SCHOOL
for Development and Impact

Annual Report 2020

CONTENTS

- Message from the CEO
- Our Vision and Mission
- Our Approach
- Our contribution to:
  - Research
  - Capacity Building
  - Policy Framework
  - Knowledge Management
  - Advocacy
- Healthy Ageing: Our Flagship Initiative
- List of Grants and Donors
- Our Team

MESSAGE FROM THE CEO

In the last two years, SCHOOL has worked very hard to build a better presence, enhance effective reach and ensure implementation support in varied thematic areas to reach the last mile of good health and well-being.

We never hesitated in testing newer approaches; and marched ahead with a strong belief that sowing the seeds of change is possible by working incessantly with the people who need it and collaborating with partners that bring in complementarity.

Hence, we worked closely with governments, donor partners, civil society organizations and like-minded individuals to ensure efficiency and excellence in the projects, programs and initiatives in different parts of the country.

In this annual report, we have listed and described all the work we have undertaken through two different perspectives. The first perspective details out our work on the basis of contribution we have made to the functional areas of research, capacity building, policy framework, knowledge management and advocacy. The second perspective describes the work on the basis of contribution we have made to the thematic areas of education, health, child protection, adolescent development and support for the elderly population.
Having worked with the governments at the national, state and local (both city and district) levels, we have reflected on the role SCHOOL played in providing technical support in various initiatives.

We have also expressed about the consolidation of our thoughts that emerged in the last financial year 2018-19 into action. The thought process and planning that happened last year resulted into two specific processes, one was launch of ‘Teen Coalition’ which is meant for providing support to the organizations working with adolescents across the country and the other is firming up and consolidating our work with the elderly population in our flagship initiative ‘Healthy Ageing’.

Healthy Ageing' follows a specific strategic approach which is distinctly defined based on the current landscape India possesses for the elderly population. In the midst of limited stakeholders that are working on the ground to enhance their ease, improve their living conditions, and ensuring the reach of benefits they deserve, SCHOOL decided to firm up its own field programs as demonstration models. In doing so, SCHOOL consolidated its first community based project in 2 slums of Pune city, which focuses on: establishing relationship with the elderly, their families and the community as a whole for creating social support structures within families and community, and increase their feeling of inclusiveness. The project is first of its kind in India, which implements a community based service delivery model that ensures engaging with the elderly, making them as active as possible and garner support for the fragile and the needy. The project has evolved as a model which manifests: increased self-confidence and reduced isolation amongst the elderly; improved access to services, programs and schemes; and improved awareness on older people's concerns, challenges and problems within the communities in particular and the society as a whole.

The emerging situations with regard to COVID-19 in the last quarter of 2020 influenced us to move into the world of emergency response and a lot of our work as well as resources were shifted for providing support to the health systems and in providing basic essentials and stringent health-care to the elderly.

As a way forward, we are further consolidating our efforts for the elderly population and are embarking on varied initiatives that are in the pipeline. One of these is all about creating age-friendly cities. While, the efforts are being made to make the coming year more fulfilling, we clearly foresee the immense task we have at hand in tackling the current COVID-19 response and post-COVID-19 situation.

Dr. Benazir Patil
New Delhi

OUR VISION AND MISSION

Vision

To bring about inclusive development to achieve sustainable development goals (SDGs).

Mission

To work with vulnerable populations in ensuring good health and wellbeing as the last mile by addressing every single social determinant.

OUR APPROACH

Ably guided by the Sustainable Development Goals (SDGs), which plead that we view development in an integrated and transformative manner, SCHOOL applies the mantra of ‘reciprocation’ between social systems, economy, culture, education, and livelihoods and builds an ecosystem that provides ability to pursue healthy lives.

With a strong focus on empowerment and participation, SCHOOL practices a unique approach of addressing all the social determinants that impact human lives.

OUR CONTRIBUTION

Research

We provide high-quality research in quest of scientific knowledge to supplement evidence-based decision making. We research to inform action, prove theories, and contribute to knowledge development. Our team of highly qualified and experienced professionals from varied domains has been contributing significantly to various initiatives in the country.

- **Contributing to adolescent health through the mapping of organizations in 10 Lab Districts of RKSK across 9 states.**

  To build evidence on the feasibility and acceptability of the Rashtriya Kishore Swasthya Karyakram program, Laboratory (LAB) District Approach was launched in 10 districts across 9 states.
  The model involves providing critical support to the State Program Management Units (SPMUs) and District Program Management Units (DPMUs) along with intensified school health activities to design, implement, and monitor a context-specific (needs & capacity-based) package of health and social interventions to achieve clearly defined outcomes.

  Our team of researchers has reached out to 74 stakeholders, including Government officials, local NGO's, corporate organizations, and professional bodies, to understand the potential role they can play in implementing the program for adolescents.

