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Policy Brief

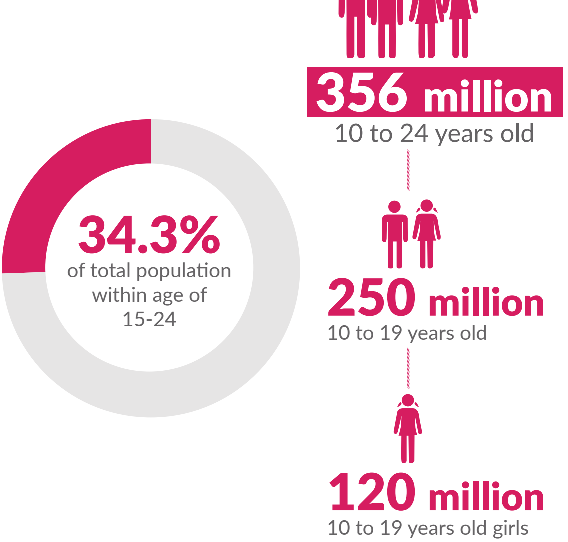
INVESTING IN ADOLESCENT GIRLS IN INDIA

A CRITICAL NEED

Overview

The adolescent population aged 10–19 years in India is fast growing and constitutes about one-fourth of India's total population. While one in every ten Indians is an adolescent girl, which accounts for 20% of the world's population of adolescent girls[1], for many reasons the existence of this group is so far quite invisible. This large cohort of young girls represents a great demographic dividend with the potential to contribute to India's economic growth and development.[2]

It is important to understand that improving the socio-economic outcome of girls and young women is crucial not only for themselves, but also for the community where they live, as well as for nation building process. A World Bank study[3] demonstrated through data simulation for selected 100 countries, that increasing the secondary education of girls by 1% results in annual income increase of 0.3% per capita for any nation. Another study[4] emphasized that societies which do not have preference for investing in girls, pay a price in terms of slower national growth and reduced income.



Girls receive 4 years less

Adolescent girls work 120-150% hours more in Indian households[7]

India is home to the largest number of illiterate women in the world

The Issue

India has the world's highest number of 10 to 24-year-olds, with 356 million[5], of which 250 million are adolescents between ages 10-19, and almost half of whom are girls (120 million). Recent data tells us that there has been a lot of improvement in the status of young people in India: they are better off health wise, have higher level of achievement in education, we see a lessening of the gulf between girls and boys in school enrolment and completion. Yet, adolescent girls are still denied the fruits of development-with many of them still deprived of their rights and not meeting their full potential.

Not only are girls not given adequate support to fulfil their educational aspirations, estimates show that on an average, a girl in India receives less than four years of education in her lifetime. As a result, India is home to the largest number of illiterate women in the world— more than 200 million (UNESCO 2014). 77% of girls and 78% of boys age 6-10 attend primary school. The net attendance ratio (NAR) drops in secondary school: only 66% of girls and 69% of boys age 11-17

[1] Pandey, N. (2014). Gender Sensitivity in India –Reality or Myth
[2] Adolescents in India. Desk Review Report
[3] Chaaban J., Cunningham W., 2011. Measuring the Economic Gain of Investing in Girls: The Girls Effect Dividend. Policy Research Working Paper 5753. The World Bank & Poverty Reduction and Economic Management Network Gender Unit. http://documents.worldbank.org/curated/en/730721468326167343/pdf/WPS5753.pdf
[4] Dollar D., Gatti R. (1999). Gender Inequality, Income, and Growth: Are Good Times Good for Women? World Bank Policy Research Report on Gender and Development, Working Paper Series 1. Washington, D.C: World Bank.
[5] https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf, page 5
[6] International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.
[7] M. Anne Hill and Elizabeth M. King, "Women's Education in Developing Countries: An Overview", in Elizabeth

The risk of an adolescent girl dying in child birth is twice that of a woman in her 20s.

attend secondary school.[6] Completion of secondary school remains elusive for girls, and the opportunity for skilling, to transition from school to the workplace is extremely limited. Instead, we see that Adolescent girls work as many as 120-150% more hours than boys in Indian households[8].

26.8% of 20-24 year old women are married before the age of 18 years and 7.9% of girls aged 15-19 are already mothers[9]. As a result, young girls and women face stronger social, economic as well as physical hardships, which further compound their ability to live their lives to the fullest potential. To add to it all, girls and women in India still do not make decisions around their own education, health, marriage or childbearing.

