

Udaan

A 360 approach to prevent adolescent pregnancies in Rajasthan
(2017-2022)



Rajasthan, with an estimated population of 7.5 million* adolescent girls in 2016, had high rates of early marriages, teenage pregnancies and secondary school dropouts. Over one-third of the girls in Rajasthan were married before the legal age of 18 (NFHS-4, 2015-16) - a practice that drives early and frequent pregnancies, as well as dropping out of school.

** Projected population as on 1st March as per Report on Population Projections for India and States, 2011-2036*

Currently married women
age 15-19 with demand
satisfied by modern
contraceptives #

27.9%

6.3%

Women age 15-19
begun child-bearing #

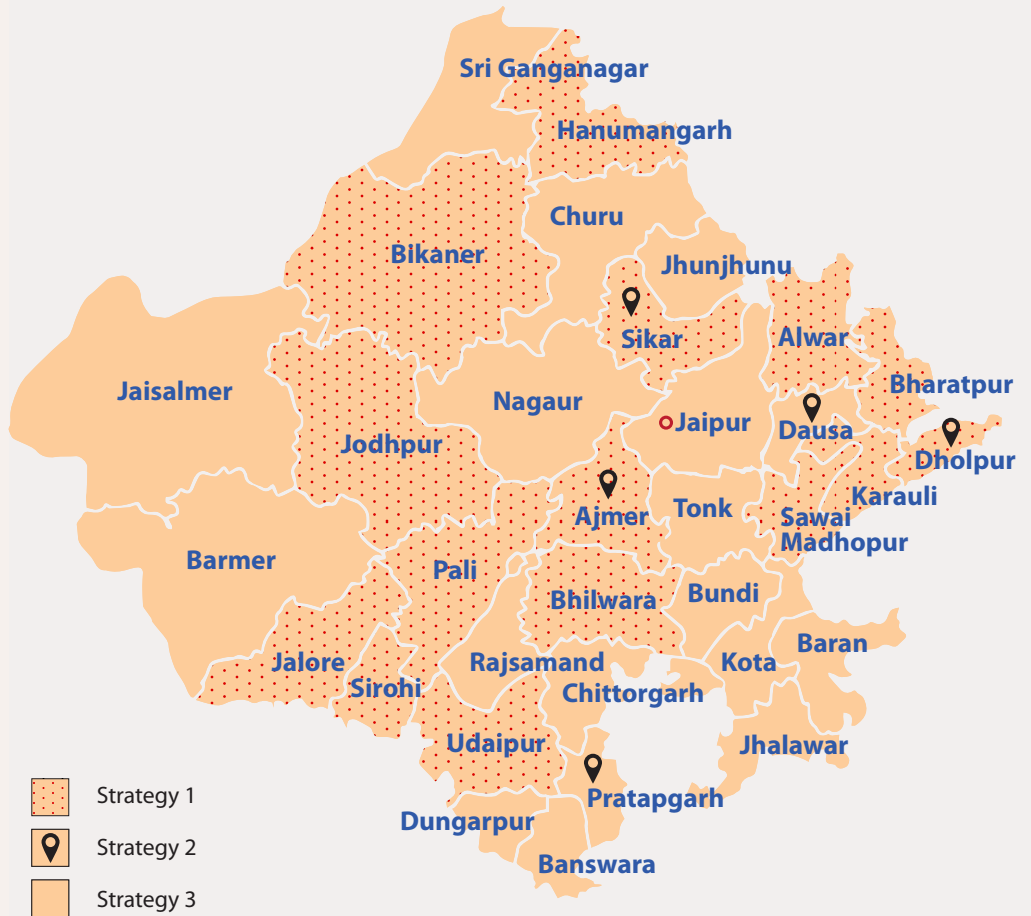
42.0%

Adolescent girls with 12 or more
years of education having
correct knowledge of specific
sex and pregnancy-related
matters^

National Family Health Survey – 4 (2015-16)

^ Adolescents in Rajasthan 2012: Changing situation and needs, New Delhi: Population Council

