

Franchising the
Better Life Options Program

through the **B L  O M**
Adolescent Network

Better Life Options Program





Foreword

This document details the franchising and scaling up of The Center for Development and Population Activities' (CEDPA) adolescent program - the Better Life Options Program (BLP). The franchising was implemented through a network of public and private organizations, under the BLOOM Adolescent Network. This effort constitutes a part of CEDPA's larger global initiative to empower and enable adolescent girls and boys to choose better life options to lead meaningful lives.

The initiative was made possible by the generous grant received from the Bill and Melinda Gates Foundation in July 2002. The grant was a continuation of program activities carried out under an earlier three-year Gates Foundation grant.

We gratefully acknowledge the contributions of all our partners who made this project possible. We thank our BLOOM Nodal Agencies: PRERANA, Community Aid and Sponsorship Programme (CASP), CINI Chetana Resource Center (CCRC), Himalayan Institute of Health and Training (HIHT), North East Society for the Promotion of Youth and Masses (NESP YM), The Society for Social Uplift Through Rural Action (SUTRA), Tata Steel Family Initiatives Foundation (TSFIF), URMUL Rural Health Research and Development Trust (URMUL) and Bhartiya Grameen Mahila Sangh (BGMS), who worked with sincerity and commitment to maximize outreach and implement the project.

We further acknowledge the contribution and perseverance of all our 250 Network Partners, many small and big organizations working in some of the most backward parts of India. It was their dedication that ensured that adolescents participating in the program were truly empowered.

Above all, we acknowledge the contribution and perseverance of 146,292 Indian adolescent girls and boys in reaching out to their development.

CEDPA/India Team
New Delhi
September, 2004



The Center for Development and Population Activities (CEDPA) is an international non-profit organization whose mission is 'to empower women at all levels of society to be full partners in development'. Since 1975, CEDPA has been working globally to enable women to be full and responsible partners in development by promoting their access to development opportunities. Its strategies for empowering women include programs in reproductive health, family planning, advocacy, capacity building, gender awareness and youth development.



The Better Life Options Program



The seed for CEDPA's Better Life Options program in India was sown in 1987, when CEDPA responded to the need expressed by the community women who had participated in women's empowerment programs implemented by CEDPA's associate PRERANA, in its communities near the Delhi-Badarpur border. The women had expressed a need for similar programs to address the needs of their adolescent daughters. Responding to this need, CEDPA became one of the first organizations to address the special needs of girls and young women in India.



CEDPA's Better Life Options Program (BLP)

CEDPA's Better Life Options Program (BLP) for adolescents i.e. young girls and boys between 10-19 years of age, is an evidence-based development model for bringing about development through empowerment of adolescents, their families, communities and organizations. The program seeks to empower adolescents to make decisions in their own self-interest and to envision and achieve more equitable relationships.

The program is based on two fundamental beliefs:

- Adolescents have the right to make choices to determine their future, and
- Adolescents can develop the capabilities to make these choices.

It thus aims to increase development opportunities for adolescent girls and boys by enhancing their choices and abilities to take decisions regarding fertility, non-formal education, reproductive health, employment and civic participation. It also works towards breaking gender stereotypes and building confidence and self-esteem of adolescents.

Starting from a small project, the venture gradually developed into a full-fledged adolescent program for girls. Over the next few years, CEDPA extended its work to Madhya Pradesh (M.P) and Gujarat through the Bhartiya Grameen Mahila Sangh (BGMS) and Gujarat State Crime Prevention Trust (GSCPT) respectively.

Gradually, CEDPA partnered with many organizations from the Hindi speaking belt (the least developed area in India, where the status of girls was particularly poor) to implement similar programs. The Better Life Options program was often integrated with other ongoing programs in the communities and was tailored to meet the specific circumstances and needs of the target groups the NGOs worked with. Hence, in Madhya Pradesh where literacy was very low, special emphasis was placed on literacy and numeracy, on promoting the value of education, and on getting girls back to school (if available). On the other hand, in Delhi, where girls had the advantage of education and were attending school, the focus was on keeping

girls in school and on reducing drop-outs. Centers¹ were created which provided girls a forum to come together and vocational classes were initiated with a built-in Family Life Education component.

As the program grew in outreach and effectiveness, there arose from the adolescent boys in the communities, a desire for a similar program for them. Meanwhile, CEDPA too had realized that girls' empowerment could not be possible in isolation. It was important to create an environment where girls would be able to utilize their newly developed skills and exercise their choices. Accompanying this knowledge was the realization that boys too had unique concerns and needs that had to be addressed. Guided by this knowledge, CEDPA's Better Life Options Program for Boys was initiated in 2001.

With the passage of time and expansion of the BLP to include adolescent boys, the program has evolved as a holistic approach to adolescent development, with strong emphasis on capacity

¹ A 'Center' is a physical space where the BLP curriculum is imparted – each batch usually consists of 20-25 participants, and operates 5 - 6 days a week. Vocational skills and BLP training are imparted at the Centers. It has a Center-in-Charge who is responsible for community mobilization and home visits. She also enrolls the girls, imparts the training, and is responsible for day-to-day 'running' of the center, including maintaining records and sending reports to the project office.



building of local organizations, developing partnerships and networks and building advocacy. It also ensures the buy-in of various gatekeepers and stakeholders of the community, so as to enable the program to have a lasting impact and create an environment conducive to realizing behavioral changes in adolescents.

The Choose a Future! Manual

The Better Life option Program is imparted through two training manuals, *Choose a Future! Issues and Options for Adolescent Boys in India*² and *Choose a Future! Issues and Options for Adolescent Girls in India*². These manuals form the pivot of the BLP and integrate its various components in a comprehensive, easy - to - impart training package.

The *Choose a Future!* training manuals are program guides for facilitators working with adolescents. Using a participatory, experiential approach, they involve adolescents in creating their own solutions to situations they encounter at home, in school, at work, and with male and female peers.

Experiential learning:

- Involves adolescents in activities that help them reflect on and analyze their experiences,
- Motivates participants to change old behaviors and adopt new behaviors,
- Promotes participation in the learning process, and
- Is based on a relationship of respect between the facilitators and participants.

The *Choose a Future!* manuals have proved particularly effective tools for addressing adolescents, especially those who are out-of-school and with limited literacy. The curriculum uses activities, games, role plays and discussions

to encourage articulation of feelings, thoughts and ideas. The Indian *Choose a Future!*² includes 16 modules and 64 sessions. Each session takes 1-3 hours to complete and totals to approximately 140 hours.

