

Integrated project for empowering adolescent girls

Organisation

Institute Health Management Pachod (IHMP)

Region

Aurangabad and Jalna Districts, Maharashtra, India

Length of programme

2013 - 2018

Supported by

MacArthur Foundation & Dasra Giving Circle

1. Project summary

IHMP is implementing an integrated project to protect married and unmarried girls from the consequences of early marriage, early conception, sexual and domestic violence.

The project works to:

1. Empower unmarried adolescent girls.
2. Protect married adolescent girls from the adverse consequences of early motherhood.
3. Sensitise young men on gender and masculinity.

As a result of these activities, this holistic approach aims to:

- Delay age at marriage and first conception.
- Reduce maternal and reproductive morbidity among adolescent girls.

2. What is /are the anticipated outcomes of the project as identified in the Girls Not Brides Theory of Change?

- Girls are increasingly aware of their rights.
 - Girls have the opportunity to develop solidarity with one another through peer groups and collective action.
 - Alternative economic, social roles for girls and women exist and are valued.
 - Increased access of married and unmarried girls to health, education, economic, and legal support.
 - Child and early marriage are prevented.
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3. What are the key activities of the project?

Life skills programme with unmarried adolescent girls

IHMP identifies and focuses attention on girls with low self-esteem and self-efficacy. By bringing these girls together to learn skills and gain knowledge, IHMP helps to build their confidence and self-efficacy and equips them to build a better quality of life and negotiate a delay in marriage.

The life skills programme takes place over the course of six months, with girls aged 11 to 19 years coming together twice a week, to learn about their rights and health, including sexual reproductive health.

In addition to the life skills programme, IHMP has established Adolescent Girls Clubs and leadership training for older adolescent girls who can use the skills they learn to work as peer educators in their own communities. These clubs have been successful in exerting pressure on parents and communities to change social norms and prevent child marriage.

Married adolescent girls

IHMP also works to improve married girls' access to maternal, sexual and reproductive health care services. They work closely with primary health care workers to identify and assess the health care needs of married girls, who often live in isolated and vulnerable situations. Health workers are then well placed to connect them with the health care services they require.

In addition, IHMP has not only provided support to married girls but has been effective in demonstrating to communities the risks of early marriage and motherhood.

Boys and young men

IHMP provides group, individual and family counselling for boys and young men to redefine their notions of masculinity and initiate conversations around the minimum age of marriage, the harmful consequences of child marriage and the value of girls and women in society.

Community Stakeholders

IHMP uses a variety of approaches to facilitate conversations with key community members, girls' parents and the community more broadly to bring about positive changes in social norms which helps to keep girls in education and prevent child marriage. These include:

- Behaviour change communications using a social norms approach .
- Interpersonal communication and counselling of parents.
- Social influence and pressure on parents to continue education and delay age at marriage of daughters.

Integral to the process of change is community-based monitoring of the programme by village health committees. By involving key community members in the process of monitoring progress, IHMP believes that this in itself can be a powerful force for change.

4. Has the project been evaluated?

The **'Life skills education for unmarried adolescent girls'** component was evaluated by the International Center for Research on Women (ICRW). Results showed:

- An increase in median age at marriage from 16 to 17 years.
- Proportion of girls getting married before 18 years of age reduced from 80.7% to 61.8 % after 18 months of intervention.

The **'Improving access to services for married adolescent girls'** component was evaluated by Gokhale Institute of Politics and Economics (GIPE). After 18 months of intervention the results were:

- Median age at first birth increased at intervention sites from 16.9 years to 18.1 years.
- Contraceptive use was significantly higher at 33.7% at intervention sites compared to 6.4% at control sites.
- Coverage with minimum standard of antenatal care was 56.1%, versus 24.3%.
- Treatment for antenatal complications was 87.6% versus 77.1%.
- Treatment for postnatal and neonatal complications was 78.8% versus 62.0%.
- Treatment use for reproductive tract infection was 60.4% versus 28.9%.
- Testing for HIV was 58.7% at intervention sites versus 15.89% at control sites.

The project was once again evaluated by 'New Concepts' after 36 months of intervention. The results improved compared to the earlier evaluation.

5. What have been the challenges in implementing the project and how were they overcome?

- IHMP faces high attrition rates of front line health workers, meaning that strong recruitment and training have been essential in selecting and retaining high quality staff.
- Sustaining and scaling the intervention has also been challenging but identifying girls with leadership skills and training them as peer educators to continue implementation in their own communities has enabled a better degree of sustainability. Scaling up has been possible with the support of government policy makers and the corporate sector.

6. What factors were important in the success of the project?

- By simultaneously working with married and unmarried adolescent girls the project could effectively demonstrate to communities the risks of early marriage and motherhood.
 - Life skills education of unmarried adolescent girls improved their self-esteem and self-efficacy and empowered them to negotiate a delay in the age of their marriage. Adolescent girls clubs exerted social pressure on parents and communities to change the social norm and prevent child marriage.
 - IHMP along with other NGOs was successful in influencing the government to formulate an integrated, national policy for integrated adolescent health and development.
 - Funding opportunities for girls' empowerment have increased.
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7. What pieces of advice would you give other civil society organisations considering implementing a similar project

1. Adopt an integrated, holistic approach in order to have a transformative impact on the lives of adolescent girls.
2. Identify, analyse and document the innovations and effective processes of your programme in addition to measuring impact as that is what will convince policy makers and facilitate evidence-based policy formulation.
3. Plan to scale up the programme right from its inception in order to prevent it from becoming an isolated oasis of excellence. Try and fit your programme within the existing policy framework.