ADDRESSING
CHILD
MARRIAGE
AND CHANGING
LIVES

THROUGH ALTERNATIVE
PATHWAYS

MORE THAN BRIDES ALLIANCE

Save the Children

OXFAM

POPULATION COUNCIL
Ideas. Evidence. Impact.

Simavi

CONTENT

I. Background

Child Marriage (also called early marriage) is universally defined as a formal or informal union where one or both parties fall under the age of 18. It affects girls more than boys. According to UNICEF, 720 million women alive today were married as children, as compared to 156 million men.

Child Marriage is a grave violation of children's rights. It leads to severe consequences, including infant and child mortality, sexual and reproductive health complications, school dropout, domestic violence, isolation, and poverty. More than 700 million women alive today – roughly 10 per cent of the world's population were married before their 18th birthday. Among these women, more than one third were married before the age of 15. While child marriage rates are slowly declining globally, it is not declining fast enough. If action is not accelerated, the total number of women married in childhood will grow due to population growth, from more than 700 million today to approximately 950 million by 2025.

Many young people receive very limited or no information education related to Sexual and Reproductive Health and Rights (SRHR).

The information they do receive rarely includes the gender and human rights-based approach that is linked to safer sex. Every year, 16 million adolescent girls give birth, with 90 per cent of these pregnancies occurring within marriage. Complications from pregnancy and childbirth are the main causes of death among girls aged 15-19 in many developing countries. Since most adolescent pregnancies in high-burden countries occur within marriage, addressing Child Marriage is critical to improving SRHR. Increase in instability leads to rise in incidents of Child Marriage, making girls, especially those in conflict, disaster or crises situations more vulnerable. Research conducted by the World Bank and International Center for Research on Women (ICRW) indicates that the economic impact and costs of child marriage are likely to be very high not just for the girls, but also for their children and families, their communities, and society at large.

Child marriage is likely to have profound and far-reaching effects at national and global levels in the form of lost earnings and inter-generational transmission of poverty. Although rates of child marriage and early child bearing are declining, the progress is inequitably spread within countries and across the globe. Due to the continued existence of many causal cultural, economic and social factors, the decline is not high enough to effectively end this harmful practice. Increased awareness of the consequences of Child Marriage among the international community has led to the awareness to act urgently -Thus ending Early, Child and Forced marriage by 2030 is now a target under the Sustainable Development Goals (SDG 5.3).
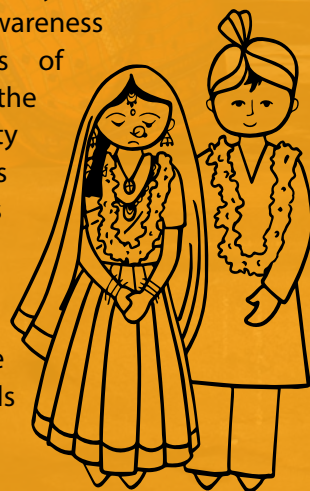
Child Marriage in India

Three countries in South Asia have over 40 per cent prevalence of Child Marriage (as percent of women currently aged 20-24 who were married by age 18) -Bangladesh (52%), India (47%) and Nepal (41%). India, due to its high population, has higher numbers of child brides than most countries combined. India alone accounts for one-third of girls married before age 18 years globally. National Family Health Survey data reveals that more than one-quarter of women (27%) aged 20–24 are still getting married before age 18.
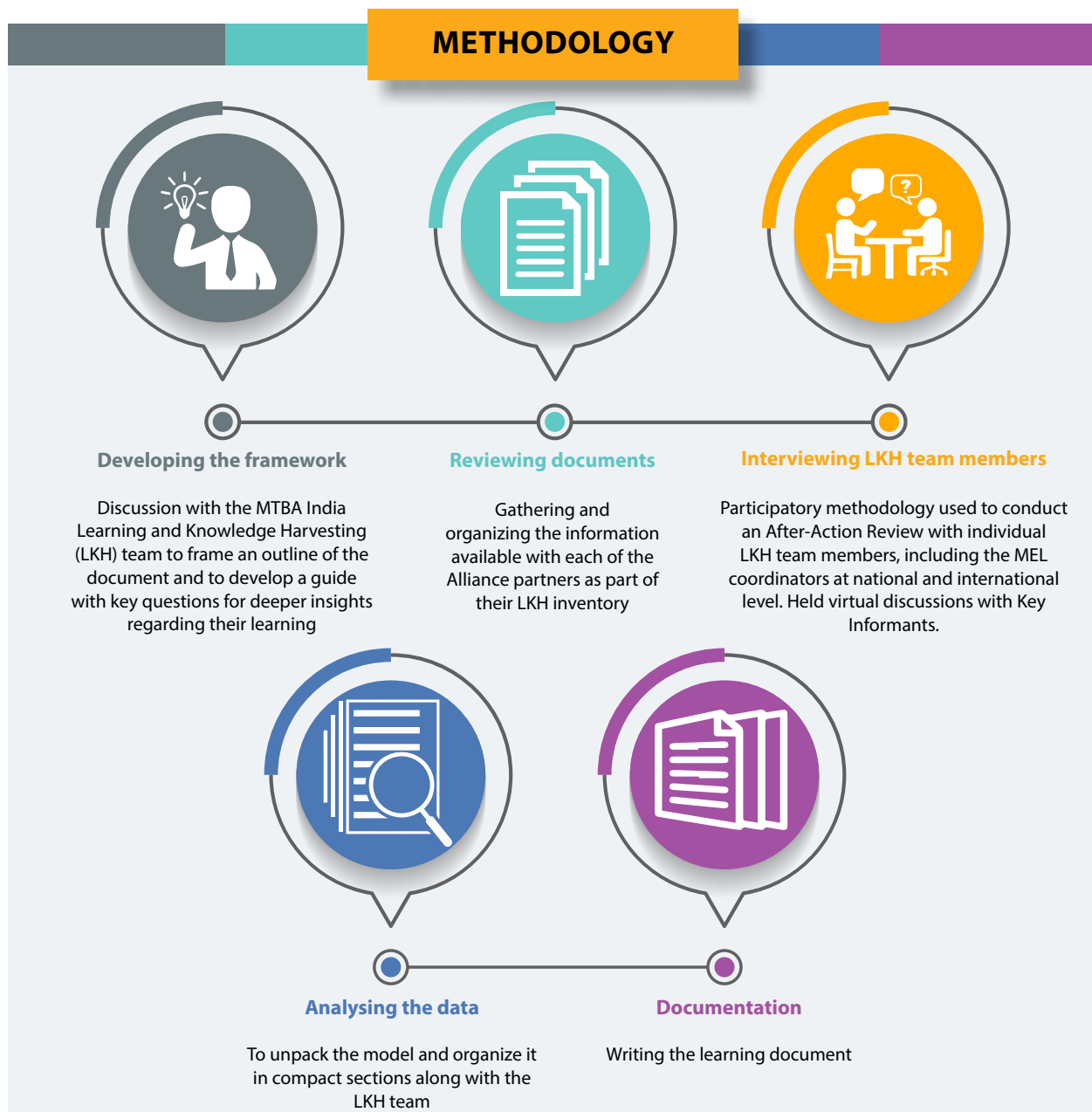
More recent data available from the National Family Health Survey (NFHS-4, 2015–16), however, highlights large declines in early marriage, that is the percentage of girls married before age 18. This is attributed to the consistent efforts of implementing multifaceted, multi-sectoral programs for adolescent health and wellbeing. Additionally, communication, advocacy initiatives and cash transfer schemes to support adolescent girls and their families (to delay the age at marriage) has also impacted a reduction in child marriages to some extent. At policy level, India has been committed to the protection of child rights as a signatory to both UN Convention on the Rights of the Child (UNCRC),1992 and UN Committee on the Elimination of Discrimination Against Women (CEDAW),1993. The country is now also committed to eliminate child, early and forced marriage (CEFM) in line with target 5.3 of the Sustainable Development Goals.

About the Document

The document summarizes the learnings from implementation of the MTBA Child Marriage Programme Model in the four states of Bihar, Jharkhand, Odisha and Rajasthan in India. And to contribute to the existing knowledge regarding Child Marriage and SRHR programming. It is aspired that the Model and subsequent discussion around its components and reflections of partner organisations will set an information base for future programmes addressing Child Marriage.

It is an evolving document that presents the experiential learning from applying a comprehensive model in collaboration with several national and international partner organisations and multiple stakeholders to combat Child Marriage. As one of the several learning and knowledge harvesting (LKH) documents developed by the Alliance, this document will serve as a reference tool for policy makers, government, donor partners, researchers, and civil society organizations for designing programmes to combat Child Marriage.

METHODOLOGY

Developing the framework

Discussion with the MTBA India Learning and Knowledge Harvesting (LKH) team to frame an outline of the document and to develop a guide with key questions for deeper insights regarding their learning

Reviewing documents

Gathering and organizing the information available with each of the Alliance partners as part of their LKH inventory

Interviewing LKH team members

Participatory methodology used to conduct an After-Action Review with individual LKH team members, including the MEL coordinators at national and international level. Held virtual discussions with Key Informants.