The Choose a Future! Issues and Options for Adolescent Girls/ Boys in India training manual for facilitators encourages experiential learning and addresses the following topics:

(Girls manual)

- Me, Myself
- Goals and Plans
- Feelings!
- Communication Skills
- Interpersonal relationships
- Values Identification
- Our Families
- Community
- The World of Work
- Health
- Puberty
- Reproduction
- Marriage, Partnership and Parenthood
- Legal Rights
- The Environment
- Us, Together

(Boys manual)

- Self Awareness
- Values Identification
- Gender Awareness
- Feelings
- Communication Skills
- Marriage, Partnership and Parenthood
- Interpersonal Relationships
- Our Families
- Community
- Taking Off From Here (My Life Beyond)
- The World of Work
- Puberty
- Reproduction
- Health
- Legal Rights
- Environment

² The Indian *Choose a Future!* manual is an adaptation of CEDPA's global *Choose a Future!* manual. It was adapted to take into account the realities of the Indian adolescent and addresses issues relevant to them.



The package also leverages the existence of an extensive pool of adolescent relevant material.....

The entire training package includes, the *Choose a Future!* manual and a facilitator's handbook. The manuals are used in conjunction with other teaching aids, as locally appropriate. The package also leverages the existence of an extensive pool of adolescent

relevant material that has been developed by other agencies (such as UNICEF, UNESCO, SAVE and local NGOs) and includes a list of these supplementary materials and sources from which they can be obtained.

Sample Session

'Thinking about Marriage' is one of the sessions added to the India boys' manual. In a country where arranged marriages are still the norm, getting married is not a choice most young people will make. Girls and boys are married off by their parents while they are still adolescents - economically dependent on their parents, with very little idea about spousal responsibilities.

The session includes a 'values clarification' game in which a list of statements is read out loud and participants are asked to agree, disagree, or voice uncertainty. The list includes statements like:

- Every person must get married
- If one doesn't get married, he/she is abnormal
- It is a woman's responsibility to make the marriage work
- The husband is superior to the wife in all respects
- Physical appearance is important in marriage
- All love marriages are failures
- Marriage is a bed of roses
- Marriage is a continuous process of adjustment
- ... and they lived happily ever after

After reading out each statement, the facilitator asks the participants why he/she agrees or disagrees with the statement. The discussions are provoked by asking questions like:

- Why do people marry?
- Are there social pressures to get married?
- Do some men/women choose not to marry? Why?
- Is there a difference in reasons between girls and boys for marrying? For not marrying?
- Is marriage the end of all happiness for most people?

Participants are asked to conduct a similar 'values clarification' game at home with their siblings, friends and parents to continue the discussion, with the hope to improve parent-adolescent communication. This activity and the ensuing discussions with peers and elders help to clarify myths and misconceptions about marriage and get the participants to start thinking about the responsibilities and consequences of marriage. It also sets the stage for the following session, which deals with 'Choosing a Marriage Partner'.



Adolescents: The Indian Scenario

- Adolescents constitute 22.8% of India's population; i.e. 230 million Indians belong to the age group of 10-19 years.
- Only 49.6% of boys and 30.6% of girls in the 15-19 age group have studied beyond middle school in rural India; while in urban areas 67.4% boys and 63.8% girls have studied beyond middle school.
- The sex ratio for adolescents in the age group of 13-19 years is as low as 884.2.
- Almost 18% of drug users belong to the 12-23 age group. The actual age of first use is known to be as low as 5 years.
- 30% adolescents in the age group of 15-19 years are married. The age at marriage for illiterate females is at 15 years, while the median age at first birth is as low as 19.6 years.
- 40% adolescent girls aged 15-19 have a below acceptable body mass index under 18.5. 20% have moderate or severe anemia.
- The labor force participation rate of adolescent boys in the 10-14 age group is 5.7% and in the 15-19 age group is as high as 43.8%.
- 36% girls in the age group of 13-16 and 64% girls the age group of 17-19 years are married pregnant adolescents or young mothers (National Family Health Survey, 1992-93).
- Neonatal and infant mortality rates among adolescent mothers aged 15-19 are 60% higher than among infants born to mothers in the 20-29 age group. (CEDPA's Impact Study Report, 2000).
- The unmet need for family planning is highest in the age group of 15-19 years.
- 77% of total HIV infections occur among those in the 14-45 age group.
- Half of all new cases of HIV/AIDS are among people under 25 years of age.

(Source: Planning Commission's Population Projections, March 2000)



The Better Life Options and Opportunities Model (BLOOM)

The Better Life Options Program is based on an empowerment model: The Better Life Options and Opportunities Model (BLOOM).

BLOOM is an integrated and holistic approach to youth development. At the center of the model is CEDPA/India's goal of developing a cadre of empowered adolescents - educated, healthy, economically empowered and capable of making autonomous decisions in life. This is achieved by providing adolescents with opportunities and options to make choices; and an enabling environment, in which to translate them into action.

BLOOM emerged as the result of BLP's expansion, as it grew to include and integrate new approaches, that were contextual in relation to the individual, family life and society. The new framework was termed Better Life Options and Opportunities Model (BLOOM) and is a comprehensive package that integrates components of Reproductive Health Information and Services, Education, Livelihood and Recreation to build capacities of adolescents and organizations working with adolescents.

By 1999, CEDPA/India was using the BLOOM framework and had imparted BLP training to over 10,000 adolescents. Yet millions remained un-reached and CEDPA/India felt the need to increase its outreach. In 1999, it experimented with alternate models that could enhance outreach. These included intensive short-term programs, school based programs and health camps. CEDPA/India organized several workshops to share experiences and lessons learnt, develop strategies for scale-up and to identify new like-minded potential partners. One such workshop was on 'Expanding Partnerships for the BLP' which specifically aimed to develop an operational plan for expanding partnerships for adolescent development by scaling-up the program. Representatives of NGOs, the government sectors, international organizations and youth attended the workshop and formed an alliance called the 'BLOOM Adolescent Network'.

Subsequently, in 2002 CEDPA/India franchised its Better Life Options program and the *Choose a Future!* manuals to scale up the program. This was carried out through the BLOOM Adolescent Network over a period of two years, from 2002 to 2004, with financial support from the Bill and Melinda Gates Foundation.

"It is surprising that a thirteen year old girl is talking about condoms and HIV/AIDS so comfortably."