84% currently married women participate in household decision making, but only 53% have bank or savings account that they themselves use . Adolescent pregnancies result in high child and maternal morality-a child is 50% more likely to die when born to a mother less than 20 years old than a mother 20-29 years old. The risk of an adolescent girl dying in child birth, is twice that of a woman in her 20's.

In rural India, a girl's life centres around her inability to make any decisions about her education, thus leaving her vulnerable and powerless, subject to age old socio-cultural customs and norms. Dropping out of school, being married off before they touch the threshold of adulthood, early and repeated motherhood, bad health, gender-based violence and overall discrimination –these are harsh realities of an adolescent girl's life.

27%
women married before 18 years of age

8%
of girls between the age of 15 -19 already mothers

SOLUTIONS AND BEST PRACTICES

Ever since 1994, there have been many major initiatives when advocates from all over the world gathered and pushed the agenda for addressing the comprehensive Sexual and Reproductive Health and Rights, need of adolescent and young people. UNFPA (2008)[11] in their report on SRHR mentioned a framework which was built on the goals of the International Conference on Population and Development (ICPD), 1994; the Millennium Summit, 2000, with its adoption of the Millennium Development Goals (MDGs); the 2005 World Summit; and the addition, in 2007, of the goal of universal access to reproductive health to MDG 5, for improving maternal health. Adolescents and young people found centre space in Sustainable Development Goals (SDGs), which were adopted by all nations in 2015. To be achieved by 2030, the following SDGs specifically address the needs of women and adolescents:

SDG 3:

Ensure **universal access to sexual and reproductive health-care services,** including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

SDG 4:

- Ensure that **all girls and boys complete free, equitable and quality primary and secondary education** leading to relevant and Goal-4 effective learning outcomes
- Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
- Substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
- Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous

[8] M. Anne Hill and Elizabeth M. King, "Women's Education in Developing Countries: An Overview", in Elizabeth
[9] NFHS 4
[10] NFHS 4
[11] United Nations Population Fund (2008). Making Reproductive Rights and Sexual and Reproductive Health A Reality for All. UNFPA, New York.

peoples and children in vulnerable situations

- Ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy
- Ensure that **all learners acquire the knowledge and skills needed to promote sustainable development**, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and **appreciation of cultural diversity** and of culture's contribution to sustainable development

The Government of India has recognized the importance of influencing health seeking behavior of adolescents and has acknowledged that "the health situation of this age group (15-19) is a key determinant of India's overall health, mortality, morbidity and population growth scenario". The focus on adolescent health and wellbeing were visible for the first time in the Ninth Five Year Plan (1997-2002). Specific mention of adolescents in the Ninth Plan included its commitments towards the child to universalize supplementary feeding with a special emphasis on adolescent girls, to expand the Adolescent Girls' Scheme and to assess the health needs of adolescents in the Reproductive and Child Health (RCH) Program. A Working Group on Adolescents was set up to provide inputs to the Tenth Five Year Plan of India (2002-2007), which was an important recognition of the need to focus attention on this group.

At present, apart from many initiatives by NGOs across the country, the multidimensional needs of adolescents and youth are being addressed the schemes and programs being implemented by six Ministries –Ministry of Women and Child Development, Ministry of Skill Development, Entrepreneurship, Youth Affairs and Sports, Ministry of Health and Family Welfare, Ministry Human Resource Development, Ministry of Social Justice and Empowerment, Ministry of Labor and Employment and their departments at the National as well as the state levels. Other Ministries such as the Ministry of Tribal Affairs and Ministry of Rural Development also have initiatives for adolescents and young people.

Needs of adolescents and youth implemented by following Ministries

- Ministry of Women and Child Development
- Ministry of Skill Development, Entrepreneurship, Youth Affairs and Sports
- Ministry of Health and Family Welfare
- Ministry Human Resource Development
- Ministry of Social Justice and Empowerment
- Ministry of Labor and Employment and their departments

India's National Adolescent Health Strategy, announced in January 2014, highlights the critical need to reach adolescents with relevant information and services related to their health, particularly sexual and reproductive health (SRH). The strategy places communication and the use of information and communication technology (ICT) based platforms as one of the central pillars to ensure expanded coverage to this young population. The strategies include designing helplines, SMS gateways, and technology-based interventions that enable two-way communication.