To address this situation, project Udaan was initiated in 2017 with the aim of reducing early marriage of girls and preventing teenage pregnancies



Strategy 1

Keeping girls in secondary schools

Strategy 2

Strengthening knowledge, attitude, and practices on sexual and reproduction health among adolescents

Strategy 3

Expanding contraception method mix and choices for young women



RESULTS

29,849

Early marriages prevented through keeping girls in school

45,820

Teenage pregnancies averted through keeping girls in school, SRH education to students and access to injectable contraceptives

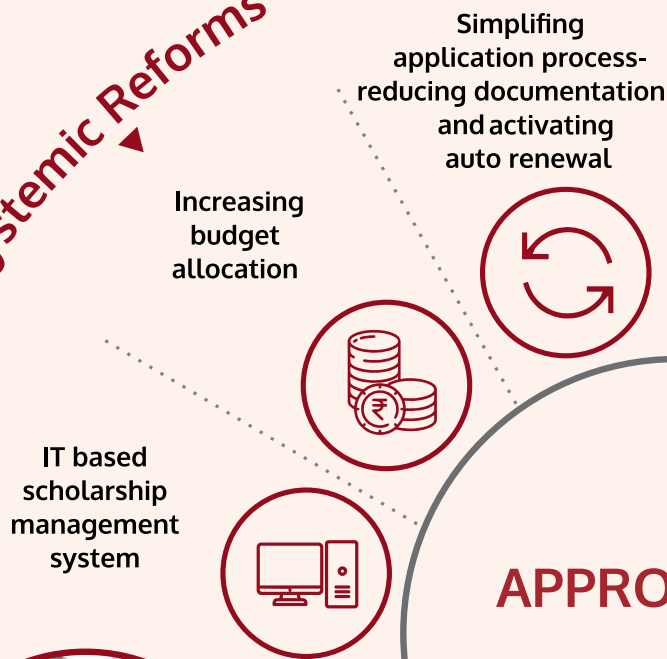
Keeping Girls in Secondary School

Evidence suggests that girls who remain in school longer are less likely to get married early* thereby averting early pregnancy. Financial constraint is a key reason for girls dropping out after grade 8. Udaan therefore focused on improving delivery and access to government's pre-matric scholarships (Grades 9 & 10) to overcome the cost barriers for girls' education.

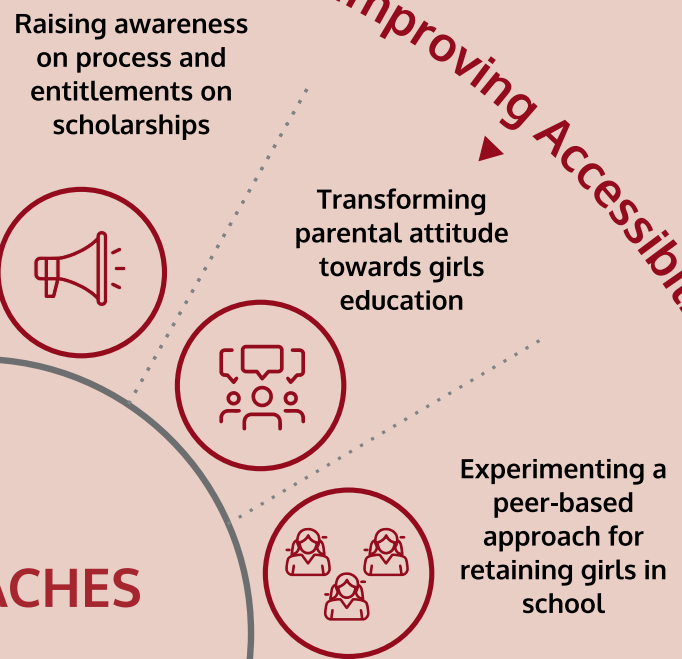
**Brown, Gordon. 2012. "Out of Wedlock into School: Combating Child Marriage Through Education."*



