



THE
Rise To
Resilience



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Introduction

India is home to over 250 million adolescents, many of whom continue to face the knock-on effects of the COVID-19 pandemic. When the Indian government locked down in March 2020 to curb the spread of the virus, schools, workplaces, and other activities deemed “non-essential” were either halted or moved online. While young people are a relatively low-risk demographic for COVID-19, they are among the worst affected. The continued closure of schools has had a significant impact on adolescents’ – and especially adolescent girls’ – education, health, and overall wellbeing. While government interventions attempted to alleviate some of the worst effects of the pandemic-induced lockdown, our NGO partners have been working tirelessly to remove the myriad roadblocks that adolescent Indians continue to face in their development. In Jharkhand – with an estimated **7.25 million adolescents** within the 10-19 age group – our NGO partners have supported adolescents through the pandemic with their education, health, safety, livelihood, sanitation, and other needs.

The objective of this report is multi-fold: beyond serving as a resource for civil society organisations to learn from one another, we also hope to support funders and the government to identify emerging ground realities into their giving mandates, as well as for the government to facilitate a dialogue with civil society and other practitioners, thereby providing the opportunity to scale interventions effectively.



We wish to bring a holistic perspective to how we support our civil society partners; therefore, this exploration seeks to understand how NGOs overcame and adapted to the pandemic's unpredictable circumstances, as well as to document their contextual learnings and insights, ensuring that young people's needs continue to be met. Further, we seek to promote a participatory approach towards adolescent policy programming and encourage young people to become change makers, voicing their thoughts and desires to key sector stakeholders. We believe that the model implemented in Jharkhand – that of collaborative and adaptive learning – can contribute towards a shared body of knowledge within India's development landscape.

To this end, the **10to19: Dasra Adolescents Collaborative (10to19)** partnered with 4 leading implementing NGO partners in the state – **Aangan Trust, Centre for Catalyzing Change (C3), Child in Need Institute (CINI), and Quest Alliance (QA)** – to understand how they continued programme implementation and supported young people during the pandemic, thereby highlighting critical elements of community support and the flexibility and resource-efficiency they were able to adopt in order to sustain themselves.



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Acknowledgements

This documentation has been a product of the contributions of many. We would like to extend our gratitude to the **10to19 Community of Practice (CoP)**, especially our NGO partners who have been an integral pillar of this initiative: **Aangan Trust, Child In Need Institute, Centre for Catalyzing Change, and Quest Alliance**. Despite their workloads, they took the time out and patiently shared their experiences with the survey team. Their experiences from years of adolescent-focused programmes and pioneering programme modification efforts during the COVID-19 crisis have shown huge potential for countering threats to young people's education, health, and wellbeing.

Moreover, we are immensely grateful to the **communities** in which 10to19's programs have been operational in the past and present, and most importantly the **adolescents** who are part of these communities, for trusting and engaging with us and our partners, to work towards the common goal of improved adolescent outcomes.

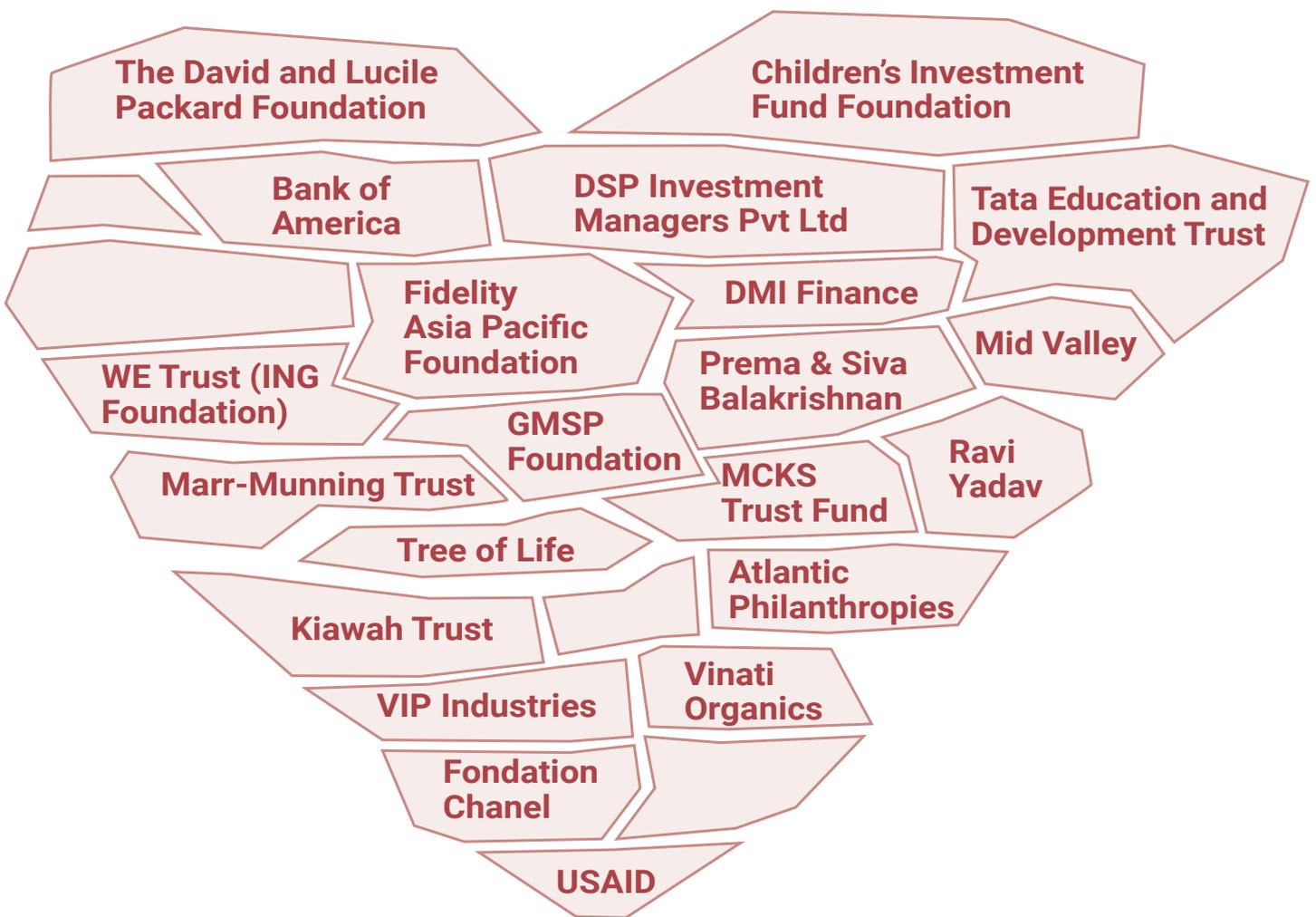
Further, we would like to thank Kantar Public for conducting the survey and collecting on-ground evidence. We would moreover like to acknowledge **Sigma Research and Consulting**, who implemented the baseline survey (i.e. The Situation of Adolescents in Jharkhand), **members of our technical advisory committee**, and **Dr. Shireen Jejeebhoy**, the author of the baseline study, all of whom we are immensely grateful to, for their efforts in helping us develop the baseline evaluation for adolescents in Jharkhand. Likewise, we would like to acknowledge the **UDAYA study tools** that have been a valuable resource to shape our learnings for this documentation.

In addition, we would like to thank **Kieran Lobo** who provided copywriting and editing support and **dominiusmaverick** who designed the report. Further, we would like to thank the Government of Jharkhand, the National Health Mission and the Ministry of Health & Family Welfare, who's support, and insights have brought many key adolescent health & wellbeing-focused initiatives to life.

Furthermore, we would like to acknowledge the team that has put this documentation together: **Shailja Mehta, Sanaa Badhwar, Suveera Venkatesh, Samiha Umbralkar and Shruti Parikh** from the 10to19: Dasra Adolescents Collaborative, and **Sanghamitra Sinharay, Priyanka Roy, Sopemla R.S. and Shreya Roy Chowdhury** from Kantar Public. Their detailed approach and collaborative efforts have helped highlight the trying experiences of adolescents and youth-serving NGOs through the pandemic.

Finally, we would like to share our appreciation for **10to19's funding partners**, who's belief and encouragement has operationalized 10to19's vision of a transformed India, where millions of adolescents thrive with dignity and equity. 10to19 is a multi-stakeholder collaborative that brings together funders from all over the world, to work towards the common goal of adolescent health and wellbeing. This platform allows funds to be aggregated, to enable collective action with a multiplier effect leading to greater impact.

We are therefore grateful and privileged to have worked with the following funding partners:



As we continue to tackle the impact of the COVID-19 pandemic, we hope that our recommendations will help shape the responses of civil society organisations, funders, and the government to protect and prioritise adolescents during this unprecedented time



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What is the 10to19: Dasra Adolescents Collaborative?

Recognizing the untapped potential of adolescents in India, Dasra launched the 10to19: Dasra Adolescents Collaborative (10to19) in 2017 to address critical issues around adolescent health and well-being.

10to19 is a high-impact platform that unites stakeholders across the adolescent ecosystem to transform the field of adolescent health and well-being in India. This pioneering initiative aims to facilitate strong government partnerships at the state and center, demonstrate new ways of non-linear scaling, and create participatory ways to work with and for adolescents.

10to19's philosophy is to centralise adolescent voices and prioritise adolescent health and well-being among key stakeholders such as funders, government, adolescents, and civil society organizations, as well as to integrate an approach of Gender, Equity, Diversity, and Inclusion (GEDI) in all its programs.

In its journey so far, 10to19 has brought together a variety of stakeholders and partners to move the needle on 4 outcomes key to adolescent empowerment:

- **Delayed age of marriage**
- **Delayed age of first pregnancy**
- **Completion of secondary school**
- **Increased agency**

10to19's implementation model involves providing support in the form of garnering funding, capacity building, evidence building, and policy engagement to its NGO partners. It further propagates the above goals through its Community of Practice, a network of 280+ organisations that positions adolescents at the center of the national health and development agenda and serves as a collective voice to advocate for their needs as well as a learning platform for knowledge sharing.



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10to19's Key Partners

PAN INDIA

- Campaigns in Jharkhand, Rajasthan and Uttar Pradesh
- 280+ CoP Partners
- Field building and creating a national network



ASSAM, JHARKHAND & CHHATTISGARH

- Direct implementation in 3 states
- Four key implementing partners
- Works in 10 districts across 41 blocks



22+ FIELD-FOCUSED FUNDERS

Including Bank of America, Children's Investment Fund Foundation, the David and Lucile Packard Foundation, Fondation Chanel, Kiawah Trust, Tata Trusts, USAID, and 15+ individual funders, committed to improving the field of adolescent health in India

5 GOVERNMENT PARTNERS

The central Ministry of Health and Family Welfare, NITI Aayog, and the State Governments of Jharkhand, Chhattisgarh, Assam



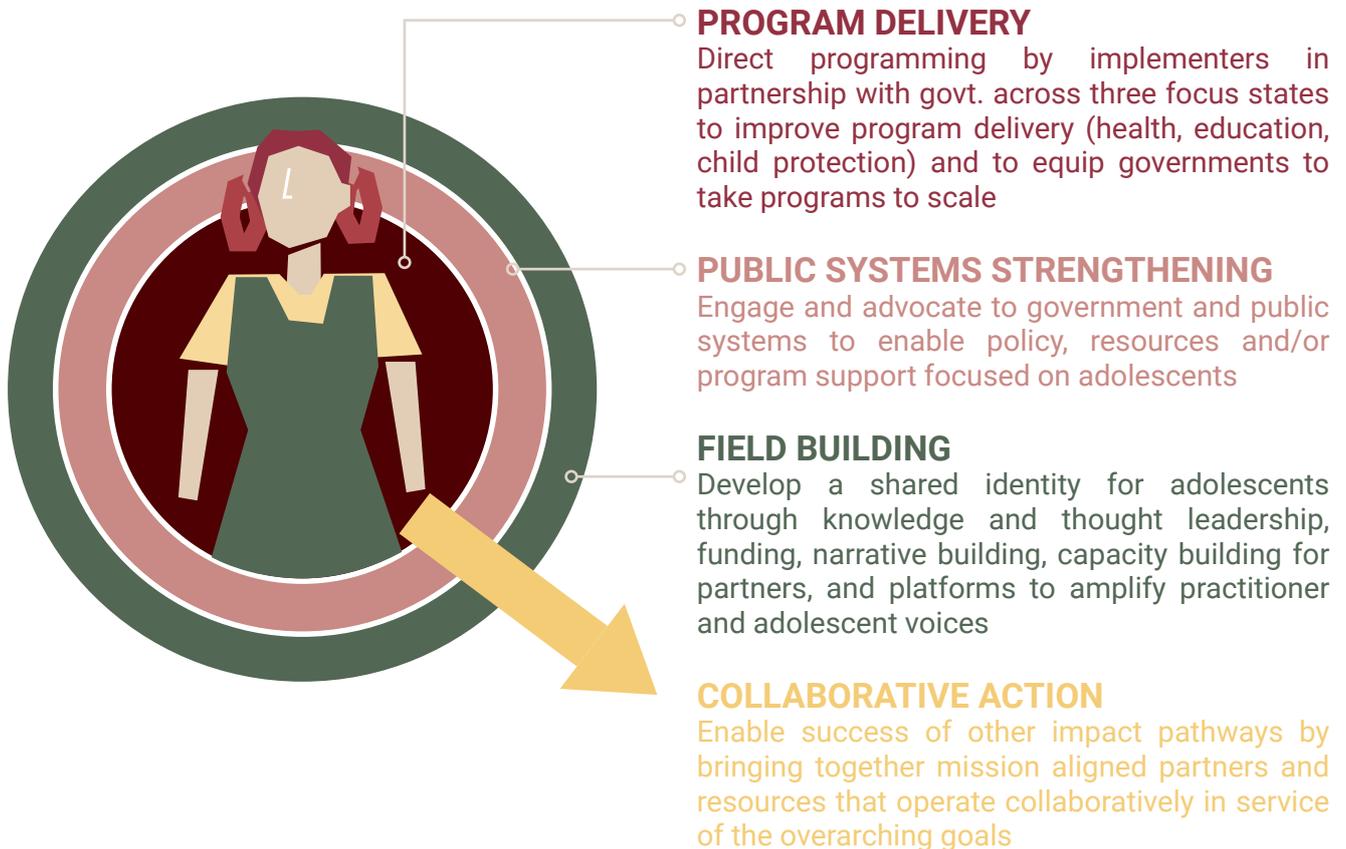
280+ COMMUNITY OF PRACTICE

A nationwide network of 280+ CSOs

10T019 WORKS ACROSS FOUR INTERCONNECTED PATHWAYS THAT TOGETHER IMPROVE ADOLESCENT FOCUSED OUTCOMES

Theory of change

Reach a critical mass of 5 million adolescents and enhance four outcomes for adolescents through:



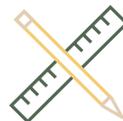
Key Outcomes



Delayed age of marriage



Delayed age of first child birth/pregnancy



Completion of secondary school



Increased Agency



In 10 years 10to19 reaches a tipping point multiplying impact across each pathway and supporting 356 million adolescents and youth in India in successful transition to adulthood. These learnings amplified will help 1.8 billion youth globally.

ACHIEVEMENTS ACROSS THE 4 IMPACT PATHWAYS

PROGRAM DELIVERY

Disbursed over
USD 3.6 M
Or INR 26 Cr. to 4 non-profit
organizations across 3 states

Reached a target of
450,000
adolescents directly through
these programs

Identified
12
learnings on program
implementation to share with
state governments in 3 states

PUBLIC SYSTEM STRENGTHENING

Provided deep capacity building
support to
5
government departments across
3 state governments and 10 districts.

Trained
10,939
government front line workers
& worked with 1624 officials to generate
awareness of 10to19's programs

Coverted
12
strategically placed senior
level government officials to
champion adolescent causes.

FIELD BUILDING

Raised
USD 50 M
from over 34 funders for the
adolescent sector

Amplified adolescent voices, reaching
26 M
people across initiatives and platforms.
Reached readership of 651 M people
through media mentions & media
sensitization efforts

Established learning network of
280+
Organizations participating
in regular learning, data and
insights cross-sharing.

