

GOVERNMENT OF MEGHALAYA

**Department of Planning, Investment Promotion
& Sustainable Development Department**

Meghalaya Basin Management Agency



**Meghalaya Multisectoral Project for Adolescent
Wellbeing, Empowerment and Resilience (MPOWER)
(P507066)**

Draft Stakeholder Engagement Plan (SEP)

12 November 2024

Table of Contents

List of Tables	4
List of Acronyms	5
1. Introduction	6
1.1. Project Context	6
1.2. Project Development Objective	6
1.2.1. PDO Level Indicators	6
1.3. Project Components	6
1.3.1. Component 1: Learning Mission, Life Skills, and Career Preparation in Schools (US\$24.3 million)	6
1.3.2. Component 2: Community Interventions and pathways for out-of-school adolescents (US\$18million)	7
1.3.3. Component 3: State Capability and Program Management (US\$20.2 million)	8
1.3.4. Component 4: Contingent Emergency Response Component (CERC) (US\$0 million)	9
2. Objective/Description of Stakeholder Engagement Plan (SEP)	9
3. Stakeholder identification and analysis	9
3.1 Methodology	9
3.2. Affected parties and other interested parties	10
3.3. Disadvantaged/vulnerable individuals or groups	11
4. Stakeholder Engagement Plan	11
4.1. Summary of stakeholder engagement done during project preparation	11
4.2. Summary of project stakeholder needs and methods, tools, and techniques for stakeholder engagement	12
4.3. Stakeholder engagement plan	12
4.4. Reporting back to stakeholders	13
5. Resources and Responsibilities for implementing stakeholder engagement activities	13
5.1. Resources	13
5.2. Management functions and responsibilities	14
6. Grievance Mechanism (GM)	15
6.1. Description of GM	16
7. Monitoring and Reporting	17
7.1. Summary of how SEP implementation will be monitored and reported	17
7.2. Reporting back to stakeholder groups	18
8. Annexes	19
8.1 Annexure 1. Consultation Summary	19
8.2 Annexure 2 Consultation Photographs	46

List of Tables

Table 1: Vulnerable Groups.....	11
Table 2: Stakeholder Engagement Plan	12
Table 3: Budget for SEP	13
Table 4: Management Functions and Responsibilities	14
Table 5: Description of GRM Process.....	16

List of Acronyms

ADC	Autonomous District Council
APD	Additional Project Director
DOE	Department of Education
DPIPSDD	Department of Planning, Investment Promotion & Sustainable Development Department
DPMU	District Project Management Unit
DSYA	Department of Sports and Youth Affairs
E&S	Environmental and Social
EHS	Environmental Health and Safety
ESS	Environmental and Social Standards
FGD	Focus Group Discussion
FPIC	Free Prior and Informed Consent
GBV	Gender Based Violence
GoM	Government of Meghalaya
GoI	Government of India
GPN	Good Practice Note
GRM	Grievance Redressal Mechanism
NGO	Non-Governmental Organisation
OHS	Operational Health and Safety
PD	Project Director
PAP	Project-Affected Person
PDO	Project Development Objective
POM	Project Operational Manual
PRA	Participatory Rapid Appraisal
SC	Schedule Caste
SEA/SH	Sexual Exploitation and Abuse & Sexual Harassment
SEP	Stakeholder Engagement Plan
SPMU	State Project Management Unit
Sub-PMU	Sub Project Management Unit
ST	Schedule Tribe
WB	The World Bank
YF	Youth Facilitator

1. Introduction

1.1. Project Context

The “Multisectoral Project for Adolescent Wellbeing, Empowerment and Resilience (MPOWER)” project proposes a set of coordinated multi-sectoral interventions that will strengthen the capability of the State of Meghalaya to empower adolescent boys and girls, aged 10 to 19. These multi-sectoral interventions will strengthen human capital, and support transition from school to productive work. The goal of the Project is to promote well-being and empowerment of adolescents and to strengthen their productivity and resilience so that they can contribute fully to the sustainable economic growth of the State. In order to achieve the above goals, the Project would support initiatives to strengthen adolescents' life skills, physical and reproductive health, and career aspirations.

1.2. Project Development Objective

The Project Development Objective (PDO) is to enhance multi-sectoral service delivery and capability of the State of Meghalaya to improve adolescents' human capital outcomes.

1.2.1. PDO Level Indicators

- Adolescents reporting increased well-being¹ (Percent; sex disaggregated)
- Reduction in the drop-out rate of adolescents in secondary education (Percent; sex disaggregated)
- Adolescents (in school, out-of-school) receiving life-skills and mental health education (Number; sex disaggregated)
- Multisectoral Competency and Wellbeing Framework for adolescents adopted and implemented by GoM.

1.3. Project Components

1.3.1. Component 1: Learning Mission, Life Skills, and Career Preparation in Schools (US\$24.3 million)

This component will focus on improving human capital outcomes for adolescents in upper primary (grades 6-8), secondary (grades 9-10), and higher secondary (grades 11-12) government and government-aided schools in the state. This component will support three inter-related activities, and the detailed procedures and implementation modalities for this component will be described in the Project Operations Manual (POM):

a) Learning Mission for adolescents in upper primary grades. To improve learning outcomes for adolescents in grades 6-8, the project will support a learning mission to fill the gaps in their foundational literacy and numeracy skills. For the learning mission, the project will support: (i) the development and distribution of teaching-learning materials for teachers, students, and volunteers on remedial learning; (ii) the training of upper primary teachers; and (iii) a performance-based contract for an agency to support training of teachers, and implementation and supervision of the learning mission.

b) Life skills education through classroom sessions and in-school adolescent clubs. The project will support the delivery of life skills education to adolescents through classroom sessions led by trained

¹ life skills, mental health, Sexual Reproductive Health, and employability

teachers and in-school adolescent clubs led by a trained Youth Facilitator (YF). Life skills in classrooms will be delivered using curricula based on the multisectoral competency and wellbeing framework developed under Component 3, while in adolescent club settings, the project will utilize an activity-centric curriculum, such as environment, sports, theatre, defense, music etc. The project will support: (i) the development of curricula and materials for use in classrooms and clubs; (ii) the establishment and operation of in-school adolescent clubs; (iii) the development of operational guidelines for clubs; (iv) the engagement and training of unemployed youth/students as Youth Facilitators, Skill Coaches and Student Peer Leaders; (v) the training of teachers, adolescent health counsellors, medical officers; (vi) the materials, equipment and operations support for these clubs; and (vii) the events/gatherings for adolescents to facilitate sharing and learning, among others.

c) Academic counselling and career readiness interventions. Academic counseling and career readiness interventions will be provided by a selected pool of trained teachers. The career readiness interventions will complement academic counseling and life skills education to support students to explore both traditional and emerging career opportunities and to form realistic career aspirations. Specifically, the project will support: (i) the training of selected teachers; (ii) the design and delivery of group-based information and counseling sessions along with career exposure; (iii) the virtual or in-person interactions in school with professionals from various fields; and (iv) the interactive activities including field visits to observe workplaces and interact with professionals and "career days" at upper primary schools.

