19 years who were already mothers or pregnant at the time of the survey (NFHS5, 2019-20)	27%	12%	8%
Education	Enrolment secondary classes (9th and 10th) (UDISE+, 2018-19)	14%	14%	15%
	Enrolment higher secondary classes (11th and 12th) (UDISE+, 2018-19)	4%	6%	10%
Child protection	Reported cases of sexual violence against children under POCSO Act (0-18 years) (NCRB 2019)	53	1,779	47,335
	Reported cases of child labour (0-18 years) (NCRB 2019)	0	68	770

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dasra

Empowering India's adolescents has long been one of the most significant of India's development challenges. Despite India being home to more adolescents than any other country, many of them face adverse social and economic challenges that complicate their transition from childhood to adulthood.

Dasra is catalyzing India's strategic philanthropy movement to transform a billion lives with dignity and equity since 1999. The 10to19: Dasra Adolescents Collaborative (DAC) is a high-impact platform that unites funders, technical experts, the government, and social organizations to reach 5 million adolescents, and move the needle on four outcomes key to adolescent empowerment: delaying age at marriage; delaying age of first pregnancy/birth; completing secondary education; and increasing agency.

DAC employs a two-pronged approach to directly reach adolescents through holistic and scalable programs implemented by Aangan Trust, Quest Alliance, Centre for Catalyzing Change and Child in Need Institute to achieve the four key outcomes at the state level in Jharkhand. Simultaneously, DAC is also building a national movement to make adolescents a priority by anchoring a Community of Practice, comprising of adolescent focused non-profits who collaborate on insights and data focused projects, exchange learnings, and work on collective advocacy interventions and solutions.

DAC is supported by Bank of America Merrill Lynch, Children's Investment Fund Foundation, the David & Lucile Packard Foundation, Kiawah Trust, Tata Trusts and USAID, among others.

If you would like to know more about the interventions described in this document or have any questions, please reach out to the 10to19 Collaborative through any of the following channels:

Website: www.10to19community.in
Email: 10to19community@dasra.org

CINI
help the mother
help the child...

Child in Need Institute (CINI) is an Indian non-government organisation founded in 1974 by Dr. Samir Chaudhuri, a paediatrician, with other professionals from different disciplines. Over nearly five decades, CINI has engaged in participatory, convergent, and preventive rights-based programming for children in the areas of health, nutrition, education, and protection. CINI reaches a population of 7 million in Indian states like West Bengal, Jharkhand, Assam and Odisha through direct interventions and in other states through technical assistance, networking and advocacy.

If you would like to know more about CINI's work as described in this document or have any questions, please reach out through any of the following channels:

Website: www.cini-india.org
Email: cini@cinindia.org; ciniresourcecentre@cinindia.org