Implementation of Health and Education Program
Among adolescent girls to increase awareness on
AIDs/HIV Prevention
BAGALKOT
Documentation of Schemes Supported by District Innovation Fund

Implementation of Health and Education Program Among adolescent girls to increase awareness on AIDs/HIV Prevention

BAGALKOT

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Table of Contents

Preface
Acknowledgement

List of Abbreviations

1. Background 01
   1.1. Need for the initiative 01
   1.2. Key Factors Leading to the Initiative 02
   1.3. Objectives of the initiative 03

2. Processes and details of the project 03

3. Implementation strategy and highlights 06
   3.1. Implementation Strategy 06
   3.2. Implementation Highlights 09

4. Role of Leader 10

5. Key findings 11

6. Challenges faced 13

7. Outcome achieved (benefits to the people) 13

8. Success factors (critical) 14

9. Conclusions and Recommendations 15

References

List of Annexure:

Annexure 1 : List of Stakeholders Met During Field Visit
Annexure 2 : Details on the Initiative – Set of questions for KHPT Project Co-coordinator
Annexure 3 : Annexure 3: Set of questions for Deputy Commissioner
Annexure 4 : Set of questions Department of Education
Annexure 5 : Set of Questions Department of Health
Annexure 6 : Set of Questions Women and Child Development Department
Annexure 7 : Set of Questions Various Stakeholders
Preface

The District Innovation Fund is a novel way of supporting and encouraging innovations at below-state levels, encouraging Civil Society Organisations and NGOs to implement and showcase novel ideas that can be upscaled across the country. Karnataka State has approved of and supported many innovations across the State, one such being the Health and Education Initiative started by Karnataka Health Promotion Trust in the backward district of Bagalkot which aims at stalling the age at marriage and sexual debut of adolescent girls, thereby reducing the risks of being affected by HIV/AIDS. This innovation warrants special attention in the district as it is known for the age old system of Devadasi where young girls from the marginalised community are dedicated to prostitution, in the name of tradition and because of poverty.

At the behest of DARPG, ATI took up case studies to be documented given the research and documentation expertise that the ATI has gained over years. A number of Action Research Papers, Best Practices, Case Studies have been carried out and published by the ATI over the last five years. The Health and Education Programme among adolescent girls to increase awareness on AIDS/HIV Prevention in Bagalkot is a case taken up for the study of District Innovation Fund. Dr Shashikala Sitaram, Consultant, SIUD and Sri Sarveswara GM, Faculty, Women Studies, ATI, Mysore have painstakingly conducted the work and written the case study. I appreciate their effort.

I do hope that this study is found useful by the DARPG in its future activities.

Place: Mysore

Date: 30.06.2014

(Director General)
Acknowledgement

The case of Health and Education Programme among Adolescent Girls to Increase Awareness on AIDS/HIV Prevention has been documented referring to secondary sources of material and by visiting the field during June 2014. A set of questions specially prepared to meet and interact with the various stakeholders- the Deputy Commissioner, Chief Executive Office, the District Health Officer, Officers from the department of Education, Women and Child and many more were prepared and administered. The set of questions and the stakeholders met are detailed in the report.

We are grateful to all the stakeholders for sparing their time and giving valuable insights relating to the work. Our special thanks to Ms Tejaswani Hiremath, Project Coordinator, KHPT, Bagalkot for her wholehearted support, she provided the necessary information sought, answered a number of queries and also enabled the smooth conduct of field work.

This work was entrusted to us by Dr. Amita Prasad, I.A.S., Director General, Administrative Training Institute, Mysore. We are thankful to her, without her guidance and support this work would not have been possible.
List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ADC</td>
<td>Assistant Deputy Commissioner</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ATI</td>
<td>Administrative Training Institute</td>
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<tr>
<td>CBO</td>
<td>Community Based Organisations</td>
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<td>DC</td>
<td>Deputy Commissioner</td>
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<tr>
<td>DDPI</td>
<td>Deputy Director of Public Instructions</td>
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<tr>
<td>DHO</td>
<td>District Health Officer</td>
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<tr>
<td>DIF</td>
<td>District Innovation Fund</td>
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<tr>
<td>DSS</td>
<td>Dalit Sangarsha Samiti</td>
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<tr>
<td>HIV</td>
<td>Human immune deficiency virus</td>
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<tr>
<td>KHPT</td>
<td>Karnataka Health Protection Trust</td>
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<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>PRI</td>
<td>Panchayati Raj Institutions</td>
</tr>
<tr>
<td>SDMC</td>
<td>School Development Management Committee</td>
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<tr>
<td>SC</td>
<td>Schedule Caste</td>
</tr>
<tr>
<td>SHG</td>
<td>Self Help Group</td>
</tr>
<tr>
<td>ST</td>
<td>Schedule Tribe</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UC</td>
<td>Utilisation Certificate</td>
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</tbody>
</table>
Implementation of health and education program among adolescent girls to increase awareness on AIDs/HIV prevention-Bagalkot

1. Background

Under the auspices of the Thirteenth Finance Commission, the District Innovation Fund (DIF) was started in 2011 to support and promote innovations, the premise being that innovations can provide alternatives, reduce costs, improve service levels and thereby improve governance. The Fund is to support innovations in the government sector which have hitherto been unrecognised and documented, those in the sectors like health, education, tourism and natural resource management.

