the yp foundation

Consultation Report on Adolescent Health & SRHR Issues (Uttar Pradesh & Madhya Pradesh)

The YP Foundation
20th and 21st February 2019
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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 **20th and 21st February 2019** on **Adolescent Health and SRHR Issues in Bhopal, Madhya Pradesh. The consultation was joined by participants from Uttar Pradesh and Madhya Pradesh.**

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 brief ***introduction*** where the participants and different stakeholders who joined the consultation introduced themselves and their area of work. There were in total 28 participants who joined the Consultation from various districts of Madhya Pradesh (Jhabua, Badwani and Sehore, Panna & Chatarpur) and Uttar Pradesh (Lucknow, Sitapur and Aligarh). The participants for the consultation included the 'Saathiya' (Peer Educators) from RKSK program, trainers and field workers who are working on the issue of SRHR and adolescent health in their respective areas across different Civil Society Organisations (CSOs) in the two states like Sidvi Samarthan in M.P., Yeh EK Soch Foundation (YES) and Medha Foundation in U.P. and Breakthrough. Government representatives from state health and education departments too were present for the consultation to hear the voices of the young people and share the challenges and co-create strategies to overcome them. Besides this representative from the host organisations The YP Foundation and PFI too were present to facilitate the discussions among participants during the consultation.

While introducing PFI Rody, Program Manager at PFI who was representing the organisation shared that PFI is a rights based organisation which works on the issues of women empowerment, SRHR of brides

and women and their major work is on policy development with variety of stakeholders at the implementation level and their area of work included Uttar Pradesh, Bihar, Rajasthan and Assam.

She further added that this consultation was started by PFI for strategy and policy development and in order to bring forth the voices, suggestions, experiences and demands of young people to take it to the policy makers who are often away from the ground realities so as to create informed policies which address the real needs of young people.

Representative from The YP Foundation Manak shared about organisation which was started in 2002 and it works on empowering young people and enhancing their leadership skills and abilities to be able to access information and services and help them understand and realise their rights.

Therefore setting the context of the consultation, he further added that the idea of this consultation is not about only giving and sharing information but it is to be able to collect the experiences and learn from each other and therefore all the participants were invited to join the consultation from that lens.

In line with the agenda of finding ***existing gaps and challenges in the area of adolescent health and well being and sharing best practices,*** first half of the day was dedicated to discuss what is happening in the two regions, the current scenario on the issue of adolescent health and what are the areas which need attention?

For this purpose the participants were divided into small groups on the basis of the districts that they came from. Four groups were made:

- Jhabua, Badhwani and Sehore
- Lucknow
- Aligarh and Sitapur
- Panna and Chatarpur

The participants were given 15 minutes to discuss:

- What are the issues of health for adolescents and youth (greater focus on adolescents) and what is happening now in their respective regions?
- What are the issues which need attention as there is not much work that has happened on them?

The 4 groups were then invited to present a summary of their discussions. These discussions are captured below:

Group 1 (U.P.)	Group 3 (U.P.)
Information about RKSK is lacking at all levels with the stakeholders including ASHA, Anganwadi Workers (hereon AWW), Teachers, Doctors and Parents in the community. Young people too are not aware of the work of RKSK. The 'Armaan' Module on life skills which focuses on reproductive health and hygiene does connect the families but community and teachers are not aware of the same. There is no public service advertisements on RKSK as that will lead to establish accountability. There is no awareness about the Youth Friendly Clinics. There are no regular meetings of the committee for accountability. The meetings are held once in six months only to discuss the financial matters. Therefore there is lack of active implementation by the monitoring committee. There is lack of acceptance among people and hence people don't want to hear about the myths related to menstruation and hygiene. Also in this regard an instance was shared by representative from YES Foundation where several intersex children were converted to either male or females causing deaths of several children and against which a PIL was filed by the Civil Society Organisations. There is lack of resources like sanitary napkins in schools, CHCs and PHCs. And even though the incinerators for sanitary napkins were set up in schools at Sitapur but teachers and girls were not aware of it. The toilets are not clean due to which even the lady teachers suffer during period days and it leads to dropouts from schools for girls leading to issues of child marriage as well. The helpline and toll free numbers when they tried calling up, they were not given satisfactory answers to their questions and were rather asked to call their parents. Adolescent girls fear going to the clinics and hospitals. Food provided in the mid-day meals lacks enough nutrition leading to impact on the physical and mental health of the children. And this is supported by the data where today India stands at the 103rd position among 119 countries in the World Hunger Report of 2018. The expenditure on health is only 1% as opposed to the allocation of 3% in the budget. There needs to be focus on the nutrition for boys as well in the public service advertisements. Village Health and Nutrition Days (VHND) were set up but the meetings of the ASHA and AWW are not happening regularly or are de-prioritised. However the representative from the government clarified that VHNDs are the priority of the government. They can be postponed but they are not se-prioritised. Furthermore, there is no provision of giving iron folic tablets and napkins to adolescent girls. They are only provided to post-natal women.	Lack of education is the root cause due to which all the issues don't come out properly. There are myths like 'Betiyaan paraya dhan hoti hain' due to which daughters are married off early. Information related to Sexual and Reproductive Health are not considered important in the village and hence not imparted. It is also thought that if a girl gets this knowledge then she may run away from their home which may not be the case. We also need to see that how is the information regarding the sexual and reproductive health being imparted.

