

NATIONAL CONVENING OF THE POLICY WORKING GROUP, 2019

28 September – 01 October 2019

The Ocean Pearl Gardenia, 242-246, Chattarpur Mandir Road, Fatehpur Beri, New Delhi

Background of the Convention: The “Youth Insight Conclave: Informing Policies on Youth, Gender and Well-Being”, held a year ago included around 170 people from 17 states in July 2018 engaged with policy makers, international and national civil society organisations and technical agencies on issues of adolescents health and well-being. Youth participants had discussed and agreed upon values of the group from this convention. The convention had laid down foundation stone to the formation of policy working group following which many regional conventions were held. It brought together representatives to map out the formation, framework, and strategies further of this policy-working group.

The second National Convention here, is organised with 39 participants (annexure attached) representing 25 states who came together to strengthen adolescent and youth access to health rights. Many of these participants were part of the regional as well as the first convention. The rationale of the convention was to bring in young participants together from different states and working areas concerned directly or indirectly with the issues of youth health, sexuality, and reproductive rights. In the next four days, participants through various sessions and workshops learnt about team working, strategies, methods of formulation of problem, coping mechanisms, etc. Participants were informed that the YP Foundation stays in the background for all the technical support for next two years, however, The Youth Policy Group will be led, represented, and decisions will be made by the youth. From here, the idea should be to take back the suggestions and recommendations to respective districts and to make it relevant for the respective communities.

Day 1: 28 September, 2019

Objectives:

- Set up and expanding this Policy advocacy group.
- Should be able to hold government accountable together on child and adolescent health.
- Learn about each other’s organisation.
- To discuss and take forward youth policy working group.

The four days were divided into three sections:

- **Team Building:** Breaking the language barrier
- **Skill Building:** Learning about what is advocacy, how to strengthen the advocacy, who are our stakeholders, who do we target at, formalise identity of Policy Working Group.
- **Learning from Experiences:** Some Guests were invited to share their stories, experiences, and contributions towards social change.

Setting up ground rules

- English will be the language of communication.
- Permission for audio, videos, and photos was taken.
- Name Tags were distributed (participants added a pronoun of their preference with their names).
- Three policies handouts were shared with participants which were read and signed by all the participants by the end of the convention: Anti-Sexual harassment Policy, Policy for the Protection of Vulnerable Persons, and The Child Protection Policy.

Activity 1: Icebreaker activity (Pass the Page) – 10 mins.

Facilitator: Aditi Mukherjee

Objective: Completing the existing face of the person by adding one part of the face.

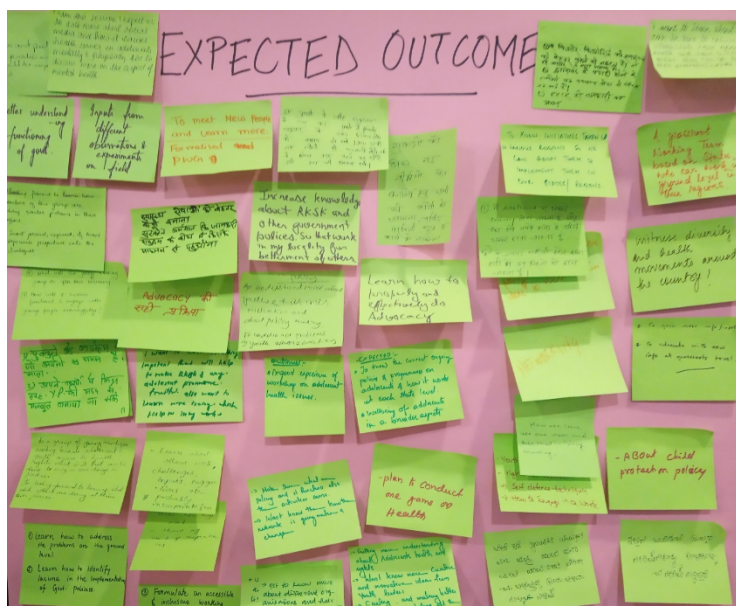


Photo 1: Faces drawn by the participants

The participants divided into two lanes facing each other were asked to draw a part of the face of the person standing in front of them. In multiple steps, they moved one step right and completed the face of the person by the end of the activity.

Activity 2: Expectations Setting

Facilitator: Manasa Priya Vasudevan



The participants were asked to write down expected outcomes and list out what they are excited to learn in the span of next four days. Major expectations were to learn about policy, building adolescent policy groups formalized by youth and to learn about its membership and values.

Burning Question 1: Why is it

important for young people to lead/advocate policy group on adolescent and youth health rights?

Activity 3: Team Bonding Activity

Facilitator: Durba Ghose

Pass on the Clap

Tea Break (20 mins.)

Exercise: Setting up the Shop – 1.5 hrs

- Round of Introduction + adjective suiting to their name/personality
- 34 shops were set up. Each buyer could buy only three products in a round. Four rounds (10 mins. each) were done in the group of eight shops opening at a time. The activity aimed at participants knowing about each other's work and organisation they work in/with.

Group 1: Market Quotations/Products

- Product is not equal to Empowerment.
- Youth Club to create and enable participative spaces for youth friendly groups.
- Online platform for educating and empowering community.
- Formal decision making bodies
- The Thought Project
- Enabling Environment through Campaigns
- Promoting Youth Leadership

Group 2: Market Quotations/Products

- Be part of Social Tree: Education and Skill Development
- Nutritional Food for Adolescents
- Youth friendly environment through Social Audits
- Involving Men through awareness and education.
- Menstrual hygiene: Insinulators.
- Co-working and networking space for Queer community.
- Social Welfare and Local panchayats toolkit to reintegrate drug abusers.
- Youth Dialogue and Intersectionality (caste, health, religion, hygiene, mentoring, personality development, constitution).

Group 3: Market Quotations/Products

- Rights ↔ Voices
- leadership qualities
- Youth led accountability
- scientific (evidence gathering research based data) and literature: Gender Equality and Sustainable Development to strengthen advocacy goals
- Health centres
- Nutrition for adolescents

Group 4: Market Quotations/Products

- Cloth pads
- Ecofeminism: Training Modules
- Empowerment toolkit for transgender, hijra, intrasex community.
- *Periods pe chacha* in Adivasi communities and their access to services of Rights based approach.
- Hugs for Equity and Fun
- Documentaries and Film making

Questions/Observations/Comments/Suggestions

- Why do you like the activity?
- Learnt about how to communicate and sell the product; taking our services to the community with emphasis on what they want to hear.
- Learnt about selling the best product out of the many products.
- Sharing the work with others was quoted as wonderful experience.
- It was empowering to know for some female participants that women are making their own sanitary napkins.

Outcomes of the Session:

- Exchange of Ideas
- Convincing the community to buy the product.
- Inspired to connect with each other and make linkages.
- Eco-system for growth.
- Similar goals but different stakeholders are involved but discussion of strategies can be common.
- “*Jo dikehga wahi bikega*”; linking the exercise with community experience because community people constantly ask them about the service that they are providing or what scheme or benefit they will deliver.

- Participants were able to more sharply articulate the needs for/of the community.
- One female participant shared that the focus of most of our work is on women or women related issues; we need equal focus on men as well.
- Often there is a confusion how to take that market forward in a global capital environment.