COLLABORATIVE ACTION

Brought together

22+ Funders

4 Implementing Partners

**Learning network of
280+ NGOs**

**Government
partners across 3 states
and the center, and
Experts and Advisors to
the Collaborative**

to successfully operationalize
the other three pathways

Introducing 10to19's NGO Partners

Over the past 4 years, i.e. 2017-21, 10to19 has partnered closely with the following 4 NGOs in Jharkhand, supporting programme delivery, strengthening government systems, building the field of adolescent health and wellbeing, and enabling collaborative action across key stakeholders to equip adolescents with the tools, knowledge, and platforms to make more informed decisions and create enabling ecosystems to support this demographic.

These leading NGOs operate across multiple districts of Jharkhand and have played an integral role in supporting vulnerable youth in the pre- and post-pandemic era.

Introducing 10to19's 4 implementing NGO partners:



Founded in 2000, Aangan Trust works to eliminate young people's vulnerability to early marriages, hazardous labour, abuse, trafficking, and increase family safety. Aangan does this by creating awareness amongst community members and government functionaries across levels. The organisation began its work focusing on educating its institutional partners about the Juvenile Justice Act, the Integrated Child Protection Scheme, and on improving the standards of care in childcare institutions, ensuring that these homes were being run in the most child-friendly manner and functioning as safe rehab spaces for children. Aangan has also developed and introduced its monitoring- and capacity-building tool in rescue homes across 16 states, training 7500+ frontline officials who work in 650+ homes and serve 150,000+ children.

In 2010, Aangan launched its prevention work with a focus on building agency among adolescent girls through life skills and non-formal education. The organisation followed up with child survivors who returned home to map patterns of harm and identify vulnerable communities. Today, Aangan's preventive programmes also work with young boys. The organisation trains parent groups across hotspot communities to be barefoot child protection workers.

During the Covid-19 pandemic, Aangan has worked with at-risk and vulnerable youth in Jharkhand's Pakur district, adopting practices based on the needs of the community and children. The organisation has worked to prevent instances of child labour, marriage, and migration, supported 1,000+ families with food and rations through long-term strategies, and provided financial support when necessary.



help the mother
help the child...

Founded in 1974, Child In Need Institute (CINI) works in rural and urban communities to address malnutrition, ill-health, illiteracy, abuse, and violence against women and children. Over the last 40 years, CINI has expanded from direct programme implementation to capacity building of partner organisations and now as a facilitator, driving the convergence of government, community, and service providers to meet the needs of these vulnerable groups. CINI adopts a rights-based approach to its convergence model, known as Child- and Women-Friendly Communities (CWFC). The organisation collaborates with self-help groups, communities, elected representatives, local service providers, government functionaries, and stakeholders to build and sustain CWFCs. CINI's programmes include project development and implementation, evaluation, network building, training, and capacity development to serve marginalised communities; CINI also pilots and develops programmes that can be scaled up by the government.

With the onset of the Covid-19 pandemic, CINI focused its resources on raising awareness and preventing panic. In collaboration with the government, its frontline workers disseminated information on general health, hygiene practices, and nutrition, particularly for pregnant women, young mothers, children, and the elderly. CINI also increased its focus on education, providing access to digital systems and creative engagement kits, and also held peer discussions with adolescents through their Safe Spaces platform.



Centre for Catalyzing Change, (C3), formerly known as Centre for Development and Population Activities (CEDPA), India, began working in India in 1987 with a core belief in gender equality. Its programmes are aimed at equipping girls and women with practical life skills, improving their confidence in decision-making, and increasing their self-esteem. C3's work ensures that girls and women have access to quality reproductive and maternal healthcare. In Jharkhand, C3 has pioneered an in-school adolescent education programme, Udaan (since 2006), which has been mainstreamed with the government's School Health Programme since 2020. C3 closely collaborates with the Ministry of Women and Child Development (MoWCD), Ministry of Education (MoE), and Ministry of Health and Family Welfare (MoHFW) and provides technical assistance to strengthen schemes aimed at improving outcomes for in- and out-of-school adolescents in health, life skills, digital and financial literacy, and vocational training.

During the Covid-19 lockdown, C3 focused on the last mile delivery of sanitary napkins and iron-folic acid (IFA) tablets to adolescents, facilitated linking adolescents with lack of digital access to online classes and initiated tele-counselling services in collaboration with the government, and conducted assessments to understand the impact of COVID-19 on physical and mental health, nutrition, and digital access among adolescents.



Founded in 2008, Quest Alliance (QA) fosters 21st-century skills among children and youth across the school-to-work continuum. QA works to bridge this divide for young people by equipping them life skills, readiness for jobs or self-employment, and digital literacy. QA also strengthens learning ecosystems through education technology, innovation, and collaboration by building self-learning pathways for adolescents to “make meaning of their lives.” Through knowledge creation, multi-stakeholder partnerships, and capacity building, QA aims to empower learners and educators to become innovators and change leaders. QA implements its programmes, both directly as well as in partnership with civil society organisations and industrial training institutes to develop interactive learning materials on workplace readiness, life skills, and digital literacy. It also runs teacher training programmes through which it engages with educators, civil society, parents, and the government to ensure holistic impact in schools and educational institutions.

In Jharkhand, QA focused on supporting learning and education during the Covid-19 pandemic. With learning migrating online, QA worked to bridge gaps in the use of and access to technology, provide parental support for online learning, and create a safe and enabling environment for virtual learning.



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Context Setting & Objectives

The COVID-19 outbreak in India in 2020 resulted in significant setbacks for the economy, service access and delivery chains, and health and education outcomes. The resultant health risks, multiple lockdowns, and other externalities affected communities, interrupted NGO programmes, and put impactful grassroots organisations under the stress of survival and mission drift. The past two years have further exacerbated adolescents' and young people's vulnerabilities in areas such as education, livelihood, health, women's empowerment and gender attitudes, inclusion and essential services for differently-abled groups, sanitation, etc.

The challenges NGO partners navigated have therefore been new and their scale immense, requiring rapid adaptation, steep learning curves, and innovative approaches to continue supporting their communities and the youth.

During this time, 10to19 worked closely with its 4 leading NGO partners – Aangan Trust, Centre For Catalyzing Change, Child In Need Institute and Quest Alliance – to support their efforts to meet the emerging needs of communities, doubling down to provide COVID-19 response and initiate actions to build long term organisational and programmatic resilience in the aftermath of the pandemic.

With support from key stakeholders, these organisations addressed the challenges of one of the largest and highest-potential population groups in India – adolescents. Their programmes cut across key issues such as safety, education, inclusion, mental health, life skills, and sexual and reproductive health and rights.

10to19 thus envisions the following outcomes for this report:

- To document the best practices of 10to19's partner NGOs through the first and second waves of the COVID-19 pandemic, and serve as a source of cross-learning for other NGOs nationwide
- To highlight the emerging and exacerbated needs of adolescents and communities in the aftermath of the COVID-19 pandemic
- To showcase practices for institutional strengthening and capacity building, that enabled the efficacious response and resilience of NGOs to the COVID-19 pandemic
- To highlight the gaps that exist in existing adolescent-focused interventions, for stakeholders such as funders, the government, practitioners and key decision makers

We hope these experiences from Jharkhand, validated by the broader learnings of NGOs across the sector, will serve as valuable insights for other NGOs, funders, and governments, who, like us, share the common goal of improving adolescent outcomes. We further hope to highlight the importance of a collaborative approach towards adolescent policy programming and showcase how key stakeholders came together during the pandemic to support the emerging needs of the youth.



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CHAPTER 1

Snapshot: 10to19's Efforts in Jharkhand

India is home to **254 million** adolescents, constituting 20% of the country's population¹. While this demographic represents India's socioeconomic future, adolescents remain vulnerable and marginalised. Investing in adolescents and ensuring that they are healthy, safe, educated, and empowered, fuels multi-generational impact and can propel poverty alleviation and the nation's growth.

Over the past 4 years, 10to19 has aggregated the efforts of stakeholders working on adolescent health and well-being to build visibility and champion the sector. Since 2018, 10to19, with its 4 implementing NGO partners – Aangan Trust, Center for Catalyzing Change, Child in Need Institute, and Quest Alliance – has been implementing innovative programmes designed to improve critical outcomes for adolescents across **6 districts** in Jharkhand – Lohardaga, Gumla, Pakur, Deogarh, Saraikela, and Simdega. These innovative programmes work in tandem with existing government schemes and support state machinery in reaching this critical population. 10to19's implementing NGO partners built significant momentum on the ground across all intervention districts. During this time, we have met our target of reaching 8,40,726 adolescents and multiple community members (parents, teachers, frontline workers, local officials, etc.) through several programmes. These organisations were selected as key state implementation partners based on their long-standing success with adolescent and child-focused programming to carry out a multi-year grassroots programme, with the first three years (2018-21) focusing on field execution. The project's set-up phase in 2017 was dominated by an extensive data collection exercise to assess the status of adolescents in all of Jharkhand's districts and serve as a baseline for the districts in which 10to19 would begin implementation. Following this, on-ground implementation began in late 2018 as did the work at the state level, which involved the following key aspects:

- On-ground implementation in the 6 intervention districts (Lohardagga, Simdega, Saraikela, Pakur, Deogarh, and Ghumla) with support to state-, district-, and block-level administrations on adolescent issues related to health, education, safety, and empowerment
- Establishment of a loose network of **100+ NGOs** and experts aligned on adolescent issues to share learnings and insights on the ground
- Roll out of an adolescent-led initiative "Ab Meri Baari" to increase their involvement in social change and decision making

This section lays out key interventions carried out by the implementing NGO partners that focused on 4 interconnected pathways for adolescents to make a successful transition to adulthood:

- **Programme delivery**
- **Public Systems Strengthening**
- **Field Building**
- **Collaborative Action**

THE BELOW TABLE DEPICTS A SNAPSHOT OF THE SYSTEMS STRENGTHENING INITIATIVES UNDERTAKEN BY THE NGO PARTNERS AND SUPPORTED BY 10T019

AANGAN	CINI	C3	QA
DOMAIN PROGRAMME DELIVERY			
	<p>RKSK training CINI and C3 conducted refresher training courses for frontline workers (FLWs) on the six core modules of the RKSK programme. FLWs were also re-oriented with critical soft skills like engaging and building trust with adolescents. Training was carried out in two districts i.e, Simdega and Saraikela.</p> <p>Development of Illustrative handbooks C3 & CINI, in consultation with the National Health Mission, co-developed a set of three illustrated flipbooks with real-life scenarios for FLWs and trainings for peer educator. Each FLW was provided with a copy of the book to be used during community interactions².</p> <p>Creation of micro plan: CINI organised participatory workshops for on-ground health workers and NHM officials at the district- and block-levels, resulting in a micro plan that served as a base for programme implementation and progress monitoring using CINI's proprietary RKSK Technical Support Framework tool.</p> <p>Referral slip books Adolescents who wish to visit AFHCs are given a referral slip kept with the Peer Educator at the Safe Space. Based on the adolescent's needs, the Sahiya/ANM refers them to the block health centre or the AFHC. The copies of the referral slips are retained with the Sahiya/ANM at the Safe Space and at the health facility post-visit.</p>	<p>Counsellor checkbox C3 added a check box marked as "Visit to AFHC" to the health centre admission slip to ensure that adolescents visiting the adolescent-friendly health clinics (AFHCs) would speak with the counsellor or auxiliary nurse midwife (ANM).</p> <p>Adolescent Health Days (AHDs) and Peer Educator led (PE) sessions C3 conducted regular AHDs and PE-led sessions to increase awareness and demand for services offered by AFHCs in the districts of Gumla and Lohardagga. C3 also used its UDAAN platform to share information on SRHR and service delivery.</p> <p>Placement of flipbooks at Adolescent Friendly Health Clinics (AFHCs) The government-approved illustrated flipbooks created by C3 were placed at AFHCs across Gumla and Lohardagga to increase awareness on the services offered at AFHCs. These were also used by PEs for educational sessions with adolescents. Regular sessions at AHDs and PE-led sessions have increased awareness and demand for services offered by AFHCs in Gumla and Lohardagga.</p>	<p>Development of curriculum with youth clubs QA undertook extensive research and conducted workshops with youth clubs to develop a curriculum on agency building, life skills, and SRHR. The content developed was later piloted among adolescents to assess its acceptability and to obtain feedback.</p>

AANGAN	CINI	C3	QA
DOMAIN PUBLIC SYSTEMS STRENGTHENING			
<p>Monthly sessions with influential stakeholders Aangan conducted monthly training sessions during block-level meetings with relevant stakeholders on child protection issues, focusing on challenges identified through school safety maps, plans for improving safety in the communities, and stakeholders' roles to support these initiatives.</p>	<p>Development of adolescent meeting cycle CINI in consultation with NHM developed an adolescent meeting cycle based on the inputs and action points received during sessions conducted with children.</p>	<p>Half-Yearly assessments C3 conducted half-yearly assessments of 16 Adolescent Friendly Health Clubs (AFHCs) to evaluate their infrastructure and service availability, which helped highlight any gaps.</p>	<p>Teacher training workshops for teachers QA conducted teacher training workshops to equip them with the relevant knowledge and soft skills.</p> <p>Appointment of school facilitators QA appointed school facilitators to train teachers to use non-academic methods of engagement such as Last Class, Morning Assembly, and Bal Sansads³ to create an environment conducive to creative thought and holistic learning.</p>
DOMAIN COMMUNITY ENGAGEMENT			
<p>Upskilling of community volunteers: Aangan trained volunteers to collect community-level data on child vulnerabilities and provided skill training on communicating their concerns to relevant stakeholders. They were also taught how to identify vulnerable families.</p> <p>Creation of safety maps: Community volunteers and adolescents created safety maps to identify unsafe areas in schools. For example, in the Littipara block in Pakur, the school principal fixed broken locks on toilets after adolescent girls pointed them out.</p> <p>Safety awareness sessions with adolescents To increase young people's awareness of child protection systems, Aangan volunteers conducted safety sessions among children in schools on issues of child labour, child marriage, and trafficking.</p>	<p>Drop boxes for adolescents: CINI introduced drop boxes for adolescents to share their concerns with FLWs in a confidential manner. These drop boxes were set up at adolescent drop-in-centres (DICs) at the village-level in Simdega and Saraikela.</p>		<p>Introduction of participatory activities in schools: For in-school programmes, QA conducted research and community workshops to identify innovative and participatory approaches. Schools adopted experiential learning approaches such as simulation activities, games, songs, videos, practicum, and reflective exercises.</p> <p>Redesigning extracurricular activities QA enabled schools to redesign activities like Last Class, Morning Assembly, and Bal Sansads by integrating elements such as teamwork energisers, local news, questioning activities, and role-playing to develop communication, critical thinking, and writing skills among adolescents.</p> <p>Sessions with youth clubs: QA assisted with the creation of youth clubs that served as safe spaces for out-of-school adolescents to interact with peers and attend sessions on SRHR, individual rights, economic opportunities in the community, and gender equality, etc. These sessions were usually held in easy-to-access locations mutually agreed upon by the peer groups</p>

AANGAN	CINI	C3	QA
DOMAIN COMMUNITY ENGAGEMENT			
<p>Collaboration with government stakeholders</p> <p>Trained community volunteers collected data from “hotspots” – areas of high vulnerability for adolescents – identified by Aangan to understand the risks prevalent in these communities. They then presented the data to government officials, collaborating with them to make these communities safer for children.</p>	<p>Building community awareness on adolescent issues</p> <p>To sensitise the community towards adolescent issues such as child marriage, SRHR, substance misuse, and school dropouts, CINI organised village-level meetings in Simdega and Saraikela that included parents, adolescents, FLWs, and PRI members.</p>	<p>Data sharing</p> <p>C3 enabled data sharing and engagement between programme managers at various levels in health departments, leading to improved budget utilisation, appointment of more human resources personnel, and more planned activities</p>	<p>Orientation of Community Resource Persons (CRPs)</p> <p>For the Anandshala programme, QA oriented CRPs on their innovative learning approaches. CRPs then further disseminated these insights through cluster-level meetings with teachers and other stakeholders.</p>

Living Through The Lockdown

A NATIONAL & JHARKHAND OVERVIEW OF THE EFFECTS OF COVID-19

2.1 National Overview

The World Health Organization declared the COVID-19 outbreak a global pandemic on March 11, 2020⁴ and governments across the world took various measures to contain the spread of the virus. On March 25, 2020, the Government of India too responded with a nationwide lockdown⁵

Subsequent lockdowns and devastating waves of the pandemic have adversely impacted the socioeconomic development of the country. During the second COVID-19 wave, healthcare systems were severely overburdened and suffered from a shortage of medical infrastructure, equipment, supplies, and healthcare workers in rural and urban India⁶. Moreover, The National Commission for Protection of Child Rights (NCPCR), reported that over 9000 children have lost at least one parent to the deadly virus, including more than 1,700 children who have lost both parents⁷. Further, when India entered its first lockdown, most schools were wrapping up the 2019–20 academic year. The lockdown led to the abrupt closure of schools which affected millions of learners across India from pre-primary through secondary levels of schooling⁸.

