



**The Kiawah Trust**



## OWNING HER FUTURE

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**Empowering Adolescent Girls in India**



## The Kiawah Trust

In Sanskrit, Dasra means “Enlightened Giving”.

Dasra is India’s leading strategic philanthropy foundation. Dasra works with philanthropists and successful social entrepreneurs to bring together knowledge, funding and people as a catalyst for social change.

We ensure that strategic funding and capacity building skills reach non profit organizations and social businesses to have the greatest impact on the lives of people living in poverty.

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The Kiawah Trust commissioned Dasra to write this report in order to understand the most effective way to educate and empower adolescent girls, and also to identify exceptional non profits who are achieving impact within this sector in some of the most underdeveloped states of Northern India. In addition to this report, the Kiawah Trust also commissioned Copal Partners to compile a report entitled *Landscaping Women’s Empowerment through Learning and Education*.

The Kiawah Trust is a UK family foundation that exists to improve the lives of disadvantaged and vulnerable young people. We believe that educating adolescent girls from poor communities allows them to thrive, to have greater choice in their life and a louder voice in their community. This leads to healthier, more prosperous and more stable families, communities and nations.

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# Executive Summary

India's rapid economic advances over the last two decades are a cause of satisfaction. However, that satisfaction is allayed by the fact that several groups are being left out of these advances. One group, that rarely comes to mind but that badly needs to be brought into the center of development, is adolescent girls. India lacks an institutional system to protect girls, as evident in the steadily deteriorating ratio of females to males, which declined from 972 females to 1,000 males in 1991 to 940 females to 1,000 males in 2011.<sup>1</sup> Adolescent girls are at a particular disadvantage since they are systematically denied the advantages of autonomy, mobility and economic opportunity that adolescent boys enjoy.

This report brings out the realities and challenges that adolescent girls face in their attempts to lead healthy, fulfilling lives and suggests how the right investments in empowering them could have the highest impact. The report shows that:

- **Adolescent girls in India are a large invisible population, amounting to 113 million, or 20% of the world's adolescent girls, and are trapped in a society with socio-cultural practices and contrasting stages of development that leaves them powerless to make essential life-choices.** Research indicates that adolescent girls are particularly vulnerable in Bihar, Rajasthan and Uttar Pradesh, where over half of all adolescent girls are married before the age of 18, up to 95% of drop out of schools and over 50% face domestic violence.
- **Addressing the challenges facing the adolescent girl in India requires mobilizing the key influencers and influences in her life** – at home, in school and at work – that can help realize her potential including self, peers, families, communities and institutions.
- **Policies have systematically considered adolescent girls as a subset of larger groups, such as women or children, creating a gap for effective policies that address the needs of adolescent girls.** However, the last decade has seen great improvements with the introduction of the National Youth Policy and more recently, the SABLA scheme.
- Some non profits are doing high potential work in this area, with innovative, scalable models. **The renewed focus of the Government of India on adolescent girls' empowerment is an opportunity for non profits to use their expertise and on-the-ground experience to help significantly improve the quality of services delivered, create demand for these services at a community level, and increase impact.** Dasra has evaluated over 100 non profits in Bihar, Rajasthan and Uttar Pradesh, and identified innovative approaches that incorporate best practices for empowering adolescent girls. Ten are highlighted as high potential non profits with innovative, scalable models: **Aangan Trust, CREA, Magic Bus, MAMTA, MIPD, Naz Foundation, Pathfinder International, Sarathi Development Foundation, Seva Mandir and Vatsalya.**



Jaipur Rugs, Charlotte Anderson

**Giving adolescent girls the opportunity to stay in school and delay early marriage and pregnancy could add \$110 billion to India's GDP over their lifetimes**, indicating not only the social benefit but the economic importance of investing in empowering adolescent girls. Their well-being is crucial for societies and communities; improvements in their health and education ripple out to their children, families and communities. Statistics show that future social and economic indicators depend on the condition of adolescent girls today, not just in terms of their education but also their health and decision-making ability. Investing in girl-specific programs in the areas of reproductive health, education and financial literacy has an intergenerational impact.

Adolescence is the last chance for interventions that would continue to have a positive impact through subsequent life stages.

It is time for a long-overdue dialogue between civil society organizations, policy-makers and the private sector on what can be done to improve the lives of adolescent girls and enable them to fulfill their potential. There is an urgent need to place adolescent girls at the center of development by understanding their environments and the challenges they face in order to design interventions that ensure safer, healthier cities where girls can fully develop their social and economic potential.



Educate Girls, Kim Sidel

# An Invisible and Often Powerless Group

# I

In India, adolescent girls account for nearly 11% of the population but remain an invisible group.<sup>2</sup> Society usually fails to respect their human rights, leaving them powerless to act in a way that improves their lives at home, school or work. This lack of empowerment is manifested in five key aspects of their lives - sexual health, early marriage and early pregnancy, domestic violence, education, productivity and income.

### A Significant Challenge and Opportunity

Amounting to as much as 20% of the world's adolescent girl population, adolescent girls in India live in extremely harsh conditions, especially in some states and in slums. According to a report, *Landscaping Women's Empowerment through Learning and Education*, compiled in 2010 by Copal Partners, gender inequality is particularly skewed in Bihar, Rajasthan and Uttar Pradesh.<sup>3</sup> This is confirmed by the Census of India 2011, which measures gender-critical districts in India on the basis of child sex ratio (ratio of girls to boys), girls' education and female workforce participation. Identifying priority districts for gender equality interventions, the census report showed that Uttar Pradesh has the highest number of gender critical districts, followed by Bihar (60 and 28 respectively).<sup>4</sup> Rajasthan, although marginally better, is also among the 10 worst off states in terms of number of gender critical districts.<sup>5</sup>

Bihar, Rajasthan and Uttar Pradesh are among India's least developed, but most populous, states characterized by engrained cultural practices resulting in widespread gender inequality. Adolescent girls are particularly vulnerable in these states, with over half of all adolescent girls married before the age of 18, up to 95% dropping out of schools and over 50% facing domestic violence. **Chart 1** on page 6, summarizes empowerment indicators for adolescent girls in these states.

Adolescent girls are also particularly vulnerable in India's urban slums with their poor infrastructure, breakdown of traditional family structures, increased risk of violence and low access to sexual and reproductive health services. Increased migration to urban areas from these states has added another dimension of vulnerability to the lives of adolescent girls by making it increasingly difficult to track and count them.

While urban settings might represent greater income generating potential, these are not synonymous with greater freedom and opportunities for girls. Dominant behaviors and mindsets about adolescent girls' development are fairly universal across India and are exacerbated in slums by greater physical risks of violence, rape, trafficking and exploitative working conditions. Urban slums provide inadequate access to safe spaces such as schools, where girls can benefit from initiatives geared towards their empowerment. Even when schooling is available, parents are often forced to sacrifice the education of their children, especially girls, to meet costs of food, rent and transport.<sup>6</sup>

Chart 1

## Empowerment Indicators for Adolescent Girls in Bihar, Rajasthan and Uttar Pradesh

	BIHAR	RAJASTHAN	UTTAR PRADESH
<b>EDUCATIONAL ATTAINMENT</b>	<b>95%</b> Of women do not have 12 years or more of education	<b>77%</b> Of adolescent girls do not attend school	<b>57%</b> Of adolescent girls do not attend school
<b>CHILD MARRIAGE PREVALENCE</b>	<b>64%</b>	<b>58%</b>	<b>52%</b>
<b>PREVALENCE OF PREGNANCY IN ADOLESCENCE</b>	<b>30%</b>	<b>36%</b>	<b>14.3%</b>
<b>DECISION MAKING</b>	<b>53.6%</b> Of women do not participate in any decision making on their own health, mobility and well-being	<b>56%</b>	<b>52.3%</b>
<b>VIOLENCE</b>	<b>45.3%</b> Of women age 15-49 in Uttar Pradesh have experienced physical or sexual violence	<b>38.2%</b>	<b>38%</b>

SOURCE: Dasra analysis

## Understanding Adolescent Girls' Environments

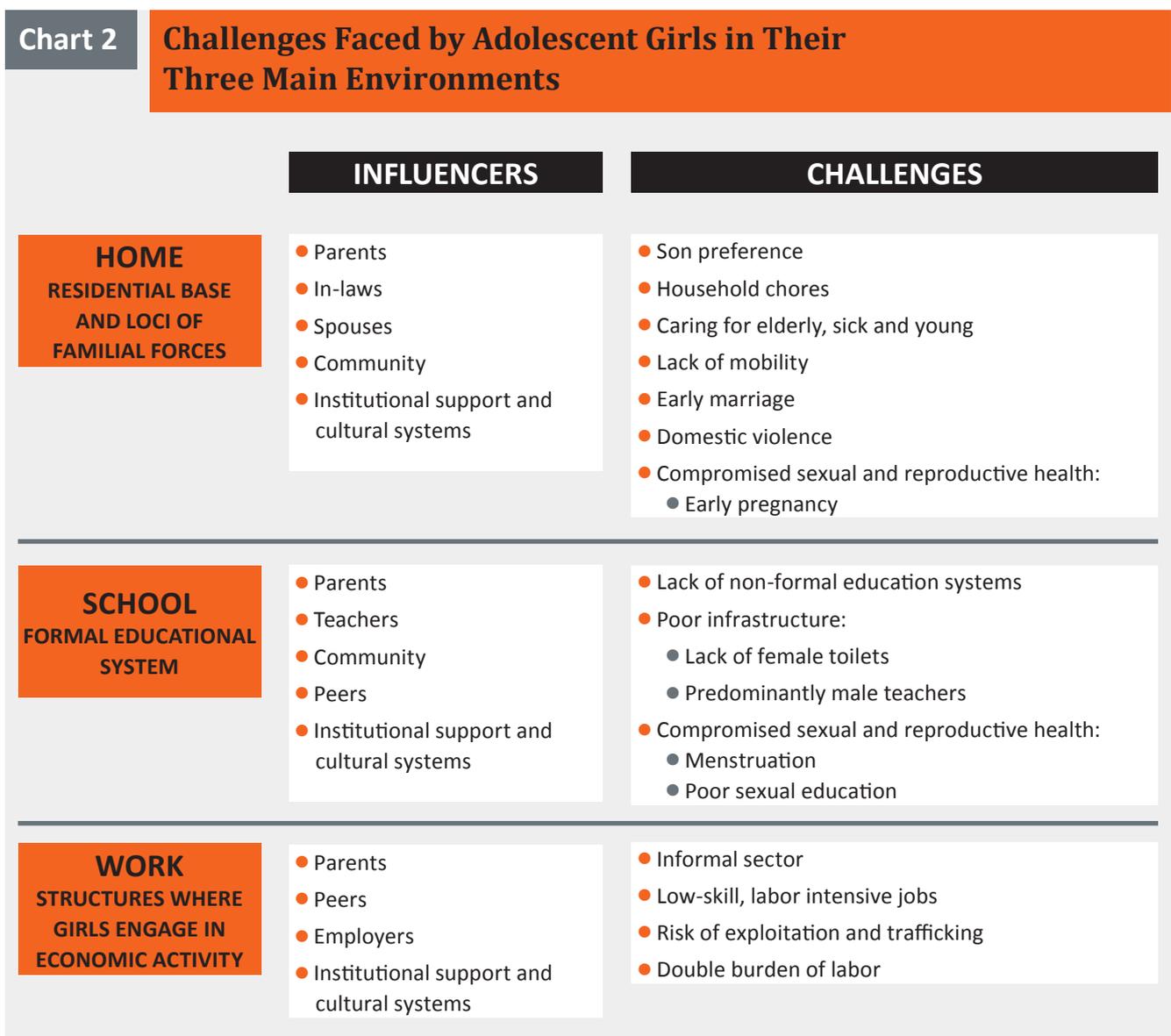
Adolescent girls' lives are strongly influenced by the behaviors and attitudes of the groups and individuals within their three main environments of home, school and work. **Chart 2** on facing page, summarizes the challenges faced by adolescent girls in these environments.

- Adolescent girls at home:** In India, homes are the center of familial forces that influence girls' use of time, social status, mobility and access to education and healthcare. Within the family, gender discrimination towards adolescent girls stems from deep-rooted patriarchy and manifests itself in the **widespread son preference**. A female child is seen as a burden, while a male child is seen as the future of the household as he will continue to support his parents. As a result, the opportunity cost of investing in a daughter's wellbeing in terms of health, education and overall growth, is often outweighed by the future potential returns associated with a son.<sup>7</sup>

Adolescent girls are often seen as "women in training" and face a **disproportionate burden of household chores** such as cooking and caring for relatives and younger siblings, which consume most of their time and restrict their mobility.<sup>8</sup> Often, parents view this confinement as desirable as it keeps girls out of the public arena and reduces the chances of developing relationships with boys and hence high-risk sexual behavior.

Bihar, Rajasthan and Uttar Pradesh, have the highest rate of child marriages in India, with 64%, 58% and 52% respectively of adolescent girls married before the age of 18.

SOURCE: District Level Household Survey 2007-2008 Bihar Factsheet; District Level Household Survey 2007-2008 Rajasthan Factsheet; District Level Household Survey 2007-2008 Uttar Pradesh Factsheet; International Institute for Population Sciences & Population Council (2010) *Youth in India: Situation and Needs 2006-2007*



The taboo surrounding sexuality also keeps parents from having much needed discussions on topics related to menstruation, sexual intercourse and pregnancy with their daughters.

Societal pressures to protect the adolescent girl result in parents forcing their daughters into marriage before they reach the legal age of 18. However, girls' lives do not improve after marriage – rather they are forced into a culture of silence as they move from their parents' home to their husband's home. Among married women aged 15-19, autonomous decision making and mobility is very low with only 38.6% involved in decisions about their own health.<sup>9</sup>

Unfortunately, the situation can be worse for adolescent girls who are subjected to discrimination and violence, which are interwoven with expectations of gender and dictated by dominant attitudes. Women themselves are likely to say that wife beating is justified if a woman argues with her husband or if a woman shows disrespect for her in-laws.<sup>10</sup> This indicates the extent to which violence against women is engrained in the social and cultural fabric of communities.

**In Bihar more than half of adults age 15 to 49 (57%) believe it is justifiable for a husband to beat his wife under specific circumstances.**

SOURCE: National Family Health Survey 3, 2005-2006, A Profile of Youth in India

**By about 15 years of age, 57.7% of girls have dropped out; 40% of times an adolescent girl misses school it is due to household work.**

SOURCE: National Family Health Survey 3, 2005-2006, A Profile of Youth in India

The prevalence of spousal violence is much higher in slums than non-slums, with half of women in slums reporting being a victim of spousal violence (physical or sexual), compared with one-quarter of women in non-slums.<sup>11</sup>

Not only are adolescent brides psychologically unprepared for the challenges associated with marriage, there is evidence that women's bodies, under the age of 21 are not sufficiently developed for healthy childbirth. Adolescent girls in urban slums are often malnourished, with 50% suffering from anemia, which can place a significant burden on their reproductive health.<sup>12</sup> A first child born to a young mother (12 to 20 years old) is at greater risk of dying before the age of 5, being stunted, underweight and anemic, compared to mothers between the ages of 24 and 26 years. This represents a great danger to the lives of girls as well as those of their children.<sup>13</sup> Youth fertility accounts for more than half of India's total fertility, with 44% of married women in the 15-19 age group having one or more children.<sup>14</sup> Research estimates that adolescent pregnancy accounts for nearly \$100 billion of lost potential income in India. This is equivalent to almost two decades of global humanitarian assistance.<sup>15</sup>

- **Adolescent girls in school:** The burden of household chores, early marriage and poverty limits adolescent girls' mobility and access to formal education. In India, disparities in educational attainment are the most prevalent form of gender inequality. Parents with limited resources typically prefer to invest in their sons' education. The situation is also worsened by the lack of avenues for non-formal education, which can effectively overcome the barrier to sending girls to school as well as provide a strong bridge to mainstream education, providing an added impetus to completing schooling.

