



10to19

DASRA ADOLESCENTS COLLABORATIVE



**Plans and Priorities
2022-2027**

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Adolescents: The Tremendous Potential

India is home to 254 million adolescents, making it one of the youngest countries in the world. Poised to set the standard for the world, **India can become the global model for adolescent health and well-being.** Adolescents¹ making positive change for themselves, surrounded with relevant support structures and communities, can create an overwhelming shift in India's development indicators. **Investing in ensuring adolescents are healthy, safe, educated, and empowered fuels multi-generational impact and can propel poverty alleviation and growth for the nation.**² This, in turn, will directly impact the Sustainable Development Goals 3, 4, 5, 8, and 17.³ Yet, adolescents (particularly girls) in India remain vulnerable and marginalized as multiple indicators repeatedly show, Box 1.^{4,5,6,7}

Now, more than ever, it is imperative to address the fundamental gaps in the adolescent health and well-being sector and build momentum towards multiplying impact. Collective, urgent action is required to address youth issues, which is what 10to19: Dasra Adolescents Collaborative has set out to achieve.

10to19's Journey So Far

The **10to19: Dasra Adolescents Collaborative** [10to19] is a pioneering, high-impact platform that unites stakeholders across the adolescent ecosystem to transform the sector of adolescent health and well-being in India. Between 2017-2021, it achieved large-scale outcomes through partnerships and collaborations with: 4 direct implementing civil society organizations (CSOs) in 3 states – namely Aangan Trust, the Child In Need Institute, the Centre for Catalyzing Change, and Quest Alliance; 5 government partners across the center and 3 states including the central Ministry of Health and Family Welfare and Jharkhand's Department of Health; and philanthropists committed to lasting change, such as Tata Trusts, Kiawah Trust, USAID, Bank of America, Children's Investment Fund Foundation, and the David and Lucile Packard Foundation. 10to19 galvanized US \$50 million from 34 strategic funders for the sector that enabled 450,000 adolescents to be directly reached, 282 CSOs to form a national learning network, and 10,939 government frontline workers and 1,624 government officials to be trained in adolescent-centric schemes. Building on its previous achievements and lessons learned, 10to19 aims to piece together fragmented elements within the sector to create a comprehensive initiative that builds a more mature ecosystem for programs like 10to19's and to create a more receptive environment for young Indians to raise their voices.

Box 1. Indicators of Adolescents' Vulnerability in India

Child marriage: 52% of girls were married by age 18 from the poorest 20% of the population⁴

1

Adolescent pregnancy: 23% of girls had children by age 18 from the poorest 20% of the population⁴ and India has 11% of global teenage pregnancies⁵

2

Out of school children: 32 million children are currently out of the education system in India⁶

3

Secondary school enrollment: 50% of adolescents do not complete secondary education⁷

4



10to19's Theory of Change

10to19 has taken an impact-first lens, placing adolescent lives at the forefront of its work, and bringing together diverse partners to facilitate long-term, participatory, and youth-centric change. Collaborative action is the core of its approach and 10to19 will continue to play the role of a field facilitator. Moving forward, it seeks to create a brighter, better future for India's adolescents by aligning on-going and new efforts in the sector and investing in its **ambitious goal of prioritizing adolescent health and well-being across policy, programming, and investment in India.**

Vision

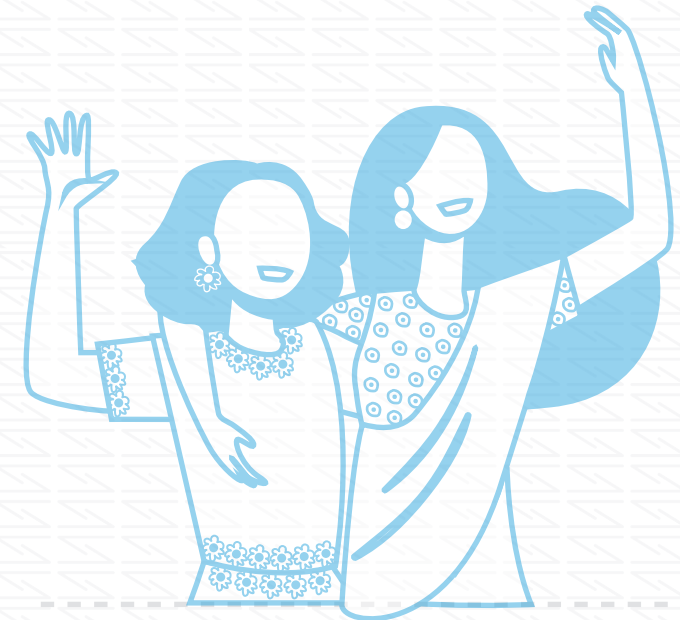
A transformed India where millions of adolescents thrive with dignity and equity