Child rights organisations and activists have been reporting an increase in child marriage, child trafficking, labour, and abuse during the pandemic due to multiple factors such as financial crises in families, loss of parents, migration, and school closures¹⁰. Jharkhand in particular, is a vulnerable state with regards to child trafficking, especially for young girls. According to the National Crime Record Bureau, 114 children below the age of 18 were victims of child trafficking in Jharkhand in 2020. Girls from Jharkhand are mostly trafficked for domestic servitude in cities⁹.

The central government responded to the pandemic by providing aid and initiating relief measures. The Ministry of Education and various state education departments distributed books, conducted tele-interactions with teachers, and engaged in digital dissemination of content through



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TV and radio¹⁰ to help adolescents cope with the shift to online education. However, public and private vocational training providers associated with the National Skill Development Corporation (NSDC) faced challenges in providing quality training virtually due to a lack of device availability and poor network coverage¹¹.

2.2 Jharkhand Overview



While India reported more than 3.4 crore confirmed COVID-19 cases by December 30, 2021, Jharkhand had reported only **3.5 lakh cases**¹². However, Jharkhand followed the national trend of a higher incidence of COVID-19 deaths amongst the poor as compared to the rich¹³.

A study conducted by the National Health Mission (NHM) in 11 districts of Jharkhand¹⁴ – Chatra, East Singhbhum, Garhwa, Gumla, Hazaribagh, Koderma, Lohardaga, Sahibganj, Saraikela, Simdega, and West Singhbhum – confirmed this trend. Unemployment has also been a serious cause for concern in the state, with the number of registered unemployed people increasing by nearly six times¹⁵ in the last two years. Adolescent girls in Jharkhand are especially vulnerable to trafficking, mainly for domestic servitude in major cities. Between April 2019 and February 2021, 480 children were rescued after the State Resource Centre received distress calls.



To mitigate the increased risk of child trafficking, abuse, and child labour, the state has, in line with national guidelines, maintained a record of children who lost their parents to the pandemic and launched helpline numbers to support them¹⁶. In response to the shift to online education, the state adopted an approach similar to that of the centre's, by launching initiatives such as distribution of books, tele-interactions with teachers, and content dissemination through TV and radio.



Given that the closure of schools impacted the 2019-20 academic year, the state government promoted about 8 lakh students in classes 9 and 11¹⁷ and also started "Mohalla Classes" for students who could not access online classes. Teachers would conduct classes for such students in their community while maintaining social distancing¹⁸. To combat the loss of livelihoods and income, the government also set up Mukhya Mantri Didi Kitchen (MMDK), which are community kitchens run by women self-help groups that provided food during the lockdown to the most deprived households²³.





CHAPTER 3

Report Design

The COVID-19 pandemic caught the entire world unprepared, and India was no exception. Although the statistics indicated that adolescents may be less susceptible to severe forms of the illness – milder symptoms and lower morbidity –, as compared to adults, they have experienced an increase in stress relating to loneliness, anxiety, and depression. Studies conducted by frontiers in public health on the impact of COVID-19 have revealed that adolescents’ primary concerns were education, physical health, and safety. Other areas of concern include: an increase in child abuse, family violence, child marriage, child labour, domestic workload among adolescents, mental health concerns and neglected access to menstrual hygiene products.

While the government machinery played an important role in managing the many facets of the pandemic, implementing NGO partners also played a critical role in bridging gaps to address the challenges faced by adolescents and ensure that they did not face any hurdles to their development. This document captures the experiences of the implementing NGO partners in building community and organisational resilience and the support they provided to adolescents during this crisis. The following section provides an overview of the research design and overview of the documentation process adopted.



SCAN TO KNOW MORE
ON THE 10T019
COLLABORATIVE'S JOURNEY

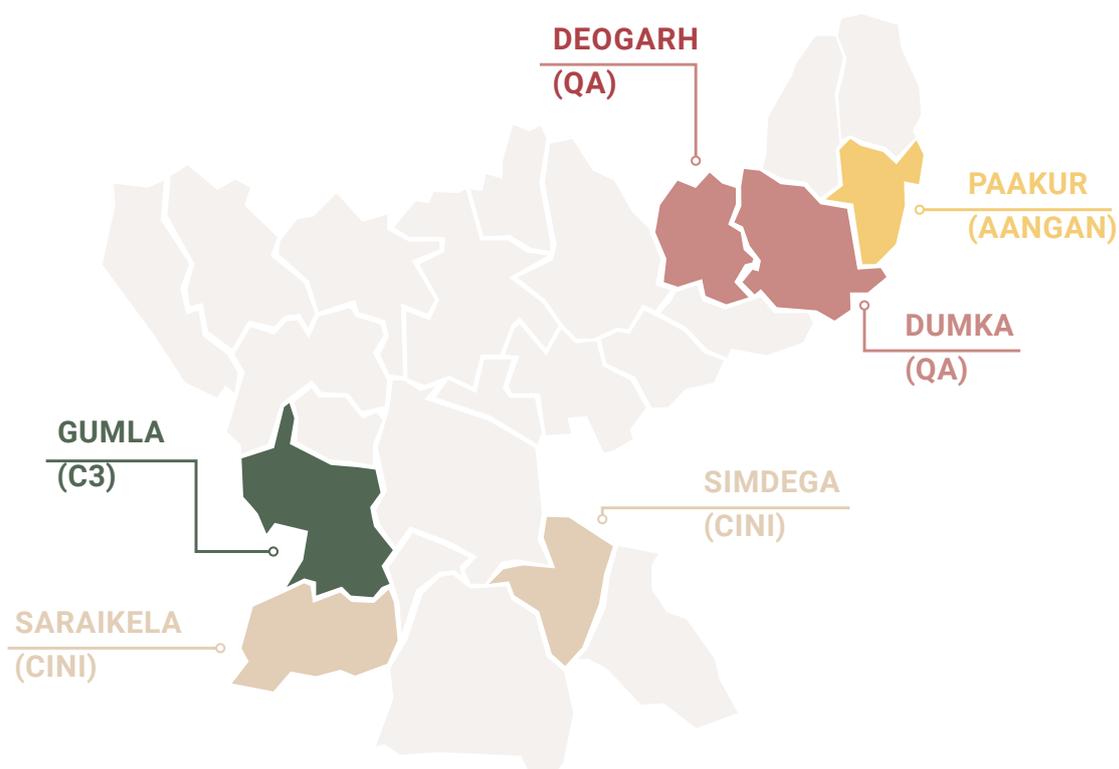
3.1 Research Overview

Data collection followed a descriptive design approach to present the views and experiences of the multiple stakeholders part of 10to19's implementation model. Data was collected as follows:

Qualitative	SECONDARY REVIEW	 Program documents, published reports & data, status reports on Covid impact, response factsheets etc
	IN-DEPTH INTERVIEWS	 NGO partners, non-partner NGOs, Govt departments, FLWs, teachers, PRIs
	FOCUS GROUP DISCUSSION	 Adolescents (Boys & girls: 10-14 Years & 15-19 years), NGO Volunteers
	DYADS	 Parents of Adolescents

3.2 Survey Coverage in Jharkhand

The survey was conducted in November – December 2021 and covered 6 districts in Jharkhand that formed an integral component of the NGO partners' respective implementation models.

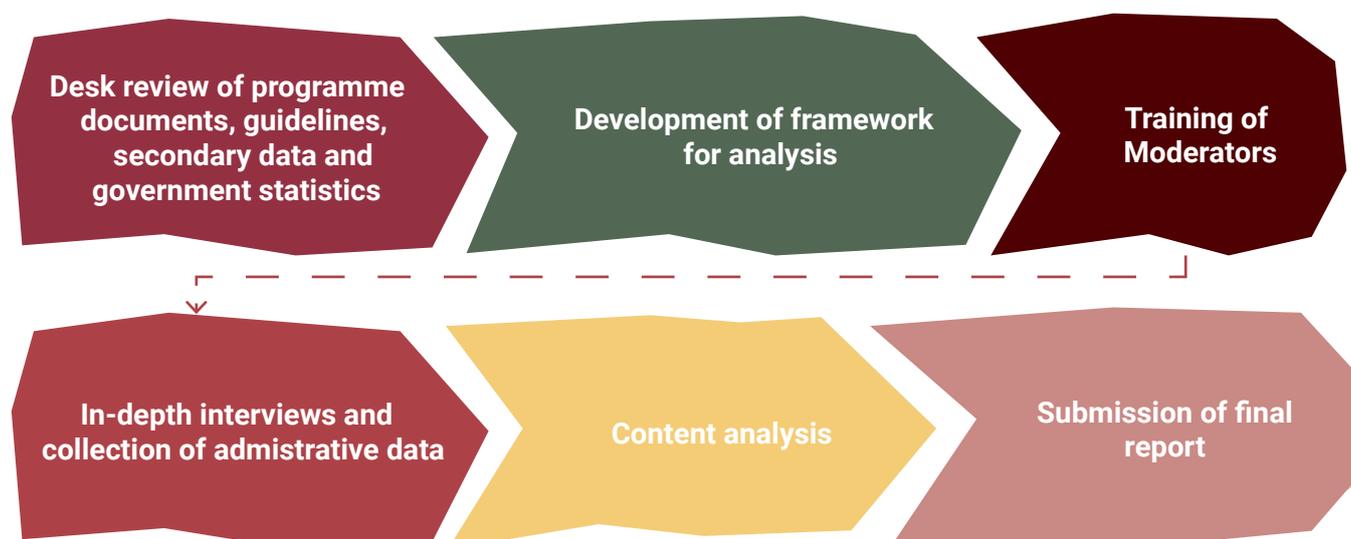


OVERVIEW OF STAKEHOLDERS INTERVIEWED

SR NO	ACTIVITY	TYPE OF ACTIVITIES	NUMBER OF ACTIVITIES		
			STATE	DISTRICT	VILLAGE
NGO PARTNERS					
1	Program head/MIS officer	KII	6		
2	Implementation managers, extension officers, team members	KII		12	
NON PARTNER NGOS					
3	Program head/ team members at the national and state level	KII	3		
GOVERNMENT STAKEHOLDERS					
4	Officials from the Department of Early Child Development	IDI		1	
5	Officials from the Department of Primary & Secondary Education		2		
6	Officials from the MoHFW		1	2	
7	Aanganwadi Workers / Auxiliary Nurse Midwives, Teachers / Panchayati Raj Institutions				11
COMMUNITY LEVEL					
8	Parents of Adolescents – (Mothers and Fathers)	DYAD			9
9	Adolescents – (10-14 Y & 15-19 Y)	FGD			11
10	Community volunteers of Aangan		1		
11	Family members				1
12	Aangan Trust's partner teams - Gojgar Sevak, NGO-Gram Jyoti, GP Pradan and Srijan Foundation	IDI			4
SUB TOTAL			12	16	36
TOTAL ACTIVITIES			64		

3.3 Data Collection: Design & Approach

The process of data collection was designed in consultation with 10to19 and the implementing NGO partners to showcase the unique contributions of each NGO. The project was then executed as follows:



QUALITY ASSURANCES AND ETHICAL CONSIDERATIONS

The data collection team further implemented a quality control protocol, which comprised three stages of verification.

Input Stage

- Data collection tools were translated and then verified in the local context
- Tools developed for testing/research were piloted, following which the effective elements from each tool were implemented in the final survey
- A field manual was developed and used by on-ground staff during data collection

Data Collection Stage

- Pre-recruitment was conducted basis a on a pre-determined criteria
- Moderators were assisted by recruiters during interviews
- Discussion notes – summary sheets with transcripts – were maintained
- Daily debrief sessions were conducted to avoid data-loss

Data Validation and Reporting Stage

- Notes and audio files were shared through secured drives
- Transcriptions were cross-checked with the audio recordings and summary sheets
- 10to19's approval was obtained on the final report structure

KANTAR PUBLIC ALSO FOLLOWED STRICT ETHICAL GUIDELINES TO SAFEGUARD THE INTERESTS OF THE RESPONDENTS:

- **CONSENT:** All the interviews were conducted only after obtaining informed consent (assent wherever applicable). Additional consent was obtained to record audio
- **CONFIDENTIALITY:** No third party had access to the research instruments and only authorised people were able to access the collected data

- **VOLUNTARY PARTICIPATION:** Participation in this exercise was voluntary and same was conveyed to the respondents
- **PRIVACY:** Respondents were kept in a comfortable environment during the survey and their interviews were conducted without any disturbance from their family, friends, or peers.
- **COMPENSATION AND INCENTIVES:** Respondents were informed that no compensation or incentives would be provided to them in exchange for their responses.

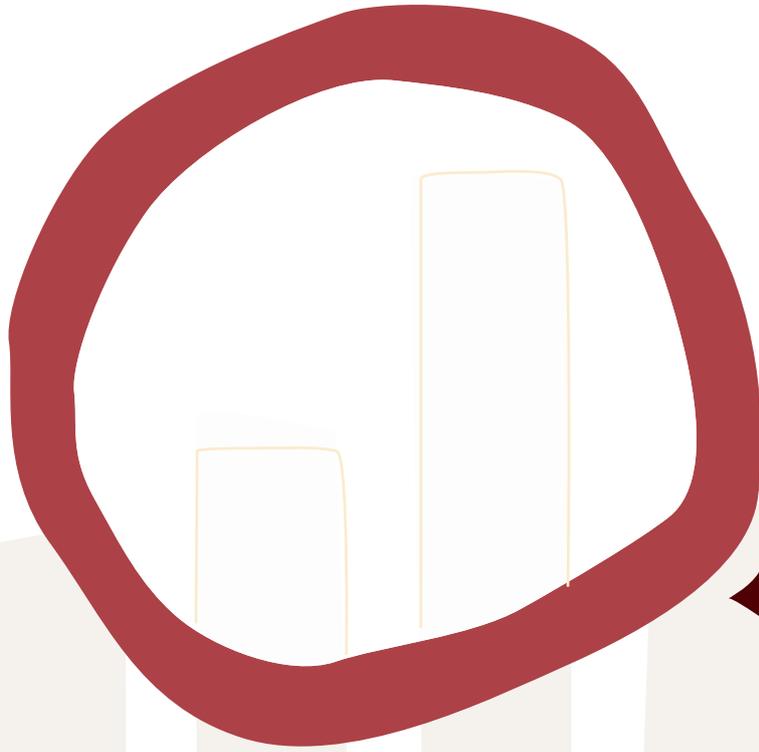
3.4 Limitations and challenges

While this report captures the experiences, best practices, and learnings from on-ground implementation and highlights key findings from organisations' programme implementation and their adaptability during the pandemic, it has not been without its challenges. To highlight limitations and areas for future learning, some challenges we faced included:

- The time frame of the data collection exercise was critical to capture the most information possible on the experiences of partner NGOs and communities in dealing with the challenges arising from the COVID-19 pandemic. Since data was collected during the recovery phase of the pandemic, there may have been a few gaps in the information captured at the community-level due to recall bias.
- Operationally, there were some difficulties in scheduling appointments with a few government stakeholders for in-depth interviews.



SCAN TO KNOW MORE
ON THE 10TO19
COLLABORATIVE'S JOURNEY



CHAPTER 4

The Adolescent Experience: Combating COVID-19

With the support of 10to19, NGO partners have responded to the COVID-19 pandemic in the intervention districts, to support the community, especially adolescents, and help them cope with the disruption in their lives. NGO partners' support has manifested in different ways to help adolescents adapt and build resilience using the available resources and skills.

This chapter summarises adolescents' realities during the pandemic under 4 thematic areas: education, skill development and employability, health, and safety and agency. The challenges faced have been presented concurrently with the interventions undertaken by the NGO partners along with the associated outcomes

4.1 Bearing The Brunt of COVID-19: Challenges Faced By Adolescents

EDUCATION

1 Increase in learning gaps due to closure of schools

- At the peak of school closures in April 2020, 94% of students were out of school worldwide and around **700 million** students today are studying from home¹⁹.
- In India, the lockdown has widened the education gap between urban and rural learners²⁰.
- School closures in all the intervention districts impacted adolescents adversely.