Analysing the data

To unpack the model and organize it in compact sections along with the LKH team

Documentation

Writing the learning document

Rationale for the Theory of Change and MTBA Approach

In the past decade, donors and implementers of Child Marriage programmes have established the links between the Child Marriage and development areas like health, nutrition, human rights, gender equality and social justice, economic development, basic and higher education, and poverty reduction. A substantial body of evidence regarding Child Marriage prevention and response clearly shows that effective solutions require integrated, cross-sectoral and holistic strategies. Prevention and response to the needs of married adolescents call for combined action from donors and implementers across sectors and as much from researchers, media, and young people themselves. Against this backdrop of global action for combating child marriage within a broader framework of building girls agency regarding Sexual and Reproductive Health and Rights (SRHR), education and financial independence, four key international agencies came together to form a partnership – the 'More Than Brides' Alliance.

Led by Save the Children, Netherlands (SC), the Alliance included Oxfam Novib (ON), Population Council (PC), and Simavi as partners. These partners have significant experience in implementing programmes related to SRHR /Comprehensive Sexuality Education (CSE), Reducing Child Marriage and strengthening access to health care in several countries including Uganda, Ethiopia, Niger, Mali, Bangladesh, Pakistan and India. Additionally, the global consortium also partners with more than thirty international and national civil society organisations.

The Alliance aims to empower young people, in particular adolescent girls, to decide if and when to get married and to make informed choices about their rights to Sexual and Reproductive Health. From 2016 to 2020, it has implemented an integrated and holistic Child Marriage (CM) programme "Marriage No Child's Play" (MNCP) across five countries namely Mali, Niger, Malawi, Pakistan and India supported by the Dutch Ministry of Foreign Affairs.
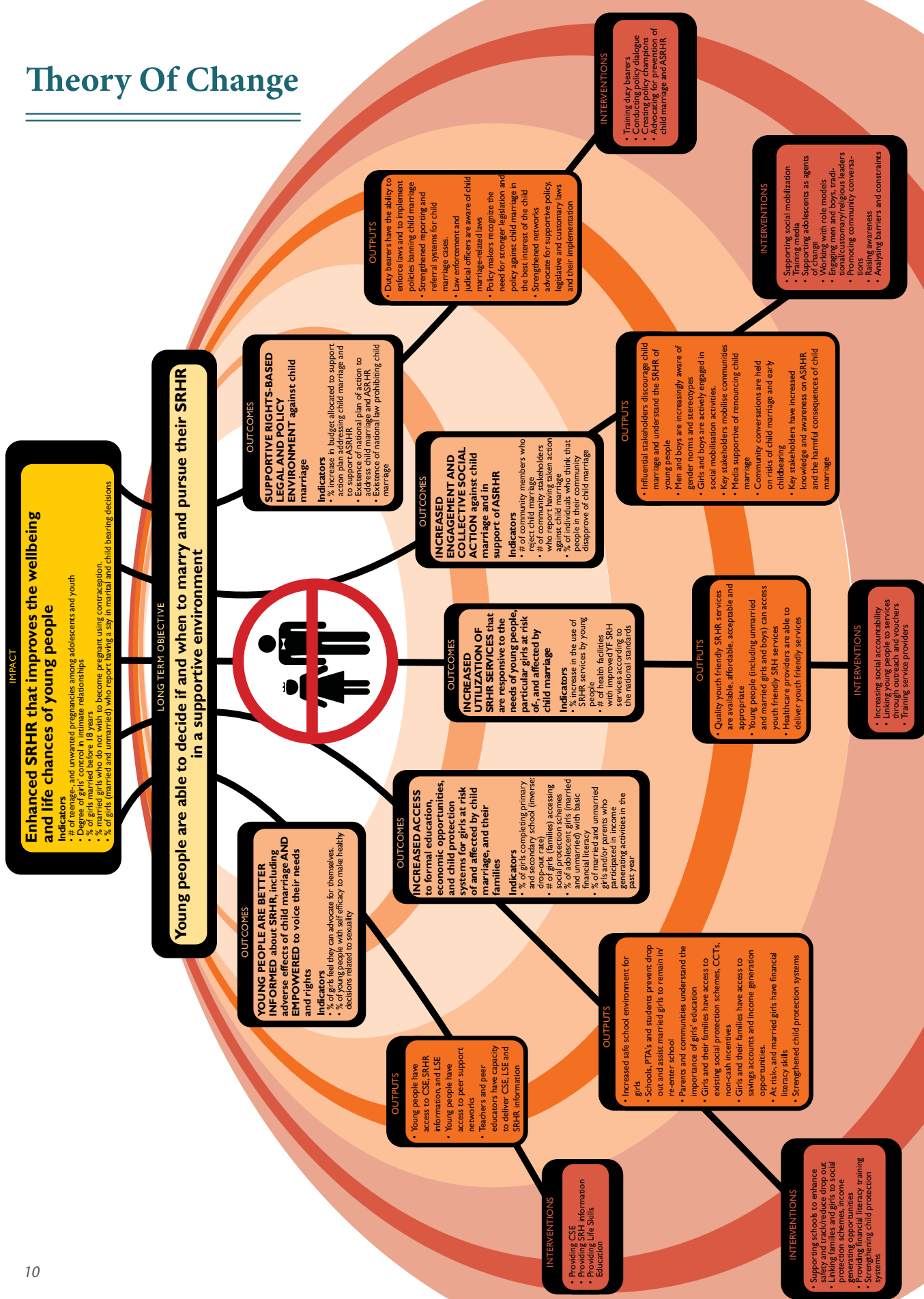
Experiential learning from earlier programmes led to the development of a systematic Theory of Change (ToC) – an integrated and holistic approach that would be applied to the MNCP programme. The MTBA would work closely with selected local Civil Society Organizations (CSOs), communities, and Governments at local, state and national levels. The ToC is aligned to the result areas 1) Adolescents and Youth and 4) Rights of the Dutch SRHR policy and thus focuses on combating Child Marriage, Access to CSE and Access to ASRHR services as well as, Promoting Rights-based Policy and Legislation.

The MTBA adapted the overall ToC to address both the common social, cultural, economic and political factors that perpetuate child marriage as well as the regional contextual variations. It is based on the assumption that 'young people, especially girls, are only able to decide if and when to marry if they are empowered to make informed decisions, their protective assets are built, and if their community respects their rights.' Thus, the outcomes could be achieved only through a multi-pronged approach of equipping adolescents with information and skills, improving their access to services, education and opportunities, and building their agency, while changing social norms related to marriage, SRHR and gender equality.

Partner organisations of the MTB Alliance in India include Save the Children (SCI), Population Council and Simavi' s partners, i.e., Bihar Voluntary Health Association (BVHA), Child In Need Institute (CINI), Network for Enterprise Enhancement and Development Support (NEEDS), and Voluntary Health Association of India (VHAI).

Sections that follow present the model in a more simplified manner, the interventions that were aligned to the pathways of the model, the learning from implementing the model over a five-year period and the way forward.
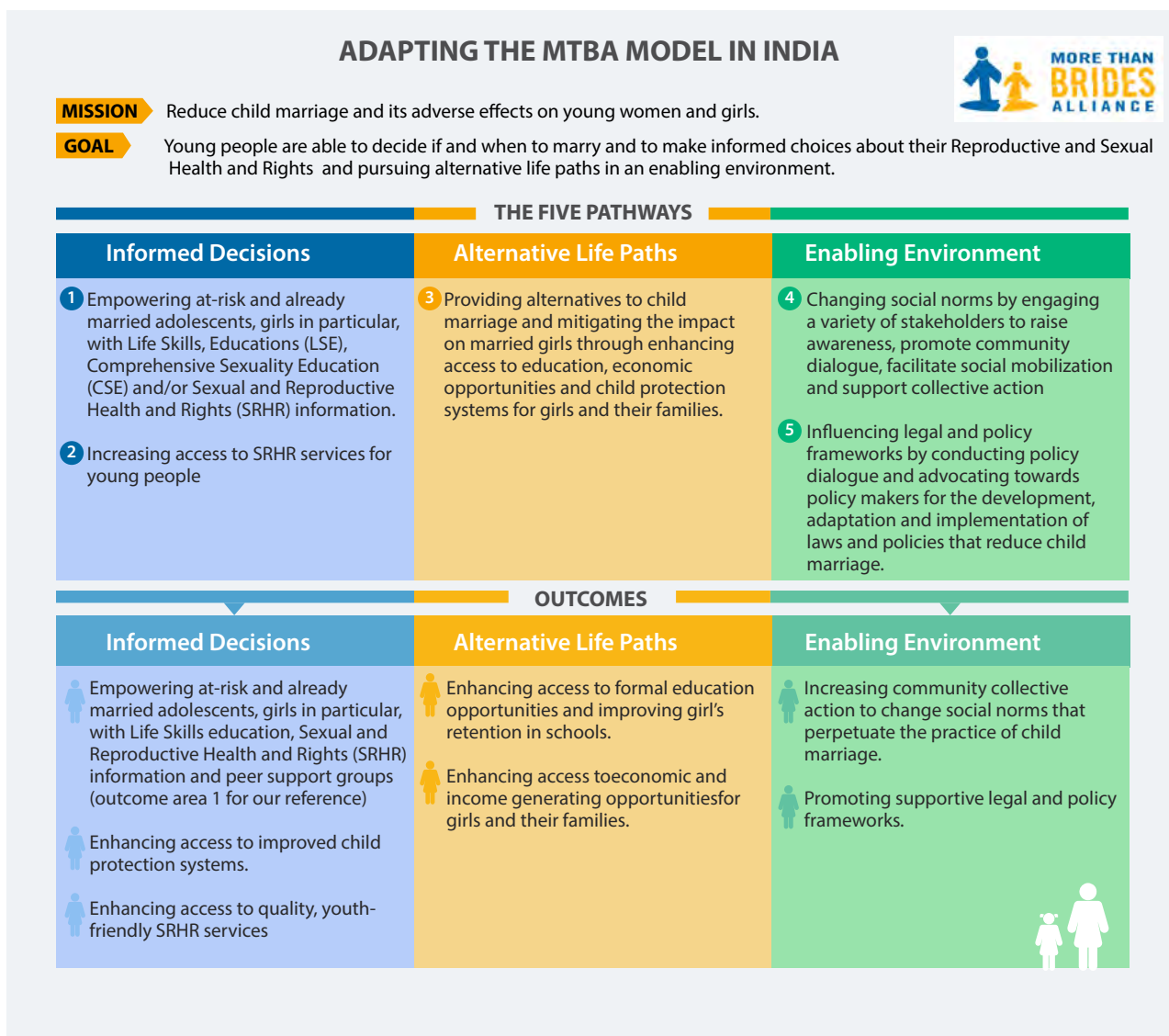
Theory Of Change

