10to19
DASRA ADOLESCENTS COLLABORATIVE

10to19: Dasra Adolescents Collaborative – In partnership with National Health Mission, Chhattisgarh

Learnings and progress from implementation over 2018-2021

In collaboration with our Implementing Partner: **Centre for Catalyzing Change (C3)**

Objective of this document

The National Health Mission (NHM) of Chhattisgarh and 10to19: Dasra Adolescents Collaborative (10to19) have been partnering since 2018 to improve adolescent health and wellbeing in the state. Centre for Catalyzing Change (C3), the implementing partner of 10to19 in Chhattisgarh, has worked with the Government in these efforts. This document summarizes the key learnings from their collaborative action, and tables recommendations for the state's health department for scaling learnings and progress.

This document is a reflection of learnings from Dasra and its implementing partners as a part of the 10to19 Collaborative, based on the experience of implementing on ground in Chhattisgarh. It is key to note that the learnings shared here have not been statistically validated or backed by extensive research – but are rather early outcomes and good practices that have emerged from the programme implementation, self-evaluated by the 10to19 partners themselves.

Introduction to 10to19's work in Chhattisgarh

Over the last three years, C3, 10to19's implementation partner - has been providing technical and implementation support to district and block officials in Bilaspur and Surguja[1] districts in Chhattisgarh, on multiple adolescent health and wellbeing initiatives as part of Rashtriya Kishore Swasthya Karkyakram (RKSK). C3 was selected as key state implementation partner on the basis of their long-standing success with adolescent and child-focused programming to carry-out a multi-year grassroots program, with the first two years (2019-21) focused on field execution. The project's set-up Phase in 2018 was dominated by an extensive data collection exercise to assess the status of adolescents in the target districts and serve as a baseline for the districts in which 10to19 would begin implementation. Following this, implementation on ground began in 2019 as did the work at the state level which involved the following key aspects:

- On-ground implementation in 2 districts (Bilaspur, Surguja) with support provided to district and block administrations on adolescent issues related to health, education, safety and empowerment
- State support to the NHM to trickle up key learnings, provide consultation and technical support as needed.

Though a substantial part of the implementation time in 2020 was compromised by the national lockdown mandated during the spread of COVID-19, 12+ months of full-scale implementation were completed. While this document outlines the key progress across this time, it is also important to acknowledge some of the key difficulties faced in implementing our approach and a few things that didn't work as well. 10to19 placed a significant emphasis on building evidence and thus conducted an extensive baseline study in 2019 before starting implementation. However, as intermediate progress data was collected in 2019, it was noted that our evidence collection plan was not accurately capturing the intangible impact in areas such as agency building, mindset change etc. Further, since our measures of success were mostly articulated in the longer term, it was realised that stronger intermediate short and medium term success indicators should have been defined. Acknowledging these challenges in our approach has been central to the way in which we have designed the way forward for the Collaborative's work.

We look forward to this document becoming a useful resource for the NHM and other civil society organizations especially implementors working towards adolescent health and well-being in the state. We also hope to use this working document as the beginning of a dialogue around what works and doesn't work for adolescent health and well-being programming and look forward to getting further input from stakeholders and practitioners.

1. A detailed overview of each district's adolescent health and well-being indicators gathered through primary and secondary research can be found in the Appendix.

As part of on-ground programme implementation, 10to19's efforts were anchored on three change levers - capacity building of human resources, program and process strengthening, and community engagement, with a cross-cutting focus on data-driven learning.