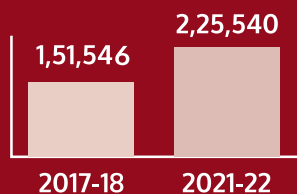
Systemic Reforms



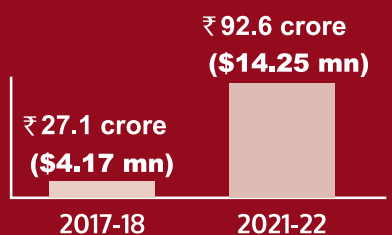
Improving Accessibility



Increase in number of girls receiving scholarships



Increase in scholarship disbursement to girls



29,849

Child marriages averted of 15-19 year

14,650

Teenage pregnancies prevented

Udaan supported enrolment of over 52,650 additional girls in school in 15 districts



Improving Sexual and Reproductive Health Knowledge Among Adolescent

Only 42 percent adolescent girls in Rajasthan with 12 or more years of education had correct knowledge of specific sex and pregnancy-related matters*. Lack of access to reproductive health information and services is the leading driver of teenage pregnancies in the world. A Human Centred Design (HCD) approach was adopted to design high impact sustainable models for improving adolescents' knowledge on sexual and reproductive health.

**Jejeebhoy, Shireen J. and Rajib Acharya. 2014. "Adolescents in Rajasthan 2012: Changing situation and needs." New Delhi: Population Council.*

2017-18 ▶ Adopting HCD approach for designing solutions to improve SRH knowledge of adolescents

2019-20 ▶ Schools emerged as a safe space for imparting SRH education. Pilot testing of SRH sessions for Grades 9 to 12 across 66 schools in Bari block of Dholpur**

2020-21

Reviewing and revising pilot SRH curriculum to incorporate six thematic areas of Rashtriya Kishor Swasthya Karyakram in collaboration with the State Institute of Health and Family Welfare (SIHFW), Rajasthan

2018-19

Implementing HCD – ideating, prototyping and piloting. Series of iterative explorations, led to identification of five key interventions for pilot testing

2021-22

Training of Master Trainers by SIHFW followed by government school teachers for scaling up across all govt. schools (Grades 9 to 12) of Dholpur

Developing classroom teaching aids and video-based content for uploading on Education Department's E-Kaksha portal

2022

Scaled up in-school adolescent health education from Dholpur to Ajmer, Pratapgarh and Sikar districts of Rajasthan



RESULTS

4,900

Teachers trained in 4 districts

Over 350,000

Students received knowledge on SRH in 4 districts

2,795

Teenage pregnancies prevented in 4 districts

**Independent evaluation by Population Council showed significant improvements in adolescents' in-depth awareness of sexual and reproductive matters, and their awareness of adolescent-friendly services. Exposure to the intervention also improved Contraceptive self-efficacy for boys and was 2.9 units higher among boys in the intervention than the comparison block.



Expanding Contraception Method Mix and Choices for Young Women

Udaan focussed on increasing the adoption of the injectable contraceptive (DMPA) by young women to delay pregnancy and ensure healthy birth spacing. A Technical Support Unit (TSU) assisted the National Health Mission, Rajasthan in the roll-out of injectable contraceptive (Antara) services in the State and in implementing Mission Parivar Vikas (MPV) for improving Antara uptake.



System strengthening

to improve for injectable uptake through track and follow-up of Antara users; capacity building of service providers and FLWs to strengthen counselling services; quality monitoring; developing protocols on Antara effect management and data analysis for decision making



Increasing demand

for injectable services through IEC campaigns for awareness creation; introduction of Nayi Pahal Kit; orientation of ASHA for client segmentation and messaging to improve field level outreach; SMS and IVRS alerts to clients; e-counselling



Improving access

through operationalization of health facilities upto sub-center level for injectable services and piloting injectable service provision at MCHN (VHND) sites

- Job aids and tools for health service providers

- AntaraRaj software for Antara client management

- Contact less counselling through pre-recorded content played using headphones/ speakers



TOOLS

- Orientation and training of service providers to activate delivery points

- Antara e-training video modules for online training of service providers

- Introduced Effect Management kit (KMK) with essential drugs for Antara method effects management



