the yp foundation

Consultation Report on Adolescent Health & SRHR Issues (ODISHA, CHHATTISGARH & WEST BENGAL)

The YP Foundation
25th and 26th February 2019
Venue: Bhawanipattnam (Odisha)

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1. Background and Context:

Young people constitute about one third of India's population and their health and development across their life cycle, is central to public health in India, for this generation and the next. As compared to earlier generations, it can be said that the overall situation of young people has improved considerably in India. They are healthier and better educated. However, many problems still exist, including gender-based violence, diminished access to sexual and reproductive health information, services and choices, forced marriage and early childbearing.

Considering that India has a 365 million strong young population (10-24 years), it is essential that they have the information, agency and access to make informed sexual and reproductive choices. However, in reality, most young people in the age group of 15-24 years lack basic knowledge of nutrition, sexual well-being, family planning and contraceptive methods, HIV/AIDS and menstrual health. Sexual and reproductive health services and rights are important aspects concerning them health and development of young lives, with far reaching implications. A range of factors such as poverty, lack of education, inadequate knowledge and limited or no access to basic health services (including SRH), and socio-cultural determinants combine to perpetuate child marriage, gender-based violence and sexual coercion; which in turn give rise to early pregnancy, STIs/STDs with all the long-term negative repercussions for the adolescents and youth. National-level policies in India are not consistently adapted to fit the socio-economic contexts of states nor of specific community groups, thereby missing opportunities to address the specific barriers that young people face in accessing sexual and reproductive health information and services. Evidence-based advocacy and championing from the local to the national policy level is seen as a critical need for enhancing the understanding of key decision makers and influential people to address the emerging needs of young people - so that it is prioritised through policies and programs. To be accepted by adolescents and youth, and to have an impact, these strategies will have to underscore a voluntary, rights and choice-based approach for addressing sexual and reproductive health needs and concerns.

Population Foundation of India (PFI) and The YP Foundation (TYPF) therefore partnered for development of adolescent and youth-friendly guidelines through an inclusive, evidence-based, rights-based, multi-stakeholder and participatory bottoms-up approach bringing together fragmented voices & efforts across and among young people, community members, civil society, donor agencies, frontline service providers as well as the government to define guidelines to address current gaps/barriers. Towards this end, PFI and TYPF organised multiple regional consultations which were being led by young people from the respective regions. This idea behind these regional consultations was to bring together key stakeholders in the landscape of SRHR and Adolescent Health including: government representatives from state health and education departments; administrators and service providers from healthcare institutions; counsellors; frontline workers; representatives from technical agencies; youth-focused CSOs; and young people working on issues of SRHR and Adolescent Health across different organisations.

It is in this context a regional level consultation was held on **25th and 26th February 2019** on **Adolescent Health and SRHR Issues in Bhawanipattnam, Odisha. The consultation was joined by participants from Chhattisgarh, Odisha and West Bengal.**

This report captures and summaries the discussions held during this regional level consultation.

2. Objectives of Consultation

The main objectives of this consultation were:

- Developing a collective understanding of the present context of youth SRHR and Adolescent Health in the region.
- Examining strengths, challenges and opportunities for convergences across various active SRHR and Adolescent Health Interventions in the region.
- Framing recommendations for different stakeholders towards advancing SRHR and Adolescent Health needs of young people in the region.

3. Sessions brief

The broad agenda of the consultation included:

- Introduction
- Existing gaps and challenges in the area of adolescent health and well being
- Sharing good practices
- Drafting policy level recommendations
- Multi-stakeholder meeting towards advancing adolescent health
- Reimagining the role of youth

Day 1: The day started with a round of ***introduction*** with the participants. The participants were asked to share their name, age, the work that they do and the region where they have come from. There were a total of 27 participants from three regions of Odisha (Bandu, Behrampore, Baudh, Ganjam and Mayurbhanj) West Bengal (24 South Pargana) and Chhattisgarh (Bilaspur). The participants belonged to the age group of 19-30 years and came from different Civil Society Organisations (CSOs) like Swasthya Swaraj, Rupantaran Foundation and ARUNA (Association for Rural Upliftment and National Allegiance), YCDA (Youth Council for Development Alternatives) and CINI (Child In Need Institute). After a round of introduction, the facilitators from The YP Foundation shared the genesis of the consultation and set the context of the same. The facilitator shared that Bill & Melinda Gates Foundation along with Ministry of Health and Family Welfare wanted to bring out the voices of young people at the forefront and therefore consulted Population Foundation of India which is doing a desk research on the same. The consultation has been happening and the recommendations have been documented which will be presented at the national level to the policies makers. The main objective of this consultation is to bring the voices of young people together to the forefront at the national level. This is an open forum to provide a platform for these discussions and suggest recommendations.

