Endangered and Engendered Realities


By Sonal Zaveri, PhD
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Preface

This report outlines a formative study that in turn, informed the development of a set of guidelines to evaluate programs for marginalized and vulnerable adolescent girls. The grant from the EvalPartners’ Equity Focused and Gender Responsive Evaluation Innovation Challenge Award supported the collaboration between Community of Evaluators South Asia (CoE-SA), feminist evaluators (through a project led by the Institute of Social Studies Trust, New Delhi supported by IDRC, Canada and the Ford Foundation) and Positive Women’s Network India. A number of organizations in India supported the collection of data for the formative study – Asmita Collective (Hyderabad), Child In Need Institute i.e. CINI and Jabala Action Research Organization (West Bengal) and Buds of Christ (Tamil Nadu). We are grateful to the enthusiastic participation of adolescent girls’ who shared their thoughts and provided insight into their lived realities. Institute of Social Studies Trust in its capacity as the secretariat for the feminist evaluators helped to identify these organizations and to support a sensitization workshop. A two member advisory group1 was set up to guide the study and development of the guidelines. Sonal Zaveri, Community of Evaluators South Asia, designed the study, analyzed findings, developed the guidelines and wrote this report.

The draft report was presented in three countries from January to June 2015 – India, Bangladesh and Sri Lanka through Round Table discussions to program implementers, government officials, evaluators and funders and their feedback incorporated in the final report. Although the study was undertaken in India, the evidence and guidelines resonated with similar vulnerabilities and conditions of adolescent girls in countries of South Asia. The Round Tables were held in collaboration with different organizations.

The first Round Table was organized with the support of the National Institute of Labour Economics Research and Development (NILERD formerly Institute of Applied Manpower Research) in collaboration with Programme Evaluation Organization (PEO) at Niti Ayog (Planning Commission) in New Delhi, India during EvalWeek in January 2015 launching the International Year of Evaluation. The second Round Table in Sri Lanka was collaboratively planned

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1 Renu Khanna, Trustee SAHAJ and Ranjani Murthy, Gender Specialist
with CLEAR\textsuperscript{2} and was entitled “Gender and Vulnerability: Evaluation Frameworks and Learning for Adolescent Programs”. The third Round Table in Bangladesh was jointly planned with Community of Evaluators, Bangladesh where media, NGOs, academicians, thought leaders and government functionaries participated. All together, about a hundred people participated at these round tables.

This report has been enriched by the valuable contributions from adolescent girls, facilitators from the different NGOs who learned participatory tools for data collection and patiently worked with the girls; collaborating organizations and individuals who partnered to organize round tables and disseminate the report and the enthusiastic feedback from various participants at these meetings.

We hope this report will encourage communities of practice and evaluators as well as funders and decision makers to value the voices of marginalized adolescent girls and ensure evaluations focus on transformational and sustainable change in girls’ lives.

\textsuperscript{2} World Bank supported project with Abdul Latif Jameel Poverty Action Lab and IFMR, Institute for Financial Management and Research to enhance evaluation in the region
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>Anganwadi worker</td>
<td>Early childhood education worker</td>
</tr>
<tr>
<td>CDPO</td>
<td>Community development program officer</td>
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<tr>
<td>CINI</td>
<td>Child in Need Institute</td>
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<tr>
<td>CLEAR</td>
<td>Regional Centers for Learning on Evaluation and Results</td>
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<tr>
<td>CoE SA</td>
<td>Community of Evaluators South Asia</td>
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<tr>
<td>IDRC</td>
<td>International Development Research Center</td>
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<tr>
<td>IFMR</td>
<td>Institute for Financial Management and Research</td>
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<tr>
<td>NILERD</td>
<td>National Institute of Labour Economics Research and Development</td>
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<tr>
<td>PEO</td>
<td>Program Evaluation Office</td>
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Endangered and Engendered Realities


Whereas sufficient attention has been given to children and women in programming and evaluation, adolescents as a unique constituency is only recently being recognized. Among adolescents, girls and among them, a subset of vulnerable girls are receiving a great deal of international attention. The focus on child brides, gender violence, girls’ education and health in poor and marginalized communities is a testimony of the increased efforts to seek solutions. It makes sense then to consider how evaluations can gather evidence that is useful to inform programs and policy. There is no doubt that evaluations must be responsive to the special needs of adolescent girls and the vulnerable contexts in which they live. This document argues that there is an ‘evaluation gap’ in understanding this constituency and designing evaluations that respond to their complex set of needs – related to gender, adolescence and vulnerable conditions.

This document is divided into three parts: The first section is related to evidence gathered from an exploratory study with highly vulnerable girls and key stakeholders to understand girls’ lived realities and hear their voices. The second section outlines guidelines to evaluate programs for adolescent girls in general, with a particular focus on highly vulnerable girls. The third part describes the various participatory methods used to understand girls’ lives.

A. A Study with Adolescent Girls at Risk

A.1 Introduction

Gender inequalities are persistent particularly in patriarchal societies, which are predominant in South Asia. Addressing inequalities are key for women’s empowerment but gender inequalities are relative and several indicators highlight the differences between men and women. There is continued son preference in India indicating under-representation of girls at birth and over
representation in child deaths, resulting in a skewed sex ratio at 970:1000³.

Education inequality exists at various levels - 41% of girls have never been to school compared to only 18% boys⁴ and even among the age group 20-29 years, only 27% of women compared to 39% men have 10 or more years of education. The median age of marriage for girls continues to be low at 16.8 years⁵ but some progress is evident in that there is a significant decline in girls married before 15 years. Access to health care resources is limited, property and inheritance discrimination persists and there are restrictions on girls’ mobility. Decision-making is still male dominated and wife beating accepted by more than 50% men and women, if the woman does not fulfill her household and childcare duties.⁶ Deeply entrenched practices of violence exist with at least 52% women experiencing physical and sexual violence some time in their lives⁷.

Children especially ages 0-5 and women have received increasing global attention but adolescents between the ages of 10-19 have not been considered as a constituency requiring special attention. With 1-2 billion adolescents, the largest youth generation in history with half of them girls, it is critical that the needs of adolescents and especially girls be addressed. There is a ‘girl gap’; adolescent girls are an invisible constituency, usually lumped together with women and children. Further, youth programs are usually

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³ See http://www.dataforall.org/dashboard/censusinfoindia_pca/


⁵ Since NFHS-1, over 13 years median age of first marriage has risen by less than a year. See Sunita Kishor and Kamla Gupta. 2009. Gender Equality and Women’s Empowerment in India. National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: International Institute for Population Sciences; Calverton, Maryland, USA: ICF Macro. Pg.126

⁶ Ibid.

dominated by boys and even if girls are reached, the most vulnerable and at risk are left out.

**What is Vulnerability?**
The World Bank using the Social Risk Management Framework defines “vulnerability” as: “the likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks”. The Bank believes that child vulnerability is relative, not an absolute state. The degrees of child vulnerability can be seen as a downward spiral where each loop downward in the spiral leads to a situation where the child is more likely to experience a negative outcome as a result of a shock. The ‘spiral’ concept adds to the vulnerability definition by allowing for multiple stages of vulnerability.

The definition of vulnerability depends on context. In this study, we define it as the likelihood of being harmed by unforeseen events or as susceptible to external shock and where there is a high chance of a negative outcome, more so than experienced by other children of the same age. Much of the vulnerability is because of gender.

Vulnerable girls, according to our definition, refers to sex workers’ daughters, trafficked girls, HIV positive girls, sexually abused girls, girl street children, girls who were child brides, HIV affected girls, orphans, girls from a religious minority/Dalits (backward castes)/Adivasis (tribal) or having disability.

Different rights frameworks – human, children and gender related – recognize that fulfilling adolescent girls’ rights to health, education, development and protection from violence and abuse are critically important if they are to achieve their full potential.

Adolescent girls themselves can provide critical insight regarding the challenges and barriers they face in their daily lives. Some girls are more vulnerable than others and their voices need to be especially heard. These vulnerable girls are child brides – married and abandoned, others have been trafficked, some have run away and are on the streets, others are living with HIV or are affected by it, some are daughters of sex workers and some,

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because of their caste and poverty status, are marginalized. Gender compounds their context specific vulnerabilities and it is important for evaluators to understand these implications to provide credible and use focused evidence.

This study engages adolescent girls to inform us and help us learn how best to plan evaluations of programs that serve them. By placing their experiences center-stage, the study informs that evaluation must be guided by adolescent girls’ voices explaining the critical issues they face, their barriers and vulnerabilities. By using tools that are adolescent friendly, we engage girls and listen to their voices. The evidence is not only authentic and compelling but the ownership of the process by adolescent girls and organizations that work with them ensures utilization of the findings at all levels – by decision makers, implementers and especially the girls themselves.

**A.2 Rationale for the Study**

The study is representative of the collaboration between different communities of practice. The Community of Evaluators South Asia\(^{10}\) represents a community of evaluators, the Institute of Social Studies Trust (ISST) is the secretariat for the Feminist Evaluators Network South Asia\(^{11}\) and Positive Women’s Network India\(^{12}\) (PWN+) represents a community of HIV positive women. These varied communities of practice with their own sectoral expertise – in evaluation, action research and civil society, respectively - came together to understand what are the engendered realities of adolescent girls at high risk.

The investigative study had several purposes.

