



Evidence-Informed Planning and Action in Central Asia:

Learnings from the Tajikistan Adolescent Wellbeing & Health Pilot Project

Project Brief Summary

- To address adolescent health and wellbeing in Tajikistan, the Aga Khan Foundation and Population Council used a hybrid human-centered (HCD) and evidence-based program design to engage adolescent girls, boys, and caregivers in a guided process of defining key issues and program areas.
- The design informed the development of a first-of-its-kind program model for AKF and in Tajikistan: coordinated community-based groups for adolescent girls and boys; caregivers' groups, and an institutional stakeholder community of practice in Tajikistan.
- Design and implementation experiences established “proof of concept” as a basis to expand the approach across the country and region. The pilot generated valuable lessons and resources to inform and support both expansion and new programming.

BACKGROUND

Adolescent girls and boys in Tajikistan's Gorno-Badakhshan Autonomous Oblast (GBAO) Region face a range of challenges that impact their health, education, and relationships. While [existing data](#) on child and adolescent experiences of violence, nutritional status, and mental health suggest critical overlooked needs, the lack of evidence on the situation in GBAO, Tajikistan, and Central Asia more broadly is one reason this sub-population is under-served. Policy and services dedicated to adolescents are limited; outside of schools, adolescent-friendly health services (AFHS) are the only dedicated services for adolescents. These provide adolescent-specific physical health or psycho-social support services, however these remain [underutilized and limited](#) in their reach. Educational quality and economic opportunities for young people are limited, contributing to [high levels of migration](#).

The Aga Khan Foundation (AKF) entered a strategic partnership with Population Council to integrate evidence-informed

Influences on Adolescent Wellbeing in GBAO

Parenting/caregiving practices:

Little understanding of adolescent development, parenting practices with limited communication and emphasis on punishment, and disruptions in household structures create confusion about adolescent development and support needs.

Household characteristics: Household stress due to poverty and high levels of migration among working-age adults contribute to social isolation and adolescents' burden of chores.

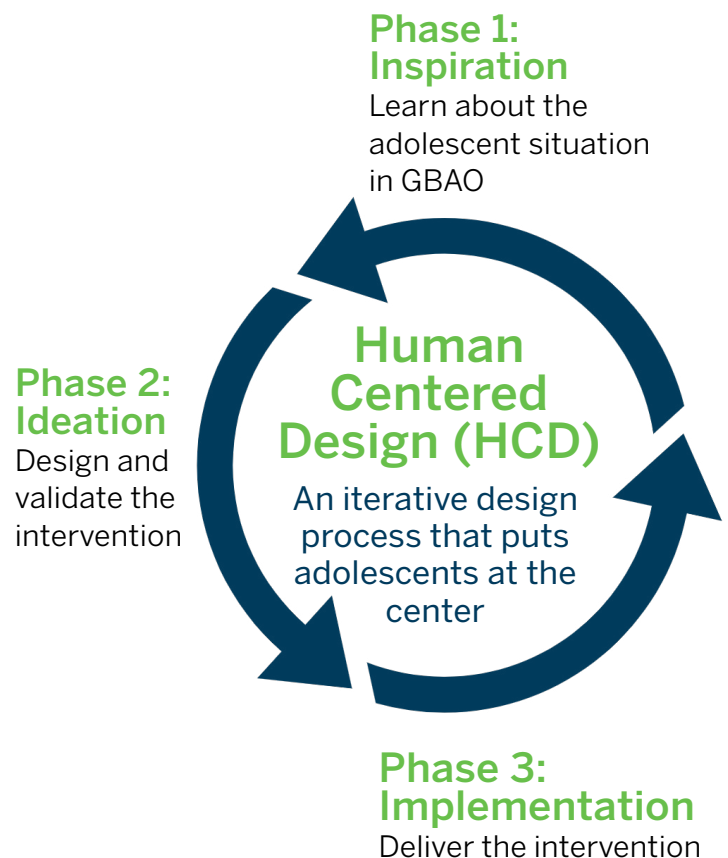
Gender inequity: Burden of household chores and limits to adolescent girls' mobility constrain opportunities to socialize outside home with peers and access to community resources.

approaches as it elevated adolescent health and well-being in its global strategy. The partnership built on AKF's three decades of trusted presence and work in GBAO focused on health systems strengthening as well as maternal, neonatal and child health (MNCH). It benefitted from the Council's global expertise and experience in evidence-based programming that responds to needs of diverse adolescents—including girls and other marginalized groups—and their communities.