Summing up:

- If we all come together, our world gets connected and we will be able to make better impacts.
- There is a need to identify whom do we want to go to sell our product; thereby saying that identifying the community is very important.
- Within the group, there is a need to know more about each other's work.

The facilitator asked participants about their feeling post the session: The participants felt excited, energetic, inspired, motivated, calm, hopeful, curious, equipped, optimistic, creative, confused, overwhelmed, etc.

Activity 4: Objectives, scope of work, policy landscape for Policy Working Group

Facilitator: Manasa Priya Vasudevan

The participants were asked to write on two different stickers:

- Specific activity/person they are focusing on. Youth is an obvious category, since all of the participants are directly working with youth groups so the activity led in identifying the next potential group that they are directly or indirectly engaged with. For instance, parents sensitisation.
- The activity they are currently doing.

The stickers were asked to be dropped in the five boxes as per the category:

1. Women's and Child's Rights and Developments
2. Health, Sanitation, and Nutrition
3. Education
4. Social Inclusion and Empowerment
5. Others

The participants divided into five groups were asked to work with each box and make a group of issues/concerns/activities according to the categories of scope of work, opportunity to expand the work and how to expand linkages.

Group 1: Women's and Child's Rights and Developments

- The nine broader thematic areas were classified: adolescent girls health and development, Menstrual Hygiene Management, Safe abortion, Education, legal content, skills, children, gender and others.

- People are working with schemes like SRHR, RKSK, working with mothers, sensitizing the parents, strengthening the ecosystem to make it supportive, MNREGA schemes (people in villages are linked to it).
- Example of other works: Maternal Health and Sanitation, comprehensive abortion care, MTP act, the POSCO act, child labour act, child abuse and rights, prohibition of child marriage act was mentioned in children section.
- Awareness generation through Self-help groups where they are working with parents. Building Children's toilets needs concern, there is a high dropout, especially girls because of lack of facility, and they should have facility for sanitary napkins.
- On Gender, there is work on community sensitization; teachers and parents have been introduced to the concept of gender equality, Domestic violence act, body, and rights.
- On Legal, there is work around answering the cases of sexual harassment; there was mention of sexual harassment at workplace policy. Block Level Officer as a stakeholder is important category, for every issue that addresses youth level policies at block level.

Discussion:

- Include Transgender bill 2019 and Anti-Trafficking Bill in all brackets
- Emphasize on Social Inclusion from advocacy point.
- Social Inclusion should be the broader term to include all categories.
- Expand the idea of mainstream transgender.
- There should be collaboration with government and stakeholder level grouping.
- Legal education should be part of this section as well that should be opened in education stream.

Group 2: Health, Sanitation, and Nutrition

- Roles and responsibilities of parents is highly focused here; parents should be trained about health, nutrition and sanitation patterns.
- Menstruation, lactating mothers, are the groups people wanted to work with.
- ANM, Asha workers, need trainings that are more specific. Midwifery and nurses need to be made more equipped with nutritional practices.
- Make a community of doctors and professionals who will be disseminating knowledge to other groups.
- Rashtriya Kishor Swasthya Karyakram (government scheme specific to adolescents).
- Establish link between RKSK and Nutrition, it is integrated at community level through schools. People have worked with providing iron folic acid tablets. People mentioned solid waste management act, 2016 and HIV control act, 2017. Any

insinuator in India does not qualify for WHO standards, they are all burners' not industrial scale, and they can only burn.

Discussion:

- There should be no discrimination based on disease.
- Geographical location matters, north east is often ignored in the implementation of advocacies and policy work, minimum wage is not fulfilled.

Group 3: Education

Awareness training on menstrual health and hygiene; given to care takers, whether it is inclusion or education because it is awareness program but care takers are also stakeholders so this is equally important here. Community leaders are important stakeholders for the rights; family of the community members, law enforcement, and advocacy dealing with them included crisis response management, sensitisation, and awareness building.

Group 4: Social Inclusion and Empowerment

- Need to build Safe environment, drug policy, and youth policy in future, employment, youth and policy governance.
- Unlawful Activities Prevention Act, standing on mental health of individuals, the regions under crisis give sense of paranoia, works like the right of bullying people, and leaves an impact on mental health of adolescents.
- The growing intolerance in the country is relevant to the group because the targeting of the minority groups is not democratic. AFSPA similarly, under conflict regions since 1958, without any warrant people can be picked up, from north east, many people have grown up between the environment of everyday shooting. A participant shared, "how in childhood he was sent to jail thinking he was implanting a bomb" and until today, that incident has left imprint in his mind that haunts him.
- Rehabilitation and institutions for mentally challenged and homeless people should be included in social inclusion.
- NRC (excluding people based on religion with very selective strict criteria), the bill raises serious question on the section of security and private property for indigenous people in northeastern areas.
- Working on safe and inclusive spaces for individuals, implementation of NALSA judgment, building safe spaces for transgender, sex workers, and hijras.

Group 5: Others

- Implementation of comprehensive sexuality education (CSE) in school curriculum is a challenge.
- Advocacy plan can include providing resource persons and counsellors and ensuring the syllabus is taught properly by regular check-ups and proper trainings of the peer educators. Currently, resource persons require permission from different officials.

- CSE includes education program around bodily changes in adolescents, vocational guidance, substance abuse, the class is taken together with boys and girls. ASHA and angawadis do it at their own levels; they are not part of the school curriculum.
- CSE is at two levels, in schools and outside schools for dropouts or children those who do not come to school. Smart classrooms are not functional, only non-working television setup are kept, no other facility is there.
- Parents need to be sensitised first, otherwise if children go home and talk about their learning related to sex, there are high chances that the peer educators will be beaten up (case of Ranchi).

Summing up: There is more convergence than segregation. Each work is equally meaningful with the work that other one does. These five buckets lays the landscape of the policies that will be discussed in future. The PWG will identify specialisations and work together while understanding and learning from each other's work. The interlinkages of different identity groups related to the issues they are working on were discussed thoroughly in this session.

Talk: Manisha Gupta Mahila Sarvangeen Utkarsh Mandal (MASUM)

The speaker talked about women's movement, the formation, composition, and different campaigns vis-a-vis shaping the feminist movement in India.

- intersectionality that emerged as part of the campaigns along with the leadership as and when issues of a particular group were taken up in a particular group that many a times included women from different identities. The lived realities of that group made other women also learn for instance, the rights of Muslim women were learnt from the prevalent voices of the Muslim community, similarly the Dalit and the disability rights.
- The participants added that movements are fights on an issue that collectively disturbs the community, raising the voices in different ways that may include protests, campaigns, taking up the issue at both micro and macro level.
- Existing stereotypes within the liminal changes that have occurs. For example, in Adivasi communities, women participation in community meetings is a break through achievement though not a satisfied picture as decision-making is still not in practise. Caste based atrocities continue, even at the level of pulling out water from well where people from upper caste segregate them and their vessels.
- the linkages between caste and gender and Ambedkar's idea of equality who suggested that, "caste is endogamy and endogamy is caste; how caste is enforced through transaction of daughters". Reformists like Raja Ram Mohan Ray and revolutionaries like Periyar and Phule, the groups of left progressive parties were also working on the issues of class, coming out of their homes, giving up everything for the struggle of the country.
- Women representation in Parliament, where the numbers keep falling but, women did not get very much in return in their struggle of rights. In 1938, Rashriya Swayam Sevak Samiti, women's front from Rashtriya Sevak Sangh (RSS), had been banned three-four times but they have been growing in numbers and were working to

strengthen religious based ideas. Feminist movement was not working for only well for women but also challenged the patriarchal structures of the society.