Based on the conclusions derived from this mapping exercise, SCHOOL shared the following recommendations with the Government of India:

- **Garnering community-level support from NGOs working together to curb specific issues could play a significant role in the field-level implementation.**
- **Domains such as substance misuse & mental health need much more attention and inputs.**
- **Setting up a mechanism that can garner the involvement & support of NGOs/CSOs and their fortification through capacity building in the overall program management will work wonders and fetch brilliant results in these districts.**
- **An interactive mechanism at the national level, which is further percolated to the districts on leveraging the available resources and partners could help to synthesize the interventions and help the RKSK program to gain more traction.**

- **Contributing to the reduction of child marriage in Godda and Jamtara Districts of Jharkhand.**

The state of Jharkhand has substantial tribal population (26.3%) with child marriages being a common phenomenon among them.

To address the issue, ICRW is implementing a program, 'UMANG' in certain districts of Jharkhand over a period of four years. For this initiative, SCHOOL has provided technical support to ICRW in setting-up of a baseline study.
SCHOOL's contribution to this project includes conducting a scientific study to assess the status of child marriage in three districts of Jharkhand. These are Godda and Jamtara, where the project is being implemented and Sahibganj, which is the control area for this study.

SCHOOL's efforts entailed reaching out to the local population (4056 adolescent girls, 2028 boys, and 1172 parents) in all three districts to understand their perspectives on child marriage.

This scientific process led to several recommendations to reduce the prevalence of child marriage. These pertained to:

- **Prioritizing family support for girls by a way of sensitizing the family members and relatives, as this is the most important factor that influences educating girls.**
- **Focusing on counseling sessions and group discussions with the girls to enhance their existing motivational levels and awareness regarding education and employment, as the study found that girls are highly motivated for education and look forward to employment in the future.**
- **Designing and implementing community-based interventions with special focus on fathers, the elderly, and leaders as they play a key role in decision-making regarding the marriages of girls.**
- **Promotion of school-based activities, such as sports, plays, and music, among others, as these provide opportunities for leadership among girls and boys.**
- **Engaging frontline workers, such as ASHA, AWW, and ANMs, in community campaigns.**

- **Influencing the policy landscape for Early Childhood Development (ECD) through the rapid assessment of national-level readiness for implementing the Nurturing Care Framework.**

The framework of Nurturing Care for Early Childhood Development builds on state-of-the-art evidence regarding how early childhood development unfolds and how it can be improved by policies and interventions. Although the concept of nurturing care is new, countries in the WHO South-East Asia had been already implementing interventions to support early childhood development, which include various components of the nurturing care framework.

SCHOOL's team reached out to 16 domain experts from central ministries/state departments, international/national organizations/bodies, and NGOs/CSOs from all over India. The assessment looked into legislation, policies, programs, resources, strengths, opportunities, and barriers for activities related to Nurturing Care for Early Childhood Development under a program implemented by various sectors.

SCHOOL explored the implementation mechanisms of the government of India policies on ECCE with specific focus on centrally sponsored schemes/programs by the federal government and state-specific programs at the state-level. It was found that while the state level programs are numerous, the Centre has about 38 programs which can be linked to and categorized in the Nurturing Care Framework.

Based on the findings, SCHOOL shared recommendations regarding six specific aspects.

1.Policy environment
   - Creating an enabling environment that prioritizes ECD as policy integration should be the first & foremost step.

2.Program framework
   - Integrating missing components of the nurturing care framework into existing interventions.

3.Data
   - Establishing a developmental surveillance mechanism.
   - An efficient management & information system nested in the government accounting system should be set up to provide accountability for both financial & operational inputs of ECD programs.

4.Technology specific
- Mainstreaming the utilization of information and communication technology in assessment, treatment, follow-up and educating the care-givers.
- Creating a uniform and real-time multi-sectoral data portal/dashboard.

5.Partnerships & Collaborations
- Building collaborative mechanisms between schemes of different ministries for effective service provision.

6.Funding and budget allocations
- The central & state budget allocation needs be balanced and equally distributed.

- **Contributing to improve nutrition to reduce child morbidity and mortality of children (up to 2 years of age) in Gaya and Sitamarhi districts of Bihar.**

The Government of India has launched POSHAN Abhiyan in March 2018 aimed at achieving improvements in the nutritional status of children up to 6 years of age, adolescent girls, pregnant women, and lactating mothers. With this background, FHI 360 is providing technical support under its “Alive and thrive” initiative to the Government of Bihar for improving maternal, new-born, and child care within the community.

The Public Health professionals of SCHOOL, along with AIIMS Patna, conducted a baseline study to understand the knowledge, aptitude, and practices of communities and caregivers on postpartum care of mothers and home-based care of children up to the age of 24 months. NITI Aayog, as one of the key stakeholders of POSHAN Abhiyan, is looking forward to the findings of this study.

Gaya and Sitamarhi districts of Bihar were selected due to reasons, such as the burden of stunting, underweight, and anemic children. Also, IYCF practices at the community level are below desirable levels which highlights the importance of accelerated quality implementation of evidence-based infant & young child nutrition and health interventions in these districts.