In 2014, for the first time, the Government of India developed a comprehensive program to address all aspects of adolescent health in the country. Rashtriya Kishore Swasthya Karyakram (RKSK) seeks to enable all adolescents and youth to realize their full potential. It has initiatives that would help all adolescents by giving them information and so that they can take responsible decisions concerning their health and wellbeing, and access services and support they need to implement their decisions.

The Central as well as State governments have also recognized the need to implement schemes targeting adolescents including the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (SABLA), the Integrated Child Protection Scheme (ICPS), the Sarva Shiksha Abhiyaan (SSA), the National Education for Girls at Elementary Level (NPEGEL), the Kasturba Gandhi Balika Vidyalaya (KGBV) and Kanyashree in West Bengal, Ladli Laxmi Yojana in Madhya Pradesh, Bhagyalaxmi in Karnataka (as state specific) are few examples.

Despite these efforts, adolescents continue to face a number of vulnerabilities and challenges, highlighting the gaps in the implementation of programs and policies. These are compounded by the challenges posed by cultural mores, patriarchy and gender discrimination and also other forms of discrimination based on caste, religion and ethnicity. Besides, sexuality and discussions around this issue is a taboo in most Indian societies.[12]

[12] everylifecountsNDTV.com/Understanding adolescents in India

The following are critical parameters for successful investment into this transition

1. Programs designed for the adolescent need to be holistic and all encompassing: For adolescents it is equally important to understand importance of sexual and reproductive health, as academic excellence. At this point in their lives, they should have access to information and services on better nutrition, health and over-all wellness. Exposure to good education, skilling, financial management and information about digital tools would only enhance their abilities to navigate better in life. This is even more critical for adolescent girls considering that they grow up in restricted environments and have little agency to make decisions.

2. Working with and at the community level ensures higher impact and sustainability: Our analysis reveals that most of the interventions which proved to be high impact are closest to the community where these girls & boys belong. It is important to work with the ecosystem (parents, influencers, teachers, siblings) so that they are able to build and provide the relevant support to the adolescents.

3. Long term intervention investments ensure higher impact: Creating enabling environment and challenging existing social norms through community support takes longer but ensures sustainable change. A longer term programming may also lead to behavioral change and a deeper rooted support from their families to support aspirations of the young boys & girls

What Should We Invest In?

As per 'Supporting transitions from adolescence to adult-hood – evidence informed leads for investment" by Shireen J Jejeebhoy (August 2017), the following can be are to be considered for a successful transition from adolescents to adulthood:

Markers of a successful transition to adulthood are multifaceted and include

- Completion of atleast a secondary school education
- Acquisition of livelihood skills and preparation for skilled economic activity
- Informed, safe and consensual entry into sexual relations before or within marriage
- Delayed entry into marriage until atleast the legal minimum age
- Entry into marriage with free and full consent about when and whom to marry
- Delayed parenthood atleast until after adolescence and safe entry into motherhood
- Exercise of agency in life choices and assumption of leadership skills

The study recommends that meeting the SDGs by 2030 will require sustained investment in health, education, skill building and preparation for employment, empowering young women and girls, and promoting gender-equitable attitudes and behaviors among India's youth.

Call to Action

Experience, data and reviews say that no one program in totality would work at scale. It is important to have different approaches, partners, programs that must address the life cycle approach. Thus a combination of different programs & models presents a great opportunity to be a highly effective scaled program in future. Below are some specific recommendations to support, strengthen and continue adolescents' programs in India:

1. **Programs must be replicable and scalable, and should be adaptable and implementable:** Projects need to pay attention to potential scalability from the time they are conceptualized, rather than at their conclusion, and must conclude with a roadmap of what is feasible and what is effective. Innovative pilots that are implemented with the engagement of government agencies are ideal, with potential for replicating promising lessons at scale. Sufficient investments must be made in creating programs that can be adapted and can be implemented across geographies by partners, government or NGOs.

2. **Engage parents, communities, and government agencies:** There is a need to reach out to the entire range of stakeholders at the family, community, and local government, that can play an important role in preventing adverse consequences for the adolescent.

3. **Having champions and positive role models:** It has been found that the presence of adolescent and parent champions help alleviate fears of deviating from social norms.