Further, a number of barriers to girls' education in schools contribute to the low enrollment rates. Poor infrastructure, such as inadequate toilets for girls and predominately male teachers, dissuades parents from sending girls to school.<sup>16</sup> Menstruation is also a significant barrier to adolescent girls' schooling. Parents and families typically fear that with the onset of puberty, girls who are allowed to attend school will engage in romantic and sexual relationships and as such dishonor their families. This resistance is even greater if schools are located at a distance from their homes.

As a result of lack of interaction with adolescents of the opposite sex, boys have a skewed perception of girls, which leads to destructive behaviors such as verbal and sexual harassment. Often dismissed under the relatively innocuous label of 'eve-teasing', these acts can have a severe negative psychosocial impact on girls and increase their risk of dropping out of school. The public education system offers little in terms of support to help adolescents understand these behaviors, which stem from the rapid physical and psychological changes they are going through. Sex education in schools is banned in a number of Indian states, including Bihar, Rajasthan and Uttar Pradesh, leading to a reliance on friends and peers, who often do not provide scientifically valid information.

**India has the highest number of working adolescents, with almost 50% of young people engaged in the workforce.**

SOURCE: National Family Health Survey 3, 2005-2006, A Profile of Youth in India

These factors hinder the education of adolescent girls and so reduce their chances of gaining economic opportunities that would provide a better future for themselves and their families.

- **Adolescent girls at work:** Economic activity is on average initiated at the age of 15 in India due to economic pressures faced by families living in poverty.<sup>17</sup> It is commonly assumed that while adolescent boys go into paid economic work, adolescent girls engage in domestic activities. However, economic pressures force parents to reshape traditional expectations for adolescent girls - in urban areas around 30% of adolescent girls participate in economic activity.<sup>18</sup>

Opportunities for formal remunerated work for adolescent girls are sparse in comparison to those for boys. Without an adequate education, adolescent girls typically work in the informal sector where wages are low and social safety measures such as health insurance are lacking. Adolescent girls' employment is often in homes as domestic help, where they are essentially hidden. This makes them vulnerable to physical and sexual abuse, including beatings and food deprivation. Adolescent girls are also closely associated with industries such as garment making. While these jobs offer opportunities and potential for rising out of poverty, they tend to be unregulated and present the risk of exploitation and sometimes slavery.<sup>19</sup> Adolescent girls in urban slums are prey to traffickers, which can sometimes mean being forced into the commercial sex industry.<sup>20</sup>

Irrespective of the number of hours they spend in economic activity, adolescent girls are expected to conform to traditional roles within the household. They are forced to part with their earnings due to their low financial literacy levels as well as lack of decision making ability. This is exacerbated by the lack of opportunities for unmarried adolescent girls to participate in savings and credit programs.<sup>21</sup> Further, adolescent girls often continue to be responsible for domestic duties within their own household. This results in a “double burden” of having to combine household chores with economic activity and reduces the amount of time available for schoolwork.<sup>22</sup>

Clearly, while the world often expands for boys at adolescence, giving them greater autonomy, mobility, opportunity and power, for many girls it contracts as they are systematically deprived of these advantages.<sup>23</sup> While policies in India ban child marriage, establish the legal age of marriage at 18 and provide free education up to secondary school, they are often ignored due to lack of commitment at the micro-level to empower adolescent girls. The adolescent girl is constantly faced with pressures to conform from her peers, family and community, often compelling her to adopt a position that keeps her submissive to these controls, not challenging the familial and community norms and or confronting attitudes and behaviors that damage her potential to live a healthy and productive life.

**Maternal mortality among adolescents was 645 per 100,000 live births compared to 342 per 100,000 among adult women aged 20–34 years.**

SOURCE: National Family Health Survey 3, 2005-2006, A Profile of Youth in India



Jaipur Rugs, Charlotte Anderson

# Adolescent Policy and Interventions

## II

Until the 1990s, India lacked policies to address the particular needs of adolescent girls. In that decade, however, big improvements were made with the introduction of the National Youth Policy and more recently, the SABLA scheme. Multilateral and bilateral aid agencies have also provided support, being instrumental in distinguishing adolescence as a distinct stage of life requiring age-specific support to ensure holistic development and equality among adolescents. Also, international non profits have focused on disseminating country-specific data verifying best practices. Adolescent needs are also being addressed through non profits, which are critical to developing programs targeting adolescent girls' empowerment in view of their proximity to and profound understanding of communities, facilitating the necessary engagement of multiple stakeholders.

## The Evolution of Adolescent Policy in India

Since the early 1980s, several central government policies had themes relating to adolescent girls' lives in sectors such as education, health and women's empowerment. However, policies specifically safeguarding the needs of adolescents were largely absent. Adolescent girls have systematically been considered a subset of larger groups such as women or children. For example, the National Health Policy of the 1980s focused mainly on maternal and child health care and nutrition. Health and nutrition interventions formulated in this policy are targeted at adolescent girls as a subsidiary group of women who are mothers or pregnant, without taking into account the specific support needs of adolescent mothers.

Similarly, adolescent girls have been considered sub-groups in the formulation of nutrition, education and domestic violence policies. Providing reproductive health services to empower adolescent girls has received some government attention. Albeit severely limited, this has been mainly focused on providing services, when in fact girls' empowerment programs should consider developmental needs such as health education and life skills education as equally important. Efforts to enact legislation safeguarding adolescent girls have also been set back by a shortage of funds and lack of coordination between different government bodies.

The last decade has witnessed a more focused approach to empowering adolescent girls, where gender disparities ranging from childhood to adulthood have become the focus of policymakers. As a result, the Government of India formulated the National Youth Policy in 2001 which covers young people aged 13-35 and identifies adolescence between 13-19 years as a distinct age from the 'age of maturity' which is defined as 20-35 years. This policy includes provisions for encouraging youth empowerment in terms of increased educational attainment, development of youth leadership, access to recreational and leisure facilities, eliminating gender-based violence and an overall inter-sectoral approach to working with young people.

Chart 3		Key Milestones in Empowering Adolescent Girls	
	POLICY LEVEL	NON PROFIT INTERVENTIONS	
1980s	<ul style="list-style-type: none"> <li>● First National Health Policy 1983</li> <li>● National Education Policy 1986</li> </ul>	<p><b>Adolescents a part of women focused programming</b></p> <ul style="list-style-type: none"> <li>● The resurgence of women’s movement in the late 70’s where feminists drew attention to issues of gender inequality, women’s oppression and exploitation the facts and consequences of violence against women especially dowry, rape and crime</li> </ul>	
1990s	<p><b>9th Five Year Plan:</b> nutrition</p> <ul style="list-style-type: none"> <li>● National Nutrition Policy 1993</li> <li>● <i>Apni Beti Apni Daulat</i> (1993)</li> <li>● <i>Kishori Shakti Yojana</i> (1997)</li> </ul>	<p><b>Adolescents a part of child protection and sexual and reproductive health programming</b></p> <ul style="list-style-type: none"> <li>● The strengthening of educational efforts to educate the girl child and keep girls in school including adolescents</li> <li>● Non profits made considerable efforts in the area of sexual and reproductive health, with a focus of maternal health for women of all ages including married adolescents as well as nutrition</li> </ul>	
2000s	<p><b>10th 5 year plan:</b> vocational education</p> <p><b>11th 5 year plan:</b> Reproductive and Sexual Health</p> <ul style="list-style-type: none"> <li>● National Population Policy (2000): Reproductive and Sexual Health, Nutrition</li> <li>● National Policy for the Empowerment of Women (2001): child marriage</li> <li>● National Youth Policy (2001)</li> <li>● Protection of Women from Domestic Violence Act (2005)</li> <li>● SABLA (2011): multi-sectoral approach</li> </ul>	<p><b>Multi-sectoral adolescent focused programming</b></p> <ul style="list-style-type: none"> <li>● There is an increasing trend amongst non profits to offer holistic programs, incorporating different cornerstones that are specifically targeted towards the needs of adolescents.</li> <li>● In addition, creating community driven change and engaging with the gamut of stakeholders is seen as essential to ensuring adolescent girls’ wellbeing</li> </ul>	

Under this policy, the Rajiv Gandhi National Institute for Youth Development will serve as an apex institution for youth-related information, research and program development. A key outcome of this policy is the recent launch of the SABLA scheme targeted at empowering adolescent girls.

A number of ministries of the central government of India have implemented programs that impact adolescent girls in varying degrees. Most Ministries and Departments implement different programs for adolescents as part of their wider goals as can be seen in **Chart 4**.

Chart 4

## Key Government Programs for Empowering Adolescent Girls

Ministry of Health & Family Welfare	Ministry of Education & Human Resource Development	Ministry of Labour & Employment	Ministry of Youth Affairs & Sports	Ministry of Women and Child Development
<ul style="list-style-type: none"> <li>● <i>Reproductive and Child Health Program</i>: Provides maternal care including safe motherhood, prevention of unwanted pregnancies and safe abortion facilities</li> <li>● Adolescents get included under the target population of women, without any specific programs or provision of services</li> <li>● Unwritten code denying services to unmarried adolescents</li> <li>● A number of HIV/AIDS related programs including school education and radio and TV education</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Mahila Samakhya</i> Program which aims at ensuring equal access to education for young women but is not implemented uniformly over the country</li> <li>● <i>Sarva Shiksha Abyaan</i> provides quality education to all children upto the age of 14</li> </ul>	<ul style="list-style-type: none"> <li>● Provides the facility of registration in employment exchanges for job placements, career counseling and vocational guidance for adolescents. Industrial training Institutes provide vocational training post grade 8 and 10</li> <li>● These opportunities are quite limited due to inadequate provision</li> </ul>	<ul style="list-style-type: none"> <li>● Runs <i>Nehru Yuva Kendras</i> which undertake the following activities aimed at youth: health awareness units, educate and adopt health and family welfare programs; youth awareness drives to address issues such as HIV/AIDS; Self Employment Projects to equip youth with income generating vocational skills</li> <li>● There is significant variation in the implementation of this program amongst states</li> </ul>	<ul style="list-style-type: none"> <li>● Runs three flagship programs that are aimed at adolescent girls: <i>Apni Beti Apni Daulat</i>; <i>Kishori Shakti Yojana</i> and <i>SABLA</i></li> <li>● <i>SABLA</i> is the first multi-sectoral approach targeted specifically at adolescent girls with an outlay of ₹750 crores and poised to roll out across all states</li> </ul>

Currently, only the Ministry of Women and Child Development implements programs focused specifically on adolescent girls and their empowerment. These are:

- **Apni Beti Apni Daulat (Our Daughter Our Wealth)**: Launched in 1994, to incentivize increasing the age of marriage, this Government of India scheme is a unique Cast Conditional Transfer (CCT), through which the government invests INR 500 in the form of a bond on the birth of a girl child. This bond matures on her 18th birthday to around INR 22,000 and can only be encashed by the girl/family if the girl is unmarried. The first cohort benefiting from this scheme reached the age of 18 in 2011; therefore the impact is yet to be documented.
- **Kishori Shakti Yojana (Adolescent Girls Empowerment Program)**: Launched in 1997 and implemented as part of the Integrated Child Development Services, this government program is aimed at improving the health, nutrition and self-development of girls 11-18 years old through linkages with education, life skills, encouraging delayed marriage and enabling a better understanding of their environment-related social issues. Delivered through *anganwadis* (community-based day care centers for children aged 0-6 years) this scheme had limited success due to funding constraints, low capability of *anganwadi* staff to

take on this additional responsibility, poor demand creation in the community and lack of quality supervision.

- **SABLA:** Launched in 2011, SABLA is the first comprehensive scheme addressing adolescent girls' empowerment in three main areas: nutrition, life skills education and vocational training. Rolled out through state Departments of Women and Child Development, SABLA is implemented through *anganwadis*. However, additional workers called *Sakhis* and *Sahelis* (meaning friends) will be staffed at *anganwadis* to ensure outreach and demand creation amongst adolescent girls, and delivery of services proposed under the scheme. State governments are looking to foster collaborations with non profits to train human resources as well as conduct vocational trainings and life skills education sessions under this scheme.

## Multilateral and Bilateral Agency Support for Adolescent Girls' Empowerment

Between the late 1990s and early 2000s, the international community as a whole realized the crucial need for adolescent girls' empowerment programs as distinct from programming for broader gender equality and child protection goals. Multilateral and bilateral aid agencies such as the World Bank, World Health Organization, United Nations Agencies, USAID and DFID have helped identify adolescence as a distinct period requiring age-specific support to ensure holistic development and equality among adolescents. These agencies invested significant financial and technical resources into the study of adolescents and best practices for empowerment. Focus areas included consequences of underinvestment in adolescent girls and evidence-based interventions that are effective in changing the behaviors and mindsets of youth and their communities. Large international non profits such as the Gates Foundation, Nike Foundation, Packard Foundation, Population Council and International Center for Research on Women (ICRW) have taken their girl-focused work to the next level by starting to close the funding gap in adolescent programming as well as creating and disseminating country-specific data and knowledge on cornerstones and strategies into the global arena. The frequently cited National Family Health Survey on Youth in India was a result of these initiatives, funded largely by the Gates Foundation, USAID and DFID.

## The Evolution and Role of Non Profits in Empowering Adolescent Girls

Non profit interventions aimed at empowering adolescent girls have evolved from the women's movement in the 1970s and 1980s, the sexuality movement in the 1990s, and child protection interventions in the 1990s and 2000s. Early interventions typically focused on delivering services within a community, where non profits raise awareness and provide support to women on issues related to violence, rape, reproductive and sexual health.