-Dr. Abdul Wahid,
National Institute of
Education, UNFPA, Sri
Lanka after visiting a BLP
project site in Madhya
Pradesh



The Bloom Adolescent Network

Expansion through a Franchising Approach

The BLOOM Adolescent Network is a partnership of organizations (grassroots NGOs, schools and other governmental and non-governmental networks) that have commitment and innovative ideas for franchising the Better Life Options program, using the BLOOM model.

The Network's mission is to build the capacity of and provide technical assistance to organizations working with or interested in working with adolescents and youth. In 2002, with funding from the Gates Foundation, the BLOOM Adolescent Network became operational and the BLOOM Project was launched across India.

BLOOM Project

The 'aim' of the BLOOM Project was to promote positive and comprehensive adolescent development for healthy and empowered adolescents, strong families and responsible communities that support adolescence as a valuable and significant stage of life and enable adolescents aged 10-19 to realize their full potential, through local

grassroots NGOs and networks in Assam, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttaranchal and West Bengal.

Objectives

The main objectives of the BLOOM Project have been:

- To scale up the Better Life Options program (BLP) to 550,000 adolescents. To provide adolescents involved in the BLP, information, skills and tools to make healthy decisions and to practice healthy behaviors that reduce risks and incidence of early and unwanted pregnancies, anemia, STD/HIV/AIDS transmission and RTIs.
 - To develop a cadre of trained Adolescent Facilitators and select members of 'Adolescent Councils' who will provide counseling and information services and will social market/distribute basic RCH products (including condoms) and make referrals for anemia, RTIs/STIs, Voluntary Counseling and Testing and cases of violence and sexual abuse.
 - To activate/make fully functional the BLOOM Adolescent Network with over 30 NGO partners able to design, implement, evaluate and sustain gender-sensitive and participatory adolescent programs.
- To create an enabling environment to support positive adolescent decision-making in matters related to their reproductive health, education, life decisions and career choices through on-going inter-generational dialog, enhanced parent-child communication and parental support for healthy behaviors, mobilizing religious leaders and community leaders, and identifying community norms and traditions that promote positive behaviors in adolescents.
 - To facilitate adolescent participation and leadership in advocating for adolescent development at local, state, national and international levels, through democratic processes and group formation and involve adolescents in program design, material development, program management, implementation, monitoring and evaluation to make the transition from tokenism to self-management in adolescent development programs. Adolescents will exhibit the skills and would participate in opportunities as effective leaders, social mobilizers and be actively engaged in advocacy, i.e. supporting adolescent-generated initiatives, governance and networks.



Implementing the BLOOM Project

The BLOOM Adolescent Network has been conceived as an ever-expanding network where building the capacity of one NGO would enable capacity building of many more NGOs and adolescents, to result in a cascading effect. To accomplish this, CEDPA/India identified nine Nodal Agencies to function as Adolescent Resource Centers in ten states of India (Assam, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttaranchal and West Bengal). These agencies were identified on the basis of their prior experience and commitment to working with and for adolescents. Many of these organizations had collaborated with CEDPA/India earlier and all of them had an established resource pool for carrying out their roles as Nodal Agencies.

Thus, the Nodal Agencies functioned as Adolescent Resource Centers for building the capacities of local grassroots organizations and networks in their respective states and implemented and monitored the BLOOM Network at the state level. CEDPA/India with assistance from PRERANA, the Nodal Agency for Delhi and Haryana, monitored and implemented the program at the national level. These Nodal Agencies were provided technical assistance by

The BLOOM Nodal Agencies

Nodal Agency	State
PRERANA	Delhi and Haryana
CINI Chetana Resource Center (CCRC)	West Bengal
Community Aid and Sponsorship Programme (CASP)	Maharashtra
Himalayan Institute Hospital Trust (HIHT)	Uttaranchal
North East Society for the Promotion of Youth and Masses (NESPYM)	Assam
The Society for Social Uplift Through Rural Action (SUTRA)	Himachal Pradesh
Tata Steel Family Initiatives Foundation (TSFIF)	Jharkhand
URMUL Rural Health Research and Development Trust	Rajasthan
Bhartiya Grameen Mahila Sangh (BGMS)	Madhya Pradesh

CEDPA/India and PRERANA in imparting training to smaller NGOs and other networks who in turn implemented the BLP using the *Choose a Future!* manuals. To enable these Network Partners to design, implement, evaluate and sustain gender sensitive adolescent programs, they were sensitized and provided orientation through orientation meets and Training of Trainer (TOT) workshops. The workshops imparted information on implementing and integrating BLP using the *Choose a Future!* manuals. Various other activities were undertaken to facilitate and support the partners in implementing the project.

Existing systems were systematized and documented, new and locally relevant IEC material was developed, supervisory guidelines were developed and revised for more effective and cost efficient delivery and management of franchise centers and related activities at grassroots level, partnership development mechanism meetings for nodal NGOs highlighting the process of partnership in the BLOOM Network were organized and technical assistance and on-site monitoring assistance was provided to the partner NGOs.



The Nodal Agencies were given small funds to carry out capacity building, monitoring and supervision of the implementing agencies. Each Nodal Agency identified and partnered with smaller NGOs, schools and other networks. With technical assistance provided by CEDPA/India and PRERANA, the Nodal Agencies built the capacities of and assisted their Network Partners to implement the BLP through a variety of approaches, including long-term integrated approach, short-term camps and through schools.

1. Long-term integrated approach: The *Choose a Future!* training package was integrated into already existing adolescent programs, like vocation skills training, the Government of India's Reproductive and Child Health (RCH)³ program, and the Integrated Child Development Services (ICDS)⁴. Usually, the entire 140 hour package was imparted in the long term approach.
2. Short-term approach: Intensive camps of 10-14 days were organized for groups of adolescents. A shortened 80-hour version of the *Choose a*

Future! curriculum was used in this approach.

3. School approach: The *Choose a Future!* training package was imparted in the classroom, with permission from the school management over the entire academic year. Usually, the shortened 80-hour version was imparted to the adolescents.

The strategies chosen by the different Network Partners were adopted to maximize benefit within the contextual requirements and constraints of their environs and ongoing programs. This enabled the project to tap the already existing adolescent base of the various programs and to effectively link up the BLP with service delivery like nutrition, family planning, iron folic acid supplementation and vocational skills training.

To effectively carry out their roles, Network Partners were provided:

- Technical assistance and training
- Skills, strategies and systems for addressing adolescent issues
- *Choose a Future!* manuals, handbooks and training aids
- Sustainability plans and strategies
- Links to national and global adolescent development programs

The Network Partners were not supported with funds as the network was built on the premise of franchising *Choose a Future!* and integrating Better Life Options program into other ongoing programs.