- the national scenario of women's movement with parallel progressive international movements, relating it with the relevance of 8th March, International Working Women's Day. She quoted two significant slogans of the times,

“naari sangarsh ke bina har badlav adhoora hai”

“jo jati hai woh jaati nahi hai”

- role of women during emergency in the larger movement. Lack of sensitivity was there in those times, but that time names of the victims/survivor were taken in public forum.
- how new forms of media has changed and shaped the feminist movement in current context.
- the social change and legal amendments. Burden of proof came up post Mathura case. Feminism said, “Personal is Political”, based on power structures. Marriage becomes the borderline before which child bearing is not allowed and after that, not bearing a child is not an option.
- Learning from Historical struggles. The case of Maya Tyagi, Uttar Pradesh, Rameezabi in Hyderabad, gang rape by policemen shaped legal amendments. The left progressive movement had made the narrative very strong against the state. In 1980's, some of the campaigns were initiated were about the government's strong family planning programmes, and female contraceptives controlled more by doctors and were harmful for women. A campaign was initiated against sex determination (of female foetus).
- Case Study: There was a MNC in Mumbai, which did not employ a single woman, started getting medical bills, male employers were submitting bills that their spouses were going for sex determination tests. Saheli in Delhi and two forums in Mumbai started campaigns against pre-selection of methods before pregnancy nowhere was it against abortions, and pre-determination of sex during pregnancy, we gathered evidences to convince state that this was a serious issue. Maharashtra banned to bring a ban on sex determination tests, pre-selection did not come out as an act, only PNDT Act came. In 1972, abortion act to reduce maternal mortality and failure of contraception by trained health allopathic doctors under few circumstances, (upto certain few weeks). + Mental Trauma.
- Denial to the right to abortion and failure of the recognition that female foeticide is an anti-feminist word, “foeticide” is a wrong term, it had put the campaign back.

Questions:

- what is your stand when disability rights activist are celebrating that PNDT act allows abortion of disabled,
- what we learn from the past and how to correct our mistakes in the present times, our movement should reflect intersectional identities.

- How do we connect privilege and experience in movements: “dalit people only speak for Dalits”, there is often an anti-campaign savarnas speaking again, if we talk about intersections, what is the definition of intersectionality? What is intersectional feminism?
- How did we fail to bring in the narratives from Northeastern areas to the mainstream movements and how do we bridge the gaps?

Answers:

- The speaker addressed that, speaking and raising the voice is more significant than who. The leaders however should emerge from the movements, and there the question of privilege is addressed automatically. The problem was with mainstream women’s movement that they failed to connect with women from northeastern areas. Intersectional feminism understands all systems of oppression.
- She explained the different strands of feminism, Marxist (class is above), radical (patriarchy is above) liberal (law is above), backward feminism, savarna feminism, eco-feminism, transnational feminism, post-colonial feminism, third-world feminism. We as feminists have to constantly learn how not to make violent masculinities, men are part of this society, it is everyday struggle how do we separate our love from the opposition, our opposition is from the patriarchy.

Day 2: 29th September 2019

Activity 5: Team Bonding

Facilitator: Durba Ghose

Introduction + adjective suiting to their name

Exercise 1: The participants in a group of three were asked to arrange themselves based on height, weight, length of hair, time spent on social media, distance they have travelled from whatever place they call home, according to the amount of fun they are having during the activity.

Exercise 2: Participants were asked to find a partner they have spent the less time with and become different sorts of animals in pair like, cat and house, fly and cow, frail human and mosquito, washer man and clothes, etc.

Exercise 3: Participants were asked to sit in a circle and mention each time unique colour, food, musical instrument, place, animal.

Exercise 4: The names of Elephant, Railway Station, Jalebi, deep purple, dark moonless night, and shadi were chosen from previous exercise and participants in a group of 5 were asked to form a play of about 4-5 minutes.

Exercise 5: Performance of Play by the participants

Reflections: Participants had the experience of learning by doing the activity. Leant about,

- teamwork
- Building trust with the team partner

- their own creative sides by in-prompt preparation of tasks
- In-prompt preparation of tasks helped them to learn about their own creative sides
- regional language was a constraint but they picked up from each other's actions.
- sense of body movement through different physical activities
- For some, their hesitation broke, as they felt responsible to perform in 6 minutes.
- Realised about their own areas of expertise
- Structuration; by building a performance together.
- To remain silent and listen, as opposite to their natural behaviour of speaking first and dominating the task.

Some shared how they went along with the flow and it was a different experience too as they have a habit of working in strict procedural ways. The feelings were consolidated in formulating the ways about how to go forward with youths in their respective areas. There should be flexibility that is both physical yet adaptive. There should be stretching of one's self like a rubber band, which if stays intact would not be of any use, thereby one should learn to move out of their comfort zones. There has to be unlearning at different stages to learn new things. There has to be constant learning about how to contribute in a team. Initially, people felt difficult to connect here as well but now there is a sense of belonging that it is a room full of people who have similar goals and values and therefore there is a lot of scope to learn, share and take things back to their community to make it better. Some learnt about taking the opinion of others and how as a team the joy of any task can also be shared like work.

Summing up: The facilitator while addressing questions and concerns of the participants shared about how do we build a team with trust, how should one assess constantly about what kind of team member am I, whether one is interactive. The facilitator talked about the significance of play, which is both personal and political. Language can be a tool of expression but also oppression. The language of 'should' is again political; there are 'good' under 'should', which are vehicles of oppression. Many a times, while performing a task in-group we tend to overpower because of the privilege we have, but the themes, schemes we are talking about should not reflect that. At the same time, there should not be a guilt, people should speak and learn how to speak less and effectively in less time and learn about what character we put in centre when we build our story. It is up to the people to build comfortable spaces; work should not become boring, make it fun, indulge with it in a positive manner, and learn to take time out for oneself. The unity lies in strength, therefore, build networks, connect with community, and learn from the experiences of each other.

Film Screening: Title of the Film

Discussion followed by Film Screening: Participants discussed and related from the clippings of the film. They talked about leadership, how power becomes oppressive in nature, the conflict of giving up or quitting but how to be clear in personal behaviour and towards the movement.

Activity 6: Convincing the partner

Facilitator: Souvik Pyne

Three minutes were given to all the participants in a pair of two to convince the partner about why they should give their phones to them for the entire day.

Reflections: Many got convinced other than few participants. Mostly thought they can get together and inform each other about urgent calls or messages while some convinced the partner using emotional or psychological strategies. Very few changed their sim cards. One team thought they will exchange and keep the phone forever. Some shared that they will get some free time if phone was not with them. For those who did not get convinced, they shared that the conversation was short, maybe more time was required for the activity.

Session: What is advocacy?

Relating to the previous exercise it was taught that different kind of arguments could be made.

Type of Arguments: emotional, strategic, and ethical.

A user manual/toolkit on advocacy was shared on adolescent health issue. It was a global toolkit; YP with partnership with Ministry of Health and Family Welfare created a national version of this toolkit.