IMPACT

Enhanced SRHR that improves the wellbeing and life chances of young people

Indicators
- # of teenage- and unwanted pregnancies among adolescents and youth
- Degree of girls' control in intimate relationships
- % of girls married before 18 years
- % married girls who do not wish to become pregnant using contraception.
- % of girls (married and unmarried) who report having a say in marital and child bearing decisions

LONG TERM OBJECTIVE

Young people are able to decide if and when to marry and pursue their SRHR in a supportive environment

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OUTCOMES

SUPPORTIVE RIGHTS-BASED LEGAL AND POLICY ENVIRONMENT against child marriage

Indicators
- % increase in budget allocated to support action plan addressing child marriage and to support ASRHR
- Existence of national plan of action to address child marriage and ASRHR
- Existence of national law prohibiting child marriage

OUTPUTS

- Duty bearers have the ability to enforce laws and to implement policies banning child marriage
- Strengthened reporting and referral systems for child marriage cases.
- Law enforcement and judicial officers are aware of child marriage-related laws
- Policy makers recognize the need for stronger legislation and policy against child marriage in the best interest of the child
- Strengthened networks advocate for supportive policy, legislative and customary laws and their implementation

INTERVENTIONS

- Training duty bearers
- Conducting policy dialogue
- Creating policy champions
- Advocating for prevention of child marriage and ASRHR

OUTCOMES

INCREASED ENGAGEMENT AND COLLECTIVE SOCIAL ACTION against child marriage and in support of ASRHR

Indicators
- # of community members who reject child marriage
- # of community stakeholders who report having taken action against child marriage
- % of individuals who think that people in their community disapprove of child marriage

OUTPUTS

- Influential stakeholders discourage child marriage and understand the SRHR of young people
- Men and boys are increasingly aware of gender norms and stereotypes
- Girls and boys are actively engaged in social mobilisation activities.
- Key stakeholders mobilise communities
- Media supportive of renouncing child marriage
- Community conversations are held on risks of child marriage and early childbearing
- Key stakeholders have increased knowledge and awareness on ASRHR and the harmful consequences of child marriage

INTERVENTIONS

- Supporting social mobilization
- Training media
- Supporting adolescents as agents of change
- Working with role models
- Engaging men and boys, traditional/customary/religious leaders
- Promoting community conversations
- Raising awareness
- Analysing barriers and constraints

OUTCOMES

INCREASED UTILIZATION OF SRHR SERVICES that are responsive to the needs of young people, particular girls at risk of-, and affected by child marriage

Indicators
- % increase in the use of SRHR services by young people
- # of health facilities with improved YF SRH services according to the national standards

OUTPUTS

- Quality youth friendly SRHR services are available, affordable, acceptable and appropriate
- Young people (including unmarried and married girls and boys) can access youth friendly SRH services
- Healthcare providers are able to deliver youth friendly services

INTERVENTIONS

- Increasing social accountability
- Linking young people to services through outreach and vouchers
- Training service providers

OUTCOMES

YOUNG PEOPLE ARE BETTER INFORMED about SRHR, including adverse effects of child marriage AND EMPOWERED to voice their needs and rights

Indicators
- % of girls feel they can advocate for themselves.
- % of young people with self efficacy to make healthy decisions related to sexuality

OUTPUTS

- Young people have access to CSE, SRHR information, and LSE
- Young people have access to peer support networks
- Teachers and peer educators have capacity to deliver CSE, LSE and SRHR information

INTERVENTIONS

- Providing CSE
- Providing SRH information
- Providing Life Skills Education

OUTCOMES

INCREASED ACCESS to formal education, economic opportunities, and child protection systems for girls at risk of and affected by child marriage, and their families

Indicators
- % of girls completing primary and secondary school (inverse: drop-out rate)
- # of girls (families) accessing social protection schemes
- % of adolescent girls (married and unmarried) with basic financial literacy
- % of married and unmarried girls and/or parents who participated in income generating activities in the past year

OUTPUTS

- Increased safe school environment for girls
- Schools, PTA's and students prevent drop out and assist married girls to remain in/ re-enter school
- Parents and communities understand the importance of girls' education
- Girls and their families have access to existing social protection schemes, CCTs, non-cash incentives
- Girls and their families have access to savings accounts and income generation opportunities.
- At risk-, and married girls have financial literacy skills
- Strengthened child protection systems

INTERVENTIONS

- Supporting schools to enhance safety and track/reduce drop out
- Linking families and girls to social protection schemes, income generating opportunities
- Providing financial literacy training
- Strengthening child protection systems

II. The MTBA Approach: Five Pathways to Change

The MTBA Model (Graphic given below) presents a simpler version of the global MTBA Model for change. A clear focus on the seven outcomes emerged while unpacking the model in the Indian context. The outcomes as aligned to the pathways have been common to all partners across the four states. Changes according to the local context are revealed at the 'action' level.

ADAPTING THE MTBA MODEL IN INDIA

MORE THAN BRIDES ALLIANCE

MISSION Reduce child marriage and its adverse effects on young women and girls.

GOAL Young people are able to decide if and when to marry and to make informed choices about their Reproductive and Sexual Health and Rights and pursuing alternative life paths in an enabling environment.

THE FIVE PATHWAYS

Informed Decisions	Alternative Life Paths	Enabling Environment
1 Empowering at-risk and already married adolescents, girls in particular, with Life Skills, Educations (LSE), Comprehensive Sexuality Education (CSE) and/or Sexual and Reproductive Health and Rights (SRHR) information.	3 Providing alternatives to child marriage and mitigating the impact on married girls through enhancing access to education, economic opportunities and child protection systems for girls and their families.	4 Changing social norms by engaging a variety of stakeholders to raise awareness, promote community dialogue, facilitate social mobilization and support collective action
2 Increasing access to SRHR services for young people		5 Influencing legal and policy frameworks by conducting policy dialogue and advocating towards policy makers for the development, adaptation and implementation of laws and policies that reduce child marriage.

OUTCOMES

Informed Decisions	Alternative Life Paths	Enabling Environment
Empowering at-risk and already married adolescents, girls in particular, with Life Skills education, Sexual and Reproductive Health and Rights (SRHR) information and peer support groups (outcome area 1 for our reference)	Enhancing access to formal education opportunities and improving girl's retention in schools.	Increasing community collective action to change social norms that perpetuate the practice of child marriage.
Enhancing access to improved child protection systems.	Enhancing access to economic and income generating opportunities for girls and their families.	Promoting supportive legal and policy frameworks.
Enhancing access to quality, youth-friendly SRHR services		

The following explanation of the pathways and the underlying assumptions for each pathway has been presented in the original MTBA narrative on the Theory of Change.

A. Empowering girls

This involved empowering at-risk and already married adolescents (girls in particular) with life skills education (LSE), Comprehensive Sexuality Education (CSE), and SRHR information. It was based on the premises and assumptions (terminology as mentioned in the MTBA document on ToC) that:

➤ SRHR education is crucial for young people so that they can make safe and informed decisions.

➤ When girls are provided with life skills, self-confidence and self-efficacy, they are more likely to delay marriage.

➤ The Alliance can directly empower girls to make informed decisions.

B. Increased access to services

This involved enhancing access to quality, youth friendly SRHR services and to improved child protection systems. It was based on the premises and assumptions that:

➤ To be able to negotiate safe SRHR decisions, young people need access to youth-friendly SRHR services.

