

# Whole-System-in-the-Room (WSR) Multi-Stakeholder Workshop Report Jharkhand, India

November 2009





# **Whole-System-in-the-Room (WSR) Multi-Stakeholder Workshop Report Jharkhand, India**

**November 2009**

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the C-Change project, managed by AED, and do not necessarily reflect the views of USAID or the United States Government.

**The workshop was hosted by the  
Jharkhand Department of Health & Family Welfare  
in Jamshedpur, Jharkhand on July 17-19, 2009  
and facilitated by New Concept**

This report documents the Whole-System-in-the-Room (WSR) Workshop entitled, **Change for the Youth of Jharkhand: Youth Health & Fertility (HTSP).**

The workshop was held July 17-19, 2009 at the Citi Inn, Jamshedpur, Jharkhand.

This report has been prepared by the New Concept team.

A special thanks to the Government of Jharkhand, which supported this endeavor, and to USAID/Washington, USAID/India, and AED/Washington.

Our thanks go to Mahila Samakhya, Jharkhand for organizing the cultural program and for mobilizing volunteers for the workshop.

The workshop arrangements would not have been possible without the hard work of the logistics team.

The entire workshop would not have been possible without the continuing involvement and energy of the Change Group.

**Cover photo:** Opening of the WSR workshop with traditional welcome to participants.

**Contact Information:**

C-Change  
AED  
1825 Connecticut Ave., NW, Ste. 800  
Washington, DC 20009 USA  
Tel.: +1.202.884.8000  
Fax.: +1.202.464.3799  
**Email:** [cchange@aed.org](mailto:cchange@aed.org)  
**Website:** <http://www.c-changeprogram.org>

## Table of Contents

Acknowledgements .....	ii
List of Abbreviations and Acronyms.....	iii
Executive Summary .....	1
Background: Why Address Youth Health and Fertility and HTSP.....	5
The WSR Workshop – Planning and Putting Our Heads Together for Change for the Youth of Jharkhand.....	8
The Process – Three Days of Sharing and Working Together for a Common Vision .....	10
Reaching Common Ground and Developing Action Plans for Youth and Change .....	16
Continuing to Move Ahead with the Commitment for the Youth of Jharkhand .....	22
Appendices .....	27
1. Six Principles	
2. List of Trends from the Mind Map	
3. Youth in India: Situation and Needs, 2006-2007- Executive Summary for Jharkhand	
4. Workshop Agenda	
5. List of Participants and Contact Information	
6. Jharkhand Youth Policy	

## **Acknowledgements**

### **Planning Meeting Members**

Dr. Ajit Kumar Prasad, Asst. Superintendent, DFHWF/JHK  
Subir Kumar, State NGO Coordinator, DFHWF/JHK  
Smita Gupta, State Program Coordinator, Mahila Samakhya, JHK  
Sr. Bernard, Mahila Samakhya, JHK  
Chandosree, Journalist  
Richa Chaudhry, New Concept  
Antra Khurana, New Concept  
Vimala Ramakrishnan, New Concept  
Sheena Chadha, New Concept  
Bette Booth, AED

### **Change Group**

Sr. Bernard, Mahila Samakhya, JHK  
Chandosree, Journalist  
Vinod Kumar, Jan Lok Kalyan Parishad, Pakur  
Arvind, Badlav Foundation, Jamtara (Deogarh)  
Satish Kumar Karna, Lok Prerna, Deogarh  
Suhasini, Jharkhand Vikas Parishad, Amrapara, Pakur  
Dr. Anant Kumar Pandey, XISS, Ranchi  
Sabita Rani, HLFPPPT, Ranchi  
Mathew, PSI, Ranchi  
Avinash Chaudhry, ITAP, Ranchi  
Debabrat, PFI, Ranchi  
Avinash, Basix, Ranchi  
Anup Hore, CINI, Ranchi  
Champa Tigga  
Sudhir Pal, Manthan, Ranchi

### **Facilitators**

Varsha Chanda  
Dr. Sanjeev Kumar  
Sheena Chadha

### **Support**

Larry Knox  
Vimala Ramakrishnan

### **Logistics**

Antra Khurana  
Richa Chaudhry

### **Logistics Support - Volunteers**

Kailash Kumar     Dangi Murmu  
Binay Sahu         Pushpa Kistotta  
Shila Singh        Parvati Hembrom  
Kumar Robin       Pradeep Kumar  
Upendra Kumar    Lalu Gupta

## List of Abbreviations and Acronyms

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AISD	Asian Institute for Sustainable Development
ANMs	Auxiliary Nurse Midwives
AWWs	Anganwadi Workers
BCC	Behavior Change Communication
BKS	Bhartiya Kisan Sangh
BPRO	Block Panchayati Raj Officer
BTP	Birth to Pregnancy
CEDPA	Centre for Development and Population Activities
CMS	Centre for Media Studies
CSOs	Civil Society Organizations
CTI-PRI	Central Training Institute – Panchayati Raj Institute
FP	Family Planning
FXB	Francois-Xavier Bagnoud
HIV	Human Immunodeficiency Virus
HILFPPT	Hindustan Latex Family Planning Promotion Trust
HTSP	Healthy Timing and Spacing of Pregnancies
IEC	Information Education and Communication
IFA	Iron and Folic Acid
IMR	Infant Mortality Rate
IRH	Institute for Reproductive Health
ITAP	Innovations in Family Planning Services (IFPS) II Technical Assistance Project
JTDS	Jharkhand Tribal Development Society
JVK	Jan Vikas Kendra
KAP	Knowledge, Attitude and Practice
KGVK	Krishi Gram Vikas Kendra
LGSS	Lohardaga Gram Swarajya Sansthan