- Assessments conducted by C3 revealed that girls faced an additional burden of doing housework as they were confined to their homes. This not only led to stress and exhaustion but also disrupted their education and led to further anxiety around falling behind in school or having to drop out of school entirely.

2 Limited or lack of access to digital devices and stable internet connectivity

- Online education was difficult due to unavailability of devices at home and poor network connectivity. In families where a smart phone was available, the male parent mostly used it for work.

- The Annual Status of Education Report (ASER) 2021 found that at least **27.9% of households in rural India** bought a new smartphone for their children's education in the same year. However, despite having at

least one smartphone at home, 26.1% of children were unable to use it for online education²¹.

- Early analyses of India's experience of the pandemic have found that the country's socio-economic inequalities have influenced the effectiveness of virtual learning (or lack of it thereof)²².
- Furthermore, gendered access to devices at home was observed, which further exacerbated the gender divide in education. Adolescent girls' study time was limited by household duties as the burden of all household chores —sweeping, washing the clothes and utensils, fetching water, and cooking — fell on them.



The lock down continued for long time, and we couldn't go to school, and the classes were held online. And everyone didn't have android mobiles at home. We had difficulty understanding... I didn't attend online class as I didn't have a phone...I felt that everyone would pass, and I will stay back in the same class. I will have to appear for the exam again. My friends will pass, and they will move ahead. I will feel ashamed

- Adolescent girls in Pakur

3 Migration resulting in discontinuation of education

- Migration for work among economically weak families often keeps adolescents out of school for months and increases the learning gap, leading to adolescents discontinuing their education.

4 Increasing trend of child marriage due to closure of schools, economic fallout leading to school drop out

- As a result of the pandemic, the risk of child marriage increased through various pathways, including economic shocks, school closures, and disruption of services²³.
- As schools remain closed, girls are more likely to drop out and not return. Job loss and increased economic insecurity may also force families to marry off their daughters to ease their financial burden²⁴.
- Parents, adolescents, and government stakeholders acknowledged child marriage as one of the main reasons behind adolescent girls dropping out of school.

There were so many weddings going on in our village and I think now our parents won't let our dream of becoming something great in the future happen because our parents started thinking about our marriage and said what is the use of studying. I tried to make them understand many times, but they don't understand, and this problem is with every family... There is also discrimination of gender. The son has to just stay home and study while the daughter has to do all the work, even if she needs to study, she has to first finish the work and then study

- Adolescent girls in Deoghar

HEALTH

5 Psychological impact and mental health issues due to COVID-19

- During the initial months of the pandemic, adolescents were worried about contracting the virus and the impact of the illness on their families and communities.
- Adolescents experienced acute and chronic stress because of parental anxiety, disruption of daily routines, increased family violence, and home confinement with little or no access to peers, teachers, and physical activity²⁵.
- Due to school closures and the lockdown limiting movement, adolescents experienced feelings of isolation and loneliness. Additionally, due to the disruption in education, adolescents were anxious and stressed about the learning gaps and coping with school work.
- Many families experienced financial difficulties due to loss of livelihood, leading to psychological difficulties like stress and anxiety. Furthermore, parents found it difficult to support their children with their education.
- The disruption in routine, education, recreation, as well as concern for family income and health, left many adolescents feeling afraid, angry, and concerned for their future²⁶.

6 Financial crisis leading to food shortages

- The pandemic and the resulting unemployment have worsened India's hunger crisis – and impending nutrition crisis – due to overburdened healthcare systems, disrupted food patterns, and income loss, along with the disruption of programmes like the Integrated Child Development Scheme (ICDS) and the mid-day meal²⁷. A study conducted in Delhi reported that over 80% of girls and 60% of boys experienced financial difficulty and food shortages²⁸.
- Some families faced food scarcity due to death, severe illness, and loss of livelihood in the family.

- Adolescents and parents lacked awareness of nutrition and the need for a balanced diet.
- Adolescents and parents did not have much SRHR awareness.

7 Limited access to and use of menstrual hygiene products

- Schoolgirls in India are facing a massive shortage of sanitary napkins because schools – a critical part of the supply chain, – were closed during the lockdown. This problem is further aggravated in semi-urban and rural areas due to limited availability of sanitary napkins in remote villages²⁹. According to a survey conducted in 2020 in Bihar, Rajasthan, and Uttar Pradesh, 58% of girls under 18 years of age reported an unmet need for sanitary pads³⁰.
- Some girls did not know how to use sanitary napkins. Moreover, girls had to use cloth napkins when sanitary napkins could not be procured during the initial stages of the lockdown.
- Fathers had almost no awareness regarding menstrual management methods for their daughters.

Adolescent boys and girls in the age range of 10-19 years lack information & awareness. There are health-related issues and we tried to educate people on improving Nourishment; Mental Health, increase awareness about Sexual and Reproductive Health, De-addiction, issue of violence on Adolescent boys and girls and Non-Communicable Diseases. But the problem is that they don't understand these things. We have to keep repeating the same thing"

- ANM, Simdega

"If a child's parents go to a brick furnace for work, the child also goes there and does work related to the brick furnace. So, child labour is one of the problems. The 2nd problem is lack of supervision, because of that, there are chances for the child to get abused. So, these 2 vulnerabilities that happens at workplace"

- Aangan Team

8 Increase in mental health issues due to loss of livelihood and closure of schools

- School closures affected adolescents' mental health and well-being. They experienced feelings of isolation and loneliness. Adolescents and parents experienced stress and anxiety about falling behind in studies, forgetting what had been taught in schools before the pandemic, and not being able to pass exams.
- Parents were stressed and anxious about their financial condition and were unhappy they were could not afford to provide private tuitions and toys for their children. They were also fearful of the government announcing more lockdowns.

SAFETY AND AGENCY

9 Economic crisis leading to increased risk of child safety and child labour

- The pandemic led to a disturbing increase in socioeconomic vulnerabilities among marginalised families and left adolescents more vulnerable to child labour, trafficking, and early marriage³¹.
- Adolescents and parents from the intervention districts recounted specific instances of child trafficking, child labour, and child marriage.
- In Pakur, the lack of employment and livelihood opportunities forced parents to migrate to neighbouring districts and states for seasonal work. With limited options, parents often had to take their children to work with them, sometimes to extremely harsh work environments like brick kilns. As a result, children began engaging in work very early and were further exposed to different kinds of abuse due to the lack of supervision at such work sites.

10 Early marriage as a result of economic and social force

- Parents in Deogarh reported feeling pressured by their communities to marry off their daughters. One of the concerns among adolescents was the prospect of getting married before finishing school.
- The pandemic exacerbated some of the main social and economic drivers of early marriage, such as limited access to education, early pregnancies, and poverty³². UNFPA estimates that the increase in child marriage globally can be attributed to a large extent to economic shocks and the exacerbation of household poverty³³.
- Adolescent girls were vulnerable to early marriage. Parents in Pakur said that financial difficulties or the death of the primary earner of the family increased the risk of child marriage among girls.
- Pandemic-related travel restrictions and physical distancing also make it difficult for many girls to access healthcare, social services, and community support.

11 Increase in family violence due to financial stress and lockdown

- Parents, adolescents, and government field functionaries reported an increase in arguments at home and incidents of family violence during the initial months of the lockdown, which were usually triggered by financial stress and alcohol addiction issues of the male family members.

SKILL DEVELOPMENT AND EMPLOYABILITY

12 Lack of skills and awareness on skill training leading to unemployment among adolescents

- A lack of skills and vocational training made adolescents unemployable, leaving adolescent girls particularly vulnerable to early marriage.
- Neither parents nor adolescents had any awareness regarding the skill training programmes available in Jharkhand.

If professional education is given, then it is better. The new education policy which we currently have there is no such subject at all... All are theoretical subjects, and the teachers just teach the students and that's all. There is no professional training for the children. But it is important to give professional training in the current age. That is the demand of this age. If such type of training is added in the syllabus, then it will be good. If they learn something from the school, then even after leaving education they can continue in the same line and earn money from that job too"

- Teacher, Pakur



INTERVENTIONS AND OUTCOMES



EDUCATION



Remedial classes and learning sessions



Assessment for bridging the digital divide



Improving access to devices for remote learning among adolescents



IVRS messaging on education



COVID-19 prevention sessions



Distribution of Hygiene kits



HEALTH



Distribution of dry ration & Linkages with Government schemes



Efforts for Last Mile Service Delivery of Government Programs

Distribution of IFA tablets & sanitary napkins



Creating Platforms for addressing mental health concerns



SAFETY AND AGENCY



Safe spaces for advocacy



Safety sessions



Door to door awareness messaging



Mobilization through "Whisper circles"



Prevention of child labour and child marriage



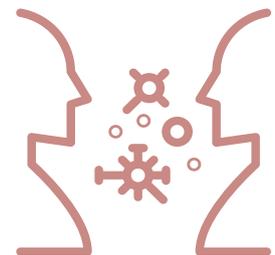
SKILL DEVELOPMENT AND EMPLOYABILITY



Skill Training Webinars



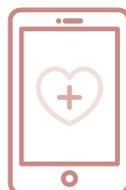
IVRS messaging on skill development



Survey on Impact of COVID-19 on adolescents



Linkage with virtual skill training Programme



Yuva Chetna App by CINI

4.2 Key Areas of Intervention

In response to the needs and challenges faced by adolescents, the implementing NGO partners ensured continued access to various services for their respective communities by building collaborations with key stakeholders.

EDUCATION

Key Areas of Interventions & Impact Achieved

Setting up supervised remedial centres

- Aangan identified children who required remedial support and established student peer groups, facilitated study sessions, and distributed notebooks, stationary items, masks, sanitisers, and recreational materials such as storybooks and board games. These centres also functioned as safe recreation centres for children, i.e. a space where they could spend time under the supervision of a trusted adult, connect with their peers, and engage in educational activities.
- CINI identified learning gaps in subjects such as English, Mathematics, and Science and hired young, unemployed graduates to teach students. This collaboration has proved helpful in coping with the gaps resulting from lack of access to online classes.

There were so many weddings going on in our village and I think now our parents won't let our dream of becoming something great in the future happen because our parents started thinking about our marriage and said what is the use of studying. I tried to make them understand many times, but they don't understand, and this problem is with every family... There is also discrimination of gender. The son has to just stay home and study while the daughter has to do all the work, even if she needs to study, she has to first finish the work and then study

- Adolescent girls in Deoghar

- Aangan, with the support of panchayat members, convinced parents migrating for work to leave their children with their extended family members. These children were then supervised with the help of the panchayat and schools. This helped in reducing the risk of child harm and discontinuing education.

Assessment for bridging the digital divide

- To understand how the pandemic further widened the gendered digital divide for adolescent girls, C3, in collaboration with the Digital Empowerment Foundation, conducted a deep dive assessment into issues of digital access in 10 states across India, including Jharkhand. The assessment stressed the need to prioritise targeted policy formulations that focused on bridging the digital divide for adolescent girls. This report was further shared with the government and donor community with recommendations.

Improving access to devices for remote learning among adolescents

- QA launched the Ghar Ghar Pathshala programme to combat issues of device unavailability under the broader umbrella of the government's Digi-Sath initiative. This helped link parents and guardians to the school's WhatsApp group, through which digital content was disseminated. Joining hands with the Digi-Sath initiative, QA's Anandshala programme equipped 75 youth volunteers, known as "Anandshala Warriors," to conduct educational activities with students who had been enduring learning losses due to lack of access to smartphones. This enabled adequate availability of devices and maximum participation of students in five blocks –Deoghar, Devipur, Madhupur, Sonaraithari, and Palajori.
- QA formed girl peer groups where at least one girl had access to a smartphone. These "girl champions" could access and share the school's online classes as well as educational webinars and videos shared by QA with the rest of the group.

- When many schools and families struggled to afford – and access – online means of education, C3 set up laptops, projectors, and smartphones in schools and at the community level to support those with limited access.

IVRS messaging on education

- QA sent Interactive Voice Response System (IVRS) messages to parents to raise awareness on the importance of young girls continuing their education.

HEALTH

Preventing spread of COVID-19

Distribution of Hygiene kits

Aangan, C3, and CINI were actively involved in the distribution of safety kits during the pandemic.

- After the first COVID-19 wave, Aangan, with the support of volunteers, distributed hygiene kits that included masks, soaps, and sanitary napkins to adolescent girls in their communities. C3 also distributed similar hygiene kits.

- CINI reached 1750 households across Simdega and Saraikela, providing face masks, soap, and sanitary napkins to these communities. CINI also provided these essentials to more than 800 health workers.

COVID-19 prevention sessions

QA and C3 actively worked on awareness-raising activities to prevent the spread and management of COVID-19.

- QA used IVRS messages to spread awareness on COVID-19 preventive measures amongst the community. They also conducted webinars with adolescent girls and parents on COVID-19 awareness and self-care measures.
- C3 conducted awareness campaigns on COVID-19 prevention and good hygiene practices through posters, village meetings, and peer-led discussion groups. Adolescents recalled receiving information on the importance of washing hands, wearing masks, and social distancing from the NGOs.

Distribution of dry ration & Linkages with Government schemes

- Aangan volunteers linked 1011 families with the Public Distribution System and also provided immediate ration support to 504 families for 15 days. These ration kits enabled families to weather the early days of the lockdown and loss of livelihood as these families depended on daily wages for their sustenance. Further, Aangan supported families where one or both parents had passed away during the pandemic. Nearly 100 families were supported through this effort, which included providing dry ration/cooked food and linking them to social security schemes for future security. Aangan supported these families with individual care and



We worked in Deogarh with volunteers during the time of COVID to conduct Ghar Ghar Pathshala which we conducted with the Jharkhand Government... We also did webinars and interactive voice report system, so that those who don't have smartphones; they could receive the message on their feature phones. These were trigger messages for parents to be supportive of children during COVID and for parents to be aware that they don't discontinue girl's education but encourage them"

permanency planning for their children and other family members to ensure that children remained in kinship care. Other than linking families with social security schemes like widow pension, PDS, and job cards, 48 children were linked to the Child Welfare Committee's Bal Swaraj sponsorship schemes for their future security.

- Aangan also connected 2653 vulnerable families to the Rojgar Sevak Yojana to pursue employment under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) schemes. These families were assisted in applying for job cards under MGNREGA. This was done to provide local employment opportunities to migrant families who were coming back home during the lockdown. These migrants were returning home with no work and money. Local employment opportunities helped families remain in the community and also provided additional financial support as many female members of the families were engaged in these programmes.
- During the second COVID-19 wave, families who lost one or more members due to illness were unable to access relevant government services and schemes because of tedious bureaucratic procedures. To make this process easier, Aangan, in collaboration with the panchayat, set up virtual help desks and appointed a nodal person to support families and ensure timely access to schemes and services. Through this initiative, 994 individuals were linked with government schemes and services such as housing schemes, old-age and widow pensions, Sukanya Samridhhi Yojana, labour cards, and applications for Aadhaar, voter cards, etc.
- C3 distributed dry rations, which included rice, lentils, and sattu, and coordinated with government stakeholders to ensure that state aid reached deprived families in remote areas. In Gumla during the National Nutrition Week, C3 raised awareness regarding locally grown food and the need for a balanced diet to combat malnutrition.

When we were living outside Jharkhand, it was very difficult for us. Our financial situation was very bad. Landlord was pestering us for room rent and we could not manage. With great difficulty, 34 of us booked a bus and reached Jharkhand. Even here, we just have a house. We do not have a farm; we couldn't simply start farming. We were just laborers.... Then C3 helped us with ration. That ration was so helpful for us as we were very much in need of it during that time... C3 was the first organization to extend help to me, when I needed the most"

- Mothers, Gumla

- C3, with the help of the Ford Foundation, supported 1000 vulnerable families for three months when they were unable to access government aid.
- Utilizing the "Girl Champions" platform, QA distributed dry rations in the community in collaboration with partner organisations.
- CINI assisted communities in obtaining ration cards and helped distribute dry ration. Owing to the nutrition crisis, CINI distributed food and nutrition baskets consisting of masur dal, Bengal gram, mustard oil, soya chunk, beaten rice, and Nutrimix to more than 1700 households across the Simdega and Saraikela. This helped families facing food shortages during the pandemic.