➤ When SRHR services are responsive to the needs of adolescents, the uptake of services will increase.

➤ Quality of SRHR and Child Protection services can be improved through training and support (youth leaders and groups, service providers).

➤ Lobbying and advocacy can influence government investment in youth friendly SRHR services and lead to optimum and appropriate utilization of government resources.

C. Access to education, economic opportunities and child protection systems for girls and their families

This involved enhancing access to formal education opportunities and improving girls' retention in schools; enhancing access to economic and income generating opportunities for girls and their families and to improved child protection systems. It was based on the premise that:

➤ Community child protection systems need to be built/strengthened to ensure preventative actions. Girls need safe, viable and attractive alternatives to child marriage, including education and economic opportunities.

➤ Enhancing girls' enrollment in schools and attendance helps to delay marriage.

➤ Providing economic support and incentives for girls as well as their families. These motivate the families to delay marriage and to keep their daughters in school.

➤ Financial literacy and economic opportunities have the potential to reduce child marriage and increase economic productivity of girls.

D.   Changing social norms by engaging variety of stakeholders

This involved increasing community collective action to change social norms that perpetuate the practice of child marriage and promoting supportive legal and policy frameworks. These pathways were based on the premise and assumptions that:

➤ Changing social norms that perpetuate child marriage require a strategy that addresses and involves all key stakeholders.

➤ An enabling environment can be created and reinforced when social expectations regarding girls are changed, leading to collective decisions to abandon child marriage and invest in girls.

➤ Fostering equitable gender norms among young people through Comprehensive Sexuality Education (CSE) can contribute to reductions in child marriage, more productive marriages later in life and safer sex.

➤ Customs and practices surrounding marriage can change.

E.   Influencing legal and policy frameworks by conducting policy dialogue and advocacy

This involves strengthening of local partners and networks to conduct policy dialogue and collectively advocate with policy makers for the development, adaptation and implementation of laws and policies that reduce Child Marriage. It strengthens and supports the government in the development of cross-sectoral action plans to reduce Child Marriage and improve SRHR. The underlying assumptions include:

➤ Civil society space is sufficient.

➤ Key allies are in place.

➤ A sympathetic administration is in office.

➤ Strong capacity for media advocacy exists.

III. Implementing the MTBA Approach

Key Factors Contributing to Success

There were two broad areas for reviewing the application of the MTBA Model in India. One was the national-international partnership and the other was actual implementation of the model to achieve the outcome areas under each pathway. Discussions revealed some key factors which were highlighted the by teams from all the States. These factors lay the foundation for using the model in future programmes. Factors that contributed to effective implementation of the model include:

Technical expertise in the matic domains

All partners selected as members of the Alliance in India have extensive experience and expertise in implementing health, SRHR, education, child protection and livelihood programmes that are a part of the overall ToC. Such expertise has helped them to execute the model effectively as well as adapt and innovate as required. However, it is important to note that partner organisations had varied areas of core competency and skills and were not equally strong in each of the thematic areas. This presented a challenge for some partners during implementation of a pathway outside their core areas such as livelihood, or child rights and protection or education. Simavi partners had a strong background related to the ASRHR domain.

Openness to collaboration and participation

The collaborative and participatory nature of partnership has eased the process of implementing the model. Having varying areas of expertise, Alliance partners in India have learned from each other, collaborated and supported each other by sharing their knowledge, good practices and tools for capacity building on thematic areas, gender and advocacy. They have drawn on each other's technical expertise to achieve the seven outcome areas (Tables on interventions and strategies) of the model. Where the terrain has been relatively new and difficult, such as the tribal area in Jharkhand, it has been a process of 'learning by doing' and finally overcoming the barriers with support from Alliance partners and CSOs. Other examples include learning from strengthening of Child friendly Police Stations in Rajasthan; implementing Learning Centres by CINI in Jharkhand, and financial literacy (NEEDS) in Jharkhand, being a leading organisation in child rights, Save the Children has provided technical support in training on the child protection system, advocacy and life skills. Simavi Netherlands also supported in building capacities of partners on gender, advocacy and Monitoring, Evaluation and Learning (MEL). An inventory of all knowledge harvesting and learning products made by State partners has been compiled at the National level for future reference.

Prior experience of collaboration with the Government at National/ Regional/State level

Alliance partners have developed a presence in the region and have considerable rapport with the State Governments, having worked with the government in one or more of the thematic domains. Such collaborative efforts include supplementing and strengthening existing Government programmes and structures by providing technical support in capacity building, research, behaviour change communication (BCC), along with monitoring and evaluation. A positive as well as supportive relationship with the government has helped partners in lobbying and advocacy. It has been a

continuous process and partners have had considerable success in effectively contributing to the development of a robust State Level Child Marriage Action Plan (3 out of 4 States implementing the approach have achieved this).

Adaptability

International and national members of the MTBA have worked together to adapt the ToC according to regional and state specific contexts. Response to the pandemic has also led to a process of participatory learning and suggestions have been well accepted by international partners. All the partner organizations revised and adapted their monitoring tools and data collection process to remain aligned with country level reporting against Key Indicators (KI).

Flexibility

One of the main strengths of the partnership has been the flexibility and freedom given to India partners to implement and adapt according to the local context, wherever necessary. The huge unforeseen crisis of the COVID-19 pandemic necessitated much re-learning, re-thinking and innovating. In this, India partners were given the flexibility and space to adjust their financial resources to the needs of the community and use the funds innovatively. However, it was limited to SRHR, health and well-being domains only; food security could not be addressed. Good examples include the purchase and use of mobile phones to transmit information (in Jharkhand). The mobile phones became a lifesaving tool for adolescents and the field team since it was the only way to remain connected to the girls. A range of issues including gender-based violence within the home, participation in online classes, gaps in distribution of relief material (such as food packets), and mental stress during isolation emerged during the discussions with girls on the phones. Another example of innovation was the purchase of sanitary pads, Iron and Folic Acid tablets, promoting the production of masks and re-usable cotton sanitary pads. All this subsequently helped in sensitizing local governments to ensure continuous support for such provisions.

Now that we know about Child Marriage and its ill-effects, we have stopped 4-5 marriages in our village. The girls have been admitted to school in Class XI (senior secondary) with us.

Khushboo Kumari,
Discussion Leader, Bihar

There is a fear in the minds of villagers. They feel scared that if they support Child Marriage, we will call CHILDLINE or tell the police. Now there are no more child marriages in our village.

Adolescent Girl, Sarwan, Jharkhand

Aligning Interventions and Strategies to the Pathways of the MTBA Model

THEORY OF CHANGE PATHWAY	OUTCOMES
INFORMED DECISIONS A. Empowering at-risk and already married adolescents, girls in particular, with Life Skills Education, Comprehensive Sexuality Education, and/or Sexual Reproductive Health and Rights information	◉ Empowering at-risk and already married adolescents, girls in particular, with life skills education, sexual and reproductive health and rights (SRHR) information, and peer support groups (Outcome area 1 for our reference) ◉ Increasing community collective action to change social norms that perpetuate the practice of child marriage ◉ Promoting supportive legal and policy frameworks
B. Increasing access to SRHR services for young people	◉ Enhancing access to improved child protection systems ◉ Increasing access to quality, youth-friendly SRHR services

Interventions	Strategies
◉ Encouraging girls to come together; forming and strengthening Peer Support Groups for vulnerable adolescent girls; formation of a few boys' groups was done later (focus on the boysboys' groups was not high) ◉ Developing agency of adolescent girls – Selection and training of Peer /Discussion Leaders (DL) on SRHR and life skills to keep them informed, development of communication skills, self -confidence, Problem Solving, Decision Making and claim their rights	◉ Peer Education Approach using peer support groups and peer leaders to spread information and awareness ◉ Capacity building using training modules on SRHR; Life skills Education, engagement of men

- Supporting and hand holding DLs to roll out the entire session and capacitate all peers in the group equally
- Sensitising both adolescent girls and boys on Gender related issues such as gender inclusiveness, gender discrimination, child marriage as a part of Gender based Violence (GBV)
- Building and strengthening Information and Dissemination Centres (IDCs) where the groups can meet and DLs can lead discussions around the issues of SRHR and specifically child marriage in an interactive and participatory way; equipping IDCs appropriately with informative material and resources; books; sports and games gear
- Creating a pool of Master Trainers (MT) such as Frontline workers to support adolescent girls and also inform the community-based structures for child protection, health and nutrition as well as education
- Using the Adolescent Score Card - a participatory social accountability tool for adolescents to ascertain sexual and reproductive health and rights and make informed decisions

- Behaviour Change Communication – adapting the channels of communication and tools according to local needs and context

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- Increasing awareness of Adolescent Friendly Health Clinics (AFHCs) and the services available for adolescents at the facility for both girls/boys and service providers
- Working closely with the Government to ensure that AFHCs are functioning and services are available
- Advocating for areas where there is no AFHC; ensuring temporary arrangements where no AFHC exists
- Ensuring provision of products and services including counselling and referrals to PHC on specific days such as Adolescent Health Day (AHD); Village Health and Nutrition Day (VHND) and Nutrition Week

- Networking with the Government to facilitate access to AFHCs and services on specific days
- Convergence - bringing service providers under health and ICDS and government officials together to observe special days
- Communication and Advocacy – with the government to strengthen AFHCs

Through these Interventions it was possible to break the silence around issues of sexual and reproductive health using Rights- based approach. Girls who are most at risk also have the least access to information regarding SRHR. For many, this was the first exposure to the issues and the results were encouraging. After the sessions, girls began to come out of their shell and gradually voice their opinions. Life skills education added more value by training them on negotiation, problem solving and decision-making, which empowered them to start the discussion around saying no to child marriage. Many of the service providers have been long working on to improve the Routine approach without updated information and skills regarding child rights and protection. Capacity building on the issues as well as the services that are available to children as part of various programmes such as adolescent health and Integrated Child Development Services (ICDS) helps to remove the barriers regarding both attitude and provision of services. Advocacy with the government highlighted optimum and appropriate usage of government resources (addressing under-utilisation of resources).