The focus is on the districts as the aim of providing the fund is on (i) making the cutting edge level functionaries responsive to the felt needs of the people and (ii) filling gaps in public infrastructure which are already in existence, this needs relatively small investments that could boost and provide immediate welfare benefits to the people and these- that one’s with low investments- are best identified at the district level. The premise is also that this would allow for leveraging as it lends itself to multiplier effect.¹

The Fund, which is a grant-in-aid, is released to the State/s on the condition that the they (the States) would ensure that the projects undertaken are demand driven rather than supply driven, they are conducive to measures which would make government accessible and accountable to all sections of the society. It is also mandated that there is non-governmental contributions of 10%. The first instalment of the grant was released in 2011-12 and the second after the use of the first, at the time of which the detailing of the benefits accrued is to be submitted.

Karnataka State Government has funded 20 districts under this programme.² During the third and the last year of the programme, the impact of the best/good practices are to be documented as per the instructions of the Department of Administrative Reforms and Public Grievances and this work has been assigned to the Administrative Training Institute, Mysore.³ The programme of Implementation of Health and Education to Adolescent Girls – Empowerment to Prevention of AIDS in Bagalkot was chosen as a case study to be documented by the ATI, Mysore.

1.1. Need for the Initiative

Bagalkot district is a backward district located in the northern part of the State and is spread in an area of 6593 sq kms, with six taluks, it comprises of 625 revenue villages and 12 towns. Possessing a population of 1890826 as per 2011 census (952902 men and 937924 women), the literacy rate of women is much lower than that of men (44% as against 71%).

¹ Ref: Guidelines for Release and Utilisation of Grants-in-Aid for District Innovation Fund, Ministry of Finance
² Ref: List of Projects Supported under DIF, details in letter of 30th April 2014 by DARPG to ATI.
³ Ref: 30th April 2014 letter cited above
The backwardness of Bagalkot district is marked by high rates of poverty, status of unemployment and illiteracy. The tradition of underage marriage, the preference for boys over girls and such other factors have perpetuated gender discrimination and has resulted in discouraging parents from enrolling girls in school and for many girls to drop out. The girl child sex ratio is skewed, there are many “missing girls/women” in this district.

The district is vulnerable due to the prevalence of devadasi tradition. The high drop out of adolescent girls from schools is also because of the high number of sex workers. Bagalkot is known as the epicentre with high incidences of HIV. It has a large network of clients of female sex workers (39,056), Female Sex Workers (5,370) and Men Having Sex with Men -T (1,139). Most of the estimated FSWs (88%) are from rural areas of the district. Most FSWs are home-based (78%), 89% are Devadasi’s, 7% are either widowed, divorced, separated or deserted, 28% are high-volume entertaining 10+ clients a week, 19% are under age 25 years, 90% are illiterate. The district has a high epidemic potential, established transmission in the general population through the local sexual networks.

1.2. Key Factors leading to the initiative

The high prevalence of HIVAIDS and the high epidemic potential in Bagalkot district has been contributed by the Devadasi tradition which has been in existence over centuries. This tradition involves a religious rite in which adolescent girls are dedicated, through marriage, to different gods and goddesses, after which they become the wives or servants of the deities and perform various temple duties, including providing sexual services to patrons of the temples. The system has placed the quality of life of adolescent girls on high risk as they make early sexual debut and are denied the right to make decisions that impact upon her life such as schooling, marriage, safe sex, beginning of child-bearing and family spacing. There are many other repercussions too, there are health risks and vulnerability to the girl and to her family, the livelihood opportunities of the girl/women is reduced and poverty is perpetuated.

The Karnataka Health Promotion Trust set up in 2003 by the Karnataka State AIDS Prevention Society and the University of Manitoba, Canada to support and implement initiatives related to HIV/AIDS and reproductive health started working in Bagalkot district in 2001. Its research of 2011 showed that a high proportion of SC/ST girls between the ages of 13 and 17 do not reside with their parents, they were “missing” from schools and villages too. The girls were dedicated into sex work as they practice the Devadasi system. The Devadasi’s earn their living as socially sanctioned sex workers; many migrate to towns or cities, like Mumbai, Pune and Sangli, where they work in brothels. For many girls, early transition to marriage or sex work compels them to drop out of school; this heightens their vulnerability to HIV infection.