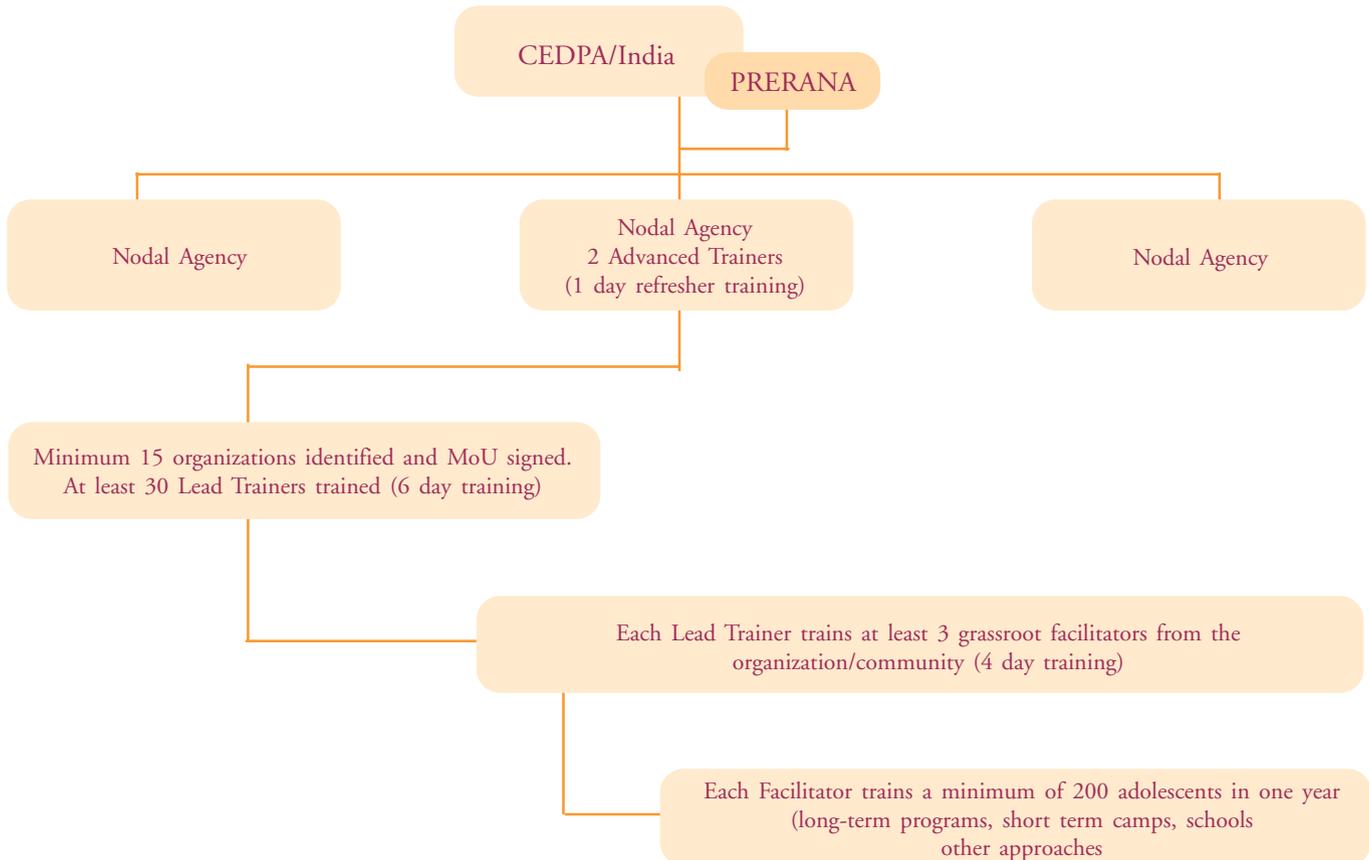
Technical assistance provided to Network Partners' Program Managers and project implementation staff (Lead Trainers) included: training on how to use the *Choose a Future!* training packages for girls and boys, program management and Management Information Systems (MIS). The Lead Trainers from each Network Partner further trained their field-level facilitators who worked directly with the adolescents. The partners were guided into putting in place, during the course of the project, a sustainability strategy. The strategy involved initiating adolescent councils, developing adolescent facilitators and leaders to continue the project and engage in social marketing and social entrepreneurship in exchange for a small fee. A cadre of adolescent facilitators was trained in counseling, social marketing, making effective referrals and was linked to social marketing and public sector organizations to procure products and free supplies.

³ Reproductive and Child Health (RCH) is a Government of India program run by the Ministry of Health and Family Welfare. The program provides reproductive health and child health services to disadvantaged sections of the society.

⁴ Integrated Child Development Services (ICDS) is a Government of India program that focuses on early childhood care and development of children below six years of age. The program also has an adolescent component.



Implementation Plan at a Glance



The strategy involved initiating adolescent councils, developing adolescent facilitators and leaders to continue the project work and engage in social marketing and social entrepreneurship in exchange for a small fee.



Roles of the Bloom Adolescent Network Partners

CEDPA/PRERANA	BLOOM Nodal Agency	BLOOM Network Partner
<ul style="list-style-type: none"> • Commitment • Mentoring • Providing technical assistance to the Nodal Agencies and Network Partners • Providing training material and IEC material • Assisting in setting up an easy reporting system to gather data and reports from the field • Advocating at the policy level to integrate the approaches into government programs and schools • Networking with international donor agencies and UN bodies to scale up the BLP • Monitoring the activities of the Nodal Agencies and Network Partners and providing feedback from time to time 	<ul style="list-style-type: none"> • Commitment • Identifying NGOs and other Network Partners • Training at least 2 Lead Trainers from each Network Partner • Providing resources: time, manpower, equipment and expertise to the Network Partners • Providing technical assistance to partners to start-up and implement the BLP • Monitoring the efforts of the Network Partners and providing feedback to CEDPA/PRERANA • Advocating at the state level to integrate the BLP into government programs and schools • Networking with other NGOs and networks in the state to scale up the BLP 	<ul style="list-style-type: none"> • Commitment • Implementing the BLP at the grassroots level • Identifying at least 2 Lead Trainers for the TOT • Identifying and training of the grassroots facilitators • Mentoring, monitoring and supervising grassroots facilitators • Sending reports to the Nodal Agency • Networking with other NGOs, schools at the village/block level

Social mobilization creates an enabling environment and is the vehicle for broad-based change to occur. For CEDPA, social mobilization strategies include advocacy, community mobilization and behavior change communication. CEDPA believes that communities can be empowered to create an enabling environment for positive change through deliberate, participatory processes that involve local institutions, local leaders, community groups, and members of the community in the analysis of local concerns and in the design, implementation and evaluation of community-based programs.