Once seen as a burden, today I am a financial support for my family. MNCP groomed me to hold a respectable job in my own village.

- Lily, Adolescent Girl, Cluster Level Resource Person(CRP) in Odisha Livelihood Mission (OLM), Odisha

I am accumulating additional skills and saving money. Soon, I will open my own tailoring shop and employ others.

Priya, Adolescent Girl, Rajasthan

THEORY OF CHANGE PATHWAY	OUTCOMES
ALTERNATIVE LIFE PATHS C. Access to education, economic opportunities and child protection systems for girls and their families	◉ Enhancing access to formal education opportunities and improving girls' retention in school ◉ Enhancing access to economic and income generating opportunities for girls and their families ◉ Enhancing access to improved child protection systems

Interventions	Strategies
◉ Initiatives to overcome barriers in the minds of parents, in-laws of married girls and larger community ◉ Assessing dropouts to test level of academic knowledge for either mainstreaming or enrolling in Bridge Course Centres (where students are tutored to bring them up to the age-appropriate education level to facilitate enrollment in schools) ◉ Enrolling / re-enrolling girls in age-appropriate classes in schools ◉ Establishing and operating Bridge Course Centres on school premises / IDC s and providing academic support in English, Hindi and Maths ◉ Conducting facility assessments for WASH in schools (lack of sanitation facilities, lack of sanitary pads during menstruation emerged as one of the main factors contributing to drop out levels of girls along with involvement in household chores) ◉ Conducting facility assessment in schools based on parameters of the RTE Act, 2009	◉ Communication about importance of education - girls and frontline workers, members of School Management Committee ◉ Research – assessments of academic knowledge of girls, facilities- to inform interventions ◉ Advocacy for WASH in schools ◉ Counselling of parents through frontline workers, teachers

◉ Facilitating formation and strengthening of Village level Child Protection Committees (VLCPC/CPC) at village /block level and Village Health Sanitation and Nutrition Committee (VHSNC) at Gram Panchayat level ◉ Strengthening CPCs /VHNSCs by training members on child rights and protection, SRHR, and child marriage issues and their roles and responsibilities; involving the District Child Protection Units in workshops ◉ Supporting them in mapping and tracking vulnerable, at-risk adolescents ◉ Facilitating the process of Child Friendly Police Stations as per guidelines set by National Commission for Protection of Child Rights (NCPCR)	◉ Behaviour Change Communication – adapting the channels of communication and tools according to local needs and context
◉ Increasing awareness of Adolescent Friendly Health Clinics (AFHCs) and the services ◉ available for adolescents at the facility for both girls/boys and service providers ◉ Working closely with the Government to ensure that AFHCs are functioning and services are available ◉ Advocating for areas where there is no AFHC; ensuring temporary arrangements where no AFHC exists ◉ Ensuring provision of products and services including counselling and referrals to PHC on specific days such as Adolescent Health Day (AHD); Village Health and Nutrition Day (VHND) and Nutrition Week	◉ Capacity building of members of committee members through training and workshops ◉ Communication – Developing specific training modules on the matic areas such as SRHR; using printed resources for increasing awareness and understanding of issues ◉ Networking and advocacy with the government to establish and strengthen the structures ◉ Monitoring – technical support in monitoring of vulnerability indicators of adolescent girls
◉ Identifying adolescent girls for financial literacy and support towards financial inclusion ◉ Conducting Capacity building on financial literacy, skill development ◉ Facilitating opening of bank accounts for personal savings and receiving benefits under various schemes and programmes ◉ Linking girls to training under Government /NGO training programmes on computer operations, tailoring, beautician course and other trades ◉ Opening of tailoring training centres for a 3-month course; those who completed the course and passed were provided a sewing machine for their start-up ventures (Bihar) ◉ Conducting study on knowledge of social protection schemes	◉ Research – Labour market surveys on economic opportunities for girls ◉ Capacity building – developing and sharing/adapting training modules ◉ Networking with representatives of relevant Government departments and other CSOs to facilitate vocational training for girls ◉ Linking girls to training under schemes for income generation and livelihood

This pathway brought 'collaboration' in focus through facilitation of access to education, child protection systems and vocational training. Partners also faced challenges in conducting direct interventions regarding financial literacy and skill development but overcame them through linking girls to training and programmes provided by Government and other CSOs in the area. The thematic area of access to economic and income generating opportunities and financial literacy was new for some partners and differed from their core areas of work. Partners learned by doing and finally achieved the outcomes with 'collaboration' being the key word.

Beginning with a process of 'vulnerability mapping' to identify children and adolescents at risk, the partners developed appropriate rehabilitation plans for them such as re-admission to school, admission to bridge courses or learning centres developed under the MNCP programme, admission in residential schools, participation in vocational courses and linkage with government scholarships and entitlements.
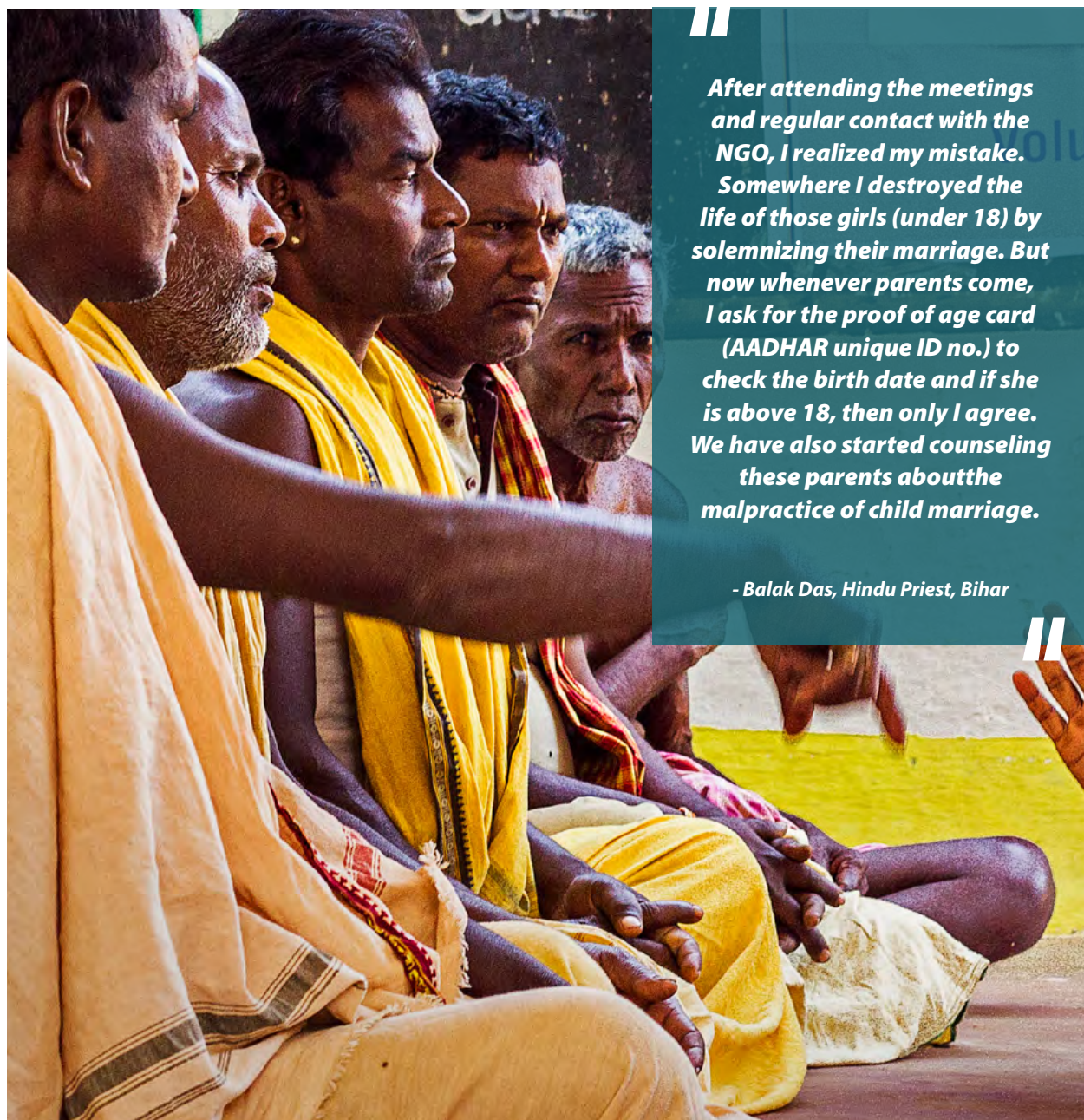
> "After attending the meetings and regular contact with the NGO, I realized my mistake. Somewhere I destroyed the life of those girls (under 18) by solemnizing their marriage. But now whenever parents come, I ask for the proof of age card (AADHAR unique ID no.) to check the birth date and if she is above 18, then only I agree. We have also started counseling these parents aboutthe malpractice of child marriage."
>
> *- Balak Das, Hindu Priest, Bihar*