Khamir Crafts



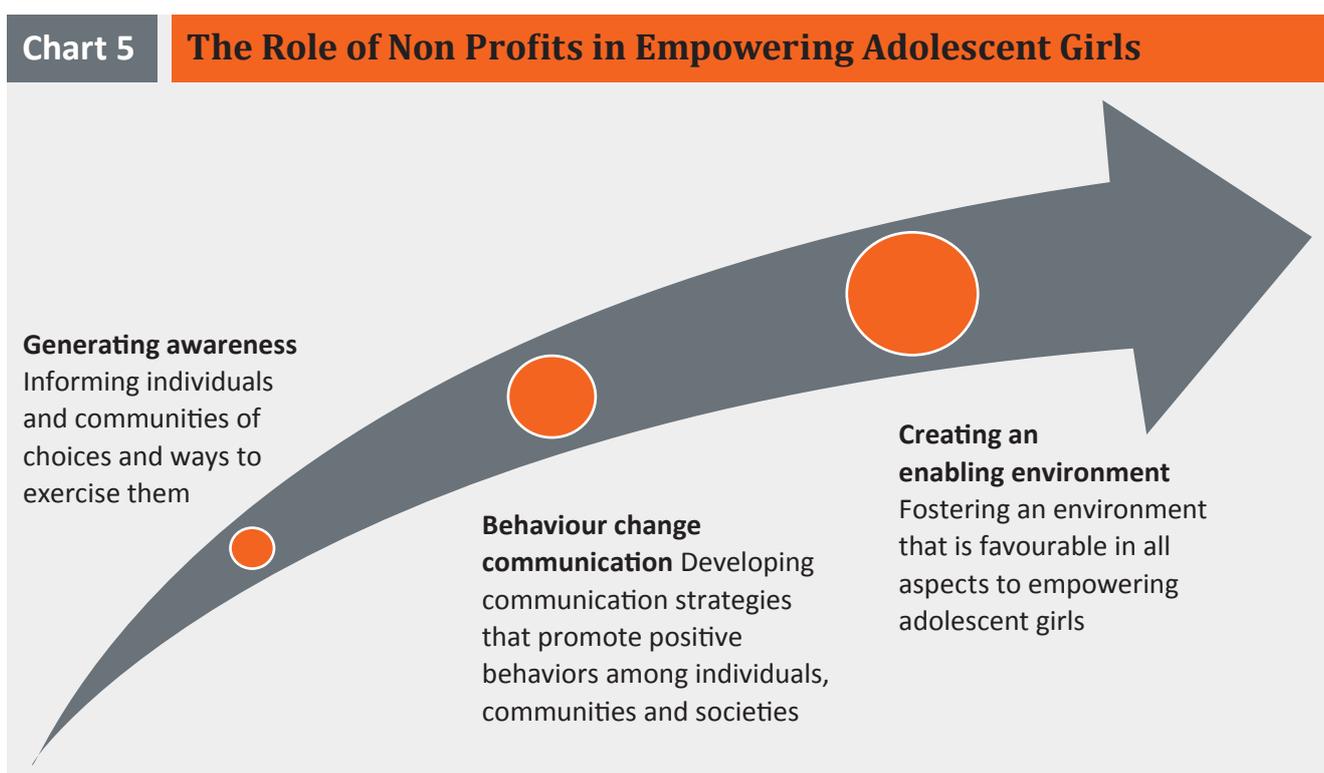
Masoom, Charlotte Anderson

The child protection movement gathered steam in the 1990s and 2000s and focused on girls' education, protection from violence, health and nutrition. This period witnessed the birth of a handful of pioneering non profits that are now considered leaders in working with adolescents and, in particular, on issues related to gender, sexuality, sexual and reproductive health.

At present few organizations focus exclusively on adolescent girls, where interventions are built into larger programs. In the past decade, there has been an increasing trend among non profits to offer holistic programs to adolescents specifically. As shown in chart 5, the strategies utilized by these non profits to empower adolescent girls have coalesced around the following:

- **Generating awareness:** Information has the power to transform people’s lives. The gaps in information about basic sexual and reproductive health, gender stereotypes, adolescents girls’ needs and violence against women means that non profits need to continuously infuse new paradigms into communities whereby they are informed of their choices and can exercise these choices.
- **Behavior change communication (BCC):** While information in itself is transformative, the key challenge is how it can be acted upon. BCC is a process of intervening with individuals, communities and societies to develop communication strategies that promote positive behaviors. Once awareness is generated on key adolescent issues and impact on adolescent girls has been demonstrated, non profits must work closely with adolescent girls directly in their communities to strengthen their agency and ability to exercise choice.
- **Creating an enabling environment:** Actions in empowering adolescent girls can be sustained through an enabling environment that is favorable in all aspects. This means girls are free to express themselves, move around and participate in civic life within their communities. To create such an ecosystem, non profits must ensure the buy-in of the entire community in ensuring safe spaces for girls, and civic action against violence and discrimination.

Non profits in Bihar, Rajasthan and Uttar Pradesh have been implementing a range of interventions that include one or more of the strategies mentioned above to promote the five cornerstones of empowering adolescent girls. These cornerstones are described in the following chapter, which also provides a landscape and analysis of these interventions and their impact on empowering adolescent girls.





Educate Girls, Charlotte Anderson

# Empowering Adolescent Girls through Systemic Change

## III

With the right interventions the quality of every girl's life can be improved and the inter-generational impact of gender equality programs can be enhanced. With greater autonomy, such as choosing when to marry and have children, and greater ability to make choices about their own health and well-being, adolescents are more likely to lead healthier, productive lives as adults. This implies better health, education and choices for their future families, creating a powerful multiplier effect that can enhance social and economic development. Achieving all this requires the greater involvement of and cohesion between policy makers, government officials and civil society.

Empowering adolescent girls in India requires a systematic program addressing the different cornerstones that promote empowerment, as described below. Non profits can play a crucial role here since they have expertise and experience in ensuring sustainable change including helping develop change agents who will continue to lead these endeavors once non profits exit the communities involved.

Dasra has evaluated over 100 non profits in Bihar, Rajasthan and Uttar Pradesh and identified innovative approaches to empowering adolescent girls. This chapter focuses on the five cornerstones of empowering adolescent girls which are a set of best practices to overcome the challenges faced by girls. Subsequently, it describes how ten high-potential non profits with scalable innovative models are intervening at the grassroots to establish or strengthen these cornerstones.

## Five Cornerstones of Empowering Adolescent Girls

As adolescent girls are heterogeneous groups in terms of their needs, approaches to empowering them must take into account the specific age-related issues. They must also ensure a strategic focus on areas that will have the highest impact on developing their future potential: health, education, agency, and income and productivity. This will require a multi-sectoral approach, involving all stakeholders in the three contexts of adolescent girls' lives – home, school and work – and implemented through a focus on the five key areas below:

1. Delaying Marriage and Pregnancy
2. Staying in School
3. Improving Sexual and Reproductive Health
4. Increasing Income Generating Potential
5. Promoting Girls' Agency

When a mother is under 18 her baby's risk of dying in the first year of life is 60% greater than that of a baby born to a mother over the age of 18.

SOURCE: UNICEF, *State of the World's Children*, 2007



**Every year of additional schooling for an adolescent girl means a 15% to 25% increase in her earning potential.**

SOURCE: The Girl Effect, Fact Sheet: India, accessed on: [www.thegirleffect.org](http://www.thegirleffect.org)

## 1. Delaying Marriage and Pregnancy

Child marriage denies girls the opportunity to experience their formative years, and discover themselves, their voices and future aspirations. Early marriage means that adolescent girls take on the roles and responsibilities of adult married women in their husband's home far before they are mentally, emotionally and physically ready to do so. This takes a toll on their education, well-being and autonomy. Studies suggest that girls who married before the age of 18 were less likely than those married after 18 to have been involved in planning their marriage, reject wife-beating, use contraceptives to delay their first pregnancy, or have their first birth at a health facility.<sup>24</sup> Early marriage translates into early sexual activity and pregnancy, which is physically and emotionally harmful for adolescent girls as well as their children. Delaying the age of marriage and first pregnancy gives girls greater opportunities to develop their potential before taking on responsibilities associated with adulthood and ensure better outcomes for future generations. Research estimates that nearly \$100 billion of lost potential income is due to adolescent pregnancy in India. This is almost the equivalent of two decades worth of global humanitarian assistance.<sup>25</sup>

## 2. Staying in School

Education is often associated with long-term results over generations; however, educating girls has the potential to increase empowerment in a short timeframe. Education has the potential to delay marriage and in turn childbearing as well as encourage better spacing of pregnancies and family planning. Moreover, education enhances income-earning potential and thus more negotiation power within the home. A number of studies have shown that women who are educated and employed report a much larger role in decision making at home and in their community.

Education offers girls the opportunity to discover a world outside of their homes and communities and enables them to be more aware of their own abilities. It is estimated that each cohort of adolescent girls that drops out of secondary education could potentially have added US\$ 10.6 billion to the Indian economy through their lifetimes if they were allowed to continue their education.<sup>26</sup>

## 3. Improving Adolescent Girl Health

Adolescent girls' health needs encompass reproductive and general health, involving the intricately related aspects of mental, emotional and social wellbeing. Studies have shown that working with adolescents on issues related to sexual and reproductive health decreases the fertility rate, which is central to population stabilization, maternal mortality, and the prevalence of HIV/AIDS and sexually transmitted infections (STI). It also increases the age of marriage and first pregnancy, and improves newborn and child health and nutrition status.<sup>27</sup>



**The long-term effects for girls who engage in unsafe sex (too often involuntarily), include complications of pregnancy, cervical cancer and AIDS.**

SOURCE: Levine R, Temin M (2009), *Start with a girl*, Center for Global Development

Adolescent girls' health can be improved through the four main actions described below.

- **Disseminating sex education:** The patterns of sexual behavior and health seeking behavior established during adolescence set the stage for adult health. Healthy sexual behaviors, delaying the start of sexual activity, negotiating within sexual relationships and protecting against unwanted pregnancies, HIV/AIDS and STIs are fundamental to good sexual and reproductive health over many decades.<sup>28</sup>
- **Providing nutritional supplements:** Anemia or iron deficiency is a significant burden on young women's reproductive health, leading to lower productivity, complications during childbirth, and malnourished children. Given that anemia is prevalent among girls in India and the young ages at which girls get married, iron supplementation and nutrition education are essential.
- **Fostering menstrual hygiene:** The onset of menstruation can be a confusing time in a girls' life, because of hormonal changes, cognizance of the bodies' reproductive function as well a shift in day-to-day behavior. Awareness of menstruation and hygiene are thus crucial to facilitate young women's understanding of their own bodies.
- **Preventing violence against girls:** Younger women are at a higher risk of physical or sexual abuse than older ones, making this a critical health challenge for adolescent girls. Gender-based violence has a clear link to mental health, with up to 30% of women in developing countries reporting suicidal thoughts or attempts, correlated with experiencing violence.<sup>29</sup>

## 4. Increasing Income Generating Potential

Programs that enable girls to acquire practical skills such as vocational training and financial literacy are the most direct ways to expand adolescent girls' economic options, especially when costs related to education are a burden on families. Furthermore, enhancing economic opportunities for girls helps them gain income and postpone marriage, and reduces their risk of being engaged in exploitative labor. Providing financial literacy skills creates up to a 70% increase in savings, giving girls the ability to exercise greater autonomy within the household.<sup>30</sup>

## 5. Building Girls' Agency

Agency refers to a girl's sense of self-worth or self-efficacy, her ability to make decisions and exercise choices. Agency is typically built through life skills education, also referred to as self-development or personality development. In the context of empowering adolescent girls, this means questioning and understanding of the self and others, rights, sexuality and gender. Discussion of gender roles and expectations breaks stereotypes and can encourage mutual understanding between males and females as well as between generations. Studies highlight that programs focusing on building young people's agency helps build negotiation and communication skills, broaden girls' horizons, raise awareness of sexual and reproductive matters, counter gender disparities and inculcate a savings orientation.<sup>31</sup>



**When women and girls earn income, they reinvest 90% of it into their families, as compared to only 30% to 40% for a man**

SOURCE: Levine R, Temin M (2009), *Start with a girl*, Center for Global Development



**Building a girls' sense of agency is reported to create a 50% increase in independent decision making, and a 60% positive change in their sense of self-efficacy.**

SOURCE: Hervish A, Feldman-Jacobs C (2011), *Who Speaks for Me? Ending Child Marriage*, Population Reference Bureau

## The Role of Non Profits

Non profits are experienced in leading systemic change by strengthening linkages with existing public institutions, having transitioned their role from independent service providers in communities to working in partnership with government education and healthcare infrastructure. The renewed focus of the Government of India on adolescent girls' empowerment is an opportunity for non profits to scale their expertise and experience to the mainstream public system. This significantly improves the quality of services delivered, creates demand for these services at a community level, and widens impact.

In recent years, non profits have explored how the preceding best practices for empowering adolescent girls can be established in the Indian context. Based on six months of research, Dasra identified a set of nine adolescent girls' empowerment interventions typically carried out in urban slums by non profits in Bihar, Rajasthan and Uttar Pradesh. The following matrix provides a landscape of these interventions. Our analysis (based on the process described in **chart 6** on page 23) reveals that the most high-impact interventions on empowering an adolescent girl are those that are closest to the communities in which she lives. These include engaging youth, mobilizing communities and training public workers.

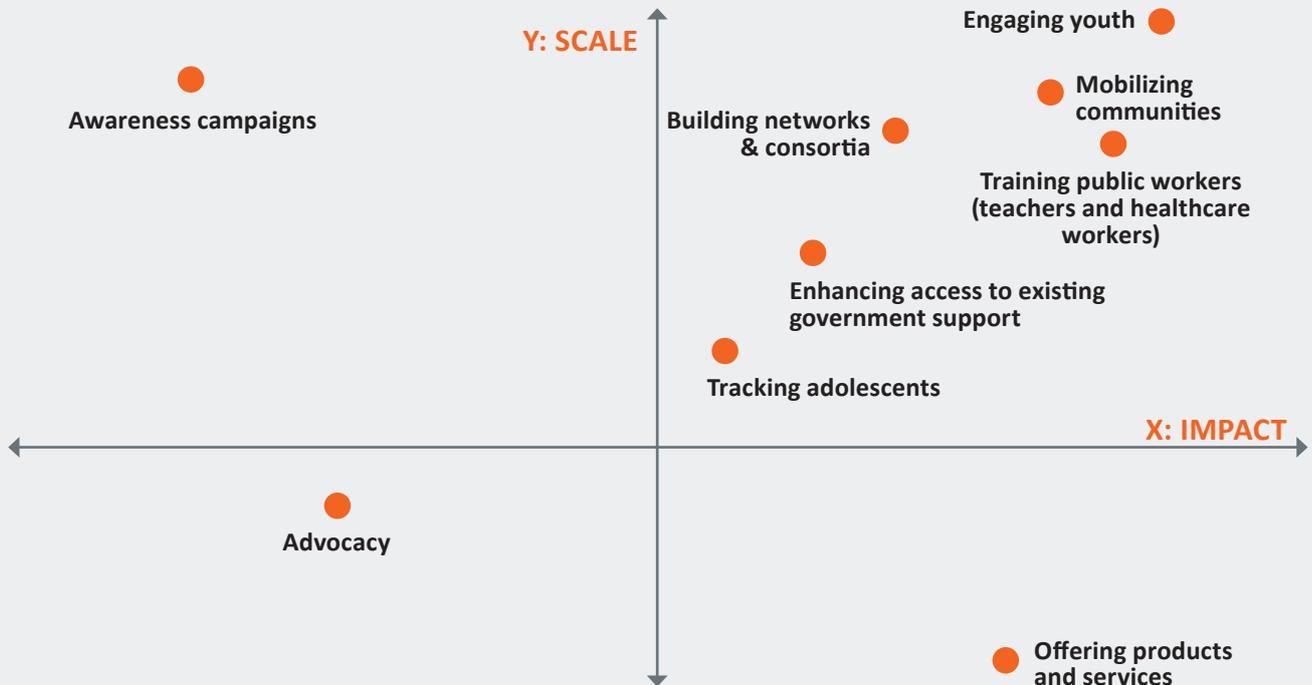
### 1. Engaging Youth

Finding their voice and place in society is an important aspect of the journey young people make towards adulthood. Adolescent girls in India are often unaware of their choices with regard to their role within the home and community, their sexual and reproductive health, and educational opportunities. Moreover, they lack open and non-judgmental guidance in making the choices involved.

