**Scope of Work for model project in Chhattarpur for demonstrating convergence approach for improving access to information and services for young people**

***Background:*** In 2011, adolescents in the age group of 10 -19 years constituted about 22% of the total population of the state. Though the age at marriage of girls and boys is gradually increasing, data in 2015-16 shows that still about 30% women aged 20 to 24 are getting married before the age of 18 and 40% of men aged 25 to 29 are getting married before the legal age of 21. Early pregnancy is one of the contributory factors for high TFR, MMR and infant mortality rate (IMR) in the state. About 7% of women aged 15-19 are already pregnant or mother as per the data in 2015-16 though it has decreased substantially over the last 10 years.

The education levels are improving in the state among boys as well as girls though wide gender gaps are evident at secondary education level. In year 2011 -12, gross enrolment ratio for children aged 6-13 years was 113 and it was more for girls (116) as compared to boys (111) from the same age group. The gross enrolment ratio for children in age group of 14 -15 years favours boys and it is much higher for boys (80.5) as compared to girls (55.4) from the same age. The data on number of girls per 100 boys shows that about 97 girls are in school against for 100 boys till upper primary level and it decreases drastically to 62 girls for 100 boys at secondary level. The drop outs rates for boys (46%) is higher than girls (43%) at class 8th level but dropout rate is very high for girls (53.7%) than boys (32%) for class 9th and 10th level.

The data on contraception use in 2007-08 indicates very low utilization of contraceptives among women aged 15 to 19 (3.7%) and among women aged 20 to 24 (8%). The low utilization of contraceptives among young women may be due to lack of awareness and access to family planning services to these young women.

The adolescents and young people have varied needs for their overall development and various department implement different programs to cater to some of these needs of adolescents and young people. It is very essential to ensure convergence among various programs and government department to holistically address the needs and ensure empowerment of these adolescents to lead healthy life as well as to ensure optimum utilization of limited resources available with the government departments.

UNFPA decided to implement various projects either through implementing partner or direct technical assistance in 1 -2 priority district of the state during CP-9 and used key indicators related to health and well-being of adolescents to identify priority districts. Based on detail analysis, Chhattarpur has emerged as one priority district in which indicator related to health and well-being of adolescents are lower than the state average and requires intensified work to improve the condition. Chhattarpur will be selected based on the indicators and also implementation of various programs like RKSK, LSE and is also one of the MPV district of the state.

***Objective***: The following would be key objectives of the proposed project and main aim will be to bring in synergies in large scale government programs to holistically address health and well-being of the adolescents and young couples

1. To improve access to information on adolescent health and well-being issues in community and school setting by strengthening RKSK and LSE program.
2. To improve access to quality SRH services on regular basis.
3. To strengthen implementation of BBBP program to address declining child sex ratio and GBV.
4. To establish strong convergence system to cater various needs of adolescents and young people.

***Duration of the project***: The project will be implemented for initially 2 years but can be extended for one more year based on the assessment and needs.

***Coverage***: The project will be implemented in all blocks of Chhattarpur district.

***Key partners:*** The project will work with various government departments like Dept. of Health, WCD, Dept. of education, Skills Mission and NYKS.

***Approach***:

**Child Marriage**

Strengthen community based PE approach

Strengthen school based LSE

Strengthen quality and availability of SRH services

Establish district and block level convergence mechanism

**GBV**

Strengthen implementation of BBBP program activities

***Broad strategies and activities***: The following would be broad strategies and activities to be taken up under the project to demonstrate the convergence model to improve health and well-being of adolescents and young people.