4. **Address comprehensive life cycle approach to address adolescents' specific needs:** Adolescents are a heterogeneous group with diverse needs and identity markers. The most significant of these are the age range (10-14, 15-18 & 19-24 years). It is important for practitioners, funders and the government to ensure that programs are designed to meet the diverse needs of these groups.

5. **Convergence among stakeholders:** In order to drive change at a large scale, it is imperative for all stakeholders (implementing organizations, funders, multilateral agencies and the Government of India etc.) to work together effectively. Non-profit organizations can do this by sharing resources, data, and training material amongst themselves in order to leverage each other's work.

6. **Increase inclusion of men and boys in the interventions:** There is enough evidence to demonstrate the importance of inclusion of men and boys in adolescents' programs. These programs must address the specific and unique needs of adolescent boys, and sensitize them to gendered privileges and patriarchal norms.

7. **Increase funding for long term programs:** The issues that adolescent health programs are working to address - for example, child marriage, early pregnancy, halting the spread of HIV, altering gender and sexuality norms - are long-term, intergenerational issues. Such programs need consistent, long term implementation support.

8. **Create a conducive social environment that acknowledge adolescent sexuality and uphold their rights:** Provide a physical space where girls can meet regularly; supporting adolescents through an older or peer mentor; and providing life skills (e.g., SRH information, negotiation skills, literacy training) and/or vocational skills training along with socialization and recreation. Including aspects of financial & digital literacy would contribute to more agency.

9. **Technology based innovative programs:** Technology initiatives have the power to end gender gap and empower women and girls. For example, internet access and a mobile phone can mean access to a bank account for the first timer, a new tool to learn how to read and write, or to access information about their health which is otherwise disregarded or avoided by programs and health providers.

10. **Generate Data to Facilitate Effective Decision-Making:** There is need to collect representative data and create more substantive, evidence-based literature which will help funders, implementers and policy makers understand which interventions work and which do not. Such data would also help identify best practices, processes that contribute to change.

Centre for Catalyzing Change (C3's) initiatives with adolescent girls and young people

Centre for Catalyzing Change (formerly CEDPA India), works to mobilize girls and women to achieve gender equality. Our vision is a future in India where girls and women are fully empowered and equipped to realize their rights, access opportunities and achieve gender equality. Our programs for young people equip boys and girls with practical life skills, gender egalitarian attitudes and beliefs, improved confidence in personal decision making and increased self-esteem.

We focus on social and institutional structures and risks that limit girls' mobility and agency that lead to violence against girls, our programs engage boys and men, local leaders, women's collectives and communities' groups to work together to find solutions to empower girls and women. We reflect local values and needs, we partner with communities to raise voices, mobilize social advocates. C3 has worked in 21 states in India and at the national level with over 250 NGOs, educational institutions and many government departments.

Within the domain of our work with adolescent girls, our goal is to enable young girls (and boys) to stay in school, delay age at marriage, promote gender equity, and help young people reduce their vulnerability to exploitation and violence, thereby increasing opportunities for a safer, healthier and more fulfilling and meaningful life.

Our theory of change for adolescent programming includes leveraging platforms to deliver the solution at a larger scale and find an efficient way to deliver the solution at an affordable cost. C3 delivers large-scale programs primarily through creative public-private partnerships to reach out to adolescents with information and services on life skills, education, gender and reproductive health, nutrition, and linkages with vocational skills. C3's programs therefore are designed to be scaled and replicated.

CASE STUDY 1: The Better Life Options Program (BLP): BLP is considered a successful example of Community based gender transformative life skills education program. BLP, with its holistic approach aims to broaden the life options of adolescent girls by meeting their development needs. It also promoted social change through the education of parents, the family, the community, and decision makers at the local, national and international level. The program used an empowerment model that offers adolescent girls a combination of life skills: literacy and vocational training, support to enter and stay in formal school, family life education, and leadership training. BLP was implemented between 1989 & 1999 with over 10,000 young girls and women

Findings from impact assessment study found that significant differences between the control and intervention in terms of education, vocational skills, economic empowerment, autonomy and mobility, self-confidence, reproductive health and child survival behaviour, and health seeking. Girls in intervention area were significantly more likely to be literate, to have completed secondary education, to be employed and to have learned a vocational skill. More intervention girls travelled outside their village and went to a health centre alone in the last six months. In addition, intervention girls were more likely to make autonomous decisions about going to the market, spending what they earned and deciding when to marry. Specifically, the data showed-

- A significantly higher percentage of BLP alumnae married after the legal age of marriage, 18 years, (37%) compared to the control group (26%)
- Completion of secondary school among BLP alumnae was

Schemes for Adolescents in India

- **Scheme for Adolescent Girls (SAG):** This scheme covers out of school girls in the age group of 11-14 years. Under the scheme, they are entitled to supplementary nutrition life skills education, nutrition and health education, awareness about socio-legal issues, existing public services etc.

