

MacArthur Foundation

**EXPERT CONSULTATION ON ‘ENHANCING YOUNG
PEOPLE’S SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS (YPSRH)’: A REPORT**

September 19, 2013

MacArthur Foundation

This report is a synthesis of MacArthur Foundation's expert consultative discussions on enhancing young people's reproductive health and rights held at the India International Centre, New Delhi, on September 19, 2013. The content and recommendations do not necessarily represent the decisions or policies of the MacArthur Foundation.

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ACRONYMS

AFHS: Adolescent friendly health services

ARSH: Adolescent Reproductive and Sexual Health

HMIS: Health Management Information System

ICPD: International Conference on Population and Development

KSY: *Kishori Shakti Yojana*

LSE: Life Skills Education

NCERT: National Council for Educational Research and Training

NRHM: National Rural Health Mission

YPSRH: Young People's Sexual and Reproductive Health

TABLE OF CONTENTS

- 1. Consultation Rationale**
- 2. Additional Motivations for the Consultation**
- 3. Objectives for the Expert Consultation**
- 4. Defining the Indian YPSRH Discourse**
- 5. Summary of Recommendations that Emerged from the Expert Consultative Process**

1. CONSULTATION RATIONALE

This is a time of great significance for the MacArthur Foundation in its work on young people's sexual and reproductive health and rights (YPSRH) in the country. After ten years of comprehensive presence and grant making in this arena, the Foundation's India office is purposively making time to take a fresh look at its grant making strategy. It views this phase as one of transformation and renewal; emerging ideas herein are expected to feed into and enrich its forthcoming country plan for the following ten years.

To allow for this shift, the Foundation's efforts have been two-fold. One, the commissioning of a landscaping exercise for gaining accurate insights into current ground realities, and thinking and gains the Foundation has made in this area. Two, the convening of a high level expert consultation to help the Foundation achieve (where necessary) critical realignments in structural, implementation, delivery, advocacy, research, leadership and policy areas. This is expected to result in sharper delineation of priorities, focus areas and agendas in the next five to ten years. The endeavor of the experts was also to aid the Foundation engage with fresh ideas, process, norms and work areas.

MacArthur's grant making on YPSRH in India under its India Population and Reproductive Health Program so far

MacArthur Foundation's grantmaking investments in YPSRH its India under its Population and Reproductive Program includes:

1. Improving mechanisms for the delivery of sexuality/life skills education for in-school and out-of-school adolescents and youth
2. Widen young people's access to appropriate sexual and reproductive health services by developing innovative, model interventions within a larger framework of health and development
3. Foster informed advocacy for creating an enabling policy environment for young people's sexual and reproductive health.

It also supports research, leadership and national networks to complement these objectives for YPSRH.

Help was sought from the experts to ascertain whether these are to remain target intervention areas or fresh touch points for grants need to be sought.

2. ADDITIONAL MOTIVATIONS FOR THE CONSULTATION

Nearly a third of India's population - 358 million people - are young aged between 10 and 24 years.¹ Recognising the youth to be a significant demographic group, the International Conference on Population and Development (ICPD) (1994) endorsed the need to provide them with accurate information and services for their sexual and reproductive health. As the accord (whose vision closely aligns with the Foundation's mission in this area) draws to a close in 2014, the Foundation used this opportunity to understand precisely from the experts the headway India has made on the ground.

Areas underscored in the accord for emphatic attention are: providing life skills information and education; access to quality reproductive health services and the facilitation of a supportive and enabling environment to allow for healthy and responsible behaviours among youth.

It is not hard to understand why. Positive interventions like these are universally regarded as a tipping point to a country's robust economic growth. Young people's delayed marriage, planned pregnancies and prevention of sexually transmitted infections (STIs) and sexual violence contribute positively to their careers, employment opportunities, savings/investments, and, thus, improved quality of life and overall productivity.

In India, there is a close relationship between programs that address health and young people's sexual and reproductive health. Maternal deaths among women in the age group of 15-24 years constitute 45% of the total maternal deaths in the country. It is acknowledged that early marriage, pregnancy and childbirth also make young women especially vulnerable.

