CSOs Statement of Commitments to translate RKSK into action

Presented at the National Adolescent Health Consultation on 9th January 2014 by Pallavi Patel – Director CHETNA

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On behalf of Civil Society Organizations and as the Secretariat for The National Youth Alliance, I am going to share their views and commitments to translate the strategy into action. They represent different states. Their views are collated after having discussion with them through different modes. The National Youth Alliance is active since 2003. It has membership of CSOs and committed individuals.

To start with we appreciate the comprehensive nature of the RKSK and acknowledge the participatory process adopted while drafting it. In different capacities many of us and adolescents themselves have contributed in this process. We are committed to continue this participatory process at the implementation level by ensuring the participation of adolescents.

We would like to have long term, strategic partnership. We would like to have collective partnership. Our presence at community, district and state levels will prove extremely valuable to translate RKHK programme into action.

We can give visibility to the RKSK. Through our networks and local media, entitlements under all the strategic interventions of RKSK will be known to adolescents, their parents, and key stakeholders at community, district and state level. We are happy to inform you that as a process of pre launch workshop with adolescents, the summary of RKSK is already available in Hindi and English languages.

We can be your key informant – we can inform you what works and what does not at community level. We have experience of working with most marginalized adolescents. Different innovative approaches and strategies to reach out these adolescents exist with us. These innovations and experiences need to be acknowledged and recognized. Systematic documentation of these experiences would be of a great resource to translate the strategy into action.

We appreciate the inclusion of convergence as one of the important components of the strategy. To translate it into action, demands innovations and piloting. We are willing to play supportive role in conceptualization of convergence between different sectors and piloting them systematically so as to mainstream it.

We are of different shapes and sizes; we work at different levels, community, district, state and national levels. We have different expertise and together we are a pool of resource which has potential to strengthen the implementation of RKSK.

As we all know to bring RKSK in action requires building capacity of huge number of frontline workers, peer educators and VHSNCs. At cognitive level we all recognize that training demands strategic intervention with adequate time and financial resources. However in reality sometime when it gets at implementation level both these resources get limited. It has its own consequences. We are extremely happy that in last two days issue of quality of training is discussed and assurance is given that it will be taken care under RKSK.

The issues like gender inequality, violence, reproductive and sexual health and mental health demands special attention in selection of trainers and quality input. CSOs are willing to contribute in different components of these trainings. At national and state level we can contribute in developing curriculum

and support in selection of trainers and strategic planning to execute the trainings. Based on our experience and expertise at district level we can support in facilitating trainings. The CSOs who are working at community level can extent the most valuable post training support. Adolescent girls during their process of empowerment require hand holding. We are their to provide that support.

Some of us have contributed in developing and review the training modules for peer educators and for barefoot counseling. At the state level CSOs are open to adopt it to the local realities.

CSOs are also keen to support in developing community strategy and/or adopting communication material on all the six strategic intervention areas of RKSK. Keeping the strong need of access to information of adolescents in view, CSOs are willing to reach out to them through help lines and mobile technology.

During the implementation phase we can be your eyes and ears. We are willing to share constructive feed back and discuss the local solutions to strengthen implementation of the RKSK. We can support in organizing open dialogue between the service providers and adolescent to ensure quality of care.

CSOs can provide further avenues and opportunities to the peer educators for their further learning, development and occupations. Also groom them as leaders to be the change makers in social sector or youth led organizations.

We are in process of mapping the CSOs working for different issues of adolescents and young people. Shortly we will be able to share you this information. We are looking forward to work as collective to make RKSK a reality.