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4 Ref: Data furnished by District KHPT Office, KHPT.
5 KHPT was established after ICHAP (India Collaborative HIV AIDS Project), one of its initial programme on HIV AIDS was launched at Bagalkot in 2001.
KHPTs long years of work with the communities at Bagalkot district and its collaboration with the district administration in implementing programmes working with the sex workers to prevent HIV resulted in availing the DIF in order that the organization could intervene and tackle multiple sources of girls’ vulnerability. KHPT has had a targeted sex worker intervention in the district for long but had not engaged the girls and the young women early enough to prevent their exposure to HIV. To prevent girls from entering sex work and to ensure that they get access to the much-needed information and support prior to becoming HIV infected is a challenge which the organisation set forth to tackle by designing and implementing a pilot intervention that would address the health awareness and education issues of adolescent girls. This way there would also be evidence that enabling secondary education enrolment and retention would ensure that the age at marriage for girls would increase.

The initiative (called Sabala initially and later changed to Samata) for which the DIF has been accessed focuses its attention on retaining the girls in school till they complete their tenth standard, facilitates in helping them to improve their academic performance, build their confidence levels and self-esteem, motivate them to develop leadership and enable them to participate in decision-making, it helps them to understand reproductive health and rights. Girls in the age group of 9 to 18 are addressed through group-based curricula.

1.3. Objectives of the Initiative

The overall goal of the initiative is to improve the quality of life of adolescent girls from vulnerable and marginalized communities in selected villages of Bagalkot district by delaying their marriage, sexual debut, and entry into sex work.

The specific objectives of the project are:

- To increase the percentage of adolescent girls ENTER into formal secondary education.
- To increase the percentage of adolescent girls CONTINUE secondary education until Standard 10.
- To increase the percentage of adolescent girls enter and continue in education with QUALITY learning outcomes.

2. Processes and details of the project

For this initiative, KHPTs estimates are around Rs 50 lakhs for two years. KHPT’s action plan specifies for a five-year project.
The DIF fund provided now is Rs 25.5 lakhs for two years (2013-15). The organisation has contributed Rs 2.5 lakhs (10% as specified by the DIF guidelines). The rest of the amounts are supported by The World Bank.

The MoU to implement this initiative has been signed by KHPT with the District Health Officer; the fund is released by the DC. The monitoring of the programme is by the DC, KHPT district office report’s to the DC and to the DHO. Since it is a health related aspect, the DC instructed that the DHO should be involved in signing the MoU.

Table showing DIF Fund Distribution

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Budget Head</th>
<th>Approved Budget in Rupees</th>
<th>%</th>
<th>Jun-2013 to May-2014</th>
<th>%</th>
<th>Jun-2014 to May-2015</th>
<th>%</th>
<th>Totals for 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personnel</td>
<td></td>
<td>8.96</td>
<td>1,20,000</td>
<td>10.86</td>
<td>1,26,000</td>
<td>9.84</td>
<td>2,46,000</td>
</tr>
<tr>
<td>2</td>
<td>Travel</td>
<td></td>
<td>0.15</td>
<td>2,000</td>
<td>0.17</td>
<td>2,000</td>
<td>0.16</td>
<td>4,000</td>
</tr>
<tr>
<td>3</td>
<td>Programs/Activities</td>
<td></td>
<td>86.40</td>
<td>11,57,524</td>
<td>83.63</td>
<td>9,70,292</td>
<td>85.11</td>
<td>21,27,816</td>
</tr>
<tr>
<td>4</td>
<td>Capacity Building</td>
<td></td>
<td>2.24</td>
<td>30,000</td>
<td>2.59</td>
<td>30,000</td>
<td>2.40</td>
<td>60,000</td>
</tr>
<tr>
<td>5</td>
<td>Monitoring, Evaluation,</td>
<td></td>
<td>1.79</td>
<td>24,000</td>
<td>2.17</td>
<td>25,200</td>
<td>1.97</td>
<td>49,200</td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Overheads</td>
<td></td>
<td>0.46</td>
<td>6,200</td>
<td>0.58</td>
<td>6,784</td>
<td>0.52</td>
<td>12,984</td>
</tr>
<tr>
<td></td>
<td><strong>Gross Total</strong></td>
<td></td>
<td><strong>100</strong></td>
<td><strong>13,39,724</strong></td>
<td><strong>100</strong></td>
<td><strong>11,60,276</strong></td>
<td><strong>100</strong></td>
<td><strong>25,00,000</strong></td>
</tr>
</tbody>
</table>

Source: KHPT Bagalkot Office

Table Showing Fund Released upto March 2014

<table>
<thead>
<tr>
<th>Period</th>
<th>Total Release (in Rs)</th>
<th>Total Spent (in Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st June 2013 - 31st December 2013</td>
<td>12,50,000</td>
<td>3,39,860</td>
</tr>
<tr>
<td>1st Jan 2014 – 31st March 2014</td>
<td>-</td>
<td>2,40,893</td>
</tr>
</tbody>
</table>

Source: KHPT Bagalkot Office

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6 The total DFI to Bagalkot has been Rs 90 lakh, the DC asked for support of four initiatives with a grant of Rs 25 lakh to each
The fund requires that the UCs are submitted to the District Commissioner on quarterly basis. KHPT would also be auditing its accounts every year.

The project is visualised to be implemented in three phases: i) planning ii) implementation and iii) evaluation, consolidation, and dissemination. KHPT had stipulated a time frame of five years when it began working, 2013-14 as the planning, 2014-17 as implementation and the fifth year is consolidation and evaluation phase. As said above, DIF is given for two years.