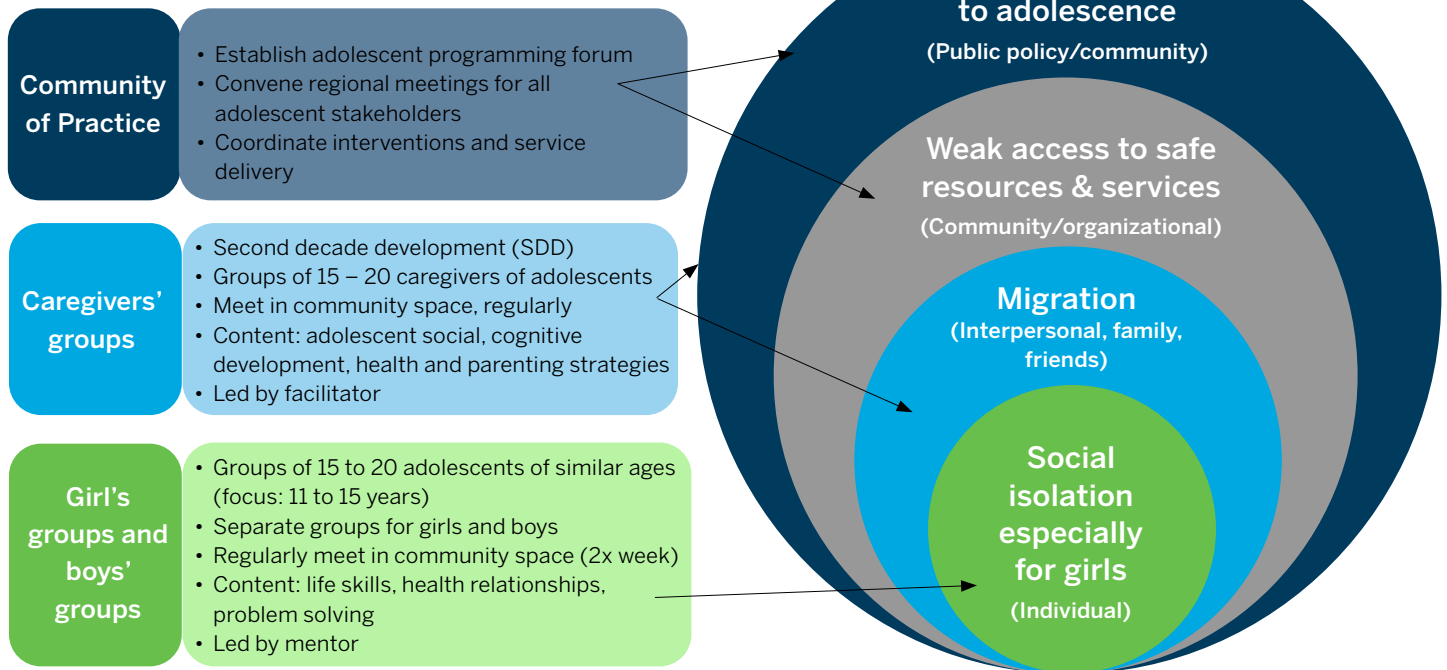
AKF and the Council share a commitment to leveraging multiple sectors and platforms to improve adolescents' physical, social, and emotional well-being. AKF selected GBAO as the region to pilot and develop a replicable model aimed at improving adolescent outcomes with Council support. With little data and evidence available to guide interventions, AKF and Population Council set out to generate local, actionable information to use as the basis for program design.