THEORY OF CHANGE PATHWAY

ENABLING ENVIRONMENT

D. Changing social norms by engaging a variety of stakeholders

E. Influencing legal and policy frameworks by conducting policy dialogue and advocacy

OUTCOMES

◉ Increasing community collective action to change social norms that perpetuate the practice of child marriage

◉ Promoting supportive legal and policy frameworks

Interventions

◉ Conducting workshops /meetings / discussions with varied stakeholder groups including parents, religious leaders, PRI members and key Government officials and service providers

◉ Presenting charter of demands by adolescent girls regarding education and protection during sharing on convergence platforms

◉ Conducting adolescent convention on SRHR and other issues where they developed their charter of demands and presenting charter of demands to Government of Bihar and Rajasthan, Director of Social Welfare and Managing director of Women's Corporation Development, Government of Bihar. Influenced them for regular supply and money transfer in their account for the purchase of sanitary pads etc.

Strategies

◉ Social and Behaviour Change communication – conducting community conversations; interpersonal meetings with family members to a) understand their mindset and b) persuade them to change the existing norms related to child marriage.

◉ Conducting capacity building of community leaders, religious leaders, PRI members on issues related to child rights and protection, child marriage, PCMA, social protection schemes and RTE ◉ Involving all stakeholders in activities during the advocacy campaigns to prevent child marriage	◉ Advocacy - conducting advocacy campaigns related to child marriage prevention in the community in a participatory method; documenting processes for building evidence ◉ Capacity building of key stakeholders in the community regarding laws related to child rights and protection
◉ Conducting Block and District level workshops in convergence with key departments, enforcement agencies, Government officials such as ADM, SDM, BDO ◉ Focusing on developing evidence-based documents such as formative study reports, combined baseline report, mid-line evaluative study of the programme, and end-line study ◉ Conducting other need-based research and assessment studies in education, economic opportunities, facility assessment for data sharing and advocacy for action at the government level ◉ Advocated for development of State Child Marriage Action Plans	◉ Formative and evaluative research ◉ Communication and Advocacy ◉ Networking with stakeholder groups and reaching out to 'all of society' ◉ Linking girls to Government schemes ◉ Collaboration with State governments officials in administration as well as line departments including Education, Health, Women and Child Development, Labour and Employment SCPCR, Police,

The pathway of creating an enabling environment was the most critical (aspects presented in further sections). Child marriage programmes come up against age old discriminatory gender and social norms and the patriarchal system, against girls. This was addressed by conducting a dialogue with key actors across the ecosystem of the girls.

Although the legal and policy framework regarding child rights and protection and prevention of child marriage is very strong, there are existing gaps in implementation. MTBA partners approached the Government to support the strengthening of existing services through technical support and were able to develop a partnership. Partners have resolved to take this partnership further into the next stage and advocate for adapting the model to existing adolescent health programmes.

Behaviour Change Communication: Cutting Across Pathways

Behaviour Change Communication strategy and interventions is a key component that cuts across all pathways and is critical to achieving outcomes in all areas. It is critical to all models that aim to change gender and social norms. It is the messages, communicated in various creative ways that help to resolve the barriers or points of resistance in the mind of target groups.

The following table presents the channels, the media mix and the products that have been developed by partners for varied target audiences.

Development of Behaviour Change Communication Channels to Target Various Audiences

	Girls	Service Providers	Government Functionaries	Community Awareness
Modules for Training and Capacity Building	◉ SRHR ◉ Lalita and Babu-Life Skills, Gender ◉ Financial Education training module	◉ SRHR Training module for service providers ◉ Training and orientation book for School Management Committee		◉ Module Community conversations ◉ Module and flipbooks on financial literacy for women active in SHGs
Printed Matter	◉ Leaflets ◉ Posters ◉ Infographics ◉ Other IEC material at IDCs ◉ Comic book – 'Sapnon ki oar badhte Kadam' ◉ FAQ on child marriage/SRHR ◉ Financial Literacy (series of flipbooks) ◉ Safari game on SRHR and General knowledge (learning ability of other subjects) for adolescents	◉ Research reports ◉ Baseline, Mid-line and End-line studies ◉ Case studies – Stories of change ◉ Briefs on strategies used as part of the model	◉ Wall paintings ◉ Posters ◉ Hoardings	

Category	Details
Audio /Au-dio-Visual	◉ Radio programme /Radio Listening Forums (Bihar) ◉ Video documentary on impact of MNCP project on the lives of girls and the community – success stories ◉ Street plays ◉ Community Videos made by adolescents (Jharkhand) ◉ Video on providing alternative to child marriage. ◉ Three animated films on child marriage, menstrual hygiene and gender.
Digital communication	◉ Sharing content in WhatsApp groups for girls, videos, short films, content on SRHR ◉ Creative expressions of girls shared on social media ◉ Flipbook – a trainer's module on SRHR (digital version) ◉ Sharing of videos and messages on mobile ◉ Mobile App (ongoing process) for tracking AGs at risk Flipbook – a trainer's module on SRHR (digital version) ◉ Safari game on mobile app
Campaigns	◉ Global campaign on Gender based Violence #16daysof Activism (Slam poetry session, songs on child marriage #Westand4Her – signature campaign and debate #LightUpHerLife campaign
Others	◉ Group Sessions, camps at AHD, VHND, Nutrition week ◉ Sports, creative activities, Martial arts (karate) ◉ Orientation sessions, workshops Convergence meetings Celebration of special days and campaigns Advocacy regarding AFHCs ◉ Organising resource persons to discuss issues related to child rights and protection, roles and responsibilities of stake-holders in preventing child marriage ◉ Workshops ◉ Workshop with media

*Note: The table does not present an exhaustive list of all channels that have been developed over the project period

IV. Challenges and Missed Opportunities

The MTBA Model itself is a response to the multi-faceted challenge of Child Marriage in a developing country like India. Though partners have had an encouraging and positive learning experience of applying the model in their respective areas, several challenges and missed opportunities emerged during this process. While some challenges were overcome to a great extent, other challenges and the missed opportunities have implications for planning future programmes. These are addressed in sections below

Challenges

1. Changing the existing social norms that exclude girls from achieving their rights to more empowering norms for girls, was a huge challenge. Despite stringent laws and positive and proactive governance regarding Child Marriage, it is hard to break the walls of gender and patriarchy norms that have led to discrimination against girls and women for very long. However, efforts to include boys and men have yielded some success. In fact, the COVID-19 crisis led to extensive use of mobiles for communication, there by placing men and boys in situations where they had to cooperate (Bihar) and they did. Many adolescent girls did not have mobiles and had to be contacted with messages /videos on their fathers' or brothers' mobiles which drew the male members into the SRHR discussion. In some areas, family members attended the discussions; in others, initially parents accompanied the girls for the training and returned when they were satisfied.

2. Strengthening the Child Protection Committees, School Management Committees and other community-based groups was a challenging process. The current structures are weak with low awareness and capacities of members of that form the safety net for young people. The groups involved a variety of actors of multiple functions, who had their own social conditioning and biases regarding existing norms. They themselves had to be motivated to change and internalise the messages. It was difficult for them to change the existing norms and support girls. Other challenging aspects were the irregularity of meetings and fluctuation in membership. Challenges were overcome by regular interactions, capacity building and advocacy but involved time and resources.

3. Strengthening of youth friendly centres and Adolescent Friendly Clinics- This requires planning and approval at every stage which is again time consuming.

4. The Mobile Monitoring Tool (App) developed for capturing real time data would have been an extremely useful tool but proved to be a challenge instead. Contextual problems such as poor internet service in rural areas; difficulty in understanding the progress because the dashboard details as envisaged by the project team was not developed; duplication of data; inability of the field office to access the server were some of the challenges. There were high expectations that the App /Tool would reduce the burden on field workers for capturing field level data, but turned to be an additional task for the workers along with the detailed project MIS tool. Also due to lack of access to the server, supervision to remove errors in data collection and entry could not be removed.

Missed Opportunities in Implementing the Model

➤ Although this had been planned as a five-year project, an extended exit phase would have made it easier to ensure sustainability by overcoming challenges of strengthening existing child protection structures and providing handholding support to adolescents.