1.3.2. Component 2: Community Interventions and pathways for out-of-school adolescents (US\$18million)

This component will focus on improving human capital outcomes for out of school adolescents and creating an enabling environment for them through active engagement and capability building of their parents, community members, and frontline workers. It will also support setting up of a "Hub and Spoke Model" of community-based service delivery through the network of Community Clubs (located at the cluster of villages) and Youth Centres (located at Block levels). This component will support four related activities, and the detailed procedures and implementation modalities for this component will be described in the POM:

a) Community Clubs. The Meghalaya Youth Policy 2021 envisions setting up youth clubs throughout the State that will provide youth with a space to avail services offered to them on health and wellbeing, skill development, counselling, volunteering and employment opportunities etc. The project will finance: (i) the establishment and operation of one community-level adolescent clubs at the cluster of five-six villages; (ii) the development of operational guidelines and curricula; (iii) the engagement and training of unemployed youth as YF, Skill Coaches and Peer Leaders; (iv) materials and equipment for these clubs; (v) annual cash grants to each community Club for social and productive activities; and (vi) community reading programs using the community adolescent clubs and existing Anganwadi Centers (AWCs). Each community club will work closely with the Block level Youth Centres (established under component 3(b)) following a hub and spoke model. The YF will serve as a mentor and will lead selected club activities at a cluster of five clubs including life skills education with the help of a peer leader from each club. The YFs will be brought on board through a work-place-based training and certification modality for two years, with a fresh batch of YF enrolled every 2 years during the project period.

b) Community sensitization and capacity building. Better information sharing and capacity building of major stakeholders help create an enabling community environment for implementing innovative interventions. Towards this, the project will support: (i) the development of the development of a communication strategy and IEC campaign focused on working closely with parents and other

community groups, including men and boys; (ii) the development of edutainment models using innovative digital platforms, like Web-Series, Webcomics, Chatbots, and social media, among others; (iii) the setting up of local parent-family support groups as a safe space for parents for sharing, learning and supporting each other; (iv) the development of training strategy, standardized materials and plan for the capacity building for service providers and stakeholders, including members of VHCs, Medical Officers, RKSK and SHWP functionaries, and other community institutions, frontline workers (ANMs, ASHAs, AWWs, Adolescent Counsellors, etc.), parent groups, among others; and (v) the additional outreach to minority groups and vulnerable populations through VHCs, such as teen parents and persons with disabilities, to encourage them to join.

c) Educational and Economic Pathways for out-of-school adolescents: To facilitate the completion of secondary education and/or market-linked skills training (wage and self-employment) for a subset of out-of-school adolescents, who complete life-skills education at the community clubs, the project will support/facilitate: (i) appropriate bridge education for mainstreaming into regular school or non-formal education; (ii) psychometric assessment for competency based selection and assignment into business/vocational skills training; and (iii) enrolment in vocational and/or business skills training for out-of-school adolescents in collaboration with MSSDS, Prime Hub, among others.

1.3.3. Component 3: State Capability and Program Management (US\$20.2 million)

This component will focus on strengthening the institutional capacity of the state for improved coordination, governance, and outreach, set up Youth Centres as Block level hubs for adolescents and youth, and support improved management of data, and day to operation and management of the project. This component will also support adolescent girls in completing the secondary education cycle through academic counselling, development of a multisectoral competency and wellbeing framework, and facilitating safe spaces for young girls. The detailed procedures and implementation modalities for this component will be described in the POM.

a) Development of a Competency and Wellbeing Framework for Adolescents: Supporting adolescent development and well-being requires a coordinated multisectoral response. Recognizing this, the project will support the development of a competency and well-being framework for adolescent empowerment that will identify benefits from across departments that contribute to age-based competencies and adolescent well-being outcomes. The competencies and therefore, the curricula will be segmented by age to meet the different learning needs of younger versus older adolescents. The framework will cover three themes - life skills and mental health awareness, sexual and reproductive health, gender-based violence (GBV), and careers and aspirations. In particular, the project will support: (i) the development of an inter-departmental Multisectoral Framework for Action for the adolescent wellbeing; (ii) the review of existing life skills and career readiness curricula available within and outside India; (iii) the development of a competency matrix and curriculum framework along with relevant guidelines; (iv) the design and printing of curriculum framework and guidelines; (v) the training of teachers and other stakeholders for facilitating the rollout of the curriculum; and (vi) the monitoring and rollout of the curriculum framework in schools and clubs (both in-school and community clubs).

b) State Capability, innovations and Youth Centres²: The focus will be on strengthening the institutional capacity of the state, including district and village level institutions involved in adolescent well-being, resilience, employability and service delivery. Towards this, the project will

² GoM has set up Chief Minister's Youth Centres (CMYCs) in 20 locations that are self-designed learning spaces and open platform equipped with computers, tinkering tools, libraries, etc. to act as alternative learning platforms for communities, especially youth and adolescents.

support: (i) the establishment of a State Centre/Lab for Adolescents and Youth that will lead the overall agenda of state capability and institutional strengthening, including relevant institutional assessments, functional reviews and piloting of user centric-service delivery approaches, and training of service providers for adolescents in selected districts, villages, and schools; (ii) the development of a State youth employment strategy; (iii) the strengthening of existing Chief Minister's Youth Centres (CMYCs) or setting up new Youth Centres in selected locations as Block level hubs; and (iv) an innovation window for the design, piloting, and evaluation of innovative models, for improving human capital outcomes for adolescents in Meghalaya.

c) Project Management, Monitoring and Information System. The project will provide day-to-day implementation and operational support to GoM to efficiently implement and supervise the project at all levels. The project will finance costs pertaining to: (i) the day-to-day operations and management of the project; (ii) the development of the manuals and field implementation guidelines for the learning mission, life skills education, in-school and community adolescent clubs, among others; (iii) the development of a monitoring and evaluation plan; (iv) the evaluation activities including rigorous impact evaluations, periodic need-based process evaluations, baseline, mid-term and end-term surveys, among others; (v) the deployment of a State Information Management Platform including, a Project Management Information System (PMIS), an interactive web-portal for adolescents, and a digital State Skills Registry along with the relevant standards and protocols for data security and privacy; and (vi) the development and deployment of grievance redressal mechanisms (GRM).

1.3.4. Component 4: Contingent Emergency Response Component (CERC) (US\$0 million)

This component will support an immediate response to an eligible crisis or emergency, as needed.

2. Objective/Description of Stakeholder Engagement Plan (SEP)

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project activities or any activities related to the project.

3. Stakeholder identification and analysis

3.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach:* Public consultations for the project(s) will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, interference, coercion, or intimidation.
- *Informed participation and feedback:* Information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholder feedback, and for analysing and addressing comments and concerns.
- *Inclusiveness and sensitivity:* Stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to

vulnerable groups that may be at risk of being left out of project benefits, particularly women, the elderly, Persons with Disabilities, displaced persons, and migrant workers and communities, and the cultural sensitivities of diverse ethnic groups.

- **Flexibility:** If social distancing, cultural context (for example, particular gender dynamics), or governance factors (for example, high risk of retaliation) inhibits traditional forms of face-to-face engagement, the methodology shall adapt to other forms of engagement, including various forms of internet- or phone-based communication.

3.2. Affected parties and other interested parties³

Affected parties include local communities, community members, and other parties that may be subject to direct impact from the Project. Specifically, the following individuals and groups fall within this category:

- Adolescents
- Young mothers
- Parents
- Teachers
- Youth clubs
- Sports clubs
- Schools/College
- Youth Facilitator (YF)
- Student Peer leaders (Captains)
- Sexual and Gender Minorities, Migrants, Non-Tribals and other Minorities
- Department of Planning, Investment Promotion & Sustainable Development Department (DPIPSDD)
- Department of Education (DoE)
- Department of Sports and Youth Affairs (DSYA)
- Department of Health & Family Welfare (DoHFW)

The projects' stakeholders also include parties other than the directly affected communities, including NGOs

- MBMA staff
- State Project Management Unit (SPMU) Staff Sub-Project Management Unit (Sub-PMU) Staff
- District Project Management Unit (DPMU) Staff
- NGOs with interest related activities – Rehabilitation of persons with Substance/ Alcohol addition, Persons with Disabilities (PwDs)
- Vendors supplying goods and equipment and small contractors for any other works

³ For the purposes of effective and tailored engagement, stakeholders of the proposed project are divided into the following core categories:

- **Affected Parties:** Persons, groups, and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures.
- **Other Interested Parties:** Individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way.
- **Vulnerable Groups:** Persons who may be disproportionately impacted or further disadvantaged by the project compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

- Media groups and Academia
- Public at large

3.3. Disadvantaged/vulnerable individuals or groups⁴

Within the Project, vulnerable or disadvantaged groups may include but are not limited to the following:

Table 1: Vulnerable Groups

S. No.	Possible vulnerable groups	Barriers to accessing information and/or project benefits
1	Persons with Disabilities	Possible exclusion during project planning and implementation, and in accessing benefits, due to lack of access to infrastructure and information.
2	Sexual and Gender Minorities	Possible exclusion during project planning and implementation, and accessing benefits due to social stigma
3	Sex workers (inclusion of these in the project to be reviewed)	Indifference behaviour from community, possible exclusion during project planning and implementation, and accessing benefits due to social stigma
4	Substance addicts	Indifference behaviour from community, lack of interest, possible exclusion during project planning and implementation, and accessing benefits due to social stigma
5	Non-Tribals and other minorities	Possible exclusion during project planning and implementation, and accessing benefits due to nativity

As per the Census 2011, the state has a total of 44,317 Persons with Disabilities, approximately 1.49% of the total population. Out of these 44,317 Persons with Disabilities, 17,413 (9286 Male and 8127 Female) are of age 19 years and below. Under the component 2 of the project, the communities would be sensitized to the barriers, constraints and challenges faced by the Persons with Disabilities. The project would draw support from various government programs and institutions in addressing these issues. The Project's capacity building curriculum and content to be made available will be in an accessible form to the Persons with Disabilities.