10to19's Mission

Drive collaborative action towards scalable impact to ensure that adolescents are educated, healthy and empowered to make positive life choices

Interventions in partnership with state departments and/ or with on ground implementation partners, to improve adolescent, health, education and wellbeing

Capacity building of human resources

To ensure better last mile delivery of services:

- Co-create and strengthen training content and pedagogy of training of human resources
- Support training delivery and roll out at various levels (from FLWs to block and district officials)

Program and process strengthening

To ensure smooth implementation of programs and services:

- Facilitate regular inter-department interactions, and intra-department convergence where relevant
- Support implementation of adolescent focused programs and service delivery innovations

Community engagement

To increase demand and uptake of services:

- Support implementation of community awareness, trust building and engagement activities
- Facilitate creation of community champions and involvement of community in decision making

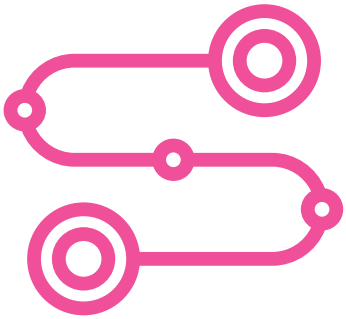
Data-based learning

Facilitate mechanisms to collect timely and actionable data, and create feedback loops at various levels of the administration to ensure evidence based decision making and course correction

A comprehensive assessment of the status of adolescents study conducted by C3 in Bilaspur and Surguja in 2018 found **low awareness among adolescents about Rashtriya Kishore Swasthya Karyakram (RKSK)** and especially Adolescent Friendly Health Clinics (AFHCs). This has contributed to the limited uptake of services offered under the program by adolescents. Less than 1 percent of adolescents had heard about AFHCs and only 25 percent of boys and 37 percent of girls had availed services of a Mitanin. The baseline also found that girls were more severely impacted and face disproportionate challenges because of greater restrictions placed on their mobility, connectivity and decision making. Only 1 in 5 girls, as compared to 3 in 5 boys, were allowed to go to a health centre outside the village. The district governments and C3 have therefore strived to improve the delivery of services under RKSK and to increase community awareness, participation and uptake of these services.

Early Outcomes

C3's support to the districts at the ground level have resulted in increased community demand for RKSK's services. Moreover, the work has resulted in more coordinated, data driven and effective program management and delivery of the RKSK programs. In Bilaspur and Surguja, AFHCs saw an increase of 178% and 52% in the adolescents receiving clinical services and an increase of 185% and 34% in the adolescents receiving counselling services respectively.



Way Forward:

10to19 and its partners remain committed to promote adolescent health and wellbeing in Chhattisgarh and will continue to further the impact of their collective work.

Centre for Catalyzing Change (C3) will take forward the implementation of their project in close collaboration with the state government. C3 will continue to conduct on-ground programming to improve adolescent health and well-being in the State of Chhattisgarh independently.

Through its nation-wide Community of Practice, 10to19 will work to maintain a continuous exchange of learnings, insights and best practices between Chhattisgarh and other geographies.

Key Learnings and Recommendations

Key learnings from 10to19's collaborative efforts are relevant to NHM's operations across the state. These are summarized below based on the activity categories depicted in the exhibit above:

Capacity building of human resources to ensure better last mile delivery of services

Training of frontline staff is a critical component of the RKSK program. It has a high impact on the quality of service delivery, which can improve health seeking behaviour among adolescents. Trainers, especially those delivering programs focused on sensitive topics such as sexual and reproductive health, are more effective after they receive adequate and high quality training. Updating training methods and formats and providing hands-on opportunities to trainers, results in greater capacity building and a sense of ownership at the trainer level. To enhance its current efforts, the state health department can consider:

1 **Designing trainings - especially Master Trainer (MT) level trainings - to be longer, intensive and interactive, preferably in an in-person format.**
Such a format will ensure trainers have enough time to absorb the content, learn practical skills, ask questions and build their confidence. They are then **effectively equipped to conduct further cascade training and student sessions.**

For e.g. In the School Health Program (SHP) pilot supported by C3, MTs went through three days of residential training. This gave them ample time to get comfortable with the content and build confidence in their skills. The trainings included the use of interactive elements like games and quizzes that enabled learning, and were further used during in-school sessions to boost student participation.

2 **Designing training content that is contextual with local needs and experiences.**
Often the lack of relatability makes training materials less interesting and ineffective. Contextualising content with locally relevant examples **strengthens the link between theory and practice** and makes materials more engaging. This can **improve both meaningful participation and content retention** among participants.