During the course of study, SCHOOL reached out to a total of 2472 mothers of children in the age group, 6-23 months, which consisted of 1231 respondent mothers from Gaya district and 1241 respondent mothers from Sitamarhi district. In addition to mothers, SCHOOL also reached out to a total of 1059 frontline workers that include AWW, ASHA, ANM, and ASHA Sangini/facilitator and 26 officials at the state, district, and block levels.

The key recommendations shared by SCHOOL with the Government of Bihar were:

- Optimizing the existing coverage of home visits/contacts by FLWs by improving the content/quality.
- Building skills in facility-based providers to ensure the early initiation of breastfeeding in C-section deliveries.
- Increasing the knowledge/skills of mothers/caregivers regarding early and exclusive breast-feeding up till the first six months and the adoption of age-appropriate complementary feeding, especially diet diversity, is critical.
- Building on HBYC, enhancing knowledge/skills of FLWs on complementary feeding counselling, IFA supplementation, appropriate management of diarrhea using Zn, growth monitoring, etc.
- Training of FLWs to emphasize on contextualized counseling/problem-solving skills.
- Strengthening supportive supervision & mentoring of ASHAs for improved program delivery is essential. Increasing coordinated actions between ASHAs, AWWS, and ANMs through regular Triple A meetings.
- Improving monthly program reviews at block/district/state level meetings through data focusing on key nutrition interventions.

The recommendations aid in designing the implementation strategy under the Alive and Thrive initiative to support efforts of the Government of Bihar towards in strengthening systems to improve maternal, new-born, and child care within the community in rural areas where most young children are devoid of basic services for their community-level care.

Capacity Building

We partner with agencies to design capacity building services that are customized to fit the specific needs and realities. We introduce innovative tools and techniques that help our partners to think & act strategically, articulate a powerful & cogent vision for the future and develop proactive strategies to achieve their programmatic goals.

Our pool of experts has experience in imparting knowledge and building capacity through the development of tailored training modules, design methodologies for varied levels of professionals including policymakers, program managers, field workforce, etc.

Our seasoned capacity building team provides a comprehensive menu of services. A brief of projects completed so far for leading agencies is given below:

- **Business Modeling and Rapid Prototyping for Manyata for Mothers for Jhpiego, India**.

SCHOOL is providing support in business modeling and rapid prototyping for the Manyata program (Phase III), specifically regarding the identification & development of key-value propositions for various stakeholders, development of potential business models, which can be adopted by Manyata to offer certification to private institutions on a self-sustaining basis, undertaking rapid prototyping of selected models in different geographies, provision of handholding support for the stabilization of new business model integration, and enhancing the systemic & governance efficiencies of Manyata program.

SCHOOL is assisting in the rapid assessment of the existing QI systems and processes of Manyata through field visits, wherein we:

- Support in data collection and compilation of report;
- Provide data input support to develop business models to address scale-up & sustainability
- Provide inputs in developing Theory of Change (ToC), Communication plan and M&E strategy
- Support during rapid prototyping of selected models by Jhpiego and selected model integration phases during handholding support.

- **Contribution to improving Sexual and Reproductive Health (SRH) Outcomes in Madhya Pradesh through training & mentoring with specific skills /experience of healthcare providers.**

To support the Government of Madhya Pradesh for increasing access to safe abortion and post-abortion care services, William J Clinton Foundation (WJCF) provided technical support in 4 districts - Sehore, Guna, Panna, and Vidisha.

Under this, facility readiness was ensured for Comprehensive Abortion Care (CAC) and Long Acting Reversible Contraceptive (LARC) services in 113 public health sector facilities through the training and mentoring of specific skills and experiences of healthcare providers.

SCHOOL supported WJCF through the identification of experts for creating a pool of mentors and trainers coming from diverse fields, ranging from medical colleges, professional bodies, and freelance experts, including senior nurses.

This pool of experts further conducted mentoring visits in 90 facilities to carry out two to three batches of training in each of the 4 districts and provided training to 116 participants, which include :

- Medical officers **(33)**,
- Staff nurses **(28)**,
- ANM **(35)**,
- AYUSH Medical officers **(9)**.

Policy Framework

We are committed to adopting a standardized approach for the review and analysis of policies, standards, procedures, and guidelines through which public health policies are shaped & implemented. Further, detecting strengths and weaknesses also help in designing policies so as to improve governance and bring about effective change during its implementation.

Our team is skilled in the systematic investigation of alternative policy options and the process of gathering & integrating evidence for and against each option. It involves a problem-solving approach, establishing the means of collection & interpretation and attempts to predict the outcomes of implementation. The key projects completed so far are mentioned below:

- **Contributing toward shaping the policy ecosystem with a special focus on the needs of the elderly population in different parts of the country.**

SCHOOL, along with the WHO and Ministry of Health, Government of India, has implemented a six-month project that focused on the needs of the elderly population in different parts of the country. The project focused on meeting different stakeholders working for older people.
These included ministries, departments, organizations, professional bodies, and research institutions. The idea was to understand the efforts they are making for providing support to the elderly population in terms of health, social care, assistance, assisted devices, pension mechanisms, and others.