Capacity Building: Building knowledge and skills of the adolescent at first than community. Who should be primary people adolescents should be able to identify, who is the person to reach to and how to reach the person. Do not discuss problems alone suggest solutions.

Steps:

- Let the decision maker know the problem. You can use data for evidence.
- Ask for clear commitments what/how they will work on the problem and give clear direction. There should be shared decision making. Let them discuss solutions with you. Commitment should be agreeable to you both.
- Hold them accountable (after commitment is done). The change may not be instant. Prepare milestones (timelines) for you. Do not end at milestone
- Show progress (something is done).

Participants shared experiences of the policy changes that they have witnessed, worked with or were part of the change.

- Section 377: It is a law, not policy.
- Right to Information Act:
- Forest Act: Making formal papers (slips) for the tribal people who own and farm in the forests area, it was a national act.
- Policies in Hostels:
- Pads on Boards: An initiative that was taken to make sanitary pads available on planes. So far, only Vistara has launched it on 8 March 2019.

- Education for children in the village: The village Pradhan was not even aware that the children from this community, once they learned they allowed.
- Privacy Law:
- Sapera community, Madhya Pradesh: were not classified in the caste hierarchy, even if children were going to school, they were not notified in either of the lower caste categories, for the same reason they were not provided mid-day meal or any other scheme. The matter was taken to court from NGO, 7-8 people mobilised the community, then court notified them, they were entitled and facilities were made available.
- Drugs: Government has punitive structures, programmes were started in school to leave drugs, NGOs are working with school students and teachers, There is huge amount of substance abuse in Manipur, the attempt was made towards harm reduction. From Myanmar border, drugs come inside Manipur, however police only catches people who are not able to provide them bribe. They also lack safe space that we have created; we also have a national level helpline. Dialogue at regional level will be convened in next two months and consolidated views will be taken to the government.
- MNREGA: mining affected regions in Hyderabad, pressure was put on government and wages were increased to 200 rupees per day.

Types of Advocacy

- Budget
- Policy
- Legal
- Evidence based
- Media: Example, media helped by intervening when the Primary health centre services in the village in Bihar were not functioning properly, were taking bribes and in one case, woman delivered at the gate but no one turned up for help. The matter was taken for Jan Samwad and media help was sought.

What were the steps that were used to make changes?

- Media: many a times, when officials are not listening, media is used to influence potential decision makers.
- 377: It was amended because of lot of mobilisation, it is an example of legal amendment, many lawyers had come together to challenge through PIL.
- Awareness of the community
- Policy and Rights Literacy
- Campaign in Schools and Colleges
- Demand raising

- Action Plan with community
- Persistence (advocating at different levels)
- Visibility of campaigns.
- Public Shaming/Threat tactic
- Case documentation: Example of sterilization camps where the step was success in controlling illegal mass level sterilization camps.
- Mobilizing people who are victims: telling their stories.
- building the movement: For example: survivors of discrimination and violence who can claim and advocate.
- Experience based advocacy.

Summing up: Multiple steps are required for a successful advocacy, complementary support should be there. One should have knowledge of different ways and kinds of advocacy. Give chance to people. Gather evidence. Make influences. Let your decision makers know your problems along with suggestions and recommendation towards solution. Ask for commitment from different stakeholders. Who is doing advocacy is important question than how. Make sense of work is being done. Influence people who are in power. Figuring out what are the specific demands. Pitch the advocacy to the right person.

Question: How do we distinguish between campaign and advocacy?

Answer: Campaign are more like bringing attention to a particular issue, it is part of advocacy. Campaigns are time bound whereas advocacy has end goal. Campaign is different from movement as well. Movements are inter-generational, intersectional.

Activity 7: identifying key issues and locating the same in the PWG scope of work

Facilitator: Harsh Chauhan

Participants divided in groups of five were asked to write down two key adolescent and youth health issues that will be put together and voted by the other group members. The activity required nomination of the prominent health issues.

- Mental Health: many girls in the village do not know about menstruation since parents do not talk about it, adolescents do not know about bodily changes that are not addressed on everyday basis. It leads to social exclusion and depression leading further to suicides. Social media should be not used as enemy but as a healthy platform to discuss issues. **(Voted)**
- Substance Abuse: 12% of adolescents are suffering from substance abuse out of which 73% try to quit it but are unable to and much support system is not there.
- Malnutrition: obesity, under-nutrition are prominent problems in adolescents. Malnutrition is also caused by anaemia, 15% boys and 35% girls are suffering from anaemia, and it affects menstruation and pregnancy conditions.

- Life-skill education: Youth friendly spaces for life skill education needs to be created so that adolescents are able to talk and share their experiences. Focus was on mental health and Career Counselling should be there. Adolescents is the transition period, it is the starting age to build up the career. Early pregnancies, lack of awareness about changes in puberty, lack of motivation in life around puberty also leads to depression. The attempt is to eradicate the gap about the issues that people ignore. **(Voted)**.
- Depression: 62,000 adolescents died in 2016 due to self-harming (WHO report) from self-harming, sadness leads to illness and suicide. Adolescents are facing the major problem. Excess use of social media leads them to depression. Identity crisis is quite common in adolescents, they face dilemma either they are child or adult, comes from peer pressure. Adolescents are not getting safe spaces to share their dilemmas.
- Body Changes: There is lack of awareness, safe space to discuss issues are not there. There are problems in schools and hostels as well but sex education is not given properly. Lack of knowledge about contraceptives. The taboos and social stigma leads to the peer pressure. **(Voted)**
- Anaemia: 56% boys, 30% girls are facing anaemia, prominent problem in economically backward families. It affects adolescent's age.
- Comprehensive Sex Education: Safe abortion and HIV aids. 11% pregnancies in India across world (NHFW data). Bihar 70% girls get married before the age of 20. 1 in 15 is suffering from HIV In India. There is huge number of school drop out because of early menstruation. There is a shame factor to it, not just girls, boys should also learn about menstruation. **(Voted)**
- Yuva Clinics: Improving services, access to services is not proper, counsellors do not answer properly, focus is on how to improve the quality, maintaining confidentiality, and specialists are not there.
- Lack of Sexual Awareness: Identifying problems, there is no proper access to information about body changes. Adolescents often turn to pornography to learn. The deviant forms of perversions lead to sexual violence and crime that leads to poor mental health. There is no specific role of youth in policy formations. **(Voted)**

Feedback by participants

- There was no talk about lived experiences.
- These are pre-identified issues.
- There is a need to underline behavioural problems especially in social media.
- Responsibility of funding solutions should not be with youth.
- Depression is looked as stigma, should be treated as disease, and requires treatment.
- Mental Health: affecting a lot in community in Bihar.
- Pitching is very important: some of the important issues did not get vote because of may be poor delivery in the room.

- There was divide between rural and urban areas about issues that were raised, the group is not on the same page. Clarity as a group on CSE is needed.
- Social Media: We need to learn how to make healthy use of social media instead of being affected by it.
- Factual presentation is important: voting depended on delivery of arguments. It is a combination of facts, content, and emotion.
- There is no regional balance in terms of the presentation of the issues. If evidence is missing, lived experience should come in forefront to deliver the pitch.