At the district, the project is being implemented by a Project Coordinator who is assigned the responsibility of implementing the project, carry on the overall administration, and provide support and supervision. She provides the documentation support for the project. The Project Coordinator is also into advocacy at the district level.

The Project Coordinator is supported by the field team comprising of Supervisors (2 in number) and Outreach Workers (8 in number) who are the implementers at the village level. A Data Entry Operator helps in data management and administrative work.

The staff have undergone various capacity building activities- induction programme, gender training and in conducting data collection and survey and many more. The Project Coordinator has also been trained in gender aspects at various institutions/by gender experts.

<table>
<thead>
<tr>
<th>The goal of improving the quality of life and reducing the vulnerability to HIV of adolescent girls can be reached by attaining the specific objectives of-</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increasing the accessibility and expanding opportunities for girls to enter and complete formal secondary education</td>
</tr>
<tr>
<td>• Providing spaces and social networks in order that the girls confidence and leadership of girls is improved</td>
</tr>
<tr>
<td>• Increasing the awareness level of communities through street plays, folk media programs jathas and different discussions with community.</td>
</tr>
<tr>
<td>• Increasing parents involvement in girls education by facilitating their access to incentives and schemes</td>
</tr>
<tr>
<td>• Promoting gender equity among boys to enable equal treatment of the opposite sex</td>
</tr>
<tr>
<td>• Bringing positive changes in gender norms in the family and community so that girl child education is valued</td>
</tr>
</tbody>
</table>
3. Implementation Strategies and highlights

3.1. Implementation Strategies:

KHPTs implementation strategy is based on a concept called *Theory of Change* which is based on the assumption that if adolescent girls complete schooling, the probability of marriage, sex work, sex debut would be postponed, thereby the quality of life would improve and their vulnerability to HIV would reduce. Theory of Change shows the pathway in which the problem, assumption, expected short and long term goals and outcomes of the program are explained, as well as the different activities to achieve outcome and the overall impact of the program.

Theory of Change points to the multiple barriers that the girls face and the need to intervene with multiple stakeholders - the girls, their families, teachers and headmasters, School Development and Management Committee members, boys, community groups, local governing bodies and Education Department Officials. Intervention with various stakeholders would create an enabling environment that would increase the probability of the girls completing secondary schools.

**Intervention with Schools – Headmasters, Teachers, and SDMCs**

The intervention with schools and SDMCs is to make girls’ education more relevant, rewarding, safe and responsive to the girls’ needs. The activities that are undertaken are-

- Assessing capacities of teachers, the trainings undergone by them so far, based on which a curriculum for training, of three days duration, has been developed.
- Developing Master Trainers, conduct of ToT, advocacy with the department of education for deputing teachers to undergo training on gender.
- Train SDMC members.
- Preparation of an action plan in order to ensure activities to promote gender equity.
- Tool developed to be used by the teachers to track children that would improve retention. Teachers are trained in using the tool.
- Organizing career counselling sessions through schools on career options.
- Support schools in establishing links for schemes meant for adolescent girls.
- Collaborate with schools to organise intra and inters-school sports and cultural meetings for adolescent girls that build their confidence and leadership skills, and their ability to challenge gender norms.
- Organize special leadership and personality development programs for adolescent girls.
Intervention with SC/ST Girls studying in 7th to 10th Grades

The intervention with girls concentrates on taking up activities which strengthens their self-esteem and awareness as this would enable them to make informed choices and empower them to collectively confront and overcome the challenges that they face.

- Creating awareness and accessibility on schemes and subsidies that are available for the adolescent girls to the girls and their families.
- Profiling of girls and grading them as falling under high, medium and low vulnerable category. Selecting the most vulnerable girls, organise tutorials and remedial classes in order that they improve in academic performance.
- Conduct group reflective sessions for girls in order that they reflect on reproductive and sexual health, life skills, decision making, etc., using Parivartan curriculum-gender curriculum developed by International Centre of Research on Women.
- Organize trainings to improve communication and leadership skills of selected girls, especially peer leaders.
- Organize career counselling sessions at schools

Intervention with Families of Adolescent Girls, Parents and Decision Makers

The intention of covering families is to create an enabling environment for girls’ education. This is done by creating awareness to the families on the importance of educating girls, the importance of enabling gender equity, the consequences of early marriage and child bearing. The families are also assisted to find ways so that they can afford to educate their daughters. Some of the activities under this intervention include-

- Identification of the most vulnerable families, conducting house visits to counsel them
- Holding of jathas, folk media communications and street play etc
- Help link families to government programmes which support with livelihood opportunities.

Intervention with SC/ST Boys of 13 - 18 Years age

The intention is to drive home points on gender equity to the boys in order that they realise the importance of educating girls. The processes include-

- Selecting boys as mentors for conducting group sessions- critical reflections on issues related to gender, sex, sexuality and violence with boys in their neighbourhood.
Champions among boys are selected who spread awareness among others on the importance of educating girls.