Each Network Partner signed a Memorandum of Understanding (MoU) with CEDPA/India and their respective state's BLOOM Nodal Agency, spelling out the roles, responsibilities and expectations of each of the partners.

The BLOOM Adolescent Network drew heavily on CEDPA/India's experiences in mobilizing communities and gatekeepers to proactively accept and imbibe the program. In the process of implementing the project,

Network Partners gradually built trust and rapport with parents and community leaders. NGO field staff maintained continuous interaction through one-to-one contact and home visits and explained in detail the need for the program, its content and duration, who the trainers would be, and the impact of the program on adolescents. Parents were also encouraged to attend the BLP sessions. Nodal Agencies and Network Partners organized regular sensitization meetings with community members, Panchayat leaders⁵, parents and school board members regarding adolescent

⁵ Panchayat leaders are elected members of the local village governances



"Most parents of adolescents understood the value of the training sessions. A few did object initially, but later relented and encouraged their wards to attend the sessions. Some parents who were on the verge of stopping their girls' schooling mid-way, decided to allow them to continue."

- Grassroots Facilitator,
CASP/Pune

needs. Adolescent-friendly fairs were organized to generate awareness within the communities and stress was laid on the importance of handling adolescent issues in a gender sensitive manner. Focus group discussions and events promoting parent adolescent communication were held during various stages of the project. Interventions like these enabled the BLP to be easily accepted by the communities and parents.

Aware that vocational training was a crucial entry point, especially for girls who lacked mobility, partners focused on skills like sewing, embroidery, cooking and personal grooming (which the parents consider important skills for girls to know). With boys, the challenge was in retaining their interest rather than mobility issues. As boys were primarily concerned with employment and career options, employment counseling and planning for the future were essential elements in gaining their interest. In addition, boys' program strategies were linked to gyms, clubs, libraries and other public spaces that already existed.

In this manner, the BLOOM Adolescent Network, grew to a strength of more than 250 organizations within a span of two years.

Program Highlights - BLOOM Nodal Agencies

PRERANA - Nodal Agency for Delhi and Haryana

PRERANA is a non-governmental, voluntary organization working towards facilitating the development of the marginalized sections of the society. PRERANA is also the designated Apex Training Center (ATC) for State Innovations in Family Planning Services Agency (SIFPSA) in Uttar Pradesh. A CEDPA associate since the 1970s, it has been working with women and youth.

PRERANA was extensively involved in the development of the Better Life Options program and its subsequent evolution. Over the years of ongoing collaboration between PRERANA and CEDPA, PRERANA had evolved as an Adolescent Resource Center, imparting training, providing technical assistance and onsite monitoring to other NGOs on adolescent programs. It was also involved in generating funds for these programs from other resources and in developing advocacy and training material for other organizations. During the BLOOM Project, PRERANA played the dual role of:

1. a BLOOM Nodal Agency for Delhi and Haryana, and
2. assisting CEDPA/India as a capacity building agency for other Nodal Agencies (except BGMS).



It thus assisted CEDPA/India in imparting training to all Nodal Agencies and in organizing sensitization and orientation meetings for the Network Partners. It extended technical monitoring, evaluation and support to Network Partners, developed supervisory guidelines, provided on-site monitoring and documented the entire project model.

In Delhi and Haryana, PRERANA networked with 14 partners by integrating the BLP in schools, and in ongoing community programs like vocational programs, health programs and youth forums. The Network Partners adopted long-term, short-term and school approaches to train adolescents, depending on their local circumstances. PRERANA also integrated BLP into its own community programs in the six peri-urban slums of Delhi and further imparted the BLP training through its cadre of adolescent grassroots facilitators who manage the self-sustaining BLP centers⁶.

Encouragingly enough, many organizations like the All India Women's Conference (AIWC), SIDART, Integrated Women's

Empowerment and Development Project (IWEDP)⁷, Gram Niyojan Kendra/Plan (GNK/Plan) and Child Fund India approached PRERANA for training their trainers, developing material or imparting training to adolescents in their respective areas. AIWC⁸ and SIDART (East Rajasthan) also functioned as informal Nodal Agencies and tapped their networks of organizations to reach out to as many adolescents as possible. PRERANA with its partners in Delhi and Haryana, thus trained 14,962 adolescents and over 80 peer educators. PRERANA also provided training to 500 Lead Trainers from 150 Network Partners (including Network Partners in Delhi and Haryana).

CINI Chetana Resource Center (CCRC) - Nodal Agency for the State of West Bengal

CCRC is the training wing of the Child in Need Institute (CINI) and has been imparting training on women and child health issues for the past two decades. CCRC is the only middle-level training center in the state of West Bengal for ICDS Supervisors and is one of the Anganwadi training centers of the state. CCRC is also

working as the collaborative organization for the Government of West Bengal (Social Welfare Department) as Capacity Builder of the Master Facilitators for Kishori Shakti Yojana⁹ in the district of Murshidabad. It is also identified by the West Bengal State AIDS Prevention and Control Society for school adolescent programs on HIV/AIDS in 50 schools of Kolkata. CCRC has been carrying out training programs in the districts of West Bengal and also in the states of Jharkhand and Orissa.

CCRC partnered with 15 organizations to implement the Better Life Options program. CCRC and partners integrated the BLP in schools and in ongoing programs in the communities. Since the manuals were in Hindi and English, which were not easily understood within the communities, CCRC took the onus of translating the manuals into Bangla, the local language of West Bengal. To implement the program, Netaji Pathachakra, CINI Siliguri, CINI Raigunj and Chapra Social & Economic Association organized formal sensitization meetings with school teachers, parents and other influential members of the communities. Other partners sensitized communities during

⁶ Self-sustaining centers are BLP centers that have evolved to become feasible socio-economic ventures and are being managed by the BLP alumni.

⁷ IWEDP is a UNFPA-funded Government of Haryana project that aims to raise the status of women in societies.

⁸ AIWC has a network of state chapters in various parts of the country.

⁹ Kishori Shakti Yojana is a Government of India program that aims at improving the nutritional and health status of adolescent girls (11-18) years, provide literacy and numeracy skills, training and equipping adolescent girls with home-based and vocational skills and encouraging them to marry after the age of 18 years.