Feedback by YP:

- Issues should become very clear along with the gaps and clarity on what and where you want to work.
- On Mental Health, across the group different issues were attributed. Hearsay stories cannot be part of the advocacy.
- Speak little but more specific: Lack of implementation about services.
- Citation was missing, for data credibility, it is important.
- Policy Language: it should be more inclusive, inter-sectional, and non-binary.
- Lack of data as evidence: it reflects no work is being done, there is probably no data then triangulate data, look out for personal lived experience of stories, go to the root cause, analyse and see the consequences.
- use positive examples, keep positive approach to your argument.

Issues identified (top 4): Mental Health, CSE, Malnutrition, Quality of Services (AFHC).

Analysis into four groups:

1. Describe problem statement
2. Insights and causes of that problem
 - Mark the specific provisions under that policy.
 - Current quality of implementation of that provision under policy.
 - What are the gaps and the Missing provisions?

Talk: Right to Privacy and Digital Rights by Apar Gupta, Internet Freedom Foundation (IFF)

India does not have privacy law on information, people do have access to 3G, 4G in cities, but rural population does not have that much access. Therefore, people in cities are called digital natives. All individuals have control over certain aspects of their privacy. Autonomy and dignity sound very high, but how do you understand it practically? Information as power; how does it get controlled?

Digital campaign and how do we utilize it:

Sevaprivacy.in (<https://www.seva.org/site/SPageServer/?pagename=privacypolicy2>) is a website for online campaign; it has translation of the law in seven languages. It is a public document; one can comment and edit. Law has been filed in the parliament as a private bill first by Dr. Shashi Tharoor (Congress) and later by Dr. Ravi Kumar (DMK).

Data breach is quite common; solution to it is legal but also institutional. A body is required where a complaint can be registered, a body that can be approached. For that, Seva Foundation is doing campaign online. One can pledge support for campaign and donate, people who are working on social change in India set up these websites. It does not take a lot of money, to be effective; one has to develop a strategy, and a clear message. One can make similar websites like this. Example: Jhatka runs its campaigns on sub-domains. There is a project management costs. Change.org controls personal data for all members who are signing the document.

The Electronic Frontier Foundation (EFF), self-defence guide, provides technical capacity, do a realistic threat assessment, it tells you in simplistic terms about what and how to do.

#Question: How safe is sexting? What about cybercrimes?

Online violence can be of many types through images, threat, etc. Use of emojis is quite common in adolescents, everything sexting is also getting archived. The screenshots sometimes are saved. Every platform has its own architecture, some spaces only staff uses. Privacy law does not regulate large platforms. Regulated institution has to enforce standards. Inform people, practises that require consent needs to be promoted. There has to be penalties and enforcements only through ethic based approach. Recognition in law for privacy rights is lacking. Consent has to be the bedrock for the larger regulatory framework. There is no consistent timeline for taking action against cybercrime. Fake news: criminal sanction against people online who are questioning hate speech instead of people who are creating hate speech.

Fundraising: start collecting money as individuals and not as part of the market economy. Ask for money and ways of support and explore the entire world. Figure out who are the people supporting you. Put a vision to your campaign and have sustainable goals. Have structures in which membership can be given. prepare newsletters that resonates your individual donor. Ask them how do you improve, update about progress so that they know why they gave you money. Involve people in your work and gain their trust. Look out for ways of funding, be open and flexible. At the same time, do not let them decide or interfere in your work.

Day 3: 30 September 2019

Recap

- team building: interact with each other, how we are also esteemed members
- how we addressed issues of adolescent health and we could collaborate on a single idea
- learnt about adolescent health and the works that others colleagues are doing in their respective locations

- leadership: in 6 minutes, we have learnt how to deliver and am I also checking my privilege always and not
- room 101 activity : got to share our own experiences along with other's perspectives
- team build up: we were missing here, we make our own groups and work with them after sessions also we connect with them only, yesterday-we spoke to different people through activities, everyday we are talking so much,
- things are getting overlapped, we are losing content in terms of comprehending the knowledge
- sometimes questions are parked but not answered; some of the questions can be answered in that particular session
- 1st session was very interactive, communication was better with to her participants, learnt about new ways of communication and bodily ways of interaction, video was very much touching, we can use this in our daily activities.
- last session, talk: very important for individuals and activist; it could have been more interactive and it deserved more time.
- 101: it came down to voting, but people have different views depending on their geographical location
- 101: voting whatever came out we feel nice that it was presented and selected by us.
- Manisha: women while talking about women included references about dalit, caste, youth is diverted from their needs, they do not get motivation for the work they are doing

Activity 8: HOLON

Facilitator: Durba Ghose

- think of something that exists in nature (any object, concept that is natural for example day or time)
- think of something that exists inside it for example if it is a tree, think of its parts
- what is tree part of

Participants' presentation:

Discussion:

Idea of Holon; complete in itself but also part of something.

- Question of Home: whether it is a safe and comfortable space, precisely it is not for everyone, also the sense of belongingness
- how do we connect with each other, while we do not illuminate ourselves. How do we not create polarisation .

- When we speak loud, soft voice rests, each unit has its own functions and responsibilities.
- Resistance: in the larger context it is natural but it has both positive and negative connotations, our ideas of inclusion and exclusion may vary, there are excluding ways of inclusion too,
- This exercise taught about what group qualities are and can be, meanwhile being as individuals, enhancing our own individuality while working in a group.

Activity 9: Analysis → Values and Mentorship

Facilitator: Prabhleen and Harsh

1. AFHC and ARSH

Presentation:

- Lack of Infrastructure, it is not youth friendly.
- Lack of skills, human resources, dissemination of information and sensitivity.
- pre-conceived notions.
- No awareness about the clinics in the community.
- RKSK, SABLA, ARSH under AFHC. Provisions; this was supposed to be beyond hospitals, included interaction with ASHA workers.
- Under SABLA; enabling girls, nutrition, providing health related help; this is not happening.
- Limited counselling and lack of knowledge about contraceptives: 7,000 out of 10,000 pregnancies are of teenage,
- The team created a slogan, “*AFHC and ARSH, sewa nahi deti hai Nurse*”.

Discussion:

- Non-implementation of existing peer educator model from the policy, how to bridge the gap and pitch for its implementation.
- Improving the quality of the service, certain geographical terrains are excluded.
- Pitching in the content as advocates.
- RKSK placed inside hospitals is a barrier to access for adolescents to access health issues.
- Sensitisation of the Peer educators; they should break not promote stigmas.
- No accountable mechanisms. 30% of Indian population has HIV.
- Pre-conceived notions; counsellors are giving more advice than counselling.

2. Comprehensive Sexuality Education

Presentation:

- develop safe spaces; it will develop respectful social, sexual, and emotional beings.
- Lack of information about bodily changes, STD, HIV.
- Cause are poverty, taboos, stigmas, power dynamics lead to abuse.
- Policy currently are adolescent education programme (AEP), national education policy in certain states, ARSH project, and RKSK. There are no clear provisions.
- Data; 11% teen pregnancies in world are from India. In Bihar, 70% girls are getting married before 20. 23 lakh are living with HIV aids.
- Quality of provision under policy; there is no clarity, 17 states have banned CSE, 6 states have banned AEP.
- Gaps in policies. AEP and RKSK programmes are run in schools, the talk about penis and vagina is also under POSCO act, so schools are very concerned directly to talk about it openly. The National Education Policy mentions the term sexual only two times and there is no detail about it.