1. ***Strengthen community based PE approach under RKSK***: As the state is initiating mentoring of the Saathiya through NGO trainers in RKSK districts along with ASHA Facilitator on using innovative job aids developed for Saathiya for conducting monthly meetings , the project will demonstrate an effective mentoring model mainly through ASHA Facilitators with little support from NGO trainers. The selected agency will be required to
	1. ***Conduct capacity building programs for the Saathiya mentors***: Training material is already developed by UNFPA for 2 days training and agency is expected to organize the trainings, provide trainers, logistic arrangements for training and participant kit.
	2. ***Regular review meetings***: The agency is expected to provide details on frequency of the review meeting, level at which these meetings would be conducted, who will facilitate them, who all will attend these meetings.
	3. ***Field monitoring visits***: The selected agency staff is expected to monitor quality of the mentoring sessions at block and cluster level, monitor quality of the village level meetings by Saathiya, AHD organize on quarterly basis. The agency is not expected to monitor 100% activities but activities on sample basis. The agency will provide details on frequency of field visits, who will undertake those field visits, what tools will be used for field visits etc.
	4. ***Ensure utilization of Web based MIS for RKSK***: NHM will be launching web based software and mobile application for reporting on RKSK activities. The selected agency will be expected to regularly review use of these platforms for reporting and facilitate its proper utilization at all levels. The agency is expected to provide details on activities they will implement to facilitate the utilization at all levels.
2. ***Strengthen school based LSE***: UNFPA in collaboration with Dept. of Education and RMSA initiated introduction of Life Skills Education program in one block of each of the district in secondary schools during academic year 2017-18 and will be scaled up in all the schools in year 2018-19. The selected agency will be expected to strengthen the implementation of the school based LSE program and also establish strong linkages between school base LSE program and RKSK. The selected agency is expected to
	1. ***Facilitate district level trainings for block trainers by Dept. of education:*** The district level trainers will be trained at Bhopal with support from UNFPA and they will have to organize the trainings at district level using government resources. The agency is expected to provide details on activities they will take up to facilitate the district level trainings. ( eg: preparation of training calendar)
	2. ***Establish strong mentoring system for providing mentoring support to the nodal teachers:*** Dept.of Education will be identifying 3-5 block mentors per block to provide support and guidance to the nodal teachers from the pool of trained teachers. The agency is expected to provide detail activities which they will implement to build capacities of these mentors, support mentors, and address issues of mentors during mentoring visits and staff involved in completing these tasks.
	3. ***Support in creating conducive environment for nodal teachers in all school to conduct regular LSE sessions:*** After the training of nodal teachers from each school, these teachers are expected to initiate the sessions with students in their respective schools. Past experience suggest that these teachers are not able to take up such sessions due to poor support from Principals and other teachers. The agency is expected to support in creating conductive environment in schools for these sessions. The agency is expected to spell out activities they will plan and implement to create conducive environment in each of the school. ( Eg: Orientation of Principals )
	4. ***Support in establishing strong Peer Educators component in schools and build capacities of the Peer Educators:*** Each will select Peer Educators for each class through the trained nodal teachers. The agency will needs to be provide activities which they would implement to ensure selection of PE, orientation of the PE on use of comic books which are developed by UNFPA through nodal teachers, monitor work of PE through school visits, solve issues of PE while performing their tasks.
	5. ***Field visits of the schools to monitor the quality of sessions:*** The agency will have to provide activities related to field visits in terms on frequency of such visits, number of schools covered through field visits by agency staff, tool used for the monitoring of the session, and feedback system used by staff to give feedback to the teacher.
	6. ***Establish review and feedback systems at district and block level:*** The agency should provide detail activities which they plan to implement to establish review and feedback mechanism at district and block level.
	7. ***Establish linkages with RKSK for school based counseling services for students:*** The agency should give detail activities which would be implemented by them to establish convergence with RKSK mainly for school based counseling, how they will monitor quality of the school based counselling, how many such sessions would be monitored by the staff in each block.
	8. ***Establish strong MIS system to monitor school based activities***: Dept. of Education and RMSA will be initiating web based reporting through software and mobile application and nodal teachers will need to be oriented on these web reporting systems. The agency will provide activities proposed by them for orientation of nodal teachers, activities for monitoring the reporting from the teachers, process for checking quality of data entered by teachers and handholding support in case of issues and problems in using the web based systems.
3. ***Strengthen availability, quality and youth friendliness of SRH services:*** Chhattarpur being MPV district, availability and quality of SRH services will need strengthening. NHM with technical assistance from UNFPA has developed micro plan focusing on quality and right based service delivery for strengthening of FP services in the district and similar plans will also be developed in coming years. The selected agency will be expected to work closely with the District Health Society and other health institutions in ensure regular availability of quality SRH services and youth friendliness of the facilities which will encourage young couples and adolescents to utilize available services offered by the health facilities. The selected agency is expected to
	1. ***Provide support in preparation of district and block level micro plan***: activities which agency will take up to provide support in preparation of district and block level microplans for family planning under MPV having focus on quality and right of the clients.
	2. ***Capacity building of the relevant service providers on quality of SRH services and youth friendly health facilities***: The agency is expected to develop capacity building material for service provides on quality of FP services and youth friendly health facilities, organize trainings of service providers.
	3. ***Operationalization of district level quality assurance committees***: Every district has formed District Quality Assurance Committee to monitor the quality of FP services in the district but most of them are not functional. The agency will have to provide detail activities and approach which they will use to operationalize the district level quality assurance committee.
	4. ***Develop and operationalization of block level quality assurance mechanisms***: As per current norms it is not proposed to have block level quality assurance committees for FP. The agency will provide activities which they will undertake to develop detail guidelines for block level quality assurance committees, capacity building of these committees and monitor functioning of these committees.