All vulnerable groups within the communities affected by the Project may be added, further confirmed, and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

4. Stakeholder Engagement Plan

4.1. Summary of stakeholder engagement done during project preparation

During project preparation, a total of about 380 stakeholders were consulted across 7 districts in 29 consultation meetings (in months of March/April 2023 and October/November 2023). These are conducted with the participation of various stakeholders mentioned above at selected locations across the state. The project information, project objectives, various project components and

⁴ It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of project, and to ensure that awareness raising and stakeholder engagement be adapted to take into account such groups' or individuals' particular sensitivities, concerns, and cultural sensitivities and to ensure a full understanding of project activities and benefits. Engagement with vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input into the overall process are commensurate with those of other stakeholders.

activities, various stakeholder groups involved, implementation arrangements, potential impacts of the project (exclusion, lack of access, etc.), benefits of the project, role of the stakeholders, and challenges related adolescent age and multisectoral approaches to build skills and human capital were explained to the participants. After the presentations about the project, the participants gave their feedback. Feedback received during consultations was taken into account by the project to be incorporated into the design. A summary of the main recommendations received and integrated into the Stakeholder Engagement Plan is provided in Annex 1.

4.2. Summary of project stakeholder needs and methods, tools, and techniques for stakeholder engagement

Different engagement methods are proposed and cover different stakeholder needs as stated below:

4.3. Stakeholder engagement plan

Table 2: Stakeholder Engagement Plan

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Preparatory Phase	During planning phase	<ul style="list-style-type: none"> Project design, scope, approach, benefits, timelines, progress Grievance management process 	<ul style="list-style-type: none"> Face-to-face meetings Official letter or notification Workshops and trainings IEC Materials⁵ Wall writing and paintings 	<ul style="list-style-type: none"> Project primary stakeholders Local Community/Youth/Cultural clubs Technical Institutes CBOs NGOs Rehab Centre ADC District officers of DOE/DoHFW/DSYA 	SPMU Sub-PMUs DPMUs
Implementation Phase	<i>During Implementation</i>	<ul style="list-style-type: none"> Information on project activities and timelines Prior information schedules Grievance redressal management - tools and its usage Provisions in place for vulnerable groups, Persons with Disabilities, sexual and gender minorities, etc. Specific design interventions for vulnerable and disadvantaged 	<ul style="list-style-type: none"> Phone calls Letters to stakeholder groups One to One meetings Focus Group Discussion Murals and paintings Signboards Notice boards in Common places and community centre Youth club Meetings Cultural Meeting Meetings with local NGO representatives 	<ul style="list-style-type: none"> Students Parents Youth clubs Vulnerable Disadvantaged Local Community NGOs/ CBOs 	SPMU Sub-PMUs DPMUs

⁵ The IEC material preparation will take into account the language, culture, gender, age, literacy, location, etc. of each stakeholder group.

		<ul style="list-style-type: none"> ● GBV/ SEA and mitigation measures 			
Withdrawal Phase	<i>Post Implementation</i>	<ul style="list-style-type: none"> ● Project Monitoring ● Project outcomes and results ● GRM monitoring 	<ul style="list-style-type: none"> ● Focus Group Discussion ● Meetings ● Youth Clubs meetings ● Cultural Meets ● Meetings with local NGO representatives 	<ul style="list-style-type: none"> ● Students ● Parents ● Youth/cultural clubs ● Vulnerable ● Disadvantaged ● Village Community 	District Offices Community/Youth/cultural/sports clubs

Information will be disclosed through Grievance Mechanism (GM) procedures; project orientation meetings; regular updates on project developments, public notices, press releases, Project website, consultation meetings, information leaflets and brochures, separate focus group meetings with vulnerable groups, Press release, Op-Eds, newsletters, Field visits meetings, etc. The information will be disclosed in the local language. A Stakeholder Workshop will be held to disclose and seek feedback on the draft Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP), and Labour Management Procedures (LMP), following which the ESF documents will be finalized and re-disclosed on the DPIPSSD website (including the World Bank external website). The information will be disclosed through all possible means, ranging from face-to-face meetings with the project stakeholders, distribution of hard copies, posters, leaflets, and brochures, and DPIPSSD website and local media in local language, so that the documents are accessible to all project beneficiaries of the project, including those in residing in the remote areas.

4.4. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and Grievance Mechanism, and on the project's overall implementation progress.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

The SPMU will be in charge of stakeholder engagement activities, while the Sub-PMUs and DPMUs implement the stakeholder engagement activities at District level. The budget for the SEP is ₹ 10 Crore and is included in project management component of the project.

Table 3: Budget for SEP

Budget Category	Quantity	Unit Costs, ₹	Times/ Years/ Months	Total Costs, ₹
1. Estimated staff salaries* and related expenses				
1a. Field Staff Costs (2 per district for 5 years)	12	25,000	60	18,00,000
1b. Travel Costs for field staff	12	5,000	60	36,00,000
1c. Other allowances to field staff	12	2,000	60	14,40,000
2. Events				
2a. Village Level Workshop (5 per district per year)	60	15,000	5	45,00,000

2b. Block level workshops (5 per district per year)	60	25,000	5	75,00,000
2c. District level workshops (5 per district per year)	60	35,000	5	1,05,00,000
3. Communication campaigns				
3a. IEC Material (Posters, Flyers, wall writings, hoardings, etc.)	12	2,00,000	5	1,20,00,000
3b. Social media campaign (per state)	1	10,00,000	5	50,00,000
3c. Newsletters (per district)	12	1,00,000	5	60,00,000
4. Trainings				
4a. Training on social/environmental issues for SPMU, Sub-PMUs, DPMUs and field staff]	12	1,00,000	5	60,00,000
5. Beneficiary surveys				
5a. Mid-project perception survey (one time)	1	1,00,00,000	1	1,00,00,000
5b. End-of-project perception survey (one time)	1	1,00,00,000	1	1,00,00,000
6. Grievance Mechanism				
6a. Training of VHC/ ADC members (Per district)	12	1,00,000	5	60,00,000
6b. Suggestion boxes in villages/ Blocks (25 Per district)	300	2,000	1	6,00,000
6c. Improvements to GRM (lumpsum)	1	50,00,000	1	50,00,000
7. Other expenses				
7a. Miscellaneous (lumpsum @ 10%)				89,94,000
TOTAL STAKEHOLDER ENGAGEMENT BUDGET:				9,89,34,000
				Say ₹ 10 Crores

The Budget is indicative and tentative.

5.2. Management functions and responsibilities

The entities responsible for carrying out stakeholder engagement activities are with State Project Management Unit (SPMU) at Meghalaya Basin Management Authority (MBMA) under Department of Planning, Investment Promotion and Sustainable Development, Sub Project Management Units (Sub-PMUs) at Department of Education, Department of Health & Family Welfar (DOHFW) and Department of Sports and Youth Affairs and District Project Management Units (DPMUs) under MBMA at the districts. The stakeholder engagement activities will be documented through a Stakeholder Engagement Management System (SEMS), which would be developed for the project, which involves stakeholders and community engagement operations, collecting and processing of grievances, and maintaining database SPMU.