Partners sensitized communities, into which the BLP was integrated, during scheduled meetings and home visits.

scheduled meetings and home visits. Due to funding constraints in other programs, the coverage of many partners was sporadic rather than systematic. In many organizations, Lead Trainers performed the role of facilitators. CCRC and partners imparted training to 2,500 adolescents and 97 grassroots facilitators.

CASP/Pune - Nodal Agency for the State of Maharashtra

Community Aid and Sponsorship Programme, CASP is a voluntary organization working to provide development opportunities to underprivileged children through a sponsorship program. CASP caters to a wide range of developmental activities such as: child centered activities (sponsorship and education), family and community welfare issues (ageing, leprosy, HIV/AIDS, Health Care for All), women's rights programs (Self-Help Groups, Salute to the Women), youth oriented projects (adolescent girls activities) and environment friendly culture.

CASP networked with 41 partners (including schools, NGOs and the ICDS program). CASP with its Network Partners had initially adopted the school approach to train adolescents. However, it soon realized that owing to the pressures of the school curriculum, the partners would be unable to train the targeted number of

adolescents. Subsequently, CASP changed its approach and simultaneously integrated the BLP with the Government of India's ICDS program. The ICDS is an Integrated Child Development Service program under which nutrition, education and health care is provided to pre-school children in Anganwadis¹⁰. The program also has an adolescent component wherein each Anganwadi Sevika¹¹ reaches out to at least 28 adolescent girls in her locality and undertakes various adolescent oriented activities. Thus, the Anganwadi network had a ready pool of adolescent girls who were tapped and imparted BLP training. For CASP, integrating the BLP into the ICDS program proved to be the most effective means of reaching out to adolescents girls. It trained 25,034 adolescents and over 792 grass roots facilitators (including Anganwadi Sevikas) and partnered with 11 NGOs, 23 schools and the 7 centers of the ICDS program in select blocks of Pune district, Maharashtra. The Sevikas intend to continue imparting BLP training in future too.

Himalayan Institute Hospital Trust (HIHT) - Nodal Agency for the State of Uttaranchal

HIHT is a non-profit organization located in Uttaranchal and houses a Hospital, a Medical College, a School of Nursing and a Rural Development Institute (RDI) on

¹⁰Anganwadis are government run pre-schools under the ICDS programs.

¹¹An Anganwadi Sevika is a teachers who implements the ICDS program at the grassroots level.



its campus. The main purpose of the RDI is to provide services to the people of the hilly regions of Uttaranchal by adopting a three-dimensional approach of health, education and income generation at the village level. The organization has impacted a large number of adolescents in its area through a course titled "You are the Architect of Your Life".

HIHT and its 15 Network Partners adopted a mix of approaches to impart BLP training to 20,321 adolescents in 13 districts of Uttaranchal. HIHT and partners integrated BLP into 82 schools and colleges, the ongoing ICDS program, Adolescents Initiative Uttaranchal Project, RCH program and in the curriculum of Adolescent Girls Entrepreneurship and Development Training Center. Training was also imparted to Self-Help Groups (SHGs) and adolescent groups called "Maity Sangathans"¹².

During project implementation, many Network Partners faced problems in imparting health-related training due to non-health backgrounds of the facilitators. Bhartiya Sewa Samiti (BSS) overcame this problem by enlisting the help of health service providers. BSS, Uttaranchal Jyoti

Samiti (UJS), Rural Development Institute-Himalayan Institute Hospital Trust (RDI-HIHT) and Astha Sewa Sansthan (ASS) also undertook Tetanus Toxoid vaccination and health check-ups of adolescent girls through government service providers. To their credit, Village Technology and Training Development Society (VTTDS) covered 2,011 adolescents against their target of 1,000. It also undertook advocacy efforts and celebrated several national days. Under the project, HIHT trained 92 grassroots facilitators and 100 peer educators.

North East Society for the Promotion of Youth and Masses (NESPYM) - Nodal Agency for the State of Assam

NESPYM has been doing pioneering work in the field of adolescent health. It had begun focusing on adolescent issues at a time when they were still considered taboo subjects. On its own and through its association with other voluntary organizations and government agencies, NESPYM is carrying out various programs like Drug Abuse Resistance Education (DARE), Youth Educational Service on AIDS (YES on AIDS) and Positive Reproductive and Sexual Health (PORSH).

NESPYM and its eight Network Partners adopted a two-tier approach to train adolescents-Direct, wherein the adolescents were trained by the trainers, and Indirect, wherein adolescents were trained by the peer educators. The partners adopted mainly the long-term and short-term approach. The BLP was integrated with the Sarv Siksha Abhiyan (SSA)¹³ in the school curricula. Though this approach worked, it faced a few limitations like:

- Motivation levels of the SSA employees who had not received honorarium regularly under the SSA program was low
- Concerns regarding the continuation of the BLP once the contract for SSA expired remained
- Segregation of the groups as per age to impart BLP training was difficult since the groups for SSA activities were mixed ones
- Don Bosco Youth Mission and Educational Services (DBYES) experienced high turnover with 1 lead Trainer and four grassroots facilitators leaving the organization, thereby, putting a constraint on the project activities.

Nonetheless, by the end of the project period, NESPYM and partners had trained 3,061 adolescents and 331 peer educators.

¹²Maity Sangathans are girls' groups

¹³Sarv Siksha Abhiyan (SSA) is a national program for universalization of elementary education.



"The project has provided a grassroots organization like us, a great opportunity to meet, interact and exchange views on the work we are doing with adolescents in our states."

- Network Partner of SUTRA,
in Himachal Pradesh

The Society for Social Uplift Through Rural Action (SUTRA) - Nodal Agency for the State of Himachal Pradesh (H.P.)

SUTRA, a non-governmental organization, has been working in Himachal Pradesh on women's issues since 1977. In the early '80s SUTRA initiated processes for collective empowerment of women through establishment of Mahila Mandals¹⁴. Initially, the Mahila Mandals took up local issues such as non-attendance of teachers at schools and harassment by local revenue officials. Later, the Mahila Mandal women expressed concern regarding their adolescent daughters. Thus in 1989, SUTRA started organizing adolescent camps in its own complex. Currently, SUTRA is working with an NGO coalition in H.P., which is spread over seven districts and has a membership of 18 NGOs.