MMR	Maternal Mortality Rate
MNCH	Maternal, Neonatal and Child Health
NBJK	Nav Bharat Jagriti Kendra
NC	New Concept
NGO	Non-Governmental Organization
NRHM	National Rural Health Mission
PFI	Population Foundation of India
PSI	Population Services International
PSP-One	Private Sector Partnerships for Better Health
RCH	Reproductive and Child Health
SIRD	State Institute of Rural Development
SM	Social Mobilization
STD	Sexually Transmitted Disease
TSRDS	Tata Steel Rural Development Society
USAID	United States Agency for International Development
WHO	World Health Organization
WSR	Whole System in the Room
XISS	Xavier Institute of Social Service

## Executive Summary

This report describes the process of the *Whole-System-in-the-Room* (WSR) workshop, which culminated the first phase of the implementation of the SCALE® approach in Jharkhand under the C-Change project, which AED is implementing in India. The report aims to provide a sense of the WSR process and to capture the dialogue and synergy that emerged when a wide range of stakeholders came together to explore the issue of youth health and fertility in Jharkhand.

### *Jharkhand Context*

Carved out of Bihar, the state of Jharkhand was created on November 15, 2000. Its population is estimated at 29.2 million, and 78% live in rural areas. Jharkhand is one of the country's poorest and most underdeveloped states, with a low per-capita income and 54% of the population living below the poverty line. Scheduled tribes constitute 28% of the population. The literacy rate is very low, particularly among women (40%). The state has 24 districts, 35 sub-divisions, and 212 blocks.



Note: Two additional districts, Ramgarh and Khunti, have since been created.

There has been a marked improvement in certain health areas since the state was formed. The Government of Jharkhand's Department of Health and Family Welfare has taken some major initiatives to help bring about this change, and many milestones have been achieved. However,

much needs to be done, especially with respect to youth health and fertility, given the implications for the mortality and health of mothers and infants.

### ***Introduction to HTSP and SCALE®***

The C-Change project is applying the SCALE® approach to address the issue of healthy timing and spacing of pregnancy (HTSP) in selected areas of Jharkhand. This C-Change activity is being implemented by AED; New Concept, which is leading the implementation activities; and the Centre for Media Studies (CMS), which is leading the evaluation.

Healthy timing and spacing of pregnancies (HTSP) is an intervention to help women and families delay and space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, *within the context of free and informed choice*. HTSP is associated with reduced risk of adverse outcomes ranging from maternal and infant deaths to low birth weight.

In Jharkhand, HTSP is a critical intervention because most women have their first births at a young age and subsequent births are closely spaced. Data from the 2005-2006 National Family Health Survey (NFHS-3)<sup>1</sup> show that women in Jharkhand marry young (60% of women aged 18-29 years were married by 18). The proportion of women aged 15-19 years in Jharkhand who have begun childbearing was 28%. Jharkhand's median birth interval was 31.5 months, indicating that a high proportion of women became pregnant again less than 23 months after their last birth. In addition, the unmet need for family planning among all women in Jharkhand was 23% (11% for spacing and 12% for limiting).

While HTSP specifically has not received much attention in Jharkhand, there are related interventions in the state, including efforts to improve the use of modern contraceptives through conventional approaches. To strengthen relationships among stakeholders working on related issues in Jharkhand, C-Change is applying SCALE®, an innovative process for catalyzing large-scale change by bringing together multiple stakeholders—both those using conventional and other approaches—to adopt a common vision, network among themselves, and take action to produce system-wide change in a short period.

The concept of convergence, public-private partnerships, and building on social capital through the SCALE® approach was welcomed and supported by the Government of Jharkhand. Based on review of selected indicators derived from DLHS 3<sup>2</sup>, New Concept held a discussion with the Jharkhand health department to choose two focus districts. Of the seven districts that showed poor performance (see table below), Pakur was selected because it was often neglected, and Deogarh was selected because there already were some networks that could be further strengthened through SCALE®. Moreover, the other districts were already served by various initiatives by different partners. Therefore, it was decided that this approach would be initiated state-wide with special focus on Pakur and Deogarh.

---

<sup>1</sup> National Family Health Survey (NFHS-3), 2005-2006: Volume I, Government of India.

<sup>2</sup> DLHS 3 – District Level Household and Facility Survey, 2007-08, International Institute for Population Sciences, Mumbai, for Ministry of Health & Family Welfare, Government of India.

### DLHS 3 Data – Selected Indicators

Sample Districts		Sex ratio (females per 1000 males)	Female literacy level (%)	% of girls marrying below 18 yrs	% of HHs w/ low std of living	% of women using any modern FP method	% of women w/ birth order 3 & above	Unmet need for FP (%)
Dumka	Rural		32.3	52	94.3	26	32.4	36
	Total	961	46	51.1	91.2	29	32.2	34.2
Pakur	Rural		31.7	44.6	96.6	12.7	67.9	46.9
	Total	958	34	45.2	93.5	14.3	66.6	46
Godda	Rural		36.1	40.3	91.7	20.6	43.6	37.7
	Total	926	37.3	39.4	88.9	20.7	43.8	37.9
Sahibganj	Rural		32.1	40.7	96.6	19.6	47.7	41.1
	Total	943	35.2	39.6	92.2	23.8	47.8	38.9
Deogarh	Rural		41.7	59.8	91.9	32.7	44.5	33.4
	Total	914	47	55.2	80.9	36	42.2	31.2
Jamtara	Rural		41.8	43.2	92	25.1	40.9	37.1
	Total	958	43.9	41.6	88	26.6	40.3	36.5
Giridh	Rural		39.1	51.2	93	21.9	41.7	45.1
	Total	983	41.6	50.3	88.7	23.8	41.7	43.9