Table 4: Management Functions and Responsibilities

Agency / Individual	Roles and Responsibilities
State Project Management – SPMU	<ul style="list-style-type: none"> ● Approve the content of the draft SEP (any revisions) ● Approve prior to release, all IEC materials used to provide information associated with the project (communication material, PowerPoint, posters, leaflets and brochures, TV and radio insertions) ● Approve and authorize all stakeholder engagement events and disclosure of material to support stakeholder engagement events
Sub-PMUs under DOE/DOH/DSYA District Project Management Units	<ul style="list-style-type: none"> ● Provide overall guidance and monitoring supervision to the SEP process ● Prepare and provide appropriate stakeholder specific IEC and communication material, information required to be disclosed to different stakeholder categories

	<ul style="list-style-type: none"> ● Finalize the timing and duration of SEP related information disclosure and stakeholder engagement ● Orient the Field level staff on SEP and requirements for its operationalization
<p>Schools, Youth Clubs with Frontline workers at block and village level</p>	<ul style="list-style-type: none"> ● Prepare and customize to block requirements the IEC and communication material provided by the District Level Office, and the information required to be disclosed to different stakeholder categories ● Ensure that all material/ strategies developed are culturally appropriate and available in easily comprehensible form to stakeholders (based on their profile and their information needs). Finalize the timing and duration of SEP related information disclosure and stakeholder engagement ● Participate either themselves, or identify suitable representative, during all face-to face stakeholder meetings ● Review and sign-off minutes of all engagement events; Maintain the stakeholder database. ● Assure participation/ inclusion of stakeholders from vulnerable groups

6. Grievance Mechanism (GM)

The main objective of a GM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. The project places special emphasis on transparency, accountability, openness and disclosure of information to the community. In keeping with above principles, wide spread disclosure of information through wall writings, paintings, hoardings, awareness generation campaigns, TV/ Radio programmes, publications, District/ Block level workshops, etc. will be carried out. The dedicated project website, which will be developed and updated regularly with the latest weekly/ monthly status of activities of the project. The details of the proposed GRM will be included in the Project Operations Manual (POM).

A mobile based application will be developed and used at community level to capture and feed data into the Management Information System of the SPMU. A toll-free Helpline number will also be established to make the mechanism widely accessible and gender friendly.

A website for registering complaints at megpgrams.gov.in is available. Citizens can lodge their grievances online by clicking on the lodge grievance menu. They then need to select the Department to which the grievance pertains to, provide personal details and enter specific details about the Grievance and if required, upload related scanned documents. A successful registration of grievance will generate an acknowledgement with a unique registration number which will be received by the complainant in the form of an SMS. This registration number can be used for tracking the status of the grievance, for sending reminders and for viewing the action status.

As part of Public Grievance Redressal Mechanism, CM's WhatsApp number (+91 94363 94363) "Connect to be Heard" is established to make the mechanism widely accessible. The format to be filled as:

- Do you wish to disclose your identity? Reply in 'Yes' or 'No'
- Name
- Nature of Complaint
- Department Concerned
- Location (Village/Town/District)

- Picture or Video if any

In addition to the above, a template to share grievances is provided on the MBMA website, however only in English. However, the HR team will update the same in other dialects as well. In the state each project has an appointed Point Of Contact for the grievance cell. Likewise, one person from MPOWER will be appointed at the state level. Currently the grievances are captured on the website locally; the district and block teams manage/ redress the grievances and escalate to the state as per need.

6.1. Description of GM

Table 5: Description of GRM Process

Step	Description of Process	Time Frame	Responsibility
Grievance Redress Mechanism implementation structure	As described above		
Grievance uptake	Grievances can be submitted via the following channels: <ul style="list-style-type: none"> • E-mail • Online through Mobile Application • Toll Free Number • Letter to Grievance focal points at local facilities • Complaint form to be lodged via any of the above channels • Walk-ins may register a complaint in a grievance logbook at a facility or suggestion box 	A maximum of 30 days	District staff of DPMUs
Sorting, processing	Any complaint received is forwarded to DPMUs, Logged in Grievance Register, and categorized according to the complaint types	Upon receipt of complaint	Local grievance focal points
Acknowledgment and follow-up	Receipt of the grievance is acknowledged to the complainant by DPMUs	Within 2 days of receipt	Local grievance focal points
Verification, investigation, action	Investigation of the complaint is led by DPMUs. A proposed resolution is formulated by DPMUs and communicated to the complainant.	Within 10 working days	Complaint Committee composed of DPMU
Monitoring and evaluation	Data on complaints are collected in Grievance Registers and reported to SPMU every month		SPMU Sub-PMUs
Provision of feedback	Feedback from complainants regarding their satisfaction with complaint resolution is collected by DPMUs		DPMUs
Training	Training needs for staff/ consultants in the SPMU/ DPMUs are, a) awareness on GRM, b) procedures for GRM and c) Recording and reporting on Grievances		SPMU Sub-PMUs

Step	Description of Process	Time Frame	Responsibility
If relevant, payment of reparations following complaint resolution	Payment of reparations following complaint resolution will be documented and signed by both parties on receipt of the amount. Payment of reparation related to employee accidents and fatalities will be undertaken as per the requirements of the Employee/ Worker Compensation Act, 1923.		SPMU Sub-PMUs DPMUs

The GM will provide an appeals process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint have been proposed and if the complainant is still not satisfied, then they shall be advised of their right to legal recourse.

When relevant, the project will have other measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the World Bank ESF Good Practice Note on SEA/SH.

The Labour Grievance Mechanism, will be constituted for each of the contract packages and the workers can use the same. The Labour Grievance Mechanism is described in detail in the Labor Management Procedures.

At district level, the DPMUs will be sensitized to take up any workers related Grievances and support the project in monitoring the vendors/ contractors' performance on OHS and labour and working conditions. At DPMU Level, the District Coordinators will be the grievance officer for workers, who will report on the status of workers grievances in their respective DPMUs. At SPMU Level, a Monitoring & Evaluation specialist will be the grievance officer for workers, who will report on the status of workers grievances.

The World Bank and the Borrower do not tolerate reprisals and retaliation against project stakeholders who share their views about Bank-financed projects.

7. Monitoring and Reporting

7.1. Summary of how SEP implementation will be monitored and reported.

The MPOWER Project will adopt the following mechanisms to manage stakeholder feedback and comments, and to report back to the stakeholders:

- MPOWER will ensure that feedback and comments received through emails, web portal and telephone numbers are acknowledged by registering them in a logbook and will be addressed in an appropriate and timely manner.
- A periodic review of the implementation of the SEP will be undertaken at the SPMU. Sub-PMUs and DPMUs and reflected in periodic progress reports submitted to the SPMU at the state level. The information collated will be published and disclosed by the DPIPSDD. The report will contain, among others, summary information on Project achievements against targets, condition/ status of works, cursory future plans, and grievances received versus resolved.
- MPOWER will monitor the following indicators:
 - Number of consultation meetings and other public discussions/ forums conducted within a reporting period (monthly/quarterly/annually)

- Number and types of IEC materials developed and disseminated
 - Number of training events conducted on SEP implementation, GRM, worker and community health and safety, etc. and number of participants (male/female/vulnerable and disadvantaged)
 - Number and type of grievances received within a reporting (monthly/quarterly/annually) and number of those resolved within the prescribed timeline
 - Types and no. of awareness creation/information dissemination activities held on GRM, GBV, etc.
 - Number of community consultation for citizen feedback conducted during project implementation. No. of participants in each consultation (gender disaggregated data)
 - Number of project information boards with GRM details displayed at the project sites.
- Further, the SEP will continue to incorporate new issues that have come to light, and concerns and queries raised by the stakeholders during the project implementation. It will also provide information on how the feedback has been considered and addressed by MPOWER.
 - Prior to sub-project preparation/ environmental and social impact assessments for the sub-projects, if any, participatory tools such as transect walks may be adopted to identify issues and its impact will be discussed with members of the local community present.
 - Public engagement events will also be conducted at the district level during the sub-project preparation phase. Events' attendees will include affected communities, local government representatives (respective district officials, village leaders, and women), local civil society organizations representatives, press and media, local businesses, and DOE/DOH/ DSYA office representatives. The events will explain the scope of the project, activities, estimated costs, requirements on the part of the communities, issues related to workers/ participants, and gender-based violence, occupational health and safety (OHS), and environmental and social risk mitigation measures.
 - In addition, a beneficiary satisfaction survey will be carried out by independent consultants to be onboarded by MPOWER. The first survey will be conducted after two years of implementation, and the second survey during the last year of implementation.

