

Endline Evaluation of Adolescent Empowerment Project in Uttar Pradesh Executive Summary

Introduction: The ‘Empowering Adolescents’ project was initiated in 2016, supported by IKEA Foundation and implemented by the Breakthrough Trust in 7 districts of Uttar Pradesh for about four years till 2021. Rooted in socio-ecological mode theory, targeting three levels of stakeholders (adolescents, parents and community) programme aimed to engage and empower approximately 150,000 adolescents’ girls and boys aged 11-19 years in the way that they demand and access gender equity in health and education in their homes and community for themselves and others. Across these three levels, key thematic areas that the programme addressed were health, education, gender, and violence. NRMC has been the monitoring and evaluation partner for AEP since its inception. As part of its mandate NRMC has conducted four studies (baseline, midline, pre-endline and endline) and two concurrent monitoring visits.

Methodology: The end-line evaluation adopted a **quasi-experimental, pre-post cross-section study design**. A mixed-method approach was deployed to collect data at the end-line using structured interviews for quantitative data and in-depth interviews (IDI) for qualitative data. While baseline in 2016 consisted of sample coverage in ‘intervention only’ villages, at the endline stage to ensure attribution of change to the programme, with-without comparison with control villages was also conducted using composite score matching. The study was conducted in 6 districts (Varanasi not part of the endline) across 104 villages (control and intervention). For indicators requiring a much larger sample to detect change over baseline, data was collected via household listing before the main quantitative survey, covering over 12000 households. In intervention villages listing exercise included beneficiary as well as non-beneficiary respondents. At an aggregate level, listing exercise was carried out in 115 villages (104 sampled villages + 11 buffer villages). Total of 1248 adolescents in intervention and control villages each across the six categories (11-14 boys; 11-14 girls; 15-18 boys; 15-18 girls; 19-22 boys; 19-22 girls) were covered in the main quantitative survey. 108 In-depth interviews (IDIs) were conducted with adolescents , parents and community members in the intervention villages along with 37 IDIs with other stakeholders such as programme team, implementing partners, government officials and frontline workers.

Movement on Key Impact Indicators: Key impact indicator for the project were set around the thematic area of education, age of marriage and violence. It may be highlighted that data for indicators average age of marriage and average number of years at school was analysed at an impact level and drawn from the listing exercise which included beneficiary and non-beneficiary respondents in intervention villages. The following tables present progress made on key impact indicators:

Indicator: Average age at marriage of 11-22-year girls (in years)	Girls		Boys	
	Baseline	Endline	Baseline	Endline
	16.05	17.97	17.16	18.53
	16 years 18 days	17 years 11 months 19 days	17 years 01 month 28 days	18 years 6 months 11 days

Indicator: Average years at school for 11-22-year-old females/males	Endline		Baseline
	Project	Comparison	
Total (11-22 years)	7.97	8.04	7.84
	7 years 11 months 19 days	8 years 14 days	7 years 10 months 2 days
Male (11-22)	7.93	7.93	7.81
	7 years 11 months 5 days	7 years 11 months 5 days	7 years 9 months 22 days
Female (11-22)	8.01	8.19	7.88
	8 years 4 days	8 years 2 months 8 days	7 years 10 months 17 days

Indicator: % of 11–19-year-old females/ males who have experienced any kind of violence within and/or outside their household in last one year	Girls		Boys	
	Endline	Baseline	Endline	Baseline
▪ Any kind of violence experienced	37%	30%	57%	44%
Indicator: % of 11–19-year-old females/males who witnessed any kind of violence against females within and/or outside their household in last one year	Girls		Boys	
	Baseline	Endline	Baseline	Endline
▪ Any kind of violence witnessed - against females	52%	59%	42%	33%
▪ Any kind of violence witnessed	63%	70%	73%	69%

Gender Based Discrimination: The programme worked on three broad components within the larger frame of gendered based discrimination. These were gendered division of house household chores, inter gender communication and marriage.

It was found that at the end line stage there had been a fall in the adverse attitude towards gender discriminatory distribution of **household chores** since the baseline and at the same time an increase in positive attitude towards a more equitable division of household chores (Baseline – 36% disagreed with the statement, ‘*boy doesn’t need to help in HH chores*’; by endline – 76%). Attitude towards girls needing as much time as boys as well also showed improved since the baseline (Δ Intervention – Baseline (I-B) = 31%; statistically significant increase). However, sub attitudes with respect to ‘*girls needing to learn household chores before marriage*’ were considerably lower when compared with other sub-attitudes which indicated that norms around household chores are sticky when they intersect with expectation around marriage. This was also found to be true for norms on IGC and mobility.