Group 2 (M.P.)	Group 4 (M.P.)
Peers under influence get into the habit of drinking and smoking which needs to be completely banned. Even though there is a law on child marriage yet boys are married at an early age saying that they have grown in height. In Jhabua the cases of early marriage is quite high. There is lack of awareness even among the Aanganwadi workers due to which they find it difficult to talk about it in the community. There needs to be some guidelines for keeping the identity confidential whenever any young person goes to access the services. This group had two Saathiya (Peer Educator) from RKSK program run in Jhabua who appreciated the RKSK program and also shared how successful it has been in their village where every Sunday they hold meetings in the community where both in-school and drop out kids come and there through comics and songs they talk about harmful effects of substance abuse. This presentation was appreciated by Rody for having highlighted various issues, talking about the positive impacts of the RKSK program, what can be done or improved and the impact of child marriage on boys.	Difficult to get information from the health department and facilities are not available. While the pads are distributed then how to dispose the same is talked about. However, how to use it and the hygiene associated with the same is not talked about. Here the facilitator (Manak) also suggested that as a recommendation we need to give that information about RKSK so that it reaches to the village level and to those remote villages too which gets left out. The government schemes are not available in the remote villages. Schemes are available on paper but are not spread at the village level. Sometimes the ASHA, AWW too are not aware of the schemes. ASHA workers themselves remain very busy. Here the facilitator suggested that the recommendation might be that what are the methods that can be used to strengthen the system. Doctors often don't come to the Primary Health Care facilities. Therefore the recommendation from the group is to strengthen the monitoring committee and awareness needs to be spread through nukkad natak and other means. The Pradhans along with the community representatives need to take the initiative. A field worker also shared the case of Sehore where ASHA and AWW sell the pads at a higher price as compared to the price decided for selling the same. If the pad is to be sold at 15 rupees the price is doubled which becomes difficult for an adolescent girl in the village to afford the same. Another participant countered this point and added that there are ASHA and AWW who do good work. In case there are such incidents happening then that must be reported to Mahila Bal Vikas Samiti.

Once the groups finished their presentations, the facilitator pointed to the group that we need to also find solutions and must not remain stuck at the issue itself. We need to also focus on identifying what can be done and bring about the recommendations, how as citizens we can associate ourselves with the existing systems and schemes like RKSK and see that how we can contribute to the same, what is our role to this?

In order to discuss this, the group was again divided into four groups:

- Awareness and education (gender based)
- Sexual and Reproductive Health
- Substance abuse, mental health and gender based violence
- Nutrition and non-communicable diseases

Since monitoring was coming up as a bigger issue from all the groups, it was suggested by the facilitator that instead of making monitoring as a separate theme, it can be incorporated across all the themes. Also the participants were advised to be cognisant of the fact that a lot of issues are connected to each other and hence the recommendations can be given accordingly. We need to focus on how we can work together with the government to improve the system. The groups were given 15 minutes to discuss among themselves. The groups were then invited to present their recommendations.