7.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation. Quarterly reports and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/ preventive actions, will be collated by responsible staff and referred to the senior management of the project. The quarterly reports will provide a mechanism for assessing both the number and nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in various ways such as letters, media briefings, newsletters, etc.

8. Annexes

8.1 Annexure 1. Consultation Summary

Stakeholder (Group or Individual)	Dates of Consultations	Summary of Feedback	Response of Project Implementation Team	Follow-up Action(s)/Next Steps	Timetable/ Date to Complete Follow-up Action(s)
Green Yard Higher Secondary School, William nagar. Garo Hills Students – 10, 11 and 12 th Class	13 th Nov 2023	<p>The school have students from local as well as rural areas which requires them to travel upto 18 km.</p> <p>Career: The students have aspiration to be CA, Lawyers, Teacher, Professional Artist, Entrepreneur (Businesswomen), Footballer, Doctor and Singer. There is almost zero career mapping. Some of them say they have support from their parents to pursue their dreams.</p> <p>During free time they engage in hanging out with friends, eat and sleep, help their mother, learn online courses like digital marketing, play football, read books and novels, listen to music, dance and play with the siblings</p> <p>Mental Health: They are not aware about the mental health. They sometimes feel stress mainly due to studies and exams. As per their opinion it includes way of thinking, able to make the right decision, stress due to family problems and environment affects the mental health.</p> <p>Substance Use: They are aware about the ill effects. As per their thinking the addiction is due to over excitement, peer pressure, for enjoyment, depression, family issues and relationship.</p> <p>Dropouts: When asked about any friends who dropped out, 6 such students they were aware. The main reason for dropping out were financial crises and academic failure. One student (9th class) they knew who became an early mother.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	Starting from project implementation	These activities will be mainstreamed and will be continued even after the project by concerned departments

<p>Rongrengre Higher Secondary School, Williamnagar</p> <p>Students – 9 and 10th Class</p>	<p>13th Nov 2023</p>	<p>The school have students coming from local and areas which requires them to travel upto 18 km.</p> <p>Career: The students have aspiration to be Airhostess, nurse, teacher, musician, engineer, etc. Some of them say they have support from their parents to pursue their dreams. They say the parents want them to do good jobs as they do not want their kids to suffer later in life. They say they look up to teachers for guiding them.</p> <p>Mental Health: They are not aware about mental health. They say they share their concerns with friends, parents and siblings.</p> <p>Substance Use: They do not have any friends who are addicted to substance.</p> <p>Dropouts: They are aware of 7 students who dropped out. The reason for dropping out was to look after home and farms, and financial crises. For one student it was due to pregnancy.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>District School Education Officer, East Garo Hills, William Nagar</p>	<p>13th Nov 2023</p>	<p>Students have low aspiration mainly due to socio economic condition, to look after siblings, helping in farming activities with parents, etc. Vocational training if included in curriculum will help students to take up good job/work. Teachers need to provide awareness and orientation as they are not aware of the market trends and requirements Community organizer can be used and will help in providing training to teachers and parents to choose right career path for their wards. District Education authority is conducting house to house survey for dropouts, counseling them and are providing admissions in nearest schools. There is no public private partnership programmes in state in schools One of the main reasons for early child marriage is poverty. Vocational training will help dropouts to take up good job/work. DSEO is of opinion that IEC material like songs, short clips, printed materials, demos will be useful in guiding the students to pursue their aspirations. Some schools in the district have skill development programme. This is mainly for students with interest to take up (Computers, Electronics, etc.). Some schools under Samanda and Songsak provides boarding and lodging for class 6,7 and 8 students. Some of the ideas shared are career-oriented methods, information clubs for class 10th, mentorship programmes and personality development programmes.</p>	<p>Education department need to implement the concerned programs under the project. Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc. As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc. Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Senior Medical and Health Officer, DMHO, Tura</p>	<p>14th Nov 2023</p>	<p>Health Department is conducting different programmes like RSKS through which they are taking up outreach programmes in schools for adolescents on issues like wellbeing. Also conducting training for teachers. Department with Adolescent Ambassador is conducting talk shows in schools on health issues. Materials for teachers were also provided about sexual health and drug abuse.</p> <p>Challenges: Need more counselors atleast one per PHC/CHC. To provide transportation to these counselors. Need more rehabilitation centres for drug/alcohol abuse. Poverty, school dropouts, orthodox faith communities, social media, ignorance are some of the reasons for early child marriage/pregnancy. Need to create awareness about ill effects of early child marriage, among communities, parents and faith leaders. Some teachers show least interest in reproductive and sexual health talks in schools. Some due to religious beliefs are against MTP and use of contraceptives. Sexual and Gender Minorities do not turn up to hospitals for any health related issues. IEC materials like leaflets/pamphlets, posters are some of the tools that can be used for creating health (sexual) awareness. There are few Catholic societies working in health sector, in particular on mental health and substance abuse. One adolescent centre is established in TB treatment centre campus, Tura. Due stigma people are reluctant to visit the centre.</p>	<p>Health department need to implement the concerned programs under the project. Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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Additional DMHO, Tura	14 th Nov 2023	<p>As head of Psychiatrist dept., some of the observation and experiences shared are: young children due to use of regular and continuous mobile, are affected by mental illness. This also causes spondylitis, loss of vision, games make them live in the world of hallucination and bizarre thoughts. The young children are addicted to drugs, alcohol and similar other intoxicated substance like dendrite, correction fluids, cough syrup, etc., that makes them sleepy and drowsy, and gives them hallucinations. Teenage pregnancy is reason due to use of mobile dating apps and other illegal contacts.</p>	<p>Health department need to implement the concerned programs under the project. Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	Starting from project implementation	These activities will be mainstreamed and will be continued even after the project by concerned departments
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<p>RKSK coordinator (District)</p>	<p>14th Nov 2023</p>	<p>Their Job profile includes monitoring counsellors, reporting, physical verification of activities at PHC/CHC etc. They focus on health, wellbeing of students mainly through Adolescence Reproductive Health Program</p> <p>Challenges</p> <p>Poor coordination and cooperation with line department (Education) regarding data.</p> <p>Adolescents are reluctant to visit PHC, and they expect refreshments if they come for sessions.</p> <p>Coordinators and Ambassadors should be provided with logistic support for better performance</p> <p>There is no health insurance, accident insurance, proper contractual agreement, etc., and they are awaiting annual increment for the last 3 years. Their registered association of these 200 employees is taking up this issue with department. (NEAM – DEC- WGH)</p> <p>They feel the need for to develop a proper mobile application for uploading the data rather than link to upload which will be active only when there is good mobile signal.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>RKSK Counsellors</p>	<p>14th Nov 2023</p>	<p>Their job profile includes counselling adolescents about wellbeing and discuss topics like teenage pregnancy, anaemia causes, nutrition, etc. They carry out these services at OPED at Block Hospital (CHC) and Anganwadi centres. And at schools they conduct orientation and discuss about menstruation, teenage pregnancy, etc. with students.</p> <p>One of the reasons, cited by the Counsellors for teenage pregnancy in Garo Hills are is live-in relation of young people (accepted by parents and community).</p> <p>Challenges: Insufficient funds for travel, no logistic support as they have to spend first and claim for reimbursement, which takes longer.</p> <p>There is no health insurance, accident insurance, proper contractual agreement, etc., and they are awaiting annual increment for last 3 years. Their registered association with 200 employee is taking up this issue with department. (NEAM – DEC- WGH).</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Chief Executive Member Garo Hills District Autonomous Council, Tura</p>	<p>14th Nov 2023</p>	<p>Chief Executive Member (CEM) welcomed the MPOWER project and assured all support during implementation. CEM has emphasized on proper guidance for young people to overcome the social barriers and take up some productive work/job and earn a decent living. CEM is of the opinion that health, sexual health and life skills education will have deep impact on the life of young generation who due to domestic issues, no guidance, etc. lost track and indulged in alcohol/drug/early pregnancies. CEM has expressed that faith leaders need to be consulted on these aspects regularly during project implementation.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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VHCs of Dadeng	15 th Nov 2023	<p>The Block Development Officer has welcomed the MPOWER project and assured all support during preparation and implementation. He has emphasized on proper guidance for young people to overcome the social barriers and take up some productive work/job and earn a decent living.</p> <p>The VHC members were in support of the projects. They wanted to know about the project components.</p> <p>They were expecting some individual monetary benefits from project. The BDO clarified that there will be no personal monetary benefits distributed.</p> <p>The VHCs want the project to consult with the communities and parents. The BDO assured them that stakeholder engagement is the basic approach of the project.</p> <p>The VHCs wanted the project IEC material to be in form that the local communities can easily understand.</p> <p>The VHCS wanted awareness and guidance need to be provided to parents and communities too on the mental health, career advancement, etc.</p>	<p>A brief introduction about the project is given to BDO and VHCs.</p> <p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	Starting from project implementation	These activities will be mainstreamed and will be continued even after the project by concerned departments
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<p>Don Bosco Technical Institute, Shillong</p> <p>Students</p>	<p>20th Oct 2023</p>	<p>Career goals: The students knew from the teacher about career goals, and about the local job market, freelancing, online jobs, etc. In class they feel like one big family, learning a lot of soft skills such as discipline from one another They have friends who dropped out of school due to Teenage Pregnancy, and financial problems.</p> <p>Mental Health: Students are aware of mental health. As per their opinion it includes their way of thinking, ability to make the right decision, stress due to family problems and environment affects the mental health. Students do feel Stress about career, family problems, etc. To destress they do outing, dancing, sharing with friends, etc. Substance abuse: They are aware about the ill effects. They are aware of some young people who dropped out due to addiction. They know drugs are easily available. To overcome such a situation, the government should start Awareness, interest/ passion platform to keep addicted people busy e.g. basketball, football, dancing class, etc. the government should promote free training centres for them. Reproductive Health: Students are uncomfortable to share the information on sexual and reproductive health. It is mainly talks with their friends, siblings, etc. that gives them this knowledge. Contraceptives: Awareness regarding condoms and contraceptives is learnt from social media, friends, schools, other awareness programs, etc.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>MANBHA Foundation</p> <p>Drug abuse Alcohol abuse/ Sexual and Gender Minorities/ Sex workers</p>	<p>20th Oct 2023</p>	<p>Alcohol and drug addicts: Drugs and alcohol use by young people is increasing due to stress, no career goals, following western culture, family issues, etc. This addiction leads them to get involved in crimes. As suggested by NGO more rehabilitation centers need to be opened where these youths spend time and learn some skills according to their talents without distraction. Due to high monthly fees of rehabilitation centers, these people cannot get admitted in Meghalaya and opt out to other state centers which charge less fees.</p> <p>Sexual and Gender Minorities: Very difficult to get job opportunities in government and private sectors, due to the stigma. The society looks down upon them, bullies them, manhandles them, as there are no opportunities, it leads them to begging, sex work and other illegal activities. They shared experience of how difficult it is to get an ID as sexual and gender minorities due ignorance of government staff, lack of empathy and sympathy, total neglect and discrimination.</p> <p>Sex workers: No work opportunities; except for sex work. The sex work is fraught with insults, physical violence, coercion, non-payment, confiscation of personal belongings, rape, etc. The MANBHA foundation supports them by counselling, awareness about HIV/AIDS, regular checkups for STD as part of a government programme.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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Health Department	20 th Oct 2023	<p>Government has introduced several programmes about creating awareness about wellness etc (RKSK). At the PHC, the dept. has opened an Adolescent Friendly Health Clinic and at the CHC level, it is Adolescent Health Resource Centre.</p> <p>Due to social stigma, individuals are less likely to seek counselling at these centres. Although they have an interest in obtaining information, they prefer one-on-one access. In urban areas, discussions about the use of contraceptives, MTP, family planning, and unwanted pregnancies are less taboo, whereas in rural areas, these topics are more sensitive, often influenced by faith. IEC material like posters, play tools, flip charts, short videos, will help reach the target audience.</p> <p>Some of the constraints expressed are: lack of Medical specialists at district level, lack of adequate finances, lack of required manpower, infrastructure, etc.</p>	Department of Health & Family Welfare is one of the implementing Agencies.	Starting from project implementation	These activities will be mainstreamed and will be continued even after the project by concerned departments
Skill Development Department	20 th Oct 2023	<p>Skill development department through emplaned trainers regularly conduct short term and advance skill upgradation programs for youth. The District Skill Committee prepares a skill training plan that includes 60 trades in 70 centres that have trained more than 5000 trainees in the service sector.</p> <p>Challenges: Line departments reluctant to share the data to prepare robust training plan</p> <p>Self-Employment: No entrepreneurship as there is limited support from government to promote entrepreneurship</p> <p>Providing linkages with Bank and Financial Institutes is a challenge. Cannot able to provide the required documentation as per Bank/FIs</p>	The Skill Development Department will collaborate with the Project and provide for skill development opportunities.	Starting from project implementation	These activities will be mainstreamed and will be continued even after the project by concerned departments