At the behavioral level, boys from intervention villages reporting having taken up household chores (everyday/sometimes) steadily increased since the baseline. Improvement since the baseline was also evident from the reduction in average number of hours spent doing household chores especially in the case of girls. However, in each age category girls on an average spend about 30 minutes more on household chores than their male counterparts indicating that while average number of hours spent on household chores has reduced, the burden is still skewed disproportionately towards girls across age groups.

In the case of **IGC and mobility**, attitudes of adolescents with respect to mobility of girls and IGC improved significantly since the baseline. At the behavioral level as well across age categories since the baseline mobility to places such as AWW centers (11-14 Δ I-B 16%; 15-18 Δ I-B 45%; 19-22 Δ I-B 52%) and markets (11-14 Δ I-B 27%; 15-18 Δ I-B 30%; 19-22 Δ I-B 35%) witnessed significant rise.

Nevertheless, norms around IGC and mobility at the community level remain quite rigid which are acting as real barriers for these individual level attitudes to translate in action. Additionally, while overall mobility of girls has improved significantly since the baseline there are inter-district variations.

With respect to **marriage**, while adolescent attitude towards marriage vis-à-vis education has improved since the baseline, adolescents and parents reported facing pushback from the community in case parents attempt to give some concessions around marriage (in the context of IGC, mobility) which may be considered in opposition to the prevalent norms. Furthermore, education was found to be common tool used to stall/delay marriage especially by girls. As far as age of marriage is concerned, most parents and adolescents consider 18 years as the threshold for marriage of girls. During COVID 19 there were two kinds of pressures on households – quick marriage to save overall expense and delaying marriage as families did not have the funds to bear the expense. In this context, cases were

reported from districts where collective and timely action from the *Taron ki toli* members stopped instances of early marriages.

Gender Based Violence: The section looked at findings with respect to violence, to what extent adolescents reporting having witnessed and experienced it specifically in the context of verbal, physical and sexual violence and whether this was witnessed/experienced within or outside family. In the quantitative study, the reporting of violence witnessed was much higher than of violence experienced (by almost 36% in intervention areas). Similarly, violence within family (witnessed or experienced) was reported in lower proportions when compared with reporting of violence outside family (witnessed or experienced). Second, violence witnessed across all age categories was almost at the same level as the baseline. However, reporting of violence experienced has declined across all age and gender categories. Further analysis of the data shows that violence experienced within family was reported in lower proportions since the baseline (11-14 Boys: $\Delta I-B$ -4%; 11-14 Girls: $\Delta I-B$ -6%; 15-18 Boys: $\Delta I-B$ -2%; 15-18 Girls: $\Delta I-B$ -11%; 19-22 Boys: $\Delta I-B$ 13%; 19-22 Girls: $\Delta I-B$ -27%). A similar decline was evident in witnessing of violence within family.

This trend was contrary to the qualitative findings as well as the secondary data, both of which indicated that domestic violence has increased significantly in the last one year especially since lockdown. Qualitative interactions revealed that the problem is ubiquitous. At the level of parents and community, while there was acknowledgement of the prevalence of domestic violence, both the groups believed that this is a private matter and is best handled within the family. At the level of adolescents however, despite the issue of violence having been discussed only in the last year of the programme, girls and boys displayed sensitivity towards it. They understood the concept behind '*Dakhal Do*' and the importance of bystander activation to provide immediate relief to the victim. On the issue of attitude towards physical violence (as a tool to punish norm deviance) as well, adolescents displayed significant improvement since the baseline. At the same time, most adolescents only had surface level knowledge about the possible reporting platforms and what the process may entail in case they plan to report violence.

