Catalyzing Change:

Lessons from DISHA -
A program to promote Healthy Young people in India

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Presentation Outline

- DISHA and Context
- DISHA Project Design
- DISHA Strategies for Implementation and Experience
- DISHA Key Results
What is DISHA?

• An integrated program to improve youth sexual and reproductive health outcomes

• Implemented in Bihar and Jharkhand, India

Setting the ASRH Context*

- A young population: 1/3 total population aged 10-24 years
- Early marriage and childbearing:
  - 71% of the girls aged 20-24 yrs married before 18 yrs
  - Median age at marriage for girls at 15.7 yrs.
  - Half of these girls had first child before 19 yrs.
- Low uptake of services: Modern contraceptive use by married girls 15-24 yrs. just 3.8%
- Other factors:
  - Rural, resource poor, high migration
  - Few programmatic responses to address ASRH needs
  - Few organizations with experience and capacity to implement ASRH program

*National Family Health Survey 1999 (NFHS-2)
Hypothesis

Integrated Program with focus on youth participation will result in increased use of RH services among young people by improving:

- Young people’s knowledge of RSH issues
- Young People’s attitudes about access and use of RSH services
- Young People’s ability to negotiate and seek services
- Access to youth-friendly service delivery via peers and health providers
**DISHA Goal**

Improve reproductive health and well-being of young people by:

- Improving youth skills and capacity (in RH and livelihoods)
- Building community support
- Ensuring provision of youth-friendly services
- Strengthening NGO capacity
DISHA Coverage

7 districts, 11 blocks, 176 villages
Implementation Strategy and Experience
**DISHA Integrated Program Design**

- **Strong youth skills and capacity on**
  1. RH information & services
  2. Livelihood options & opportunities

- **Enabling environments, community mobilization**

- **Good RH outcomes**

- **Youth-friendly service delivery and access**
Improving Youth Capacity and Skills

• Youth Groups
• Peer Education
• Livelihoods Training

• 11,791 youth reached
• 595 youth groups
• 69 livelihoods groups
• 29 Youth Resource Centers
Building Community Support

- Community Awareness through Media Mix
- Engaging Adults/Parents
  - 12,304 parents engaged
  - 68 adult/youth partnership groups
Ensuring Youth-Friendly Health Services

- Youth Contraceptive Depot Holders
- Youth-friendly training for private providers
- 720 Peer Educators trained for counseling
- 180 Contraceptive Depot Holders
- 108 Health Service Providers were trained
Key Results
**Data Sources for Analysis**

- **Quantitative Baseline and Endline**
  - Youth females and males, aged 14-24
  - Adult females and males, aged 30+

- **Qualitative Endline FGDs**
  - 36 FGDs across 6 NGOs areas
  - DISHA participants and key stakeholders

- **Project and Partner Monitoring Data**
  - 15 reporting periods
  - Monthly ICRW field visits
DISHA Exposure Results

- **60%** youth surveyed at endline reported *any* exposure to DISHA
- **30%** reporting exposure to DISHA reported *individualized* exposure
Increased knowledge of the legal age at marriage for girls among youth

- Females:
  - Intervention Baseline: N=548, Percentage = 31
  - Intervention Endline: N=1056, Percentage = 63

- Males:
  - Intervention Baseline: N=724, Percentage = 42
  - Intervention Endline: N=1178, Percentage = 72

*p<.05
Knowledge of pill source, married and unmarried girls

* Denotes statistical significance at p<.05

- **Married Girls Bihar**: Intervention Baseline 47.7, Intervention Endline 80.7
- **Unmarried Girls Bihar**: Intervention Baseline 31.4, Intervention Endline 60.8
- **Married Girls Jharkhand**: Intervention Baseline 51.5, Intervention Endline 84.2
- **Unmarried Girls Jharkhand**: Intervention Baseline 35, Intervention Endline 74.8
Proportion of married girls who felt they could talk to their spouse about contraception

* Denotes statistical significance at p<.05
Proportion of youth reporting ‘current use’ of a modern contraceptive method

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* Denotes statistical significance at p<.05
Decreased adult objection to young married couples accessing contraceptives

* Denotes statistical significance at p<.05
Lessons Learned

• Peer approaches were successful in initiating better engagement with youth and communicating RH information.

• Involving youth in identifying alternative RH providers was important.
Lessons Learned

- Youth, especially girls, were highly interested in **livelihoods activities**, but success was strongly dependent on local context and capacity.

- **Community mobilization** efforts built trust and facilitated access to young people. Engaging adults was challenging, but youth were found to be excellent in facilitating and increasing their participation.
Building Institutional Capacity

- By end of project, all NGOs had substantial increases in capacity

- Additional areas for capacity building emerged
  - Operational systems
  - Project implementation

- Need to address NGO attitudes
  - Gender norms and youth rights
  - Youth as implementers

- Focus less on evaluation, more on monitoring
Acknowledgments

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  - Integrated Development Foundation (IDF)
  - Tribal Cultural Society (TCS)

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Young people are critical resource to define and meet their own needs

Thank You