	5. ***Establish regular review and feedback mechanism at all levels***: Currently family planning program is most neglected program at field level and do not have any regular review and feedback system under the program. The agency is expected to provide details on activities they would implement to establish regular review and feedback system for family planning program at district and block level.
	6. ***Develop and operationalize mentoring system for service providers***: The department is training service providers on clinical contraceptives but many of them are not providing services even after training. The agency is expected to provide approach and activities they will use to provide support to these trained but non providers so that they start providing those services for which they are trained.
	7. ***Regular field visits to health facilities to monitor quality of SRH services***: The agency staff will have to undertake regular field visits to various level health facilities offering contraceptives to monitor the quality as well as assess client satisfaction. The agency is expected to provide detail approach along with activities for regular field visits to health facilities. The details should include frequency of such visits, number of different facilities visited in every month by each staff, tool used for facility assessment, number of clients contacted for client satisfactions etc.
	8. ***Support in introduction of newer contraceptives at various level to increase basket of choices for contraceptives***: The state government has introduced Injectable Contraceptive and new oral pill to the basket of contraceptives which will be introduced at various level facilities in phased manner. The agency is expected to provide support in preparation of training calendar for training of various level service providers, provide support in training of service providers, and monitor quality of the training, monitor quality of services offered by trained providers. The agency is expected to provide detail approach and activities which they would implement to provide support on above mentioned tasks.
	9. ***Support in establishing LMIS at all levels***: The state is introducing LMIS to ensure that contraceptive and other RH commodities are available round the year at all levels. The state will be training district trainers and UNFPA will support in training of block trainers. The selected agency is expected to provide detail approach and activities which they will use in block level training of field functionaries, preparation of block level calendars , logistics arrangements for field trainings, monitoring of quality of trainings , monitoring the utilization of LMIS by field level staff and hand holding support.
4. ***Strengthening BBBP program implementation to address declining sex ratio and GBV***: Recently WCD decided to expand BBBP program from 6 districts to all the 51 districts for addressing issue of declining sex ratio and gender based violence. As the program do not have standard strategies or activities hence UNFPA project will support the district in effective implementation of the program. As BBBP is multisectoral program hence selected agency will have to establish strong working relationship with key stakeholders in ensuring implementation of various strategies and activities under the program. The selected agency is expected to
	1. ***Strong advocacy with district administration and support in finalizing the strategies and activities for the program***: UNFPA has supported and implemented various strategies and activities under BBBP program. The agency is expected to provide detail approach which they will use for district level advocacy to promote successful strategies and interventions from UNFPA supported program in other districts. The agency will provide detail activities which would be taken up by them in developing and finalizing strategies for BBBP in the districts
	2. ***Development of detail plan for BBBP program:*** The agency is expected to provide detail approach and activities which they would take up for development of district action plan for BBBP based on the agreed strategies by the district officials.
	3. ***Capacity building of the field functionaries from key departments involved in program implementation:*** It is critical to build capacities of the district, block and field functionaries on the district action plan activities for BBBP for ensuring effective implementation. The agency is expected to provide detail activities which they would implement for capacity building of various stakeholders, who all will be trained, how many functionaries will be trained, what would be training model and who will impart the trainings and how trainings will be monitored.
	4. ***Strengthen implementation of PC & PNDT Act:*** The district is also implementing PC&PNDT Act to address sex selection and declining child sex ratio. The agency is expected to provide detail approach and activities they will use to build capacities of private providers, orientation of the district supervisory committee members, monitor site facility visits by the committee and facilitate regular review meetings.
	5. ***Support in connecting drop out girls to schools or education system:*** The district is facing huge problem of dropping of girls from school at the level of middle and secondary education. The Dept. of education is making efforts to connect these drop out girls back to school or education. The agency will have to provide detail approach and activities they would implement to support Dept. of education in connecting these drop out girls back to school and how the agency will use workforce with other departments in this drive.
5. ***Establish district and block level convergence mechanism:*** It is very essential to establish convergence among various departments involved in implementation of various schemes and programs for health and well-being of adolescents and young people in order to make coordinated efforts from all these departments. It will be beneficial for every department to establish good working relationship with each other in order to implement their program and schemes effectively and also to use resources optimally. The selected agency will be required to provide detail approach and activities which they will undertake to develop strong approach for establishing convergence among various key departments working with adolescents and youths, advocacy with district administration on the need and benefits of convergence, establish district and block level convergence mechanisms, capacity building of key stakeholders on convergence.

***The agency will also have to provide detail organogram and team structure which they would require to perform the activities and achieve the desired results in cost –effective manner. The agency will also provide details of activities which they would like to take up for capacity building of their own staff on various program components and at what frequency such capacity building would be conducted.***

***Expected Result from the project:*** The project aims to achieve following result from various interventions and strategies

1. The project will demonstrate functional convergence among key departments working with adolescents in addressing needs of adolescents and young people.
2. At least 60% of adolescents in the district will receive Life Skills Education through community and school settings.
3. 90% of block level and higher institutions will offer adolescent and youth friendly SRH services.

***Basic statistics for Chhattarpur:***

* Number of Block: 8
* Number of CHC: 10
* Number of PHCs:38
* Number of HSCs:257
* Number of AWC: 2058
* Number of secondary schools: 190
* Number of RKSK Villages 605
* Number of AFHC: 11