At the core of engaging youth is the fostering of healthy debate on issues relevant to adolescent girls' lives such as early marriage, dropping out of school, dowry, domestic violence and women's rights. Working with young people is essential to make them aware of their choices in these matters and give them the appropriate information and support they need to exercise these choices. In addition, engaging youth is essential to get young people to lead the change they seek in their lives. Youth engagement should also encourage the inclusion of boys in programs and making them equally responsible for empowering adolescent girls. Recent research has highlighted that working with boys is key to ensuring that adolescent girls are more equal in society.<sup>32</sup> Harnessing the energy, enthusiasm, and curiosity of peer interactions is an effective way to ensure sustainable change, where youth take the lead in advocating for their concerns in communities. It also facilitates young people influencing one another in positive ways.

Chart 6

## High Impact Interventions in Empowering Adolescent Girls in Urban Communities



### DASRA DEFINES SCALABILITY AS:

- **The evident availability of required resources:** for example, the need for skilled medical practitioners to provide a service in urban slums may be a constricting factor to scale; on the other hand training community members to provide a service is an example of a scalable intervention.
- **Gestation period:** the time required to realize impact from the start of the program
- **Cost per beneficiary**
- **Partnerships leveraged**

### IMPACT ON ADOLESCENT GIRLS

A number of non profit organizations highlighted in the Non profits analysis documents have programs that are not exclusively aimed towards the improvement of adolescent girls' lives. As much as possible, **Dasra** aims to invest in programs that exclusively cater to the needs of this target group. Given the multi-sectoral nature of work with adolescent girls measuring impact as opposed to reach or outcomes can be

significantly challenging. Wherever available **Dasra** includes impact measurement; in other cases we rely on the organizations reach. Since adolescent girls' choices and abilities to exercise them are governed by influential stakeholders, their involvement is crucial to ensuring meaningful impact. Furthermore, it is important to gauge the cost effectiveness of the organization's interventions.

## Chart 7

## Dasra Data Collection and Analysis Process

## ASSESSMENT OF ADOLESCENT GIRLS EMPOWERMENT IN INDIA

- Did a preliminary mapping based on secondary research, discussions with gender and adolescent issues experts, NPOs, government, beneficiaries of NPO programs
- Mapped NPO interventions in target states
- From 100 organizations working in Bihar, Rajasthan and Uttar Pradesh, shortlisted 20 organizations delivering relevant programs to the identified target group

## SITE VISITS TO NON PROFIT ORGANISATIONS (NPOs)

- Met with the executive director to understand history, evolution of programs and scaling plans
- Interviewed and exchanged views with senior staff about programs and impact
- Conducted field visits

## ANALYSIS OF NPO PROGRAMS

- Analyzed strengths and weaknesses of child health and nutrition programs
- Identified gaps and opportunities for funding
- Ascertained strength of management and organization structure
- From 20 organizations shortlisted 10 with the ability to deliver high quality impact at scale

## SUMMARY AND CONCLUSIONS

- Evaluated organizations based on key criteria
- Synthesized analysis and derived conclusions
- Developed recommendations for investment

• KENYA • CHILDFUND INTERNATIONAL •

## Mobilizing communities to “book” girls for school

In Kenya, ChildFund International has been successful in incentivizing Maasai families to delay age of marriage by “booking” girls for school rather than marriage.<sup>33</sup> The unique aspect of the program is that it uses the familiar process of offering a dowry to a girl’s father (in the form of donated livestock and gifts) in order to secure the girl’s release to the school. The project has recruited well-



respected warriors and Maasai elders to become “suitors” on the school’s behalf. In essence, the school becomes the child’s “husband” and she is sent to live and study with other girls in the boarding school. 350 girls are already enrolled and boarded at the school. More than 500 additional infants and girls have been booked and are waiting until they are old enough to attend school.

SOURCE: [www.childfund.org](http://www.childfund.org)

Typically non profits engage youth in two ways:

- **Youth groups:** collectivizing adolescent girls and boys, educating them on their choices, and supporting them in exercising these choices.
- **Peer educators:** creating a cadre of youth who are able to engage peers and other community members in implementing a program, long after a non profit has exited a community. Typically non profits work closely with peer educators to train them in much the same way that outreach staff is trained. This enables youth to function as leaders among their peers, and serve as voices for youth’s concerns that can engage in a positive and constructive manner with the wider community.

Engaging young people forms the basis of all non profits work towards empowering adolescent girls either through outreach, youth groups or peer educators. Our analysis has demonstrated that programs to engage youth have resulted in up to 43% of girls returning to school and up to an 80% increase in self-confidence.<sup>34</sup> The non profits described below have found creative ways of engaging young people to generate awareness of key issues they face, solutions and behavior change.

- **Aangan Trust** has developed a standardized workbook that explores themes such as the self, others and agency. Aangan youth workers, anganwadi workers and peer educators meet with a youth group to cover the workbook in 14 sessions. At the end of the workbook, each member of the group undertakes a community project, which aims at overcoming an issue that girls face in the community. The program has improved girls’ status in their communities, increased the age of marriage and helped drop-out girls return to the public education system.

- **Magic Bus** harnesses sports to work with youth on themes such as gender equality, education, health and leadership. Youth who understand local issues and can become positive role models for others on the program are recruited as volunteers to deliver sessions and mobilize communities. This ensures sustained behavior change through peer interaction and local ownership even after Magic Bus exits communities.

Few young people have access to accurate information about the changes that characterize adolescence. Approaches can take this intervention to the next level by leveraging technologies such as mobile phone value-added services. Other active involvement approaches use the creative arts to explore themes and issues of immediate concern to young people, often facilitated and supported by youth workers.

## 2. Mobilizing Communities

Overcoming the root causes of adolescent disempowerment requires a strong focus on more effective communication with the key influencers in an adolescent girl's life. Research has shown that interventions addressing influential stakeholders, such as families and communities, are more likely to yield results. An emerging body of programming with couples, families and communities demonstrates positive effects on gender-based violence, sexual and reproductive health and couple communication. Since this is relatively new, there is a slim amount of empirical evidence to demonstrate impact. However, work with adults, who, in India, are key decision makers on adolescent girls' lives is a strategic way to ensure that adolescent girls can exercise their choices.

Increasingly, non profits are helping individuals in communities change their behaviors through focus group discussions, interviews and house-to-house visits. Non profits' outreach includes staff and peer educators and home visits to help parents practice good parenting, establish bonds with adolescents and address risk factors within the home. Non profits also conduct couples sessions on sexual and reproductive health, which increases the likelihood of delaying pregnancy and spacing childbirth, increases contraceptive use and decreases the incidence of domestic violence towards young women.

Families and communities are decision makers on matters related to the present and future of an adolescent girl such as schooling, marriage and mobility. Building a dialogue with them on harmful cultural practices and changing their behaviors is a crucial step in ensuring that adolescent girls live better lives. Research from other developing countries such as South Africa shows that couples programming can be effective in changing attitudes and behaviors, improving gender and relationship issues and involving husbands in shaping a better future for their wives.<sup>35</sup> Parents play an extremely important role in shaping adolescent experiences for girls such as transition to womanhood via household responsibilities and marriage. Including parents in programming has a significant impact on the life of an adolescent girl. For example, in Nicaragua, an innovative approach to adolescent sexual and reproductive health includes mothers as an important element of success.<sup>36</sup> Research has shown that good parenting, strong bonds between parents and children and positive non-violent discipline have an impact on reducing violence and treating it as unacceptable. A sense of connectedness between adolescent girls and mothers has been shown to prevent depression.

Our field research has demonstrated considerable impact of mobilizing communities on empowering adolescent girls. In Uttar Pradesh, a community-focused intervention has succeeded in reducing child marriage by 50%.<sup>37</sup> Typically, non profits have focused on community mobilization of communities through two main groups:

- **Families:** Promoting positive behavior change among key influencers of an adolescent girl's life such as parents, siblings, husbands and in-laws will have a significant impact on the way that girls are treated. Promoting messages on girls' education, reproductive and sexual health, gender, sexuality and violence against women will ensure that families are better informed and make decisions in consultation with their adolescent girls.
- **Opinion leaders:** Addressing behavior change in communities will lead to a more enabling environment for girls outside of the home. Ensuring the buy-in of key opinion leaders in communities is crucial to this end. Research has shown that adolescent girls' biggest fear of living in cities is harassment in public places such as markets and public transport. Working with local opinion leaders can help make communities safer places for young girls and encourage their mobility, as well as discourage harmful behavior towards adolescent girls.

A number of non profits have a strong program to mobilize communities.

- **MIPD's** Aadhar center in a Jaipur slum recruits adults from the community to serve as positive role models and mentors for young people. These community leaders provide constant support for peer educators to reach out to other members of the community with messages on early marriage and pregnancy, girls' education, reproductive and sexual health services.
- **Pathfinder's** PRACHAR program includes couples counseling sessions for newlyweds to promote contraceptive use for delayed childbirth and better spacing between pregnancies. In addition the program targets families and in-laws with similar messages.

### 3. Training Public Workers (Teachers and Public Healthcare Workers)

Adolescent girls engage with the public system at a number of points - schools, healthcare and protective services. This makes it crucial to train public workers so that the public infrastructure as a whole is more responsive to the needs of adolescent girls and well placed to empower them. There is significant potential for programs through these systems that empower adolescent girls in key areas of their lives such as continuing education, delaying marriage and pregnancy, sexual and reproductive health knowledge, counseling, guidance and protection from violence.

Non profits typically build the capacities of these different public service providers to ensure that they are sensitized towards the needs of adolescents and empowered to respond to these needs through their routine work. Therefore, they have the potential to apply their learning to the public system to ensure that it meets adolescent girls' needs adequately. At present, there are no formal adolescent-specific trainings extended to individuals in the public system. Non profits have consolidated their learning from working with adolescents to develop trainings for the following stakeholders in the public system:

- **Healthcare workers:** Training public healthcare workers in best practices will improve the quality of care given to adolescents. Non profit training includes:
  - Sensitization to the needs of adolescents: These include the importance of confidentiality and non-judgmental counseling and support; such skills will enable workers to work more effectively with young people.
  - Methods of working with adolescents effectively: Anganwadi workers (childcare providers), sakhis and sahelis (friends) in particular work closely with adolescent girls to counsel them on issues related to nutrition and sexual and reproductive health.
  - Best Practices in adolescent health: to institutionalize cornerstones with the public health system.
- **Teachers:** Non profits working with out-of-school girls often simultaneously run programs for girls in school. By virtue of their role as leaders, teachers can provide crucial support to adolescents. Training teachers, especially male teachers, in the different ways to empower adolescent girls will promote systemic change within the public school system that ensures adolescent girls' needs are met. Non profit support typically includes:
  - Mentorship and guidance for adolescents
  - Counseling of adolescents
  - Encouraging girls to stay in school
- **Police:** Working with public authorities such as the police has the potential to create a more supportive environment for adolescents, for example, in reporting instances of violence and seeking justice.

Dasra's analysis of this intervention shows a considerable impact on adolescent girl health in the form of 100% awareness on health issues. Non profits have been working closely with the public system to scale their training models. For example:

- **MAMTA** has developed an innovative approach to training senior state-level government officials in partnership with state governments in best practices related to adolescent girls' well-being. The program combines classroom learning followed by hands-on capacity building support for six months to help officials implement successful adolescent projects within their jurisdiction. The National Training program thereby creates large-scale impact by leveraging and enhancing the existing system.

- **Pathfinder** offers training to traditional birth attendants and medical practitioners in communities to ensure that improved sexual and reproductive health services are offered to married adolescents.

- **Vatsalya** implements a comprehensive nutrition and health program and a menstrual hygiene program in schools thereby increasing teacher's knowledge in dealing with these areas. In addition, the Adolescent Health and Development Program train frontline health workers such as auxiliary nurses and midwives, *anganwadi* workers and medical officers on key developmental issues for adolescent girls such as nutrition, child marriage and health.

With the launch of the SABLA scheme that allocates workers to each *anganwadi* for effective outreach to adolescent girls, there is an opportunity for non profits to scale time-tested training models to the public health infrastructure to promote systematic improvements and increase impact.

## 4. Building Field Level Networks and Consortia

Building a field-level network or consortium helps spread best practices across geographies while simultaneously taking into account the specific needs of each community.

Community-based approaches are often caught in a trade-off between the depth of an intervention and the scale of programs. Since empowering adolescent girls is rooted in generating awareness and creating behavior change in communities, most non profits establish a strong presence in one community, limiting their geographical impact to that community alone. Building networks and consortia of practitioners and government agencies will provide community-based organizations with the resources and expertise to significantly scale programs geographically while maintaining the quality of impact on adolescent girls.

A number of non profits have developed, piloted and implemented standardized programs than can be rolled out and scaled to other locations by working with smaller community-based organizations that implement these programs.

- **MAMTA** pioneered the creation of networks in adolescent girls' empowerment through SRIJAN. This program created state-level networks that interacted with one another during formal workshops organized by MAMTA. After MAMTA's exit from this program, many state-level networks have maintained association and sharing between members.

- **CREA** creates a consortium of community-based organizations that implement its programs across states, which it trains in best practices and methodology. Participating organizations provide human resources for program implementation and CREA provides technical assistance, seeks grants and conducts monitoring and evaluation.

## 5. Enhancing Access to Existing Government Support

Over the past few years, an increase in government involvement has resulted in greater provision of public services in health and education. However, studies have shown that there is very low awareness of support programs offered by government and non profits, especially those that directly benefit adolescent girls. Some recently launched schemes that target adolescent girls need to be further leveraged. For example, the Government of India is looking to increase the impact of schemes such as SABLA.

Moreover, there is little knowledge among adolescents and their communities about where they can access services to meet their health care or education needs or protect them against violence. Non profits play a critical role not only in providing information on different types of support but also creating the demand for these services and then linking adolescent girls to these products and services. Non profits typically enhance access to existing government support in the following ways:

- **Generating demand for services:** Non profits leverage their proximity to communities to educate adolescents and their community members on the availability and benefits of various services offered. Non profits may also provide financial incentives such as conditional cash transfers to increase the affordability of government services.
- **Creating a referral system:** To ensure that public services are appropriately utilized, non profits create a referral system so that individuals can access services in well-informed manner.
- **Promoting co-ordination between ministries and departments:** A number of Ministries and Departments implement different programs for adolescents as part of their wider goals. This results in diffused efforts with little or no coordination between ministries and departments, ineffective implementation and low impact. In addition, there has been a tendency to overemphasize the reproductive health needs of adolescent girls, when in fact empowering girls requires addressing other important developmental needs such as life skills education.