- **Rashtriya Kishor Swasthya Karyakram (RKSK):** This scheme focuses on age groups 10-14 years and 15-19 years with universal coverage. The programme expands the scope of adolescent health programming in India and includes in its ambit nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

- **Rashtriya Bal Swasthya Karyakram (RBSK):** It is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. School Children enrolled in class 1st to 12th and age 6 to 18 years in government and government aided schools are screened at least once a year.

- **National Programme for Youth and Adolescent Development:** This scheme by the Ministry of Youth Affairs and Sports aims at holistic development of youth including adolescents, develop leadership, promote national integration, strengthen secular and eclectic Foster the spirit of adventure, risk taking, teamwork, the capacity of ready and vital response to challenging situations and of endurance among youth.

- **Menstrual Hygiene Scheme:** This scheme was introduced for promotion of menstrual hygiene among adolescent girls in the age group of 10-19 year in rural areas. Under this scheme, adolescent girls are given sanitary napkins at a subsidized rate of INR 6 for a pack of 6 napkins.

found to be highly significant as compared to the controls (66% versus 46%).

- 99% of the BLP alumnae had learned a vocational skill compared to 22% in the controls.
- The probability of BLP alumnae earning was 39% higher than the control girls (risk ratio 1.39). It is possible that the higher levels of education in the program have contributed to their earning capacity.
- BLP alumnae were twice as likely to use public transport (58% versus 25%) and 46% more likely to go alone to the market.

CASE STUDY 2 : Udaan: Towards a better future : An at-scale, in-school adolescent education program Udaan is C3's most innovative, scaled and replicated model of delivering comprehensive sexuality education. Udaan is a state-wide scale-up of a school-based adolescent education programme in Jharkhand, India. The conceptual framework of this educational programme is participatory, process-oriented and non-judgmental, as opposed to prescriptive, stigmatizing or fear inducing. It was launched to enable adolescents to make a safe transition to adulthood, articulate their issues and know their rights, counter shame and fear, build self-esteem and self-confidence, and develop ability to take on responsibility for self, relationships, and society. Udaan has reached over one million students in classes 6-9 & 11, and is active in 2941 middle and secondary government schools and 203 Kasturba Gandhi Bailika Vidyalaya (KGBV) across Jharkhand. Findings from an iterative quazi-experimental study show that:

- Adolescents exposed to Udaan curricula have significant difference in attitudes towards gender and equality in education.
- There is a significant change in the students reporting that 'when to marry should be a girl's decision'
- There was significant change in awareness levels on legal age at marriage among boys and girls

CASE STUDY 3: Akanksha. This project aims to enable 15000 young tribal girls to make better life choices by bridging the digital divide through basic ICT literacy, life skills and connecting to educational and economic opportunities in Gumla district, Jharkhand. Through a specially developed module, the girls get access to Digital and ICT skills, along Life Skills and SRH contents. This combined curriculum aims to support the girls by building their agency, develop better negotiation skill, enabling them to make better decisions for herself and her family in future. Using digital content, the content also includes aspects of cyberbullying and internet safety. Findings from the end line study of phase 1 (2017-2018), from the intervention area, have given interesting results:

- More Girls in EL (46%) took decision to spend the money they earned than BL (40%)
- During endline 39.6% girls could correctly report that keyboard is used to enter characters into a computer, against a baseline of 11.5%

- 18% girls could correctly identify google.co.in as the address for a popular search engine, against 5.4% during the baseline
- Knowledge that internet can be used to check exam results increased from 17.2% to 33%
- Knowledge on e-cash increased significantly from baseline to end line. Whereas during baseline 95% girls were not aware of e-cash, by end line this had reduced to 77%

CASE STUDY 4 : C3's program delivered in West Singhbum district of Jharkhand represents C3's current focus on working with the government to deliver the critical components of RKSK, which includes the two recommended models for investment – provision of Adolescent Friendly Health Services and working with community based peer leaders (called Peer Educators). Designed as a convergence model, EACH was initiated in 2015 and was delivered in all 18 blocks of the district, covering 2300 Aanganwaadi Centers (AWCs).