The discussions started with the state group discussing and presenting the overall status of health in their states, highlighting both the positives and the areas that need attention.

ODISHA	WEST BENGAL	CHHATISGARH
Helpline nos. like 108, 102 does exists but it is difficult to reach out to them Government schemes like Rashtriya Swasthya Bima Yojana, Nirman Yojana, Mata Yojana exists VHND (Village Health and Nutrition Day) and immunization programs happen every month and health checkups and distribution of iron folic acid tablets happen regularly Sanitary napkins or Khushi Pads are provided by ASHA (Accredited Social Health Activist), AWW(Anganwadi Workers) though often there are shortages of such pads at the ASHA, Aanganwadi centers Blood donation happens but often blood is not available at the hospitals and sometimes even normal deliveries are referred for cesarean No sufficient doctors and medical staff in the rural areas and even if they are available then they are not very capable of recognizing the disease No communication facilities and helpline nos. don't work in the rural areas Owing to the myths related to the diseases, people often refrain from taking medical help in diseases like chicken pox School drop outs are very common leading to early and child marriage causing several other problems related to health of a young girl.	Government and private health care facilities are available but are not affordable for poor people. Not equipped with proper infrastructure and instruments In the remote areas not much sensitization about care facilities for pregnant women and adolescent health Women doctors are not available due to which females often don't go for treatments Adolescent Friendly Health Clinics (AFHCs) are not very affordable and accessible Issues like early pregnancy, child marriage and trafficking are rampant.	The group considers adolescents between the age group of 10 to 19. Information on menstrual hygiene is available but often no information is provided on how o deal with the pain during periods which sometimes even causes depression in some girls and mental and physical strain Anemia is very common among adolescents. Addiction, substance abuse, suicides and mental health issues are very common among young people Teenage pregnancies happen and many cases of abortions come, however we do not have the relevant statistics related to this School dropouts, early marriage are very common. The tribals are been forced out of their lands which may create a future problem of mental health Primary Health Care Centers (PHCs) and adolescent clinics do exist but are not very accessible for adolescent boys and girls. Furthermore often they are not functional

After the group discussion and presentation, the next session was on discussing who is an Adolescent?

The general consensus on the age group was 10 to 19. Regarding the characteristics, needs of adolescents and what they are able to get and what not too was discussed among the participants. The responses are listed below:

Characteristics	Needs of Adolescents	What do they get?	What they don't get?
Rebellious in nature Trying to find their identity Courageous and hard working Emotional and lack control on their emotions They get easily influenced by others They are vulnerable Decision making capacity is low They are conscious of their image and try to show themselves as mature in front of others and influence them Shy Face peer pressure Attracted and romantic Capacity to take leadership roles	Protection Education Guidance about the body changes Nutrition Inspiration Participation in taking decisions Access to information and facilities Right to play and entertainment Freedom Sympathy Support in taking decisions Self respect and respect from others Non judgmental attitude Good relationship with family	Government schemes like Kanyashree scheme (in West Bengal) and Kanyartna scheme (in Odisha)	Non judgmental space Sex education because parents are not aware or don't feel comfortable sharing about sex. Once a girl hits puberty she is asked to stay away from boys and men, all kinds of outdoor games which involve jumping are restricted to her. Talking about sex is always seen as something bad and not from the perspective of seeking information. Independence to take decisions. During marriage the consent is not sought from a girl rather the attitude is of taking an interview. Even they are not able to choose a subject of their choice to study. The mobility of a girl is further strained if she drops out from her school and then her access to government facilities and schemes too stops. Sometimes even in the name of protection her independence is restricted. When an adolescent or young person goes out of their village to look out for work their security is not taken care of often leading to them becoming a prey for the traffickers. The mid day meal provided is not very nutritious and the supplement is provided only till class 8th whereas a person remains adolescent till 12th std.