Non profits link adolescent girls to existing government support through various programs.

- **Sarathi** works closely with local and state government institutions to ensure adequate health and education services in the communities in which they work. In addition, the organization offers counseling to encourage adolescent girls to avail of these services.
- **Vatsalya** delivers all its programs through the existing public healthcare infrastructure, which encourages girls to frequent these institutions such as *anganwadis* and health posts. Peer educators and program-employed youth workers conduct intensive outreach in communities to generate demand for these services and accompany girls when required.

## • MALAWI • ZOMBA CASH TRANSFER PROGRAM •

## Increasing access to education

The Zomba Cash Transfer program in Malawi has evaluated the role of conditional cash transfer programs for changing schooling, marriage, and sexual behaviors of adolescent girls in Malawi. Small stipends, ranging from \$5-\$15 were found to be successful in increasing girls' attendance at school. Further,



girls who were not in school at the beginning of the program, and were offered conditional cash transfers, were 40 percent less likely to marry after one year than girls in the control group—suggesting that schooling has a protective effect for girls who are at higher risk of early marriage and pregnancy.

SOURCE: [www.worldbank.org](http://www.worldbank.org)

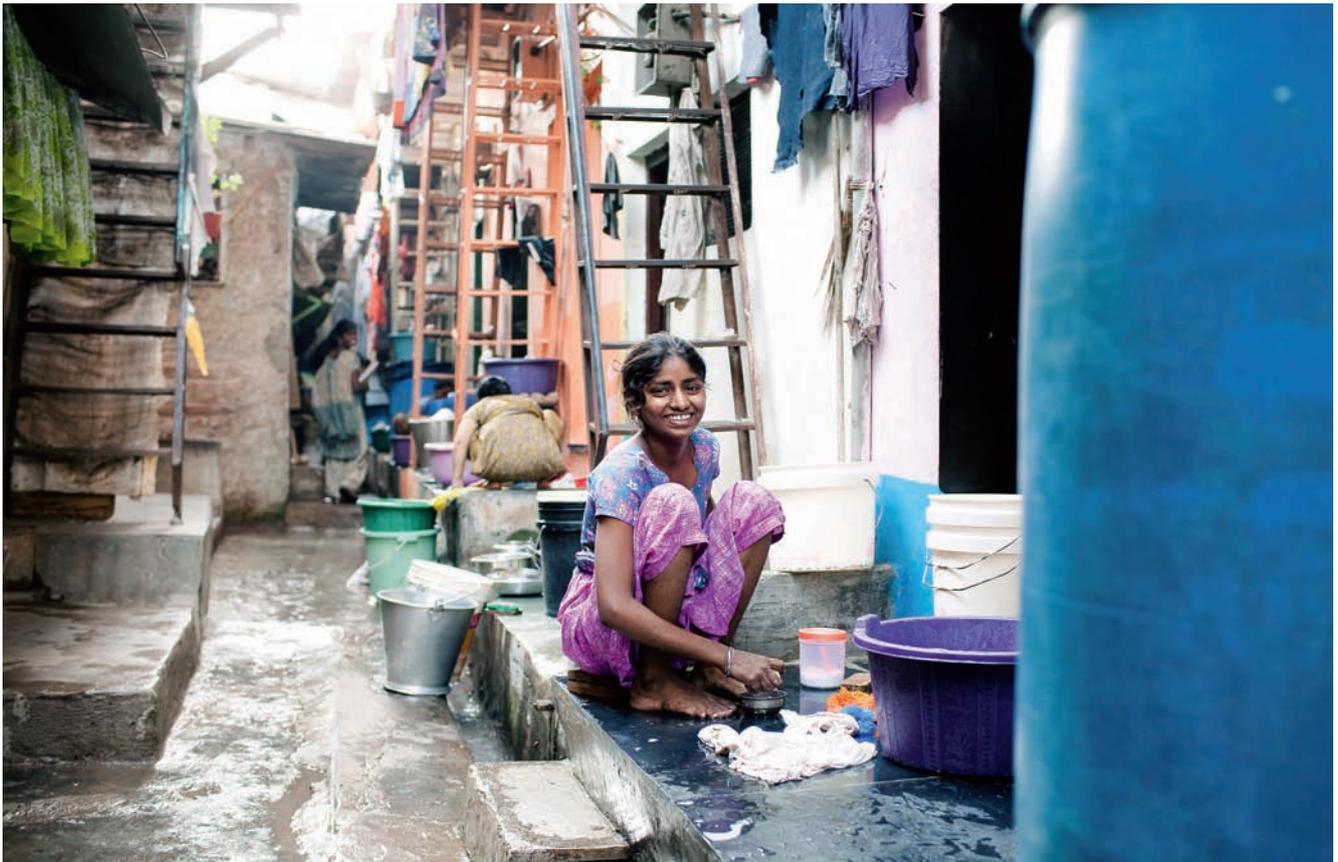
## 6. Tracking Adolescents

Tracking adolescents is a critical intervention in urban slums since non profits and governments need an accurate portrait of the ground level realities on which future policy, programming and funding decisions can be improved. Also, tracking should lead to the evaluation of successful pilot programs where governments can be encouraged to support roll out.

Typically, non profits engaged in counting and tracking adolescents focus on:

- Number of adolescents in a community
- Behaviors and attitudes of adolescents and key stakeholders influencing adolescent girl empowerment
- Impact assessment of non profit interventions and best practices
- Behavior change among key stakeholders
- Violence against women and adolescent girls

Tracking adolescents is also critical as a follow-up to all other interventions to measure the longer term outcomes of these programs. In addition, it fuels effective advocacy and research and enables monitoring intervention impact (e.g. the increase in knowledge of adolescent girls about sexual and reproductive health after visiting a Youth Friendly Center over the course of two years). The takeaways from effective tracking can be incredibly valuable. For example, some researchers realized that long classes on sexual and reproductive health were not appealing to young girls. Instead, drawing in girls with dance, sports or other social activities made them initially more comfortable. The courses were then made shorter and more manageable.



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At present there are significant gaps in understanding the needs of adolescents in India and evidence-based, context-specific effective practices that can empower them to lead better, healthier, more productive lives. Strong tracking mechanisms will form the foundation for further developing the long-term impact of interventions, leading to more effective policies. Some relatively large non profits that have built strong tracking systems into their programming are as follows:

- **MAMTA** created the first database of statistical information on young people in India including numbers, attitudes, behaviors and needs across most states. The organization has strong MIS systems for its programs which are implemented directly and through partners.
- **Pathfinder** conducts extensive monitoring and evaluation of its programs in different areas. This type of data includes baselines and valuable measurements of the impact of associating different interventions and best practices.

## 7. Offering Products and Services

Typically offering products and services directly relates to improving reproductive and sexual health for young people within their communities, particularly those communities isolated from public healthcare, inadequately serviced by public workers or with limited access to formal education. Non profits provide health and counseling services through centers which form the core of their community-based delivery model.

In India, there are only 14 Youth Friendly Clinics, which are located in larger healthcare institutions such as hospitals.<sup>38</sup> The provision of Youth Friendly Clinics differs greatly from rural to urban settings and there is very little convergence with other parts of the public healthcare infrastructure. In Rajasthan, the state government is looking to scale youth-friendly centers through a public private partnership with non profits. Inadequate access and a focus solely on the health needs of adolescents prevent the holistic support needed to empower adolescent girls.

Young people require accurate information about choices and risks, offered in a non-judgmental manner; peer and other social support groups to promote healthy choices; and a range of tools to help them cope with their life changes to mitigate the risk to physical and mental wellbeing. Often non profit centers function as a central point for young people to come together, away from family and community pressures and obligations. Broadly, non profits work with adolescents through a center-based approach within the communities providing one or all of the following:

- **Healthcare:** Under-provision of youth-specific healthcare services and the lack of a dedicated institutional framework means that adolescents in urban slums are an underserved community that require safe places to go to for sex education, knowledge on STIs and HIV/AIDS, contraceptive use, reproductive functions and nutrition. Non profit centers typically address the whole spectrum of reproductive and sexual health knowledge required by young people.
- **Education:** Many non profits integrate educational programs such as bridge courses, non-formal education and vocational training into their center-based models. This type of offering makes it easier to gain community acceptance for non profit work as well as draws young people to centers, especially if they are initially reluctant to participate in sessions on reproductive and sexual health, gender and sexuality.
- **Individual counseling:** Centers are typically staffed with non profit youth workers who are professionally trained to provide counseling services to adolescents. Since adolescence is an age defined by changes, trials and tribulations, this type of trained counselor is critical to ensure that adolescents grow and develop in healthy ways.
- **Safe spaces:** Often non profit centers are places for adolescent girls to seek refuge from the burden of household roles and responsibilities and domestic violence. This is a critical element that allows adequate support to girls who are live in abusive or constrained environments.

• EGYPT • ISHRAQ •

## Providing safe spaces to girls

In Egypt, out-of-school girls are the most disadvantaged and the most underserved. In 2001, the Population Council, in partnership with Save the Children, Caritas, and the Center for Development and Population Activities (CEDPA) designed a program to provide girls with safe learning spaces. The program, called Ishraq, meaning “enlightenment,” intervened during the crucial years of early adolescence, providing a second chance to learn, and an opportunity to socialize with other girls



and delay marriage. The girls were offered a package of skills—literacy, numeracy, life skills, and, for the first time in Egypt, sports—to prepare them for integration into formal schooling. After completing the 30-month program, 92% of the girls who sat for the government literacy exam passed, and 68.5% of them went on to enroll in preparatory school. They expressed a desire to marry at an older age, objected to female genital mutilation (FGM), and joined local associations.

SOURCE: www.popcouncil.org

Some non profits have included center-based models in their adolescent programs to establish an entry point and strong presence in communities.

- **MIPD** set up its Aadhar center in proximity to its mother organization’s reproductive and sexual health clinic. This has enabled the organization to reach out to youth in the urban slums as well provide clinical and counseling services in reproductive and sexual health. In addition, with the aim of providing holistic support, MIPD offers vocational training courses and academic support for girls in school.
- **Seva Mandir’s** Youth Resource Centers in urban slums are managed by peer educators and provide educational support and life skills education to adolescents.

In Bihar, Rajasthan and Uttar Pradesh’s most marginalized slum communities, the public infrastructure is entirely absent or ineffective. As a result, non profits have taken on the role of service providers. Non profits have developed excellent community-based center models which have proven to be effective in reaching adolescents with necessary services. These have the potential to be scaled up to the government system in the future.

The diagram on page 32 (*Mapping Non Profits with High Impact Interventions*) depicts the most scalable and high-impact interventions of the ten high potential non profits Dasra studied. Although several of the organizations have a much broader focus and mission within gender equality, their adolescent girls’ empowerment programs are poised for scale; each one now has a focused adolescent-specific approach to programming.

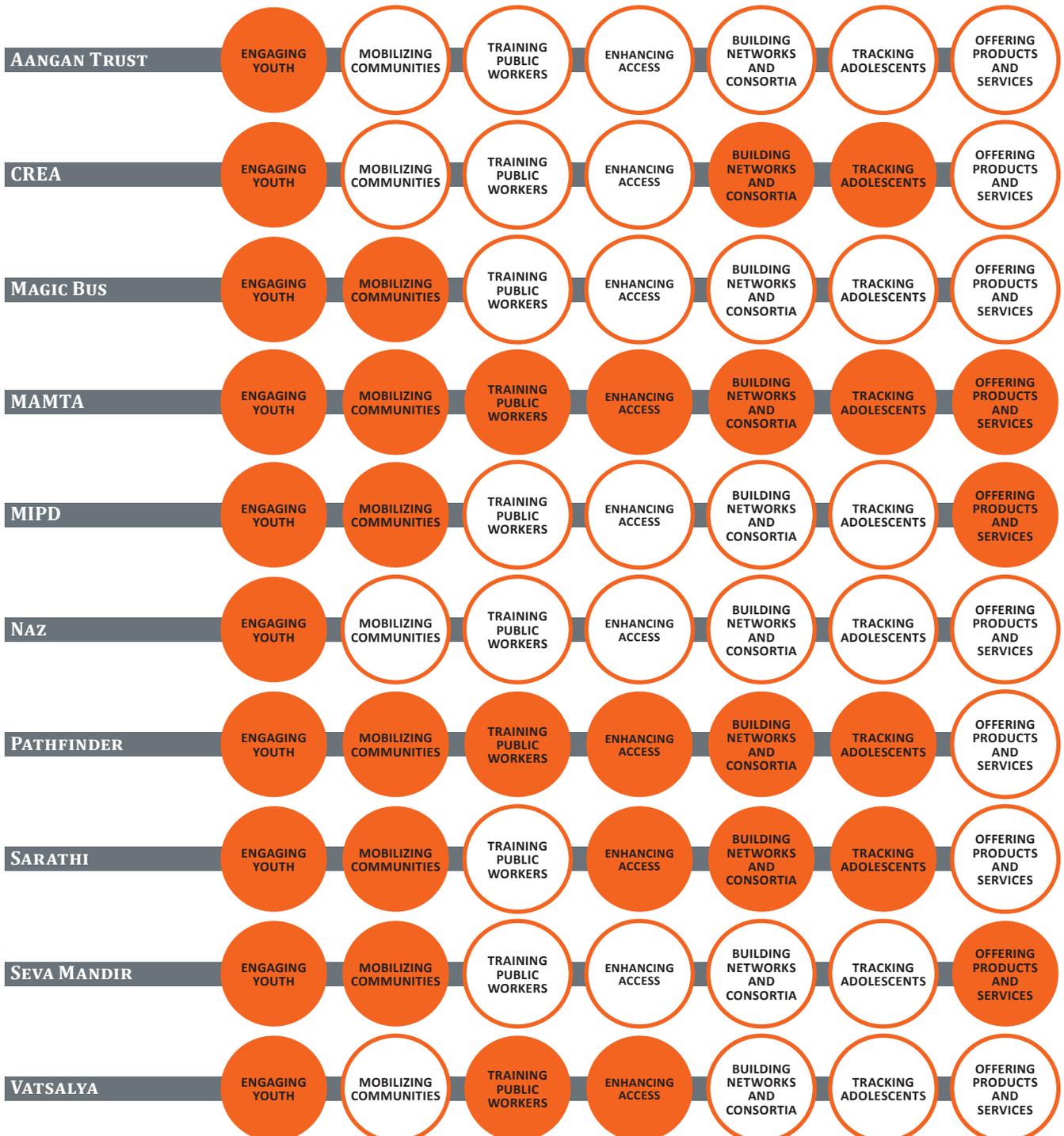
# Mapping Non Profits with High Impact Interventions



Dasra identified over 100 organisations working in Bihar, Rajasthan and Uttar Pradesh and evaluated their approaches to leveraging the five cornerstones of empowering adolescent girls. Dasra has shortlisted ten high potential non profits with innovative, scalable models for improving adolescent girls' lives by working within their communities and in partnership with

the public healthcare and education systems.