➤ MTBA partners had planned for joint advocacy and knowledge sharing of the India programme at the State and National level for visibility among other stakeholders. However, this could not be operationalised. Although this was achieved at the State level, there was scope for greater knowledge sharing and representation of the MTBA at the National level.

➤ There was a need felt for development of a learning and knowledge harvesting documentation plan for the MTB Alliance from the initial stages of implementation in 2017. Documentation has been strong at individual partner levels but consolidation of the experiential learning was also critical to be addressed, prior to closing of the programme.

➤ It is possible that merging with existing alliances in India may have strengthened the position of the MTBA and facilitated the completion of the learning documents.

➤ Inclusion of career counselling as a forward-looking opportunity for both boys and girls was not a requirement but has emerged as a need among young people for planning life paths and making the right choices.

➤ The Mobile monitoring tool could have been an extremely effective one if it had been developed with closer collaboration among the international and national research partners as well as implementing partners. Also, it was important to pilot the tool to understand the field level problems during usage and adapt accordingly.

V. Reflections on Lessons Learned
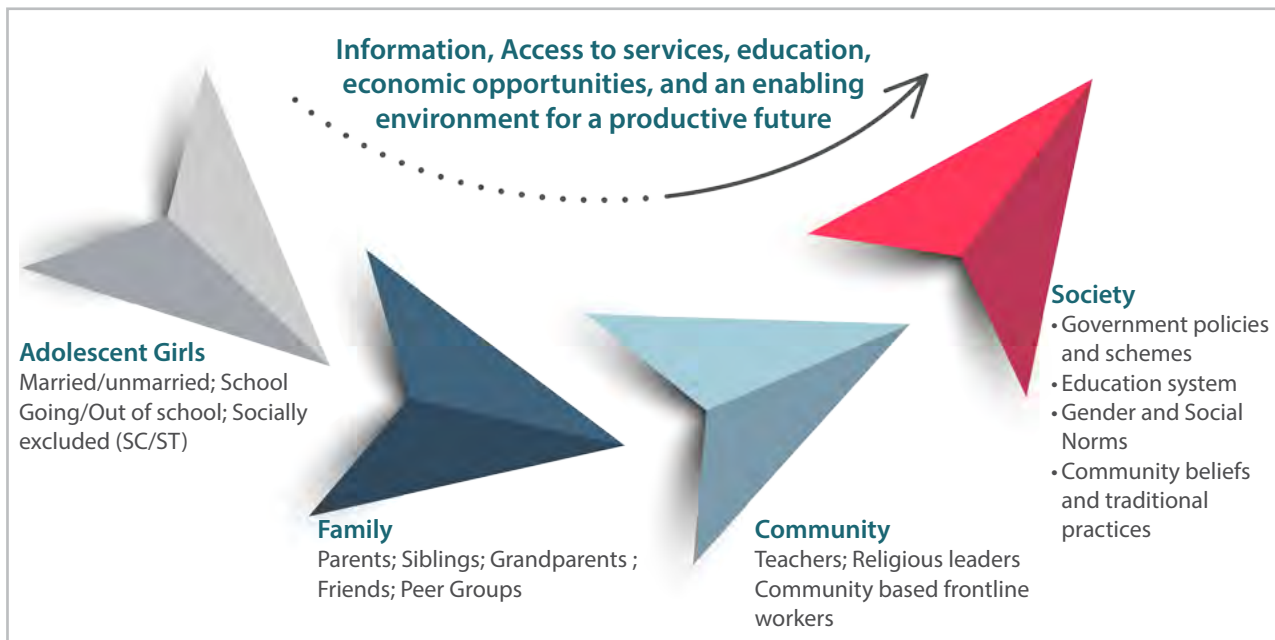
Efficacy of the Model

The MTBA India Model has been described as one that is comprehensive, integrated and holistic by the implementing partners.

➤ **Comprehensive and Holistic**– The model covers all pathways that contribute to the overall empowerment of girls, thus preventing child marriage in the process. The model focuses on holistic development including health, education, financial empowerment and life skills to make appropriate life choices.

➤ **A Complex model**- Child marriage or even the institution of marriage in India is deep-rooted in many social intricacies. This fact hence demands a complexmodel to address these intricacies. The model weaves together five critical pathways for empowerment of girls, which caters to complex needs.

➤ **A Unique model**- The model is unique in its inclusion of 'all of society.' It aims at creating an enabling the environment by communicating about social norms to all influencers. This is a problem that affects everyone and thus needs to involve everyone.

➤ **Access to economic opportunities**- The model includes access to economic opportunities for girls at-risk which is a component that existing youth empowerment programmes do not address.

➤ **An Integrated model**- All the components of this model can be addressed simultaneously across pathways because they are interlinked. However, where one componentisbeyondthescopeofthecorecompetencies of the partner organization, it is important to utilise the expertise of other organisations from the beginning.

➤ **A replicable model**- The model lends itself to replication in other geographical areas/ scale up programmes with a few additional components that have been recommended by partners.

➤ **A girl-centric model**- The model is girl-centric which is considered appropriate for addressing equitable empowerment of girls who face multiple vulnerabilities in the Indian context.

Picture Credit: Concerned for Working Children, Bangalore

Changing the World of Adolescent Girls- A Comprehensive Approach

Information, Access to services, education, economic opportunities, and an enabling environment for a productive future

Adolescent Girls
Married/unmarried; School Going/Out of school; Socially excluded (SC/ST)

Family
Parents; Siblings; Grandparents ; Friends; Peer Groups

Community
Teachers; Religious leaders Community based frontline workers

Society
• Government policies and schemes
• Education system
• Gender and Social Norms
• Community beliefs and traditional practices

A. Technical Feasibility

The model though comprehensive, is technically feasible and can be adopted with ease till the outcome level. However, partners note that subsequently, implementation of the model becomes very activity oriented and the focus shifts very strongly on completion of activities. The underlying risk is that one can lose track of the overall outcomes and goals. Trying to implement all activities without being equipped to do so, has resulted in loss of time that could have been better utilised.

B. Sustainability

➤ **Need for continued support through handholding and monitoring**- This is a critical learning point for all partners. On one hand, the programme has been effective in building the agency of girls who are voicing their opinion, negotiating with families and community members regarding child/early marriage and demanding better services. They are also forming federations which complete the transformation from being individual agents of change to promoting collective action. Girls also participated proactively at government meetings and spoke on SRHR and Child Marriage issues.

➤ **Early closure**- The programme came to a close just when efforts were beginning to yield results. The partners realized that it was extremely important for these girls to continue to receive handholding and monitoring support in a systematic way. Since the model is designed in a way that it is well aligned with existing government programmes such as RKSK, which also follows the peer educator model, the partners feel that one way of ensuring sustainability and maintaining the pace of change will be to initiate the process of merging the Discussion Leaders as Peer leaders in the RKSK programme.

➤ **The way ahead**- To ensure further sustainability, it is important to continue the process of advocacy with the government, highlighting that the model effectively supplements the Government's effort in more integrated and systematic way with active involvement of local communities, bridging the critical gaps between communities and government systems.

C. Adaptability

Adapting to the health crisis due to the COVID-19 pandemic: It was a significant learning for partners that this tough challenge could be overcome due to the adaptability of the model combined with flexibility of international partners. The pandemic brought all activities to a standstill for a few months during which partners returned to the drawing board to figure out how to adapt the program within this environment.

Fortunately, with support from the international alliance members, partners coped with the crisis by using audio visual media and digital communication channels with both service providers and young people. Since meetings could not be held, funds were used to provide necessary kits and medicine supplements for girls. In some areas, girls were supported in production of masks for sale and distribution in the community.

D. Validity

Testimonials and supportive collaboration of stakeholders including the girls, community members, influencers and Government officials and service providers support the validity or of the programme model as an effective and influential model of child marriage programme.Process documentation reports, mid-line evaluative research studies, and stories of change provide evidence of this.

E. Contextualising

The mode of communication may take time but is essential to the process of helping girls understand the issues and participating in the programme. It helps to address regional and local needs of varied target audiences across states. In areas where language was a barrier (tribal areas

in Jharkhand and Odisha) and girls were being exposed to SRHR and other information for the first time, relevant short films and videos proved to be more effective in increasing their interest and understanding of issues rather than a lecture method. Interactive sessions held around the film/game helped the girls to overcome their shyness and participate in discussions.

F. Changing communication strategies

This is a constant process. Ice breaking through sports, traditional forms of media or street plays, even involvement of parents (in minority communities who do not approve of sports for girls) in the discussion has to be contextualized.

G. Involving the media

The role of media in the process of change is vital. Conducting workshops with media persons was effective in highlighting the issues related to child marriage, success stories of the girls and campaigns and good practices in the community. Girls who were trained to develop community videos highlighted issues related to Child Marriage in their area. They also used the power of the media and shared their stories with them to advocate for change and solve the issues.

H. Influencers matter

Communicating and advocating for positive behavioural change regarding Child Marriage and other social norms is duly amplified when influencers are used to spread the messages. Using Discussion Leaders in peer groups worked to spread awareness at the individual, family and community level. However, it was also important to reach out to faith-based leaders, purohits, imams and priests, village leaders, PRI leaders to multiply the effect and act as catalysts for change.