Awareness and education (gender based):

- A District Committee on Adolescent Health comprising of doctor, educationist, psychologist and sociologist needs to be established who can train teachers in the schools. Further to this, the committee should be given the responsibility to make a visit to different schools every day and send videos of the progress.
- The ICE material must comprise off the topics on the role and importance of gender champions and peer educators, violence.
- Comics and animation can be used for these topics related to adolescent mental health and digital classes can be conducted which makes it easier to understand.
- Public service advertisements need to be made at the college level as well about the program.
- SMS facilities can be used to disseminate information about the schemes or online counselling facilities through apps can be provided to facilitate easy access through a normal feature phone or a smart phone.
- Support of call centres can be taken in order to monitor whether the information has reached to the concerned.
- Social awareness programs can be included in the school and college curriculum where the students can be given a project on Samajik Jagrukta Abhiyaan and be given marks on this assignment instead of the marks given on assignments which can just be downloaded from the net and produced. This will help them become aware of the scheme and be able to spread the same among their peers and in the community. A case was cited of Amity institute where the students were given an assignment of social awareness program and they ended up adopting the village for development. So such innovative techniques can be used for the same.
- The gender roles in the curriculum too need to be changed and examples like Ram kaam karta hai aur Seeta khana banati hai needs to be done away with. Further to this decision making needs be included in the curriculum and the questions in the exams need to be framed which are logical and reasoning instead of only testing of the knowledge of the information.

Sexual and Reproductive Health:

- The components of Comprehensive Sexuality Education (CSE) in the AEP (Adolescent Education Program) and IEC (Information, Education and Communication) material needs to be provided to all and peer education model needs to be included.

- Village Health Sanitation and Nutrition Committee (VHNCs) need to be managed properly and monitored regularly and in order to maintain quality grading system needs to be there.
- There needs to be regular training of stakeholders and their leadership needs to be enhanced.
- Counsellors need to be present at the Youth friendly clinics at the panchayat level.
- There needs to be a widespread campaign through print and electronic media in order or sensitise everyone.
- There needs to be a discussion on the queries and curiosity of the young people with other stakeholders and the perspective of the counsellors too need to be positive.

Substance abuse, mental health and gender based violence:

- The beliefs like 'Betiyaan paraya dhan' (daughters are someone else's property) needs to be challenged and slogans like 'Ladkiyan ladkon se kam nahi' needs to be encouraged.
- Adolescent girls and boys need to be empowered so that they become confident enough to say that they don't want to get married and want to focus towards their goals.
- Parents need to be invited in the Gram sabha meetings and the ill effects of child marriage need to be discussed in order to raise awareness among them.

Nutrition and non-communicable diseases:

- The existing School Management Committees (SMCs) need to be strengthened through regular monitoring. This will help ensure that their responsibility of checking whether the menu is followed for the food and proper amount of food is being provided for the mid-day meal. Therefore their monitoring will help establish accountability too.

Drafting policy level recommendations

The above recommendations and suggestions were compiled and presented to the government representatives in the second half of the day. The compiled recommendations are listed below:

- A district level committee to be developed for health advertisements (swasthya prachaar samiti)
- Use of technology especially mobile phones to spread awareness.
- Schools and university curriculum to include public awareness campaigns.
- Preference must be given to logical and experience in the exams so as to develop creativity in young people.
- The amount of nutrition provided in the mid-day meal must be increased.
- Awareness regarding non-communicable diseases must be spread among young people.
- Gender based violence must be included in the curriculum.
- Under RKSK program issues of child marriage and gender based violence should be raised in equal voice like other issues of health.
- AEP curriculum with focus on sex education and rights must be implemented.
- Training of Peer Educators so that they are able to run the sessions on several such issues.
- Village health and nutrition committee to be implemented regularly and properly so that monitoring and sexual and reproductive health issues are picked up.
- Other stakeholders like ASHA, AWW, ANM, Village head and parents too need to be trained on such issues.
- Youth friendly clinics to be available at the gram panchayat level in each village and counsellors should be appointed there. Through Peer Educators, workshops should be organised for young

people on these issues of sexual and reproductive health at a wider level and contraceptives to be available at the centres.