MacArthur Foundation also understands that the country's health goals will be impeded if adolescents are excluded from program interventions. The proposed

¹ Office of the Registrar General and Census Commissioner, India, 2006.

strategy of the second phase of the National Rural Health Mission² (NRHM) (2012-2017), released in February 2013, consciously includes plans to incorporate “adolescent health” within its programmes under the “RMNGH+A strategy (Reproductive, Maternal, Newborn Child Health +Adolescents). Yet many redrawn and long running initiatives are needed. The expert consultation helped provide a compass for the Foundation to understand the needed programmatic and policy shifts.

3. OBJECTIVES OF THE EXPERT CONSULTATION

Discussions of this interactive roundtable were directed to address the following broad-scoped issues:

- What actions are required to accelerate improvements in advancing young people’s sexual and reproductive health and rights with respect to institutions, systems and processes? Will these actions reach youth from under-served and marginalised populations?
- How can technology/social media be used to improve the delivery of sexual and reproductive health information/services?
- What are priority areas for research on young people’s sexual and reproductive health?
- What are issues that should be targeted for strategic advocacy? How can accountability for young people’s sexual and reproductive health be strengthened?

In the spotlight

The focus of this expert consultation -- whose pivotal point was **youth hold rights** -- was on enhancing clarity on cross cutting strategies to better sustain, institutionalize and scale up responses to meet YPSRHR across a range of settings. Additionally, it also addressed ways to better mainstream their needs and concerns into overall national development goals.

² National Rural Health Mission (NRHM): Its first phase between 2005 and 2012 sought an architectural correction of the country’s health system in 18 states by binding several social sector departments and activities. It specially attempted to ensure community ownership and participation in the health sector.

Poised at the end of a ten-year old framework and the initialising of new goals for the approaching ten years, this expert consultation, thus, aimed to: fill crucial knowledge gaps on the nature, magnitude and consequences of neglect in this area; understand both encouraging signals and restraining factors; identify ways to build capacity; strengthen national programs and institutionalize YPSRHR issues; sharpen multi-sectoral initiative's, operational research and the use of technology; identify new opportunities to introduce innovative programs; and effectively apply lessons learnt as a guide for future Foundation plans.

4. DEFINING THE INDIAN YPSRH DISCOURSE

Several experts took the initiative to foreground YPSRH issues and the program-policy realities in India before and during the consultation. Below are a few snapshots.

- a. ***Attention was drawn to skewed nature of current programming.*** While the majority of interventions are on life skills education (LSE), there are a few, discrete efforts to involve boys, empower girls (including providing information on sexual and reproductive health matters), and provide school based sexuality education and adolescent friendly health services (AFHS). Programs focusing specifically on gatekeepers and parents are absent.
- b. ***While the promise of inter-sectoral convergence is recognized, few programs have forged links with schools, livelihood training opportunities, adult programs or ensured inter-ministerial linkages.*** The *raison d'etre* for emphasis by experts on a cross cutting approach is well founded: the youth are a heterogeneous group with multiple concerns. Their needs of education and livelihood are as compelling as their sexual and reproductive needs and rights. All these needs are inextricably linked. There is, thus, a need to inherently and comprehensively integrate their interests into a larger life course and multi-sectoral approach - both within program and policy - if the aim is to better outcomes, deepen impact and sustain change. The deep linkages have been clearly corroborated by past experiences. It also shows that YPSRH concerns woven into other programs are accepted

and received better as cultural constraints are overcome more easily. Comprehensive programs, therefore, should have multiple layers, approaches, components and outcomes (both short and long term); be flexible and phased; and address the interests of marginalized groups too.

- c. ***Implementation challenges have not always been recognized.*** A certain naiveté exists in program implementation as they do not draw on evidence or past experience. For instance, *SABLA/Kishori Shakti Yojana's* (KSY)³ groundbreaking potential have been undermined by their inability to reach girls, flawed resource allocation and weak content; a fact the Planning Commission (2011) accepts. Also, conditional cash transfer programs intended to raise the status of girls has been fraught with cumbersome eligibility criteria, lack of clarity, limited community involvement, and unattractive benefits. While the NGO sector has done much better in implementing LSE programs at the community level, there is no uniformity of curricula, leading to a confusing medley of content.
- d. ***Adolescence is a dynamic phase of life with wide gender disparities but programs lack a nuanced approach that accommodate heterogeneity.*** Much has been said about how a 15 year old and an 18 year old are different; and wider differences exist between a 10 year old boy and an 18 year old girl. Yet programs for adolescents have been fairly uniform, and attempts to be age appropriate in content and delivery are limited, probably due to logistic and resource constraints. Also, programs remain predominantly girl focused.
- e. ***Though there is mounting evidence to show gender norms become established in early adolescence, young adolescents (between 10-14) have not benefitted*** from any specially designed transformative and life skills education (LSE).
- f. ***Key gatekeepers – parents, teachers, health care providers and the political leadership – have not been effectively reached,*** and are never the primary interest of adolescent programs.