<p>Department Sports and Youth Affairs</p>	<p>20th Oct 2023</p>	<p>The department conducts several programmes in sports for youth like YESS Meghalaya, CM Youth Development Programme, Dual Exchange and Youth Exchange programmes.</p> <p>Challenges: Age fraud by athletes lead to a disqualification from competitions, lack of qualified coaches in different sporting events, inability to provide fitness equipment to district and block level prayers, no physical trainer/ instructor at school level, difficulties in getting admission in training institutes outside the state, etc.</p>	<p>Department of Sports and Youth Affairs is implementing Agencies</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
<p>Pynthorumkharah Community Hall Non tribes Students Parents</p>	<p>21st Oct 2023</p>	<p>Drug Abuse is at a high rate both within tribals and non-tribals due to poor family support, family issues, less job opportunities, bad friends influence, etc. The habit leads them to crime to fulfil the urge for drugs. The rehabilitation centres are too expensive. MIMHANS rehabilitation centre is the one run by the Government.</p> <p>Teenage Pregnancies: Due to working parents inability to monitor the children, domestic violence, parents alcoholism, poverty, aping western culture, etc. leads to relationships between young children. Abortion is against the faith.</p> <p>Parents express that house-to-house counselling, creating awareness about the skill development programmes and opportunities available in the state will help in curbing alcohol/drug abuse and teenage pregnancies.</p> <p>Parents opine tools like motivational programmes, street plays, sports events, demonstration, exposure visits, linking with small enterprises with loan and subsidy, sharing experience of locals working outside the state, etc, will help youth to decide their future.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>