ITERATIVE PROGRAM DESIGN & IMPLEMENTATION

Inspiration: AKF and Population Council employed a hybrid human-centered and evidence-based program design to engage adolescent girls, boys, and caregivers in defining key issues in adolescent health and well-being in the intervention areas and Tajikistan more broadly. AKF adapted an HCD approach by integrating program design tools and lessons from the application of Population Council's Intentional Design approach to adolescent-centered programming. The tools included: the [Girl Roster](#), [Asset Exercise](#), [Social Capital Game](#), Resource Mapping, and [Community Mapping](#). After initial trainings in the use of these tools and guidance on assessing existing data, the Population Council facilitated joint reflection sessions for AKF staff and stakeholders to interpret findings and define a new program model. Throughout implementation, AKF and



Implementation Phase Process: Core Pilot Project Components & Links to Risk



Population Council gathered observations to establish proof of concept and lessons for future programming.

The design approach was highly participatory and iterative, which enabled stakeholders to question their assumptions and approach problem-solving in new ways. Through this guided process, AKF and the Council designed a responsive approach, despite the constraints of a limited evidence base. This made use of known approaches, such as AKF's existing Early Childhood Development (ECD) programming, a "hook" for gaining commitment among participants. Utilizing insights generated through the modified HCD approach, program plans took account of gender differences, adolescents' heterogeneity, and the need to center plans on local communities rather than large geographic units, such as districts. Vitally important in this context, where adolescent health and wellbeing programs are limited to a narrow set of clinical services, the approach incorporated

a holistic definition of health that encompassed physical, social and emotional dimensions.

Ideation: Following the inspiration phase, the team developed and validated a program model. Elements of the program were defined in response to the risks and challenges identified during the Inspiration phase, global evidence, and implementation feasibility. The core components included separate girls' and boys' groups, caregivers' groups, and a community of practice; these elements corresponded to multiple levels of a socio-ecological approach (see Figure above for program details). Validation exercises with stakeholders elicited adolescent and caregiver feedback on the proposed program components.

Implementation: AKF's approach included a sustained investment in mentor and facilitator training and support as well as ongoing observation by the research team, opportunity for participant reflections, and space to respond to participant feedback. In both adolescent and adult

Key Lessons for Adolescent Programming

1. Take a whole of adolescent approach.

- Refine concept of “adolescent health and well-being” to include physical, social, and emotional learning and development.
- Integrate adolescent physiological, social, cognitive development within support for mental health and resilience.
- Address and respond to diverse family contexts.
- Develop post-foundation modules, e.g., violence prevention and response, financial management and budgeting.
- For measurement and learning, prioritize indicators; refine key “adolescent health and well-being” features to fit context and ages and not overburden assessments.

2. Engage adolescents’ social and institutional environments.

- For smooth implementation, community engagement is a vital long-term process to start early and sustain throughout implementation.
- Build links between adolescent and/or caregiver groups and existing services and programs
- Plan to respond to diverse community contexts in terms of geographic access; availability, capacity, attitudes of potential mentors/other staff; competing activities and resources for adolescents.

3. Set up to scale (even amid COVID-19).

- Long-term planning based on possible disruptions helped identify optimal, acceptable, and challenging periods for implementation kick-off; long-term planning and phased start-up enabled robust capacity strengthening albeit with a reliance on remote technical assistance.
- A delayed start provided opportunities to test tactics to retain participation throughout an annual cycle that coincided with the school year.
- Smaller group sizes adhered to safety protocols, and relevant COVID-related topics were integrated into group content.

groups, participation was consistent at high levels. This enabled the AKF team to identify and adjust its approach to meet distinct conditions in rural and peri-urban settings. Adolescents showed a notable shift from shy disengagement to eager participation, and participants in caregivers’ groups requested more sessions and participatory activities. Demand remained high demand throughout the program, with waiting lists full even in small communities where time and conflicting responsibilities limited adolescents’ and adult caregivers’ time.

PILOT LEARNINGS

A feasible program model: While it is too early to assess adolescent-level effects (endline survey not completed at the time of writing), strong engagement and continued demand for the intervention suggest it is feasible in both

rural and urban communities. In demonstrating the feasibility of this program model, the signs suggest that the community-based approach, participatory learning, and content to address an array of social-emotional learning, health education, parenting skills, and household dynamics are highly regarded in these contexts.

Technical assistance to strengthen local

capacity: The partnership also yielded sustainable benefits for AKF and the local program team. Locally-recruited mentors ran the groups, quickly gaining confidence and forming their own mentor community for peer support and learning. AKF staff enjoyed strengthened capacity resulting from Population Council technical assistance, coaching, and expert contributions.