Based on these interactions, a decadal plan for the elderly population in India was developed which also looked at policy guidelines circulated by the World Health Assembly on steps to be taken for the decade 2020-2030, which is the decade of healthy aging. The plan, Multi-sectorial Engagement for Healthy Ageing (MEHA), ensures a holistic approach, embracing health promotion & protection policies, legislations, and fiscal & structural measures that are necessary to address the multi-dimensional nature of challenges embracing healthy aging in India.
The 'Multi-Sectoral Engagement for Healthy Ageing (MEHA)' elaborated the ways and means for translating identified priorities for the Decade of Healthy Ageing (2020-2030) into action and to facilitate the integration roles by diverse entities, organizations, and players working for the health of elderly populations in India.

The key features of this document:

- It is developed on the premise that addressing challenges faced by the elderly are not solely health issues but require a whole Government response.
- It is a “Call to Action” for National and State Governments, District Administration, and organizations in the statutory, community, voluntary, and private sectors to work together on improving the delivery of services to support the elderly.
- It recommends the active engagement of the elderly and different groups of stakeholders for realizing the vision of this framework.
- It contains activities that need to be undertaken across every state of the country as a part of concerted global actions and will address the ten priority areas laid down in the global strategy.

- **Contributing to the development of a Comprehensive Health Data Model and its implementation in the Smart City Mission.**

Smart Cities Mission (SCM) is new and bold initiative by the Government of India with an objective to promote cities that provide core health infrastructure and enhance the quality of life for its citizens by implementing ‘Smart’ Solutions. There is a total of 100 cities that have been identified under SCM across the country. SCM provides the opportunity to create an enabling environment that includes a high-quality, clean, and safe physical environment. One of the drivers for the development of Smart cities is the robust deployment of data systems through which policymakers and administrators make informed decisions.

With this context, SCHOOL, along with WHO CO India, is providing technical support to Smart Cities Mission for developing a multi-stakeholder health data model and a digital platform for Smart Cities that will help the administrators to visualize the health of the city. SCHOOL interacted with 16 state departments and state-level bodies to gather information regarding the landscape of the existing health-related data and their sources to map key urban health indicators at the local level. The key officials include Health, Home Affairs (Police, Traffic), Madhya Pradesh Pollution Board, Food & Safety Department, Education, Excise Department, Municipal Corporation, Smart City, Public Health & Engineering, Agriculture, Labour, Women & Child Development, Gwalior Development Authority, and Social Justice department. The technical inputs provided by SCHOOL will lead to the development of a data model employed for key decision-making by administrators regarding health ecosystems to influence the lives of Smart City residents.

- **Contributing to the development & national dissemination of an operational plan/framework for the India Strategy for Women's, Children's and Adolescents' Health (I-WACH).**

SCHOOL, in partnership with WHO Country Office, facilitated a National Dissemination and Advocacy workshop and developed an operational plan/framework for the India Strategy for Women's, Children's and Adolescents' Health (I-WACH). SCHOOL's technical team conducted desk review and analysis of key documents and policies related to Global Strategy in the public domain for guiding the development of operational planning. These efforts led to the development of a plan of action in consultation with the key staff in the Ministry of Health & Family Welfare (MOHFW) and WHO-CO to further synthesize an operational plan for I-WACH. SCHOOL also reached out to key representatives from MoHFW, International/national bodies, organizations, and NGOs/CSOs for their inputs. The work led to the successful organization of the national dissemination meeting and development of an operational plan/framework for I-WACH and related documents as required by the MOHFW and WHO-CO.

- **Contributing to patient safety and quality of health services for advancing universal health coverage.**

SCHOOL assisted WHO India and MoHFW for coordinating the work on finalization of operational guidelines for the National Patient Safety Framework and various activities on and around World Patient Safety Day 2019. Under this, SCHOOL's team coordinated with 80 national-level experts through regional consultations to finalize operational guidelines.

This 'Operational guidelines' talks about 6 domains –

  - Policy & strategy framework
  - Organization of services
  - Understanding patient safety
  - Improving patient safety
  - Implementation of a patient safety framework
  - Community sensitization and IEC.

The purpose is to support the implementation of the “National Patient Safety Implementation Framework” on core components of patient safety at National, State, & District levels and describe what is necessary (inclusive of recommendations) to effectively improve patient safety measures at service delivery points.

These operational guidelines are important as:

- Serves as a resource to strengthen IPC and improve the quality and safety of health service delivery through the establishment of evidence-based and locally-adapted patient safety programs.
- Intends to primarily support governments at all levels, and policy-makers and program managers in strengthening patient safety measures under various national health programs.
- Serve as reference material for implementers responsible to establish and monitor national & sub-national quality assurance programs, as well as policy-makers responsible for the delivery of national action plans for patient safety.
- Helpful for a secondary range of actors, including those responsible for health care quality improvement, patient safety, health facility accreditation/ regulation, and public health/disease control programs.