SUTRA partnered with eight organizations and adopted mainly a camp approach to train adolescents. This was largely because of SUTRA's vast experience in organizing successful camps for adolescent boys and girls. BLP training was imparted through short intensive camps for Yuvati Sangathans¹⁵. While imparting the module on Environment, SUTRA sensitized participants on the problem of

water shortage. The participants decided to clean water sources, raise awareness and stop water wastage. Subsequently, with the Year 2003 being declared the Fresh Water Year, SUTRA and BLP participants initiated a fresh water campaign and performed street plays to generate awareness.

Some Network Partners also integrated the BLP in private schools but for others it was difficult as SUTRA was unable to obtain recommendations from the Directorate of Education.

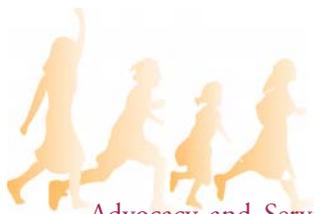
SUTRA and partners imparted BLP training to 5,806 adolescents and trained 6 grassroots facilitators.

Tata Steel Family Initiatives Foundation (TSFIF) - Nodal Agency for the State of Jharkhand

TSFIF is a multi-disciplinary resource center that promotes leadership amongst young women, men and students through curricula, research, training and technical support in the Jharkhand region. Traditionally, TSFIF operated on a medical paradigm by providing traditional Maternal and Child Health (MCH) services to women and children at its health clinics. For the last two years, TSFIF has been successfully implementing the Strategies to Improve Adolescent Reproductive Health and Rights through

¹⁴Mahila Mandals are women's groups.

¹⁵Yuvati Sangathans are adolescent girls' forums



Advocacy and Services (SAHAS) project, thereby pushing the organization's operating framework towards reaching out to adolescents and younger women through community-based approaches.

TSFIF partnered with 7 NGOs and the Jharkhand Education Project (JEP)¹⁶ to integrate BLP into ongoing programs and in the school curriculum. NGO turnout in Jharkhand was quite low, mainly due to lack of sufficient resources. TSFIF and partners integrated the BLP in the school curricula by training 122 JEP staff (grass-roots facilitators). The team reached out to 13,298 adolescents.

URMUL Rural Health Research and Development Trust (URMUL), Bikaner - Nodal Agency for the State of Rajasthan

The URMUL Trust and its family of organizations have been working in the field of healthcare in Rajasthan since over two decades. As a part of the interventions in the field of

health, URMUL has concentrated primarily on Maternal and Child Health. URMUL has also been functioning as a Mother NGO for the RCH Program of the Government of India. For this, it has been training and providing technical support to nine field NGOs for the last three years.

URMUL partnered with 16 organizations in imparting BLP training. URMUL integrated BLP in the school curricula at Balika Shivirs¹⁷, in vocational training at Balika Melas¹⁸, and imparted training through the Desert Districts Young People Consultation, a forum of young people from six desert districts. URMUL, as a mother NGO for the RCH program, also tapped its network of nine NGO partners to impart training to adolescents using the *Choose a Future!* manuals. It also implemented the program in 145 villages where it is delivering the Integrated Nutrition and Health Project¹⁹ in collaboration with CARE and the Women and Child Development Department of Bikaner. URMUL and partners trained 7,022 adolescents and 327 peer educators.

Bhartiya Grameen Mahila Sangh (BGMS) - Nodal Agency for Madhya Pradesh (M.P.)

BGMS, M.P. is a state level NGO and is a part of a national level voluntary organization with branches in 14 states and Union Territories of India. Established with the aim of 'leadership development among rural women' it has 16 district branches in Madhya Pradesh and is a State Resource Center for Adult Education. It is also a state level training center for NGOs and Community Based Organizations (CBOs) in the area of Reproductive and Child Health (RCH).

BGMS is one of the oldest CEDPA/India partners and has been collaborating with it in implementing the Better Life Options program since 1993. Since program inception, CEDPA/India encouraged BGMS to strengthen its capacity and evolve on a continuous basis. Over the years, with CEDPA/India's technical support, BGMS, like PRERANA, evolved as an Adolescent Resource Center for Madhya Pradesh (M.P.).

Under the BLOOM Project, BGMS shouldered the responsibility of covering the

¹⁶JEP runs a project for illiterate children and school drop-outs. These children are imparted training in Residential Camp Schools.

¹⁷Balika Shivirs (Girls' Camps) are fully residential six month literacy camps organized to impart basic literacy skills to poor, rural, illiterate girls. The girls are taught up to class V standard, subsequent to which they are provided certificates enabling them to enroll in mainstream government schools.

¹⁸Balika Melas (Girls' Fairs) are fairs for girls where girls involved with different development groups including Balika Shivirs are given the opportunity to participate in life skills programs.

¹⁹In the Integrated Nutrition and Health Project, this project adolescent girls coming to the Anganwadi centers (under the ICDS program) are being imparted BLP training.



BGMS and its Network Partners adopted a mix of approaches depending upon the field realities.

entire state through its Network Partners. BGMS partnered with 123 organizations across 43 districts of M.P. to train 54,288 adolescents, 282 grass-roots facilitators and 100 peer educators.

BGMS and its Network Partners adopted a mix of approaches depending upon the field realities. BLP was integrated into school curricula, camps were organized, self-help groups were trained and adolescents were reached through youth forums like Navyuvti Mandals²⁰, National Cadet Corps (NCC), National Services Scheme (NSS)²¹, Scouts and Guides and Nehru Yuvak Kendras (NYK)²². BGMS conducted TOTs for

animators of Integrated Population Development Project (IPDP)²³ districts and trained wardens from tribal hostels. It also organized sensitization and orientation meets with various schools and colleges, organizations, NGOs and political parties, undertook advocacy efforts and liaised with UNICEF, The National Institute of Public Cooperation and Child Development (NIPCCD), the Ministry of Youth Affairs and Sports, Deepak Charitable Trust and the Family Planning Association of India (FPAI) amongst others.

²⁰Navyuvti Mandals are forums for girls to come together and participate in developmental activities.

²¹NSS aims to develop personalities of students through community service and extends to all states and universities of India.

²²Nehru Yuvak Kendra is a significant national program of the Ministry of Youth Affairs & Sports, Government of India (GOI), which undertakes various youth related activities like establishment of Health Awareness Units, Youth Awareness Drives, Self-Employment Projects, Leadership /Training Programs, etc.

²³IPDP or IPD districts are select districts of India where the UNFPA-funded GOI Integrated and Population Development projects are being implemented.