**Intervention with the Community**

The intervention with the community- including community leaders, groups like the DSS/youth groups, NGOs, CBOs- aim to create on the importance of educating girls, the consequences of early marriage, teenage pregnancy, child bearing, etc.

The activities include

- Conduct of folk media performances by inviting folk media troupes to perform. This media is used to create awareness on topics such as importance of enabling girls to complete secondary education, the hazards caused by early marriage, teenage pregnancy and early child-bearing and early sexual debut.

- Meeting with the DSS members, youth groups and SHGs on a regular basis to share evidence, progress and outcomes of this intervention.

- Meet regularly with the members of the PRIs to help them understand their role in girl child education, advocating on the need to monitor school activities.

- Enabling the community to form vigilance committees which would help increase entry and retention.

- Support campaigns related to transition and retention started by local community/SDMC/schools

**Intervention with the State, District and Block Level Education Department Officials and the Media**

The intervention aims to collaborate with the Department of Education- this has the purpose of sensitising them and help them own up the process eventually.

The activities include-

- Creating awareness to the GoK officials on the need to scale up the initiative

- Organize policy dialogue meetings with key stakeholders including GoK officials through workshops, seminar, and symposiums.

- Facilitate media coverage of positive stories, best practices of Adolescent Girls
3.2. Implementation Strategy Highlights

The strategy highlights include:

(i) Mapping of high schools – the team surveyed the different types of high schools – private, government, aided etc. 35 high schools 66 higher primary schools covering approximately 1079 SC/ST girls were selected for intervention (this falls into 20 clusters in 67 villages). The selected schools were studied in detail wherein the infrastructure, human and other resources, SDMC etc were studied to get an in depth picture.

(ii) Furnished with the statistics of the adolescent girls, the team went to the community and the household to validate the presence/absence of girls. The validation was combined with detailed profiling of the girls to help identify the risk levels of the girls.

The girls are categorised into high, medium and low risk. KHPTs attention is more on the girls categorised under high risk.

a) Enumerations

   (i) **Enumeration of Secondary Schools and Higher Secondary Schools**: This was conducted to build evidence.

   (ii) **Enumeration of Higher Primary School**: to identify girls who would be entering into the period of adolescence

b) Studies

   i) **Know –me** Workshops with adolescent girls

   ii) Base line survey

   iii) Qualitative Study on barriers and motivators for girls education.

   iv) Mapping of existing schemes to promote SC/ST girls

   v) Identifying demand side barriers

   vi) **Building Capacities and awareness of stakeholders**

   (i) School teachers and SDMC members

   (ii) HM orientation

   (iii) ToTs – gender training

   (iv) Jathas (rallies)

   (v) Street Play

   (vi) Folk media programs
d) Conduct of events

i. Girl child campaign
ii. Women’s Day
iii. Campaigns on violence against women

e) Performance Review

This is done annually; participatory approach is used to review performance. The DC also reviews the performance periodically.

Documents developed to ensure that the strategies work at the ground
1. Teachers Gender Training Manual
2. Implementation Design Document
4. Know Me workshop Reports
5. Case Studies

4. Role of the leader

The DC Shri Kunjappa IAS was responsible for the initiation of this project. He informed KHPT district team leader and asked for a write up on an innovative programme- one which has not been taken up anywhere in the country. He also recommended that KHPT gets the DIF. He coordinated and took the health department on board to ensure their cooperation. He did not lose patience even when this took time. It took more than six months for the project to be sanctioned.

The DC was the convergent point for the various department heads to come together as well as support KHPT in this programme. He took the initiative to bring on board the CEO of ZP, the district heads of line departments – health and education.

With the transfer of the DC, the ADC Shri PT Rudragowda has taken the role of mentoring and supporting the project.

Since the DIF is for five years, for the year 2014-15 too, KHPT has been signalled out by the DC-Shri Manoj Jain IAS for applying. KHPT has proposed an initiative – Focused programme on Devadasi Female Sex Workers who have intimate partners. The objective is to reduce the violence caused by the intimate partners.
5. Key Findings

The field interview with various stakeholders – DC, ADC, DDPI, School Headmaster, GP member, SDMC member, Parent and Adolescent girls – point to the fact that the DIF is known to the higher authorities at the district – the ADC, DDPI, DHO say that this awareness is due to the communication from the DC’s office.

A proposal was sought from KHPT by the DC’s Office and this resulted in accessing the DIF. The DC (2011) when interviewed telephonically and asked about the reason for choosing KHPT said that “KHPT team was in the field working on HIV prevention in the district and they had good understanding of the problem and also they had worked with adolescent girls, especially with the daughters of female sex workers and devadasis in selected villages”.

The ADC considers this programme to “add value to the people” and can become role models to other districts. The DDPI calls this as “a good program and very useful because they counsel the parents, prevent child marriage and that helps girls to continue in school.”