#### *Journey to the WSR*

- In March-April 2009, discussions were held with then-Health Secretary of Jharkhand on the SCALE® approach and initiative.
- Following approval from the Health Secretary, mapping of stakeholders began. The point person in the Department of Health, Dr. Ajit Kumar Prasad, was consulted at every visit.
- In April-May 2009, a series of discussions were organized with individuals and organizations from different sectors, including government, civil society, donor partners, media, academia, corporate, and culture and sports. About 175 stakeholders were plotted on the stakeholder map.
- All participants expressed interest and contributed to these discussions. Their energy and interest led to the creation of a small group of participants to discuss, enhance the stakeholder mapping, and set the framework and other processes of this approach. These participants called themselves the Change Group.
- District-level meetings were organized in Pakur and Deogarh, with participation from the National Rural Health Mission (NRHM), civil society, and academia. Mapping of stakeholders was further enhanced.
- After general elections, several meetings were held with Jharkhand officials from other departments, including the Development Commissioner, Director-Tribal Welfare, Secretary-Education, Secretary-Mines and Rural Development, Secretary-Drinking Water and Sanitation, Secretary-Forests and Environment. Again, interest in the approach was expressed. The Development Commissioner facilitated an inter-departmental meeting where SCALE® and the WSR workshop were discussed. These efforts were reflected by the government presence at the workshop, which 30 government stakeholders attended.
- The Change Group met frequently and planned the workshop.

### ***WSR and the Action Plans***

The WSR multi-stakeholder workshop, held in Jamshedpur, Jharkhand on July 17-19, 2009 was attended by nearly 90 participants from all the districts of Jharkhand and from seven stakeholder groups (government, corporate, civil society, youth, academia, donor partners, and culture and sports). Participants worked together to develop a common action agenda around youth health and fertility and HTSP.

The six most important common ground issues (with two on youth health) and the priority actions plans that participants considered necessary to address HTSP and youth health and fertility under the broad theme of *Change for the Youth of Jharkhand* were developed during the workshop (see page 17 for additional information about the six issues). The six issues are:

1. Advocacy and Policy
2. Livelihood and Youth
3. Youth Reproductive Health (community and youth engagement)
4. Youth Reproductive Health (policy and advocacy)
5. Women's Empowerment
6. Education

## **Background: Why Address Youth Health and Fertility and HTSP**

The issue of youth health and fertility, which was the focus of the WSR workshop and is fundamental to addressing HTSP through the SCALE® process, is important given the research findings worldwide and is also relevant specifically to the state of Jharkhand.

Below are key points from a presentation by Maureen Norton (USAID) at the *Scaling Up FP/MNCH Best Practices in Asia and the Near East, Technical Meeting, September 3-8, 2007*.

- Largest generation of adolescents ever; the main FP demand for <29 age group is for spacing methods.
- High percentages of births occur after too-short intervals.
- Even higher percentages of young women report short birth intervals but want longer intervals.
- Only 3-5% of postpartum women want another child within two years.
- There are significant service delivery gaps.

To assess the effects of pregnancy spacing on maternal and newborn health outcomes, USAID sponsored six global research studies. Key findings are summarized below.

### ***Maternal Outcomes***

- Short birth-to-pregnancy (BTP) intervals (<6 months) are associated with increased risks of:
  - Maternal mortality
  - Induced abortion
  - Miscarriage
- Long BTP intervals (>59 months) are associated with increased risks of:
  - Pre-eclampsia<sup>3</sup>

### ***Perinatal Outcomes***

- Both short BTP intervals (<6 months) and long BTP intervals (>59 months) are associated with increased risks of:
  - Pre-term birth
  - Small size for gestational age
  - Low birth weight<sup>4</sup>

### ***Post-abortion/Miscarriage Outcomes***

- Short intervals (< 6 months) between abortion/miscarriage and next pregnancy are associated with increased risks of:
  - Premature rupture of membranes
  - Maternal anemia

---

<sup>3</sup> Conde-Agudelo, A., et al. Effect of birth spacing on maternal health: A systematic review. *American Journal of Obstetrics and Gynecology*, 2006; DaVanzo, J., Hale L., Razzaque A., Rahman M., Effects of interpregnancy interval and outcome of the preceding pregnancy on pregnancy outcomes in Matlab, Bangladesh. *BJOG: An International Journal of Obstetrics and Gynecology*, 2007; Conde-Agudelo, A., Belizan, J.M. Maternal morbidity and mortality associated with interpregnancy interval: Cross sectional study. *Br Med J*, 2000, 321(7271): 1255-9.

<sup>4</sup> Conde-Agudelo, A. et al. Birth Spacing and the Risk of Adverse Perinatal Outcomes: A Meta-Analysis. *Journal of the American Medical Association*, 29 (April 19, 2006): 1809-1923

- Pre-term birth
- Low birth weight
- Small size for gestational age<sup>5</sup>

In addition, the potential health risks associated with short pregnancy spacing intervals and/or becoming pregnant too early in life are exacerbated for women who already have pre-existing health problems, such as HIV, anemia, malnutrition, malaria, tuberculosis, heart disease, and diabetes.

HTSP is an underutilized intervention to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, *within the context of free and informed choice*. The box below describes recommendations from a recent World Health Organization (WHO) technical consultation, followed by a description of the several benefits of HTSP.

**In 2005, WHO issued the following recommendations:**

- After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal, and infant outcomes.
- After a miscarriage or induced abortion, the recommended interval to the next pregnancy should be at least 6 months in order to reduce risks of adverse maternal and perinatal outcomes.