RESULTS

1,406
Antara
users

Rajasthan emerged as an exemplar in contraceptive injectable performance with highest number of Antara users (1,406 per 100,000 unsterilized eligible couples*) in the country

Over
5,22,000

Antara users
between
2017 to 2022

2nd dose
>60%
3rd dose
>68%

Continuation
rate

28,378
(15-25 years)

Estimated Number of
pregnancies averted

Calculated using Health Management Information System (HMIS) data for Antara, NFHS-4 and NFHS-5 data for sterilization and RGI population projections

Agents of Change

The Rajasthan government's women empowerment project UDAAN is transforming the lives of girls in the districts of Dausa, Karauli and Tonk.



Trisha Mukherjee

HAD Aarti not discovered that she was eligible for a government scholarship, she would likely have dropped out of school long ago. With only one earning member in a family of eight, educating children, especially girls, was a luxury the family couldn't afford. So, when she found out that she could seek the government's aid to continue in school, she couldn't be happier. "The chances of me dropping out were very high. In view of the large size of our family, the scholarship amount was essential. I have two brothers and three sisters. More people mean more mouths to feed. "My father is a construction labourer. Running the house is a difficult task. For girls, scholarship money is very important, because spending money on their studies is considered an economic burden," says Aarti, now a first-year college student.

Confidence personified Girl students on their way

Lessons from Dholpur for the rest of India

■ Nachiket Mor

In 2017, Rajasthan's Dholpur district launched a programme titled 'Udaan' to educate adolescents about their sexual health and quickly ran into some stiff opposition. The immediate reactions were captured in remarks like: "You are spoiling our girls..." or "There is no need of teaching them everything in such detail," and "we won't allow this." Such responses were quite common.

One of the block coordinators reported that they were threatened by school faculty and the local community. Many sessions could not be conducted as a result. The process of change in the area of sexual health was slow but persistence, persuasion, empathetic listening and constant counselling were able to build a safe zone to deliver some of the learnings. As classes began, it also helped address doubts, clear myths, and transform resistance to acceptance.

As one of the schoolteachers who had initially opposed the programme said later: "I had my reservations as these sessions were in (graphic) detail. I thought it will mislead the students and girls might get active sexually. But when they included improved nutrition and improved knowledge, attitudes and behaviour in relation to sexual and reproductive health (SRH). Not much has been heard

from the State government simultaneously focused on their mental and physical health. Small interventions at this critical time like this carry the potential to shape an entire life of the person and of a nation eventually.

In the area of health, the government has implemented a number of structured interventions under the BNSK. These include, for example, the launch of adoles-

cent focused "Udaan" health clinics, the weekly distribution of iron and folic acid supplements, and ensuring the easy availability of free sanitary pads. However, while these

knowledge levels of even the older adolescent regarding sexual and reproductive health issues is low and often inaccurate, and that behavioural interventions have the power to not only inform but also change behaviour relating to early pregnancies, gender norms, and sexual health is generic. This time period is associated with several life-altering changes in the lives of these young people.

If their concerns are not properly understood and addressed, this can lead to inappropriate behaviour, depression, acceptance of sexual abuse, and even attempted suicide. While there are several venues at which these interventions may be delivered, schools represent a safe, trusted, and effective space within which they can be offered. Before schools can be chosen as an effective location for communicating these messages, there are, however, a few barriers that need to be overcome, the most important one being the concerns of teachers, parents, and the

permeation and behaviours. This evidence needs to be shared with caregivers.

High quality school-based sexual health education programmes are taught by well-trained teachers and school staff, using strategies that are relevant and engaging for all students. They can help connect students to healthcare services, and effectively engage parents and the community. There are examples of successful school-based programmes right here in India. Arpan, a Mumbai-based NGO, for example, working with teachers as educators, offers an effective Personal Safety Education programme in about 250 schools and shelter homes in three districts of Maharashtra. Evaluations have pointed out that the internalisation of these messages by the children receiving them, boosted their self-esteem and feelings of comfort with their own bodies and their personal safety. Dholpur remains a classic study in the same context, achieved with the help of the non-profit, Margdar Foundation.