- Public discussions on the issues of sexual and reproductive health through social media, print media and other mediums.
- Information to be made available to young people on relationship and Intimate Partner Violence (IPV).

Multi-stakeholder meeting towards advancing adolescent health

In the second half of the day government representatives Dr. Sheetal Rahi, Ms. Smita Shinde (RKSK Consultant) and Mr. Dileep Kumar Hedau (Deputy Director, National Health Mission) were present to discuss the recommendations with the group and the related challenges and possible solutions. After a round of introduction, once the facilitators presented the recommendations to the representatives an open discussion was held on the recommendations. The representatives started with sharing the current situation of adolescent health in the states and what the government data says.

A baseline study was conducted in the 6 districts- 3 where the RKSK program is running and three where it is not. The study showed the following results:

- Anaemia is the biggest issue and approximately 56% adolescent girls and boys are suffering from the disease. As per the data 52% of girls and 26% boys are suffering from anaemia.
- Among young people 3.3 out of 10 are affected by mental health issues. And the cause for this is either relationship with their partners or pressure of studies and depression.
- The average age of establishing sexual relationship is 16.3 according to the data of Madhya Pradesh. Since young people are not able to talk about this openly to anyone therefore lack of information and awareness about the safe sex means leads to health issues.
- According to NFHS (National Family Health Survey) data in M.P only 27% girls use sanitary napkins. This is due to the myths about menstruation and body and health that refrain from using pads.
- With regards to the data on gender based violence 7% females said that they faced violence in their lives.
- Substance abuse, teenage pregnancy and delay in abortions causing health risks to child and mother were other big issues of health constraining the state. 17.28% of women are affected by tobacco chewing as per the statistics.
- Non-communicable diseases were less than 1% as per the data and anaemia, malnutrition and stunting are the major diseases. Also girls often taking medicines without consulting the doctors which sometimes causes internal bleeding.
- Further to this the data shows that 7.3% of girls are married before the age of 18, between the age group of 15-24 and 7.3% get pregnant early.

Now most of the innovations and planning is done around this only. The state is trying to give them information and empower them. Earlier the health covered mostly vaccination only, now the focus is shifting to talking about the issues of nutrition, substance abuse and other issues listed under RKSK program are been focused now. For eg; In order to tackle substance abuse there is a rule now that in the area around the school for 300 meters there could be no shop selling tobacco. Besides this under RKSK program Saathiya or Peer Educators were trained on 6 Sundays on the issues listed under RKSK program and these Saathiya in turn were to take meetings for members in the village. A set of comics on malnutrition were developed in collaboration with UNFPA and Saathiya were trained on this. It was envisaged that these Saathiya would go and train another 20 such Saathiya or their peers and create a

Saathiya brigade. The trainers were supporting the Saathiya as they would go to the village once in a month and address issues.

In order to reach out to all the peer educators a set of 24 comics have been developed and the effort is to put the issue of early child marriage, teenage pregnancy, menstrual hygiene and contraception in the curriculum.

There is also an app called Saathiya Salaah App launched in November 2015. This app works both online and offline and has 100 types of questions and their answers related to health and therefore caters to the queries related to health. However, even after 2-3 years have been downloaded by 20,000 people only. One of the reasons is also that girls especially in rural areas do not have access to mobile phones where they can access such information. Therefore as a policy working group we need to see how the adolescent girls are able to access information and technology through other means. Ms. Smita sharing her experience about when they asked for adolescents to send their questions, most of the queries that were received from young people were related to enhance their sexual experience and only a few of them are on menstruation and other general health issues, none of them were regarding sexuality. There were questions which even the counsellors found it difficult to address through the TISS module which is used to train them on sexual health. This in itself indicates that young people are curious and they have a lot of questions which need to be addressed and they need to be given a space where they can discuss this.

In another instance when the teenage pregnancy was discussed in VHSNC (Village Health, Sanitation and Nutrition committee) and an HIV test camp was held in CHC, 20 boys came for check up for HIV. They had to be turned down because as per the guidelines they had to bring their parents along with them for the test. Now, the state is thinking of developing a guideline which can be sent to the CHCs so that young people can get their HIV tests done voluntarily. This step of sending a guideline was appreciated by the participants as this would also ensure confidentiality of a young person when he or she goes to access such services. This is one of the recommendations given by the group.