*Birth Spacing Report, WHO Technical Consultation, Policy Brief, Geneva, Switzerland, 13-15 June, 2005.*

***HTSP Benefits Newborns, Infants, and Children Under 5***

- HTSP is associated with reduced risk of:
  - Pre-term births, low birth weight, small size for gestational age, and, in some populations, stunting or underweight
  - Death for newborns, infants, and children under 5
  - Pre-term births and low birth weight for newborns, when mothers wait until age 18 to have their first pregnancy
  - Pre-term births, small size for gestational age, and low birth weight, when mothers wait at least 6 months after a miscarriage or abortion before attempting a pregnancy again
- HTSP allows young children to experience the substantial health benefits of breastfeeding for a full two years.

***HTSP Benefits Mothers by:***

- Giving them two years to prepare physically, emotionally, and financially for their next pregnancy, if they choose to have one
- Helping young mothers reduce their risk of pre-eclampsia and other pregnancy-related complications, obstructed and prolonged labor, iron-deficiency anemia, and maternal death
- Providing them with two full years to focus on their newborns, partners, and other children before becoming pregnant again
- Allowing two years of breastfeeding, which is linked with reduced risk of breast and ovarian cancer

---

<sup>5</sup> Conde-Agudelo, A. et al. Effect of inter-pregnancy interval after an abortion on maternal and peri-natal health in Latin America. *Internal Journal of Gynecology and Obstetrics*, Vol. 89, Supplement No.1, April 2005.

### ***HTSP Benefits Men by:***

- Helping them safeguard the health and well-being of their partners and children
- Allowing them time to plan financially and emotionally for their next child, if they choose to have one
- Contributing to a man's sense of satisfaction about supporting his partner by making healthy decisions regarding HTSP and family planning use and raising a healthy family

### ***HTSP Benefits Communities by:***

- Helping to reduce deaths and illnesses among mothers, newborns, infants, and children
- Helping to reduce poverty and to improve the quality of life among community residents<sup>6</sup>

### ***HTSP Context in Jharkhand***

In Jharkhand, HTSP is a critical intervention since most women have their first births at a young age and subsequent births are closely spaced. Data from the 2005-2006 National Family Health Survey (NFHS-3)<sup>7</sup> show that women in Jharkhand marry young (60% of women aged 18-29 years were married by 18). The proportion of women aged 15-19 who have begun childbearing is 28%. The median birth interval for Jharkhand was 31.5 months, indicating that a high proportion of women became pregnant again less than 23 months after their last birth. Among all women in Jharkhand, the unmet need for family planning is 23% (11% for spacing and 12% for limiting).

---

<sup>6</sup> Healthy Timing and Spacing of Pregnancies: Pocket guide for health practitioners, program managers and community leaders. Extended Service Delivery Project. Updated, February 2007. [www.esdproj.org](http://www.esdproj.org)

<sup>7</sup> National Family Health Survey (NFHS-3), 2005-2006: Volume I, Government of India.

## **The WSR Workshop – Planning and Putting Our Heads Together for Change for the Youth of Jharkhand**

Recognizing the need for coordinated action to address HTSP and improve health outcomes for youth and their families, the Department of Health and Family Welfare, Jharkhand embraced the SCALE® approach under the C-Change project through its partners in South Asia, New Concept and CMS, both located in Delhi.

The Department approved the work plan for implementation of SCALE® in Jharkhand state. Recognizing that the WSR multi-stakeholder workshop was viewed as a catalytic first step in the SCALE® process<sup>8</sup>, the Department initiated the planning process by appointing point persons within the department to facilitate support to both New Concept and CMS.

Following approval of the two focus districts--Pakur and Deogarh, New Concept met with various stakeholders named in the mapping exercise from March to June 2009. In April 2009, 15 stakeholders who agreed to serve as a smaller planning group held their first meeting. This group, called the Change Group, comprises leaders from civil society, academia, media, and other sectors.

At this planning group meeting, a presentation was given that explained the SCALE® approach, the issue of youth health and fertility (with a focus on HTSP), and the importance of existing and potential networks and alliances that would facilitate much needed development partnerships among stakeholders in the state. The Change Group fully endorsed the idea of forming a strong network that could work on youth issues and saw health as *the concern of all, and not merely that of the health service delivery system*.

Subsequent meetings at state and district levels resulted in implementing other components of the SCALE® approach, including mapping the context, extensive mapping of stakeholders, and introducing the WSR methodology. In addition, at one of the initial planning meetings, a video of the WSR from a SCALE® demonstration in Madagascar was shown to provide an idea of the process.

The Change Group discussed the following issues:

- Youth health
- The WSR process
- Stakeholder groups and potential participants
- Date and location for the WSR workshop
- Implementation of the WSR workshop and what follows

After much discussion, the planning group decided on the suggested title for the workshop—*Change for the Youth of Jharkhand: Youth Health and Fertility (HTSP)*—and agreed on the stakeholder groups to be invited to participate, as they represented a spectrum of sectors concerned with this issue.