Firstly, the study wanted to understand the lived realities of these girls and acquire a better and more nuanced understanding of the engendered self in highly vulnerable communities of girls (HIV+ or affected girls, girl children of sex workers, stigmatized girls). By doing so, evaluators and implementers

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\(^{10}\) www.communityofevaluators.org

\(^{11}\) www.feministevaluation.org and gendereval.ning.com

\(^{12}\) www.pwnplus.in
would understand both the concerns and aspirations of these young girls and learn to tailor programs and policies that were more aligned with their needs.

Secondly, the study analysis was used to develop a guide to evaluate programs that affect adolescent girls and those at high risk in particular. An engendered evaluation framework provides principles and guidelines to those who commission and conduct evaluations, and is useful to policy and decision makers. The study took place in India, but India shares similar problems related to gender inequities, violence against girls, child marriage and HIV+ discrimination with its neighbors in Nepal, Bangladesh, Sri Lanka, Afghanistan, and Pakistan. The guide to evaluation is applicable to these countries as well.

Thirdly, and as importantly, the study piloted the use of various participatory tools and these are also available for use and replication.

Fourth, the process of collecting data built capacities of community based organizations to use participatory tools, learn evaluator-facilitative roles, conduct analysis of data and interpret findings.

Fifth, the collaborative process of development of the tools, defining vulnerability, identifying the girls, preparing the study protocol and discussing the learning provided a mechanism where evidence could be shared across research organizations, network of evaluators and community based organizations. The process informs that merely collecting data is not enough and that engagement and ownership of the process of evidence gathering and sharing findings for learning is the best way to use evidence.

To address these objectives, the study adopted a hybrid feminist and utilization focused evaluation approach, as the aim was to understand the lived realities of vulnerable, at risk adolescent girls as well as ensure that findings are utilized with relevant decision makers in the South Asia region. The feminist principles of doing no harm, addressing social justice and systemic power issues influenced the study design as well as guided the development of evaluation guidelines. The use focused approach influenced discussions with relevant decision makers regarding the draft findings of the study and to construct evaluation guidelines that could be used by them.
A.3 Partnerships for the Study

ISST with the Ford Foundation supported by a grant from IDRC\(^13\), builds capacities of various organizations in promoting a feminist lens for evaluating grass-roots programs. Various CBOs and NGOs associated with this grant and who worked at grassroots with adolescent girls were invited to be partners in this study. In addition, Positive Women’s Network was interested in addressing the concerns of HIV Positive adolescent girls and they were invited to be part of the study group.

Four field-based organizations were selected as partners and participated in the planning, collection and analysis of data. Each of the organizations worked with adolescent girls who were vulnerable and marginalized.

A.3.1 Buds of Christ Charitable Trust

*Buds of Christ* is located in Namakkal District (the district has one of the highest HIV prevalence rates in India) of Tamil Nadu and is a partner organization of the Positive Women’s Network. The organization has a vision to empower children and enable well-being of children and young people living with and affected by HIV and AIDS. Their strategic approach is termed HEAL and includes Health, Education, Advocacy and Leadership. They work with children, families and communities ensuring that children’s voices are heard.

A.3.2 Child In Need Institute (CINI)

CINI began its journey in 1974 from two clinics for children in Kolkata in West Bengal, India and is now a national non-government organization (NGO) reaching approximately five million people across the country. CINI uses rights based and gender sensitive approaches and has sectoral expertise in education, health, nutrition and protection. CINI’s mission statement - *sustainable development in health, nutrition, education and protection of child, adolescent and woman in need* - outlines its focus areas. CINI is recognized

\(^{13}\) *The project (Engendering Policy through Evaluation: Uncovering exclusion, challenging inequities)* aims to strengthen the understanding of the gendered implications of policies and programmes to enable the formulation of more gender sensitive approaches to policies.
as a resource agency/training centre by various national and state level agencies.

A.3.3 Asmita

Located in Hyderabad, it was founded nearly two decades ago to create a space for addressing a diverse range of issues and concerns relating to women. Asmita works with girls and women from religious, class and caste minorities. It has reached out to grassroots communities, creative writers, artists, public professionals, government officials, university student and faculty, adolescent girls and elected leaders and media professionals to build an open and tolerant society. The aim of Asmita is to build a social order, which empowers women.

A.3.4 Jabala Action Research Organization

Jabala is a human rights organization active in Kolkata and in different districts of West Bengal. Their focus areas are trafficking, HIV/AIDS, child marriage, domestic violence and child labour and their mission is to empower victimized children and youth to meet the challenges of life with confidence and capability so they become not victims but ‘survivors’. Jabala has a variety of programs for the holistic development of ‘survivors’ such as skill development training, behavior therapy, education, legal assistance and awareness on HIV, STD and other health issues. A strong volunteer force from diverse occupations supports Jabala’s staff.

ISST and COE constituted an advisory group to guide the process of the study. The advisory group met several times face to face as well as virtually to finalize the study plan, methodology and review the report.

A.4 Methodology

Preparatory work for the study began in April 2014. A concept note was circulated to members of the feminist evaluation network regarding the objectives of the study, inviting expressions of interest.

A.4.1 Preparatory Work

- A sensitization and planning workshop was held on 22\textsuperscript{nd} May 2014 in Delhi, attended by organizations from different parts of India who were working on gender issues and had expressed interest to be part of this study.
Four organizations made a commitment to collect field data with highly vulnerable girls in different parts of India. Each organization would work with diverse vulnerabilities to capture the spectrum of vulnerabilities faced by adolescent girls.

An advisory group of experienced feminist evaluators was formed.

A Methods Guide was developed consisting of PRA adolescent friendly tools as well as interview guides for key stakeholders and family. The Guide provided a uniform platform for data collection since there were multiple data collection sites involving different facilitators in different organizations working with diverse highly vulnerable girls. The Methods Guide was circulated to the Advisory Group and the four partner field organizations and feedback was incorporated.

Each of the four organizations adopted ethical guidelines, seeking consent from parents or guardians of girls and assent from the girls themselves.

A sampling frame was developed with each organization to address the diverse vulnerabilities of girls.

All four organizations piloted the PRA tools and feedback was provided. The Methods Guide was finalized.

A.4.2 Sampling

The sampling frame was as follows:

<table>
<thead>
<tr>
<th>Name of Partner Organization</th>
<th>Vulnerability of Adolescent Girls</th>
<th>Adolescent girls</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buds of Christ Charitable Trust Tamil Nadu [<a href="http://www.budsofchrist.org">www.budsofchrist.org</a>]</td>
<td>Girls living with HIV</td>
<td>10 young adolescents between the age group of 15 and 18 of which 6 are living with HIV and 4 are affected by HIV (belong to HIV)</td>
<td>HIV + women, 1 ART (Anti-retroviral therapy) counselor, 1 District Child Protection Officer</td>
</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Description</td>
<td>Contact</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Child In Need Institute (CINI)</td>
<td>West Bengal</td>
<td>Children of sex workers, trafficked and orphan children, 12 adolescents between the age group of 14 and 18 years that include 2 young girls who are daughters of sex workers, 2 young girls living in the locality of sex workers and 8 young girls (orphans or trafficked) living in Shelter Home</td>
<td>1 Mother, 1 Anganwadi (community preschool) teacher</td>
</tr>
<tr>
<td>Asmita Collective</td>
<td>Andhra Pradesh (former state name, now Telengana)</td>
<td>Caste, class and religious minorities as well as survivors of child marriage and violence, 12 girls, intersection of class, caste, gender, religious minorities and vulnerabilities - <em>dalit</em> (lower caste) girls, living in urban slums, survivors of violence</td>
<td>2 mothers, 1 teacher, 1 member of local organization</td>
</tr>
<tr>
<td>Jabala</td>
<td>West Bengal</td>
<td>Trafficked girls, children from the red light area, child labor and other, 10 girls, with 5 girls ages 13-15 from the red light area and 5 girls ages 16-18 who</td>
<td>2 Government officials (one district, one state)</td>
</tr>
</tbody>
</table>
In all, 44 adolescent girls, 8 mothers and 9 key influencers or decision makers were involved in the study, a total of 61 persons.

The sampling was purposive factoring in vulnerability criteria as explained in the table above. The study was exploratory in nature and the sample selection was intended to provide insight into vulnerabilities faced by adolescent girls.

**A.4.3 Tools**

*With the Girls*

Ten tools were used to understand girls’ concerns, aspirations and lived realities. They were exploratory, user friendly and ensured that girls’ voices were heard. All tools were piloted and modified based on feedback.

The following tools were used:

Tools to vision/aspirations: My Dream, My Leader, Possibilities, Positive case stories

Tools to understand gender internalization: If I were a boy, what is my value? (Stories of discrimination)

Tools to understand decision-making: Who decides, My Fear

Tools to understand violence: My Body, Violence Mapping

Safe spaces were used so girls could freely

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*14 Please see last section for a full description of the tools*
express their views and same gender facilitators, who were known to the girls, led the data collection. Girls responded individually or in small groups enabling discussion and analysis. The data gathering was participatory, encouraged learning and because of the process adopted, girls could comment on the emerging analysis. Hence, knowledge was shared in real time.

**With Adults**

Interview guides were developed for parents/guardians, key influencers and decision makers. These were piloted and questions were modified based on feedback.

**A.5 Context**

Some of the girls lived in communities and others lived in shelters that provide protection to girls who had been rescued from brothels or for various reasons had left their families and needed to be in a safe place.

The communities were geographically (east, central and south India) as well as culturally and contextually different but there was a common thread of violence (domestic and community) and stigmatization experienced by the girls across these communities. A brief description of the communities and shelters follows.