Sharing about the state of health in U.P, the representative shared that in Mau district of U.P anaemia is a serious issue and 90% of the people are affected by this. The program has not been implemented well due to which there are such large number of cases which highlights the failure. The information doesn't reach people and hence there is no information available and no demand for the Iron Folic tablets. One such case happened in Muzzafarnagar in U.P where the stock of tablets got expired and had to be thrown away as there was no demand from the people since the beneficiaries were not aware of the same. Now the NGO model which has been successful in M.P is been tried out and peer educators are trained in all the districts through the support from NGOs. A youth festival to recognise and encourage young people is proposed in collaboration with NGO in U.P. In order to facilitate cross exchange, the facilitators from M.P too are invited.

Further to this in the area of mental health, 60% of young people affected by mental health issues according to the data of NIMHANS (National Institute of Mental Health and Neuro Sciences). Till now much focus was on the issue of nutrition only and mental health was not focused much. However, if this is caught early in young people then it can be checked early on. The government is trying to work in collaboration with NIMHANS to create a community based program on mental health where they conduct training to create a technical resource group which along with the public health expert will reach out to the adolescents.

Mental health is an issue which is not visible easily as compared to other issues which can be detected easily. Further to this the issue of substance abuse too is inter-connected with the problem of mental health.

The recommendations that came out of the discussions are listed below:

- Alternative sources of communication and information needs to be explored to reach out especially to young girls in remote areas who do not have access to phones. May be comics can be used which both boys and girls can read together.
- Strong strategies need to be devised along with the tribal welfare department to get the issue of child marriage into the curriculum and to run a campaign against child marriage.
- Saathiya too need to be checked and treated for anaemia and awareness needs to be spread around the same.
- Adolescent Education Program (AEP) must include Comprehensive Sexuality Education (CSE). However, it was shared especially in the case of U.P that AEP is banned due to community backlash. As a result of this the teachers too are not sensitised enough so that if a girl has dropped out of school suddenly they could check for her whereabouts and intervene in the case. The teachers themselves come from the same culture and therefore it is difficult for them too to navigate through the social norms and impart sexuality education so that a young person can take informed decisions and be able to resist early marriage. One suggestion that came from the group and agreed by all was that the skills of decision making can be imparted through life skills education and thus young people can be truly empowered. Only awareness is not the solution but capacity building of young people too needs to be done which will be a big achievement and success for RKSK program.
- Peer education needs to be promoted and adolescents out of school need to be engaged continuously in order to sensitise them and provide them with CSE. Innovation school based activities can be introduced. Furthermore, travel allowance for the peer educators need to be increased from just 40 rupees which does not cover the real expense.
- With regards to SRHR, family planning needs to be focused and should not remain limited to mere access of condoms and contraceptives at the CHCs.
- There was another suggestion on the formation of a committee including counsellors, doctors and scientists and that should be made to monitor the situation in the villages. State representatives shared that such committees are available where psychologists, counsellors and all sit together to make guidelines which then comes to the state for implementation with changes to suit the local needs. Further to this it is reviewed every two years to find the gaps and then the guidelines are renewed and implemented. Such a committee or appointment of counsellors at the panchayat level would be difficult due to shortage of counsellors and scientists. Moreover, counsellors are available at CHCs (Community Health Centres). Therefore the suggestion that came from the group was that if such committees exist then they need to be strengthened, their meetings should be held regularly to monitor and review the situation time to time in order to ensure smooth implementation of the program.
- Another suggestion was that a village level monitoring committee can be formed which conducts social audits so that everyone in the village is aware of the same in order to strengthen the monitoring of the program implementation at the village level. There should be discussions on the issues of health in the village in the gram sabha. At the same time people besides monitoring people need to be made aware of the services available.