Last-mile service delivery of government programmes:

- As the implementation partner of three districts in Jharkhand, CINI identified peer educators (PEs) who were oriented with an available module on the six major components of adolescent health, namely nutrition, mental health, SRHR, injuries, violence, and non-communicable diseases.

Distribution of IFA tablets & sanitary napkins

- C3 helped distribute IFA tablets once schools shut down. C3 volunteers coordinated with teachers and anganwadi workers (AWWs) to help distribute three months' stock at a time.
- C3 released the stock of sanitary napkins sent to the schools under the aegis of the RKSK programme and distributed 90,000 sanitary napkins to the girls in collaboration with the state health department and schools. Around 15,000 sanitary napkins were further procured with C3's resources to meet the required demand. These details have been further discussed in chapter five.

Creating Platforms for addressing mental health concerns

- Aangan initiated a toll-free "Connect Karo" number through which adolescents could seek help for any mental health concerns. This was initiated to address the mental and emotional challenges that adolescents were facing during the lockdown. The helpline was accessed by 366 adolescents who felt vulnerable and needed support. These adolescents were at risk of early marriage and engaging in child labour. The helpline helped them navigate these challenges. In 45 cases, Aangan helped avert early marriage, child labour, and migration among adolescents and families.
- CINI and C3 started a similar tele-counselling service for adolescents through a toll-free number.
- C3 also put together their findings from multiple conversations and interactions with adolescents across 12 states, including Jharkhand. This was presented to key government officials, donors, and civil society stakeholders via a virtual webinar.
- QA provided psycho-social support to parents and adolescents through IVRS messaging aimed at parents to create a supportive home environment for adolescents and engage with their children to share any issues that they might be facing.

SAFETY AND AGENCY

Continuation of safety sessions to raise awareness on threats to child safety

Safe spaces for engagement

CINI conducted its Safe Spaces meetings online, which helped empower adolescents and made them more aware of and advocate for their rights. This was done in coordination with panchayat members

Safety sessions

Aangan volunteers conducted safety sessions with adolescents on child marriage, child trafficking, and child labour. Adolescents were taught safety codes to make them more aware of any potential threats and increase their access to information on the same. Aangan's peer leaders (volunteers) also continued sessions with 523 older adolescent girls (who had earlier been part of the safety sessions) and emphasised on addressing their personal challenges and opportunities, identifying individual goals and aspirations, and developing plans to achieve said goals.



Aangan volunteers tells us to keep all important contact number in a piece of paper. We should not give any original or important documents to anyone; we can give a copy if required. We should inform our parents with whom we are going out or where we are going. If anyone or any stranger offers money and tell to go with them, we should run away from them. We should think before taking any decision... they tell us what the right thing is. For eg, my parents were arranging my marriage and I asked the NGO worker what to do. So, they told me to speak to them and try to convince that I am every young to get married...They tell us not to work. They tell us to study and get an education"

- Adolescent girls and boys in Pakur

Door to door awareness messaging

- In Gumla, C3 helped adolescent girls and women combat gender-based violence resulting from the lockdown and economic crisis within families by conducting door-to-door awareness messaging on preventive and legal measures.
- C3 also collaborated with the government to raise awareness on government guidelines and resources to combat domestic violence via counselling and posters. As part of this relief work, C3 also addressed domestic violence in families.

Mobilization through “Whisper circles”

To build resilience and bring about effective solutions to family violence, Aangan initiated a community-led intervention called “Whisper Circles” that enabled women to reach out in case of any threats of violence. Aangan trained 885 community volunteers on intervention strategies to support victims, provided information on how to cope with, respond to, and intervene in cases of family violence.

- This raised awareness of safety protocols among 2616 families, identified 296 community safe spaces, and supported 206 families in cases of violence.
- Aangan also adopted the approach to engage male influencers and other community stakeholders. As a result, 123 male volunteers partnered with women volunteers to raise awareness.
- Aangan increased awareness among parents on the various physical and mental health issues that adolescent girls face due to early marriage and pregnancy. Volunteers also intervened and prevented families from marrying off their adolescent daughters.

Prevention of child labour and child marriage

Aangan worked intensely to prevent child labour and child marriage during the pandemic. Community volunteers played a critical role in identifying warning signs of early marriage in communities and initiating a dialogue to prevent the same.

- Aangan linked families to alternate livelihood options and helped enrol children in schools were also made.
- Aangan volunteers helped avert 35 child marriages in Pakur. In 74 cases, Aangan either averted child labour or work hours were reduced for children already in labour.

SKILL DEVELOPMENT AND EMPLOYABILITY

Skill training webinars

To equip girls with skills on basic crafts, QA provided skill training webinars to adolescent girls on making diyas and rakhis and also trained them in Madhubani painting. The girls sold these items in the local markets and generated some income for their families.

IVRS messaging on skill development

QA’s IVRS messaging on skill development – which included inspirational success stories of independent women – made parents want more skill training programmes for their daughters so that their futures would be financially secure.

Linkage with virtual skill training Programme

C3 used its own funds to link adolescent girls with a virtual skill training programme run by the Retailers Association’s Skill Council of India in Jharkhand.

Yuva Chetna App by CINI

A comprehensive mobile-based application "Yuva Chetna" (available on the Google Play Store) was developed to assess the vulnerabilities of children across three key areas – violation of rights and entitlements, vulnerable situations, and access to schemes and services.

- During COVID-19, the app was accessed by 2200 adolescents who took the app's self-assessment test which generated a comprehensive scorecard that reflects the adolescent's magnitude of vulnerability. This tool was introduced in the district not only as a medium to assess vulnerability but also as medium to guide program implementors in strategy formulation.
- Officials of the Integrated Child Protection Scheme and District Resource Implementation Unit of Tejaswini project were instructed to undertake the assessment of children and adolescents in the district. This assessment and the factsheet to be generated will be a torchbearer for the district to guide them in strategy formulation and impact evaluation

Survey on Impact of COVID-19 on adolescents

CINI conducted a major survey to understand the impact of the COVID-19 pandemic on adolescents, covering education, health, mental health, child protection, and social media.

- More than 5000 adolescents in the 10-20 age group took this survey. The survey covered general awareness regarding COVID-19 and the services available relating to educational exercises, health, nutrition, protection, etc. CINI took necessary action based on the findings of the survey.



We conducted webinars to equip some of the adolescent girls, on simple skills through which they could earn some money for example doing Madhubani painting and making few things or during the time of Rakhi or Diwali they could learn certain crafts and make some money so that was our focus so that they could support themselves and the family. So, these were some of the key things that we did during the time of pandemic"

- Quest Alliance Team



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CHAPTER 5

A Deep Dive into our NGO Partners

HOW DID THEY SUPPORT THE VULNERABLE ADOLESCENTS?

In this chapter, we present case studies of each implementing NGO partner highlighting some of their best practices. Each of them responded to the COVID-19 crisis in their unique way and ensured continued service to the communities they work with.

5.1 Aangan Trust's holistic approach to ensure adolescent safety and well-being

Aangan primarily works on reducing adolescents' vulnerability to early marriage, hazardous labour, abuse, trafficking, and on increasing family safety. Collaborating with various stakeholders, Aangan's programme implementation model on child protection focuses on a two-pronged approach: prevention of harm and post-harm engagement with the government to increase the quality of care. Over the years, Aangan has recruited and trained community volunteers as frontline workers to actively engage with adolescents and collect community-level data to help identify vulnerable families across Pakur. This data is further shared with relevant stakeholders, leading to increased responsiveness in taking actions to make community spaces safer for children.

The pandemic has exacerbated the risks to child safety and there have been increasing reports of trafficking, labour, marriage, and abuse across the country³⁵. Multiple factors such as financial difficulty in families, death of parents, migration, and school closures have increased the risks to child safety³⁶. In Pakur, there has been an increase in stress and frustration within the family due to financial insecurity. Interactions with various community stakeholders such as panchayat pradhans, women volunteers, and parents revealed that alcohol use among male members of the family was the leading cause of violence against women. Financial challenges made families more vulnerable and pushed adolescents to engage in labour and early marriage.

While the national and state responses to issues of child labour, trafficking, and marriage have focused on tracking and rescuing victims, Aangan Trust has helped build strong community-level resilience to threats to child safety.

Our main objective or our main principle of work is to make sure that child protection is everyone's responsibility... I mean everyone is responsible for the safety of the children and it should not be just the responsibility of the family or just not the responsibility of the education department, or the responsibility of the woman and child department... So, that's the main ethos of Aangan. We look at child safety in four contexts, in the sense of child-marriage, child-labour, child-trafficking and abuse, and sexual abuse"

- Aangan Team

The lessons from their work in vulnerable areas and during the pandemic have emphasised the need for a primed and trained set of on-ground workers who can build preventive community resilience and act to provide a timely response during crises and emergencies. Additionally, Aangan has found that: protection systems are most effective when they are:

- Community-based (local), and known and endorsed by local stakeholders
- Trained and empowered to respond, but also, to anticipate, mitigate, and prevent future harm
- Have the skills to dialogue and cooperate with local authorities to activate service delivery
- Have tools to identify and prioritize risks and needs as they emerge



Aangan had trained more than 885 volunteers from the community on a range of response mechanisms.

- Community volunteers gathered family vulnerability data and identified at-risk families who would potentially require support. These families were then supported both on an immediate basis and through a long-term support strategy. As a result, (a) Immediate ration support was provided to **504 families (5597 adults and children), enough for 15 days and (b) 1011 families were linked to PDS** so that they could receive sustainable support. This linkage helped families during the second COVID-19 wave and subsequent lockdown as it provided a fallback option.
- Following Aangan's strategy of "data and dialogue," community volunteer groups worked intensively within the community to identify families, initiate a dialogue, involve other stakeholders, and highlight the adverse effects of early marriage and child labour on adolescents' health and well-being. This ensured (a) **76 child labour cases** were either averted or work hours were reduced for children already in labour, (b) **42 child marriage cases** were averted, by volunteers identifying the early warning signs of marriage such as guests visiting the house and preparation for dowry or marriage. This was achieved through direct and indirect reporting by the community and through adolescents self-reporting during safety sessions.
- Community volunteers in Pakur gathered key vulnerability information regarding individual families in their community and strategised to build family resilience and preparedness for the second COVID-19 wave. This resulted in (a) 2653 families applying for job cards to be linked to the MGNREGA scheme, ensuring that at least one family member could earn a livelihood and (b) **1699 families** applying for labour cards and the state government's migration scheme which helps in family strengthening. . Migrant families who returned home after the

first lockdown also remained in the community so that their children were supervised and in family care

- Aangan combatted family violence by mobilising "whisper circles" and implementing a comprehensive 5-point strategy. As a result, (a) 2616 families are now aware of safety protocols to respond to family violence, (b) helpline numbers have been shared across 329 locations, (c) 296 community safe spaces have been identified to support victims of family violence, (d) **206 families have been supported by volunteers** through strategies to disrupt situations of violence and connect victims to a safe space, (e) **123 male influencers – including panchayat members, school principals, and village elders – from the community have partnered with female volunteers** to spread the message that domestic violence will not be tolerated, and (f) volunteers have negotiated with 168 families with active cases of family violence.
- **ConnectKaro** - the toll-free phone number Aangan set up for adolescents, has helped break their isolation and provided a platform for them to reach out for support. Adolescents have called to the number to get information on the re-opening of schools, used it to share concerns on their inability to study at home, request information on COVID-19 and other health-related concerns, and report exposure to harm due to increased household chores, child labour, and risk of early marriage. Through Connect Karo, **45 cases** have been escalated to provide support to children and their families to avert instances of labour, migration, and marriage.

This holistic approach of responding to the needs of vulnerable families has contributed to creating a safe environment for adolescents at home. Through its existing community-strengthening model, Aangan was able to swiftly respond to the emerging needs of adolescents and create a safer environment to lessen their vulnerabilities during the COVID-19 crisis.

5.2 CINI transforms its safe spaces to help adolescents cope with learning gaps during the pandemic and innovates the peer-led engagement model

CINI aims at creating a “Child-Friendly Community,” where families, schools, police stations, and social and physical settings are committed to respecting, protecting, and fulfilling children’s rights in the spheres of health, nutrition, education, and child protection from all forms of abuse, exploitation, and violence. Over the years, CINI has acted as a facilitator in fostering partnerships and convergence between people and government and has followed three main approaches in ensuring scalability of programs to improve adolescent outcomes:



Studies across the world have shown that school closures have led to learning losses in children from grades 1-12. These learning losses have far-reaching consequences and it is estimated that school closures can result in a three percent decline in future earnings for the current generation of students.³⁷ Our survey suggests that school closures not only lead to learning losses but also put adolescents at risk of child labour, early marriage, and discontinuing education. In Gumla, parents were deeply concerned about the learning losses experienced by their children in the last two years.

CINI has been using its “safe spaces” in Jharkhand for more than a decade to build life skills and agency for adolescents. These safe spaces were established in

collaboration with Gram Sabha stakeholders. In these safe spaces, adolescents gather for meetings in available spaces such as the Panchayat Bhavan, AWCs, or any other available space in the village. To make the space more activity-oriented and to promote active participation, CINI equips the room with basic furniture and learning and play resources for the adolescents. Recognising the crisis in learning gaps, CINI prioritised educational support and launched learning spaces within these safe spaces. Remedial classes were also set up to ensure that students could continue with their education. CINI also mobilised a pool of community-level teachers who were college graduates to teach English, Mathematics, and Science as adolescents were struggling to cope with these subjects.

There is a concept of adolescent’s safe space, or child safe space within these communities where we work. These are spaces where adolescents come together and discuss. There is peer discussion and training sessions, sessions on building other skills like digital literacy, computer education; other communication skills or some vocational skills are taught as well. These spaces are able to impart skills in these adolescents and develop their confidence level and the second is these safe spaces are also being treated as learning centres where they are given specific coaching on subjects which they feel are difficult for them.”

- CINI Team

CINI gradually introduced technology to its safe spaces and started using smartphones and digital platforms to reach out to adolescents. Using Google classrooms, 20-30 girls from different regions interacted with and motivated each other to continue their learning. Adolescents were swift to grasp virtual tools like Google forms, homework collection tools, Zoom, Skype, and other meeting platforms.

Parents were initially unconvinced of their children accessing learning materials online due to concerns of safety and misuse. CINI actively engaged with parents and community leaders to positively influence their outlook towards supporting

their children with online learning. Parents and adolescents acknowledged the learning spaces to be of utmost relevance as they ensured continuity of learning while schools were closed.

Another innovative approach of CINI was to create a cadre of youth volunteers from March to September 2021, when intensive support at the grassroots level was unavailable. CINI selected dedicated youth between 19- and 22-years old, who previously acted as PEs and had now crossed PE age limit. These volunteers from 20 model panchayats were engaged on a performance-linked incentive basis for more intensive community and adolescent engagement. In total, CINI identified 26 youth volunteers – nine each from Simdega and Saraikela and eight from Dumka.