<p>Tura Govt. Boys Higher Secondary School - Co Ed</p> <p>Students</p>	<p>29th Mar 2023</p>	<p>Careers: There is almost zero career mapping, career counselling and job realism. Some of them are interested in becoming Doctors, makeup artists, nurses, lawyers, footballers, lecturers, etc. They are inspired by teachers and family members.</p> <p>Social: Friends circle is strong. There is a wide usage of media here; some mention that they are with their phone for 3 hours per day; Instagram, YouTube and Netflix being widely used. Music is a favourite for all.</p> <p>Mental Health: The students were not aware of the term mental health. The students said that they have all experienced stress when parents scold them and during examinations. To de stress, they listen to music, play games, go on walks, run, sit and talk to their friends and siblings. Family stress seems to be highly prevalent here. Some said they go to a corner and cry.</p> <p>Substance Use: They are aware of alcohol and tobacco but said that they do not have any friends who engage in the same.</p> <p>Reproductive Health: Knowledge is at a low level on reproductive health. The boys were aware of puberty. The girls had prior knowledge about periods from their elder siblings and mothers. They are not open about it with their brothers and fathers. They are shy about it. Boys were not aware of periods. They would like more information from their teachers.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Parents - Ampati Higher Secondary School</p>	<p>28th Mar 2023</p>	<p>Parents complained about kids using their phones. Sick elders at home make it difficult for parents to concentrate on their kids. The lack of transportation to schools makes them skeptical to send their kids to school sometimes. Parents are of the opinion that more skill development programs in schools will enhance their skills.</p> <p>The parents said that they are active in their kids' lives but they don't have enough time to spend with their kids. The only time spent together is when they do housework. Elder sisters are the ones who mostly encourage their younger siblings to do well</p> <p>Parents are not really aware of the aspirations of kids and careers they want for their kids, they themselves lack information. Financial constraints do affect their decisions on their plan and goals.</p> <p>In Garo hills, the kids are exposed to substances as it is culturally practiced. Some parents even send their kids to buy substances. The parents are not aware of any institutions that they can send their kids to for help. The only thing they can do is advise them not to use it.</p> <p>Parents counsel the kids when they are stressed, there is moral support from the parents.</p> <p>There is no conversation between parents and children about reproductive health. Parents sometimes get information from ASHA's. They are willing to encourage and support sessions on reproductive health in schools.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Ampati Higher sec. School</p>	<p>28th Mar 2023</p>	<p>The school has a NEET program. Football, kabaddi, volleyball are the sports they play. 9 students have dropped out from school. 3 due to teenage pregnancy, one due to financial problems, one due to poor academic performance, one did not have enough attendance and one girl due to domestic issues at home she moved away to live with her grandmother in Williamnagar, she never joined a new school and she is married now.</p> <p>Mental health: They are not aware. Most boys seek support from their sisters and some are close to their father. Most boys are close to their mother and express that it is a mother who understands everything.</p> <p>Substance use: All have families that smoke. Some students have friends who smoke and drink. But they have not indulged in such activities.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Mahendraganj - Students Class 6 - 5 students Class 7 - 2 students Class 8 - 4 students</p>	<p>29th Mar 2023</p>	<p>Careers: There is almost zero career mapping and career counseling. Most of the students in this school did not know what their aspirations were. Social: When asked what they do for fun, the students' responses included playing and roaming with friends and they are not really aware of any drop outs in this school. Mental Health: The students were not aware of the term mental health. They have all experienced stress when parents scold them and during examinations and to de stress, they listen to music, play games, go on walks, run, sit and talk to their friends and siblings. Stress due to family seems to be highly prevalent here and they do not discuss with friends. Substance Use: They are aware of alcohol and tobacco but said that they do not have any friends who engage in the same and their friends don't encourage them. The school with a Muslim majority and cultural practices have influenced the lack of encouragement towards drugs. Reproductive Health: Students have very little knowledge on reproductive health. The girls had prior knowledge about periods from their elder siblings and mothers only. Boys would like more information from their teachers.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc. As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc. Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>St. Thomas Higher Secondary School, Mairang Class 9 - 5 Class 10 - 8 Class 12 (Arts) - 4 3 migrant students: Rural-urban (intra-district)</p>	<p>24th Mar 2023</p>	<p>Students are much more articulate and confident. They are aware of the need and purpose of coming to school and would like to help parents and dream to pursue careers like IAS officer, archaeologist, artist, nurse, lawyer, army officer, businessman, engineer, priest, MBA, astronomer, gynaecologist, etc.</p> <p>There were 7 dropouts; the reasons are laziness, academic failure, 3 due to teenage pregnancy. Students feel stressed when parents scold them and when thinking about the future. To cope with this situation they hang out with friends, journaling, singing, dancing, breathing exercises, and watching cartoons. Siblings, mother, friends, neighbours are whom they speak to when feeling low and stressed. All students don't share their concerns because they have trust issues.</p> <p>Students are aware that some friends consume some kind of substances; sometimes they face peer pressure to take them on the basis of being a 'rangbah' (headman).</p> <p>School Health & Wellness Ambassadors: No students have attended these sessions</p> <p>For girls the Source of information are Mother on any topics on menstruation; Few students know about condoms and source of information is Science textbooks, internet, TV; Some are comfortable speaking about contraceptives with their friends; all want to know more about contraceptives.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Kynshi Government Higher Secondary School Class 6 - 5 Class 7 - 5 Class 8 - 1 Class 10 - 4 Class 12 - 2 (Arts)</p>	<p>24th Mar 2023</p>	<p>Their day-to-day includes, school-sports-work at home-homework. Students wish to communicate in English. Most of the students use their parents' mobile phone. Careers: There is almost zero career mapping. Their dream careers include - baking, fashion designing, doctor, nurse, driver, etc. They are inspired by what they watch on the mobile phones, parents and elder siblings. Social: When asked what they do for fun, the Students responses included, Playing, Walks, Sleep, TV, Music, Daydreaming. Students use their own or parents' mobile phones. Parents allow them to use the phone for an hour per day. When asked about any friends who have dropped out, they were aware of 8 such students. The main reasons for drop out included covid, trouble at home, lazy to study or lack of interest and the children having to go make a living or help at home instead. Mental Health: The students were aware of the term mental health but they have no knowledge of how to cope with feelings of anger, stress etc. The students of class 6-7 had zero knowledge about mental health. The only stress they feel is during examinations. Reproductive Health: They have some basic knowledge on reproductive health. The Higher class boys were aware of menstruation . The girls had prior knowledge about periods from their elder siblings and mothers.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc. As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc. Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Patharkmah Government Higher Secondary School Patharkmah – Parents Of Classes 6,7, 8,9 & 10</p>	<p>23rd Mar 2023</p>	<p>Parents are well aware and say they have experience in raising teenagers. Lack of education of parents make them want to send their children to school. Parents motives to study and excel in studies; nurture their talents; studies should not stop just because they haven't figured out their goal; support them even if they fail to get promotion or score lesser marks. Some parents check with their kids the reasons behind difficulties in studies. The Education System of Re-appearance of only one subject in which they have failed in 10th class has helped to continue.</p> <p>Parents opine that substance use is their failure in terms of overseeing their children's timings, who they're friends with and what they do. Parents realise the need of speaking to their kids with affection. Half say they don't have time to spend time with their kids. Parents are of the opinion that to downplay the prevalence of teenage pregnancy, expect their daughters to speak once she's dating. Daughters speak to their mothers about menstruation.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Patharkmah - Students Class 8 - 5 Class 9 - 5 Class 10 - 10</p>	<p>23rd Mar 2023</p>	<p>Careers: There is almost zero career mapping. They are inspired by what they watch on the mobile phones, parents and elder siblings. Social: When asked what they do for fun - Students' responses include Playing, Walks, Sleep, TV, Music, Daydreaming. When asked about any friends who dropped out, 9 such students they are aware of . The main reason for drop out includes trouble at home, being too lazy to study and the children having to go make a living or help at home instead. About 5 friends they knew who became early child mothers. Mental Health: The students are aware of the term mental health but they have no knowledge of how to cope with feelings of anger, stress etc, due to the future , environment at home, housework, family issues that leads to no time for study. To relieve stress, they listen to music, play games, go on walks, run, sit and talk to their friends. Substance Use: Students have friends who smoke and drink. Boys do this more than girls. They do have friends who encourage them with substances. They feel pressured and bad for not accepting. Reproductive Health: Students have basic Knowledge is on reproductive health. The girls had prior knowledge about periods from their elder siblings and mothers. They are not open about it with their brothers and fathers. The boys knew little about what puberty. Which they knew from Science class. Sexual Activity: Most of the students do have crushes. The students usually talk about this with their friends only and sometimes older siblings. The elders tell them to wait till their 19. Parents do not talk to them about any sexual reproduction. The boys are aware about condoms but not girls. The boys gathered information on sexual reproduction through mobile phones.