For e.g. In the SHP pilot, trainings were conducted using C3's proprietary content, which draws on local context and experiences. This was appreciated by teachers for relatability and relevance. As a counsellor from Sitapur, Surguja said "The flipbooks have made it easy for me to conduct counselling and for clients to understand and relate to what I am saying."

3 **Creating opportunities for trainers and front-line staff to apply skills in a practical, simulated setting before implementation.**
By practicing facilitation in simulated settings, trainers and staff can strengthen their content and delivery approach and **build greater confidence.**

For e.g. MTs and nodal teachers conducted practice sessions with students before conducting actual sessions of the SHP which helped teachers improve the examples they used in the sessions as well as build a rapport with students.

Recommended action for department:

- **Review current training content, design and delivery model and consider redesigning/ strengthening existing training through experiential training practices and intensive, 1-1 sessions while planning for training budget and calendar of this year. The department may reach out to C3 to know more about the training content used for the SHP pilot roll-out.**

Program and process strengthening to ensure smooth implementation of programs and services

The timely identification and resolution of issues, informed decision making, and optimal budget utilization are important components of effective program management. Strengthening these processes can ensure seamless and consistently high quality delivery of services to adolescents. Some recommendations to consider include:

1 **Regularising intra department reviews and inter department convergence.**

The multiplicity of departments and stakeholders can pose challenges in managing cross-cutting programs such as those for adolescents. The success of RKSK depends heavily on effective and regular communication and collaboration across multiple functions and departments. Interactions between stakeholders within and across line departments in 10to19's work has **improved accountability, timely identification and resolution of issues, and coordination and decision making.**

For e.g. Data sharing and engagement between program managers in the health departments at state, district and block level, have enabled higher budget allocation to operationalize AFHCs and appointment of more front line human resources. Staff has been designated at 11 AFHCs and approximately Rs. 50,000 unlocked for 5 PHCs to operationalize their AFHC.

2 **Using simple tools/ technology to collect data and evidence on the quality of service delivery.**

Data-based learning

Providing relevant officials with timely and accurate data provides them **better visibility into operations,** enables them to **support program and service delivery, and make decisions for effective program management.**

For e.g. An annual assessment of 21 AFHCs is being conducted by C3 to evaluate their infrastructure and service availability, which has helped to escalate any gaps for action to the relevant authority. This is being done using a tool[2] adapted from benchmarks set by RKSK, which includes checks for infrastructure, logistics & furniture, Information, Education and Communication (IEC), human-resources, commodities and consumables, equipment, services provided, outreach services, linkage and referral services, records & reports, monitoring and supervision.

Recommended action for department:

- **Examine current regularity of intra-department review meetings and inter-department convergence meetings. Consider strengthening regularity and ensuring focused agenda of discussion, based on data and evidence from the ground. The department may reach out to C3 to know more about the assessment tool used for data collection.**

2. This tool is proprietary of C3 and the state department may reach out to leverage materials for other blocks/ districts if desired

Community Engagement to increase community demand for and uptake of services

RKSK is a community based program and its success depends largely on a sensitized and engaged community. To increase community participation and uptake of services, there is a need to build awareness, trust, and ownership among the target populations. To engage more deeply with the community, the department can consider

1 **Designing IEC materials to be user-friendly and interactive.**
Visual, contextualised and concise IEC materials resonate more with community members and better achieve the desired objectives such as building awareness. Materials that are designed based on user needs and use visuals to show real life examples **build better interest and awareness at the community level.**

For e.g. A set of three illustrated flip books[3] developed by C3 have been placed at AFHCs to highlight key aspects of RKSK and services offered at the AFHCs which are being used by FLWs to engage with visiting members of the community.