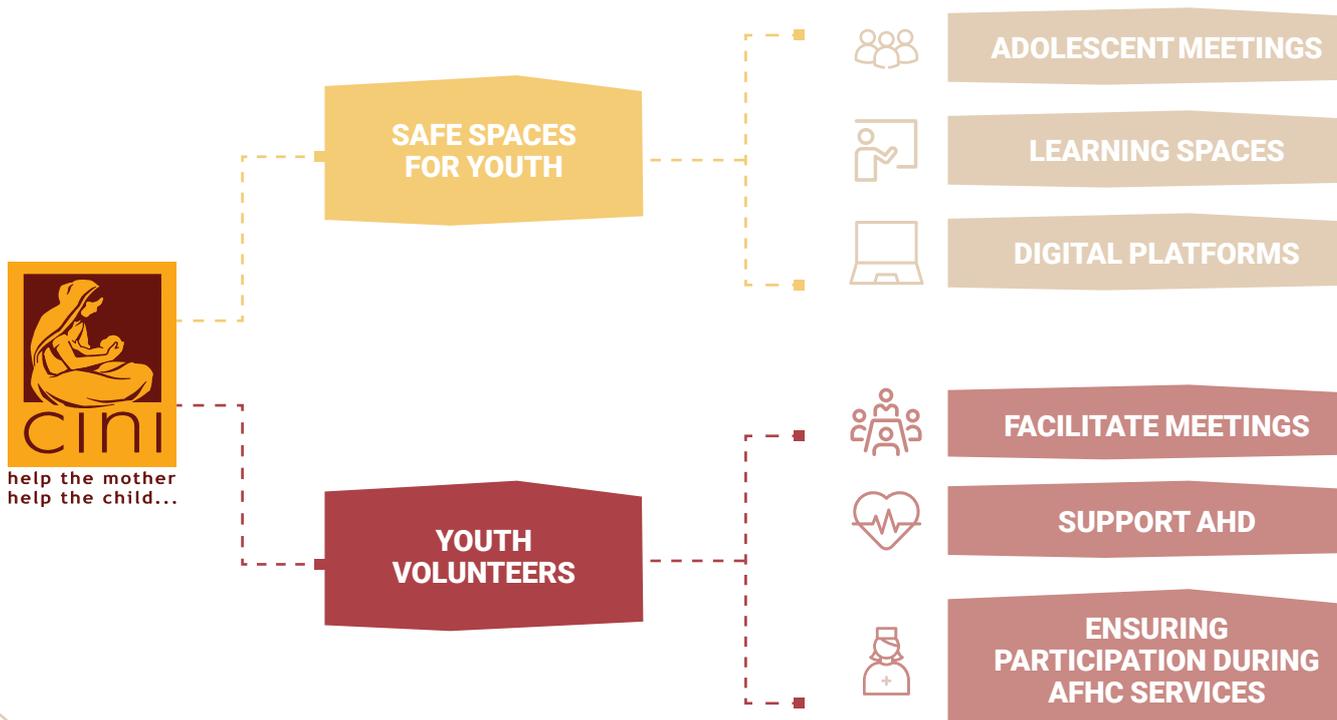
The youth volunteers were oriented at their respective districts to have a concrete understanding of their roles and

responsibilities, a better perspective on adolescent issues, and be acquainted with the module they had to deliver in their respective villages. They were tasked with facilitating adolescent group meetings, supporting the Adolescent Health Day (AHD) process, ensuring adolescent participation during AHDs, availing the services of AFHCs, and, most importantly, linking PEs with their respective groups. During their tenure, each volunteer nurtured between six and nine groups, conducting weekly group meetings. The meetings were held in neighbourhood clusters and attended by small groups of seven to 10 adolescents following COVID-appropriate behaviour. These volunteers were a crucial link between the adolescents and CINI.

Therefore, through its multiple engagements and peer-led model, CINI helped adolescents cope with learning gaps during the pandemic.

There are myths among rural parents that internet is not good. What are you showing to my child on the internet, what kind of information are you exposing her to? These were some kinds of scepticism that were there within them. Therefore, whatever material we used through these digital platforms, it was shared first with their parents and community leaders making them aware that this is what we want to share with your kids, and this is why we want to share this material. So, once they were convinced then we would share it with the child adolescents.”

- CINI Team



5.3 C3's crisis response ensures smooth implementation of government services to meet the health needs of adolescents

C3's core belief lies in gender equality and its work focuses on improving the condition of girls and women in the country. C3 ensures that girls and women have access to quality reproductive and maternal health care. In Jharkhand, C3 pioneered an in-school adolescent education programme, Udaan (since 2006), which has been mainstreamed with the government's School Health and Wellness Programme in 2020. C3 provides technical assistance to various ministries to strengthen programmes aimed at improving outcomes for in-school and out-of-school adolescents in health, life skills, digital and financial literacy, and vocational training.

The priority of the healthcare system during the last two years has been the prevention and treatment of the COVID-19 virus. Apart from lockdowns and restrictions imposed to prevent its spread, healthcare resources have been deployed for testing and treatment. As a result, government services on sexual and reproductive health, including menstrual health management services, were not prioritised.³⁴ Disruptions in these services were reported nationwide. In Jharkhand, school closures and lockdowns made service delivery of the government's RKSK programme difficult. As part of this program, sanitary napkins that are procured by the government are sent to schools, where they are distributed to girls, under the aegis of the RKSK program. School closures and lockdowns made these sanitary napkins inaccessible to adolescent girls.

With a long history of providing technical assistance and supporting the implementation of in-school (SHWP) and community-based interventions (RKSK) for adolescents in Jharkhand, C3 promptly identified and responded to the unfolding crisis on the ground.

We participate extensively in the government's RKSK program which is meant for the out of school children especially in the 3 RKSK districts which are in focus, namely - Gumla, Lohardaga and West Singhbhum where we have implemented the program. And we implement these programs in association with the government according to their system and wherever there's a lack in the system, we provide technical support to strengthen it"

- C3 Team

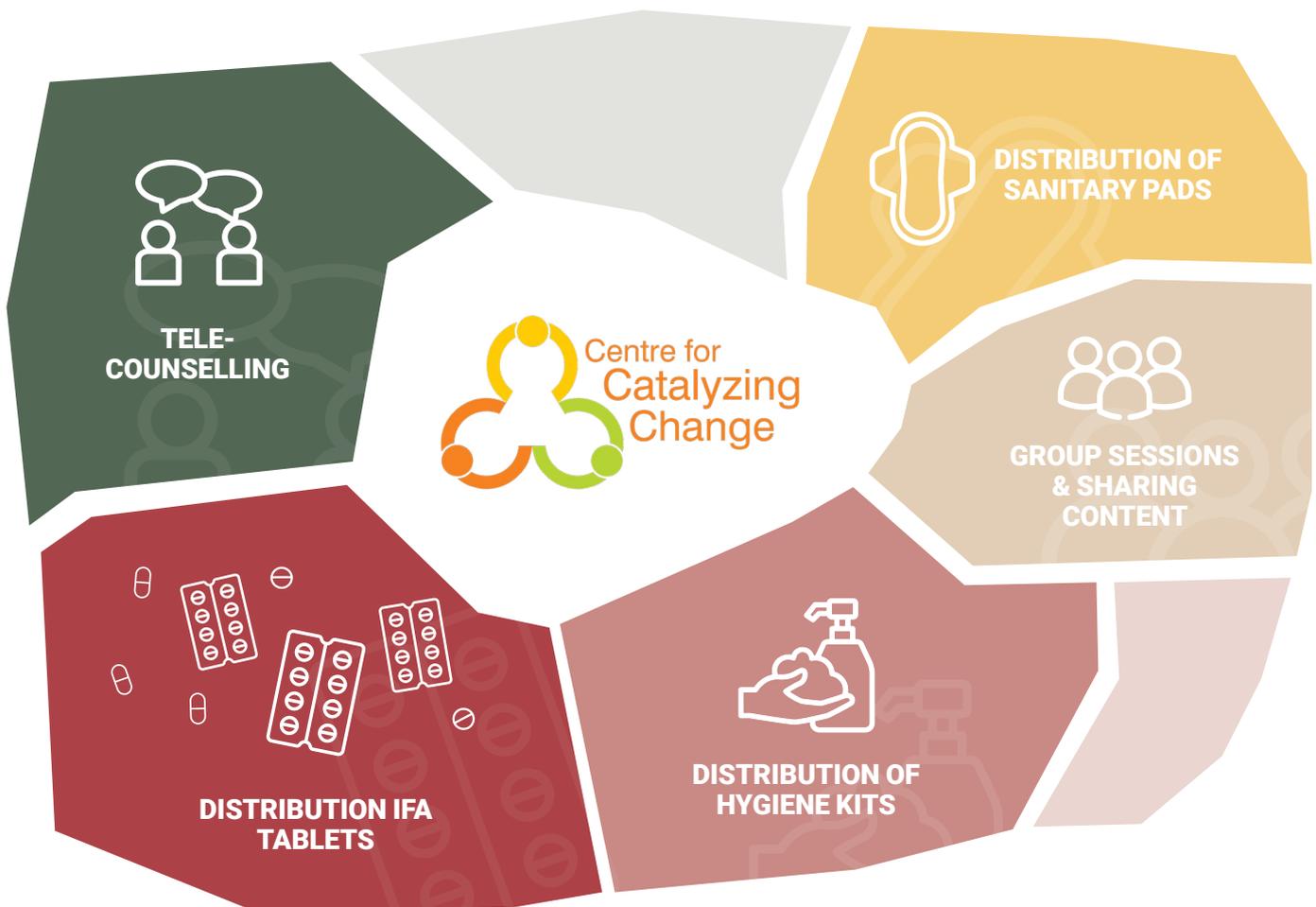
C3 officials negotiated with health departments and schools to release the stock of sanitary napkins sent to the schools and distribute them to adolescent girls. C3 helped distribute around **90,000 sanitary napkins** to adolescent girls in Gumla, ensuring that these girls had continued access to sanitary products to maintain proper menstrual hygiene. Additionally, C3 used its own resources to procure and distribute around 15,000 sanitary napkins to meet community needs. This work protected the health and dignity of adolescent girls. C3 also distributed hygiene kits to adolescents, including sanitary napkins, soaps, sanitizers, and two masks each to help prevent COVID-19 infections. C3 conducted this relief work through strong on-ground staff coordination, with the support of anganwadi workers, teachers, peer educators under the RKSK programme, and adolescents themselves. The distribution drives took place at adolescent wellness centres (AWCs) if the community was willing to gather and follow social distancing norms and other

safety protocols. In certain communities, due to the restrictions to movement and the fear of transmission, C3 conducted door-to-door distribution. C3 also helped link adolescents in need of tele-counselling with adolescent-friendly health centre (AFHC) counsellors.

After schools were closed, C3 identified the gap in the distribution of IFA tablets among adolescent girls. Before the pandemic, teachers would ensure the students took one tablet every week and maintained record. To bridge this gap, C3 distributed three months' worth IFA tablets to adolescents via its existing robust network of anganwadi workers (AWWs) and auxiliary nurses and midwives (ANMs). PEs and AWWs further took on the role of monitoring this intake among adolescents in the community.

C3 also organised small in-person and virtual group sessions with adolescents on issues of child marriage and sexual and reproductive health, providing study material on the same online. In 2020, C3 conducted multiple surveys to understand the impact of COVID-19 on the communities with whom they work and presented these ground realities to government stakeholders such as the Ministry of Home and Family Welfare, Niti Aayog, etc, and used social media to draw attention to these realities and formulate solutions.

C3 stayed true to the organization's mission of working within the system and strengthening it to benefit adolescents, even during the lockdown. Despite the limitations and constraints, C3 remained intensely committed to ensuring access to health services for adolescents during the pandemic.



5.4 Quest Alliance keeps learners engaged and continuing their education during the COVID-19 crisis

QA aims to empower learners and QA aims to empower learners and educators to become self-learners, change leaders, and develop 21st-century skills through knowledge creation, multi-stakeholder partnerships, and capacity-building. In its present form, Quest creates and implements scalable solutions in education and vocational training through a partnership model. As a knowledge provider, Quest develops interactive learning materials on workplace readiness, life skills, and digital literacy and runs teacher training programs through which it engages with educators, civil society, and the government.

The shift towards online education during the last two years has increased the risk of adolescents from poor and vulnerable communities dropping out of school. Most adolescent girls in Deogarh had only one smartphone at home with limited access to it, which made the shift to online learning challenging. Further, out-of-school adolescent girls were particularly vulnerable to early marriage and child labour.³⁸

QA has always engaged with stakeholders such as teachers, headmasters, and students to strengthen existing school systems under its "Anandshala" program. To help adolescents with online education, QA transformed its Anandshala initiative into the "Ghar Ghar Pathshala" initiative by mobilising learners and teachers. This programme was aimed at ensuring all children had access to online education through the Jharkhand Government's Digi-Sath platform, especially those children who did not have access to any learning facilities (such as smartphones, internet, television, radio) during the lockdown period. It helped in reducing the gap between the learners who had access to all these facilities and those who did not.

Under this programme, the left-out learners from different schools were first identified with the help of the teachers and school facilitators who conducted community meetings in their respective villages. These students were organised into smaller groups of six to ten students for online sessions with the support of headmasters, teachers, and "Anandshala Warriors," who were educated youth volunteers who had returned to their villages due to the lockdown and were supporting the Ghar-Ghar Shiksha Pathshala programme in mobilising students.

Under this initiative, school facilitators ensured adequate availability of devices and smartphones to enable maximum student participation in the programme. The purpose of these peer group-led classes was to keep learners engaged and provide the necessary support for them to continue their education. During the lockdown, QA, with the support of over **74 Anandshala Warriors and 37 school facilitators, reached a total of 138 schools and more than 80% of students in the five blocks of Deoghar, Devipur, Madhupur, Sonaraitari, and Palajori were enrolled in this programme.**

We did not know if the children are studying 6 - 7 hours at home or not, but our aim was that it would be beneficial if we could provide them at least 1 - 1.5 hours of classes through our sessions. We found that a child who does not study at all has forgotten to write his name even... Only the children who had mobiles could follow online classes daily. We never made online classes or offline study groups mandatory. It was as per their convenience. Our sole aim was to continue the studies and maintain the interest of the children in studies"

- QA Team

QA also adopted offline methods of communication such as **Interactive Voice Response System (IVRS)** messaging to reach learners who did not have access to digital devices. Adolescent girls often experienced cultural and social barriers that limited their access to smartphones. Many families prioritised domestic chores over their daughters' education. Further, adolescent girls had access to shared smartphones in the family for a restricted amount of time. Poor internet connectivity was another challenge, even among those with access to devices. Given these factors, **IVRS-based messaging** for both parents and adolescent girls resulted in wider and more inclusive coverage. The messages covered multiple topics such as awareness regarding COVID-19 prevention, instructions for simple educational activities, gender equity, non-bias attitudes towards technology, the importance of continuing learning, prevention of child labour, and parental support towards their child's education.

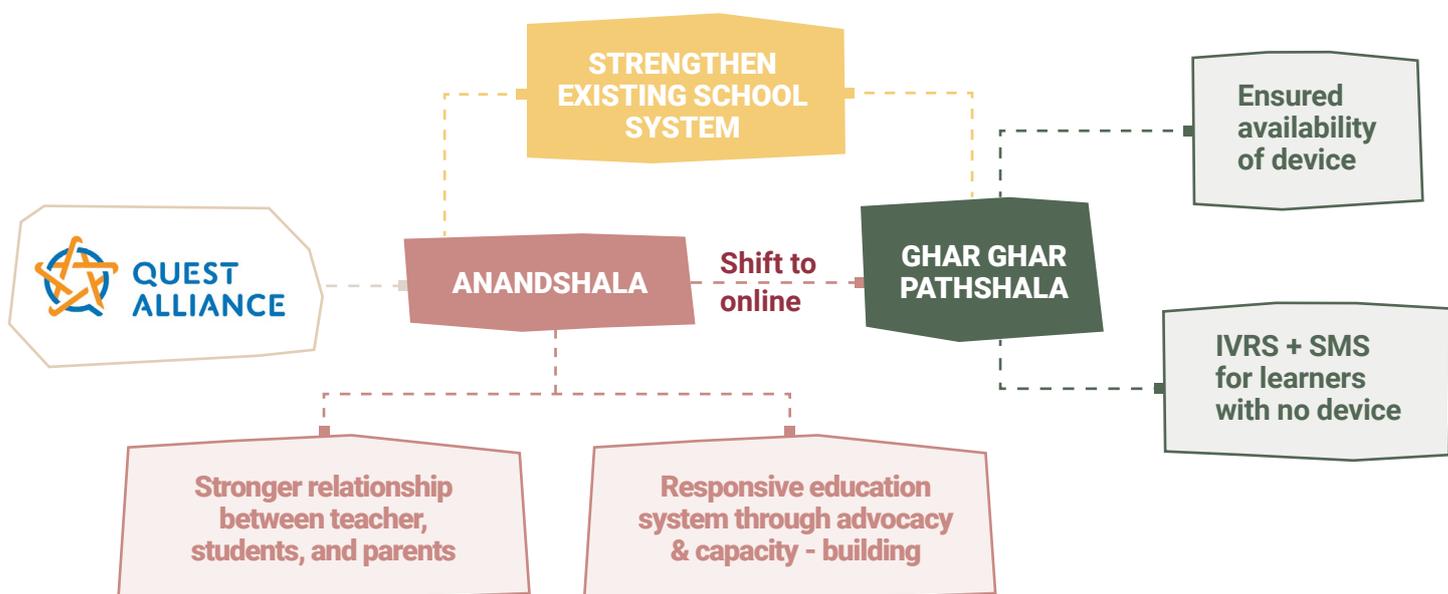
Low-cost tools like IVRS and SMS worked as a trigger for adolescent girls to remain engaged with their learning. This also helped parents to create an enabling environment for girls at home. QA further observed whether adolescent girls exhibited the willingness to learn more and exercised choice through their learning journey. While voice messages have always been a part of QA's interventions, they have now become an integral component.