Although many of these ten organisations have a broader mission related to gender equality, Dasra has chosen to focus on their adolescent girl empowerment programs. Below is a comparison of the most scalable non profits mapped to high impact interventions:



# Aangan Trust

## THE BASICS

CEO: **Suparna Gupta**

WEBSITE: <http://www.aanganindia.com>

FOUNDED: 2001

LOCATION: Mumbai

TOTAL BUDGET: ₹20,000,000 (\$440,000)

ADOLESCENT GIRLS BUDGET: ₹9,000,000 (\$200,000)

Aangan Trust was founded in 2001 with the aim of improving the dismal conditions of children in state-run institutions. Through preventive and rehabilitative work focusing on high-risk communities and government institutions, Aangan is radically and in a sustainable manner improving the juvenile justice system at both a policy and implementation level. Over the years, the organization has diversified into working with the most vulnerable youth in poor and disadvantaged urban slum communities. Aangan's youth program is structured as a preventive model that recognizes the impact of mentoring, guidance and counseling on at-risk youth, in the absence of care and protection systems.

**Shakti:** targets out of school girls or those most likely to drop out so as to inspire them to affect change for themselves as well as their community. The girls undergo a 14 session course, based on a standardized curriculum which culminates with peer-run community projects. The Shakti network helps these vulnerable girls to aspire, plan and achieve educational as well as vocational goals.

**Pragati:** works on reducing adolescent boys' anti-social behavior and helps them to access community services to plan for their future.

## HIGH IMPACT INTERVENTIONS

● Current Program



Aangan has a decade of experience working with adolescent girls in urban slums of Mumbai. The Shakti program imparts a standardized curriculum, mobilizes the collective strength of the girls to undertake sustainable community projects and develops peer educators from within the program so as to reach out to a larger number of adolescent girls.

**SCALABILITY:** Aangan believes in creating scalable models that are cost and resource efficient by working with existing infrastructure and services. The models, once piloted are further rolled out through effective partnerships at the community and state levels. As part of Shakti's scaling strategy, Aangan has collated the standardized curriculum in the form of a workbook, which is used by peer educators to reach out to adolescent girls both, in school and in urban slum communities. To ensure the correct implementation of the program, peer educators, themselves conduct the course in schools and anganwadis. This curriculum has been translated into various languages so as to enable replication of the program in ten states of India, eventually impacting the lives of 15,000 adolescent girls. Going forward, Aangan plans to leverage the relationships built with various state governments to advocate the inclusion of the workbook in the mainstream education system.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

- 1500 girls have graduated from the Shakti program
- 138 groups of girls have been formed to undertake community projects
- 80% girls feel more confident to speak up at home
- 82% feel more confident to walk around the neighborhood
- 43% girls have returned to school
- 50% of the girls have enrolled in vocational courses

### Leadership and Team

Suparna Gupta, founder of Aangan, is an awardee of the prestigious Ashoka Fellowship. She was also appointed by the state as a member of the Selection Panel, State Child Protection Commission, Maharashtra in 2009. She leads a dedicated team of 27 professionals who work on the various programs of Aangan.

### Third Party Endorsements

Aangan is supported by national and international funders including UNICEF, Edelgive, Dorabji Tata Trust, LGT Venture Philanthropy, Empower (USA) and Global Fund for Children (USA).

### Linkages with Government

Aangan has initiated and developed effective working partnerships with the government in ten states across India in which it already operates. The organization believes in leveraging the existing public systems and to that effect plans to scale the Shakti program through schools and *anganwadis*.

**THE BASICS**

EXECUTIVE DIRECTOR: **Geetanjali Misra**

WEBSITE: **www.creaworld.org**

FOUNDED: 2000

LOCATION: New Delhi (head office) – works in India, South Asia and Global South

TOTAL BUDGET: ₹27,000,000 (\$600,000)

CREA is a feminist, human rights organisation based in New Delhi which is a national leader in the fields of gender, sexuality, reproductive health and women’s rights. CREA promotes and advances women’s rights and sexual rights of all people by strengthening feminist leadership, organisations and movements; influencing global and national advocacy; creating information, knowledge and scholarship; changing public attitudes and practices; and addressing social exclusion. The organization implements these strategies through programs like Gender, Sexuality and Rights Institutes, and Ibtida – a network of community based feminist organizations in India.

**Girls and Sports Program:** Building on their work in the field of women’s rights over the past ten years, CREA has developed a new program focusing on enhancing the Sexual and Reproductive Health Rights (SRHR) of adolescent girls by building the knowledge and leadership of SRHR practitioners, and by working directly with adolescent girls on the ground. The grassroots component of the program is designed to provide mobility and information to young girls using sports as an entry point, and to thereby empower them to make better decisions on issues such as time of marriage, pregnancy, contraception and accessing sexual and reproductive health services. It has been observed that adolescent girls who understand the full extent of their SRHR are empowered to make more informed decisions about their bodies.

**HIGH IMPACT INTERVENTIONS**

● Current Program



For over a decade now, CREA has been promoting a more nuanced understanding of human rights, gender, sexuality and their inter-connections by influencing policy decisions and creating broader public understanding. It is the pioneering organization in India to have created discourse and knowledge around these issues in Hindi in order to expand access to Hindi-speaking activists and organizations. Through the Girls and Sports Program, CREA aims to strengthen its work with young women on building an understanding of gender, sexuality and rights among them. CREA plans to undertake rigorous monitoring and evaluation exercises to ensure effectiveness and impact of this pilot initiative.

**SCALABILITY:** Through past interventions, CREA has built a strong network of community based organizations working on SRHR issues which it plans to leverage for the delivery of the Girls and Sports Program. Over the next three years, with 12 partners in three states, CREA seeks to reach to approximately 10,000-12,000 girls directly. This includes working with girls both in school and out of school. Along with the partnership model, CREA’s expertise in creating and disseminating SRHR resources in Hindi will also serve as a crucial factor in the organization’s ability to scale this program to a larger population.

**QUALITY INDICATORS**

**Outreach and Impact on Empowering Adolescent Girls**

- CREA’s Ibtida training program builds the leadership capacities of women and activists at community and grassroots levels in India.
- This program has worked with more than 30 community based organizations and has reached out to approximately 200,000 women.

**Leadership and Team**

CREA’s team of 20 is headed by Geetanjali Misra who is a renowned feminist scholar and co-founder of SAKHI for South Asian women. She is on the Board of Directors of Reproductive Health Matters, Women’s Initiatives for Gender Justice, Women’s Dignity Project and Mama Cash. Geetanjali is supported by a team of rights activists with tremendous experience in the field of gender and sexuality, including Sunita Kujur and Shalini Singh.

**Third Party Endorsements**

CREA is supported by a strong set of donors which includes Ford Foundation, Rockefeller Foundation, SIDA, MacArthur Foundation and Oxfam.

**Linkages with Government**

CREA is part of several national and international networks and coalitions that are advocating for law and policy changes for the advancement of the rights of women and sexual minorities.

# Magic Bus

## THE BASICS

CEO: **Matthew Spacie, MBE**

WEBSITE: <http://www.magicbusindia.org>

FOUNDED: 1999

LOCATION: Mumbai (Headquarters)

TOTAL BUDGET: ₹104,000,000 (\$2,300,000)

ADOLESCENT GIRLS BUDGET: ₹16,640,000 (\$370,00)

Magic Bus was founded in 1999 to empower children, youth and communities in areas of education, gender, health, leadership and livelihood by using sport as a medium for development. It has worked with 150,000 children (~60,000 girls) and 3,500 youth volunteers (~1,400 adolescent girls) in both urban and rural districts in Maharashtra, Andhra Pradesh, Delhi, Karnataka, and Orissa with plans to reach one million children by 2014.

**National Program:** The program works with children (7-15 years) from marginalized communities and schools through youth volunteers (17 years +) where 45% are girls, recruited from the same communities. The youth volunteers called Community Sports Coaches (CSCs) serve as change agents and conduct a weekly session utilizing experiential learning. In addition, the CSCs regularly interact with communities building consensus on issues related to education, health, and gender.

**Youth Program-Connect:** Launched in Mumbai in 2009, it provides leadership skills, connects youth to job opportunities, training courses, skill-building forums and networks, guiding their career paths. By 2011, Connect will be in 10 states with 25,000 CSCs/volunteers.

## HIGH IMPACT INTERVENTIONS

● Current Program



Magic Bus is a sector-leader and has over 12 years of experience in operating India's largest Sport for Development program with children, adolescents and youth. Magic Bus' program combines several cornerstones essential in empowering adolescent girls. A long-term and sustained engagement of 40 sessions each year for 3-4 years with each girl enables lasting behavior change. Communities are engaged through activities such as conducting rallies, group discussions, parent meetings, community sports tournaments, and cleanliness drives at least once in every two months.

**SCALABILITY:** Over the next 4 years, Magic Bus plans to scale its program to ten states including Bihar and reach 1 million children and youth by leveraging its existing program and best practices, and its relationships with various government, corporate, non-profit, and donor agencies. It has developed and refined its Sport for Development curriculum to include adolescent girls' empowerment from leveraging girls as peer educators to involving parents in supporting the participation of adolescent girls in Magic Bus. There is an adapted-curriculum which meets the local needs of a particular state and identifies, trains, and monitors local CSCs and youth mentors on an ongoing basis to ensure accountability and local ownership. Magic Bus leverages existing local government schemes for sports development and involves the key stakeholders in the community, to ensure sustainability and high impact.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

- 150,000 children have been reached through the program; expanding to one million children in the next three years including over 450,000 adolescent girls
- 77% Magic Bus children acknowledge that domestic violence is not acceptable
- 34% re-joined school after attending their sessions
- Improving gender biases, 84% have played team games together and 63% have joined mixed gender community groups.

### Leadership and Team

Matthew Spacie, founder and CEO of Magic Bus, is the recipient of the prestigious MBE and the Ashoka Fellowship. He is the founding partner of Cleartrip, an online travel portal. Pratik Kumar, COO of Magic Bus, has over 21 years of experience in the United Nations, Government of India, International NGOs and the private sector.

### Third Party Endorsements

Magic Bus is supported by national and international funders and partners including UNICEF, Premier League, Barclays Spaces for Sports, Australian Sports Commission, Laureus Sport for Good Foundation, Nike Foundation, Comic Relief/IDS and other corporates and foundations.

### Linkages with Government

Magic Bus has partnerships with Ministry of Youth Affairs and Sports, Government of Mizoram, Lakshmbai National University of Physical Education, and Nehru Yuva Kendra Sangathan. It has served as a technical advisor and an implementation partner for various sports programs.

## THE BASICS

CEO: **Dr. Sunil Mehra**

WEBSITE: <http://www.mamta-himc.org>

FOUNDED: 1990

LOCATION: Pan India

TOTAL BUDGET: ₹172,600,000 (\$3,835,500)

ADOLESCENT GIRLS BUDGET: ₹72,000,000(\$1,600,000)

MAMTA-HIMC is a pioneering organization in the area of Adolescent Sexual and Reproductive Health and Rights (ASRHR). Twenty years since its inception MAMTA has grown into an established institute for program implementation, advocacy, training and research with a commitment to integrating health and development issues within a life cycle approach.

**National Training Program (NTP):** builds capacities of senior and middle level public health professionals from state and central governments through a training program to enable them to deliver policy initiatives in the area of ASRHR. **Youth Information Centres (YIC):** establish linkages between adolescents and health information and services. YICs also serve as 'safe spaces' where adolescent boys and girls can learn vocational and life skills in a non-discriminatory environment. The YICs are constantly monitored on quality and impact aspects through well-defined indicators that are standardized across centres.

**SRIJAN:** is a network of Indian NGOs spread across seven states, that was established by MAMTA with the purpose of expanding the resource base and mobilizing voices to advocate for young peoples' SRHR at the national and local levels. Though this initiative was spearheaded by MAMTA, presently the organization has exited the network, and the success of SRIJAN continues through the initiatives of various state level non profits.

## HIGH IMPACT INTERVENTIONS

● Current Program



National Training Program comprises of three weeks of training in India in collaboration with the Ministry of Health and Family Welfare, and one week in Sweden facilitated by Lund University. This is followed by each participant taking up a 'Change Project' within their existing work environment with support from MAMTA.

Youth Information Centers are established with the support of community stakeholders, and operated by MAMTA over a specified period of time. Thereafter, a local committee assumes responsibility of operations ensuring long-term sustainability.

**SCALABILITY:** MAMTA's strategy of training senior public officials guarantees scalability of NTP by strengthening public infrastructure at a national level. Till date, NTP has trained 75 professionals, and aims to train an additional 75 by 2014. MAMTA plans to scale the YIC program to Rajasthan, Uttar Pradesh and Bihar with 12 urban centers serving 2,500 adolescents in each state. 900 service providers will also be trained to ensure sustainability after MAMTA's exit. MAMTA's presence on various government committees will help to facilitate the exchange of knowledge and resources amongst other non profits working on ASRHR, and ensure that both these programs achieve pan-India scale.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

- MAMTA has set up Youth Information Centres across the country – 24 in Bihar, 32 in Uttar Pradesh and 8 in Karnataka.
- 65,000 adolescents have benefited from informational sessions conducted in a safe and friendly environment.
- The nationwide SRIJAN network has 134 non profits members covering 99 districts and has influenced several state and national level policies affecting youth health and development.

### Leadership and Team

Dr. Sunil Mehra, the Executive Director, is a certified M.D. in Pediatrics from Banaras Hindu University and has been a practicing pediatrician for over three decades. He founded MAMTA in 1990, and under his leadership, the organization expanded to 12 states across India as well as to Bangladesh and Nepal. All the members of the senior management at MAMTA have more than two decades of experience in child and adolescent health.

### Third Party Endorsements

MAMTA enjoys the sustained support and partnership of UN systems (WHO, UNAIDS, UNICEF) European Commission, SIDA (Sweden), MacArthur Foundation, ActionAid, Global Fund, USAID and Indian entities like TATA, Philips, and DLF. The organization is represented in an advisory capacity on several national and international committees and taskforces, including the Planning Commission of India.

### Linkages with Government

MAMTA has fostered a strong working partnership with the Government of India which allows it access to senior government officials who can take MAMTA's theory of change to a much larger scale. The organization regularly collaborates with the Ministry of Health and Family Welfare, Ministry of Human Resource Development, Ministry of Youth Affairs and Sports and Ministry of Woman and Child Development for its various programs.

## THE BASICS

DEPUTY DIRECTOR: **Dr. Renu Suri**

WEBSITE: <http://www.mipd.in>

FOUNDED: 2007

LOCATION: Jaipur and Ajmer (Rajasthan)

TOTAL BUDGET: ₹15,300,000 (\$340,000)

ADOLESCENT GIRLS BUDGET: ₹1,200,000 (\$26,000)

Management Institute of Population and Development (MIPD) was established by the Parivar Seva Sanstha (PSS), a premier national organization specializing in reproductive health that has been successfully working in the country for the last thirty years. MIPD aims to build the research and management capacity of professionals to effectively manage health, population and development programs. Over the past few years, the organization has piloted two direct implementation programs.