Education: The findings on education summarize current status of education at the endline stage and the attitudes of adolescents, parents and communities towards it. There was positive movement in the outcome with respect to enrolment (Intervention-Endline enrolment 92%; Baseline enrolment 81%), overall attitude of adolescents and parents since the baseline. However, COVID19 adversely impacted most of the education related headways made by the programme. This was especially jarring since the pre-endline was conducted in November 2019 and is reflected on indicators such as attitudes towards '*class up to which girls should study*', education-career linkage, weakened will to negotiate and reassert considering the worsened financial status of many households. A yearlong disengagement from school resulting in boys joining temporary work, as-well-as ineffectiveness of online classes poses a risk of a likely increase in number of dropouts in the upcoming sessions. Despite the barriers programme made positive gains since the baseline and when compared with control villages. Parents displayed an increasing desire to fulfil the career and education aspirations of both girls and boys however, mobility concerns remained stable as these are often rooted in realistic barriers such as poor connectivity, lack of school/college for higher classes, lack of job opportunities etc. Another notable aspect had been that within age categories where programme directly engaged with the adolescents (15-18 years) and where the interaction had been more in the form of providing support (19-22). Attitudes towards education among age groups 15-18 years and 19-22 years were much stronger when compared with the 11-14 year age group, with whom the programme did not engage directly at all. This variation was also evident when it came to negotiations around education wherein negotiations with respect to '*class upto which they want to study*' in the case of girls witnessed higher change since baseline within 15-18 years and 19-22 years category as compared to 11-14 years (11-14 Girls $\Delta I-B$ 10%; 15-18 Girls $\Delta I-B$ 21%; 19-22 Girls $\Delta I-B$ 17%). This variation in strength of attitudes and positive behaviours as a function of intensity of engagement was also evident across adolescents, parents and community. In other words, attitudes among adolescents, and followed by parents, witnessed a positive shift as the intensity of engagement with the two group was relatively high. While at the community level, norms have more or less remained stable with some positive green shoots.

Overall, while there is was distinct albeit varying degree of positive movement in attitudes of both parents and adolescents towards education and pursuing career opportunities, status at the community level largely remained the same. As a result, increasing demands with respect to education and economic independence from adolescents while pushes parents at home, they also face an opposing pressure from the community in this regard. Moreover, there is a clear need to address the question of building attitudinal resilience towards education as a non-negotiable right even in the face of a crisis such as the current one.

Health: Findings on health summarize the progress made by the programme at the endline stage on different components of adolescent healthcare along aspects such as awareness amongst stakeholders, demand and quality of services. Significant progress was evident on the indicators of health since the baseline despite COVID19. There had been an increase in proportion of adolescents accessing health services (11-14 Girls Δ I-B 10%; 15-18 Girls Δ I-B 17%; 19-22 Girls Δ I-B 27%) and there was greater awareness of platforms such as VHNDs. Moreover, there had been an improvement in demand for services such as IFA tablets and sanitary napkins. Qualitative findings suggested that this increases was as a direct result of the mobilization carried out by the programme. In fact, even post pandemic, front line workers from intervention-endline areas remarked that the demand for the services is fast reaching its previous levels despite the hiatus in services due to COVID19.

Counselling services on issues such as menstrual health, vaccination etc. within intervention areas not only fared better when compared with control but also displayed resilience even in the face of the pressures of COVID19 which bodes well for overall programme sustainability. In fact, when compared with control 15% more girls in the 11-14 years category in the intervention areas, 41% more girls in the 15-18 years category and 38% more girls in the 19-22 years category reported receiving counselling on menstrual hygiene. This was also evident in the visible comfort and knowledge on menstrual health and hygiene that adolescent girls and boys displayed during qualitative discussions. It was also revealed that adolescent girls have discussed the issue of menstrual health with their mothers who in turn have also adopted some of the learnings communicated to them by their daughters. Conversely, while demand for health services has increased, it has led to increasing pressure on the present supply which is anyway plagued by erratic supply of essentials (sanitary napkins, take home ration). In terms of programme sustainability, while AE has been successfully able to revive VHNDs and build capacities of FLWs, convergence with schemes such as RKSK are still riddled with gaps.

Recommendations: Based on the findings of the endline study following are some of the recommendations from design and operational perspective:

1. It is recommended that the programme may develop emergency protocols for future such projects. This could encompass processes for ensuring that programme reach and connect are not significantly impacted during exigencies such as the ongoing pandemic
2. Engagement with parents and communities needed to be more intense. While adolescents displayed shift in attitudes, the key barriers were mainly at the community level. Parents were willing to make concessions for the demands of their children, but they also faced pushback from the community whenever these concessions intersected with rigid social norms of marriage, 'family honor, reputation of the girl etc.
3. On violence, engagement needs to be in equal measure with community and parents by way of dialogues and interactive communication content. At the same time, at the village level, there are not many resolution mechanisms available for cases of domestic violence.
4. It is important to reinforce that the gender equality is a lifelong concept and adolescence may need to apply the same principles in their next phases of lives.
5. High penetration of mobile internet normalizes and to a great extent glorifies non-platonic relationships. Moreover, since there is little to no avenue for a conversation around adolescent sexuality, social media platforms which are often known for their toxic content and objectification of women are the only source of information on the subject. It is therefore recommended that an alternate channel for dialogue on these subjects may be created with special focus on adolescent boys.