

# 10to19 Community

DASRA ADOLESCENTS COLLABORATIVE

—AbMeriBaari—

# CHARTER

BY GIRL CHAMPIONS  
FOR ADOLESCENT HEALTH  
AND WELL-BEING ISSUES

Special thanks to all the members of the 10to19 Community of Practice for their support and participation.

**AB MERI BAARI IS A GIRLS-LED MOVEMENT TO MAKE STAKEHOLDERS ACCOUNTABLE FOR ADOLESCENT HEALTH AND WELL-BEING FOCUSED POLICIES AND PROGRAMS.**

The overarching goal of the campaign in the next 3 years is to increase the efficacy and agency of girls (between the age group of 10-19 years), delay age at marriage, delay age at first pregnancy and ensure completion of secondary education.

**In this phase, the campaign focused on a community audit exercise by engaging Girl Champions\* to assess, review, garner input and provide recommendations on the services that cater to adolescents in Jharkhand.**

The audit explored five overarching themes related to adolescent well-being that were finalized in discussions with partner organisations\*\* and Girl Champions who represented the districts that were part of the study. The themes that were shortlisted are: Health, Education, Sexual and Reproductive Health and Rights, Child Safety and Nutrition.

In each theme, Girl Champions identified important service providers with whom they would want to engage and collect data from both at a village and block level, and prepared a list of questions related to the services provided by the specific stakeholders.

They then prioritized the top 10 - 12 questions based on the aim of the scorecard exercise, i.e. to drive engagement, accountability and improved services for adolescents. This list reflects a prioritized, subjective set of recommendations made by the Girl Champions and partner organisations. It is not a comprehensive assessment of all activities of the duty-bearing institutions.

**150**

**GIRL CHAMPIONS**

**6**

**DISTRICTS**

**15**

**STAKEHOLDERS**

**13**

**BLOCKS**

**63**

**VILLAGES**

**100+**

**QUESTIONS**

\* Ab Meri Baari Girl Champions are a group of adolescent girls selected to represent their villages by partner organisations. These girls were trained through multiple workshops to develop and implement the social audit survey in their villages in 2019.

\*\* Partner organisations comprise of Child In Need Institute, Center For Catalyzing Change and Quest Alliance in the state of Jharkhand.

# अब मेरी बारी



150 girl champions across Jharkhand, conducted social audits of government services in 63 villages across 6 districts. The data presented is an analysis of these girls-led audits.

# Make Adolescent Friendly Health Clinics [AFHCs] available for us at each block, with clear information on the services provided

## PRESENCE OF AFHCs IN COMMUNITY HEALTH CENTRES



**28** PRESENT



**19** PRESENT BUT IRREGULAR



**12** NOT PRESENT



**4** PROACTIVE

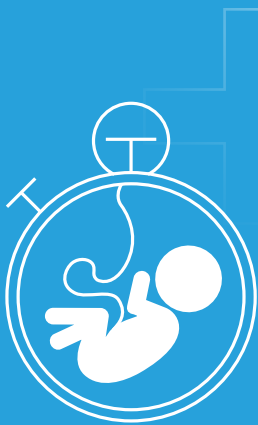
\*DATA SOURCED FROM 63 VILLAGES

## SUGGESTIONS

- Promote awareness among adolescents on AFHC
- Mobilize ASHAs, ANMs and counsellors to provide AFHC outreach services to all adolescents in a village
- Increase the number of days AFHCs are open to six days a week

# Help us understand methods of contraception, counselling services and other medicines available in Adolescent Friendly Health Clinics [AFHCs]

## AVAILABILITY OF ADOLESCENT-FOCUSED SERVICES AT COMMUNITY HEALTH CENTERS



14

SERVICES UNAVAILABLE

11

AVAILABLE BUT POOR QUALITY

24

NOT ACCESSIBLE BY ALL

14

ACCESSIBLE BY ALL

\*DATA SOURCED FROM 63 VILLAGES

## SUGGESTIONS

- Presence of female medical officers and counsellors to help adolescent girls with issues on menstruation and sexual health
- Provide knowledge on contraception options and availability, non-expired condoms and contraceptive pills
- Ease menstrual pain issues by having relevant medicines available

# Inform us about non-communicable and communicable diseases like RTI, STI, AIDS from Community Health Centres [CHC]

## METHODS OF DISSEMINATION OF INFORMATION AT CHCs



**34** DISPLAYED



**18** NOT DISPLAYED



**6** EXPLAINED



**5** REGULAR CAMPAIGNS

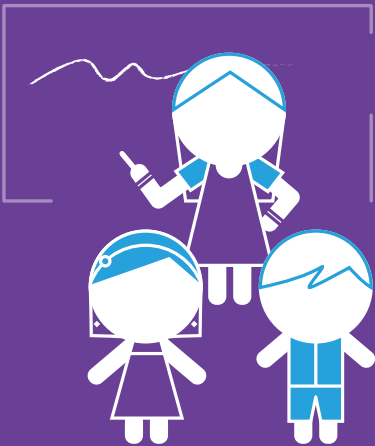
\*DATA SOURCED FROM 63 VILLAGES

## SUGGESTIONS

- Provide information on RTI, STI, AIDS at Aanganwadi Centres and Community Health Centres [CHC]
- Ensure trained ANMs to educate on RTI, STI, condoms and oral pills, creating an environment of open dialogue around diseases
- Disseminate information through ANM and Sahiya [ASHA] on hygienic health practices
- Recruit female doctors in Community Health Centres [CHC] to allow for open communication between doctors and adolescents