The boys and girls who have participated in this programme, have reported a higher sense of comfort with the natural changes occurring in their bodies, reduced feelings of loneliness and depression, and a stronger sense of empowerment.

Udaan

In the News

'Educate girls to prevent child marriages, health issues'

Jaipur: Experts expressed their concern over the health of rural girls as there is a clear and obvious link between their academic status and the state of their well-being. A lot of girls get married at an early age, resulting in early pregnancies due to which a lot of health issues occur and in some cases, fatalities happen.

The state government is discouraging early pregnancies and also encouraging girls to maintain the gap between two children. However, it is unfortunate that girls in rural areas still fall behind boys when it comes to accessing education because of numerous social and cultural inhibitions.

Organisations working in Rajasthan expressed the need for more girls to attend schools regularly. Ashish Mukherjee, Project Director (Udaan), IPE Global said, "In rural Rajasthan for instance, investment in a daughter's education is considered wasteful, since they have to be married off. Their schooling is usually disrupted due to financial or social pressures."

He added, "Early marriage seems to be the inevitable fate of these girls which in turn impacts their reproductive

Women taking control of family planning needs through app

Injectable contraceptive leads to social change with women's empowerment in rural areas of Rajasthan

MOHAMMED IQBAL, SIKAR

Taking control of their family planning needs, women in the rural areas of Rajasthan have utilised an innovative method to monitor the progress of injectable contraceptive, deal with anxiety related to side effects and get reminders for subsequent doses. An effective follow-up mechanism of health functionaries has ensured success of the project.

The adoption of a mobile and web-based app, Antara Raj, has helped in reducing the dropout of women through digital tracking. In its fourth year of operation, the project has led to a social change with the empowerment of women in the Shekhawati region, which has taken a lead in the roll-out of contraceptives.

The introduction of Medroxy Progesterone Acetate (MPA) as a subcutaneous injectable contraceptive was



A woman being administered injectable contraceptive at a health facility in Sikar district. ■ SPECIAL ARRANGEMENT

accompanied by counselling and sharing of method-specific information to help out the women residing in villages. The involvement of accredited social health activists (ASHAs) and auxiliary nurse midwives (ANMs) has especially made Antara Raj crucial for the State government's family planning programme.

Rajasthan is the first State in the country to develop and

use the software, which has been supported under the Project Udaan, a joint initiative of the State government and Children's Investment Fund Foundation (CIFF). U.K. Antara Raj is being implemented in the State with the support of a consulting group, IPE Global.

Munni Kumari, ANM at the community health centre in Sikar district's Danta town, told The Hindu that the Antara

Raj app had helped her not only in recording the beneficiary details but also in sending monthly reports to the department. "The app, available in Hindi, makes it very easy for those of us working in the field. It works like a diary and tells us when the next dose is due for the women in our target areas," she said.

With several of the rural women facing issues such as abdominal pain, dizziness and nervousness during the first three months of injectable contraceptive, the trained service providers like Ms. Kumari counsel them and address their potential discomfort. "We are able to keep in touch with the women who have just started out and might need further counselling to continue and eventually avoid unwanted pregnancies," Ms. Kumari said.

The rural women have found Antara Raj useful by

getting regular text messages on their mobile phones and monitoring of the possible reasons for discontinuation of the injectable method. Sachin Kothari of IPE Global's technical support unit said the challenge of service providers' training during the pandemic was met by developing e-training modules for ASHAs and ANMs for operationalising all health facilities for Antara Raj services.

9.78 lakh doses of MPA
Till March 2022, over 9.78 lakh doses of MPA have been given to women in the State with the utilisation of Antara Raj app, while 4.56 lakh first doses were administered since 2018.

Uma Devi, a beneficiary who is also working as ASHA, said the MPA was the only contraceptive she had used on the advice of a community health worker who had helped her with the process at every stage.



Project Udaan is different from the Udaan scheme on menstrual hygiene launched by Govt. of Rajasthan in 2021



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PROJECT UDAAN



IPE Global/UDAAN