After this discussion, the facilitators asked the participants whether they have heard about Rashtriya Kishor Swasthya Karyakram (RKSK)? 8 participants had not heard it before, 3 people had heard about it but did not have much information about it, 1 person had heard about it but not seen it implemented anywhere. The facilitators then explained about the RKSK program. The facilitator shared that the program was started in the year 2014. It focused on mainly two aspects: Facility based services like AFHCs or Shraddha clinic for adolescents, counselling and access to contraceptives and the other component was PE training or Saathiya for peer education. There were six issues which were the focus areas for RKSK programs:

- ✔ Nutrition
- ✔ Sexual and reproductive health
- ✔ Non- Communicable diseases
- ✔ Mental health
- ✔ Gender based violence
- ✔ Substance abuse

The RKSK program is running in high priority districts. After this brief sharing about RKSK program the participants were asked to discuss in their state groups about challenges faced in the context of adolescent health and come up with recommendations. The participants then discussed the same and presented it to the government functionaries. The presentation points by the groups are listed below:

CHHATTISGARH	
Problems	**Recommendations**
Lack of awareness and poor implementation of sex education and thematic areas Research data on abortions is not available Lack of special schools and intervention for persons with disabilities. Often in schools they come for nutrition but not from the perspective of education Screening on sickle cell anemia is done but treatment with hydroxia is not provided. A person affected with sickle cell anemia has complicated pregnancy	Spread awareness among both boys and girls about menstrual hygiene In case there is budget under the RKSK scheme then evaluation must be done of the scheme and it must be monitored regularly for proper implementation Proper training for counselors and counseling for adolescents must be provided Sensitization on substance abuse and mental health Identify disabilities and requirements of adolescents as they are more vulnerable to physical and other kinds of abuse. Get the data around the same and plan interventions Community mobilization for empowerment to check trafficking AFHC (Adolescent Friendly Health Clinics) must include guidelines on privacy Campaigns of government on tendu patta must be stopped as it sends a contradictory message for the campaign against substance abuse. Alternative sources of employment must be generated

ODISHA	
Problems	**Recommendations**
Mid day meal program is available only till 8th std. Lack of awareness on sex education, life skills and nutrition and resulting in lack of proper implementation of government schemes No schools in remote areas, there is one school for 5 villages at panchayat level which is difficult to access Ladies teacher is not available in all the schools. As a result girl students refrain from going to school especially during the time of period as they are not able to share their problems with male teachers There is no changing room facilities especially in upper primary schools Mid day meals are not very nutritious and are available only till std. 8th	Make the mid day meal program available till High School Sex education facilities should be included in schools. It can be life skills based education so as to ensure that there is acceptance in the schools about sex education. IEC material must be provided There should be a programs held to spread awareness on child trafficking, child labour, early marriage and pregnancy at the panchayat level Lady teachers must be available in all schools to cater to girl students Community based modules should be developed to cater to out of school adolescents and stakeholders like ASHA AWW to be trained on the same Awareness campaigns to be spread on adolescent clinics as not many people know about them Counselors should be trained on adolescent and child friendly methods so that an adolescent is able to approach them and continue with counseling Monitoring and reporting system must be strengthened Extend mid day meal up till 10th std.

WEST BENGAL	
Problems	**Recommendations**
There is no diet plan available and low cost diet ideas are not available Hygiene of organs are not discussed in schools No discussion on sustainability of the pads which are of higher prices and are not available in all schools No conversation to sensitize around safe sex and contraception and are not readily available Substance abuse is rampant and Malda and Murshidabad are the most vulnerable districts where making beedi is an occupation and they inhale it while making it Non-communicable diseases like obesity, malnutrition and blood pressure are common Counselors are often not available in the AFHCs or are not trained properly. There are mostly male counselors. Sometimes these AFHCs are far off and hence accessibility is difficult ASHA & AWW are not sensitive to the issues related to adolescents. Sometimes ANM don't know about AFHCs Iron folic acid tablets are distributed but often people don't consume them and are thrown away. However, in the report it comes out that they have been distributed There is no mandate by RKSK for the place of meeting for the adolescents in the villages. Adolescents do meet in the villages but the panchayats are not aware of these meetings. In the areas where CINI works they at their own level have tried to create adolescent friendly spaces in the villages and their innovation is even awarded	Peer educators need to be given some identity There should be a village level Child Protection Committee (CPC) Monitoring of the consumption and then the impact of the iron folic acid tablets Some good practices that are tried and tested by the CSOs like CINI around creating dropping centers and safe spaces for peer educators and meetings of adolescents in the villages. In such spaces adolescent tracking registers too are kept in these places. Mental and physical cases are referred to the AFHCs. This has led to an increase in the awareness in the village. The AWW centers help in keeping a track of the adolescents in the village, about their health status, education and protection TIN No.- a free helpline no. is provided through CINI where young people can call up and discuss issues related to mental and physical health. Face to face counseling facility is also available Counselors must maintain confidentiality RKSK is also implemented in schools through teacher training- an initiative by CINI. However there is no mandate for this from RKSK