Discussion: Problem Statement is not objectives it can include positives. The data presented might be skewed. No inclusion of transgender population. In policies, no representation is there. They treat TG as Gennie pigs, no knowledge of surgery is there, due to which there is loss of life.

3. Malnutrition

Presentation:

- Anaemia: 15% Girls, 30% Boys.
- Lack of knowledge about Indigenous food as complementary foods.
- Lack of knowledge about nutritional level in food items & zero intake of fruits.
- Penetration of junk food, they are more attracted towards it.
- Irregularity of mid-day meal service at village level.
- They provide nutritional powder for girls.
- Village Nutritional Programme is there, however, necessary program in school can be started with focus on food.
- Iron folic acid not being monitored, nutritional programme under PDS is not monitored,
- Access to Resources: distance and time are constraints. They cannot leave one-day job.
- Lack of Official Documents: Aadhaar is also mandatory to access and purchase, they do not have then not able to buy food.

- Promote Regional base food needs, extend mid-day meal to school dropouts.
- No provision of inclusion of AFHC in Nutritional programme.

Discussion: Again, no access, no inclusion, and no time table of nutrition for transgender population. TG persons often do not know whom to approach, where to go. Mention the community, TG community equally suffering all these problems.

4. Mental Health

Presentation:

- Problem Statement: Lack of qualitative, affordable, timely, and affirmative services for adolescents in India. Doctors take lot of money for very less time.
- Causes are stigmas, awareness as fundamental right is lacking, it is right to mental health awareness and should be priority which is lacking right now.
- People can demand from government that assurance is lacking,
- Lack of mental health professionals. 3000 psychiatrist for 1.2 Billion people in India.
- In conflict areas, accessibility of mental health services is not there and social exclusion.
- Lack of Access to resources and social exclusion: services limited to certain communities, exclusion according to geographical regions or power structures that are gender, caste, religious minorities.
- Policies that do exist; apart from RKSK, National Health Mental Programme 1982 comes under Niti Aayog. It was after WHO and NIMHANS ran programmes in Bellary and others, the programme needs to be more localised than centralised. Along with psychiatrist in each district, under DMHP, there should be team of counsellors to be able to reach more people.
- Mental Health care Act 2017, talks about consent and autonomy, it clarifies many human rights issues. How to integrate both of them. RKSK not working in tandem with other policies.

Discussion:

- Preventive issues and treatment should be presented differently. The critique is there, the focus is always on treatment and not on the wellbeing of the clients.
- The treatment decision should be voluntary, if person does not have capacity than they should be accompanied or get support by a person they have nominated.
- Community should be involved. Inclusion and taking help from NGO and other organisations working towards same thing.
- Care should be more comprehensive. The focus on adolescents was not there. That is because mental health is chronic it keeps coming back. Rural areas, people also do not understand it is mental illness. How do we know at what stage that it is mental illness; some information is needed.

Summing up: The idea was comprehensive analysis for the policy advocacy group. When talking about policy, try-avoiding words, I think, I feel, may be. Language plays important role; it should not look like one person's opinion. Use definitive language. Talk about things you are sure. Frame causes carefully. Poverty for example, larger concepts can be blamed but the idea is to break the concepts and define problems and draw linkages between your arguments. What and how should be clear. Do not generalise statements, do not mention hear say stories, draw rationality to your arguments, and bring data points. Cite examples. If there is lack of resource, why is that, what are the causes actually. It is important to address root cause it needs to be identified. Be specific about your provisions. Make relevant data sources. Use ground experiences. Read policies that you are discussing. Find out the points that should have been included and are not there.

Activity 10: SMART objective for ACTION PLAN

Facilitator: Aditi Mukherjee

Imagine tree plantation drive; your plant, budget. Briefing was given to each group.

G1: Be specific about planting a tree.

⇒ Jindal Company in Balleri district is removing sandalwood plants. The objective is to plant as many trees as the number of flights taken by their employees.

G2: Measurable; quantifiable, when to start and stop.

⇒ 10500 trees with 90 volunteers from Nehru Yuva Kendra in Karnataka region from 1 October to 5 October across 12 km. Each volunteer will plant nearly 17 trees. 50 G and 40 B will participate.

Comment: To measure, follow up will be done. Measure its impact to larger goal. Measuring the success of the overall goal and keep it achievable.

G3: Attainable

⇒ to reduce rate of soil erosion, maintenance of nutrients, to ensure maintenance of nutrients in soil.

G4: Relevance: Why are we doing it in first place, within current context, how is it significant.

⇒ A community can take care of five plants. Each company 1/4th of the total employee should plant a tree.

Comment: It should not be absurd and intangible. It should be achievable and realistic and larger goal should be visible.

G5: Time-Bound

⇒ To prevent landslides in Wayanad district of Kerala because it is hilly regions. 50 volunteers will plant 1000 pine trees every month for a year.

Comment: It should be long term. It will include follow up, checking, monitoring, and gathering of data.

Summing up:

SPECIFIC - Objective

MEASURABLE - Achievable

ATTAINABLE - Realistic

RELEVANT- To your larger goal where we are doing advocacy.

TIME BOUND – For yourself and person you are advocating with.

Likewise, the objectives of the earlier session's objective can be worked out with SMART Objective.

Activity 11: Identifying decision makers and Advocacy Partners

Facilitator: Prabhleen Tuteja

Each character has certain characteristic that are positive and negative that make us an individual. Chose one character of your choice in a group of five and present the positive and negative qualities the character has and the challenges that he/she needs to overcome.

What a bunch of Characters?			
	Qualities	Strengths	Challenges
Name of the Character	Values and principles	1.What challenges you character faces. 2. What are the values & principles of your character	1.What would you teach your character to become more affective

Either fill the matrix in your conversations, present the character, or make it and show to people

Discussion followed by presentation:

How did we decide character? How is decision taken? There was pre-dominance of one person or relativity to one person. Do you want to contextualise the work you are doing or to figure out the nuances? Every group has different approaches for filling up the matrix. Each group likewise needs to decide which advocacy they want to take forward. Lot of challenges are also very close to our everyday lives like Vandana Shiva and Padman. We all abide by certain values like our characters. No group raised question on their values because maybe we either abide by these values or want to. Like, being there for anybody at all points, not being competitive, being determined, being empathetic, possibly there was no disconnect with these values. Similarly, for a group, the values are required. Values as a bucket of conversations, all participants agreed, therefore, easy to agree. Each group from here on will be based on certain foundations. Character as a group will be based on values. For instance, trust, accountability, equity and equality, youth led, youth centric, democratic,

intersectionality, diverse, intersectional, inclusive, rights affirmative, transparency, confidentiality and empathy.

Talk: Satyendra Kumar, Dalit Activist, Centre for Social Equity and Inclusion (CSEI)

Talking about his life journey, how he let go of his surname since tenth standard. Shared his journey why he thinks it was a mistake: certain people from a particular caste are treated differently—wanted to get rid of his past experiences, in class 10th felt could make a choice to come out of that system. He is a first PhD in 14 families of a village near chappara, Bihar.