**Hyderabad area: Asmita Collective**

Participating girls came from three areas – villages, urban slum in the twin city of Secunderabad and the ‘old’ city of Hyderabad. Participating girls from the villages were very poor and most came from Dalit (backward class) Christians.

Another group of girls came from Addagutta basti, the “second largest slum in Asia”, located within the municipality of Secunderabad with an estimated population of 70,000. Child marriage is common among the poor here.

The third group of girls was from the old city of Hyderabad, mostly inhabited by poor Muslims. Trafficking of girls is a pervasive problem in the old city. The girls are sold into manual and sex labour both in India and to the Gulf. Girls return from their places of slavery with horrifying tales of abuse and torture.
Namakkal, Buds of Christ

Buds of Christ is located in the drought prone Namakkal District of Tamil Nadu State, which has one of the highest HIV prevalence rates in India. The high prevalence rate among antenatal clinic attendees highlights the extent of vulnerability among women of childbearing age and general community at large. Buds of Christ works with orphans and vulnerable children affected by HIV so they may live a life with dignity and emerge as children of hope and courage to their peers in their community.

Kolkata, CINI

Participating girls were from “Amader Bari” - the Shelter Home for Girls in Kolkata. Children come from vulnerable pockets of the city and other parts of the country. Girls usually come from broken families – their caregivers/family are usually neglectful, authoritative and/or violent, pushing the girls to run away from their homes. The shelter tries to reintegrate girls into their families or links them with other service organizations. Some of the girls are reunited with their families but run away several times due to exploitation by family members.

Kolkata, Jabala Action Research Organization

Bowbazar: The girls are from the families of commercial sex workers and live at Bowbazar, a red light area, in Kolkata. Lanes are dingy, drains overflow and houses are very old. Most of the houses are owned by the ‘Masis’ (the brothel keepers), usually older sex workers. Local goons control the area, settle local disputes and manage the police. Bowbazar is not a typical red light area as it has a mixed population. Local families, vendors, goldsmiths also live in the area.

Swadhar Shelter Home: Girls are rescued from different brothels from Maharashtra (specifically Mumbai and Pune). Some come from different districts of West Bengal. Some girls were forced into child marriage and then trafficked.

A.6 Understanding Gendered Realities of High Risk Adolescent Girls

The findings from the participatory exercises inform the themes and patterns of adolescent girls lived realities and provide key learnings to evaluators and
decision makers to guide the evaluation of projects involving adolescent girls. These themes and patterns may be useful for understanding any other at risk population as well.

A.6.1 Related to Violence

A.6.1.1 Girls experience of violence – emotional, social, physical, and sexual - starts early.

All girls have witnessed violence at home, between parents and other members of the family and in the community. Harassment and ‘eve teasing’ in the community and in public transport is commonplace. Girls complained of how neighborhood boys closely monitor their movements, making them uneasy. On public transport, girls said boys and older men pass remarks, touch inappropriately and push them. In the red light area, adolescent girls have witnessed crime including drug peddling and other petty crimes.

Many girls have experienced violence themselves. Those who have run away, were trafficked, sold into labor or forced into early marriage have experienced violence first hand. Daughters of sex workers are at great risk and have faced both physical and sexual abuse. One of the HIV affected girls has faced abuse by her uncle.

In a body mapping exercise, most girls express they have little control over their own bodies. When showed photos of violence, girls thought it was normal as they have always witnessed such behavior. A man hitting his wife or a man verbally abusing a woman or a girl marrying early is not violence, according to them. The participatory tool for violence mapping offered an opportunity to discuss different types of violence in detail.

| At the CINI shelter, this is how girls scored different types of violence, ten being the highest score. |
| In the home (9 to 10 score) |
| Discrimination |
| Mental torture |
| Constant blaming |
Negligence

Burden

*Outside the home* (9 to 10 score)

Rape

Teasing

Touching with bad intention

The most vulnerable girls are those who live in the red light area and have been trafficked. They are victims of abuse in a risky environment. They openly state that they have no control over their bodies – the *Babu* (mother’s lover), local pimps, their boyfriend treat the girls as their property.

We have been beaten, sexually abused and feel our body is unclean and have developed a habit of long baths with soap to cleanse the body. We receive a lot of verbal and sexual abuse.

*Girls’ discussion, Jabala Action Research Organization*

HIV infected and affected girls have also witnessed abuse and like the others consider it ‘normal’ as it is so pervasive.

Wife-beating, hurting children, alcoholic father, verbal abuse, blaming young women all the time for any problem, HIV discrimination, caste and religion discrimination, child marriage and dowry related harassment were some of the common types of violence mentioned by the HIV infected and affected girls.

“We did not realize that verbal abuse, gender discrimination are forms of violence.”

*FGD girls, Buds of Christ*

Girls express that they have little control over their bodies – parents control the girls before marriage and in-laws control after marriage. In poor, religious minority and backward caste communities, girls express that violence is a daily feature of their lives and that they witness but do not like fights at home
Every part of my body is controlled

When I talk loudly – family members and outsiders will say not to do so

When I want to listen to elders talking – I am told not to hear

When I run – I am told to walk slowly

*Violence in the home – how common (high to low)*

Husband will beat the wife

Husband will beat if wife refuses to give money for alcohol

Without any reason, husband abuses wife

Husband will torture wife for not bringing dowry

Brother will beat his sister saying, "Why you went outside instead of doing the work at home?"

If wife asks husband why he was late coming home, he will beat her "I will come when I like. Why are you questioning me?"

*Facilitator Notes, Asmita Collective*

A.6.2 Related to Identity and Agency

A.6.2.1 Girls express a pervasive sense of hopelessness and fear of future

Higher vulnerability, understandably, means greater fear of the future and gender further exacerbates this vulnerability.

HIV positive girls painted a bleak picture of their future compared to HIV negative girls (with positive parent/s) but also when compared to HIV positive boys. Girls with HIV felt that they were more neglected than a HIV positive boy. HIV negative girls living in widow headed homes and HIV positive girls felt a similar sense of insecurity for the future. In other words, girls are extremely insecure about their future – whether they are positive or not – and aware that boys in similar circumstances are better off than they are. During our study, HIV positive and affected girls stated that they have thought of
attempting suicide since there is a lack of services and support systems to help them cope with their difficult situations. Fear of their own health and that of their parents (whoever is alive) dominates their thoughts.

Overall, girls said that they do not dare to dream, as their most near and loved ones are not concerned at all. Girls are realistic, know that they do not have the tools to succeed (education, good job), have no support and so, have lost hope and do not aspire at all. They know their dreams are unrealistic and will not be achieved. There is a pervasive sense of hopelessness.

Many contemplate running away and some do so, fully aware that even if caught by authorities, they will be sent back to the same dysfunctional and violent family environment, making matters worse. However, escape being the only choice, girls are ready to run away and face the risk.

This is the story\(^\text{15}\) (paraphrased) shared by a girl who has run away three times from home:

\textit{This is the third time I have run away but this time with my younger sister. My father sold my mother two years ago and does not care about us daughters. …My aunt is forcing me to marry someone of her choice from another religion… so I ran away.}

Most girls expressed low confidence in their ability to change their life circumstances especially related to marriage, education and livelihood.

Girls from the red light area are particularly vulnerable since the ‘family’ (brothel keeper and Babu or ‘regular client’), environment and peers are pushing them towards sex work. Their idea of escape is to either leave the area or get an excellent job outside the area – knowing fully well that neither is possible. Their greatest fear is that they will be forced to enter the mother’s profession. Those who are trafficked are scared to return to their village, afraid of the derogatory remarks of family and neighbors. Girls live in fear of their future.

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\text{I feel uncomfortable when my mother stands at the gate of the house for customers. When the customer enters the room, I have to leave immediately.}

\(^{15}\) CINI notes
and face the abusive eyes of the customer and the lewd remarks of the community boys.

I am scared of my rapist uncle. He molested me several times. When I informed my mother, she didn’t believe me and scolded me for my allegation.

I am scared about the reactions of my family and community as I was trafficked. I am scared to return to my house.

I am scared of fake promises about love. It ruined my life.

This (sex worker’s) profession leads to nowhere other than poverty, misery, exploitation and torture.

*Girls, Bowbazar area and shelter, Jabala Action Research*

**A.6.2.2 Girls have very low self-esteem and stigmatize themselves because of their gender**

All girls in the study expressed their misfortune about being born a girl. They were acutely aware that as a girl they have *no choice*. They wanted to be boys because they could choose where to go, what to wear, what to speak and what to study. As boys, there would be no restrictions but being a girl was a burden, their choices dependent on others.

In the group discussion, girls discussed what they would do if they were boys:

*From Facilitator notes, CINI*

Free to wear what they wish (pant and shirt)

Choose their life partner

Free to come home late

Less protection from parents

Spend more time with friends

Be more self sufficient

Continue education

*From Facilitator Notes, Asmita Collective*
Visit cities along with friends
Help people who are in trouble
Climb trees
Eat what I like
Enjoy
Wake up whenever I like
Go to friends’ homes and play in the garden
Study well and become a police officer

Girls’ gendered identity in terms of their roles, responsibilities and restrictions contributes to their self-stigma.

An adolescent girl at the shelter home had this to say: If I were a boy, it would be a gift from Allah. I would play football, cricket, support poor people of the society and help my family.

Facilitator Notes, CINI

Routinely, girls do NOT play in playgrounds because boys occupy them.