During the second half of the day the participants in their respective state groups spent some time to further refine the recommendations and these were discussed and presented with the government representatives The recommendations from the three states are listed below in the table:

ODISHA	WEST BENGAL	CHHATTISGARH
Include focus on health in the school curriculum Awareness on Shraddha clinic needs to increase and counselors must be present in these clinics. CHCs, PHCs must function regularly and it needs to be monitored properly The peer education model and peer educators themselves need to be strengthened Refresher trainings for ASHA and AWW should be done and they should be imparted proper knowledge Health check-ups should be conducted on a monthly basis for adolescents both in school and out of school. The government representative shared that health check-ups on a monthly basis would be difficult, it can be done annually. Secondly, the recommendation can focus on suggesting for health check-ups for out of school students and should cover children up to 14 years of age There should be Adolescent resource centers where ANM should be present The khushi program launched by government for access to sanitary pads that must be monitored. At the block HQ level there should be supervisors in-charge and at the school level teachers should distribute the same and students can give reports about the proper distribution There should be a system for tracking of adolescents at the panchayat level to prevent migration, child marriage and early pregnancy Counselors should be trained in local languages	There should be sensitization of the community on SRH issues along with the adolescents and stakeholders and service providers so that it is not stigmatized Parents and especially mothers need to be sensitized; community safety needs to be strengthened. At VHSNC and VHND meetings can be held to sensitize women Body Mass Index needs to be conducted and can be referred to AFCs Sensitization workshop for adolescents and police can be done so that children can report against any crime without the fear of police There should be discussions in schools on RKSK program Male counselors should be there to free up boys and encourage them speak. Also there should be separate counselors for males and females The quality of counselors should not be compromised and they must aleast hold a degree Funds to be allocated by panchayat for betterment of adolescents Child protection committee needs to be there at the village level also and that needs to be strengthened	Emphasis needs to be given on the implementation of the adolescent health programs like RKSK which is not very popular. Only literacy and immunization are the focus areas Mid day meal shall be extended till 12th std. More schools needs to be opened for children with disabilities Drop out data and data on abortions should be collected and tracked for adolescent population. Research and budget allocation needs to be promoted for evaluation studies of the programs Mere screening of sickle cell anemia will not benefit and the treatment and counseling needs to be done. Genetic check-up before marriage should be encouraged There should be awareness at the school and panchayat level to trap trafficking cases. A body should be set up for monitoring purposes

After the groups presented their recommendations, the government officials were invited to share their thoughts on the recommendations. Following are the points that the government officials shared:

- Counsellors should be present at all levels like village, panchayat and minimum educational qualification and skills and abilities for counselling must be ensured.
- Government should focus and monitor the committees with dedicated officials to be given charge directly for the end results. Such officials need to be entrusted both at the block and at the village level.
- The monitoring and reporting system need to be improved for improvement of adolescent health.
- The idea of extending the mid day meal to the higher class students was appreciated and that can be implemented.
- RKSK program was reviewed recently to see how much priority is given. There were gaps found in the program in terms of monitoring of adolescent health. If monitoring is done properly them there will be accountability and we can act as a pressure group. Technology can be brought to best use in monitoring. Today Niti Ayog has created a system where the officials are reported on a daily basis about the project implementation.
- Role of NGOs is crucial as watchdogs. They can make a noise and shout out if the things are not implemented properly. NGO driven model has worked successfully in Madhya Pradesh and should be replicated at other places too. They can also support with technical know how
- There is not separate budget for the training of counsellors on adolescent health. Counsellors need to be trained on adolescent health and AIDS as separate topics and budget needs to be allocated for the same.
- Involving parents in events like health day etc. is a good step and must be encouraged for which the ANM can be pushed and must be implemented in RKSK districts.

Once the state representatives shared their thoughts the facilitators shared that these recommendations will be developed further and sent to the nodal officers and best practices and suggestions can be taken up by the state for practical implementation.

Wrapping up the discussions on day 1 when the facilitators took a feel check of the participants they shared that they go many new information like about AFHCs and even RKSK which they would like to take back with them and discuss it with their groups and engage adolescents further. Talking about the issues of adolescents was insightful and especially talking about their needs was helpful. For some it also gave a space to learn about the innovations that have been done by other NGOs and provided a good networking opportunity.

Day 2: The second day started with an energiser by a participant with morning reflection about what did they like the most about yesterday and would they like to take back with them. This was done through a game of throwing a ball in the circle at people and one by one they had to share their reflection.