- **Patient safety, quality of health services, and emergency response on COVID-19.**

SCHOOL, along with WHO CO India, is involved in the fight against COVID-19 from the beginning of the pandemic. While providing technical support to the WHO, SCHOOL engaged with nearly 20 national-level organizations and bodies including MoHFW, NHRSC, and NCDC. SCHOOL interacted with key central/ ministerial officers.

We provided support for planning and implementation of COVID-19-related activities under the aegis of Emergency Response Division of WHO CO.

During this, SCHOOL developed and implemented training modules on IPC for National level TOT to create a pool of trainers at State level. SCHOOL was also involved in the training of around 100 master trainers from various UN agencies for COVID-19 response.

Under the COVID-19 response, SCHOOL was also involved in formulating various guidelines in consultation with WHO and MoHFW.

- Infection Prevention & Control in health facilities catering to COVID-19
- Rational use of PPE
- Utilization of ambulances to transport COVID-19 suspects/confirm cases
- Sanitization and disinfection of different settings at the time of COVID-19
- Triage at facility level
- Home quarantine and facility level isolation
- Dead body management
- SOPs for sanitation workers
- Continuity of essential services at the time of COVID
- Preparedness of COVID-19 dedicated hospitals
- Biomedical waste management at COVID-19 facilities
- Cluster Containment Plan
- Guidelines to ensure safer workplaces during COVID-19
- Preparedness and response of COVID-19 in urban slums
- Utilization of disinfectants/spray on public
- FAQs on COVID-19
- Utilization of air conditioning system in offices
- Guidance note to WHO field staff on preventive measures

Our team has expertise in identifying key knowledge needs and bottlenecks, as well as developing an overall knowledge management strategy. Our unique strength is in conducting policy analysis, secondary research, and field research to understand the knowledge needs and issues of capture a vast range of developmental themes. We offer need-based services, architect a solution and help partners to implement the Knowledge Management support across the programmatic interventions. Some of the recently completed assignments are mentioned below:

Knowledge Management

- **Documenting the journey of midwifery services in India.**

SCHOOL prepared a report to document the journey of midwifery services and developed a technical research paper on the efforts undertaken for the promotion of services and changing policy perspectives in the country. This resource material by SCHOOL would help in advocating the strengthening of midwifery services, especially in ensuring the coverage of maternal health services in hard-to-reach areas.

- **Developing best practice compendium on Quality Equality and Dignity and report (QED) on State of Mothers in India (SOMI).**

SCHOOL, along with the WHO, compiled an updated report on the state of mother in the country, which would help the nation in developing key strategies for improving maternal health services by identifying roadblock to reduce maternal mortality, which is a key developmental indicator in Universal Health Coverage and further aids in aligning it with the country objectives as outlined in the Global Strategy for Women, Adolescent and Children. SCHOOL interacted with nearly 12 different organizations that are working in the domain of maternal and new-born care. These organizations include the WHO, UNICEF, BMG Foundation, State National Health Missions, and National Quality of Care Networks. These organizations possess important information and knowledge on the best practices related to QED components in maternal and child health. SCHOOL reviewed these practices and developed best practices compendium.

- **Guiding the operationalization of Health and wellness centres under Ayushman Bharat Abhiyaan through mid-term assessment.**

The GOI launched health & wellness centres in 2018 by transforming more than 1.5 lakh Sub-health centres, primary health centres and urban PHCs by 2022. Nearly 30,000 HWCs have been operationalized by March 2020 and the process of converting progressive facilities into HWCs is proceeding simultaneously. SCHOOL, along with the WHO, is assessing the operational status of nearly 30,000 HWCs through data analysis at national and state levels of critical indicators related to the delivery of essential services and coverage of the population. SCHOOL, along with the WHO, is engaging with key officials of the MoHFW. The report compiled by SCHOOL will further guide the strategy for operationalizing nearly 1.2 lakh HWCs across 28 states and 8 union territories of India.

Advocacy

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SCHOOL
for development and impact
NATIONAL MEET FOR LAUNCH OF
TEEN COALITION
26th
2019

TEEN COALITION

In India, the adolescents (10-19 years) constitute about 21% (243 million) of the total population. This transition stage of physical & psychological human development holds important contributions toward sustainable and inclusive growth of our nation. Ensuring proper health and social development of young people are imperative for the economic advancement of India. Many Governmental bodies, institutions, NGOs/ Civil society (both national & international) and international bodies, such as the WHO and UNICEF, are actively engaged in running programs and developing policies for the development of adolescents.

Stimulating policy ecosystem with regards to adolescents through SCHOOL's TEEN Coalition. - SCHOOL started its on-ground activities in April 2018. A journey of two years' duration began with setting priorities and investing resources in the same. Out of the two priority areas that SCHOOL focuses on, one is the age-group 10 to 19, the adolescents. To contribute to the overall development of adolescents in the country SCHOOL formulated a platform called 'Teen Coalition,' which is primarily created for bringing engagement, enabling interface between the government & civil society and extending implementation support to organizations working for the development of adolescents on various issues and in various geographies of India.