Life History: Moved to city for higher education, Saint Columbus, Hazzaribagh, Ranchi, got hostel, through SC quota. There were 6 beds others were upper caste, isolating self from identity → society always wants to know your personal identity that decides how people interact with you, defines you. It was after six months; people got to know his caste and he left hostel → went to private lounge, he dropped out later got into JNU. Despite suffering from diseases like Chicken pox, he reached to take admission without reservation, took admission in Russian language and side by side studied Sociology from IGNOU. World of the young person coming from a marginalised community; their world is often not brought into the table. JNU: *jaati ko leke comfortable mehsus kar sakte hai*. There was a notice “all Dalits are welcome for fresher’s party”. He went for all talks happening on caste-based topics. he learnt how to be comfortable with identity; then resistance begins. One there was a Dalit and globalisation talk: “*kya tum talk attend karke, jnu me padh ke, hum se age nikal jaoge*”? “*tumhare pitaji jab ghar se bahar nikalte hai, people don’t care, but when our father walks out, people respect him. He could go to police, SC/ST cell, could shame them, however spoke to them in a dining hall, told them in a same space, in the same table, eating with you, age bhi nikal jaoga, tum nahi rok paoge*—tumhe judna hai ya nahi ur choice, that is when I decided I wanted to work with young people.

Pushing for an identity: Each young person has the potential opportunities are not there. Every marginalised person whomever u meet they are struggling with their identity; how do u make them comfortable with their identity? Your identity will always haunt you, you cannot run away from it...anti caste dalit movement like this is running on different frames, political, intellectual, economic, has their own pace—different strategies and approaches

dalit aandolan: community ke logo ne identity ko pehchana, replicate kiya—if 3000 stand up it comes movement → revolution.

dalit panther emerged, → mix of land rights and left + Dalit movement; could not go far.

kashiram in 80s, bsp → first political party , republican party of India in Maharashtra,

85-90 → civil society NGO, safety and security; 40,000 per year recorded caste based atrocity every year, 2000 dalit youth: based on identity and discrimination and exclusion not just of Dalits but 50% population, muslim, dalit, tribal, lgtbiq → based on identity discrimination is based. Unity in strength. All of them need to learn from each other

Cross learning is important. All marginalised people from across the community should come together. We make youth based organisation, *apna sangthan, khud link kare*, in Bihar there is Bihar Ambedkar student forum, national youth equity forum: youth there is working on its own, state—block—panchayats—mentors and advisory, structurally placed all have roles and

responsibilities, values are strong. Goal is clear. They work on their own problems, have their own strategies, educate organise agitate. The needs, aspirations, voice of youth needs to be centralised while planning the goals.

How to avoid case: Talk about it everyday → make jokes → laugh → get comfortable

Questions:

- why people are not utilising quotas properly? How to change caste based structures?

#Read Ambedkar's Annihilation of Caste: indicator caste system kaise pta lgayenge, touchable and untouchable, alignment-economic responsibility, and shared responsibility.

- genesis and mechanism of caste system in India: child marriage began to assimilate caste based identities; to break caste hierarchies-inter-caste marriage "roti beti ki pratha khatam kar do"
- inter dining shuru kar do
- young achiever award: role models identifying every year if we are preparing 20 people, world will change

Day 4: Reflections

Activity 12: Working towards Individual Work plan.

Facilitator: Harsh Chauhan

- Preparing individual lists.
- Fieldwork to be determined by participants.
- YP shall provide background technical support.

Filling in the worksheets.

Q) Distinction between external and internal: External are the things that you do not have own control on, is not under your territory of work, but may influence your work indirectly, for example, district level meeting you cannot organise but can be part of, that is external opportunity. Similarly, external challenge could be geographical terrain, weather, a region that is disaster prone that is not under your control. For example, in parents teacher meeting, convincing parents why CSE is important; external challenge would be how do you make sure parents come similarly organising PTA could be opportunity. Election time, 8 march, menstrual hygiene days are external opportunities, if there are already connections then it would be internal opportunities.

Example: Medical curriculum syllabus, certain portions in the books talks against cross-dressing, transgender as disease, this was revised last year, but not all of these things are taken out. This is one objective. Internal opportunity is there is NGO who have SRHR knowledge who can help.

#Know the decision maker: to help you sharpen the argument, that you are supposed to target.

#Background: educational qualifications, different departments they have worked in. If your issue suits their knowledge, it is easy otherwise; you need to build their capacity on a certain issue.

#Values: Judge a person's value depending on their past work, judgements they have given in the past, or statements they have issued. Decision maker, whenever they speak, speak more on certain issue and tries to avoid one issue. Try to gaze what values they come from, is their transparency in their department that is value. Whether department is working prompt, what are the overall work ethics, how do they treat people who are subordinate. That will help you to sharpen the arguments, as you will know their value system.

#Willingness to Act: Think of things like do they have knowledge on the issue you are working, if you know their knowledge and values, what should be the steps, where do you begin involving them, for example, inviting to a consultation where young groups are discussing adolescent issues could be one way. Take them on board slowly, have basic ideas in mind to persuade that person, think whether a push or nudge is needed with that person.

Q) What if the person is not known to us?

A) A post does not have value, it has responsibilities, and a person has the values, understand the values of the person you are advocating with. Imagine the first response to your request. People also keep changing. Target individuals otherwise every time when person is new, you will have to explain the process every time.

Once you know your argument, you should know who should be the face, who is the best person to advocate, and there should be rationality behind your arguments. For example, the activity on convincing the partner on exchanging the phone for a day, people here used different strategies. Your arguments should be fact based, use pictures, anecdotes, news articles, convince about what you want. Arguments can be emotional, rational (logical) and ethical (sense of morality-based on human rights).

- be passionate
- keep personal agendas separate from post.
- be determined to achieve
- know how willing will be the person
- role plays helps, map out your opposition, there are multiple advocates, some of them hold more power now, always know what you are trying to advocate.
- Chose the messenger wisely.
- Sometimes, dressing is problem, we are not taken seriously, my senior who is more gender conforming, have some experience that is a challenge taking the older person actually helps in some cases. That often acts as a barrier in conversations with officer/bureaucratic. The judgement is based on clothes also the image that society has built about how a professional looks like. A recommendation letter or reference may help. Increasing interaction helps, name and caste also becomes important sometimes. You can either conform to the binary identity or push your identity for what you are. Voice

and opinion of you is what matters more than how you dress and what gender you confirm to.

Activity 13: Pitch, please

Coordinator: Souvik Pyne

I. Dr. Sheetal Rahi Assistant Commissioner (Child & Adolescent Health), Ministry of Health and Family Welfare:

Dr. Rahi talked about a programme that will be started soon in collaboration with Ministry of Health and Family Welfare that focuses on adolescent health, abortions, family planning, and role of non-medical professionals. She offered in help I providing material, finding gaps and funds and in review indicator systems. WHO can connect with bigger funders with the help of ministry.

II. Harish Pemde Head, WHO Collaborating Center for Training and Research in Adolescent Health, Lady Hardinge Medical College, Kalawati Saran Children's Hospital, New Delhi :

Pitch 1: Medical syllabus concerns regarding non-binary sexuality as a disease was pitched in. Dr. Harish opined that with time, syllabus should change and there will be circular to update the syllabus including Nalsa judgement and section 377. There should be holistic approach and questions should be updates accordingly.