I. Empowering girl federations

Girls are ready for a shift towards a more equal and fair society. Once the ice was broken it was fairly easy and motivating to see how efforts to developing girls' agency and empower them could amplify change. The emergence of Girls' Federations reflects the transformation from individual Discussion Leaders (Peer Educators) to federations, which is a key change from individual to institution. They promoted collective action against social injustice and showed their potential during the COVID-19 pandemic. Empowering girl federations had a multiplier effect that helped in moving towards sustainability. Federations have played very crucial role in preventing child marriages, counselling of parents in delaying Child Marriage and advocate for support regarding food security, health, and safety and protection issues. However, it is important to note that not all partners were able to reach this level.

VI. Child Marriage Programming: Way Forward for the MTBA

The MTBA India model is one that has been universally accepted by all partners as an excellent, viable, holistic, and integrated approach to combating child marriage. Nevertheless, as with every approach, each experience takes us one step ahead in learning, re-learning and revising if for greater impact. Based on the reflections, learning and challenges, the following recommendations are presented to inform future Child Marriage prevention programmes.

A. Strategies

A. Strategies specifically include engaging with families (especially the male members) under pathway one; sensitise parents and family members along with the girls by conducting community conversations around the issues of gender discrimination and inequality, gender-based violence, SRHR and Child Marriage as a violation of multiple human rights

Rationale:

➤ All pathways are necessary to achieve the goal but pathway 4 – creating an enabling environment- is the most critical of all. It is this pathway that has a positive impact on 1 and 2.

➤ Achieving informed decisions necessitates the availability and access to SRHR and child protection services to meet the increased demand for them. Whereas creating an enabling environment is critical to ensuring that girls are able to access the peer group meetings for information and capacity building as well as to later negotiate their choices regarding marriage and rights to development and participation. This is not possible without a supportive family and community.

➤ While conducting the process documentation, one of the partners observed that the change in the attitude of parents was only temporary; they had not truly internalized the importance of education and delay in marriage for their daughters. Girls' mobility is very much dependent on the decisions of their parents, especially the male members of the family (elder brothers and fathers). Thus, addressing gender and patriarchy issues along with conducting conversations on the issues with a focus on the entire family is vital to achieve empowerment of girls.

B. Focus on inclusion of boys and men in the conversations around gender, patriarchy and social norms

Rationale:

➤ Although the programme had scope of involving boys, reach of boys was far less than that of girls; besides there were no vocational training options, access to financial literacy sessions or sports for boys. Hence, it is suggested that boys and men be included in a planned and strategic manneras part of interventions.

➤ This will break the cycle of discrimination against girls. Men (Fathers, husbands, brothers) are usually the decision makers in families across the selected areas and increasing their awareness of the issues will in turn impact their attitude and behaviour towards the girls and women in their lives.

C. Engage family members in a dialogical process through strategically planned Social and Behaviour Change Communication (SBCC)

Rationale:

➤ It is critical to design messages that will break down the barriers to change both attitude and behaviour of parents and other male members of the family regarding social norms affecting Child Marriage.

➤ Specific training modules have to be developed for this purpose.

Rationale:

➤ A school-based approach allows for greater leveraging of resources, greater reach and sustained delivery of messages. This is because students have access to various social protection interventions within the school such as health camps; Weekly Iron and Folic Acid Scheme, Menstrual Hygiene Management programme, SABLA, RKSK schemes, conditional cash transfer schemes linked to the school and the availability of a school-based learning centre.

➤ This automatically brings boys into discussions around SRHR and includes teachers as influencers in the process of change.

➤ The school-based approach is also suitable for reaching adolescents in urban and semi-urban areas; inclusion of urban areas is important with rapidly growing urbanization and increasing vulnerability of adolescents among the urban poor.

➤ Advocate for in built Life Skills Education in Schools along with financial literacy and career counselling.

➤ Additionally, the community-based approach to developing safe spaces such as learning centres /IDCs in the community will help to reach out to married adolescents and married couples.

B. Interventions

➤ Prepare older adolescent girls for livelihoods and school to-work transitions through counselling regarding future career and livelihood options at the school and community learning centre / Information Dissemination Centres(IDC) level.

➤ Prepare Girls and boys, young women and young men successfully transition (or begin a transition) to decent livelihoods and work, breaking the inter-generational cycle of poverty. Ttherefore, reducing survival, learning and protection deprivations for themselves and their family.

➤ Build girls' agency and empower them to exercise life choices taking into account that adolescent girls are a heterogeneous group and out of school married girls /women are at risk of remaining vulnerable and socially marginalized; providing age-segmented and age-appropriate gender transformative life skills education and comprehensive sexuality education.

➤ Enable girls to decide if and when to marry and WHOM to marry (choosing their own life partner); this enables girls' rights to sexual and reproductive health to a great extent.

➤ Redesign the Peer Education Approach to include boys in peer groups (combined wherever possible or separate groups); allow them access to attending the IDCs to increase their awareness and knowledge.

➤ Restructure and strengthenthe IDCs further, using existing community facilities wherever possible such as Government health sub centres, ICDS centres, youth clubs, etc.

C. Planning and Structure of the Programme

➤ Ensure clarity of vision regarding the roles and responsibilities of International as well as Country partners along with key persons recruited to steer the programme.

➤ Plan for and address guidelines and content of communication (core messages regarding

the issues) to be presented as MTBA members representing the Alliance at platforms of convergence.

➤ Promote and implement regular cross learning through actual review meetings, exposure visits as well as developing social media platforms and communities of practice on the web.

➤ Develop a robust advocacy plan at state, region and national level. Envision the execution of the approach in three phases:

- a preparatory phase which includes completion of a baseline survey
- an implementation phase of four years
- an exit phase of at least two years

to complete the transformative process for the girls who have been empowered and continue the handholding process for the service providers as well as the community members until they well equipped to continue the process of change.

➤ Share the learning: Each step of the implementation has been a learning process wherein partners have tried their best to complete the interventions as planned. It is expected that documents evolving from the LKH process will make it easier to take the programme to scale.

➤ Collaborate and advocate with the government for merging with the existing National Adolescent Health Programme (RKSK).

➤ Arrange and adapt activities according to regional and local needs as well as technical expertise of the partners. For example, if a partner does not need to operate Bridge Course Centres in their area, they have the option to exclude it where there are existing facilities catering to a similar need. Or if a partner lacks expertise in the livelihood domain, it can link the girls to capacity building and income generation schemes of the Government and /or hire external agencies for additional support.

CONCLUSION

There is huge value creation in coming together for a common cause. Implementation of the model has allowed CSO partners working in different geographical areas to work and share a common platform and varied experiences. Partners have gained insights, strength from each other and learned at every step of the implementation process. Sharing the learning and joining hands with others to forge larger partnerships to look beyond ending Child Marriage and harnessing the power of youth as empowered citizens is the way forward.

Civil society networks and coalitions such as the MTBA play a vital role in ensuring long- term sustainable systemic changes. More so, regarding issues that are as complex and deep-rooted such as Child Marriage. However, once built, such collaborative partnerships need to be sustained and nurtured. The MTBA has allowed several CSOs to contribute towards prevention of Child Marriage. It is important to continue to strengthen the Alliance through further collaborative ventures by implementing the model in other areas. To create long lasting impact, Alliances such as the MTBA need to consider long-term investment to eradicate Child Marriage from the roots.

MTBA Approach pathways are very much aligned to strategies adopted by both National and State Governments in India. They support and strengthen the existing policy frameworks regarding Child Rights and Protection, Health, Education and Child marriage. Additionally, they add value by going beyond the traditional 'reproductive' roles of girls and women and enhancing their roles as 'productive' citizens of the country. Although RKSK is also a holistic approach addressing multiple risks and vulnerabilities of adolescent girls and boys, the MTBA model enriches by capacity building on life skills, SRHR as well as financial and career planning through alternative life paths of education, skill building and livelihood. In short, addressing the capacity of girls to be productive citizens and much MORE than just BRIDES!

Every girl empowered; every Child Marriage prevented is a step forward!

Endnotes

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◉ MTBA. Internal document on Marriage No Child's Play programme

◉ MTBA. Internal document on Marriage No Child's Play Theory of Change Narrative

A very holistic model; not only engaging adolescent girls and addressing their aspirations but also a wide range of stakeholders including the media.

– Murari Chowdhury, NEEDS

"An integrated model, very girl-centric. It is also very adaptable; we have been able to contextualize as per our needs and be innovative."

– Sailen Sharma, CINI, Jharkhand

Complicated but integrated and effective model…flexibility is inbuilt in the model.

– Malay Kumar, BVHA

A very comprehensive and holistic approach catering to health and economic empowerment not only for the girls but also for their families and the community…Its uniqueness lies in its inclusion of 'all of society.

– Dr. Nancepreet Kaur, Voluntary Health

Association of India

This is an excellent approach – integrated, girl-centric addressing the overall development and empowerment processes in the girls' lives and also involving the community level stakeholders.

– Md. Azam, Save the Children, India

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