Adapting to COVID-19: The COVID-19 pandemic posed unexpected challenges to the pilot, in particular delaying the design and

implementation process. Nevertheless, the team identified opportunities for expansion, scaling, and sustainability. Establishing new groups within the same communities and engaging existing cohorts over a longer term emerged as tactics to expand coverage before scaling into new communities. Leveraging existing platforms such as schools—given the high rate of adolescent schooling in GBAO—and community-based savings groups are potential ways to sustain project activities.

LOOKING AHEAD

The Tajikistan Adolescent Wellbeing and Health Pilot is inspiring collaborative action elsewhere in the country and region to advance adolescent wellbeing and health. AKF, with Council support, is introducing an adapted program design and implementation model that incorporates lessons from the pilot as it expands in Tajikistan. The partnership is establishing adolescent-centered programming in the Kyrgyz Republic and Pakistan, and may inform programming in Afghanistan. Within this collaboration, AKF and its Aga Khan Development Network (AKDN) partners plan to

explore and define an approach to scaling that will reach additional participants within the same communities, expand to new geographies, incorporate supplementary program content, and/or further engage with participants over time.

Deepening community engagement—a key enabler of iterative design and implementation from early in the design process and throughout the program cycle—is a priority for the next phase of the work in Tajikistan and the other countries mentioned above. Stakeholders will explore leveraging existing community and public service platforms, such as community-based savings groups; school-based student councils and other education system platforms (e.g., parents' monthly meetings in schools); and networks of health care providers and “youth”-serving institutions and volunteer networks. Other potential opportunities to expand engagement with community members include promoting positive discipline and communication with caregivers and skills-building for caregivers and adolescents to foster relationships with health care providers and mental health services.

A Learning Agenda for Adolescent Programming in Central Asia

Prioritizing development and execution of a learning agenda is an important component of the next phase of adolescent health and wellbeing programming in Central Asia. A learning agenda is critical for tailoring program content to help strengthen the model, enhance the likelihood of impact, and contribute to filling important gaps in the evidence base.

Learning agenda elements may include:



Testing program innovations: use implementation science to test innovations, such as parallel male caregiver groups to avoid undermine female caregivers' participation; complementary community programs to meet the high demand in partnership with other service providers or community groups; and introducing more content on “sensitive” topics including violence.



Exploring effects of socio-economic dynamics: shed light on the effects of key socio-economic dynamics, such as migration and trans-national family relationships on adolescents, along with age and gender influences on household decision-making and responsibilities.



To learn more, please refer to the following resources:

AKF Resources	<ul style="list-style-type: none"> • Accelerate Impact • AKF Tajikistan profile
Population Council Resources	<ul style="list-style-type: none"> • The Girl Roster™ • Building Girls' Protective Assets: A Collection of Tools for Program Design • Adolescent Girls Community of Practice • Building Assets Toolkit (Asset Exercise) • Making the Most of Mentors: Recruitment, Training, and Support of Mentors for Adolescent Girl Programming • Understanding the Role of Communities in Programming for Adolescent Girls: More Than a Backdrop • Intentional Design: Reaching the Most Excluded Girls in the Poorest Communities—A Guide for Practitioners and Advocates

For further information on AKF adolescent programming in Tajikistan, please contact Lailo Kurbonmamadova, Programme Manager Health and Nutrition AKF Tajikistan at lailo.kurbonmamadova@akdn.org. For further information on AKF's global adolescent programming strategy, please contact Claudia Hudspeth, Global Lead Health and Nutrition, AKF at claudia.hudspeth@akdn.org.

About the Aga Khan Foundation: Established in 1967, the Aga Khan Foundation (AKF) brings together human, financial and technical resources to address the challenges faced by the poorest and most marginalized communities in the world. AKF works primarily in six areas with gender equality and inclusion mainstreamed throughout all programmes: Agriculture and Food Security; Economic Inclusion; Education; Early Childhood; Health and Nutrition; and Civil Society. Special emphasis is placed on investing in human potential, expanding opportunity and improving the overall quality of life.

About the Population Council: The Population Council collaborates with program implementers, policymakers, researchers, and funding partners to advance evidence-based solutions to critical health and development challenges.

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