# Our schools need an increase in the number of teachers for the number of students enrolled

## AVAILABILITY OF TEACHERS AS PER NUMBER OF STUDENTS



20

UNAVAILABLE

5

NOT ACCESSIBLE  
BY ALL

14

AVAILABLE BUT  
POOR QUALITY

24

AVAILABLE AND  
ACCESSIBLE BY ALL

\*DATA SOURCED FROM 63 VILLAGES

## SUGGESTIONS

- Staff an equal number of male and female teachers, so girls and boys find it easy to build trust and share issues
- Activate community members, including parents, to ask the school management committee for increased teacher staffing

# Deliver timely study materials to us, with extracurricular activities till at least the 8<sup>th</sup> standard in government schools

## AVAILABILITY OF FREE BOOKS TILL 8TH STANDARD



\*DATA SOURCED FROM 63 VILLAGES

## SUGGESTIONS

- Deliver books before the start of academic sessions
- Provision of computer labs, games equipment and playgrounds
- Ensure completion of education and transition to skill-based jobs through bridge courses and remedial classes



# We must have clean and safe facilities for boys and girls in government schools

## PROVISION OF SEPARATE AND CLEAN TOILETS FOR BOYS AND GIRLS IN GOVERNMENT SCHOOLS



15

UNAVAILABLE

10

NOT  
ACCESSIBLE FOR  
ALL

13

AVAILABLE BUT  
POOR QUALITY

25

AVAILABLE AND  
ACCESSIBLE BY ALL

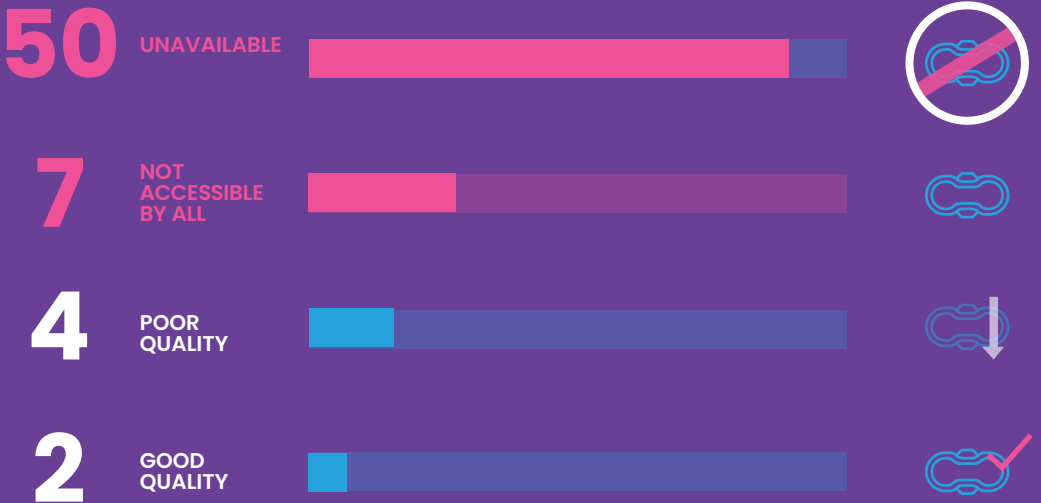
\*DATA SOURCED FROM 63 VILLAGES

## SUGGESTIONS

- Maintain school toilets on a regular cleaning schedule
- Create access for differently-abled students at schools
- Ensure good quality of free sanitary pads in schools
- Install vending machines in schools for availability and accessibility of sanitary pads

# Ensure sanitary pads are always available in our Aanganwadi Centres

## PROVISION OF SANITARY PADS IN AANGANWADI CENTRES



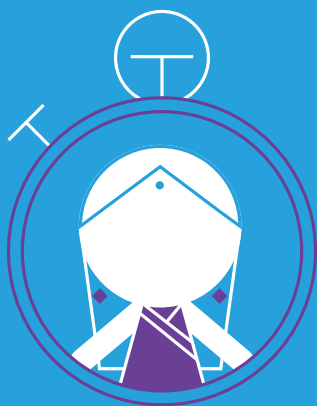
\*DATA SOURCED FROM 63 VILLAGES

## SUGGESTIONS

- Supply sanitary pads with regularity to the Aanganwadi Centres
- Establish clear communication channels between AWC workers and higher authorities to manage adequate stock of sanitary pads