- Got to know that RKSK is running for young people that felt good and is working to strengthen youth. The five components I liked and youth must get support.
- Participation of girls from village and they got a platform to share their voices.
- Mapping of the adolescent needs and what they are able to get and what they are not able to get and how we can put the recommendations of young.
- Got a chance to hold mike and come to this platform and share my ideas. Learnt a lot about adolescent.

- Wish to grow this platform for youth going forward and was glad that I got an opportunity and permission from my family.
- Information on Toll free number and the fact that such facility is available for adolescents in West Bengal.
- Youth talking about youth and their participation.
- Cross-exchange and community here of young people from different NGOs. Got to know about the other NGOs working in this field.
- Got to know about the issues faced by adolescents and wish that RKSK must start in all the areas in the country.
- Got to meet new people.
- Successfully able to create a platform for young people to be able to interact with each other.
- Got to know about the situation in other states as well otherwise was only aware about West Bengal or any respective states.
- Through these recommendations we can make effort to get the needs of the young people fulfilled.

After the reflection the facilitators introduced the Roger Hart Ladder of participation. The facilitators explained the different levels of participation of young people through this ladder of participation. The 8 levels are given below:

- Young people are manipulated and are given wrong information: In cases of trafficking they are given wrong information
- Young people used as decoration
- Tokenism
- Young people are assigned roles and are informed
- Young people are consulted and informed
- Adult initiated and shared decisions with young people and adults take decisions
- Youth initiated and directed: Cultural programs and meetings of young people in village.
- Youth initiated and shared decisions with adults.

The facilitators explained each level of participation and participants were asked to share an example against each of the levels of ladders. Some of the examples were: In Policy making or government schemes which are adult initiated and shared decisions with young people and adults take decisions, cultural programs and meetings of young people in village which are youth initiated and directed.

After this, the participants were asked to share one experience where they were able to participate and based on their experience they can keep their chit accordingly on the ladder of participation. Most of the participants shared their chits and experiences at the top 3 levels of youth participation in the Roger Hart Participation Ladder where they have taken initiatives and have involved young people in the decision making. Some of the examples are shared below:

- Started their own initiative of young people in the village through their training with the help of an NGO.
- Cycle rally
- Participation in gram panchayat
- In the areas where they were able to take initiative and help the other person access services or stop child marriage in their village.

While closing the session, the facilitators shared that it is good that the participation of youth has been ensured in maximum cases. However, we must try and ensure that the participation of youth must be maximised at all levels.

After this a 10 mins break was given to the participants and the sessions resumed after an energiser.

The facilitator asked the participants that in the light of the recommendations given yesterday, where do they see themselves fitting in where they can contribute to advocate for the issues discussed yesterday and what support do will they need like training etc?

The participants were given 5 mins to think and write and then share back in the larger group. The commitments shared by the participants and support required is captured below:

- ***"I will discuss it with friends in the villages and in the adolescent and youth groups in the community. I will also form a group in the village and talk to the sarpanch about these issues and will seek support of the existing youth groups in the village or the civil society organisations where I am working".***
- ***"I would like to spread awareness about these issues but will need capacity building for himself".***
- ***"I will spread awareness about sickle cell anaemia with peers and the group where I teach and will work on nutrition".***
- ***"I will speak to the Block Level Officer (BLO) and with support from sarpanch and village head will form a group to do wall paintings and spread awareness about RKSK program."***
- ***"There is no space for adolescents in the village. So will talk to sarpanch to provide such adolescent friendly spaces in the village and will advocate for the maintenance of data and reporting system in the village."***
- ***"I want to build my won capacity and awareness on the health issues so that I can go back to my village and train ASHA and AWW and enable them to talk openly about life skills and vocational training."***

Once the participants shared this the facilitators asked the group that if they want to take these issues out of the village what is that they can do? The participants responded by saying that a WhatsApp group or Facebook page can be created to bring together all of them on the same platform. The facilitators introduced about the existing Policy Working Group started by young people to advocate for policies for young people. The facilitators then shared about the objectives, membership and other details about the policy working group and invited others to join the group if they would like to. A sheet was circulated to all the participants to express their interest if they would like to join the group.

4. Conclusion:

The consultation ended with the participants sharing their feedback on their experience during consultation. The participant's feedback is captured below:

- ***"The consultation was like a training also where we got to learn about different things."***
- ***"The consultation was participatory and everyone got a chance to speak and keep their points across and therefore it felt good and time went on very quickly in this process."***
- ***"The time was really short during consultation as we did not get a chance to reflect and talk to ourselves and process the information in mind".***