2 **Ensuring community demand building activities such as Adolescent Health Days (AHDs), adolescent group meetings etc. are held regularly.**
Forums that give adolescents an opportunity to engage with each other and learn about and understand the relevance of programs and services applicable to them can help **increase their on-going demand for health services.**

For e.g. Regular AHDs and peer-educator led sessions have led to increased awareness and demand for services offered by the AFHCs

Recommended action for department:

- **Examine current IEC materials being used on the ground. Consider re-designing or strengthening existing materials to be more visual and based on real life examples. The department may reach out to C3 to know more about the flipbooks being used at the AFHCs.**

3. These flip books have been developed by C3 in consultation with NHM and the state department may reach out to leverage materials for other blocks/ districts if desired

Deep Dive into 10to19–NHM partnership

The following section describes in detail some of the program initiatives being supported by 10to19's partner C3, in Chhattisgarh. The objective is to provide the state department with details on learnings that have improved the uptake and efficiency of government programs in the districts of Bilaspur and Surguja. We hope that this will act as a starter guide to the state in case of scale-up or expansion plans.

Effective training of Master Trainers and Teachers for roll out of School Health Program (SHP)

Implementing partner	Centre for Catalyzing Change (C3)	**Implementation districts**	Bilaspur
Key stakeholders involved	Director of School Education, District Education Officer (Bilaspur), in collaboration with NHM		
Key Takeaways	• Effective training through activity-based and participatory methods is crucial in enabling front line staff to successfully deliver programs.		
Results	The pilot of SHP in Bilaspur has demonstrated the impact of effective content and innovative training methodologies on teachers' ability to deliver learning sessions and engage with students. Even with onset of COVID-19, Master Trainers (MTs) and Teachers were able to adapt and deliver quality sessions through online platforms. Before the onset of COVID-19 pandemic, 800 Health and Wellness Ambassadors[4] (HWA) (80% coverage) were trained at the block level by MTs, and the teachers collectively conducted 372 sessions, reaching out to 30,318 students by March 2020.		
Implications	Teachers in this district are better prepared to take sessions on important health related topics for the adolescents and are taking ownership of improving the experience for adolescents in the classroom.		

4. Two teachers, preferably one male and one female, in every school, have been designated as HWAs to transact health promotion and disease prevention information in the form of interesting activities on a weekly basis.

Overview

With the SHP yet to be fully rolled out in the state of Chhattisgarh, C3's MoU with the Chhattisgarh NHM to strengthen RKSK implementation in the state facilitated the issuance of a letter from the MD-NHM for Director of School Education, introducing C3 as partner agency with a request to extend support for rolling out the School Health Program in three blocks of Bilaspur district. C3 supported the officials in nominating MTs for the program, developing content for training and conducting training sessions for MTs, Teachers and Principals.

Areas of support:

Capacity building of human resources to ensure better last mile delivery of services:

1 Supporting content development:

- C3 adapted its proprietary RKSK training material to support the training of MTs for the SHP program, along with the existing SHP curriculum. The **training material includes real life examples and engaging activities** that served as an **effective orientation to the SHP** while official material from the central government was still in the process of development.

2 Collaborating on training design and delivery:

- The 16 nominated MTs went through an extensive three day residential training which gave them **adequate time to build familiarity with the content and to practice and strengthen their trainer skills.** These MTs further conducted a two day training of nodal teachers/ HWAs at the block level. By March 2020, 80% of the HWAs in these blocks had been trained and the teachers collectively conducted 372 sessions, reaching out to 30,318 students. C3 also provided supported by orienting Principals of target schools on their role in effective roll out of the SHP.

- Right after participating in-person trainings, **MTs were encouraged to conduct practice sessions with students to help them translate their learning into action** and **improve examples in the content to align better with needs of their students.** The positive feedback from MTs on this model led to practice sessions being organized for nodal teachers as well, before the actual SHP roll out. Teachers said that this helped them **build their confidence and establish a rapport with students.**

- With the onset of COVID-19, the Ministry of Health and Family Welfare (MoHFW) requested C3's support in piloting online training of Health and Wellness Ambassadors and learning sessions for students using Webex. First, a batch of 27 teachers participated in five online training sessions. They then conducted mock sessions, before rolling out the program online for students. Of the 27 teachers trained digitally, seven teachers had started taking online sessions with students by July 2020. The number of nodal teachers facilitating online sessions during the pandemic has increased steadily, validating the success of this approach. Both **teachers and students have responded positively to the online format and have found the video and story-telling based methodology to be engaging.** As one teacher remarked **"We never thought that the training would be so interesting. Got new ideas from the training to transact sessions in interesting manner for children."**

  The subsequent report of the pilot online training with teachers was shared with MoHFW and NCERT and fed into the process of the State Resource Group trainings conducted. C3 was a part of the National Resource Group which conducted these trainings.