Girls who were trafficked and came from the red light area describe how their gender influenced their choices and opportunities and the nature of their endangered lives. The heightened vulnerability because of the high-risk situations indicates how expectations of girls’ work and roles are exacerbated with increased violence.

The girls – some lived in the red light area and others had been rescued from trafficking - described what changes they would like, similar to the dreams of other girls:
No dropping out of school
More opportunities for jobs
Opportunity to play outdoors games like cricket and football in the playground

Freedom to stay late, go to cinema, hang out with friends

Not being burdened by household chores and child care

Preferential treatment to girls i.e. no neglect of girls by family and neighbors

Some girls’ responses were more specifically rooted by their context:

No fear for their bodies and its abuse

Do not want to be victims of domestic quarrels – as girls they have to bear physical violence even if the mistakes are minor

We cannot have good behavior because then the status of men will be lower and they will look “bad” (in comparison to us!). We have no power and men always tell us that we will die if male customers do not come and help us survive.

FGD, Jabala Action Research

Girls who were infected and affected by HIV expressed similar gender related discrimination and restrictions. Girls felt that gender limited choices about their future, increased their dependence on males and restricted their freedom. They feel that boys can get away with bad behavior.

Girls during group discussions expressed their keen desire to be boys:
We can hang on the steps of the bus and travel
At the movies, we can make noise and howl in public
We will not have menstruation
Whatever we do, no one will question us
Will not have to do housework
We can bunk classes

Interestingly they also said:
We can “pass (lewd, inappropriate) comments” on girls, have casual relationships with girls
A.6.2.3 Girls have a paucity of good role models to model their behavior

Most girls found it very difficult to identify who is their role model and what attributes they aspired for. Girls see their lives through the lens of their mothers and peers, both of whom are in the same exploitative conditions as they are. In a disenabling environment, role models if available are less likely to reflect the aspirations of adolescents.

This is what a facilitator gathering data from the girls had to say:

Where would positive examples and encouragements come from? State, schools, or colleges? That isn’t really the case. ....even if girls are aware of the risk, there are few choices and they are mostly stereotypical ones – marriage, vocational training. So how do girls break out and experience an enabling environment...the only environment they know is one of restrictions.

Girls feel that they can never be 'role models'\(^{16}\) – they are not sure what attributes such role models have!

The discussion with the girls provided an opportunity to discuss who is a role model and what attributes such a person would have. Girls identified personal attributes such as being confident, caring, patient and articulate but did not mention what a role model had achieved in life – there were no goals to aspire to.

Some of the girls from the red light area felt that additional important attributes, for a leader, were a display of power and control.

The local goon is the role model or ‘leader’ – he has a pistol and a strong voice. Everyone is afraid of him. He is very kind in time of need; he helps the poor and has good connections with the police. Her lover beat my mother and the local goon with the Masi (brothel owner) will fix this problem. Everyone in the community is afraid of him.

\(^{16}\) Girls were asked to identify their leaders (mentioning that a leader was someone you admire and want to be like). It was thought that this term leaders would be easily understood by the girls and requires no translation into the local language. The problem was not the use of the words leader or role model but a lack of understanding from girls regarding what it means.
Some girls did mention NGO workers as their role model. Empathy, being bold and assertive were other qualities the girls aspired for.

My mother wanted me to marry, but it was because of NGO worker’s support and encouragement I am continuing my education.

Girl, HIV positive, Buds of Christ

A.6.3 Related to barriers for education, work, goals and decision making
A.6.3.1 Girls face barriers for education

Girls expressed that their education and career aspirations are not a priority for their family (unless it contributes to the family’s financial well being). If the girl is an orphan or living in an extended family, the chances of her pursuing her education dramatically reduce. Girls’ education is not valued.

Girls also talked of two more barriers. One of them is the cost of higher education – transportation and education related. The other barrier is harassment by men and boys on their way to school. Most secondary schools are located in the nearby towns and hence safe transportation and mobility are primary concerns for parents and girls, often resulting in dropping out since safe passage cannot be assured.

HIV+ or affected girls had better education than others who came from poor communities, shelters and red light area. But they too faced problems of early marriage and not doing well enough so that they could justify continuing their studies. The barriers for education included their health, cost of studies, lack of tuition support, transport costs, problems with mobility, household chores and lack of time to study. They lived in fear of not doing well in their studies because then they will be forced to drop out.

Girls from the red light area were aware of the importance of education as a passport out of the difficult area of their residence. But they felt that without proper coaching, government available education lacked in quality.

Dropping out of school is the first step in destroying our dreams.

FGD, children of sex workers, Jabala Action Research
Girls from poor, religious minority communities inform that girls go to government schools whereas boys are sent to fee-paying private schools. Early marriage, lack of safety going to school, harassment by boys, household chores, lack of electricity at home needed for studying late at night hamper girls even when they want to study and do well in school. Although mothers mentioned that they did believe in girls’ education, they also mentioned that their financial precariousness makes them helpless and so girls are married (usually for a price) or sent to work or asked to do household chores so that other members of the family can work.

A.6.3.2 Girls are not involved in decision making for routine, day to day activities as well as critical decisions regarding marriage and work.

Adults in girls’ lives make all decisions. Adults could be father, mother or relative. If the mother is a widow, other relatives over-ride her wishes. For example, girls living with widowed HIV positive mothers expressed that relatives were eager to marry them off and negotiate a bride price.

Usually males, such as fathers, uncles, older brothers and brothel keepers (female) make decisions for education, marriage and work. For example, they decide what work girls will do and at what rate. Mothers are usually involved only in routine decision making such as going to play, going out with friends, going to a place of worship or celebrating a festival. Girls’ rarely make or contribute to decisions concerning their own lives.

We can only decide which dress to wear when we go out of the house or during a festival.

*Girl from shelter, CINI*

Against our will, we have to discontinue school, do labor for minimal earning. We have to marry against our will with the person fixed by the brothel keeper or aunt or mother’s lover. But sometimes we defy and make our own boyfriends and leave the home.

*FGD, girls from red light area, Jabala Action Research*

I know how to take a bus and go to the hospital but my aunt comes with me to the ART center and that makes me uncomfortable, as I am not able to share all my concerns when I meet the counselor. If I get fever or minor ailment, I do not tell my aunt as she says hurtful words.
Girls expressed that if they could choose their life partner, they are more likely to have compatibility in their relationship. But girls also expressed that having parents choose a groom would ensure a better choice and support if they run into marital problems. When girls were asked if they could decide about their education, they felt it was their right and would lead to a better life but were also sure that if their parents did not want them to study they could not as there would be no support available and they would need to help the family by working not schooling.

Girls in red light area or trafficked girls did sometimes defy by choosing their boyfriends but choices are limited and often lead to more exploitation. Their dream is utopist – to find love and settle down and their fears are of betrayal.

A.6.3.3 Girls’ education, work and future is highly dependent on family’s needs

The child marriage act (in India) prohibits girls from marrying early but does not necessarily translate into girls staying longer in school. In a marginalized (caste, religion) poor community, girls may not be married early but they are made to drop out and work and contribute to the family’s income. Girls are under great pressure to drop out of school and work, or to get married.

Many of the HIV positive widows work as agricultural labourers having no education and their income is insufficient to support the family. HIV+ mothers valued their daughter’s education as they strongly felt that their own lack of education had increased their vulnerability, exacerbated by their HIV status. However, if both children were HIV negative, there was a preference towards their son’s education. On the other hand, the daughter was encouraged to study further (receiving support from government and NGOs to cover expenses) only if she was HIV negative and the son HIV positive. The daughter’s better education meant jobs with better incomes and essential for the family’s survival. So, it was not valuing girls’ education in itself but was related to how education could contribute to the family’s (not girl’s) well-being.
A.6.4 Related to Discrimination

A.6.4.1 Girls face a great deal of discrimination, which is contextual and reflect the vulnerable conditions in which they live

Girls face discrimination being a girl and also because of their caste, religion and even complexion. If they are trafficked, poor, run away, orphan, HIV, children of sex workers – this adds to their vulnerability. If the mother is a widow, her children are discriminated and this is very evident during religious ceremonies and festivals.

HIV positive girls face discrimination because they are HIV positive and are girls.

HIV positive girls or those living with a HIV positive parent hide their positive status even from their relatives and close community. Girls are extremely afraid of stigma and discrimination and take great efforts to ensure that no one knows their status. Where relatives (male and female) and grandparents were aware of their widowed mother’s HIV status, girls were subject to verbal and physical abuse. Girls had to suppress the physical abuse they received from male relatives.

When I was in 8th Class, I was always put down and not allowed to participate in any cultural event. It was because of my HIV status. After that, I have not disclosed my status, not even to my close friends in school and now in college.

Being an orphan itself is discriminatory, because they ask during admission the reason for death of a parent. We do not report HIV death (for a parent), we usually say death by accident.

Since our mothers are widows, community members, closely monitor our behavior, such as what we wear and so on.

We do not use the free transport pass given by the government to get our medicines, because it draws attention to us so we are prepared to pay money.

We are not allowed to take part in competitions especially dance competitions.

FGD, Buds of Christ
There are **important policy implications** since the government has assumed that free transport benefits girls but have not taken cognizance of the stigma that girls’ experience. HIV positive girls expressed discrimination at the health facility – not by the staff but by other patients who know their status when they come to collect the medicines. Clearly, girls are not comfortable with the stares they receive.