At meetings and discussions, New Concept achieved buy-in and participation from a wide range of stakeholders, both traditional and non-traditional partners, dedicated to working with youth. Media stakeholders helped reach a wide range of contacts, as did civil society and academia, along with

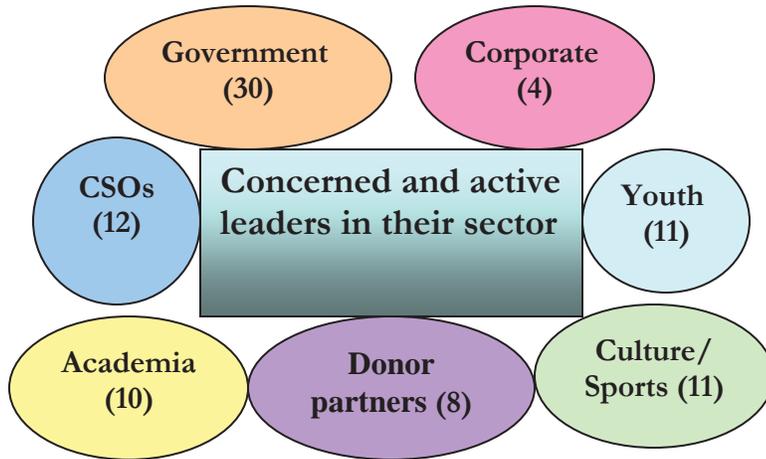
---

<sup>8</sup> AED/C-Change uses the Future Search Whole System in the Room methodology©2004 by Future Search Network, A Program of Resources for Human Development, Inc. Used by permission.

active donor partners. The Health Department and the Development Commissioner played a key role by facilitating a meeting of all departments and sectors.

The WSR multi-stakeholder workshop was thus made possible and its success is due in large part to the hard work and dedication of the Change Group.

### The WSR Participants



Throughout the process, the AED team that had worked on SCALE® provided support by sharing tool kits and experiences from other parts of the world and by training the New Concept team on facilitation and the three-day WSR process.

## The Process – Three Days of Sharing and Working Together for a Common Vision

The WSR methodology was applied for the first time in Jharkhand, India to the multifaceted issue of youth health and fertility during this workshop. The WSR involved a carefully laid-out sequence of participatory tasks that allow participants to share their experiences and ideas.

### DAY 1

An opening ceremony was held the first morning with young girls from indigenous groups providing a traditional welcome. The girls brought bowls of water so that participants could wash their hands and then placed *tilak* on participants' foreheads as a form of welcome and a hope for success. New Concept's team leader launched the workshop as government and donor dignitaries could not attend the opening. One of the Change Group members then recounted the process that led to the workshop.

The facilitators began the workshop by introducing themselves, the WSR methodology, and the six principles upon which it is based (See Appendix 1). Participants were asked to introduce themselves in their own groups. Facilitators introduced the agenda for the day and ground rules for the workshop. The participants began the day working in small mixed groups with representation from many sectors.

### *Exploring the Past*

The first task was to establish a common history and an understanding that all participants, no matter how diverse, live in the same world. This was done by creating three timelines (covering the past two decades) on the walls: one timeline for key personal events, one for events in Jharkhand, and one for global events.

### Timelines



When the timelines were completed, the result was a broad array of recalled events. Participants were asked what themes, meaning, understanding, and stories were evident in the three timelines, and what similarities and differences they saw in each of the timelines.



***Top Trends from the Mind Map*** (prioritized by the number of dots placed on the trend)

- Increase in drug and alcohol among youth
- Increase in youth migration
- NRHM shows increase in all health indicators
- Increase in deteriorating health care for women
- Increase in youth awareness
- Increase in employment avenues
- Decline in spirituality among youth
- Increase in FP methods
- Increased political empowerment
- Increase in brain drain
- Increase in innovative ideas among youth
- Increase in positive attitude/interest toward gaining education
- Increase in delay of age of marriage
- Increase in premarital sex, unsafe abortions
- Increase in positive perspective toward women - decrease in dowry and increase in self-selection of spouse

## DAY 2

After “sleeping over” what they had achieved from the previous day, the participants spent time on the Mind Map, reflecting on what they had created.

### *Discussion on Challenges and Achievements*

The participants then joined their stakeholder groups, which were asked to come up with three achievements and challenges in addressing youth health and fertility. Below are some of the responses.

#### ***Achievements***

- Some definite successes in IEC work, especially with respect to health and sanitation
- Development of BCC strategy for health
- Community participation in water testing for safe drinking water
- Finalization of youth policy
- Integration of life skills in secondary sports curriculum
- Non-formal education among girls
- Health interventions for adolescent gaining focus
- Youth leadership and training
- Increased effort in terms of youth friendly services
- Increase in institutional deliveries
- Improvement in infant mortality rate (IMR)
- More space for decision-making among women on delaying age of marriage, motherhood, number of children

#### ***Challenges***

- Institutional delivery still low
- Non-implementation of PRI system
- Slow advance in FP spacing method
- Finding resources for scaling up
- Existing infrastructure
- Weak government
- Lack of convergence
- Social acceptance of fertility issues; social taboos
- Skill training and employment
- Issues related to migration
- Universalized efforts for youth
- Disconnect between donor programs and realities
- Bridging generation gap
- Gender discrimination
- Channeling creative energies of youth
- Substance abuse among youth
- Reducing high risk of reproductive tract infections (RTI) and sexually transmitted infections (STI) among youth (age 20-24)

### ***Jumping Ahead and Developing Ideal Future Scenarios***

The facilitators asked participants to imagine it was the year 2020 and to use the materials provided to demonstrate the changes they would like to see in youth health and fertility. The groups were very enthusiastic and creative, using art, skits, mock TV interviews, and other methods to share their dreams. Some of their work is pictured below.

## Reporting Session by Different Groups



PERSONAL GROUP-1

TOPIC - "YOUTH-AT-CROSSROADS"

This Topic is divided into six

- EARLY MARRIAGE / CHOICE OF MARRIAGE
- EXPLORING LIFE (REAL EXPERIENCES)
- SHARING WITH PARENTS
- PEER INFLUENCE
- CHANGE IN YOUTH
- YOUTH AS A RESOURCE (POTENTIAL)

Praveesh . Ragini . Neelmoni  
Dr. Tejinder . Ramakant . Himanshu  
Dr. Asha . N K Rama

### Discovering Common Ground

The next step in formulating a common action agenda was to discover those ideas that each participant could agree was “what they wanted to work on toward the common future,” i.e., an idea or set of ideas that should be implemented. The participants worked in small groups to come up with two lists of ideas: those that everyone in their group agreed with and those that not everyone agreed with.