³ SABLA aims to improve the nutritional and health status of adolescent girls in the age group of 11-18 years.

- g. **Poor connection of youth to health services.** Though AFHCs function in many states, few young people know about them. Understandably, attendance is limited. Attempts to improve access of services to unmarried youth is minimal.
- h. **Working with adolescent girls is a special challenge.** School attendance at age 10 for girls is 80 percent and by the age of 16, enrollment figures drop to 40 percent. Eighteen percent of girls are married by age 15 and 38.1 percent never received information on sexual matters. Roughly 2/5ths (41 percent) of maternal deaths happen among young girls and birth rates of adolescents are highest among girls who are poor, less educated and live in rural areas. Yet the many existing programs do not address girls' practical needs, aspirations or livelihood options (beyond skill-building activities). Safe spaces for engagement, sexual choices, pleasure, freedom and gender equality are issues not addressed and initiatives for out-of-school girls are absent.
- i. **Policy for adolescents needs firming up.** A lack of understanding and systematic evidence of adolescents - their situation and needs - prevail. Their health needs suffer since disaggregated data is not generated in Health Management Information System (HMIS). In many states the funds allocated for Adolescent Reproductive and Sexual Health (ARSH) component remain unspent/under spent. The need for value clarification and training of the service providers to address issues regarding life skills and sexual and reproductive health including contraception with unmarried adolescents is urgent.
- j. **The returns on programming for adolescents are not as immediately visible.** In this field, it is not enough to just measure outcomes but shifts from gender stereotypes and reduced vulnerabilities. This means a focus on achievement on the processes as much as the outcomes. Sometime a desire to over achieve the outcomes leads to a dilution of critical pathways or processes necessary to achieve those outcomes. Globally and in India, there is sound evidence of the effect of interventions (based on proximate determinants) leading to a healthy transition to adulthood (such as knowledge, skills, peer networks, mentors, self-confidence) rather than on behavioral outcomes per se (marriage age, condom use, HIV, birth spacing). Perhaps, there is need to focus

attention on indicators that are appropriate to measure outcomes of YPSRH intervention.

- k. ***And, to better understand impact, there is need to invest in panel/longitudinal evaluations.*** This means such programs need donor commitment/resources to follow adolescents for five-ten years to observe the longer term impact on behavior. In such cases, proximate determinants could be replaced by more rigorous indicators and mechanisms for collecting information to allow for effective scale-ups.

5. SUMMARY OF RECOMMENDATIONS THAT EMERGED FROM THE EXPERT CONSULTATIVE PROCESS

We present below a summary of the findings of the expert consultation process under the four thematic categories outlined in the report's objectives:

1) Actions to accelerate improvements to advance young people's sexual and reproductive health and rights (especially youth from under-served and marginalised populations) vis-à-vis institutions, systems and processes

a) Age-determined distinctions between 'children', 'adolescents' and 'young adults'

The starting point of all effective program implementation for the young should be with straightforward age-determined distinctions between 'children', 'adolescents' and 'young adults'. Used as a linchpin for interventions, it can harness better outcomes. Hence, past and future programs need to be revised or planned in an audience-segregated manner, prioritizing the needs of each category.

A clear-cut discernment that adolescent health and adolescent reproductive and sexual health (ARSH) are not synonymous is an imperative. The latter was woven into programs as per the ICPD agenda and in response to the HIV pandemic. International models served as useful guides. But to better understand and serve youth sexual and reproductive vulnerabilities, it is important that future interventions be sensitive to this difference. Indian YPSRH ground realities as well as region/situation/age/class/gender/and caste specifics of the audience must be addressed accordingly.

b) New ideas, procedures, evidence and yardsticks for a new area of work

YPSRH is a relatively new area of intervention. The acknowledgement of youth being allowed to make informed sexual and reproductive choices is getting embedded in public and policy discourse, and is here to stay. The 12,000 Youth Clubs envisaged under the Twelve Five Year Plan is evidence of this progression. Significant contributions in the area can spring from Foundation initiatives to unpack new ideas, procedures, gather evidence (by building systemic approaches to assess age-and-sex-aggregated data and outcomes within its programs) and define yardsticks to measure and map outcomes. More important, it can build on research to inform programming, advocacy and policy. The absence of qualitative-quantitative analysis deters scale up, both in government and non-government initiatives. Working to make visible rigorous, evidence-based outcomes may be arduous and require a length of time, yet it will be singularly rewarding for the Foundation.