Participating girls from the other communities and shelters expressed discrimination at home from parents, step-parents or extended family, and in-laws if they were child brides. If girls run away and return, neighbors and community are more likely to discriminate rather than empathize. Those who did go to school have faced discrimination from teachers and other children – if nothing else, because they are poor.

Girls from the red light area faced a great deal of discrimination in school and the teachers rebuked them for their clothes, not doing well in their studies, their hair and way of speaking! As a result the girls feel marginalized and do not participate in the class. These girls did not face discrimination at the health facility or at places of worship.

Girls understand what discrimination is in their day to day lives as well.

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**Facilitator Notes, Asmita Collective**

A.6.5 Related to enabling environment

**A.6.5.1 External support to family and girls does make a difference to mitigate girls’ vulnerability**

Access to government support for girls’ education with the help of NGOs was critical but not enough for girls’ continuation of their studies. The government support for girls’ education has reaped many benefits but does not cover all educational expenses and NGOs have to step in to supplement the shortfall, usually for basic educational materials. Such a *coordinated* response by government and NGOs reaped the maximum benefits.
Access to NGOs was important. Interaction with NGO staff, NGO support to access services was instrumental in ensuring girls did not marry early. The absence of holistic national and state level programs\(^\text{17}\) for children infected and affected by HIV, limits the extent of support available for this constituency.

In poor communities, NGOs provide educational and vocational support to girls whose lives have been traumatized by trafficking or sold for marriage or labor. For example, in Hyderabad Asmita works with local organizations to enroll girls for various vocational skills like tailoring, computer education and \textit{mehendi} design (herbal tattoo) as well as to support them to complete their school education. Such services then provide an entry point for empowerment related discussions including information on women’s rights, where to go for help, decision making and other related issues.

Shelters provide safety nets for at risk girls. Girls at the shelter said that their only dream is to be in a safe place as they have lost all hope in their lives. For HIV positive or affected girls, staying in hostels has been very useful because they have been able to focus on their studies and do not worry about discrimination from family and community.

Significant powerful members of society such as police can be positive forces in rescuing girls.

**Case study: Jabala Action Research**

Kismet (name changed) was sexually abused by her own uncle and her mother would not stop it as she did not want shame on the family. Taking matters in her own hands, Kismet launched a complaint in the nearby police station and was assisted by the Superintendent of Police in filing a complaint against her uncle. Jabala runs a Child Protection Unit at the local slum and came to know about her situation. She was provided counseling, enrolled in school (she was illiterate) and participated in cultural activities. With the

\(^{17}\) Positive children are entitled to receive free ART and counseling but overburdened hospital staff can barely spend a few minutes with children and adolescents. Due to ART, children are now surviving into adolescence and counselors do not have the time or training to address these issues. The author in a review of adolescent services for HIV positive children in Pune, Maharashtra calculated that each child who came once a month for ART medicines received at best 3 minutes of counseling time!
support of Jabala, she is now a housekeeper at a local hotel and earns Rs.4000 a month.

Kismet had the courage to run for help but without the support of the police and Jabala, she would not have been able to come out of her exploitative situation. Jabala not only provided skills and education but also gave her opportunities to experience her childhood.

Mamta’s story is different. She enjoyed the good life and wanted to live a luxurious life. She was lured by a neighborhood girl to go to Mumbai where at age 15, she was sold to a brothel. She was rescued a few months later and sent to Jabala Shelter Home first and then returned to her family. The local trafficker made her life difficult in the village and she returned to the shelter. She underwent intensive counseling, only then did she decide to embark on her own rehabilitation. She now works in a Canteen that supplies food to the Kolkata Police Hospital Canteen.

Mamta was lured, had ideas of a different lifestyle but was supported by Jabala to change her life. She now has a steady job and a steady boyfriend. With the intensive and long term counseling and support from Jabala, she managed to lodge a case against the local trafficker and turn her life around.

Children of sex workers stated that they needed hostels and safe homes away from the exploitative communities their mothers lived in.

Awareness and capacity building programs for girls especially related to psycho-social life skills have led to improved self efficacy – opportunities to engage productively with the NGO programs, seek their support and improved decision making especially in exploitative situations. Other girls have stopped child marriages, reported abuse to Child Line, a phone-in service for children seeking help. However presence of adolescent empowerment programs is not enough. Girls and parents have to be encouraged to attend.

It was one of the most challenging tasks to converse with Boni regarding her past history. When she was only 2 years old, she and her elder sister lost both parents and they went to live with their maternal uncle. Her uncle forced her sister to marry an aged person and at a very tender age, Boni’s sister gave birth to three children. Boni remained a burden to her maternal uncle who had a meager income. One day, her maternal uncle forced Boni to go to Bihar with one of their neighbours and they married Boni to an unknown person there.
She was only 16 years old. She said, ‘I did not understand anything. Suddenly bad guys started touching my body, tortured me, and insulted me. Even my in-laws tortured me. I had to do all the household chores.’

One day, Boni escaped and went to the nearby police station and complained against the in-laws. As a result, police came and threatened her husband and in-laws. But it did not solve the problem. Instead, the torture escalated. Then, one day she rushed to the police station and sought help from them so that they could send them to her maternal home. She went back to her home but was not at all accepted by her maternal uncle. Boni became depressed - she did not speak to anyone, did not smile, and did not eat properly. One day, the nearby Anganwadi worker, and CINI’s Block Level Motivator approached her and enlisted her in SABLA (Adolescent Girls’ Empowerment program of the Government of India). Initially, she was reluctant to come to the Anganwadi centre to attend girls’ sessions. She could not even sign her name. Now, she earns her livelihood as a domestic help in a neighbor’s house and regularly attends girls’ session and training under SABLA scheme. She is now able to write her full name properly.

In a safe environment, with the encouragement of the CINI staff and Anganwadi worker, Boni is now recuperating from her wounds and trying her best to erase past memories and adapt to the new environment. She tells her peers that, ‘Never marry a guy who you do not know. First do something on your own and then marry whom you know.’

Facilitator Notes, CINI

A.6.5.2 Motivated and engaged family members or service providers are critical to mitigate girls’ vulnerabilities and access services.

Continuous follow up with mothers and families by motivated community based workers is critical for girls to attend empowerment sessions. Services may be available but they are not utilized because family members work as gate-keepers. Religious taboos, lack of mobility, girls’ shyness, poor socio-economic conditions prevent girls from participating. For highly vulnerable girls, consistent, motivated and pro-active community level workers are critically important.

Some mothers and fathers believe that household work and child care by girls is more important than attending empowerment sessions. Other mothers are aware of the exploitation and abuse of their daughters but being dependent
themselves have no choice but to accept the patriarchal system. They understand that education is important but cannot provide it on their own.

Significant others such as police, locally elected representatives and teachers (school and preschool) can take a critical role in reducing the vulnerability of girls. Teachers are aware of the physical barriers to education – no toilets, far away secondary school, harrassment by boys and men on way to school. Interestingly, of the teachers interviewed none mentioned stigma in the school although this was a factor mentioned by all girls. Interview with the locally elected leader (a woman) indicated awareness of the problems of violence and discrimination and willingness to sensitize community groups and government stakeholders. The focus is still about need for girls schemes\textsuperscript{18} and sensitizing locally elected leaders, teachers and women’s groups with little mention regarding challenging patriarchal structures.

A.7. What We Learned

\textbf{Fear is pervasive} – fear of the environment in which the girls live, fear of their future and their well-being. What compounds this fear is that girls are acutely aware it is because of their gender, the context in which they live and the lack of opportunities that blocks their aspirations for a better life. This has important implications for the need for and development of safety nets and safe spaces for girls at risk.

\textbf{Violence is routine and accepted} – the first step towards reducing violence is for girls to identify there IS violence in their lives, that violence is an aberration, it is not normal and that they have a right to speak up against it. Adolescent girls are conditioned to accept violence and not question it, thereby perpetuating a cycle of abuse and acceptance. This has important implications for anyone working on violence against girls and women.

\textbf{Sense of hopelessness and lack of self-efficacy} – Girls have internalized attitudes regarding their status and gender, considering it the greatest impediment towards their hopes and aspirations. Girls do not express self-

\textsuperscript{18} Schemes for girls in West Bengal include the \textit{Kanyashree} program to provide education support and prevent child marriage. There are also awareness programs for girls’ nutrition. Centrally, the Department of Women and Child Development uses the infrastructure of the Integrated Child Development Services Scheme (ICDS) meant for under-5s to now include improvement of nutrition and health of girls from 11 to 18 years. The national level scheme is known as SABLA.
esteem, confidence, assertiveness and self-efficacy. In their teens, girls express passiveness and acceptance of socially constructed gender norms and responsibilities. Girls self-stigmatize. This has important implications for programs that only provide services but do not address issues of critical thinking, decision-making, self-esteem and efficacy – important psycho-social skills that prevent girls from seizing any opportunities for change.

**Environment is constructed to oppress** – from families, communities, schools, health systems and transport in particular, representing deep seated gender norms and practices. Discrimination is very wide spread and programs need to address the contextual factors in which girls live. In many cases, reintegration with families places girls at great risk. All environments are not enabling and girls may need protection and safety nets. This has important implications since contextual factors must be addressed to prevent stigma, discrimination and provide protection to girls.

**Services though available are insufficient and inadequate** – findings clearly indicate that unless quality services and barriers of access and utilization are provided, there will be little significant change in girls’ lives. Unless quality education and educational support to do well are not provided, access to education is meaningless. Unless health systems respond sensitively to adolescent needs, merely providing medication is not enough. Vocational training unless translated into adequate income is meaningless and unless there are long term plans for girls’ support, they are likely to be pushed into risk situations. This has implications for funders who design programs.