There were three more initiatives too which were endorsed by the District Office and the proposal was to divide the DIF of Rs 90 lakh among the four organisations. Since the DIF guidelines does not specify whether the funding is to be for one organisation or more, the authorities – DC and ADC thought it suitable to suggest four programmes. The then DC said that “there was no guideline on to pick up a single program under DIF, hence we planned four programs but only this program got approved”.

The awareness on what this initiative is about is stated to be as one that aims at reducing dropout rates among the SC/ST girls in high schools as per the DDPI, support girls education as per the GP member, help prevent child marriages among girls as per the SDMC member. To a parent this programme helps the SC/STs, to the Headmaster of Sullikeri Government High School it helps SC/STs as it prevents early marriage and also addresses gender dimensions. None of the respondents, other than the DC, touched the subject of HIV/AIDS.

The outcome of this programme cannot be measured in concrete numbers and cannot be measured now as it is too early. The ADC considers that a programme of this nature takes time to filter down. He says that there are however noticeable changes in the attitude of parents and village community toward girl child education; critical thinking on gender discrimination that is being practiced in the society has begun.

The larger goal that the programme aims to meet would be bringing about social change, as per the DC who initiated this innovation. There would at least be change in the parents attitude towards girl child education, child marriage and early entry into sex work. “We are expecting more girls to be retained in secondary schools”.
The DDPI confirms that admissions have improved with the support of KHPT and has also noticed “positive attitude of parents for girls’ education.” The Head Master of Sullikeri says that there is improvement in the enrolment of girls to the school, reduction in dropout rates and community participation in school activities has improved because of this programme.

**Bheemavvanyageri of Waddarhosur village** near Balkunditanda who is a parent of an adolescent girl Huligemma considers this programme to be one that helps SC and ST girls who are “at school.”

According to her because of this programme-

> My daughter Huligemma was not regular to school when she was in 8th standard and her academic performance was also very poor so she was not willing and confident to go to school. But outreach worker Anasuya has convinced Huligemma to take admission in 9th and she has also assured her of giving tutorial classes and she can better perform in the school. Father said he will plan for Huligemmas’s marriage and she does not have to go to school. In spite of all this she is going to school regularly.

RojaBhanjantri of Kaladagi who has completed 10th standard this year was helped by KHPT to meet the college admission expenses considers this programme to be one that helps girls in schools especially the SCs and the STs.

> We received the career counselling and the regular follow up by outreach worker. Now when I expressed that my parents are not in a condition to continue my studies these people (KHPT) made my admission in a government PU college and paid the fees Rs 2340. And they are also trying to put me in girl’s hostel.

The KHPT project team consider the project to be in the initial stage of implementation; as such the effect of the initiative can be gauged at a later stage- that is after two years of implementation phase is completed. One could expect positive changes in enrolment and in retention. This would result in delayed age at marriage, delay in age of entry into sex work, delay in sexual debut and therefore a reduction in HIV and resulting in the quality of life.

STRIVE-Research consortium of London School of Hygiene and Tropical Medicine, KHPT, ICRW and other organisations, will provide the technical guidance to KHPT to evaluate whether the intervention can (i) reduce the drop-out of girls from school (ii) reduce their “disappearance” from their communities into marriage, sex work and/or migration and (iii) reduce the average time between the start of sex work and when girls/women come into contact with KHPT-supported programs.
6. Challenges Faced:

Assessing benefits to a programme like this which aims to bring in social change and address the patriarchal norms in the society would pose a number of challenges.

The organization faced the challenge of working with the schools; even to collect the required data was difficult as the schools work in a rigid, fixed framework. Repeated meetings at the district, under the guidance and leadership of the Deputy Commissioner, taking the DDPI into the fold helped in overcoming this.

Preventing child marriages remain a challenge. Direct intervention by the district team of KHPT would not be welcomed by the community and upsetting the community would have repercussions on the team’s further working and this aspect has remained a double edge sword.

Discussing gender issues- discrimination based on gender and gender based violence at the villages is also a challenge. This is attempted to be overcome by introducing positive norms – for e.g the economic aspect of a girl child education.

The figures and the data for the girls available at the school are not matched by the presence of girls. The girls would have dropped out of schools a couple of years ago but their names are maintained in the school rolls.

Unlike other development programmes, this cannot be monitored by the fund providers as – “there is no material purchase involved” (as per the ADC) and because the fund is released to an NGO (as per the DC). Programme monitoring by the funders is confined to formal and informal review meetings held at the District level.

The convergence and seeking support by the various stakeholders/departments is also a cumbersome one as this initiative needs the support of the departments of education, health, women and child development to name a few. More often, the support is restricted to giving permission to KHPT to hold programmes and/or attending the orientation and training that it (KHPT) gives.