They pasted their lists on the wall under two labels, AGREED and NOT AGREED. The entire group worked together to create a list of ideas to which every single person in the room agreed. Lively discussion followed and eventually most of the NOT AGREED items were moved to the AGREED list.

### Discovering Common Ground



## Reaching Common Ground and Developing Action Plans for Youth and Change

### DAY 3

#### *More Discussion on Common Ground*

On the morning of Day 3, participants were asked to reflect on the common ground issues. Initially reluctant until one participant challenged them, they engaged in vigorous discussion and debate, and agreed on five broad issues as common ground: advocacy and policy, livelihood and youth, health and youth, women's empowerment, and education. Six interest groups were formed to work on the five issues (health was divided between two groups).

#### Self-Management of Sessions by Participants



## Action Plans

Below are the six interest groups identified in the discussion on common ground as well as the priority action plans that participants considered necessary to address HTSP and youth health and fertility under the broad theme of *Change for the Youth of Jharkhand*. The members of the respective interest groups are included in the boxes below.

### 1. Advocacy & Policy

- Review and dissemination of the Jharkhand Youth Policy
- Core group formation
- Proper and planned advocacy
- Evidence-based training, research, advocacy, and networking with students and NGOs
- Identification of specific target group

Child in Need Institute (CINI)  
Xavier Institute of Social Service (XISS)  
CEDPA  
Department of Cooperative  
Department of Road Construction  
Chetna Vikas  
Lohardaga Gram Swarajya Sansthan (LGSS)  
Nav Bharat Jagriti Kendra (NBJK)  
JUDAV



## 2. Livelihood & Youth

- Mapping of vulnerable areas (migration source/route/vulnerability).
- Reduce and monitor migration – convergence and networking with rescue and rehabilitation centers.
- Sensitize community about pros and cons of migration.
- Create local livelihood opportunities (farm and off-farm).
- Provide vocational training (linkage with training institutions and market/financial sectors).
- Make vulnerable populations aware of consequences of migration (HIV/AIDS, health hazards) and provide counseling on healthy behavior.
- Implement IEC and BCC activities.
- Conduct training and capacity building (police, judiciary, NGO, media, government).

Badlao Foundation  
Network for Enterprise Enhancement and Development Support (NEEDS)  
Animation Rural Outreach Service (AROUSE)  
Bhartiya Kisan Sangh (BKS)  
Central Training Institute, Panchayati Raj Institution  
Jharkhand Tribal Development Society (JTDS)  
Population Foundation of India (PFI)

## 3. Youth Reproductive Health (community and youth engagement)

- Awareness and education – formation of youth clubs, campaigning at village and community levels, and at school and college levels through use of multimedia
- Capacity building and peer education - service providers (ANMs, AWWs, Sahiyyas, motivators), school teachers, and other concerned stakeholders
- Service delivery – distribution of contraceptives; establishment of health, fertility and HIV/STD clinics; distribution of iron/folic acid (IFA) tablets and other medicines
- IEC and BCC

District Program Manager (NRHM) – Latehar  
District Program Manager (NRHM) – Koderma  
District Program Manager (NRHM) – Saraikela  
District Program Manager (NRHM) – Pakur  
District Program Manager (NRHM) – Gumla  
District Program Manager (NRHM) – Khunti  
District Program Manager (NRHM) – Deoghar  
Deputy Director, Directorate of Health Services  
Member (DRHS) – Pakur  
Naya Savera Vikas Kendra – Hazaribagh  
Jan Lok Kalyan Parishad – Pakur  
Faculty member, K.K.M. College – Pakur  
State Coordinator, Department of Water and Sanitation  
Gram Jyoti – Deogarh  
Mahila Kalyan Samiti – Bahragora

#### 4. Youth Reproductive Health (policy and advocacy)

- Improved indicators related to infant and maternal mortality rates, healthy birth weight, use of contraceptive methods, availability and accessibility of contraceptives, improvement in KAP related to safe methods, etc.
- Increased knowledge about HTSP
- Life-skills education (curriculum in high schools)
- Capacity building
- Awareness services and communication (IEC, BCC, SM)
- Distribution of contraceptives – social marketing and IEC
- Advocacy campaign in schools and colleges
- Develop model villages

Innovation and Technical Assistance Project (ITAP - FUTURES Group)  
Jharkhand Vikas Kendra (JVK) - Amrapara  
PSP-One  
Gram Seva – Jamtara  
Krishi Gram Vikas Kendra (KGVK)  
Francois-Xavier Bagnoud India Suraksha (FXB India)  
Hindustan Latex Family Planning Promotion Trust (HLFPPT)  
Tata Steel Rural Development Society (TSRDS) – Jamshedpur  
USAID/India  
Tribal Foundation, Deoghar  
Lok Sewa Swasth Kendra, Pakur  
Department of Youth Affairs  
State Institute of Rural Development (SIRD)  
Lok Prerna, Deoghar  
Population Services International (PSI)  
Institute for Reproductive Health (IRH)  
Solidarity for Peace



## 5. Women's Empowerment

- Dialogue and discussion leading to local solutions to local problems and issues; mutual respect; adolescent-related issues are addressed by youth themselves (empowerment); planning and execution by established groups and working together for solutions
- Education – life skills
- Health – youth health and fertility; water, sanitation and hygiene
- Advocacy – social issues such as child marriage, dowry, migration, etc.
- Livelihood – vocational training for people age 15-35
- Selected boys - profiles and survey
- Initiate dialogue process with young boys and document their problems; establish boys' groups (*Kishor*)– along with girls' groups (*Kishori*)
- In each specified area, two villages will serve as a pilot area.