**A.8. Interpretation of findings using a feminist lens**

Analysis of the findings using Rowland’s three levels of empowerment - power to (individual), within (deep rooted values), and with (collective) provided deeper insights to the findings especially related to agency and empowerment. Rowland argues that power to, power with and power within are alternatives to power over which is a win-lose relationship.

Power over is often ‘hidden’ or ‘invisible’ and expressed through the power of influential persons (usually male who make all the decisions) and the socio-cultural systems and ideologies that shape how a person thinks about oneself, about a sense of self, and their belief of participation in decision making. In the study, adolescent girls at risk are excluded from the decision making
process and numerous adults control and place the girls in an inferior category. It is because of the power ‘over’ that girls were repressed, coerced, abused and discriminated. We have seen that the girls have internalized the violence in their lives and have a pervading sense of powerlessness and hopelessness. They consider the current risk situation as ‘normal’. Power ‘over’ perpetuates inequity.

However, to change power we need to address agency or the capacity of a person to change her life rather than be suppressed by powerful structures and persons. By accepting the importance of agency, we also seek the girls’ active participation to articulate the change they want. With agency, comes the confidence to make one’s choices and control decisions and resources. However, agency suggests that girls’ need education and a source of livelihood to thrive. That is why power to, with and within is so important. Girls wanted changes in power over mobility, resources, their bodies; power with others to influence community structures and markets as well as local government and lastly they wanted changes in their sense of self and social norms. Girls have expressed clearly, the need to address these power issues. Implementers and evaluators have to go beyond power ‘to’ which refers to girls being able to make their own choices because unless girls feel the power ‘within’ there can be no long-lasting change in their sense of identity and agency, especially since they are in such risky contexts. When we address agency, we also address empowerment since empowerment is both a process and an end result. 19

B. A Guide to Evaluate Programs for Adolescents with Special Reference to Girls at Risk

The study of adolescent girls in a variety of risky and vulnerable situations informs this working guide to evaluate programs that affect adolescent girls and those at high risk in particular. Such an engendered evaluation framework for adolescents provides principles and guidelines to those who commission and conduct evaluations, as well as policy and decision makers. The guide suggests a *hybrid i.e. use of two rights frameworks: children’s rights and gender transformative rights*\(^\text{20}\) to situate the principles for evaluating adolescent programs.

The study that informed this guide took place in India, but India shares similar problems related to gender inequities, violence against girls, child marriage and HIV+ vulnerabilities with its neighbors in Nepal, Bangladesh, Sri Lanka, Afghanistan, and Pakistan. The guide to evaluation is applicable to these countries as well.

The guideline is divided into two parts:

**The first part** discusses how *evaluation design, methodology and tools* can be responsive to the needs of adolescents, especially girls.

**The second part** discusses how *hybrid evaluation frameworks* can guide the gathering of evidence and are responsive to needs of adolescents, especially girls at risk

**B.1 Evaluation Design, Methodology and Tools**

Best practice in evaluation of adolescent programs must include a child-rights and gender transformation (or feminist) framing to meaningfully engage and facilitate the participation of all children and young people without discrimination and ensure that children typically marginalized within the context in which they are working are included. The recommended design of the evaluation is as follows: a) consent of adolescents for participation (or not) in the evaluation process b) the use of participatory tools that engage adolescents in a non-threatening way c) evaluator/facilitators who are skilled in ethically engaging adolescents and adhere to child/adolescent protection

principles d) confidentiality in data gathering and e) use of safe spaces. Adolescents' participation in evaluation of programs that affect their lives is critical to understand from their viewpoint what works and what does not. A number of child and adolescent friendly tools unravel the lived realities of adolescents, recognizing that articulation of what adolescents feel and do requires the use of non-verbal media and that surveys and the written word have limitations for expression. The following model provides guidelines in the design of evaluations for adolescents, especially girls.
The evaluation design represents a reflective process facilitated by the evaluator, using adolescent friendly tools and with the meaningful participation of adolescents.

1. Process – Mixed methods may be used to collect data but the underlying principle is that it should be child/adolescent friendly. If questionnaires are used, the language should be understandable to adolescents; its length and administration also must be reviewed. Many girls are illiterate or may be intimidated by forms that suggest ‘official’ data gathering. Tools must be age appropriate, easily understandable and capture the lived realities of the girls.

   The tools must be selected to overtly reveal the interpersonal social systems, power hierarchies, and personal vulnerabilities within a risk micro-culture. If properly used, adolescents will project their social realities. In other words, we should be able to hear the ‘voices’ of adolescent girls. Process evaluations can provide valuable information regarding barriers to interventions and unexpected outcomes.

   The logistics of data gathering – how much time is needed and when it is scheduled needs to be considered as well since participatory tools take time to administer. If there are a large number of tools, staggering their administration ensures that girls are not tired and can engage well.

2. Evaluator – The evaluator must have a clear sense of both personal identity and professional role. The evaluator must be comfortable of who they are (their own biases), what they know (of the context) and what they need to learn (willingness to listen). Evaluators’ bias such as ‘it is karma to be a girl’ or deep rooted ideas that girls need to be ‘protected’ or that girls are ‘naturally more caring and can look after home and family’ will affect the contribution of girls’ in qualitative inquiry.

   The evaluator must be sensitive to disclosure, not be judgmental and maintain confidentiality. Preferably evaluators should be of the same gender so girls may
discuss their thoughts without inhibition. It may also be culturally more sensitive to have a facilitator of the same gender. The evaluator role is facilitative and she must have excellent skills in the use of qualitative, youth friendly participative tools and particularly how to engage adolescent girls in the evaluation process.

3. Relationship – Time and patience is necessary for gathering data and trusting relationships are necessary for adolescent girls to express risks and concerns. It may be necessary to review if an external evaluator will be able to develop these relationships. If not, evaluation capacity to administer participatory tools may have to be built within the organization. A team of two evaluators – external and internal – may be an option, as this may ensure that girls are able to participate with trust and tools are administered skillfully.

4. Ethics – Consent is important – not just as a formality but for participating girls to understand that they have a choice to participate or not. This also means that at any point they have the privilege of withdrawing from the evaluation process. This assurance gives confidence to the girls and respects their right to privacy. Safe spaces where girls can freely express their thoughts is important. The evaluator must adhere to child protection policies of the organization. There should be a formal ethics committee (review board) that vets the tools, sample, evaluator’s capabilities and evaluation process.

5. Participation – It is important to have the meaningful participation of adolescent girls and this means that all girls engage in the process especially those who are the most vulnerable. Sampling may have to be purposive so that voices of the most disadvantaged are heard. During the data gathering, it is important that all participate and not the most vocal, literate or of higher status. Meaningful participation also means that there is scope for discussion and analysis and that girls learn from the evaluation process as well.

6. Systemic – The context in which adolescent girls experience vulnerability and violence must be understood and a situational and stakeholder analysis will ensure that evaluators collect data from all the relevant sources. Systemic also means that stakeholders such as donors, implementers commit to learning from the evaluation process,
be willing to be reflexive and recognize their role in the use of evidence.

**B.2 A Hybrid Evaluation Framework**

The guide suggests that we must introduce child protection principles into a gender transformative framework if we intend to evaluate programs that address at risk adolescents (especially girls) meaningfully and ethically.

**B. 2.1 With reference to adolescents**

A set of principles\(^{21}\) is proposed borrowing from best practice in the child rights and child protection movement, some of which align with gender transformative (feminist) principles as well.

1. **Inclusive and non-discrimination:** This means there will be no discrimination of class, caste, religion, economic and social status and vulnerability of the adolescent. Evaluations will assess the extent to which programs address adolescents along these criteria, reach the most vulnerable and ensure that their voices are heard equally. *This aligns with the feminist principle of inclusiveness and addressing social cleavages in society.* In practice, this will refer to equitable inclusion in the evaluation process, disaggregation and analysis of data and will inform the questions – who benefits, who does not and why.

2. **Do no harm and best interest:** This means that any implementation process and outcome - intended or unintended does not lead to harm and ensures that the best interests of the adolescent girls are met. This is of critical importance when addressing girls who are at risk. Evaluations will assess if interventions increased vulnerability – e.g. did reintegration into families (in theory, a girl has a right to family) result in continued violence, did empowerment programs increase girls’ understanding of their own vulnerability but did not address underlying factors? This highlights that evaluations must also assess the theory of change and ask what was NOT addressed that increased vulnerability

\(^{21}\) These principles are adapted from Convention for the Rights of the Child (CRC) and those developed by the Oak Foundation addressing issues of violence, exploitation and risk among children. See http://www.oakfnd.org/sites/default/files/CAP%20Guiding%20Principles.pdf
and violence? Evaluations must assess the cost of inaction (or limited action) in increasing vulnerability and violence. All girls have the right to be protected from violence, abuse and exploitation. In other words, in addressing power and control, one must ensure protection of adolescent girls.

This principle aligns with feminist principles of gender inequities that lead to social injustice but adds the dimension of the need to protect girls from intended and unintended harm, violence and abuse.