7. Outcome achieved- benefits to the people

The expected outcome are:

- Increased accessibility and expanded opportunities for girls to enter and continue formal secondary education
- Safe spaces and social networks for girls to improve their confidence and leadership
- Improved the capacities and accountability of schools and SDMCs to be responsive to girls’ needs, and facilitate their entry and retention in school
- Increase in parents involvement in girls education and access to incentives and schemes to retain girls in school
• Improvement in enrolment and retention of girls in schools.
• Ushering in gender equity among boys to treat girls as equals and with respect
• Positive changes in gender norms in the family and community to value the importance of girl child education
• Evaluation will be done at each stakeholder level and some of the questions that would be asked and answers sought would be-

*What effect has Sabala had on age at marriage, age at sexual debut, and age of entry into sex work among adolescent SC/ST girls in communities that have access to the intervention?

*What effect has Sabala had on girls’ transition to and retention in secondary school in communities that have access to the intervention?

*In what respects and to what extent has Sabala affected the schools’ and the communities’ concern about and response to high school drop-out by SC/ST girls?

*What are the processes and causal pathways by which positive changes occur in the following areas: support and value for education; self-esteem and confidence among adolescent girls; self-perceived safety and social status among adolescent girls and in their social networks; and culturally prescribed social expectations and gender norms?

8. Success factors

The critical factors that would contribute to an initiative of this nature are-

• Support of District Administration
• Cooperation by the department of education, its support
• Financial support by The World Bank
• Long standing work of KHPT in the district, the rapport that it has with the community
• Presence of outreach workers of KHPT who keep vigil on girls who drop out of schools and motivate them to return
• Gender trainings that the KHPT team has undergone
• Media support to KHPTs work
• Expertise of KHPT in preparing material – IEC and other materials
9. Conclusions and Recommendations

The DIF fund should become more known to the people. Other than the people at the helm of affairs, there is little awareness on what the fund is all about. The demand driven than the supply driven aspect that the DFI guideline specifies is missed out because of this.

For the initiative in Bagalkot the amount of Rs 90 lakh which is the allotment to a district under this fund would be needed, as per the field staff of KHPT. When this is the case, the rationale for dividing the amounts among 3 or 4 innovations is not known. Both the DC and the ADC are of the opinion that the guidelines do not specify that the amounts are to be specific to one initiative and therefore they choose more.

The DIF also specifies that small investments such as this should boost and provide immediate welfare to the people; however for an initiative like this it would be difficult to prove, in quantifiable terms, within a given (short) time, whether the benefits are worth the investments. The long term objectives of programmes such as this are of rich value as they aim to reach the unreachable – break the patriarchal norms, break the gender barriers, change the mind sets of the parents, family, community on the value of girl child education and help prevent HIV AIDS. Even the short term goals of increasing the age at marriage for the girls, ensuring that the girls of the weaker community SC/ST complete their schooling are by themselves applaudable.

In a society that is strict rules for girls, those which are different than what is for boys, discussion on AIDS- even mention of it- is not done openly. It is interesting that even in a district like Bagalkot where Devadasi system is practiced since aeons of years, the discussion on the subject is a taboo, as found during the interviews.

If the initiative is to have a multiplier effect – as has been the specified aim of the DIF- KHPT and /or the funders would do well to work out the proportion of outreach staff needed vis a vis schools chosen for intervention, the costs involved. Upscaling/working in other districts would have to be done again facing the same challenges – of bringing the departments of education, health and women and child development department on board, building rapport with the community- there is no short cut to success.

References:


SABALA- Project Implementation Design by T. Raghavendra and Brooks Anderson Karnataka Health Promotion Trust, October 2013.
Annexure 1
List of Stakeholders Met During Field Visit

District administration:
1. Meghannavar, DC Bagalkot
2. PT Rudragouda, ADC. Bagalkot
3. Ravindra Karilingannavar, Rehabilitation officer, Jamakhandi

Zilla Panchayat
1. Nakul, CEO, ZP Bagalkot
2. Amaresh Nayak, Deputy secretary, ZP Bagalkot
3. V S Hiremath, Project director, ZP Bagalkot

Women and Child Welfare Department
1. Padagannavar. Deputy Director, WDC Bagalkot
2. P N Patil, district program officer, WCD Bagalkot

Health Department
1. Dr Kittur, District health and family welfare officer, Bagalkot
2. Dr Telsang, program officer Food safety, Bagalkot
3. Dr H V Lebageri, in charge District AIDS prevention and control unit (DAPCU) Bagalkot
4. Dr A N Desai, Senior Surgeon, District Hospital Bagalkot

Education Department
1. A M Madiwalar, Deputy Director Public instruction (DDPI) Bagalkot
2. B K Nandanur, district program coordinator, RMSA, Bagalkot
3. Jasmin Khilledar, Education officer, Bagalkot

Backward Classes and Minorities
1. Shivanand M Kumbar, district officer, BCM, Bagalkot

Social Welfare Department
1. Ramesh Chauhan, Manager Social welfare department, Bagalkot

Other Stakeholders
2. Yamanappa Yankappa Goudar, Gram Panchayat Member, Sulikeri
3. Nooralisab Tasildar, SDMC Member, Sulikeri
NGO and other organization