**Aadhar:** Aadhar is a phased program that provides youth friendly services channeled through counseling, clinical services and awareness campaigns in the area of reproductive and sexual health. These services are offered through an 'Aadhar' center within the community, and also include a component on vocational training and life skill education.

**Distance Learning Cell:** Despite many institutes producing thousands of management graduates annually, there is still a dearth of trained management graduates in the social sector. The Distance Learning Cell conducts a Certificate and a Diploma Course on Family Life Education, through open and distance learning modes. These low-cost training programs target social sector practitioners such as public health workers and non profit managers.

## HIGH IMPACT INTERVENTIONS

● Current Program



MIPD adopts a phased approach to enter communities, introduce youth friendly services, develop peer educators, help the peer educators set up their own community based organization so as to sustain the Aadhar centre and eventually exit. The initial steps of the process, which include a baseline survey and needs analysis are carried out by a specialized team of experts from the MIPD head office. Peer educators are trained over a period of three months in field work and other managerial activities in order to build their capacities to effectively run the Aadhar centre after MIPD's exit. Once the Aadhar center is set up, it is staffed by local people, who in collaboration with the peer educators, conduct outreach activities and sensitize the community about sexual and reproductive health issues.

**SCALABILITY:** MIPD's clear growth and exit strategy spread over a period of six years facilitates expansion to more communities, resulting in greater scalability. Leveraging available local human capital in the form of peer educators who will sustain the initiative after MIPD's exit also acts as an important scaling factor. Currently, 20 peer educators have formed their own community based organization and they will assist MIPD to expand Aadhar to two more slum communities next year. Hence, the feasibility of this model has been proven in one community, and the process could potentially be standardized for the use of other NGOs who could scale it to other parts of the country.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

- Through its Aadhar centres, MIPD has directly reached out to 20,796 girls, 22,204 boys and 33,000 households with the help of 25 peer educators.

- 20 of these peer educators have formed their own Community Based Organization in an urban slum of Jaipur to independently take forward Aadhar's activities after MIPD successfully exits.

### Leadership and Team

MIPD is managed by two specialized committees: Management Advisory Board (MAB), and Executive Committee (EC). The MAB is chaired by Dr. MS Swaminathan, a renowned development expert and agricultural scientist as well as Rajya Sabha member, while the EC is headed by Sudha Tewari, President of Parivar Seva Sanstha and a management expert.

### Third Party Endorsements

Over the years, MIPD has received financial support from reputed donors like UNFPA, National AIDS Control Organization and Population Foundation of India.

### Linkages with Government

MIPD is currently implementing a Private Public Partnership Model for STI/RTI Management in Northern Rajasthan sponsored by the National AIDS Control Organization, Government of India. In the past it has partnered with the state governments of Madhya Pradesh and Uttar Pradesh, Ministry of Health and Family Welfare as well as the National Commission on Population on various projects.

## THE BASICS

CEO: **Anjali Gopalan**

WEBSITE: **www.nazindia.org**

FOUNDED: 1994

LOCATION: New Delhi (Head Office), Mumbai, Chennai

TOTAL BUDGET: ₹15,000,000 (\$330,000)

ADOLESCENT GIRLS BUDGET: ₹5,000,000 (\$110,000)

Naz Foundation India Trust (Naz) is committed to raising awareness to prevent the spread of HIV and providing support to those living with the virus and those affected by it, with sensitivity and utmost confidentiality. Through the years, Naz has implemented HIV prevention programs with various communities, which led to the realization that the most vulnerable group is that of young women. As opposed to using traditional methods, Naz perceives prevention through a different lens – one that empowers girls to make informed decisions and negotiate in their relationships.

**Goal:** With this objective, Naz has partnered with Standard Chartered Bank to implement Goal - a women's empowerment program which uses sport and life skills education to transform the lives of young disadvantaged girls. The program works with adolescent girls living in urban settings to provide netball training and life skills needed to succeed: financial literacy, health, rights, communication and teamwork.

## HIGH IMPACT INTERVENTIONS

● Current Program



Training and capacity building has been a core competency of Naz, and the organization has trained several organizations across the country to develop and mainstream integrated programs to address issues related to the sexual health of various neglected communities. Developing partnerships is at the heart of the Goal program as well, and non profit partners trained by Naz are responsible for delivering the program on the ground. This non profit partner in turn manages a network of community-based organizations that work to deliver the program as well as gain legitimacy in the community.

**SCALABILITY:** Since 2006, Goal has directly impacted 2,166 girls and plans to reach out to 12,000 girls over the next three years. With rapidly increasing reach, Goal's programmatic costs per girl have been significantly lowered to just ₹600, and this will ensure future scalability. Despite the existence of several committed non profits reaching out to young girls through traditional programs like vocational training, retention in these programs is a huge challenge. Sport is something that is close to young peoples' hearts and through its inherent attributes of active participation, empowerment and social inclusion it provides an innovative platform for working with girls and helping them recognize their power and potential.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

- Goal has directly impacted 2,166 girls and indirectly impacted 10,000 people within families and over 100,000 people within the community. Preliminary analysis of the baseline and end line surveys conducted by the Population Council has shown:
  - 12% increase in number of girls who knew that a woman can get pregnant at first sex
  - 22% increase in number of adolescent girls who could count money correctly.

### Leadership and Team

Founder and Executive Director Anjali Gopalan, has over two decades of experience working on issues related to HIV/AIDS and Sexual Health. Kalyani Subramanyam, National Coordinator of Goal in India, has been involved with the program since its inception. Kalyani completed the Dasra Social-Impact Executive Education program in May 2011.

### Third Party Endorsements

In 2008, the Goal program was conferred with the Investing in Women Award for Vision by the International Centre for Research on Women. Case studies about the program have been featured in various leading publications like the *McKinsey Quarterly*.

### Linkages with Government

Although Naz does not have any formal agreements with the government, the organization believes in bringing together non profits, sports federations and government advisory bodies to create a collaborative, multi-stakeholder initiative.

## THE BASICS

COUNTRY REPRESENTATIVE: **Dr. Rema Nanda**

WEBSITE: **www.pathfind.org**

ESTABLISHED: 1999

LOCATION: Delhi, Bihar, Orissa, Rajasthan, Tamil Nadu

TOTAL BUDGET: ₹500,000,000 (\$11,000,000)

ADOLESCENT GIRLS BUDGET (PRACHAR III):

₹171,000,000 (\$3,800,000)

Pathfinder International's mission is to ensure that people everywhere have the right and opportunity to live a healthy sexual and reproductive life. In India, Pathfinder has focused on advancing the reproductive health and family planning needs of underserved and vulnerable populations, particularly adolescents, whose needs are often neglected because of cultural sensitivities to discuss sexual activity outside of marriage. Pathfinder's work has also expanded to address infant and maternal mortality, access to safe abortion and HIV/AIDS.

**PRACHAR:** The overarching goal of PRACHAR is to slow the current population growth in India by promoting behaviour change through increased awareness and understanding of reproductive health (RH) issues, and healthy timing and spacing of pregnancies (HTSP). Through community meetings, PRACHAR creates a supportive environment to sustain widespread behaviour change in the intervention areas. Using a 'life cycle' approach, the program reaches target groups: unmarried adolescents, young couples, their parents and in-laws, and influential community members with appropriate behaviour change information and skills. In its current phase, PRACHAR is implementing a hybrid public-private service delivery model in partnership with the government and civil society organizations .

## HIGH IMPACT INTERVENTIONS

● Current Program



Building on evidence from PRACHAR phases I and II, and from its pilot interventions in Delhi slums, Pathfinder has expanded its urban health strategy to focus on adolescent SRH. The expanded model combines SRH with components such as life skills and employability training and will be rolled out in select urban slums across Rajasthan and Uttar Pradesh. This two-pronged strategy would enable adolescents to better manage peer pressure, resist early marriage, negotiate safer sexual practices and learn skills to make economic choices for a healthier life.

**SCALABILITY:** Pathfinder develops strong working partnerships with the government in the states where it operates. With PRACHAR, the partnership with the Government of Bihar promotes ownership, ensures cost-effectiveness, and encourages large scale replication. For instance, Pathfinder is currently utilizing 1,006 government workers to reach 1,381,606 beneficiaries across Bihar. In addition, Pathfinder has trained 160 male community health workers that the government is expected to recruit by 2012.

Pathfinder's extensive experience in SRH programs has resulted in a standardized curriculum for capacity building of field partners which will help to further expand coverage and impact.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

- Pathfinder's rich and extensive experience in the implementation of SRH programs has resulted in standardized operational guidelines and training curriculum for capacity building of health workers and field partners.
- Partnerships with other NGOs enable Pathfinder to further expand coverage and impact.

### Leadership and Team

Pathfinder's senior management and board bring tremendous experience to the organization. Pathfinder India Country Representative, Dr. Rema Nanda, has worked with various UN agencies, and has over 20 years of experience campaigning for women's rights at the international and national levels. She is a strong advocate of PPP approaches to reach BoP populations and brings global strategy and management leadership to the organization.

### Third Party Endorsements

Pathfinder received an "A" grade and is a "Top-Rated Charity" that meets all standards set by the American Institute of Philanthropy. It also received Charity Navigator's highest rating for organizational efficiency and won the UN Population Award on the eve of its 40th Anniversary. The organization enjoys the patronage of reputed donors like UNFPA, Packard Foundation, MacArthur Foundation and Gates Foundation.

### Linkages with Government

Pathfinder has entered into a formal MoU with the Government of Tamil Nadu to scale up its maternal health interventions. The Bihar State Health Society is an active partner in the implementation of its PRACHAR project, and an MoU is slated for signature in Bihar, Rajasthan and Orissa. PRACHAR'S adolescent training materials will inform the national adolescent policy currently under formulation by the Ministry of Health and Family Welfare.

## THE BASICS

CEO: **Akhilesh Tewari**

WEBSITE: [www.sarathidevfo.org](http://www.sarathidevfo.org)

FOUNDED: 1996

LOCATION: Lucknow, Uttar Pradesh

TOTAL BUDGET: ₹25,000,000 (\$550,000)

ADOLESCENT GIRLS BUDGET: ₹7,500,000 (\$160,000)

Sarathi Development Foundation has over 13 years of experience in conducting integrated micro-planning, convergence with government service delivery systems and behaviour change communication in 50 districts of Uttar Pradesh. Sarathi firmly believes in community driven methodologies that encourage the participation of individuals in their own development process, and works closely with women, adolescent girls and other marginalized populations.

**Garima Abhiyan:** This campaign focused on collectivizing manual scavengers in order to improve their quality of life, build linkages with government services, and provide them with skills training for alternate and dignified livelihoods. Adolescent girls from these communities were primarily targeted through vocational training programs conducted in collaboration with the District Urban Development Authority of Lucknow.

**Integrated Village Planning Project (IVPP):** A UNICEF initiative implemented in 682 villages of Lalitpur district, IVPP aimed to effect behavioural change about five key issues—girls' education, hand washing at critical times, exclusive breastfeeding, complete immunisation and HIV/AIDS. So as to communicate these messages, a participatory approach was followed where the community assessed its needs and created action plans to respond to them on a dynamic basis.

## HIGH IMPACT INTERVENTIONS

● Current Program



Drawing on the success of the IVPP model, Sarathi is piloting an augmented model for urban areas which it plans to scale to 200 slums in Lucknow. The new model will focus on identifying young out of school girls and fostering an environment that enables their re-integration into the mainstream – either through formal educational institutions or alternate life skills development courses. To achieve this goal, Sarathi will establish Behaviour Change and Bridge Course Centres to collectively sensitize adolescent girls and their parents, and guide them in transitioning back into existing government or private schools.

**SCALABILITY:** Over a period of just two years, Sarathi scaled its IVPP model to reach 125,000 families and 21,600 adolescent girls across 682 villages in Uttar Pradesh. Going forward, it plans to expand its urban model to 40,000 households and 30,000 adolescent girls across 200 slums. To ensure sustainability at this scale, Sarathi will spend three years in each slum and involve the community in every step of the process, before finally transferring ownership to them. Given Sarathi's vast experience in the implementation of IVPP, it has in place standardized interventions which significantly reduce the project cost per beneficiary. The proposed expansion, for instance, will cost just ₹82 per household per year. Hence, there is great potential for this model to be replicated in other urban areas.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

- Impact assessments conducted post IVPP have shown that the number of children married before 18 has reduced by 50% in Lalitpur.
- All adolescents from the 125,000 families reached have accurate knowledge of reproductive and sexual health and are accessing youth friendly health services.

### Leadership and Team

Sarathi has a dedicated team of 52 professionals who work on the implementation of various programs. This includes their senior management and administrative staff as well as field staff who work with the local community.

### Third Party Endorsements

Sarathi's IVPP model has been recognized as a best practice in the Uttar Pradesh state document of the central government sponsored scheme - Integrated Child Development Services. The organization has received financial support from reputed donors like UNICEF, CARE India, Catholic Relief Services, NABARD, Action Aid, OXFAM, DFID and Find Your Feet.

### Linkages with Government

Sarathi has developed partnerships with government departments from local to state levels in order to facilitate linkages of the community with government service providers.

# Seva Mandir

## THE BASICS

CEO: Priyanka Singh

WEBSITE: [www.sevamandir.org](http://www.sevamandir.org)

FOUNDED: 1968

LOCATION: Rajasthan – Udaipur and Rajasmand districts

ANNUAL BUDGET: ₹126,484,977 (\$2,800,000)

ADOLESCENT GIRLS BUDGET: ₹1,600,000 (\$35,500)

Seva Mandir began its work in Udaipur 43 years ago with the vision of transforming lives through democratic and participatory development. Today, Seva Mandir's program areas span across natural resource development, health, education and women's empowerment.

**Engendered! Minimizing the Gender Gap through Institutional Mainstreaming, Grassroots initiatives and Advocacy:** sensitizes adolescents on gender issues through campaigns and creates a platform for them to further sensitize other stakeholders such as women leaders, caste panchayat leaders and government. Seva Mandir reaches out to approximately 55 villages on changing gender attitudes and practices among adolescents.

**Youth Resource Centres (YRCs):** These YRCs, called Urja Ghars, provide a safe space for adolescent boys and girls from rural Rajasthan to interact in an environment free of gender stereotypes. The centres are run by local youth volunteers who conduct activities such as trainings on life skills, gender and reproductive health, exposure tours and sports to build capacities of young boys and girls.

**Adolescent Health Camps:** These three day residential camps provide trainings on reproductive and sexual health to adolescent boys and girls, followed by follow-up sessions at village level Youth Resource Centers.

