EngenderHealth’s TARUNYA project aspires to empower adolescents in Bihar with information, services, and an enabling environment that they need for healthy growth and development.
EngenderHealth is currently supporting the Bihar Government in implementing its Rashtriya Kishore Swasthya Karyakaram (RKSK) adolescent health program. EngenderHealth is implementing a unique partnership model with local Non Governmental Organizations (NGOs) to catalyze the last mile delivery of adolescent health services. The project is strengthening Adolescent-Friendly Health Clinics (AFHCs) at facilities and enhancing community outreach to adolescents through Peer Educators (PEs) and organizing Adolescent Health Days (AHDs). The model is based on three-pronged approach where community and facility level services are strengthened and convergence mechanisms are facilitated to create an enabling environment for adolescent health. The project closely works with the State Health Society, Bihar to advocate the agenda of adolescent health in Bihar.

**Journey of TARUNYA project**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>Pilot phase in 12 districts of Jharkhand State</td>
</tr>
<tr>
<td>2010-2011</td>
<td>Expanded to 24 districts of Jharkhand State</td>
</tr>
<tr>
<td>2011-2012</td>
<td>Initiated activities in Bihar State</td>
</tr>
<tr>
<td>2012-2015</td>
<td>Continued support in Bihar and Jharkhand (transition out of Jharkhand)</td>
</tr>
<tr>
<td>2015-2016</td>
<td>Supported Government of Bihar at State level</td>
</tr>
<tr>
<td>2017-2021</td>
<td>Supporting Government of Bihar</td>
</tr>
</tbody>
</table>

**The model of TARUNYA project**

**What we do at Adolescent Friendly Health Clinics**
- Strengthening availability of counselling services
  - Availability of commodities and job aids
  - Capacity building of personnel
  - Ensuring privacy and confidentiality

**Strengthening processes**
- Streamlining client flow
- Improved recording and reporting

**Output**
- Fixed day quality counselling services

**What we do at Community level**
- Selection of PEs through village mapping
- PE meetings that serve as learning platforms (Adolescent friendly clubs)
- Formation of Adolescent peer groups and effective group meetings
- Effective training and mentoring of PE

**Convergence**
- Bringing diverse stakeholders to strengthen adolescent health services

- District Committee on Adolescent Health (DCAH)
  - Education department
  - Health department
  - Women and Child Development department
  - Youth Affairs
Program accomplishments (January 2017-October 2020)

Number of Adolescents Reached*

Through AHD

Total 909 AHDs organised

40,629 (18,272 boys and 22,357 girls) reached

Through AFHC

All 18 AFHCs functional (including district AFHC)

49,062 (24,014 boys and 25,048 girls) availed services

Through Group Meetings

Total 899 groups formed and conducted meeting

17,389 (8,413 boys and 8,976 girls registered)

Total Reach 1,09,388 (55,986 boys and 53,402 girls)

Total 3,304 (1,551 boys and 1,753 girls) meetings organised

8 Kishore Sammelans organised at block level to provide Peer Educators a platform for direct interaction with Government officials.

*Represents Adolescent Contact Points
EngenderHealth implemented a baseline and endline survey to measure impact of program intervention, SRH knowledge, attitudes, and practices among adolescents to help inform and guide future interventions. The two cross-sectional studies interviewed adolescents aged 15-19 (n=1,632 at baseline and 1,717 during endline) and were implemented in August 2019 and October 2020 respectively.

- Awareness on health services in community increased from **27.9%** at baseline to **70.6%** at endline.

- In non-PE blocks, awareness on adolescent health program continued to remain low (less than 5%).

- Five-fold increase in attendance at adolescent health days from **6.5%** at baseline to **33.7%** at endline. Similar attendance increase observed at AFHCs and interaction with PEs.

- Significant increase in knowledge and awareness levels among adolescents in PE blocks. For example, awareness of HIV/AIDS increased from **47.5%** at baseline to **65.3%** at endline survey in PE blocks. Knowledge among adolescents in non-PE districts was either stagnant or increased marginally across the two time periods.

- Use of menstrual hygiene products for menstrual protection increased from **75.7%** at baseline to **85.9%** at endline survey in PE blocks.

- Strong association observed in interaction with Peer Educators and knowledge level of adolescents and attendance at adolescent friendly health clinics in PE blocks. While only **3.5%** of adolescents who did not meet a PE in the past year went to an AFHC, **46.3%** of the adolescents who interacted with the PE went on to avail a service from the AFHC.

The findings of evaluation emphasize the role of Peer Educators and community level activities in enhancing awareness, demand and uptake of health services among adolescents which contributes to healthier behaviors and status among adolescents.