1. Tejaswini Hiremat, Program Coordinator, KHPT Bagalkot
3. Lata Kulkarni, Program officers, Mahila Samakhya, Bagalkot

Beneficiary

1. RojaBhajantri
Annexure 2

Project Coordinator – Bagalkot

Details on the Initiative

1. The project started in June 2013 at Bagalkot, time frame for different phases (planning, implementation, evaluation)
2. How much money total has been disbursed for the project, how much from 13th finance commission (what is the committed amount, how much is released, details)
3. Should you submit an UC, if yes to whom and when? Is the amount audited?
4. Details of the DC and Project Coordinator, details of their professional commitment and rationale for taking up this project
5. List the number of personnel hired under this initiative (supervisors, outreach workers)
6. Strategies to implement this programme
7. Challenges faced – in implementing this programme
8. Assessment of outcomes, how is this done, benefits to the people
   - Has there been an increase in enrolment and retention of girls at higher secondary level (before intervention and after intervention figures pl)
   - Any data on SDMC role (could be qualitative data where during the meeting this initiative is discussed)
   - Details on how parents are involved – is it by way of house to house visit
   - How many parents have accessed incentives and schemes after the project has been initiative (data)
   - How is change of boys attitude towards girls noticed/measured
   - How does one quantify the changes in gender norms at the household level
   - How will this intervention lead to multiplier effect? (which is the mandate of the DIF)

KHPT

1. How did they get to know of this fund (Any correspondence/reference)
2. What are the other purposes for which it has been used by KHPT, the reason for opting to access this fund
3. How much is the fund, fund flow details, How long is this project for? if this is an add on sum, what is it adding on to
4. Why was Bagalkot chosen
5. What are the project implementation strategies adopted, why this particular strategy – is it to do with the earlier learning
6. What is the expected outcome
Annexure 3

Set of questions for Deputy Commissioner

1. Awareness on District Innovation Fund - how did he come to know about the fund, (correspondence, video conferencing, predecessor informed, any other)

2. Reasons for signalling KHPT for getting DIF

3. What are the expectations/intended benefits from the initiative started by KHPT using DIF?

4. The fund is Rs 90 lakh, what is the rationale for dividing it up among four to five initiative in a district

5. What roles can a DC in the district play to make the use of the fund effective

6. Does the initiative/s need closer monitoring and if yes, who should do it, how often

7. Any other issue/suggestions
Annexure 4

Set of questions
Department of Education

Profile

1. Name:
2. Gender:
3. Educational Qualification:
4. Department:
5. Designation:

Details:

1. Are you aware of the District Innovation Fund, if yes, how did you get to know about this fund?
2. Which of the initiative is the fund being used in Bagalkot. Pl give the details
3. Are you aware of the health and education programme that is being implemented by KHPT to retain adolescent girls in secondary schools, if yes pl give the details
4. What changes do you foresee that this initiative would bring about?
5. Are you/your department associated with this initiative in anyway, if yes, pl furnish the details
6. Your views on convergent role that the departments of health, education, women and child could play to make an initiative like this successful
7. Your views on the usefulness of this programme
8. Any other detail ( how this initiative can be up scaled etc)
Annexure 5
Set of questions
Department of Health

Profile

1. Name:
2. Gender:
3. Educational Qualification:
3. Department:
4. Designation:

Details:

1. Are you aware of the District Innovation Fund, if yes, how did you get to know about this fund?
2. Which of the initiative is the fund being used in Bagalkot. Pl give the details
3. Are you aware of the health and education programme that is being implemented by KHPT to retain adolescent girls in secondary schools, if yes pl give the details
4. What changes do you foresee that this initiative would bring about?
5. Are you/your department associated with this initiative in anyway, if yes, pl furnish the details (department of health has signed the MoU with KHPT)
6. Your views on convergent role that the departments of health, education, women and child could play to make an initiative like this successful
7. Your views on the usefulness of this programme
8. Any other detail (how this initiative can be up scaled etc)
Annexure 6
Set of Questions
Women and Child Development Department

Profile
1. Name:

2. Gender:

3. Educational Qualification:

3. Department:

4. Designation:

Details:

1. Are you aware of the District Innovation Fund, if yes, how did you get to know about this fund?

2. Which of the initiative is the fund being used in Bagalkot. Pl give the details

3. Are you aware of the health and education programme that is being implemented by KHPT to retain adolescent girls in , if yes pl give the details

4. What changes do you foresee that this initiative would bring about?

5. Are you/your department associated with this initiative in anyway, if yes, pl furnish the details . How does your department stop child marriages. What are the programmes carried out for adolescent girls, those especially that can motivate them to be retained at school

6. Your views on convergent role that the departments of health, education, women and child could play to make an initiative like this successful

7. Your views on the usefulness of this programme

8. Any other
Annexure 7

Set of questions for various stakeholders

- Family
- Girls
- School teachers
- Headmasters
- SDMC chair
- PRI members

Basic questions on this initiative
1. What does this programme imply to them

2. What are the inputs that they have seen as given by the Outreach workers of KHPT (for e.g. for girls it could be tuition, career counselling, linking to the schemes, to the Headmasters - what is their role in bridging the school drop outs)

3. Any other detail that the field investigator wants to note down