- Involvement of NGOs can be increased in such programs and even some budget can be allocated for the same. Cross learning across sectors can be promoted if the NGOs have managed to bring innovation and engage the grass root level people.
- When asked how can the NGOs associate themselves further to the program and what initiatives can be taken at the community level to start with sexuality education, the state representatives shared that mapping could be done at the state level and especially in the areas where RKSK is not running currently an bring out the data of the existing situation in such areas. Furthermore Saathiya model and supportive supervision method is too money intensive and therefore in order to make it sustainable we need to train school teachers and then spread it through them. Also other cost effective models apart from Saathiya can be explored in this regard.
- Counsellors need to be trained to handle all types of question related to SRHR. In this regard the state representative from U.P shared that a handbook was provided to the counselors in which all the topics were covered related to SRHR. This handbook covered all topics in one book and volume 1 of this book has been launched. Now they are also looking forward to developing separate handbooks for separate topics to provide detailed information on each. This handbook was released in collaboration with Mamta an NGO.

After the discussions on recommendations, two Saathiya were invited to share their experience of association with RKSK program. They shared that they have got a lot of benefit from RKSK program. They have got more knowledge as compared to what they get in their schools. The games and comics through which information is given in the program are interesting and attractive. They meet with the brigade every Sunday to read these comics together. Each comic unfolds as an episode like in a television serial. Also when the peers come they treat them with food too.

In this regard they have received support from ASHA and ANM in the village too and therefore they were able to stop a child marriage. They shared that they go to gram sabha also every Sunday and the green colour dress and ID card that they received in the program has given them a different identity.

However they faced challenges initially as parents had the same attitude where they said that they as kids should focus on education rather than these things which does not gives them any monetary benefits. But the fun element and the information received through such sessions were a hook for them to stay connected to the program and they were able to convince their parents too with the help of gram sabha, sarpanch and mukhiya in the village eventually. Their parents now allow them to come so far for these consultations as well as they involve them in the decision making in the household.

Another female participant, a peer educator from U.P associated with Breakthrough organisation shared her experience that she would not come out of her house earlier but upon association with the program and Breakthrough she was able to go to Delhi and meet PM Modi and keep the demands for education and health. Furthermore, a book called Taaron ki Toli she read and understood and teaches from the same in her village. With regular intervention through the help of Breakthrough now girls and boys sit together in the village and even the caste discrimination has reduced at-least in the village where all the plates after mid day mea are kept together and washed together. She also helps ASHA and ANM to support women and push them to learn how to fill forms and sign the same.

The discussion was concluded on the point that instead of pointing fingers on what is not happening we need to focus on how to improve the same. Through these consultations solutions need to be worked out and right information, messaging and platforms need to be discussed clearly so that concrete actions can be taken. With the closing of this discussion the day was closed.

Day 2: This day started with some energetic songs and the first session was dedicated to discussing the recommendations further and refining the same so that concrete and practical suggestions can be taken to the government. Some more points were added too in the list of recommendations. These are listed below:

- **Formation of village level committees and strengthening of the district level committee:** For the village level committee this group can suggest responsibilities like training of teachers so that it can spread through the word of mouth everywhere. For the district level committee if it does exists then it needs to be more accountable and must include adolescent health as one of its main agenda. Their meetings must happen regularly and the minutes of the meeting should be available in the public domain. The district level committees can be strengthened in these ways.
- **Role of NGOs:** NGOs can be invited to the district level committee meetings for recommendations and can also be included as forum partners so that they are able to reach out to people and spread the word. The NGOs can also be invited during the formation of community monitoring group and be a part of the process of development.
- **Alternative for the mobile phones and apps**: Forum partners can be included to do advertisements and spread the word about these technologies like Saathiya app which is not known to people a lot. Furthermore mass media like television and radio can be used to spread awareness about the program in case mobile phone is not available.
- **Role of stakeholders in the village**: Self Help Groups (SHGs) can be involved to talk about the issue of health and the 6 topics suggested by RKSK. This was particularly said in case of Uttar Pradesh where SHGs have shown great results with the livelihood program. However, the question was whether it would be as successful in talking about the issue of health? The group then suggested that SHGs have money in their accounts, they can be encouraged to set up a pad making machine at the village level which will connect this with both livelihood as well as health. Besides this they can also include the youth groups along with them to spread awareness about health and hygiene. The SHGs can also play the role of third party to ensure accountability and overcome the challenges where the ASHA and ANM don't come for the janta darbaars in the villages. They can also be trained for the social audit tools so that they can support in social audit process.