Repackaging YPSRH with a distinct new 'non-threatening' branding would help take away the forbidding tags of 'disease', 'family planning', 'teenage sex' and 'abortions'. The Foundation can take the lead in explicitly including youth inputs into YPSRH programs (so that they are youth-centered and youth-led) and policy formulation (by continuing its investments in honing their leadership skills). Experts strongly felt that youth's 'inexperienced' and 'flawed' suggestions may actually work as it stems from their needs.

c) *Finding shared ground*

In India, the reality is that people live together but they inhabit different centuries. This is true of the youth who live in different settings and face differing realities. Could the Foundation make a breakthrough in finding a shared ground and perspective within YPSRH ambit that is acceptable to the unreached youth? Could the MacArthur initiate efforts that build up self-worth and self-reliance? Could it attempt to engage youth in programs and policies that address the youth? Could it build skills of people to work with the youth? It could venture to cohere all these elements in a new, bold matrix.

d) *YPSRH programing areas: old and new*

The Foundation's headway in YPSRH programing can be invigorated by stepping up interventions in: LSE (key areas: building self-efficacy to handle situations in their immediate environment and demand services available to them), empowering girls (provide comprehensive information on sexual and reproductive health matters to both unmarried and married adolescents), school based sexuality education (raise awareness and dispel risky practices), AFHS,

programs with boys, out-of-school children (entry points could be clubs, *Yuva Kendras* (Youth Centers) and agencies employing the young), urban youth, marginalized groups, tribals, migrants, substance-using and HIV infected youth, gatekeepers (to build a supportive environment for youth), and behavioral change, especially in regard to violence against women (sexual coercion). Experts made a case for repeating the Foundation's work and adapting its early success over and over.

There was repeated stress on the need for the Foundation to persist to work in tandem with the education sector to impart life skills and sex education. Unusual and atypical inlets could be sought within school curricula, special classes, counselling and peer education services and teachers could be creatively brought into the fold (their reluctant stems from huge workloads and ridicule faced when addressing sexual matters).

The relevance of forming affirmative links with communities/gatekeepers (parents, teachers, health care providers and the political leadership) was another constant refrain. Communities, sensitized to youth's needs and equipped to foresee the empowering outcomes of quality education, preventive health efforts and addressing YPSRH issues, will be hugely responsive and lend impetus to programs. Current community buy-ins for YPSRH is uneven, and in some cases hostile. The need to explore 'door-openers' to get to gatekeepers; engage in stand-alone activities with them; and motivate and incentivize them was discussed.

e) Strengthening youth clinics

Critical appraisals of the functioning and management of youth clinics have uncovered a huge unmet need for anemia management, contraception, safe and legal abortion services and STIs: a vital work niche for the Foundation. When unmarried girls approach these clinics, they are stigmatized as clinics are often staffed by people from their community. Prescribed standards (that have been recently revised) are not followed, quality of service is poor and so are follow ups to rectify malpractice. Counselling services are abysmal. The Foundation could work with government or private health professions to revitalize clinics, make them safe spaces, review protocols/guidelines and management procedures, update skills of providers, create innovative ways of delivering service and strengthen mechanisms for referrals. As counselling is an undervalued area, the Foundation can chisel a definite work identity for itself in this space.

f) Addressing the issue of gender-based violence

Experts pointed that the gang-rape & murder of a young women in December 2012 in Delhi had opened up an opportunity to address the issue of gender-based violence. Following the event there has been a marked increase in the reporting of cases of rape across the country. Experts felt that there is an immediate need to support initiatives that respond to the problem at the community and institutional levels.

g) The wide-lens approach

It is being increasingly recognized that all improvements to advance young people's sexual and reproductive health and rights must be approached multi-sectorally as mutually reinforcing complementarities sharpen and sustain outcomes. Many representatives recounted why they shifted tack to adopt more inclusive approaches on the ground. Multiple overlapping channels such as education, life skills, vocational training, placement, entrepreneurial opportunities and financial literacy, among others, can help youth fulfill all their aspirations, have better health, address their sexual needs and realize their personhood to its fullest potential. Peer groups, youth clubs, *Kishori Manchs*, and electing youth champions could be conduits to success. While the experts spent considerable time on this issue, their insistence that emphasis must remain grounded on the focus area - directly or indirectly, as the purpose of convergence is to refine not dilute outcomes - remained unequivocal.