Mission

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

UNDERLYING PRINCIPLES

- **Continually center young people's voices and participation** across all stages of program design, implementation, and improvement
- **Address all aspects of service provision holistically**, thereby sustainably strengthening delivery, access, and usage of youth-centric services
- **Invest in collective learning** through rigorous documentation for sector-wide learning and knowledge-building
- **Support a people-centric approach to well-being**, ensuring that organizations prioritize team and individual health and growth
- **Integrate GEDI (Gender, Equity, Diversity, and Inclusion) and intersectionality** into all programs
- **Maintain accountability** to outcomes, while working cost-effectively and collaboratively at scale, with a multi-stakeholder approach
- **Employ and leverage cutting-edge solutions**, like technology and design-thinking in all programs



2022-2027: What 10to19 Will Do

10to19 believes that its **Intended Impact** is realized through its **Implementation Priority** areas and carried out by its **Operation Modalities**. These initiatives aid in achieving the envisioned **Targets**, which build towards influencing the **4 North Star Goals**. This ultimately will drive positive improvement in the lives of adolescents, creating the intended impact that 10to19 ultimately set out to accomplish.

The following diagram depicts how all of these elements are interconnected.



For more information, scan the QR code or visit <https://10to19community.in/>

¹ The target demographic is referred to interchangeably as 'young people/youth' (aged 15-24) and 'adolescents' (aged 10-19).

² Chandra-Mouli et al. (2013). Invest in adolescents and young people: it pays. Reproductive Health, Volume 10 (51). Available at: <https://doi.org/10.1186/1742-4755-10-51>.

³ The UN Sustainable Development Goals (SDGs) are SDG 3: Good Health and Well-Being; SDG 4: Quality Education; SDG 5: Gender Equality; SDG 8: Decent Work and Economic Growth; and SDG 17: Partnerships for the Goals.

⁴ Bajracharya, A. et al. (2019). Child marriage, adolescent pregnancy and school dropout in South Asia. Kathmandu: Population Council for UNICEF Regional Office for South Asia, p.36-39. Available at: <https://www.unicef.org/rosa/media/3051/file>

⁵ Chaudhri, Anglea. (2015). Why India Has 16 Million Teenage Pregnancies. FIT. Available at: <https://fit.thequint.com/her-health/teenage-pregnancies-in-india>

⁶ Seethalakshmi, S. (2020). Out of school children likely to double in India due to coronavirus. Mint. Available at:

<https://www.livemint.com/news/business-of-life/out-of-school-children-likely-to-double-in-india-due-to-coronavirus-11597574633476.html>

⁷ UNICEF India. Education. Available at: <https://www.unicef.org/india/what-we-do/education>

⁸ RKSK is Rashtriya Kishor Swasthya Karyakram, India's National Adolescent Health Program, and SHWP stands for School Health and Wellness Program.

2022-2027: What 10to19 Will Do

4 NORTH STAR GOALS

- ★ Delay Age at Marriage
- ★ Delay Age at Pregnancy
- ★ Complete Secondary Education
- ★ Increase Agency & Employability

Empower 10,000 adolescents and youth to engage with adolescent-focused policies and programs

Mobilize US \$50 million in philanthropic and additional government funding towards adolescent-first approaches

Enable CSOs, funders, government ministries, and state governments to adopt an adolescent-first model/agenda

Enable 5 catalytic program components to be adopted into youth-centric government and CSO programs

Institutionalize 2 platforms to allow youth voices to shape adolescent health and well-being programs, policies, and initiatives

Share lessons, experiences, and insights from 10to19's work in Jharkhand with other Indian states for adaptation and replication

Demonstrate and publish successful and promising practices and interventions developed with implementing CSO partners to build a body of knowledge for adolescent issues

Advance capacity of young people to better engage with decision-makers across the adolescent ecosystem

Continue to drive, align, and bring together funding to CSOs across India working on adolescent health and well-being

Strengthen and support impactful adolescent-focused interventions by directing funding to them

Design learning journeys for CSOs, sector experts, and funders, to collaborate and align agendas through peer initiatives

Develop sector capacities of CSOs through concerted capacity building and peer learning initiatives

Enable participatory, multi-stakeholder policy action to strengthen youth-centric schemes, such as RKSK and SHWP⁸

Scale and replicate Adolescent-First Approaches developed from 10to19's youth-first Ab Meri Bari model to implement narrative change across India

Enhance Funding. Direct greater resources, funds, and championship from funders, governments, and CSOs towards adolescent issues

Document & Disseminate Best Practices. Strengthen and amplify knowledge from successful, adolescent-facing programs

Build a Learning Network of CSOs, sector experts, and funders to enable knowledge sharing and collective action

Build platforms for strengthening government capacities and attitudes at all levels - local, district, state and national, such as with National Health Mission

Put Adolescents First & Forefront. Build leadership of young people to influence the narrative of adolescent health and well-being prioritization

Strengthen Government Capacity and Policy. Inform and improve public policy through systematic policy reviews and action

INTENDED IMPACT

Accelerate adolescent-first approaches by funders, civil society, and government, to engage a critical mass of 15 million adolescents in India, especially girls, to thrive and achieve their full potential. It will elevate their voices and leadership, build knowledge and networks, mobilize greater resources, and enable policy improvements.

- Youth Participation
- Resource Mobilization
- Knowledge & Evidence Building
- Policy Action

TARGETS

OPERATION MODALITIES

IMPLEMENTATION PRIORITIES