# Have more open conversations with us, across all levels, around combating child marriage

INFORMATION ON CHILD MARRIAGE, EARLY PREGNANCY AND ASSOCIATED RISK BY AANGANWADI CENTERS



10

NOT DISPLAYED

47

EXPLAINED

3

REGULAR  
CAMPAIGNS

3

DISPLAYED

\*OUT OF 63 VILLAGES

## SUGGESTIONS

- Build awareness on legal provisions on child marriage across public institutions like schools, Aanganwadi Centres and panchayats
- Initiate dialogue in panchayat meetings and empower panchayat members like Mukhya/Pradhan to take responsibility to prevent child marriage
- Make parents aware of the negative consequences of child marriage through village platforms like Mahila Samooh



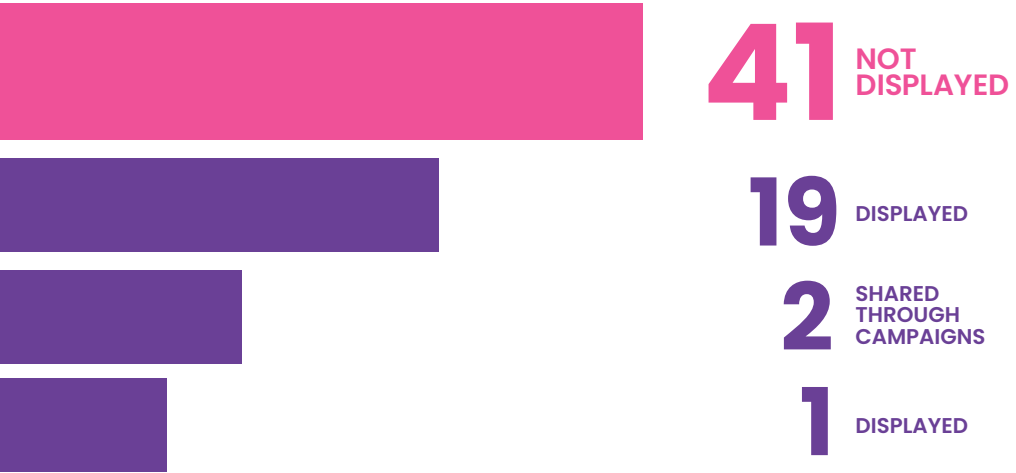
**Empower us with information on Protection of Children from Sexual Offences [POCSO] and Juvenile Justice Act [JJ Act] for our safety**

**SUGGESTIONS**

- Train Aanganwadi Workers on POCSO and JJ Act to disseminate information on legal provisions to adolescents
- Engage at a village level, via platforms like Mahila Mandal and Kishore Samooh to discuss Child Safety and Rights
- Include information on Child Rights in school curriculum
- Organize camps and sessions on Child Rights at regular intervals

# INFORMATION ON POCSO AND JJ ACT SHARED IN SCHOOLS

\*DATA SOURCED FROM 63 VILLAGES



# SUPPORT PROVIDED BY HIGHER AUTHORITIES AT A PANCHAYAT LEVEL

\*DATA SOURCED FROM 63 VILLAGES

NO COMMUNICATION **28**



NEED-BASED COMMUNICATION **15**



REGULAR MONITORING **14**



CO-PLANNING ON EVERY DOMAIN **4**



# Give us a role in shaping the Village Level Child Protection Committee [VLCPC]

## SUGGESTIONS

- Presence of functional VLCPC in each village
- Disseminate information from VLCPC through Aanganwadi Centers [AWCs]
- Conduct regular meetings for the VLCPC committee 1-2 times a month
- Train panchayat members on roles in VLCPC and its functions

# PRESENCE AND FUNCTIONING OF VLCPC

\*OUT OF 63 VILLAGES

NOT PRESENT **34**



Category	Count
Not Present	34
Present but Irregular	14
Present	13
Proactive	2

PRESENT BUT IRREGULAR **14**

PRESENT **13**

PROACTIVE **2**

# PARTICIPATION OF PANCHAYAT MEMBERS IN VLCPC

\*OUT OF 63 VILLAGES

**43** DISCUSS CHILD PROTECTION ONLY WHEN AN INCIDENT OCCURS



Category	Count
Discuss child protection only when an incident occurs	43
Monitor on a regular basis	13
Proactive	7

**13** MONITOR ON A REGULAR BASIS

**7** PROACTIVE



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# HIGHLIGHTS

- In most villages, the Adolescent Friendly Health Clinics (AFHCs) open only twice in a week.
- In most AFHCs, services related to adolescent health and hygiene are not provided.
- Information about sexual reproductive health is not openly and proactively shared through camps and campaigns.
- The Student - Teacher ratio is much lower than recommended in the RTE Act, 2009.
- Though free books are provided, they are not given in a timely manner as required.
- Very few schools provide services to cater to adolescent needs.
- Most Aanganwadis do not have sufficient and regular supply of sanitary pads.
- Awareness about child marriage, early pregnancy and associated risks is not provided regularly at an Aanganwadi and other local institutions.
- There is very low awareness of legal provisions of child safety provided through local institutions.