The experts elaborated on how situating the linkage agenda with the YPSRH framework helps. For instance, teaching young children about mindful gender norms that respectful of girls and women, through school curricula, in their normative phase helps forward the YPSRH goals. Neuroscientific studies show social norms get established at a very young age. In Jharkhand, the education department is taking the lead in this regard. The National Council for Educational Research and Training (NCERT)⁴ curriculum too addresses this at the level of class 9 and so do some states (other states are as yet unwilling to address the controversies surrounding educating youth on sexual and reproductive health. Similarly, using indirect routes to improve access and uptake of sexual and reproductive health services could bypass cultural constraints within communities regarding the use of contraception and addressing STIs among youth. The arena of sports could be used creatively for this, for example.

⁴ NCERT assists an advices the central and state governments on academic matters related to school education and also implements the national curriculum framework.

While the majority of the experts veered to the side of the wide lens approach, saying that youth needed to be reached through different routes and given varied solutions, there were a few dissenting voices. They argued that the theory of education moves from the specific to the general. Using the route of specifics has undeniable merits and may achieve more.

As the Foundation's strength is strategic funding, counterweights to the shift to the wide canvas approach can come from piloting innovative, holistic projects with a strong well-defined core, clear non-negotiables, and precise intervention designs for definitive outcomes in areas of interest. The challenge to minimizing risks lies in finding the fine balance; of anchoring and prioritizing its work areas within the fractious, multi-component framework.

h) Aligning with global perspectives

Foundation funding for primary interventions on YPSRH could align with the global attention to prevention of adolescent early and enforced marriage and building capabilities of girls to halt this practice. It can strengthen its existing work on this issue and also use it as a peg to broaden program scope.

i) Piggy backing on national and state programs

It could also expand influence by piggy backing its priorities on existing national and state government programs - not only on health, but education, sports and social justice. Central budgets for ARSH have increased 18-fold in the last four years. More pertinently, experts urged that investments at the state and district levels be perceptibly stepped up by advancing state and district schemes - operationally and by building capacity of its service providers. Many states are eager to implement and scale programs that are cost effective and want examples of demonstrable outcomes. The Foundation can show the way here. District Education Offices, too, could become promising partners.

j) Collaboration with donors and other stakeholders

Interventions in YPSRH take time to gain community acceptability and need the sustained presence of program managers to gain trust of the people, roll out the program and demonstrate impact. A coalition of donors would perhaps decrease duplication of effort, be more impactful (with combined expertise, resources and endeavors) and make long term funding possible. The Foundation can foster ties with NGOs who have made inroads into government networks.

2) Use of technology/social media to improve delivery of sexual and reproductive health information/services

The use of technology and social media to improve delivery of sexual and reproductive health information and services holds within it a curious anomaly. It addresses a 'private' issue in a participatory, public space. The Foundation can harness the extraordinary reach of technology to disseminate its own brand of information. Mobile phones, radio, TVs and the social media are useful tools. It is being currently done in several ways. Many other ways are possible. Experiments with apps that provide real time data is a possibility. Success of the social media comes because the language is one that the youth speak. 'Dating', 'relationships' 'break up' are words in their vocabulary. The challenge for the Foundation is to find a similar language for other technologies.

As social media creates space for youth to discuss, debate and act, it could be viewed as a tool for behavioral change communication and youth activism and used as such. The progression could be: raising awareness on YPSRH, reducing stigma by mobilizing opinion and support, creating a demand for information and services, and building skills and opportunities to enable access and use of information and services to secure rights and entitlements in private and public domains.

The Foundation must find appropriate technologies to reach girls, as many of them do have mobile phones.

3) Priority areas for research on young people's sexual and reproductive health

Research and evidence building is a powerful way to deliver enduring advantage to a program; it fosters understanding on the need for a particular intervention, the urgency for it, its design and the improvements needed – what, where and how much.

