

SOCIAL ACCOUNTABILITY FOR
**EVERY WOMAN
EVERY CHILD**

EXPERIENCES FROM **TELANGANA AND WEST BENGAL**

UNICEF India Country Office (ICO) has prioritised adolescents in its new Country Programme Document (CPD) 2018-2022, positioning them as one of the key change-makers.

UNICEF INDIA SOCIAL ACCOUNTABILITY PROJECT

Implemented in

Mahabubnagar, Nagarkurnool, Jogulamba and Wanaparthy districts* in **TELANGANA** through one local NGO, which worked with a coalition of eight NGOs.



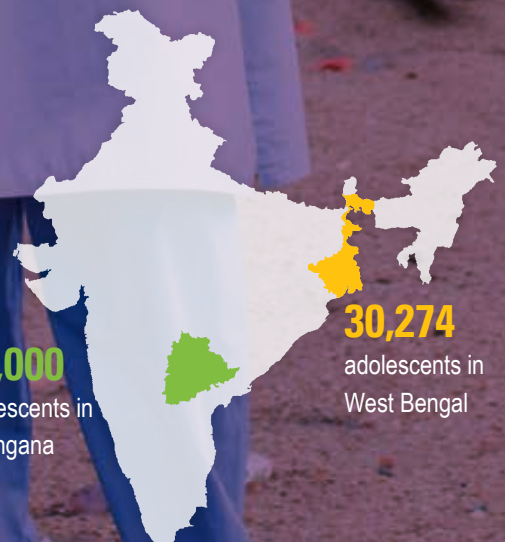
24 South Parganas** in **WEST BENGAL** through local NGOs in five blocks/municipalities.

*A total population of about 3.5 million.

**One of the largest districts in India with a population of over eight million divided into 29 blocks and seven municipalities.

Project coverage

23,000
adolescents in
Telangana



30,274
adolescents in
West Bengal

Project implementation period

January 2017–June 2019

Adolescent accountability needs to be built and sustained to increase their control over decisions affecting their education, work, marriage, and health, and to promote their civic engagement, especially with decision-makers in their communities and in society. This imperative is guided by the United Nations Global Strategy of Women's, Children's and Adolescents' Health, the Secretary General's Every Woman Every Child Initiative and is emphasised by A Promise Renewed (APR), a global effort to end preventable child death.

The Social Accountability for Every Woman and Every Child project was implemented by UNICEF India, with funding from the Bill and Melinda Gates Foundation (BMGF), in two states – Telangana and West Bengal. The initiative in India was part of a 4-country global learning project together with Tanzania, Malawi and Nigeria. The project engaged adolescents to increase their control over decisions affecting their education, work, health and marriage, and to promote their civic engagement in their communities and society. It was aligned with the national government's Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A) strategy, which prioritises adolescents, the national adolescent-specific health strategy Rashtriya Kishor Swasthya Karyakram (RKSK), and other adolescent programmes across multiple sectors.

FOCUS AREAS OF THE PROJECT



Regular and direct dialogue and interface between adolescents and duty bearers.



Providing a safe space to adolescents through establishment of adolescent forums, discussing community challenges and sharing solutions.



Informing adolescents on schemes and support measures available to them in the areas of health, education and protection.



Bringing together various stakeholders, including relevant government offices and engaged adolescents, working on adolescent issues.

Adolescent engagement, mobilisation and capacity building

In West Bengal, adolescents were engaged primarily through existing school, community or non-government organization (NGO) groups, with discussions on issues affecting their lives, and a multitude of materials and approaches, including social mapping.

About 500 youth received training to become "Peer Leaders" and guidance on using the Childline¹ and the helpline provided by State Commission for Protection of Child Rights (SCPCR). They in turn disseminated information within their schools, clubs and communities. They also participated in meetings with government and other authorities at panchayat, block and district levels and advocated on adolescent-relevant issues.



Overall, **30,274** adolescents have been reached through the project with one or more of these services.

¹Free helpline funded by the Ministry of Women and Child Development for children in distress



In Telangana, the NGO staff oriented and motivated adolescent forums (30-35 members, with equal gender representation) to explore and take up adolescent issues in their communities, and to educate adolescents outside the forums. These groups used monthly “wall newspapers” and other methods to highlight problems in the villages. Group leaders escalated issues at the district government quarterly meetings.

Extensive training was provided to approximately 22,750 members of the 883 adolescent forums in 650 villages in the areas of health; rights and entitlements; child rights; youth leadership and journalism; and using offline and online reporting platforms. They shared this information with adolescents in communities to multiply the impact of this training.

Adolescents nominated to be adolescent leaders and adolescent journalists received more intensive training (one pair from each of the 650 villages). Finally, at the mandal level one leader and one journalist were selected for further training to represent adolescents at the district interface meetings and work to produce the district Adolescent Newsletter.

KEY COMPONENTS OF THE UNICEF INDIA SOCIAL ACCOUNTABILITY PROJECT



Strengthening social accountability mechanisms

West Bengal

District Review Committee constituted and quarterly meetings held: The meetings are attended by key district officials, with representation from the five project blocks/municipalities (including 3-4 adolescents from each block, teachers, panchayat members and NGOs). They help in prompt redressal of adolescent-related issues and subsequent follow ups. These “District Reviews” will continue for the ongoing adolescent programmes, with UNICEF lending support as a technical partner.

Some of the successes achieved by adolescents through these engagements include:

- Highlighting the need for toilets in homes, which led to block officials accessing the government scheme (to provide for 80% of the toilet cost and the rest paid by the individual). Out of the total need for 280 toilets, 100 had been completed and another 100 are underway.
- Getting an out-of-school boy readmitted in school.
- Improving village sanitation by cleaning out drains and building good will for their work.