Pitch 2: Information about RKSK services: audits and surveys are required, counsellors are neither accessible nor helpful, and they are highly judgemental. What are the mechanisms to build within advocacy? Dr. Harish agreed that they are not equipt with information, he asked for solutions. Some of the problems were raised by the group that they lack quality and training, they are overburdened for example ASHA worker, doing multiple things. Dr. Harish opined that in the framework it is written they will have exclusive counsellors but it was not implemented. Group added that there is dilution, they should rather continue for loner time, their training is short, criteria of selection is not correct, placement of clinics within hospitals is hindrance to adolescents. There is no clarification to the problem, something considered as taboo is reinforced in these clinics. For solutions, they added that NGOS are willing to help in bridging the gaps; meanwhile state should parallel fill in the spaces. Use of technology needs to be improvised, 2500 clinics are there. Online courses can be built. There should be online as well as offline repositories that youth can use. Building up tools like messages on bodily changes.

Private school can copy the model of counsellors, for CSE sometimes-even principles have the problems. Role of health ambassadors. What are the bigger plans because NGO has limitations. Mental health counsellors in school do not observe children there is no accountability. The availability of the person, competency, and sincerity needs to be ensured.

III. Kiran Sharma Technical Officer, Adolescent Health and Development, World Health Organization Country Office for India

Girls are often taught to play indoor games and they are made to fantasize the marriage. Awareness on issues is very important that is not there now, especially in rural areas. Women often search for women shops who are selling sanitary napkins; there was a suggestion that

women should themselves be made capable to make sanitary napkins. They should know how in addition, when to take help from the state. Within the groups, build inter-linkages.

Mental Health is one such issue where there is no help from the state, people are ashamed to come out and talk about it. There are levels to it, stress→anxiety→depression. Services at school and colleges should be available.

Promote indigenous food to overcome malnutrition when standard foods are not available. Make the community aware, empower the locals by giving them life skill education. Prioritise the problems, accept, and realise.

IV. Dr. Priya Karna, Technical Officer, India SRHR Initiative, World Health Organization Country Office for India

This group talked about bodily changes. Raised concern that transgender group is not categorised, not included in formal meetings. Even after NALSA judgement, inclusion is not being done. Changing the mind-set in rural areas remains a challenge. There is hyperactive behaviour in adolescents in coastal areas; they are excluded from mainstream areas. Schools are teaching that they do not need enough education. It is resulting them in rigid inferiority complex, models are less, plenty of issues are happening on coastal areas but no intervention is happening from State. Creation of detailed CSE is required in national level education policy.

Dr. Priya focused that a network of youth is required, they are not prioritising youth. At state level, we will ensure you are able to raise your voices. MP, Karnataka, Bengal are successful models. We need to create safe spaces for Clinics. We are also trying our best to maintain confidentiality that is a challenge for state. Menstrual Hygiene, the scheme is looked at again at national level.

Summing up:

Quality of clinics is to be ensured. Based on mental health, a plan keeping in mind the technological use will be made. Working in the direction of identifying who are the vulnerable adolescents and communities they belong to. The services will be provided with the help of NGOs. Ministry is working on the issues of menstrual hygiene, building a scheme. Working on intricacies like how to make cheap sanitary napkins, documenting case studies, and replicating experiences.

On Mental Health, we need to look beyond counsellors. Quality of AFHC definitely along with ensuring privacy and confidentiality. Youth participation is another thing, prioritisation of their issues based on their own experiences and solutions should come from them. There is a need to take youth leaders to larger platforms. Life-skills is also about making one aware and empower.

Advice to the youth group: as a young person, there is a disadvantage for instance, every time you encounter a different stakeholder. Keeping that in mind always prepare, make it clear what is it that you are asking for, participate meaningfully, and provide solutions. Youth participation should be encouraged in formal meetings to improve services and implementation of goals.

Reflection from Ministry of Health, Govt. of Myanmar guests: Engagement is energetic; learning experience that officials are working close with youth. There is a talk about rights with responsibilities and therefore, raising demands for accountability.

Recommendation: Document, connect with resources, engage in international forums as representatives. #Use Teen Age Health Guide Application.

Feedback by participants:

- Time is very less. It was not just discussion but also information sharing.
- It was good choice of recommendations.

Activity 14: Business Plan/ Structures

Facilitator: Ruth Mohapatra

Participants were divided into group of 5. Make a plan: You are opening a new restaurant and you have to throw Haldirams out of market.

Presentation by Groups: As a group, people learnt how to divide specific roles to each member and how each role is equally improvement. Goal is equally important for everyone.

People divided according to state: this will be how participants will be working from now on.

Naming of the Group: it should be multi-lingual, short, should give qualities of the group.

Introduction of **Sli.do** by Ipsa

- What are the features of an accessible name?

Easy, meaningful, language should be non-hindi, catchy, inclusive

- What emotion does PWG incite within you?

Belongingness, energy, hope, togetherness, collaborative, energy, joyful, collective, hope, glory, umbrella, diversity, equity, learn, responsibility, enjoy.

- Name your group

youngIndia, umeed,youth, united, india, yuva, aasha, awaz, Shakti, youthforchange.

#larger consensus was the term should be in English. There was a concern at the same time how does it operate in rural areas.

STEPS: Stepping Towards Enhancing Policy Structures (most voted)

A short video on roles was shown.

Tasks Ahead:

- **Communication Coordinator**
- **Team Leader**
- **Coordinator**
- **Networking**
- **Helper**

There are external and internal roles. Internal is WhatsApp communication within the state, external is sharing information with different stakeholder. Overall, tasks will require reaching out to people who are not on social media, do not have access to internet, etc.

#Fund-raising: Asking for resources, spaces where we operate, sharing of the spaces, capitalise, optimise, and strengthen. Identify platforms. Options are crowd sourcing, online portals, values should not be compromised, and utilisation of money should be wise.

#Advocacy: writing, editing, smart objective, ensure meetings are happening, edit in multi-language

#Partnership management: defining aim, values, how to link values with other partner's values, whether they will work with us.

- What would be our advocacy? Identify components.
- What will be our values? How do we uphold partnership coordinator?
- Form the identity of the group
- Communication: identify platforms, regularity, and responsibility to be shared at regional and national level.

Every state will have four vocal points. Participation in this group is voluntary. In future, 10,000 membership in each state is possible. Criteria is less than 35. Nominate yourself independently to take our roles and responsibilities. Technical support will be provided by YP for two years on PWG. YP will also provide tools and models.

Way Forward:

- Rethink all the learnings.
- Share the last page of worksheet till 20th of October.

Annexure: List of Participants

1. Puja Singh
2. Nirmala Singh
3. Amit Kumar
4. Sheela Kumari
5. Durga Prasad Gupta
6. Angurbala Meher
7. Gurminder Singh
8. Nidhi Malhotra
9. Tarun
10. Gheshna Nagendran
11. Jima Rose

12. Kavya Menon
13. Poorva Patil
14. Khurshid Laskar
15. Sumit Pawar
16. Nikita Khanna
17. Reena Suryawasnhi
18. Jayashree Mondal
19. Srilekha Chkaraborty
20. Daina Dias
21. Krishna Damor
22. Neil Jaitly
23. Prerna Laddha
24. Bhakti Damle
25. Vamsi Areti
26. P Bhavya
27. Devarajula Lakshmipriya
28. Sameera Lakshmi
29. Nasreen
30. Shukti a
31. Muletolu Vero
32. Nandini Verma
33. Sadam Hanjabam
34. Rajasi Kulkarni
35. Ragini Bordoloi
36. Nasmina Ansari
37. Janvi Tiwari
38. Mamta Sharma
39. Sonal Jain