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Nongstoin (Sibsingh) - Students Class 8 - 6 students Class 9 - 4 students Class 10 - 4 students Class 12 - 5 students</p>	<p>22nd Mar 2023</p>	<p>Some 7-8 students from interior villages come to study in Nongstoin. They have rented spaces to attend school. Careers: There is almost zero career mapping. They are inspired by what they see on the mobile phones, parents and elder siblings. Social: When asked what they do for fun, students responses included, Playing, Walks, Sleep, TV, Music, Daydreaming, They are aware of a few students who dropped out. The main reason for dropping out includes trouble at home, being too lazy to study and the children having to go make a living or help at home instead. Mental Health: The students were aware of the term mental health but they have no knowledge of how to cope with feelings of anger, stress etc. Many students expressed stress during exams and family issues. They usually spend time sleeping, confide in friends, listen to music, and go for walks as coping mechanisms. Substance Use: They do have friends who encourage them with substances. They feel pressured and bad for not accepting. Reproductive Health: The girls had no prior sexual knowledge and no knowledge of menstrual cycle. They do not talk about this at home. Girls do discuss their cycle amongst friends. The boys don't talk about puberty because they are shy, however they do discuss the same with their friends. Sexual Activity: No one was open to talking about sexual health. The students expressed that some parents do give them advice and usually ask them to refrain from sexual activity. No knowledge of contraception, condoms, etc. They want to get information from Counsellors, Sisters, but not with teachers.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc. As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc. Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Nongstoin (NPS) - Parents</p> <p>No. of parents with kids in respective classes: Class 8 - 5 Class 9 - 3 Class 10 - 2 Total Parents - 12; 3 fathers & 9 mothers</p>	<p>22nd Mar 2023</p>	<p>Parents are of the opinion that young children are to be taken care with love and treat them as friends; Use of proper language is what adolescents need.</p> <p>Children should be treated with discipline particular in Education matters; be strict about their study timings, who they're friends with; show them the right direction.</p> <p>They are of the opinion that Mothers are friendlier than fathers; father's roles are not everyday in terms of counseling and showing their children a right path.</p> <p>Parents say that they Encourage & Support the kids; willing to take loans to fulfil their aspirations; As parents, they want kids to reach their goal and are willing to save for their children's future. Though they have financial constraints they say they are providing tuition as one reason is they throw tantrums at home and don't listen when teaching at home.</p> <p>Parents are of the opinion that friends & their own willingness is leading to use of substance and addiction. Fathers are to be more careful drinking at home when kids start inculcating these habits.</p> <p>Parents don't agree that they are to be blamed for kids using addictive substances. One of the sign that kids prefer to stay alone is that they are indulged in negative habits (eg: addictive habits)</p> <p>Some Parents are aware of RKSK, many are not aware about the help available for adolescents.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Nongstoin (NPS) – Students Class 8 - 5 Class 9 - 3 Class 10 - 2</p>	<p>22nd Mar 2023</p>	<p>Many students from the interior villages come to study in Nongstoin and rent spaces to attend school. Students expressed difficulty as they have family members who are not well at home. Some Students reach home back only by 7 or 8pm as they have to walk. Careers: 50% of the students like Science. They want to take careers as Singer, Lawyer, Army, Dancer but there is almost zero career mapping. They are inspired by what they see on the mobile phones, parents and elder siblings. Social: When asked what they do for fun, students' responses included, Playing, Walks, etc. When asked about any friends who have dropped out, 30% said they too have done so due to Covid and some children being too lazy to go to school. Mental Health: The students were aware of the term mental health but they have no knowledge of how to cope with feelings of anger, stress etc. At home they enjoy sleeping, friends' company, listening to music and going for walks. Students say they enjoy classes of teachers who are able to teach the lessons properly. Some of the activities they participate in school include Story writing, Singing, Dancing, etc. Substance Use: Students say they have seen friends who have dropped out of school due to substance abuse. They do have friends who encourage them to take substances and most of them have said that they refuse. Reproductive Health: Girls expressed that they were nervous and irritated during their first period. The boys are not aware of what periods are, some are aware because they have older female siblings. The girls had no prior sexual knowledge and no knowledge of menstrual cycle and they do discuss amongst friends. Sexual Activity: Many students expressed that they do have crushes and most of the students says they share their feelings with their friends. Students think and want to discuss with their parents but they are afraid to do so.</p>	<p>Clubs will be established to guide students on career matters. Clubs can help to share their concerns with counsellors including stress, mental disturbances. As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the counsellors. Counsellors through these clubs will create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts. At clubs, counsellors will provide knowledge on sexual and reproductive health, alcohol and drug abuse.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Jowai - Govt Girls School Class 7 - 3 Class 8 - 5 Class 9 - 4 Class10 - 4</p>	<p>17th Apr 2023</p>	<p>Most of the students say at home they do their homework, do household work, sometimes cook for themselves. During annual sports day and school events they practice singing and dancing and perform.</p> <p>Dropouts: Few students know about drop outs: a girl had to drop out because her mother got pregnant and she had to take care of her sibling, two boys failed and left school, one student was obsessed with mobile games and failed in the selection exam. Four girls got pregnant and left the school.</p> <p>Career: Students say their parents encourage them to work hard, study well so that they can realise their career goal. They want their children to do well, as they are first generation learners, parents want them to do well as they never had a chance themselves. They have Inspirations to seek good careers but have almost zero career mapping.</p> <p>Mental Health: They have heard about Mental Health. Their understanding about mental health is stress and tension all the time. They all said that they are stressed and mainly about education and family. They de-stress by taking rest, listening to music, playing with friends, telling jokes. And speak to their siblings and ask for advice.</p> <p>Substance Abuse: Many of the students have friends who smoke and drink. They are encouraged by them but they refuse. The students smoke in the schools during celebrations in school and in the toilets.</p> <p>Reproductive Health: They learnt about periods from their elder siblings and friends. Most got advice from their mothers, elder sisters. The class 10 girls mention that their teacher has spoken to them about sex in their health education class.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Jowai - Govt Boys School Discussion with the health and Math Teachers of 8/10</p>	<p>17th Apr 2023</p>	<p>The school only has two streams, Arts and Science. Most of the students are continuing school. They are in need of infrastructure and qualified teachers for science stream. More girls opt for Science stream. In Class 6 and 7, health education is compulsory. And from class 9 onwards it is between tourism and IT. Most of the students opt for Health Education. Lockdown has affected the learning capacity of students.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>
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<p>Jowai - Govt Boys School Class 7-3 Class 8-3 Class 9-3 Class 10-3 Class 12-1 boy; 3 girls</p>	<p>17th Apr 2023</p>	<p>Some students in this school are from faraway places, and have rented a space in Jowai. Career: Students have career goals which they learnt about from books, elders, etc. The class 12 students had a better aspiration mapping. Dropout: Many of the boys had friends who dropped out. Reasons are academic failure, nuisance in school smoking, depression, financial constraints. Later the boys were involved in petty crime. Mental Health: They get stressed up with studies because of fear of examinations. Some other reasons include illness in the family, family issues, such as a broken family and financial constraints. They come over the stress with regular prayers. Substance Abuse: They have some friends who smoke and drink. They do encourage them to smoke and drink and sometimes they too admit smoking and drinking. During celebrations, picnics, trekking the boys are mostly engaged in alcohol and smoking. In some cases, parents are aware of such activities of their children, Reproductive Health: Boys are not so aware of puberty and for few kids they were taught by elders, siblings and parents. And girls are taught by their older sisters about periods. Sexual Activity: They share their secrets about relationships with their friends. They heard about condoms. They want to speak to their parents about sex but they are not sure how to bring it up as they are not close to them.</p>	<p>Clubs will be established to guide and counsel students and other adolescents on career matters, mental health, substance abuse, reproductive health, etc.</p> <p>As part of the project, mapping of skills and available opportunities and avenues will be added to duties of the grass roots staff such as Youth Facilitators (Fellows), Health Counsellors, etc.</p> <p>Youth Facilitators (Fellows), Skill Coaches, Health Counsellors and Peer Leaders, through these clubs will a) create awareness, provide guidance, information on rehabilitation for alcohol/ drug addicts, b) provide knowledge on sexual and reproductive health, and c) on career guidance, as needed.</p>	<p>Starting from project implementation</p>	<p>These activities will be mainstreamed and will be continued even after the project by concerned departments</p>

8.2 Annexure 2 Consultation Photographs



Consultation with Non-tribals (Parents and Students Class 8th & 9th) at Phnthorumkhrah



Consultation with Drug/alcohol addict/ Sexual and Gender Minorities at MANBHA Foundation



Consultation with Department of Health & Family Welfare, Skill Development and Sports and Youth Authority at Shillong



Consultation with District Health Officer/ RSKS Coordinator/ RSKS Counsellors at Tura



Rongrengre Higher Secondary School (Class 10th 11th and 12th), Williamnagar



Green Yard Higher Secondary School (Class 8th and 9th), William Nagar