As a member of the technical advisory group (TAG), C3 facilitated convergence across departments at all levels. It worked closely with the departments to ensure that all frontline workers (including ASHA, Aanganwadi Workers {AWW}, Auxilliary Nurse Midwife {ANM}, Multipurpose health workers {MPW}), were trained and supported to deliver as per RKSK guidelines. Through its engagement with the representatives of Panchayati Raj Institutions (PRI), continued handholding, content, curricula and training support, C3 was successful in operationalising the Adolescent Friendly Health Clinics (AFHCs). Further, it worked closely with community based Peer Educators (PE), who then emerged as champions of change. Findings form evaluations conducted over the two years of implemented shows:

- Interface with PE has led to increase in adolescents' knowledge on SRH, gender-equity, rights and entitlements.
- There was a 37% increase in knowledge related to complications in pregnancy and child birth
- 46% increase in awareness on the consequences of child marriage
- Adolescents who had consistent interaction with PE had visited AFHCs. While at the beginning of the intervention, none of the adolescents were aware of AFHCs, by endline, 9 out of 10 could correctly report atheist one identifiable feature of AFHC.
- Findings also revealed improvement in knowledge around contraception (condoms) and using condoms as prevention against HIV/AIDS

Moving Forward

While investing in young people is important, it is equally important to work with them on areas of empowerment so that they can make informed choices in their own life. It is equally important to ensure their skill, educational development and health so that they can be confident individuals and citizens as well as investing in them as a resource and as change makers. Thus, we need to address each domain of their life, not in silos, but adapting a life cycle approach which will yield long term expected positive outcomes. v

- **Weekly Iron and Folic Acid Supplementation (WIFS):** This scheme was launched the to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. Under this scheme, school going adolescent girls and boys in 6th to 12th class enrolled in government/government aided/municipal schools and out of school adolescent girls are provided with weekly IFA tablets.

- **POSHAN Abhiyan:** This programme targets to reduce level of under-nutrition and other related problems by ensuring convergence of various nutrition related schemes. It also targets stunting, under-nutrition, anaemia (among young children, women and adolescent girls) and low birth rate.

- **School health programme (SHP):** The SHP under the Ayushman Bharat aims to strengthen the preventive aspects through health promotion activities. The school health promotion activities will be implemented in all the government and government aided schools in the country.

- **Sukanya Samridhi Yojna:** This is a small deposit scheme of the Government of India meant exclusively for a girl child and is launched as a part of Beti Bachao Beti Padhao Campaign. The scheme is meant to meet the education and marriage expenses of a girl child.

- **National Scheme of Incentive to Girls for Secondary Education:** This scheme was launched to promote enrolment of girl child in the age group of 14-18 at secondary stage, especially those who passed Class VIII and to encourage the secondary education of such girls. A sum of INR 3,000/- is deposited in the name of eligible girls as fixed deposit. The girls are entitled to withdraw the sum along with interest thereon on reaching 18 years of age and on passing 10th class examination.

Acknowledgements:
Supporting transitions from adolescence to adulthood – evidence informed leads for investment" by Shireen J Jejeebhoy (August 2017)

PROMOTING EMPOWERMENT, FACILITATING CHANGE: Evidence informed approaches for increased investments to address the critical needs of adolescent girls in India. Draft Position Paper prepared by Madhumita Das & Shreshtha Kumar. C3, 2019.

WE ARE C3

We are for EveryGirl. EveryWoman. EveryWhere.

In the last 30 years, C3 has emerged as a key change-making organization focused on improving the condition of girls and women in the country. At C3, we design solutions that mobilize, equip, educate and empower girls and women to meet their full potential. We strive to create an ecosystem where all girls and women can demand and get their due entitlements. Our work addresses the challenges that they face in our country at various stages in their lives. At the core of our work and approach is the belief that gender equality is essential for development and democracy. Our programs are aimed at equipping girls and women with practical life skills, improved confidence in personal decision-making, and increased self-esteem. Our work ensures that girls and women have access to quality reproductive and maternal health care. We are committed to equal participation of women in governance and leadership roles as a step towards building a stronger nation.

To know more about initiatives with adolescent girls, visit our website www.c3india.org

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