Jharkhand Mahila Samakhya Society (JMSS)

Sister Bernard

Dr.Smita Gupta

Parbati Hembrom

Pulwanti Hemlenom

Jeewani

Bahamuni Kirku

Sondhari Lakra

Lilmuni Marandi

Munni

Dangi Murmu

Mita Pandey

Gloria Purty

Pushpa

Robin

Shela Singh

## 6. Education

- Advocate for and improve quality education.
- Build and develop model school with spiritual and values education.

Shakil Rahi, Coordinator Manthan

T.R Singh, Labor officer

R.K Sinha, Labour officer

Asha Kumari, senior lecturer, Ranchi University

Dr. Sabir Hussain, Anthropologist

Somnath Sahay, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

N.K. Singh, BPRO

Anita Topno, Asian Institute for Sustainable Development (AISD)

Dr. Vidyarthi

## Continuing to Move Ahead with the Commitment for the Youth of Jharkhand

The meeting witnessed much activity, energy and interest as 86 participants converged for three days to discuss, debate, and reflect on the theme – *Change for the Youth of Jharkhand – Youth Health & Fertility (HTSP)*. The participants were from government departments, the corporate sector, civil society, donor partner agencies, culture and youth groups, and academia.

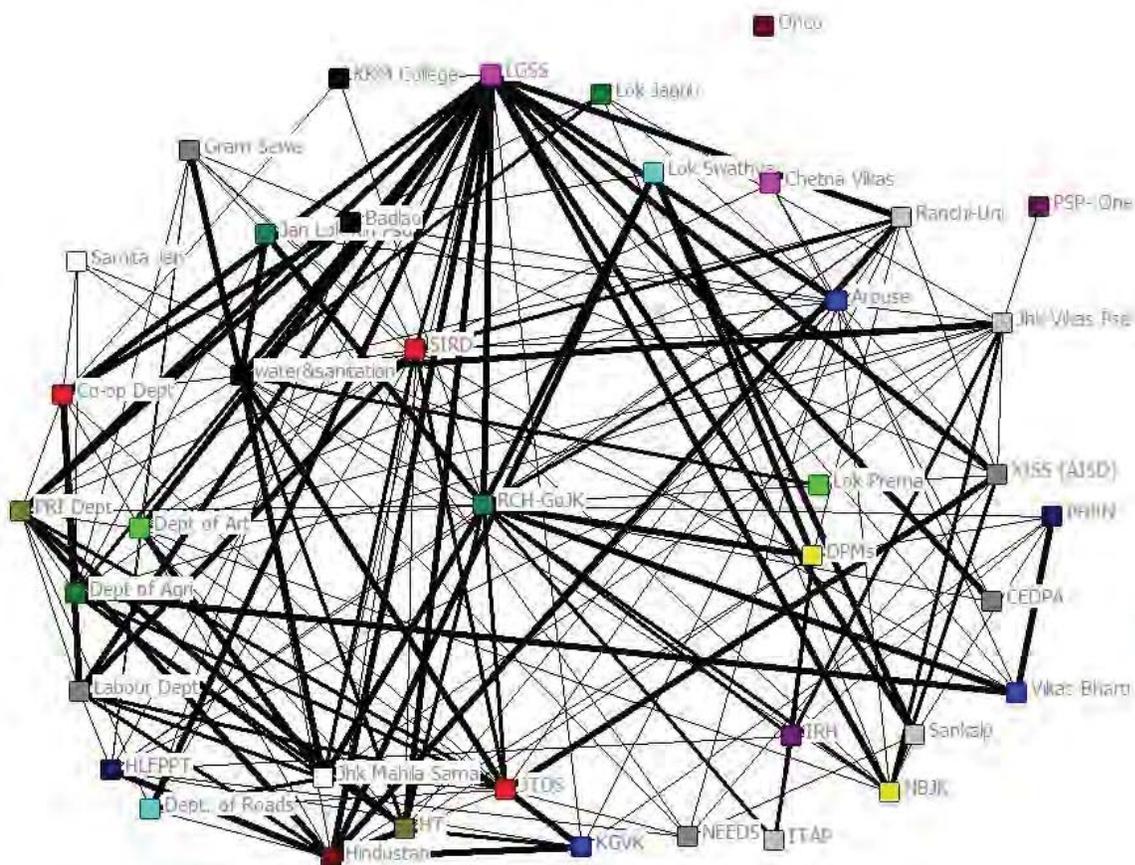
### **Closing Remarks**

In closing remarks, the New Concept director congratulated the participants for their participation, energy, and commitment. *“This was clearly a workshop by and for the participants!”*

She recounted the process from the end of February to the WSR workshop and thanked the Government of Jharkhand, the Department of Health & Family Welfare, and the Change Group for making the workshop a success.

During workshop registration, the Centre for Media Studies circulated a social network analysis questionnaire among participants. The result was shared with the participants at the close of the workshop (see diagram below).

**Diagram – Social Network Analysis**



It was explained that while there are definite patterns and strong lines in the diagram, it would be important to assess the progress of this process as stakeholders build their networks over the next six months.

### ***Some Final Comments by Participants***

The participants were invited to comment on the workshop and to sign the Mind Map.