Using Data and Training to Strengthen Adolescent Friendly Health Clinics (AFHCs)

10to19 implementing partner	Centre for Catalyzing Change (C3)	Implementation districts	Surguja, Bilaspur
Key stakeholders involved	District and block level RKSK units, community level health functionaries		
Key Takeaways	• Real time evidence and effective feedback loops enable officials to swiftly address operational challenges. • Initiatives towards building awareness and trust in community can drive adoption of services.		
Results	Since the start of 10to19's intervention, AFHCs in the selected districts have seen increase in adolescent and community level engagement. The state NHM has also been able to reduce Front Line Worker (FLW) vacancies and increase budget allocation towards operationalization of AFHCs. AFHCs in Bilaspur and Surguja saw an increase of 323% and 47%, respectively, in the total number of adolescents registered at AFHCs between 2018-19 and 2019-20. Additionally, the two districts saw an increase of 178% and 52% in the adolescents receiving clinical services and an increase of 185% and 34% in the adolescents receiving counselling services, respectively.		
Implications	AFHCs in the intervention blocks are operating more effectively, with trained staff on the front line, better visibility into operations and challenges for officials, faster and more effective decision making based on data, and a more engaged community.		

Overview

As part of the collaboration with NHM Chhattisgarh, C3 is providing technical assistance to strengthen the implementation of RKSK. It is supporting operationalization of 19 of the 21 AHFCs in these two districts of Chhattisgarh.

Areas of support:

Capacity building of human resources to ensure better last mile delivery of services:

1 Collaborating on training design and delivery:

- An initial landscaping by C3 showed that health functionaries at the district and block level were not familiar with the RKSK program and AFHC guidelines. To address this, a mentoring program was co-designed to **provide program implementers with a better understanding of the RKSK program and their role in effective implementation.** Workshops were conducted which included an orientation to RKSK's operational mandates, budget allocations, outreach provisions and the charter of services mandated under the AFHCs.
- There was a **lack of trained counsellors at all AFHCs.** Where counsellors had not been appointed, enthusiastic Auxiliary Nurse Midwife (ANM) and Multipurpose workers (MPW) were identified and trained to serve as Adolescent Health Counsellors (AHCs) and provide first-level counselling support. This has helped **ensure continuous and high quality service** to adolescents who visit these clinics.

Program and process strengthening to ensure smooth implementation of programs and services:

1 Enabling data based learning:

- A yearly assessment of AFHCs is being conducted by C3 in partnership with NHM to **provide officials visibility into the state of select AFHCs and to enable identification and resolution of issues being faced. T**he assessment is carried out using C3's proprietary tool[5] which collects data and information on infrastructure, logistics, Information, Education and Communication (IEC), human resources, commodities and consumables, equipment, services provided, outreach services, linkage and referral services, records & reports, monitoring and supervision.
- The outcomes of the advocacy after the assessment include
  - Display of Charter of Services at AFHCs, provision of dedicated space for three AFHCs (PHC Bartori under Bilha block, Bilaspur district, and two PHCs in Sarguja district namely PHC Kedma and PHC Ghuntrapara under Udaipur and Batauliin blocks respectively).
  - Strengthening of records by providing registers for AFHCs at Salka PHC, Udaipur, Dondagaon PHC, Sitapur, and improved reporting of AFHCs at Dagori PHC, Bilha, and Salka PHC, Udaipur.
- District, block and community functionaries expressed a need to be oriented on record keeping and progress reporting. C3 provided hand-holding support in collection of day-to-day operational data from AFHCs. Data on registrations, visits, services availed etc. is being compiled in prescribed formats and being reported quarterly on the Health Management Information System (HMIS). This has **ensured a continuous feedback loop of data and evidence** and **provides the officials visibility into operations and availability of services.**