QA also recognized that one of the risk pathways leading to early marriage is the limited employment opportunities among out-of-school adolescent girls who are unable to financially support their families. To help them build a sense of agency and provide them with avenues of income generation, QA conducted webinars on self-employment training. Skills taught during these webinars included the making of Diwali lamps, rakhis, sanitary pads, and Madhubani painting. Some girls were able to sell their lamps and rakhis in the village markets, instilling a sense of confidence among them and providing some financial assistance to their parents.

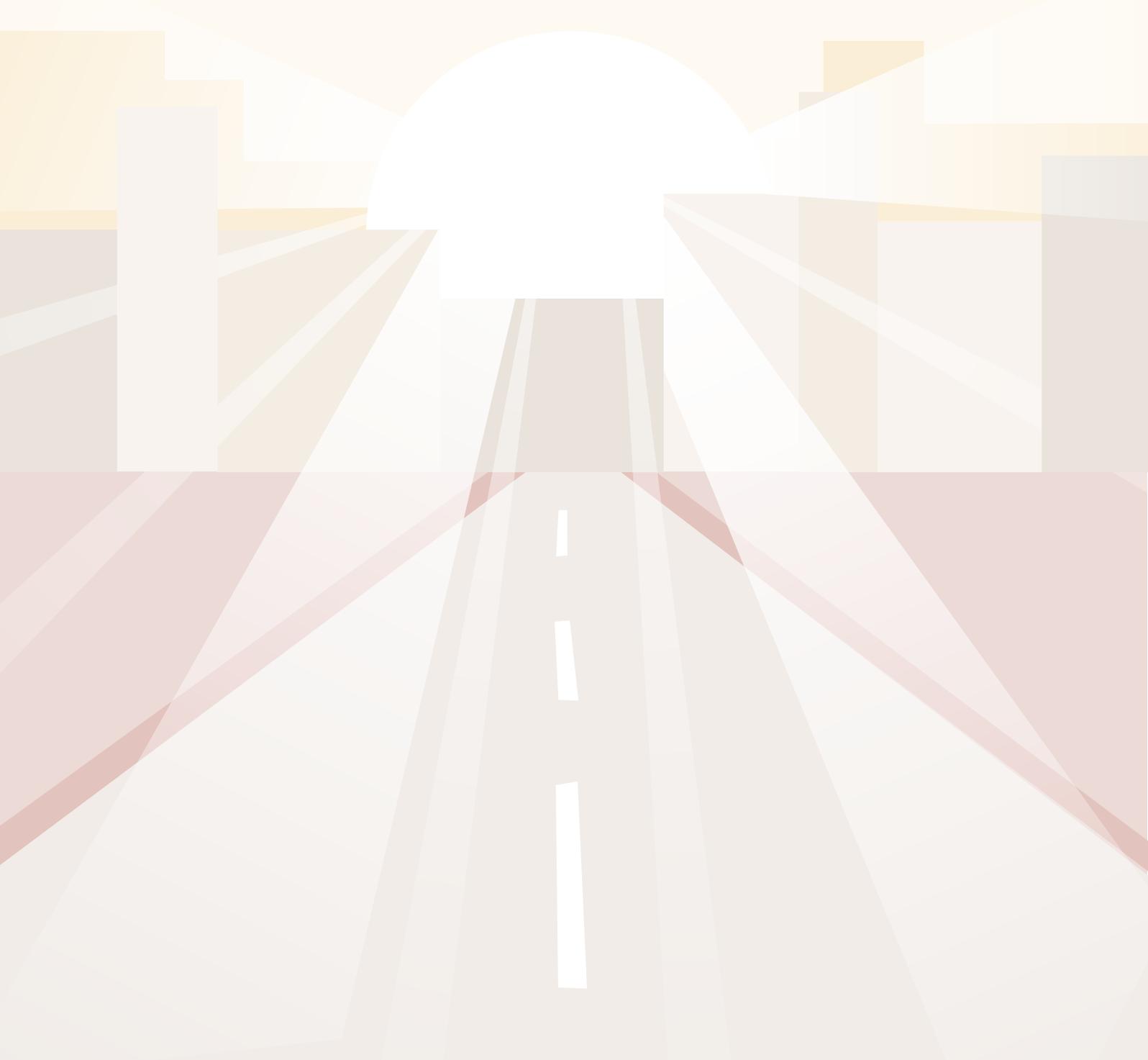
Hence, through a variety of interventions, QA kept adolescents engaged and ensured continued access to education during this trying period.

IVRS was one of the best practices as it responded to the issue of access; even those who didn't have smart phone got access to some kind of content through which they can stay engaged. So IVRS responded to that - very less people had smartphones; most of them had feature phones. In the IVRS, the call pick-up rate was high, and the listening duration was high which means they found it interesting, and they picked it up again and again for consecutive months"

- CINI Team







CHAPTER 6

The Road to Resilience



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Resilience can be defined as the ability of an organization to absorb and recover from shocks and unprecedented situations and consequently adapt its structure to survive through periods of long-term stress, change, and uncertainty.

The past 4 years of capacity-building and systems strengthening have made NGOs and their adolescent communities more resilient in navigating challenges. Their response to the pandemic has thus been more effective and adaptable.

Hence, while this report has elaborated on programme interventions that shifted to adapt to the changing times, the following section now outlines aspects of institutional resilience, that 10to19 has supported to develop with its partner NGOs over the past 4 years.

This section contextualises and highlights this resilience for the benefit of other NGOs spread across the country and for stakeholders such as funders, the government, and sector experts to understand the challenges that NGOs face and consequently support them most effectively.

6.1 Building Organizational Resilience: NGO Promising Practices

"COVID-19 has endangered the long-term sustainability of non-profits. There is an urgent need to significantly invest in strengthening their institutional resilience so they can weather external shocks like pandemics or recessions, where their interventions will be needed the most"

Neera Nundy, Co-founder Dasra

While the COVID-19 pandemic adversely impacted communities on the ground, CSOs also faced a significant blow to their capacities at an institutional level.

According to a survey carried out by the Centre for Social Impact and Philanthropy in May 2020, NGOs faced numerous hurdles:

71% of them did not have sufficient funding to cover operations for more than nine months and only 40% of NGOs could cover more than 80% of their personnel costs.

These organisations play a pivotal role in improving outcomes for communities on the ground. To create sustained impact for women, youth, migrant labourers, and other such vulnerable communities in the years to come, Dasra, along with its network of partners, recognised the need for funders to invest more strategically to support and equip NGOs to deal with challenges and withstand external shocks not only through the development of resilient programmes (as showcased in above sections) but also by building resilient institutions.

Like many others within the sector, a key challenge faced was the limited to no funding flow for activities outside of the COVID umbrella. This meant that all government funds, would be directed towards COVID relief and rehabilitation, with little to no funding support for internal staff, managing communities and continuing business as usual.

The insights captured from the Resi-lens toolkit and stress test, developed by Dasra with over 250 NGOs further demonstrated that over 40% of non-profits tested at the peak of the pandemic were at low resilience, and were at risk of financial and impact shutdown especially over 12 months after the lockdown, with another ~31% risking stress if they did not take urgent bold actions.

Actually, we got a lot of resources in last one year as an organization to manage COVID-19 and do COVID response programs on different issues. Dasra gave funds during COVID, actually to reach out to the youth and ensure youth engagement program. Though the quantum of funds was very small during COVID, they also helped us in getting one fund for dry ration distribution. So, one is dry ration and second one is youth engagement. These are the two important initiatives for which they funded"

- CINI Team

2 in 3 NGOs managed to repurpose less than 30% of their funding base, which hindered their ability to reinvent their programs and adapt to changing circumstances while 83% of NGOs recognized the need for greater non-linearity in their impact models for sustainability and scale.

Like many others experiencing this stress, the 4 key partner organizations and their teams were also pushed to adopt alternative routes to operationalize their functions and make strategic shifts to re-engineer their processes and build scalable models for the unprecedented times that lay ahead. All organisations had to transition to a “remote working” model without any disruption to day-to-day functions.

Quest is quite well resourced in case of human resources and in fact during COVID we increased 50%, we went on from a team of 200 to 400 in the last year and a half and about 50% of staff was recruited at the time of COVID, our operations have intensified and actually increased manifold in the last year. It is all due to the support from funding partners and openness to innovate and experiment.”

- QA Team

Technology and virtual forms of learning and collaboration were adopted during the pandemic. However, the lack of access to smartphones and limited internet connectivity for adolescents was a challenge. To counter this, NGO partners provided smartphones and infrastructure to adolescents wherever possible.

In response to these emerging challenges, Dasra paved the way by increasing their collaborative efforts, joining forces with multiple stakeholders that in turn catalysed numerous NGO partners to drive collective impact. With constant efforts through the Back to Frontline Initiative, Rebuild Fund, and the Institutional Resilience

and Impact Optimization Toolkit, Dasra played a proactive role in driving deeper and more efficient impact by leveraging greater resources, a wider network, and more diverse skillsets. This was done by a two-pronged approach – through programmatic support and leveraging funding for organisation-building.

Despite the impending risk of on-ground programmes coming to halt, all NGO partners displayed an exceptional degree of flexibility and openness in programme execution, through which they were able to transform their existing adolescent platforms into online and offline learning spaces, ensuring inclusive participation and reducing the gap between adolescents with and without access to devices.

To further this effort, funding leveraged through Dasra’s efforts helped support the 4 implementing NGO partners to build resilience at an institutional level as well.

Additional funding enabled CINI to continue its youth engagement programmes as well as provide ration to the most vulnerable people.

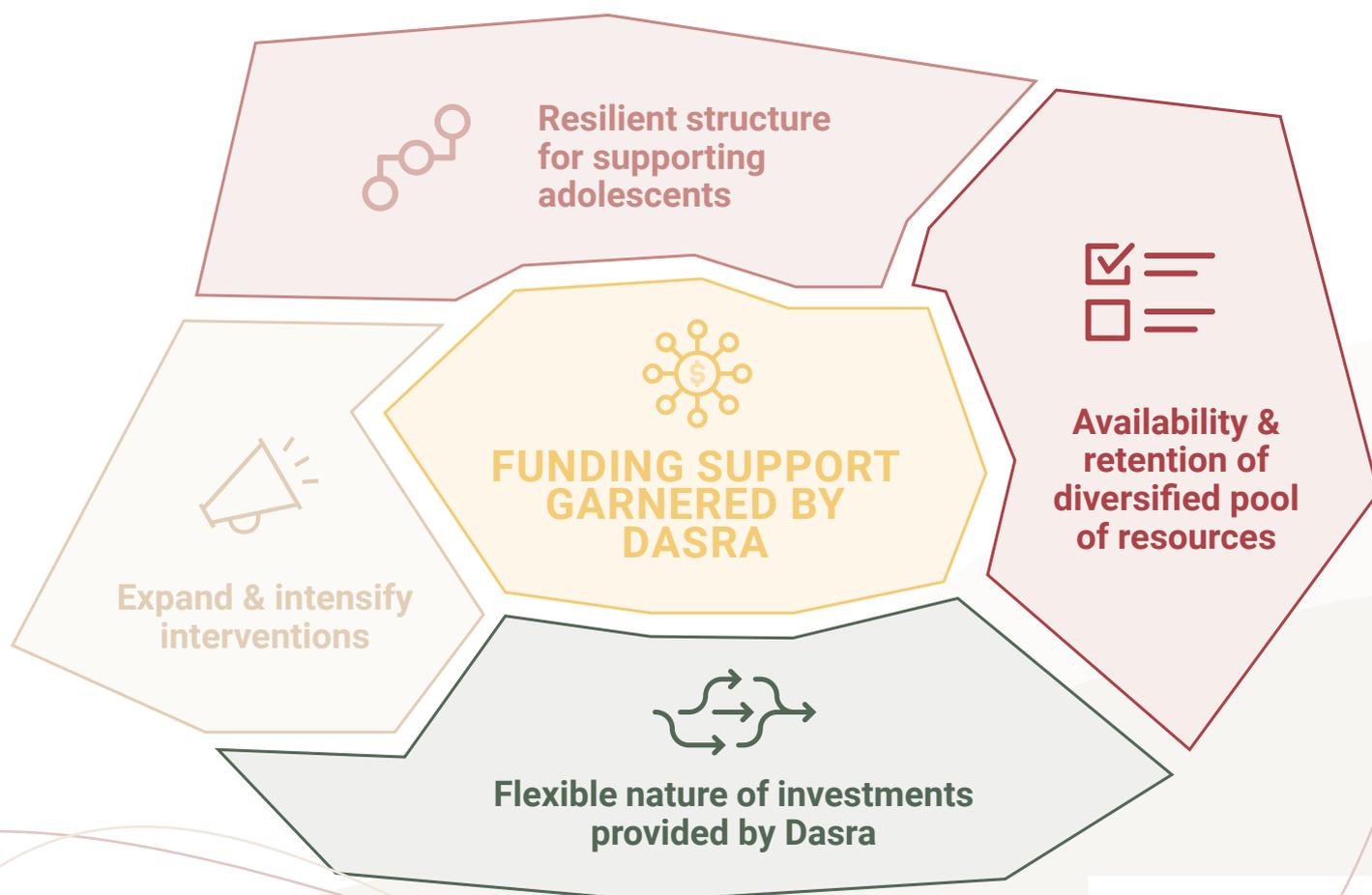
Dasra is a great funder but I think it's beyond that. I think they are a funder that understands that organisations know what's needed in the communities so they don't interfere with the implementation fo the design. I think they trust organisations to let you do things and implement things in a way that we feel because you know they know that the expertise in terms of the implementation and program design lies with the organisation”

- Aangan Team

QA was able to **increase its staff strength by 50%** with the funding support it received through Dasra's efforts. It was also able to increase and intensify its interventions during COVID -19 – Dasra support has been hugely impactful in carrying out school programmes, educational activities, and in distributing food and relief material. QA was able to carry out capacity-building of headmasters, girl champions, and government officials. It also developed a curriculum for out-of-school youth clubs and conducted block-level events. These activities have helped improve service delivery of teachers and FLWs have provided mentorship to adolescents.

With the support of leveraged funds, Aangan was able to continue its interventions through virtual engagements with adolescents. Aangan officials reaffirmed Dasra's flexibility as a source of funding who puts its trust in its NGO partners in a collaborative spirit. This approach allowed Aangan to use funds as per its needs while demonstrating accountability and improved performance.