The objectives of Teen Coalition are to:

- Promote the overall well-being of adolescents in India to aid their transition to adulthood and offer them better life outcomes;
- focus on efforts for improving mental health, imparting life skills and managing motivation to complete education, providing vocational inputs for ensuring better livelihood outcomes.

During this, SCHOOL's team actively engaged with 42 domain experts from central ministries, international/national bodies/organizations, and CSO/NGOs to identify gaps in four focus areas – health, education, skilling, and vocational guidance; to identify donors and CSR bodies that can potentially fund regional consortia that works on projects for adolescent development; and to establish thought leadership and knowledge base for further programming by other organizations.

Through Teen Coalition, SCHOOL's activities were:

- National and various regional consultations (in Delhi and in the states of MP, Rajasthan, Jharkhand, and the North-East to understand the issues and challenges faced by the organizations working with the adolescents and tabling these in front of national& state governments for sensitization and bringing about support to CSOs and NGOs through different government schemes and available resources.
- Capacity building workshops for the local CSOs and NGOs in administration, resource mobilization, and field implementation. SCHOOL partnered with NCPCR and held deliberations on issues pertaining to substance abuse and the mental health of adolescents.
- Awareness campaigns and one-on-one counseling sessions with adolescent girls on menstrual hygiene management in Sehore district of Madhya Pradesh.
- Developed strategy of resource mobilization and planning for regional projects to tackle the issue of substance misuse in North East and vocational success of girl students in eastern India.

SCHOOL, through Teen Coalition, created a momentum that builds a process for progressive social change through engaging in public opinion and advocacy.

The recommendations put forth by Teen coalition are:

- Documenting best practices, packaging & sharing, and new models of implementation.
- Generating Research for evidence and data in coordination with MOHFW and key partners to identify areas and gaps in current data availability along with capturing impact assessment.
- Development of capacity building plans and implementing capacity building of Coalition partners in various programmatic areas.
- Reviewing the existing tools and packages developed by governments, different organizations, and partners.
- Identifying core strategic interventions rather than activities and events (positioning in the SDGs); aiming at maximizing impact and optimizing resource use, identifying the potential for integrating existing intervention by Coalition partners, and developing new integrated plans for intervention.
- Development of Web-based Intervention plans, content generation, and optimizing technology utilization.
- Resource generation for Teen Coalition partners/members, corporate partnerships, creating a funding pool for the coalition, including potential funding from the government.

HEALTHY AGEING

More old people are alive nowadays than at any time in history. In 2015, 12.3 percent of the global population (nearly 901 million) comprised aged people (UN estimate), and this number is increasing at a growth rate of 3 percent every year. The figure is estimated to reach two billion by 2050, leaving an unprecedented impact on almost all aspects of society. The 2030 Agenda for Sustainable Development has made it clear that a healthy life and the right to health do not start or end at a specific age. They are applicable to all ages, including the later years of life. In fact, 14 of the 17 goals are relevant from the perspective of aging. Therefore, to achieve the Sustainable Development Goals, it is important to take account of the rapid population aging that is occurring in almost every country. To ensure commitment and action from member countries and partners, the period from 2020-2030 has been declared as “Decade of Healthy Ageing”.

Healthy Ageing

India is passing through a phase of demographic transition with rapid urbanization, lifestyle changes, and increasing life expectancy. This transition, like many other developed and developing countries, has led to an exponential increase in the proportion of elderly population.

According to a 2016 report by the ministry for statistics and program implementation, India has 103.9 million elderly people above age the age of 60, accounting for about 8.5 percent of the population. These numbers are reliant on the 2011 census. The elderly population has grown at about 3.5 percent per year, twice as fast as the total population.

The statistics ministry report shows that the old-age dependency ratio, a measure of the pressure on the economically productive section of the population rose from 10.9 percent in 1961 to 14.2 percent in 2011. Though 41.6 percent of the elderly population still works (with significant differences between rural & urban men and women), few feel financially secure. A large majority of the elderly in the workforce are rural men (66.4 percent over 60 work, compared to just 11.3 percent urban men) and the formal pension coverage is limited and largely inadequate.

Steps followed in rolling out the model

'Healthy Ageing' is an umbrella initiative of SCHOOL focused on building an age-friendly ecosystem for the elderly population in India. Under this, a 'Comprehensive Service Delivery Model' (a community-based program) is being implemented in two slums of Pune (Kasturba and Indira Vasahat, Aundh), covering a population of more than 5000.

We are reaching out to 516 families and engaging directly with 542 elderly women and men. While working for the elderly population in Pune, SCHOOL directly engages with two government hospitals, two private hospitals, and eight NGOs/CSOs.

The focus is on 'intergenerational dialogue' wherein the youth and adolescents work as paid volunteers and undertake activities and counselling sessions with the elderly.