3. **Duty bearers obligation to realization of adolescent’s rights** – Because adolescents and girls in particular do not have the power to or over others because of their age and gender, it is important that duty bearers – mothers, fathers, male and female relatives, older siblings, teachers, health workers, local leaders, including NGO workers, donors understand and are involved to ensure that adolescent and gender rights are realized. Evaluations will assess the role or not of these duty bearers and how they have addressed structural and social norms that prevent adolescent girls’ from realizing their rights. Environments must be assessed how enabling or disenabling they are and the role of duty bearers in ensuring protection or not of adolescent girls. Evaluations will assess the quantity (dosage) and quality of interventions by duty bearers.

This aligns with the feminist principle that inequality based on gender is systemic and structural but places the onus of correction/support on those who are more powerful but who are duty bearers as well.

4. **Valuing girls’ meaningful and actionable participation** – Participation is about having the opportunity to express a view on all matters that affect girls’ lives, influence decision making and achieve change. This principle places adolescents’ engendered needs center stage. Only if interventions address girls’ self esteem, self-efficacy and self worth is it possible for girls to express their views and participate in discussions and activities. By doing so, they learn not to self stigmatize themselves because of their gender and/or vulnerability. This principle cuts across all programs – participation is at a pace appropriate to age and capacities but encourages girls to provide information and insights on their own lives. Programs that only provide services but do not address the self stigma and engendered attitudes and behavior among
adolescent girls fail to address self efficacy issues and increase vulnerability and violence in girls' lives.

This aligns with the feminist principle that there are many ways of knowing and that knowledge should be an equitable resource for the people who create it but it adds the dimension of agency and participation as critical for utilization of the knowledge for action and change.

**B.2.2 With reference to gender transformation**

The guide attempts to synergize the above adolescent centered principles with a gender transformative framework.

The first left quadrant identifies changes in agency, knowledge and practice, which are critical for self-esteem, self efficacy among girls. Girls self stigmatize, families and communities endorse gender stereotypes and perpetuate violence against girls. Evaluation questions in this quadrant are key to address the empowerment of adolescent girls and to understand how girls can be resilient.

The second quadrant left below identifies if there have been any changes in the environment in which the at risk adolescent girl lives. Interventions with families; local social, political and cultural institutions; other influencers,
communities identify changes or not in the informal environment indicating whether it is enabling or disenabling, able to protect adolescent girls from vulnerability and violence and enable the realization of their potential. Evaluators will question whether the program has addressed socio-cultural norms, beliefs and practices. There is a close relationship with the top left quadrant.

The third quadrant to the right above, discusses girls’ access to formal resources and their utilization – this would represent various public and private referrals, safety nets, shelters, education services, health facilities, government programs and services. Evaluators will question whether they are sufficient and adequate to make a difference. Evaluators will also address barriers of access, mobility, use of public and private spaces and right to decision making.

The last quadrant below and to the right indicates if girls’ lived realities have informed interventions and advocacy measures. Evaluators will ask if there is any change at policy level, resource allocation or intersectoral collaboration. For example in terms of resource allocation – has there been increased resource allocation to remove barriers, in the increase of life skills programs to enhance participation and empowerment of girls, in recognizing that adolescent girls at risk have special needs, in planning and systematically providing intensive, long term, holistic support, in enhancing the responsiveness of formal institutions, and promoting bottom up contribution for formulation of adolescent centered and girl centered gender related policy discussions e.g. dowry, child marriage, violence against girls).

This framework enables us to plot changes over time as well – as children and adolescents grow, we can understand how internalized attitudes inter-relate with family, community, systems (patriarchal, globalization) as well as with social norms, laws and policies and access to resources.

The key evaluation questions can inform these quadrants framed with the adolescent focused principles for evaluation.

**B.2.3 Operationalizing evaluations**

In developing some key questions to guide evaluations, we framed our discussion with reference to current thought and practice:
Practice: Recent adolescent programming is aimed at self-development and empowerment

*Evaluation question:* How responsive are evaluation frameworks to assessing adolescent girls’ empowerment?

Target Groups: Adolescents are a highly diverse group – in and out of school, differential vulnerability, high risk, HIV

*Evaluation question:* How contextual are evaluation frameworks to highly vulnerable adolescents?

Gender: Adolescent girls are increasingly being targeted in adolescent programs

*Evaluation question:* How engendered, equitable and child-centered are evaluation frameworks?

The following table develops key evaluation questions based on the proposed hybrid framework:

<table>
<thead>
<tr>
<th>Gender Transformative framework</th>
<th>Adolescent Centered Principles:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inclusive and non-discrimination</td>
</tr>
<tr>
<td></td>
<td>Do no harm and best interest</td>
</tr>
<tr>
<td></td>
<td>Duty bearers obligations</td>
</tr>
<tr>
<td></td>
<td>Valuing meaningful participation</td>
</tr>
</tbody>
</table>

| Internalized attitudes, values and practices | What are the adolescent girls’ perspectives on what is happening in their lives – their voices? What is their perception regarding claiming their rights? What changes in attitudes and behavior are critical for themselves and significant others if they are to reach their full potential? To what extent are programs addressing these outcomes and addressing the differential needs of adolescent girls? What is their self-perception – gender identity, sense of worth and value, self-esteem? How have programs promoted self-efficacy – are they sufficient in terms of dosage and adequate in terms of quality to make a difference? To what |
Extent have adolescent girls been able to effectively address vulnerability and violence in their lives – what has worked and what has not, and why? How have social cleavages – caste, religion, class, vulnerability – impacted change in adolescent girls’ change towards equitable attitudes and behavior? What were the unintended outcomes of addressing (or not) the vulnerability and violence in girls’ lives and has it resulted in more harm and risk?

<table>
<thead>
<tr>
<th>Socio-cultural norms, beliefs and practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for the realization of adolescent girls’ rights and what are the barriers? How do programs and interventions address the systemic and socio-cultural barriers that prevent the full realization of rights of adolescent girls? How are duty bearers who influence these beliefs and practices involved or not in normative social and cultural change? What was easy to change and what was not and why? To what extent has the perpetration of violence (all types) changed – where and by whom? How has stigma and discrimination been addressed or not – for the most affected? What were the unintended outcomes of addressing (or not) these norms and beliefs that have created harm and increased risk? How have environments that are disenabling been addressed and if so, how and what has been the change in the lived realities of at risk girls? Overall, has vulnerability and violence in girls’ lives been reduced?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to and control over public and private resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are the public, private, family and community spaces – formal and informal - addressing the access and full utilization of services (education, health, livelihood, play, safe spaces) for adolescent girls to reduce their vulnerability and risk? Who is being left out and why? To what extent are the safety nets in place and what are the pathways available to adolescent girls to access and use them? Are they sufficient and adequate in terms of reach and quality? What are the gaps and how do they impact vulnerability and violence experienced by girls? What is the</td>
</tr>
</tbody>
</table>
role of influencers in promoting the use of these resources – public, private and community? What were the unintended outcomes and/or lack of access, control and utilization that created harm?

| Laws, policies, resource allocations | To what extent does legislation protect girls from violence? What policies are in place to ensure that risky situations that girls face may be mitigated? Are resource allocations sufficient, of adequate quality to make a difference? To what extent do laws, policies and resource allocations (government and donors) target adolescent girls especially those at risk? Are they sufficient in scope, resources available and timeliness? How are desired changes in available laws, policies being addressed – how are voices of adolescent girls contributing to advocacy and policy change? What were the unintended outcomes of policies, laws and inadequate resource allocations and how did they harm? |

The key questions above are examples of how a gender rights based adolescent centered approach can guide evaluations for high-risk adolescent girls. It suggests that ALL aspects of the framework need to be addressed holistically.

The author outlines one way of framing evaluations. The intention is to enable a debate and discussion on addressing the complex issues evaluators face while evaluating programs that address adolescent girls, many of whom are at high risk. It is a living document and intends to learn from the challenges and benefits when the framework is put to use.
C: Participatory Tool Guide for Adolescent Girls

Why these Tools?

Participatory tools were specially developed for the *Endangered and Engendered Realities Innovation Challenge*, to understand girls’ lived realities.

The tool guide provided a common, unified platform for data collection to ensure quality and uniformity as there were multiple sites for data collection involving different facilitators in different organizations working with a group of highly vulnerable girls.

**Age of Girls**

Tools may be used with girls in the age range of 13-18, i.e. adolescent age group. During group exercises, it is suggested that girls are grouped in two categories 13-15 years and 16-18 years.

**Where should you conduct the activities?**

In a quiet place because the activities require reflection. If there are girls in a group doing individual activities, seat the girls at a comfortable distance so that they can work undisturbed.

**How much time does it take to conduct the activities?**

Each activity takes an average 30 minutes. There are individual and group activities. Some group activities may take 45 minutes. Individual activities can take 20 minutes. You may want to do a few activities on one day and the others on another day. There is an order of the activities, with more sensitive questions coming later, and it is suggested that this order be followed.

**What are the qualities of the facilitator who conducts the activities?**

The facilitator should be preferably *female* (as we are working with girls and with sensitive issues), familiar with participatory tools, knows the girls, has the time to conduct the activities, translate and provide some reflections on the data collected. She must accurately record the discussion either by noting it down or recording with permission. In this study all the facilitators were known to the girls and were familiar with participatory tools.
It is a good idea to have one more person as a note keeper and support the facilitator if required, especially for sensitive discussions.

**What ethical norms are important?**

Informed consent preferably in writing from guardians and parents is important after explaining the purpose of this study. Girls need to be informed about note-taking and provided the option of participating in the study, and if participating provided options for keeping silent or withdrawing from the study at any time. The facilitator must be familiar to the girls and be accompanied by a counselor or senior member of the team.