5. The tool has been developed based on the benchmarks for establishing AFHCs, as included in the RKSK operational guidelines

Community engagement to increase demand for and uptake of services:

1 Supporting implementation of awareness/ narrative building activities:

- C3's initial assessment found that adolescents in the intervention districts were unaware of the RKSK programs and services available to them. To boost awareness, a set of three illustration based flip books have been given to the AHCs to be used for their own and the community's reference at the clinics. The flipbooks have been designed to be visually engaging and easy to understand. They cover the six key themes[6] of RKSK as well as the counselling and clinical services available at the AFHC. They have **created significant visibility of the services offered at the clinics** and eased the counselling process for health service providers.

If you would like to know more about the interventions described in this document or have any questions, please reach out to the 10to19 Collaborative through any of the following channels:

Website: www.10to19community.in Email: 10to19community@dasra.org

6. The six key themes of RKSK are Reproductive and Sexual Health, Nutrition, Mental Health, Injuries and Violence including Domestic and Gender-Based Violence, Substance Misuse and Non- Communicable Diseases

Appendix

District Profiles: Overview

The National Health Mission (NHM) of Chhattisgarh and 10to19: Dasra Adolescents Collaborative (10to19) have been partnering since 2017 to improve adolescent health and wellbeing in the districts of Bilaspur and Surguja. The following document gives a snapshot of the demographics and key health, education, and child protection related indicators for the district.

At the start of its work in Chhattisgarh, the collaborative conducted a baseline among girls and boys from the age group of 10 to 21. The study was conducted in two districts – Bilaspur and Surguja, which are among the high priority districts of Chhattisgarh. For this study, two blocks from the intervention areas and one block from the non-intervention areas were selected. The study selected 13-14 villages at random per block and surveyed ~200 households per village. The table below captures some key health indictors from this study.

Health indicators, 10to19 Baseline survey Chhattisgarh, 2018		
Indicator	**Girls**	**Boys**
Received IFA tablets (%)	44 (Married girls – 44)	24
Heard about ASHA (%)	92	64
Availed ASHA's services (%)	37 (Married Girls – 65)	25
Heard about RKSK (%)	3	2
Heard about AFHC (%)	8	1
Number of respondents	**1,540**	**541**

Findings: Dipstick Survey on Status of Program

A rapid endline assessment was conducted amongst 200 program participants in the districts of Surguja and Bilaspur by 10to19 as part of the project assessment and evidence creation efforts in Jan 2021. While the study is yet to be published, early indicators collected from the survey are listed below:

Of adolescent respondents were aware of RKSK

Of these respondent adolescents attended RKSK sessions regularly

Of respondents received some type of health related information from an ASHA

District Profile: Bilaspur

District overview

Bilaspur is one of the 28 districts in Chhattisgarh and is further divided into five administrative blocks. As of Census 2011, the district had a total population of 26,63,629 which is 10% of the total population of Chhattisgarh. The district had a sex ratio of 971 females per 1000 males, and a literacy rate of 71%. Details of the district's adolescent population (Census, 2011) are given below:

Total adolescents (age group 10-19)	Total adolescents in the age group 10-19 (as a percentage of total district population)	Girls in the age group of 10-19	Girls in the age group of 10-19 (as a percentage of total adolescents)
5,82,531	22%	2,82,187	48%

Key Indicators

The table below lists key metrics from available government sources on adolescent health and wellbeing in the district:

Key health, education, and child protection indicators, as per government reports				
Theme	Indicator	Bilaspur	Chhattisgarh	India
Health	Women age 20-24 years married before age 18 years (NFHS4, 2015-16)	21%	21%	27%
	Women age 15-19 years who were already mothers or pregnant at the time of the survey (NFHS4, 2015-16)	8%	5%	8%
Education	Enrolment secondary classes (9th and 10th) (UDISE+, 2018-19)	17%	17%	15%
	Enrolment higher secondary classes (11th and 12th) (UDISE+, 2018-19)	10%	10%	10%
Child protection	Reported cases of sexual violence against children under POCSO Act (0-18 years) (NCRB 2019)	88	2,027	47,335
	Reported cases of child labour (0-18 years) (NCRB 2019)	0	2	770