The objectives of this Model in Pune City are to:

- Establish relationship with the elderly, their families and the community as a whole for creating a social support structures within families and community.
- Improve the status of older people and increase their feeling of 'inclusiveness' in the society.
- Enhance awareness on the needs of older people and increase support through an intergenerational approach

Steps followed in the rolling out model:

- Survey to understand the profile of each elderly and assessing their needs.
- One to one meeting with identified elderly and validation of need assessment findings
- Profiling of elderly – 60-70,70-80 & 80 above
- Agile and active
- Frail, with restricted mobility
- Immobile and bedridden
- Skill & ability to contribute
- Those who can work as peers/volunteers to support their elderly
- Categorization based on gender and have separate and specific strategy for men and women
- Categorization of identified elderly according to the vulnerability index
- Assigning the field staff scorecards based on the vulnerability index of each elderly
- Creation of peers
- Development of SOPs and Protocols
- Development of reporting formats and monitoring & evaluation indicators

The project activities pertain to:

- Generating dialogue
  - One-on-one counselling
  - Discussion with family members
  - Creating an enabling environment within the family: (Restoring the balance between family members, bridging the communication gap, and restoring dignity)

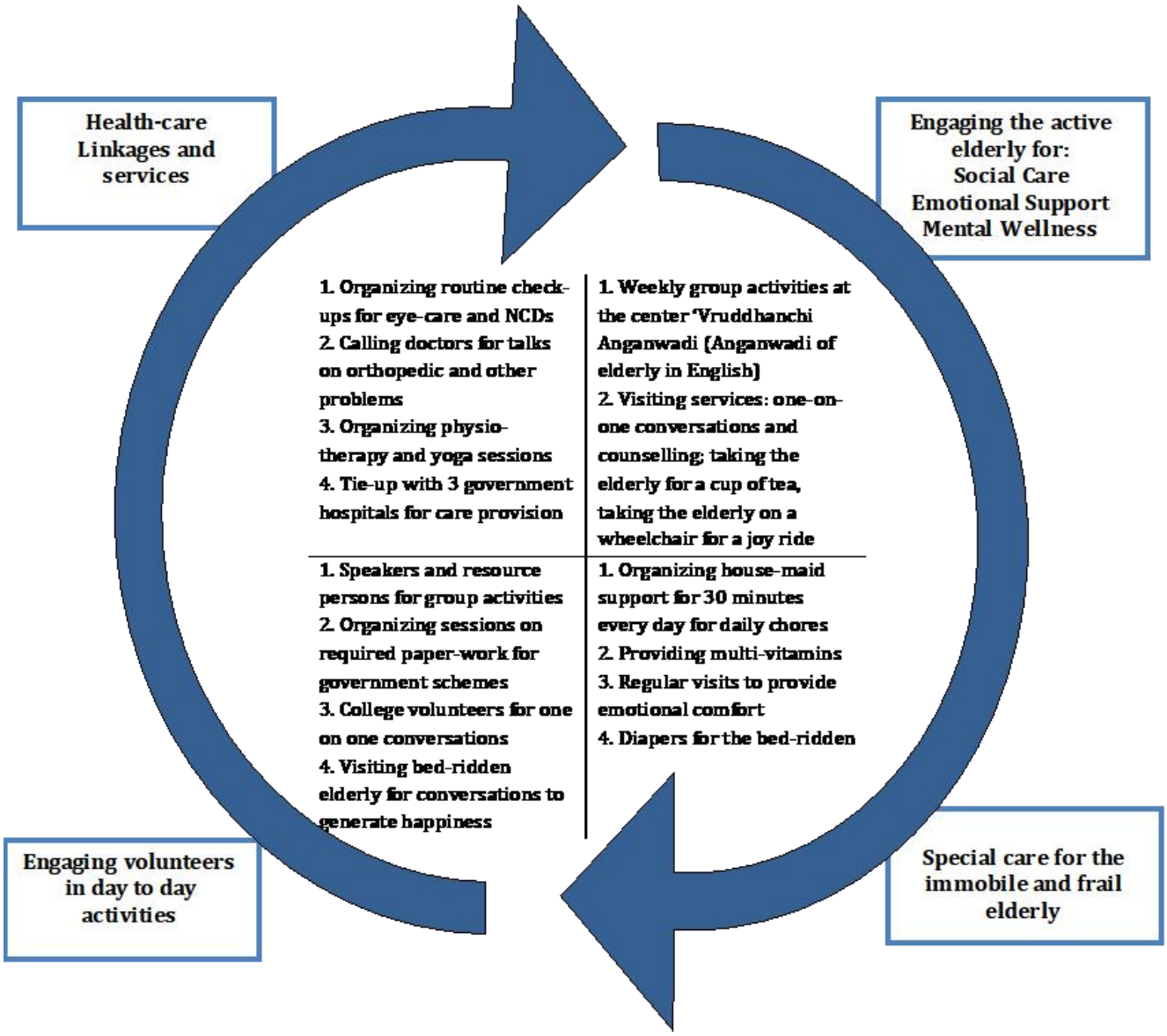
- Creating enthusiasm to be active
  - Weekly group sessions
  - Picnics and games
  - Lunch meetings and recreation

- Promoting independence
  - Assisted devices
  - Physiotherapy
  - Income-generating activity