#### **Expressions**



*“This workshop was extremely motivating. I have begun to think seriously on this topic, and I think the implementation is in our hands.”*

*“This has been an unexpected opportunity. When I was first deputed to go for this workshop, I wondered what I would do here. I am not sure how much my department will do, but I can say that whatever is possible as an individual I will take up and see that it is done.”*

*“We have come together – this is a beginning; working together would mean success.”*

*“It has been a unique experience, very beautifully facilitated. So many of us who are like-minded have been able to come together.”*

*“This afternoon, after much debate, dialogue, and thinking over these days we have committed, let us take it to heart and ensure that we show it in action. When you come next to the Department, please come to my room!”*

*“This has been a tension-free workshop and has given equal opportunity to everyone.”*

*“On the first day, I did not know what we were doing. But by the afternoon of the second day, I began to understand the process as we move toward outcomes and action plans.”*

*“This was an interesting experience. I am extremely happy that I came. I congratulate the organizers, and I am thankful that we could interact and understand each other’s spheres better.”*

*“Very diverse participants came together to discuss a very important issue which has been set in a very critical manner. This is a good step for the future of Jharkhand.”*

*“The process, topic, organizing, and conduct of the workshop [are] commendable. We have committed to take action. There will be problems, but we will make the effort to solve them.”*

*“Good luck for youth of JHK.”*

*“You have brought together diverse thinking. When we synergize, there will be no task that we cannot achieve.”*

### ***Cultural Program and Exhibition***

The excitement and energy of the workshop was brought to a finale with beautiful dances performed by young girls from the *Kishori* clubs of Mahila Samakhya.

#### **Dancers**



During the workshop, many participants set up exhibitions about their work and products.

#### **Exhibition**



## Media Coverage

One of the leading regional newspapers, "Prabhat Khabar," reported on the opening session. The article noted that the outcome of the workshop would be action plans to address youth health and fertility based on discussion among a wide range of stakeholders. Another regional newspaper carried a photo and announcement of the workshop (See below.).



### ***Next Steps***

The Change Group, which had worked on the workshop with New Concept, met briefly after the workshop and took note of various follow-up actions that need to be taken.

The Change Group agreed to meet in early September in Ranchi, Jharkhand, where they plan to:

- Finalize a four-page paper about WSR and the SCALE process for dissemination in Hindi
- Provide content for the website that will be designed and self-managed over three to six months
- Review the baseline data of Pakur and Deogarh
- Review action plans and delineate further steps and responsibilities
- Reaffirm the role of Change Group
- Start the review process of existing research studies and their outcomes, e.g., dissemination and discussion of the report *Youth in India: Situation and Needs, 2006-2007* (See Appendix 3.)

## **Appendices**

1. Six Principles
2. List of Trends from the Mind Map
3. Youth in India: Situation and Needs, 2006-2007- Executive Summary for Jharkhand
4. Workshop Agenda
5. List of Participants and Contact Information
6. Jharkhand Youth Policy



# Appendix 1 – Six Principles

## GROUND RULES

- ALL IDEAS ARE VALID
- EVERYTHING ON FLIP CHARTS
- LISTEN TO EACH OTHER
- OBSERVE TIME FRAMES
- SEEK COMMON GROUND & ACTION  
- NOT PROBLEMS & CONFLICTS

## MIND MAP

- ALL IDEAS ARE VALID
- REASON WHO NAMES ISSUE SAYS WHERE IT GOES
- OPPOSING TRENDS ARE O.K.
- GIVE CONCRETE EXAMPLES

## SELF MANAGER GUIDE

- DISCUSSION LEADER
- TIME KEEPER
- RECORDER
- REPORTER



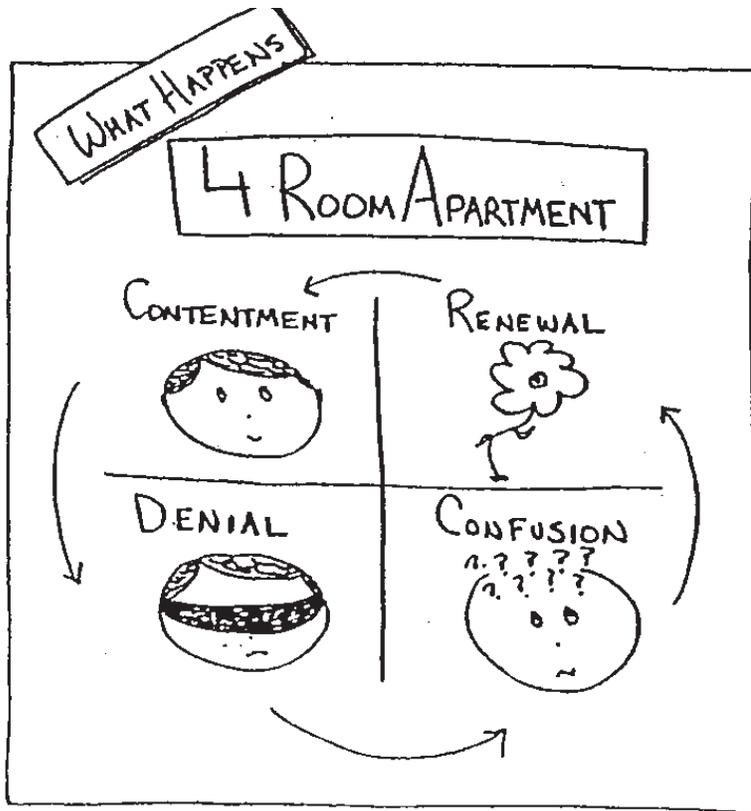
## WORKING AGREEMENT

### CONFERENCE STAFF

- TIME / TASKS
- LARGE GROUP DISCUSSION
- KEEP PURPOSE FRONT AND CENTER

### PARTICIPANTS

- INFORMATION / MEANING
- SELF MANAGE SMALL GROUPS
- FUTURE / ACTION



### RIDING THE ROLLER COASTER