**Overview of Tools**

- Tools to vision/aspirations: My Dream, My Leader, Possibilities, Positive case stories
- Tools to understand gender internalization: If I were a boy, what is my value (stories of discrimination)?
- Tools to understand decision-making: Who decides, My Fear
- Tools to understand violence: My Body, Violence Mapping

It is recommended that tools be administered in the order mentioned in the next section. Once girls are comfortable with the facilitator, the more complex activities related to violence may be attempted; the facilitator reminding the girls that they have the freedom to withdraw at any time.

**TOOLS: GIRLS**

**Intake Form for Each Girl**

<table>
<thead>
<tr>
<th>Intake Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of NGO:</td>
</tr>
<tr>
<td>Site Location (where girls live):</td>
</tr>
<tr>
<td>Facilitator Name:</td>
</tr>
<tr>
<td>Adolescent Girls Name:</td>
</tr>
<tr>
<td>Age</td>
</tr>
</tbody>
</table>
Tool One Girls: My Dream

Type: Group and then Individual;

Suggested number for each group between 3-5.

Materials: Chart Paper, colored markers

Time: 30-40 minutes

1. You can start with a meditative exercise

2. Ask the girls: What is your hope and dream for the future? Discuss what is “hope” and “dream” in a group.

3. Each girl is given a chart paper and colors; she draws her road to the future, shows her dreams along that road and explains

4. Next, each girl lists - what do you need to get there – write it down. Rank what you need in order of importance. Circle what you have now

5. Who can help you get there – write it. Rank in order of importance. Circle what you have now

6. Identify two or three most important barriers and explain how you will overcome them
**Tool Two Girls: My Leader**

**Type:** Group

Suggested number for each group between 3-5.

**Materials:** Chart Paper, colored markers

**Time:** 20 minutes

1. Discuss in a group who do you see as a leader. Discuss the meaning of ‘leader’.

2. In plenary discuss what are the qualities of that leader (preferably female) that you like

3. Do you possess these qualities? Identify and Explain

4. Which qualities are most Important – circle

**Tool Three Girls: If I were**

**Type:** Group and then Individual;

Suggested number for each group between 3-5.

**Materials:** Chart Paper, coloured markers

**Time:** 30-40 minutes

1. Discuss if they were all boys, what would be different.

2. Each girl writes what would be different

3. Shares with partner and collates

4. Then groups of four collate

5. Two to three groups will present findings

**Tool Four Girls: What is My Value?**

**Type:** Individual and then Group;

Suggested number for small group work between 3-5.

**Materials:** Chart Paper, colored markers
Time: 30-40 minutes

1. Read a story of any discrimination. Discuss

2. Ask: Have you been discriminated and list a number of settings:
   i School
   ii Health center
   iii Playground
   iv Community
   v Temple
   vi Transport

3. Each girl writes individually where and how discrimination happened in each setting and puts it on post-its/paper. Finally discuss in a group.

4. Please have a senior member or counselor available if counseling is needed.

**Tool Five: Girls: Who Decides?**

Type: Individual and then group

Materials: Chart Paper, photocopied tables – one for each girl, colored markers

Time: 30-40 minutes

1. List various decisions on one side and who is decision maker. Give a photocopy of the table to each girl and ask her to make a tick for the most important decision maker in each category.

2. Afterwards, collate all the responses into one table (make a big one so all can see).

3. Discuss how much control YOU have on your life on these issues. Note the discussion.
<table>
<thead>
<tr>
<th>Decisions</th>
<th>Mother</th>
<th>Brothel Keeper</th>
<th>Father</th>
<th>Other, Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go out with Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play sports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick- go to doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Go to temple/ Masjid/worship</td>
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<td></td>
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<tr>
<td>Holi/Diwali/festival</td>
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<tr>
<td>Rate for work</td>
<td></td>
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</tbody>
</table>

**Tool Six Girls: My Fear**

Type: Individual;

Suggested number for each group between 3-5

Materials: Chart Paper, colored markers

Time: 20 minutes

1. What is your biggest fear about your life? Draw
2. Explain what it is and why
3. How will you overcome?
4. Who can help you?

**Tool Seven Girls: Maybe**

Type: Group and then Individual;
Suggested number for each group between 3-5

Materials: Chart Paper, coloured markers

Time: 20 minutes

1. Do you want to stay in your situation? Why? How confident are you that you can manage your situation (rate on a scale of 1-5, 5 being very confident)

2. Do you want to get out or change your situation? Why? How confident are you that you can manage your situation (rate on a scale of 1-5, 5 being very confident)

**Tool Eight Girls: My Body**

Type: Group; Suggested number for each group between 3-5.

Materials: Large Chart Paper or stick two together with outline of body; Green Markers and Red Markers

Time: 30 minutes

1. Discuss with girls to look at the body outline and think of which parts of the body they DO NOT have control over. Mark with Green Marker

2. Next, discuss with girls what parts of the body they DO have control over. Mark with Red Marker

3. Ask younger children if the situation will change when they grow up.

4. Ask older children if the situation has changed since they were young

**Tool Nine Girls: Violence Mapping**

Type: Group; Suggested number for each group between 3-5

Materials: Large Chart Paper, Felt Pens, Seeds

Time: 40 minutes

1. Choose a private space
2. Ask the girls to list different forms of violence against women and girls that they know of in the home (one column) and outside (another column). You may have to use a picture to show the violence.

3. Some examples of violence are child marriage, verbal abuse, caste based gender violence. You can prompt if required but mark the prompting with a different colored marker.

4. Give ten seeds or stones, place them in a row and tell the girls that each seed or stone represents one women or girl.

5. Take each form of violence against women and girls, and ask the participants to choose number of seeds to put across the form of violence depending on how many women or girls out of ten face that kind of violence.

6. Write the scores in the second column.

7. Ask the participants which forms of violence had increased or decreased since project or program inception. Use different symbols to denote increase or decrease.

8. Discuss reasons for reduction and increase in violence.

9. Ensure you end on a positive note. The note keeper can support the facilitator if required.

**Tool Ten Girls: Possibilities**

Type: Group

Suggested number for each group between 3-5

Materials: Chart Paper, coloured markers

Time: 30-40 minutes

1. Select one or two appropriate statement and ask the WHY question 5 times.

2. Also select the exact opposite statement and ask WHY question 5 times.

   Girls can never leave the (sex) profession/why
Girls can leave the (sex) profession/why

Girls can marry whoever they want/why

Girls cannot marry whoever they want/why

Girls can decide how much they want to study/why

Girls cannot decide how much they want to study/why

**Tool Eleven: Positive Stories**

Select girls according to criteria and record positive stories of how the girl has overcome barriers, who has helped, what has helped and her own perception of self.

Positive Case Study of an Individual Adolescent Girl (18-25 years)

Please ask for permission, explain what you plan to do, take informed consent (in writing) and explain that they can withdraw at any time.

**Background**

Name:

Age:

Education:

Family Details: Mother, Father education, occupation, details of siblings

Location: where does she live, work, with who, what is she doing right now, why is she working or living there.

Describe the girl – how does she look, sound, behave.

**Understanding Problem**

Ask about her past history. Be gentle as this may be difficult for her to recall.

What was her situation? What was her problem? How did she get into it?

What changed in her life? What brought about those changes? How did she feel about it?

**Solution**

What did she do about it?

Who helped her? Why and how?
Learning

Looking back, at what point or points could the support have helped to NOT get into the situation? What help, who and how.

Next ask, having gotten into the situation – what strategies helped her the most to GET OUT, why.

What would she like to tell girls who are in a similar situation like hers what to do?

What would she like to tell girls to do NOT to get into a similar situation like hers?

Would she like to give a MOTTO or one VALUE that describes who she is?

**TOOLS: ADULTS**

**A. Mothers Interview:**

<table>
<thead>
<tr>
<th><strong>Intake Details:</strong></th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Adolescent Girls Name:</td>
</tr>
<tr>
<td>Relationship to Girl</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
</tbody>
</table>

1. How do you perceive young daughters in your family?

2. What is different about your daughters’ lives compared to yours?

3. Do they feel that daughters are a burden or a boon to the family? Explain
4. Do they feel education of girls is important? Explain

5. In what contexts do you treat your sons and daughter similarly, and in what differently?

**B. CDPO, Teachers, Headmaster (other community member)**

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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Adolescent Girls Name:</td>
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<tr>
<td>Relationship to Girl</td>
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<tr>
<td>Age</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
</tbody>
</table>

1. What are health/education constraints?

2. Are the girls integrated into school? Why or why not? What can you do, have done?

3. Are the girls coming to school, continuing education? We have RTE (Right to Education), so what are the barriers? What can you do, have done?

4. In what contexts do you treat boys and girls similarly, and differently?

**C. Decision Makers**

*(Departments of Women and Children, Departments of Health, Home Affairs, Education, Labor, Rural Development, Tribal and Minorities, Law and Justice, Planning Commission, Parliamentarians)*

<table>
<thead>
<tr>
<th>Intake Details:</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Position:</td>
</tr>
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</table>
Define high vulnerability and explain to the decision maker.\textsuperscript{22}

Ask:

1. What are the current programs for highly vulnerable girls?
2. What are gaps in evaluations of programs for highly vulnerable girls?
3. What are gaps in evidence?
4. What are gaps in how evaluations are conducted?
5. What are gaps in who is consulted?
6. What are the data gaps?
7. What information will help you make better decisions and better programs?

\textsuperscript{22} By interviewer, see introduction to this guide for explanation of vulnerability