- Ensuring physical & emotional well-being
  - Weekly health check-ups at the center
  - Home check-ups - hypertension and diabetes
  - Multivitamins for the fragile
  - Diapers, backrest, and joy-rides
  - Putting the house in order
  - Distribution of raw ration

- Garnering support for the most vulnerable and needy
  - Creating peers in the neighborhood
  - Sensitizing community

- Cross cutting
  - Linkages with government schemes of various departments, nearby hospitals and clinics for immediate care


Health-care Linkages and services
Engaging the active elderly for: Social Care Emotional Support Mental Wellness
1. Organizing routine check-ups for eye-care and NCDs
2. Calling doctors for talks on orthopedic and other problems
3. Organizing physio-therapy and yoga sessions
4. Tie-up with 3 government hospitals for care provision
1. Weekly group activities at the center 'Vruddhanchi Anganwadi (Anganwadi of elderly in English)
2. Visiting services: one-on-one conversations and counselling; taking the elderly for a cup of tea, taking the elderly on a wheelchair for a joy ride
1. Speakers and resource persons for group activities
2. Organizing sessions on required paper-work for government schemes
3. College volunteers for one on one conversations
4. Visiting bed-ridden elderly for conversations to generate happiness
1. Organizing house-maid support for 30 minutes every day for daily chores
2. Providing multi-vitamins
3. Regular visits to provide emotional comfort
4. Diapers for the bed-ridden
Engaging volunteers in day to day activities
Special care for the immobile and frail elderly

Summary till March 2020

Total no. of families	Elderly Living alone	Elderly living as a Couple	Elderly living with a Family	Expired till 31st March 2020	Total no elderly alive as of 31st March, 2020
516	18	31	493	10	542

Males	Females	Total
209 (39%)	333 (61%)	542

One to one counselling support provided to:	280
Group Activities are conducted for:	306
Raw ration is distributed to:	80
Health Care Checkups are done for:	240
Multi-vitamins are given to:	80
Adult diapers are given to:	15
Monthly picnics are done for:	280
Walkers, sticks, and wheel-chairs:	37
Screening for cataract:	172
Cataract surgery:	07

GRANTS AND DONORS

Donor	Funding for	Duration	Programme Details
FHI360	Nutrition	Dec 2018 to March 2020	Research Study: Home-Based Care for Young Children (HBYC) in Gaya and Sitamarhi districts in Bihar in Alive and Thrive Project
MASOOM	Education	March 2019 to April 2019	Impact assessment of current public education policies in the Night Schools and sustainable alternatives to guarantee their future
Save the Children	Health	March 2019 to July 2019	Policy advocacy inputs extended to Govt of India by developing an implementable Plan of Action (POA) for multi-sectoral collaboration at city level to impact health outcomes
ICRW	Child Protection	April 2019 to September 2019	Research study: to assess the status of child marriage in Godda and Jamtara Districts of Jharkhand in UMANG Project
WHO	Health	May 2019 to October 2019	Policy advocacy work with government of India: Developing an Implementation Framework for Multi-Sectoral Engagement in Healthy Ageing - Translating priorities for Decade of Healthy Ageing (2020-2030) into Action
WHO	Health	May 2019 to June 2019	Knowledge management support in documenting the journey of maternal health services in the country with a focus on the pathway of the growth of midwifery services
WHO	Health	August 2019 to December 2019	Planning and implementation support to MOHFW and WHO: Development of and National Dissemination of an operational plan for the India Strategy for Women's Adolescents' and Children's Health (I-WACH)
WISH Foundation	Health	September 2019 to March 2020	Research study for generating evidence under SUBAH project (Strengthening Urban Behaviour Around Health) on dengue prevention and management in Gorakhpur, UP
WHO	Health	Oct 2019 to December 2019	Policy advocacy support to WHO by undertaking rapid assessment on national level readiness for implementation of Nurturing Care Framework for Early Childhood Development
WHO	Health	From 5th August to 15th October 2019	Contributed in Knowledge management to WHO by conducting Mapping of organizations working in adolescent health in Lab Districts of RKSK
WHO	Health	June 2019 to July 2019	Knowledge management support in developing a technical report on State of Mothers in India
WHO	Health	August 2019 to November 2019	Policy advocacy on patient safety and quality of health services
WHO	Health	Jan 2020 to May 2020	Planning and implementation support on patient safety and quality of health services for advancing universal health coverage. COVID-19 support on development of advisories for government of India from Feb 2020
WHO		Feb 2020 to August 2020	Knowledge management support for analysis of Ayushman Bharat - Health & Wellness Centers (AB-HWCs) data
WHO	Health	March 2020 to September 2020	Contributed in planning and Development of Comprehensive Health Data Model and its implementation in the Smart City
WHO	Health	April 2020 to 15 October 2020	Planning and advocacy support for COVID-19 response and Patient Safety related activities in India
Jhpiego	Health	Feb 2020 to Jan 2022	Knowledge management support on Business Modelling and Rapid Prototyping for Manyata project for Mothers

OUR TEAM