District Profile: Surguja

Surguja is one of the 28 districts in Chhattisgarh and is further divided into 19 administrative blocks. As of Census 2011, the district had a total population of 23,59,886 which is 9.23% of the total population of Jharkhand. The district had a sex ratio of 978 females per 1000 males, and a literacy rate of 60%. Details of the district's adolescent population (Census, 2011) are given below:

Total adolescents (age group 10-19)	Total adolescents in the age group 10-19 (as a percentage of total district population)	Girls in the age group of 10-19	Girls in the age group of 10-19 (as a percentage of total adolescents)
5,05,116	21%	2,47,181	49%

Key Indicators

The table below lists key metrics from available government sources on adolescent health and wellbeing in the district:

Key health, education, and child protection indicators, as per government reports				
Theme	**Indicator**	**Surguja**	**Chhattisgarh**	**India**
Health	Women age 20-24 years married before age 18 years (NFHS4, 2015-16)	43%	21%	27%
	Women age 15-19 years who were already mothers or pregnant at the time of the survey (NFHS4, 2015-16)	10%	5%	8%
Education	Enrolment secondary classes (9th and 10th) (UDISE+, 2018-19)	16%	17%	15%
	Enrolment higher secondary classes (11th and 12th) (UDISE+, 2018-19)	11%	10%	10%
Child protection	Reported cases of sexual violence against children under POCSO Act (0-18 years) (NCRB 2019)	76	2,027	47,335
	Reported cases of child labour (0-18 years) (NCRB 2019)	0	2	770

Empowering India's adolescents has long been one of the most significant of India's development challenges. Despite India being home to more adolescents than any other country, many of them face adverse social and economic challenges that complicate their transition from childhood to adulthood.

Dasra is catalyzing India's strategic philanthropy movement to transform a billion lives with dignity and equity since 1999. The 10to19: Dasra Adolescents Collaborative (DAC) is a high-impact platform that unites funders, technical experts, the government, and social organizations to reach 5 million adolescents, and move the needle on four outcomes key to adolescent empowerment: delaying age at marriage; delaying age of first pregnancy/birth; completing secondary education; and increasing agency.

DAC employs a two-pronged approach to directly reach adolescents through holistic and scalable programs implemented by Aangan Trust, Quest Alliance, Centre for Catalyzing Change and Child in Need Institute to achieve the four key outcomes at the state level in Jharkhand. Simultaneously, DAC is also building a national movement to make adolescents a priority by anchoring a Community of Practice, comprising of adolescent focused non-profits who collaborate on insights and data focused projects, exchange learnings, and work on collective advocacy interventions and solutions.

DAC is supported by Bank of America Merrill Lynch, Children's Investment Fund Foundation, the David & Lucile Packard Foundation, Kiawah Trust, Tata Trusts and USAID, among others.

If you would like to know more about the interventions described in this document or have any questions, please reach out to the 10to19 Collaborative through any of the following channels:

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Centre for Catalyzing Change (C3), formerly known as Centre for Development and Population Activities (CEDPA), India, started working in India in 1987. Since then, C3 has emerged as a key change-making organization working towards empowering girls and women across various high-burdened and resource-poor states of India so they can access opportunities, realize their rights, become self-sufficient, and achieve gender equality. At C3, we design solutions that mobilize, equip, educate and empower girls and women to meet their full potential. A significant component of our work is building and boosting the leadership skills and self-confidence of adolescent girls, and educating them on health, gender equality, nutrition, hygiene, and civic responsibility. We also connect them to employment opportunities, and offer financial and digital training to shape their futures. Through our interventions, we have touched the lives of over 1,900,000 girls across the country.

If you would like to know more about C3's work as described in this document or have any questions, please reach out through any of the following channels:

Email: contact@c3india.org
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