Furthermore, with regards to ASHA, AWW and ANM it was shared that they do talk about health with women in the village. They along with their sahyogini have the data about each household. They can be trained and empowered and also can be encouraged for the work they do. ASHA as of now only gets incentives, she is not paid, however ANM is paid. With training ASHA can get the PE data and help in identification of the peer educators and they can also talk about not just the access of the pads but about the hygiene to be maintained during menstruation. Moreover, young ASHA and AWW to be included so that they are comfortable talking about menstruation. Also they can ensure that the girls are actually registered in the group and not just on paper.

- **Include youth in the VHSNC** and ensure that they are held regularly.
- **Trainings on RKSK must be provided for the ASHA, AWW and ANM** and counsellors to be included there. In the training sexual and reproductive health must be focused as even the ASHA and AWW find it difficult to answer questions when it comes to sex.
- **Train counsellors and ensure a positive behaviour:** Many a times when adolescents and young people go for support they are often asked for their details which makes them uncomfortable and feel judged when they go to seek services. The counsellors need to be trained and sensitised so that they are able to provide information without being judgmental. Even

guidelines can be made so that they don't ask for identity proofs when someone goes to seek services and hence ensure confidentiality.

After this discussion, the participants were invited to share if they have any other suggestions further on the WhatsApp group which would be active for a week's time.

The following session was about participation and role of young people; ***Re-imagining the role of youth.***

The participants were given a chit and were asked to write about one program, organisation or a group where they were associated with which they enjoyed and which was important for them. It could be a college group or even RKSK program.

In the next step they were asked to think: How was the role decided? Was it co-created with a group or they were told what to do or else they themselves decided their roles?

The facilitator then explained them the **Ladder of participation by Roger Hart**. There are 8 steps for the participation of young people. These include:

- Adult initiated and shared decision with youth
- Youth initiated and decided
- Youth initiated and shared decisions with adults
- Consulted and informed
- Assigned roles and informed
- Tokenism
- Youth as decoration
- Young people being manipulated

The participants were asked to place their chit at the place where they feel that their experience fits in. Once the participants placed their chits they were asked to share their experiences. The experiences shared by the participants were mostly around the being consulted and informed for the recruitment of district level teachers, assigned roles in gram sabha meetings, youth initiated groups which hold meetings regularly and invite teachers to the meeting or holding campaigns under KYBKR (Know Your Body Know Your Rights) program of YES Foundation. Even in RKSK program there was focus on associating young people and including them in decision making. The facilitator remarked that it is great that none of the experiences were related to the last three levels of participation where youth are seen as decoration, token or are being manipulated. This needs to be ensured as we go ahead and therefore a policy working group has been formed to advocate for the policies for young people focusing on the issue of health. The details around the objective of this group, its working and membership etc. were shared by the regional coordinator who is an active member of this policy working group. Also a one pager on the policy working was shared with the participants so that they can read about the same in further detail. The participants were also invited to sign up for the group if they wanted to join it. It was also highlighted by the facilitator that this is an independent group and is not affiliated to The YP Foundation (TYPF). The YP Foundation will only support and provide a platform for the group to meet together and take the agenda ahead. The members from TYPF who will join the group with an independent identity.

This session was closed with a round of sharing of ***feelings and feedback*** on the consultation. The participants shared that:

- It felt good to come here as this was first such experience of being a part of any such consultation of young people.
- Got more information about health issues.
- Got to know about RKSK for the first time.
- Experience and learning was good and would try to adopt the learnings in the local context and will discuss the information with the adolescent groups in the village.
- Will conduct a survey in the schools and include the adolescents and young people in the activity.
- Will ensure distribution of Iron Folic tablets in the village and seek support of AWW.
- The diversity and energy of young people and their participation in the consultation was very good and will ensure that young people's participation is focused.
- Inclusion of voices of young people in policy making was good.
- In a way it was the review of RKSK program and it was good to know that how the program is functioning.
- We often focus on just the issues in such consultation but it was a positive change to discuss the suggestions and concrete solutions in the program.

4. Conclusion

The facilitator concluded by the saying that the shift that we want is that not just young people learn from adults but adults who are responsible for making policies too are able to learn from young people. This was a great learning about the situation in both U.P and M.P.