Block Response Committees established to address issues at the block and village levels: Block/ward response committees in the five focus blocks/municipalities, chaired by the respective Block Development Officers helped adolescents articulate their problems and press for solutions.

Some examples of success include: sending iron/folate tablets to the panchayat, without the intervention of district officials; ensuring regular school visits by Anwesha counselors (counselors at Adolescent Friendly Health Clinics) for interaction with adolescents, throughout the block; and changing bus schedules (in one block) to make it easier for students to get to school.

In 2017 alone, 6,848 adolescents – who were earlier not availing the Anwesha services – were reported to have been linked to these clinics and provided with the necessary services or information. Monthly outreach visits by Anwesha counselors to 739 schools were ensured in three project blocks.

Panchayats take proactive steps to create an adolescent-friendly environment: Based on the social mapping done by adolescent groups, problems were discussed with the heads of the panchayat or other leaders. This helped in addressing some issues at the level of the panchayat including: eve teasing, getting a new borewell in a school to ensure water supply, and street lighting on the way to school.

The issues raised and practices followed in the project blocks resonated in the context of the entire district and influenced policy for the district:

- Based on the experience of the project blocks, in 2018, the district administration decided to train all Anwesha counselors to improve their efficacy and efficiency.
- The district administration has asked all blocks to include adolescents in appropriate meetings.

These social accountability platforms provided adolescents direct access to duty bearers and decision makers and helped government representatives listen to their young constituents and act on the evidence they presented.



Telangana

“Adolescent interaction” meetings held at the district level in four project districts: Chaired by the District Collectors, and represented by relevant line departments, these meetings were a forum for adolescents to present issues

from various groups in their blocks. Some of the typical issues included – issues related to menstrual hygiene, lack of roads, eve teasing and water supply. District officials took note of the issues for further action and follow up.

Block/Mandal Child Protection Committees established: The project worked to help create Mandal Child Protection Committees (CPCs) aligned with the ones mandated at the village level. In 2018, trainings were held in all 72 mandals, with adolescent participation.

Panchayat level activities: The 883 adolescent forums created under the project relate directly to the panchayat government in their 650 villages. Adolescent forum leaders became members of the village CPCs. Although focused on child protection, the CPCs dealt with several other issues, including convincing families to postpone child marriage and sending out-of-school children back to school.

Adolescent feedback mechanisms



West Bengal

Adolescents posted **anonymous queries to Anwesha counselors** in project and non-project schools through a “dropbox”. The counselors could reach out to over 9,000 adolescents through these queries. They also became an important medium to channel adolescent issues to government officials at block and district-level meetings.

As part of the project extension in Kolkata, 600 **Community Youth Reporters have access to information through Childline and SCPCR helpline numbers**. Community Youth Reporters focused on poor and red-light areas of Kolkata, sharing their issues and concerns with the concerned government and non-government duty bearers through wall magazines (periodicals run on notice boards), consultations, and their exclusive newspaper “Nazare Kabariya”. They also contributed to radio programmes on Jadavpur University Radio focusing on adolescent issues. SCPCR has felicitated 20 youth reporters for their commendable work.

Telangana

Adolescents brought issues to the ‘**adolescent interaction’ meetings** at the district. Stories from selected villages were featured in the quarterly Adolescents’ Newsletter. The Convention on the Rights of Children (CRC) week celebration in 2017 had “Adolescent Melas”, where more than 2,000 adolescent representatives from adolescent forums directly presented their collective issues to the district administration, with full media and public attendance.

Problems discussed at village level monthly meetings of adolescent forums were put up on the “wall newspapers” (Goda Patrika), and next steps discussed to seek resolutions.



Extension and sustainability

In West Bengal, UNICEF continues to support in sensitisation and capacity building of district and block officials on social accountability and adolescent participation, after the end of the project.

UNICEF has incorporated social accountability approaches in its projects in three other districts in the state. UNICEF is also working towards including measures to promote adolescent voice and regular mechanisms of participation in the West Bengal State Plan of Action for Children.

UNICEF's support to the Youth Reporters' Network active in slums and red-light districts of Kolkata and the Adolescent Empowerment Programme in two urban wards are part of an overall approach in the state towards creating a model of regular participation and social accountability, and making it an integral part of planning processes at each level.

In Telangana, as a support for the continued existence of the adolescent forums, District Education Officers have issued circulars for allocation of space within school timetables for adolescents to meet and discuss issues relevant to them, twice a month, in all four project districts.

The project also worked towards making village CPCs more active and ensuring that adolescent voices are heard in the CPCs. In 2018, trainings were held in all 72 mandals, with adolescent participation, to strengthen their CPCs, as the next level above the village CPCs.

Adolescents who have been active in the project are now linked to the government at various levels and many continue to advocate for their rights.

LESSONS LEARNED

UNICEF is well positioned to promote social accountability in multiple programme areas.

SOCIAL ACCOUNTABILITY WORKS

The various approaches to social accountability used as part of the project have showed that decision-makers responded to messages and addressed problems raised, in ways that they would have been unlikely to do without the intervention. They see a benefit in building continuous dialogue directly with adolescents and incorporating their views.

SOCIAL ACCOUNTABILITY HAS LIMITS

Even with immense potential, social accountability involves definite challenges. Social accountability needs to be opportunistic and to take a learning approach. Particularly for larger decisions, it may be years between when pressure is started and success is achieved, and it is difficult to predict when this will happen. This makes social accountability for larger decisions harder to carry out in a typical time-limited project setting.

For a qualitative understanding of the pulse of the initiative, four case studies from each state, documented by Anthrologica are available at the following links:

[West Bengal case studies](#)

[Telangana case studies](#)



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