Experts highlighted the need for longitudinal studies from childhood to young adulthood to understand the magnitude and complexity of vulnerabilities faced by the young. Studies on specific work areas of YPSRH could serve as a knowledge base for effective programming. Feedback derived from systemic approaches to assess age-and-sex-aggregated data and map and measure outcomes can be used to course correct, accentuate workable, and, hence, repeatable approaches, lift benchmarks of empowerment and allow for scale ups.

Suggested areas of research: Studies on sexuality/lifeskills education in school curricula could provide insights into how early/late individual state governments are introducing sex education; how their aversion to its introduction can be handled; what issues remain unaddressed or need reinforcement.

Peer education has proved useful in instilling behavioral change. While there is anecdotal evidence in the sector, it would be useful to have long term studies.

An undervalued area is mental health of the youth. Sharpening understanding in this area and connecting the entailing research to program would be invaluable.

Critical appraisals of frontline deliverers of YPSRH programs - health personnel, teachers, policy makers and programmers - are needed to understand systems level demands, constraints and opportunities.

Generating baseline information on significant LSE programs could help enhance implementation capacity and provide leads on how to incorporate more issues.

There is need to strengthen monitoring data on quality and access to YPSRH services for better program design and policy formulation.

An urgent priority is research on ways to reach the unreached youth, who happen to be the most vulnerable.

Quantifying the nature and depth of change experienced in areas considered 'private' and 'hidden' is problematic. Also, evaluations to gauge the tipping point and the extent of change can only happen after a protracted period as change is a slow process. Such assessments are often subject to skepticism because it uses more narrative than figures. Yet this piece of evidence is crucial to understand the template used to kick start this process of collective change - a social movement, as it were - its magnitude and impact. Experts urged the Foundation to pay attention this. Process documentation that keep alive processes that propelled success could be an inception point for quantitative studies. Paying attention to 'small changes' that make a big difference is an important component of this exercise.

Research on best practices in the Indian YPSRH field has not happened in a comprehensive manner. No real precedents exist. Yet it has enormous potential to favorably transform the lives of tens of thousands of young living under disadvantages.

With continued efforts that involve gathering data, monitoring and evaluation, analysis, learning, feedback and reflection, there is need to accumulate and apply knowledge about which practices are working on the ground and which are not successful or effective. The end result of such an exercise could be arriving at a set of explanatory and operational tools that act as an adaptation guide to implement effective programs and target end-users better. It would also be a good way to ensure mistakes are not repeated and there is learning from misadventures. Recording and utilizing innovations and adapting it as an advocacy tool would also be possible.

4) Issues for strategic advocacy and strengthening accountability for young people's sexual and reproductive health

While political commitment to YPSRH is strong (the recent Justice Verma committee report is a clear indication), uniformity in vision is needed as health is a state issue. The Foundation can advocate for a singular, cohesive vision document.

Donor focus should not alter with a change in government. Instead the Foundation's persistence to follow its rights based vision must be maintained.

As one of the leaders in the field, the Foundation is in a position to play a key role in creating a platform to share information on its program strategy and good practices. It can serve as a convener of a high-level advocacy group.

Advocating for better sexuality education and LSE in schools is a must. Care should be taken to ensure the tone and tenor is non -problematic. Advocating with communities would mean informing the debate by tackling cultural sensitivities, gender imbalances, allaying fears of the influencers and creating allies of community stakeholders.

Advocating for a Commission of Youth would help. The Ministry of Youth is meant to set up a subcommittee on youth. The Foundation could use this as a door opener to push for a Commission. Addressing youth concerns is the entry point to address larger developmental issues. The Foundation should dialogue with political leadership to hammer out a Youth Manifesto. Inter-ministerial dialogues can be promoted as the Foundation sits in a position of advantage.

In advocacy, it is important to find the right language and visual representations to challenge culturally entrenched social beliefs considered 'normal' 'private' and 'not

warranting a public response'. Messaging must be both to individuals and groups and the quality of communication must be remarkable, lucid and engaging.

Conclusion

This report has attempted to capture the major suggestions that experts have offered the Foundation to better orient YPSHR issues. We are excited about potential and opportunities they hold out for our future and hope to fully capitalize on them.

Expert Panel for the Consultation on Young People's Sexual and Reproductive Health: 19 September, 2013

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