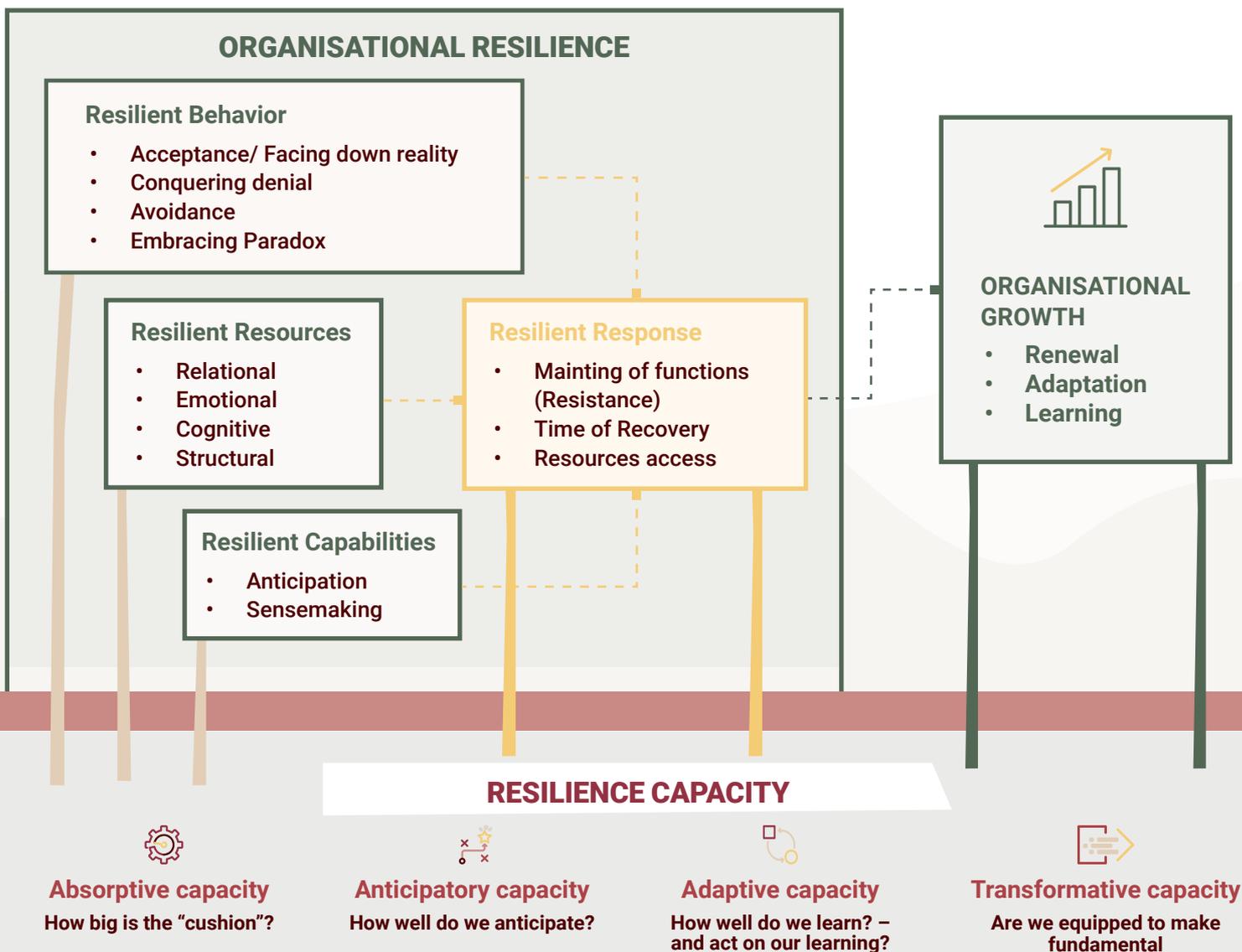
However, shocks through the new amendments to the legal mandates impacted the entire sector. Owing to this the 10to19 was unable to transfer funds to continue supporting C3 post September 2020. Post September 2020, C3 continued its work through other sources of funding and deployed some of its own funds to continue its work at a time when adolescents needed its support the most.



6.2 How Did NGOs Showcase Resilience?

Using the conceptual framework given below, the survey documented organisations' key resilience strategies and practices that were implemented to adapt to change, adjust paths, and cope with and overcome the crisis.

The table below encapsulates real-life examples of 10to19's partner and non-partner NGOs built and showcased resilience in their response to the pandemic:



RESILIENT CAPACITY OF NGOS



ABSORPTIVE CAPACITY

The capacity to take intentional protective action and to cope with known shocks and stressors

- When the lockdown was first announced, CINI and C3 obtained government approval to carry out emergency relief work
- Aangan identified the emerging needs of communities through its network of volunteers and local partner NGO teams
- Staff members of the implementing NGO partners were well protected and supported during the COVID-19 crisis, as was emphasised by the teams. NGOs ensured a smooth transition to remote working to ensure stability for the staff.
- Existing strategies such as a IVRS messaging were redesigned and implemented for learning, raising awareness, and well-being during the lockdown.
- Aangan, CINI, and C3 actively ensured access to dry ration and facilitated access to social protection schemes such as MGNREGA, PDS, etc to help communities cope during the crisis.



ANTICIPATORY CAPACITY

The capacity to identify/anticipate specific risks, and plan and prepare pro-actively to reduce vulnerability

- Aangan provided two smartphones to every volunteer group in 422 locations to ensure regular interaction and training support. Continuous communication with volunteers on the ground enabled Aangan to anticipate and identify any threats to child safety in the community. Aangan also trained community volunteers and other community stakeholders, such as Panchayat Pradhans, which helped prevent any escalation of family violence, early marriage, and other threats to child safety.
- Anticipating a potential third wave of COVID-19 infections, CINI formed support groups in different villages consisting of self-help groups, Panchayat and Gram Sabha members, farmers, and adolescents.
- Given its history of supporting government initiatives on the ground, C3 was able to identify adolescent girls' lack of access to menstrual hygiene products and IFA tablets due to the closure of schools. It was also able to recognise the decline in focus on sexual and reproductive health services during the lockdown due to the prioritisation of COVID-19 response and management.
- QA's focus on continuous capacity-building activities and psycho-social support within the organisation enabled its staff to stay engaged with their work during the crisis and innovate their programmes.



ADAPTIVE CAPACITY

The capacity to make intentional incremental adjustments in response to change, in ways that create more flexibility for the future

- Given the unprecedented challenge during COVID-19, all the partner NGOs transitioned to remote working to safeguard staff members and prevent the spread of COVID-19. Technologies for video call conferencing, training, and other forms of digital collaboration were adopted and effectively used by all the NGO partners to continue their operations.
- As the community became more vulnerable and the risk to child safety increased rapidly during the pandemic, Aangan continued to provide training via its capacity-building sessions for its community volunteers using online platforms.
- After the first wave, Aangan felt the need to digitise community vulnerability data to understand and assess the impact of its programmes. As a result, the software DataOgram was developed with an external consultant and community volunteers were trained to collect and analyse data at a local level and strategise next steps. Volunteers across locations were given smartphones and they collected children and family vulnerability data to track the impact of their actions.
- CINI introduced neighbourhood groups to ensure that adolescents without smartphones could continue to participate in creative engagement sessions. CINI also ensured that the field workers and animators who conducted the sessions were provided with tablets with internet connectivity.
- Since March 2020, CINI has been conducting capacity-building sessions, especially on digital learning, for peer leaders and field workers as a part of its digital literacy campaign.
- CINI's ability to cope during COVID-19 was attributed to the organisation's flexibility, spirit of fostering openness towards changing needs, and reprioritising their focus areas.
- C3 was able to continue raising funds to continue its work even though Dasra's funding support ended in September 2020. C3 deployed its own resources to ensure that programmes continued uninterrupted and adolescents were not deprived.
- C3 also engaged with parents and community leaders to provide adolescents with access to smartphones. This helped parents overcome their reservations about their children using phones for online learning.
- C3 conducted online sessions on child marriage and SRHR with adolescents. These virtual sessions were conducted using speakers and peer educators' phones for those who do not have access to digital devices.
- QA launched several capacity-building sessions for its staff to ensure a smooth transition to digital platforms. Learning programmes and online courses included using Zoom, preparing posters for webinars, and creating content for these virtual events.
- QA was able to increase its staff by 50% percent in the last year and a half.
- QA promoted the emotional well-being of its staff during COVID-19 and initiated a psycho-social support helpline to ensure the same.
- LEAD, a non-partner NGO interviewed by Kantar, was able to raise more funds during COVID-19 by creating a credible space with active documentation and dissemination of interventions to funders, partners, and government stakeholders and through social media.
- LEAD established youth groups and connected them to the ICICI Foundation's online course.



TRANSFORMATIVE CAPACITY

Capacity to identify trend/systems that create risk, vulnerability, inequality, unsustainability, and ability to innovate, identifying opportunities for transformation when there is a crisis

- With adolescents facing increasing isolation, Aangan set up a toll-free number “Connect Karo” to provide support. This initiative further helped in identifying and helping adolescents that were at risk of early marriage and who were engaging in labour.
- C3 also initiated tele-counselling services in collaboration with government departments and circulated the contact information through WhatsApp and PEs. The counsellors were also able to prescribe free medication to those who needed it. This was done to encourage adolescents to discuss problems or challenges they were facing.
- Virtual sessions were held with adolescent groups using Picoprojectors, speakers, and PE’s and saiyyas’ phones to ensure participation of adolescents who did not have access to phones.
- CINI transformed its “safe spaces” platform into a “learning space” to ensure continuity in learning among adolescents. The remedial classes provided to adolescents reduced the learning gaps that occurred during school closures. This ensured adolescents could continue their education uninterrupted.
- QA launched the “Ghar Ghar Pathshala” initiative to keep adolescents engaged in their studies. Headmasters, teachers, and volunteers were all involved in organising these online sessions for adolescents.
- Learning from the first and second COVID-19 wave, CINI formed support groups in the community to make conscious changes in how resources were used in case of future infection waves.

Overall, the interventions of NGO partners have portrayed strong community engagement in identifying local needs and in decision-making processes, which have proved successful in the work carried out. One of the key aspects that depicted resilience among the NGO partners was the integration of various resources within their implementation model and the proactive engagement with community stakeholders. NGO partners have set exemplary examples of initiating and reinforcing dialogues within the community, thereby enhancing programme implementation. Innovations have also emerged throughout the pandemic, creating opportunities for NGO partners to be mutually supportive and collaborative in the future.

6.3 Learnings & Recommendations For The Way Ahead

The unforeseen experiences that accompanied the pandemic, have inculcated important learnings that are key to building programmatic resilience for NGOs in the future. Therefore, the below recommendations have been assimilated to serve as guidance for NGOs looking to strengthen program delivery in the post-pandemic era.

Strategic planning for maintaining of MIS Database

In order to strengthen programme implementation, it is imperative for NGO partners to invest in collecting, collating, and updating a database of beneficiaries – in this case, adolescents. This MIS will ensure better communication with beneficiaries and help build resilience in case of any future crises. Organisations can approach the government for this endeavour as AWCs are more systematic mechanisms to collect this information. The database will need to be periodically verified and updated. NGOs can also create mechanisms for sharing this database among themselves.

Collaboration within sectors to be resilient to future shocks

The collaborative platform should be extended to include non-partner NGOs providing adolescent-centric services to further strengthen 10to19. The pandemic has highlighted the need for synergetic approaches in investment and implementation to weather uncertainties in health, education, livelihood, and social protection, among others. Therefore, it is important to reach out to other organisations and establish a knowledge-sharing platform aimed towards holistic empowerment of adolescents in the state.

Making digital devices more accessible

More structured investments and possible partnerships with corporates are a must to improve access to smartphones and tablets for educational purposes. Leveraging investments through corporates should be emphasised at an organisational level.

Strengthening online learning

Cost-efficient devices for adolescents should be explored in consultation with technology firms. Structured group learnings facilitated by NGO partners should be scaled up to help students adapt to digital learning.

Improving last-mile delivery of menstrual products

Issues in affordability and access to sanitary pads among adolescents were exacerbated during the pandemic. NGOs should explore partnerships with corporates to improve the supply of sanitary products. They can also explore collaborations with SHGs or local community groups to discover cheaper production alternatives at a local level.

Strengthen community and grassroots engagement

One of the major learnings from this documentation was the importance of having a strong network of community volunteers and frontline workers. Moving forward, active community engagement and grassroots leadership should be continued to ensure successful programme implementation.

Improve Strategic alignment with Government programs

Most NGO partners have been working towards improved delivery of the government's priority services. This engagement should be strengthened through strategic engagement efforts wherein official systems will be scale up based on organisations' best practices. In this context, 10to19 can provide strategic support in creating and facilitating government engagement.

While the above best practices have been instrumental in developing the NGO partners' resilience and response to the pandemic, there are some areas of development that exist on the programmatic front, as the complex interplay between multiple stakeholders in the adolescent sector makes implementation challenging.

6.4 Challenges Faced by NGO Partners

While NGO partners have shown considerable progress in resilience and strengthening their response to the pandemic, the nature and complexity of the adolescent sector made some areas of programme implementation challenging.

This section documents the below challenges faced by partner and non-partner NGOs – LEAD, Lend A Hand India, and Dream – which comprised areas of development for the near future.

Restriction in mobilities

At the onset of the Covid-19 lockdown, C3 and CINI faced challenges in reaching their communities as movement in and around the villages was restricted by community members even when permission letters from the government were provided.

Limited access to digital devices

Parents, teachers, and adolescents highlighted unavailability of smartphones as one of the most common hurdles in accessing online education. This was also the biggest impediment to programme implementation for all NGO partners.

Lack of data and information

Absence of in-depth studies and lack of information on the challenges and vulnerabilities faced by adolescents during COVID-19 was a barrier for LEAD. Their response and interventions were highly dependent on the indications observed only among certain groups of adolescents.

Lack of efficiency in skill/vocational education program through online mode

Conducting skill/ vocational programmes online was an unexplored area. Delivering vocational education normally requires hands-on training and there were no learning modules available. LEAD and Lend A Hand India faced difficulty in demonstrating skills online.

Challenges in monitoring uptake of content

During Covid-19, C3 continued to connect and reach out to adolescents and recognise their needs. Online study materials were shared with adolescents with the help of Sathiyas, Saiyyas, and Nodal Teachers. Even so, challenges remained in determining whether these study materials are actually being utilized by adolescents.



Afterword

NGOs have been integral to India's COVID-19 response and in providing last-mile support to the most marginalised communities, often at great cost to themselves. As we move towards a post-pandemic era, it is important to consider how we can strengthen the capacity of NGOs to build their financial, leadership, and organisational resilience.



NOTE FOR THE SECTOR

A brief joint note encapsulating the learnings of the 4 partner organisations highlighted through this document. These 4 partners remain a small yet significant representation of the plethora of on-ground organisations impacted by the pandemic and who hope to build a stronger way forward.

The aftermath of the first country-wide lockdown and the subsequent second wave of COVID-19 infection in 2021 saw an extreme rise in the vulnerabilities of at-risk families and adolescents. The second wave in Jharkhand led to deeper vulnerabilities in the form of an increasing caseload, more deaths, lost livelihoods, extreme violence against women, girls, and the elderly, dearth of correct and timely information to manage infections, and insufficient support from the state and other health services who had reduced capacity to respond.

During this dire time, we faced a challenging journey that was also an unparalleled learning experience. Our teams were pushed to re-innovate, regroup, and rise above the restrictions to carrying out core programmatic activities, making us strategically innovate to sustain ourselves.

This also pushed us to adopt initiatives contextualised to the impact being experienced on the ground. We had to further mould our ways of working to adopt solutions and protection systems that were community-based, endorsed by local stakeholders, and be adept at activating service delivery through on-ground volunteers best suited to address and respond to risks and emergency situations.

For us, like it may have been for many other key players within the sector, key concerns during this pandemic included the constant fear of being infected, implications of the imposed restriction on mobility, and, the overarching fear of the little progress made in protecting the rights of adolescents, especially girls, over the last decade would be erased as families began experiencing the effects of the pandemic. However, we hope that the initiatives we implemented to combat these fears and concerns serve as a starting point for increased collaboration, convergence, and support for on-ground communities.

As we steadily move towards a post-pandemic world, we as a sector need to invest in creating a sustainable support ecosystem for organisations working on the ground to implement critical interventions. As a sector, we need to have deeper collaborations between stakeholders to ensure transformative social progress and change. The COVID-19 pandemic is but one of many crises that India – and the world – will face in the years to come and we need to take forward the lessons learnt for a more hopeful future.

**A JOINT EFFORT BY AANGAN TRUST, CENTRE FOR CATALYSING
CHANGE, CHILD IN NEED INSTITUTE & QUEST ALLIANCE**

Appendix A : Glossary

AFHC	Adolescent Friendly Health Clinics
ANM	Auxiliary Nurse and Midwife
AHD	Adolescent Health Days
AWW	Anganwadi Worker
AWC	Anganwadi Centre
C3	Centre for Catalyzing Change
CINI	Child in Need Institute
CoP	Community of Practice
DAC	10to19 Dasra Adolescents Collaborative
DIC	Drop-In-Centres
FLW	Frontline Worker
IFA	Iron and Folic Acid
IVRS	Interactive Voice Response System
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee
MoHFW	Ministry of Health and Family Welfare
MoWCD	Ministry of Women and Child Development
MoE	Ministry of Education
NCPCR	National Commission for Protection of Child Rights
NGO	Non-Governmental Organizations
NHM	National Health Mission
NSDC	National Skill Development Corporation
PDS	Public Distribution System
PE	Peer Educator
PMGKY	Pradhan Mantri Garib Kalyan Yojana
PMKVY	Pradhan Mantri Kaushal Vikas Yojana
PRI	Panchayati Raj Institutions
QA	Quest Alliance
RKSK	Rashtriya Kishor Swasthya Karyakram
SHG	Self Help Group
SRH	Sexual and Reproductive Health

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