## HIGH IMPACT INTERVENTIONS

● Current Program



At present, Seva Mandir is operating 21 rural centres reaching out to 1250 adolescents and one urban centre reaching out to 250 adolescents and 300 community members. Seva Mandir plans to expand its Urja Ghar model to include four more centres in urban areas of Udaipur. Drawing from its philosophy of community ownership, Seva Mandir will train Adolescent Instructors from the locality to run these centres. With each centre having 50-70 adolescents regularly involved in its activities, the Urja Ghars will create a continuous pipeline of young leaders thus making it sustainable over the long run.

**SCALABILITY:** Seva Mandir has been working across diverse program areas in the Udaipur district for over four decades now. In all, the organization reaches out to around 70,000 households, influencing the lives of approximately 360,000 individuals spread across 621 villages and 13 urban settlements. Over the next three years, Seva Mandir plans to directly impact 3500 young adults through five urban centres. The organization's rich and extensive programmatic experience in the Udaipur region will be key to its ability to replicate and scale the YRC model to urban areas.

## QUALITY INDICATORS

### Outreach and Impact on Empowering Adolescent Girls

● The YRCs have opened up new opportunities for local youth, many of whom have got recognition beyond their YRCs and Seva Mandir through forums such as the Indian Youth and Climate Network (IYCN) and SRIJAN Network for Young People's Sexual and Reproductive Health.

### Leadership and Team

The Seva Mandir team is headed by Priyanka Singh who took over as the Chief Executive Officer from April 2011. Ms. Singh is a graduate of the Institute of Rural Management, Anand and has been with Seva Mandir since 1997. Under her leadership, Seva Mandir's Health Program has spread to about 200 villages. She is supported by an able team spread across five verticals – Administration, Operations, Finance, Programs, and Resources.

### Third Party Endorsements

In 2006, Neelima Khetan, former CEO of Seva Mandir, was awarded the Laxmipat Singhania-IIM Lucknow National Leadership Award for young leaders by the Prime Minister of India. The organization won the Development Marketplace Grant Competition, organized by the World Bank, for its project on Addressing Iron Deficiency Anemia in Rural Rajasthan in 2009, and has collaborated with prestigious research bodies like the Abdul Jameel Poverty Action Lab.

### Linkages with Government

Seva Mandir leverages the network of local Panchayati Raj bodies and district and block level administration to involve the community in the activities of the YRC.

**THE BASICS**

CEO: **Dr. Neelam Singh**

WEBSITE: **www.vatsalya.org.in**

FOUNDED: 1995

LOCATION: Lucknow, Uttar Pradesh

TOTAL BUDGET: ₹154,001,870 (\$342,000)

ADOLESCENT GIRLS BUDGET: ₹1,150,147 (\$26,000)

Vatsalya approaches women’s health across all age groups through a rights based approach. Its programs targeting adolescents focus on poor reproductive health and anaemia, gender stereotypes, and early marriage, which it believes are the root causes of disempowerment amongst young girls.

**Improving Awareness and Safe Sanitary Practice Amongst Adolescent Girls:** Vatsalya recently started working with school-going girls in Uttar Pradesh to raise awareness about menstrual hygiene through interactive sessions conducted by trainers from partner non profits.

**UMANG (Uplifting Marriage Age, Nutrition and Growth):** Vatsalya leveraged existing government infrastructure by training anganwadi and ICDS workers to mobilize adolescent girls to distribute Iron and Folic Acid tablets to their peers. As peer educators, these girls disseminated messages about sexual health and nutrition. The program ran successfully for seven years in Lucknow.

**Adolescent Health Development Program:** Vatsalya incorporated a life skills training module in UMANG to create a comprehensive program that disseminates information on nutrition and reproductive and sexual health amongst adolescents. The program works on a cascading model, with Vatsalya training government frontline workers who train adolescent girls to work as peer educators.

**HIGH IMPACT INTERVENTIONS**

● Current Program



A central theme of Vatsalya’s programs is the utilization of government resources to achieve scale. For instance, the Adolescent Health program trained 500 government workers across four sites in Uttar Pradesh in the span of one year. These workers trained 800 peer educators who disseminated information on iron, nutrition and access to government health services. Vatsalya’s experience in woman and child development has led it to focus on the issue of inadequate iron which is directly linked to broader issues such as improving nutrition intake, preventing early pregnancy and ensuring a healthy life for future mothers.

**SCALABILITY:** Vatsalya believes in transferring ownership to the government in order to ensure scalability of its programs. By leveraging government resources, Vatsalya scaled UMANG to ten blocks of Lucknow over seven years. Many of its past projects are currently in the Uttar Pradesh state directory of best practices for possible implementation across the country. Vatsalya’s approach has resulted in a highly cost-effective model with a per beneficiary cost of under USD 1, which will enable it to scale the Adolescent Health Program to reach 800,000 girls in urban areas of Uttar Pradesh over the next three years.

**QUALITY INDICATORS**

**Outreach and Impact on Empowering Adolescent Girls**

Vatsalya conducts baseline and endline surveys for all its projects. For UMANG, which reached out to 77,000 school going girls, 73,700 out of school girls and 4,000 school going boys, it was noted that:

- Knowledge about anaemia increased from 48.8% to 100% and 86.7% of beneficiaries were disseminating this knowledge to their peers
- 75% of adolescent girls covered felt comfortable talking to their husbands and families about reproductive and sexual health and family planning

**Leadership and Team**

Vatsalya’s team of 15 core staff and 125 field workers is divided into three primary organisational verticals – administration, finance and programs. Chief Functionary Dr. Neelam Singh has been a practising gynaecologist for over 20 years and founded Vatsalya in 1995. In 2001, she was conferred with the Acharya Vinoba Bhave National Volunteer Award. She has also been awarded by the Deputy Chairman of the Planning Commission for her commendable work on preventing female foeticide.

**Third Party Endorsements**

In 2006, Vatsalya was awarded the 15th Rotary India Award for Protection and Care of the Girl Child. It has a strong set of donors including UNICEF, Plan India, Care, IntraHealth (USAID), DFID, GTZ and UPLDC (World Bank). Vatsalya’s district level model of distributing iron supplements to adolescent girls with the help of ICDS, Health and Education departments is now being scaled up as the Saloni Program under the National Rural Health Mission.

**Linkages with Government**

Vatsalya is a key resource on women’s health issues in several state and national level advisory committees. It has strong ties with the Departments of Health & Family Welfare and Education, and leverages these government resources in the implementation of its programs.



Sharanam Centre

# Concluding Thoughts

Meeting the social and economic goals for a prosperous India depends heavily on empowering girls today. Strategic philanthropy needs to target the most effective non profits working with adolescent girls and that are developing a scalable institutionalized model with the potential to be replicated across urban India.

We recommend that strategic philanthropists fund non profits that engage youth, mobilize communities and train public workers, as these are the three most scalable and high-impact interventions to empower adolescent girls in India. The core strengths of non profits - their proximity to communities and their ability to engage with them on sensitive issues – equip them to maximize the impact of such programs. Non profits play a key role within communities in a manner that encourages sustainable change on individual and collective levels. This requires time and human-resource-intensive processes that philanthropic dollars should support to ensure long-term change at the core of adolescent girls' lives. Bottom-up interventions rooted in communities are necessary to ensure effective implementation of recently launched policies and government programs such as SABLA. Leveraging non profit knowledge of working with adolescent girls to scale learnings to the public system will ensure holistic support for girls and translate into tangible improvement in their lives.

“Investing in an educated, healthy, skilled and empowered girl today means she will have the tools to reinvest back into her family, her community, and our world.”

Source: UNICEF, State of the World's Children, 2011



Jaipur Rugs, Charlotte Anderson

# Dasra's Research Process

Dasra has over a decade of experience of researching the social sector in India. As an organization we pride ourselves on being analytical and research-focused with many of our team coming from analytical roles in the financial and corporate sector.

We are used to working on reports in sectors where access to reliable primary research can be limited and hard to verify. We have developed systems and processes to ensure we can paint an honest picture.

There is currently very limited quality research specific to adolescent girls in Bihar, UP and Rajasthan with extremely limited data on empowerment indicators. This created a huge challenge for our research team who undertook time-intensive secondary research to ensure our data was accurate

and gave us a true reflection of the issues and current state of the problems.

Dasra undertook five months of detailed interviews with experts, academics, non profits, adolescents in slums and government officials in order to understand the challenges and issues in empowering adolescent girls in urban slums and how these are addressed by non profits.

Our research was not restricted to Bihar, Rajasthan and Uttar Pradesh; we also looked at national and global best practices to benchmark the current state of adolescent girls' empowerment activities in urban slums against them.

Dasra's research design followed a mixed approach including:

## Assessment of Adolescent Girls Empowerment in India

- Did a preliminary mapping based on secondary research, discussions with gender and adolescent issues experts, NPOs, government, beneficiaries of NPO programs
- Mapped NPO interventions in target states

### Analysis of NPO Programs

- Analyzed strengths and weaknesses of child health and nutrition programs
- Identified gaps and opportunities for funding
- Ascertained strength of management and organization structure
- From 20 organizations shortlisted 10 with the ability to deliver high quality impact at scale

### SUMMARY AND CONCLUSIONS

- Evaluated organizations based on key criteria
- Synthesized analysis and derived conclusions
- Developed recommendations for investment

- From 100 organizations working in Bihar, Rajasthan and Uttar Pradesh, shortlisted 20 organizations delivering relevant programs to the identified target group

### Site Visits to Non Profit Organisations (NPO's)

- Met with the executive director to understand history, evolution of programs and scaling plans
- Interviewed and exchanged views with senior staff about programs and impact
- Conducted field visits

# Dasra's Selection Criteria

In this study Dasra has focused on non profits that fulfill the following key criteria:

## A. Direct Impact on Adolescent Girls

A number of non profit organizations highlighted in the Non Profits Analysis documents have programs that are not exclusively aimed towards the improvement of adolescent girls lives. As much as possible, Dasra aims to invest in programs that exclusively cater to the needs of this target group. Given the multi-sectoral nature of work with adolescent girls measuring impact as opposed to reach or outcomes can be significantly challenging. Wherever available Dasra includes impact measurement; in other cases we rely on the organization's reach. Since adolescent girls' choices and abilities to exercise them are governed by influential stakeholders, their involvement is crucial to ensuring meaningful impact. Furthermore, it is important to gauge the cost effectiveness of the organization's interventions.

## B. Ability to reach high volumes

Slum communities are extremely dense populations that are in a constant state of flux due to migration. To create large scale impact, non profits need to reach out to large numbers within these communities.

## C. Partnerships with the Public System

Independent solutions that can be rolled out to the public system by building linkages with the system itself. With a number of different schemes and services aimed at improving girls' lives, the entire public system is a key stakeholder and cannot be excluded from the process of empowering adolescent girls.

## D. Scalability

Dasra defines scalability as:

- **The evident availability of required resources:** for example, the need for skilled medical practitioners to provide a service in urban slums may be a constricting factor to scale; on the other hand training community members to provide a service is an example of a scalable intervention.
- **Gestation period:** the time required to realize impact from the start of the program.
- **Cost per beneficiary**
- **Partnerships leveraged**

# Dasra's use of statistics

## How reliable are the official statistics on adolescents?

Reliable data on adolescent girls in India is hard to find, one of the biggest challenges facing the State and the non profits who want to understand what works. Key issues include:

- Official data (including 'National Family Health Survey') are restricted to data on youth at a national level. There are very few figures that are corroborated for states and cities.
- National surveys do not typically include performance on all cornerstones and best practices. In addition, there is a paucity of information of the effectiveness of government schemes targeted towards adolescent girls.
- Many slums are excluded from data collection, which makes it difficult to present extremely accurate numbers on the health of the urban poor. In addition, due to frequent migration, it is nearly impossible for these numbers to remain up to date.
- There are massive discrepancies between official data and non profit and academic sources, due to the sensitive nature of subjects like violence and sexuality. Where possible we have tried to use official data so as to provide a basis for common understanding and cooperation between the government and non profits.

# Glossary

**Anganwadi**

A community-based day care center for children 0-6 years old through which the Integrated Child Development Scheme is delivered.

**Apni Beti Apni Daulat (Our Daughters Our Wealth)**

A Conditional Cash Transfer to incentivize increasing the age of marriage.

**ASHA**

Accredited Social Health Activist

**BCC**

Behaviour Change Communication. BCC is a process of intervening with individuals, communities and societies to develop communication strategies that promote positive behaviors.

**Kishori Shakti Yojana (Adolescent Girls' Empowerment Program)**

Launched in 1997 and implemented as part of the Integrated Child Development Services, this government program aimed at improving the health, nutrition and self-development of girls 11-18 years through linkages with education, life skills, encouraging delayed marriage and enabling a better understanding of their environment related particular social issues.

**SABLA**

Launched in 2011, SABLA is the first comprehensive scheme addressing adolescent girls' empowerment through three main areas: nutrition, life skills education and vocational training.

**STI's/ STD's**

Sexually Transmitted Infections/ Sexually Transmitted Diseases

**VAW**

Violence Against Women- physical, mental, emotional and sexual

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# Acknowledgements and Organization Database

**Dasra** would like to extend its sincere thanks to all the individuals, academics, experts, government officials and NPOs that have made invaluable contributions to its research and this report.

**In particular:** Dr. Adhikari, Dr. Armida Fernandez, Dr. Jaya, Dr. Laxmi Lingam, Dr. Nayreen Daruwalla, Dr. Sarita Singh, Dr. Sunil Mehra, Dr. Wasundhara Joshi, Garima Bahl, Ky Tu Lam, Nellie Thompson Poonam Muttreja, Rajiv Tandon, Randip Kaur, Ryan Figueiredo, Sheila Chanani, Safeena Husain, Shumona Goel, Tara Sharma.

A special thanks to the teams of all the organizations that participated in the research for this report:

## NON PROFITS

Aangan Trust	<a href="http://www.aanganindia.org">www.aanganindia.org</a>
ARTH	<a href="http://www.arth.in">www.arth.in</a>
Beti Foundation	<a href="http://www.betifoundation.org">http://www.betifoundation.org</a>
CECOEDECON	<a href="http://www.cecoedcon.org.in">www.cecoedcon.org.in</a>
CREA	<a href="http://www.creaworld.org">www.creaworld.org</a>
Dr. Shambhunath Singh Research Foundation	<a href="http://srf.org.in">http://srf.org.in</a>
Family Planning Association of India	<a href="http://www.fpaindia.org">www.fpaindia.org</a>
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Sahayog	<a href="http://www.sahayogindia.org">http://www.sahayogindia.org</a>
Sakhi Kendra	<a href="http://sakhikendra.org/coreteam.html">http://sakhikendra.org/coreteam.html</a>
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Seva Mandir	<a href="http://www.sevamandir.org">http://www.sevamandir.org</a>
Magic Bus	<a href="http://www.magicbusindia.org">www.magicbusindia.org</a>
MAMTA	<a href="http://www.mamta-himc.org">www.mamta-himc.org</a>
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“While the world often expands for boys at adolescence, giving them greater autonomy, mobility, opportunity and power, for girls it contracts as they are systematically deprived of these advantages by key stakeholders—families, peers and community leaders.”

Source: Mensch S, Bruce J, Greene M (1998) *The Uncharted Passage Girls Adolescence in the Developing World*, Population Council

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Sahaj



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