Project at a Glance

Nodal Agency	State	Number of Network Partners	Number of Lead Trainers, Grassroots facilitators & Peer Educators	Number of Adolescents Reached through Network Partners
PRERANA	Delhi & Haryana	14	292	14,962
CINI Chetana Resource Center (CCRC)	West Bengal	15	132	2500
Community Aid and Sponsorship Programme (CASP)	Maharashtra	41	862	25,034
Himalayan Institute Hospital Trust (HIHT)	Uttaranchal	15	233	20,321
North East Society for the Promotion of Youth and Masses (NESP YM)	Assam	8	408	3,061
The Society for Social Uplift Through Rural Action (SUTRA)	Himachal Pradesh	8	47	5,806
Tata Steel Family Initiatives Foundation (TSFIF)	Jharkhand	8	162	13,298
URMUL Rural Health Research and Development Trust	Rajasthan	16	367	7,022
Bhartiya Grameen Mahila Sangh (BGMS)	Madhya Pradesh	123	382	54,288
TOTAL		247	2,884	146,292

Network Partner	State	No. of Adolescents Reached	Male		Female	
			10-14 years	15-19 years	10-14 years	15-19 years
PRERANA	Delhi & Haryana	14,962	1,843	2,665	3,183	7,271
CINI Chetana Resource Center (CCRC)	West Bengal	2500	692	492	499	817
Community Aid & Sponsorship Programme (CASP)	Maharashtra	25,034	1,313	1,329	1,251	21,141
Himalayan Institute Hospital Trust (HIHT)	Uttaranchal	20,321	4,177	6,074	4,332	5,738
North East Society for the Promotion of Youth and Masses (NESP YM)	Assam	3,061	1,089	549	663	760
The Society for Social Uplift Through Rural Action (SUTRA)	Himachal Pradesh	5,806	1,852	1,080	1,515	1,359
Tata Steel Family Initiatives Foundation (TSFIF)	Jharkhand	13,298	507	2,365	1,475	8,951
URMUL Rural Health Research and Development Trust	Rajasthan	7,022	790	767	2,972	2,493
Bhartiya Grameen Mahila Sangh (BGMS)	Madhya Pradesh	54,288	12,325	12,010	14,093	15,860
TOTAL		146,292	24,588	27,331	29,983	64,390



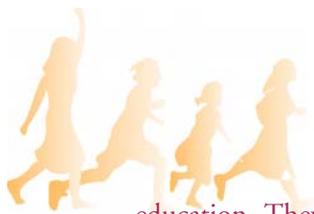
"Exposure to the program has widened my horizons on a whole lot of issues. I now not only talk about contraceptive methods with my friends and neighbors, but also distribute contraceptives in my community."

- Arti, 16 years, Molarband Village, PRERANA, New Delhi

Results of the BLOOM Project

- The BLOOM Adolescent Network has been quite successful in its intended achievements. Through the Network, the Better Life Options program was successfully franchised, resulting in the establishment of the first ever national network of 250 organizations (including schools, colleges, NGOs and government departments) that are now working to address adolescent issues.
- Successful liaisoning for franchising the BLP was done with organizations and agencies like UNFPA, UNICEF, NIPCCD, Department of Health and Family Welfare and the Department of Women and Child Development. BLOOM was also successfully integrated with, ongoing government and non government programs like the Government of India's (GOI) ICDS and RCH programs.
- BLOOM Nodal Agencies evolved as Adolescent Resource Centers and PRERANA and BGMS further consolidated their capacities to impart training at the state and national level.
- The project reached out to 146,292 adolescents across ten states in India through a Network of 250 organizations. It also trained over 500 Lead Trainers, 1,400 grassroots facilitators and 900 peer educators. A central theme of the franchising initiative was the development of adolescent leadership and participation in all program aspects. The most promising adolescents from partner NGOs were selected for further training, which included sessions on leadership skills, group formation, management skills, team building, social mobilization, advocacy, networking, reporting and documentation, strategic communication and public speaking, HIV/AIDS (prevention, counseling and treatment), family planning including dual protection and fund raising. The 900 plus adolescent leaders are facilitating the organization of 'Adolescent Councils' or forums under the mentorship of NGO staff. It is expected that these adolescents will sustain the project in the future.
- Resultant of the program, a number of PRERANA alumni girls are now running their own centers where they impart vocational skills and family life

CEDPA believes that strategically and deliberately investing in the well-being of young people can result in powerful positive individual and social behavior change, especially with regard to reproductive health issues such as delaying the age of sexual initiation and increasing condom and contraceptive use.



education. They plan, design and implement their own programs and generate funds to operate the centers by charging a small fee from the participants.

The Navyuvti Mandals initiated by BGMS in Madhya Pradesh is another such example where youth participation was ensured. A Navyuvti Mandal is a 'girls' forum' or a girls' group created to form solidarity and unity among the participating girls and to allow for program activities to be sustained at the village level. It was

Peer Educators are confident, articulate and demonstrate leadership qualities. They are responsible, independent and mobile. They have a spirit of volunteerism, a sense of ownership of the program, commitment, good communication and interpersonal skills, social acceptance in the community, ability to take initiative. They have been trained in leadership, family life education, community mobilization and vocational skills and have received follow-up support from the organization.

envisioned as a forum to continue debates on issues at the village level, consisting of 8-15 BLP alumni girls, these groups would meet informally one to four times a month. The girls subsequently took on specific issues within the communities and worked to resolve them. Examples of these initiatives include an

anti-alcoholism campaign which resulted in the closure of a nearby liquor shop and a campaign against deforestation within the village.

Similarly, HIHT trained peer educators in Uttaranchal, were involved in imparting training to adolescents. They underwent refresher training to take up project implementation responsibilities on their own. They were made responsible for identifying program participants, sensitizing parents, mobilizing adolescents, taking sessions from the *Choose a Future!* training manual, accompanying adolescent participants for health check-ups to health camps and other health facilities where the adolescents were referred for treatment and/or follow-ups.

PRERANA has successfully evolved its model of sustaining BLP through alumni. After initially setting up the BLP centers in the community PRERANA had eventually handed over the responsibility of their management to the BLP alumni. Under the current project, PRERANA imparted refresher training to its alumni (who were also Centers-in-Charge of the BLP centers). Simultaneously, it prepared a cadre of second line peer-educator's. This was achieved by identifying participants with leadership skills and commitment and providing them peer-educator's training to be an apprentice. Subsequently, PRERANA trained the adolescents as co-facilitators for one year. After one year, the participants takes over as Centers-in-Charge of the BLP 'centers' for a maximum duration of two years.

Further, since the community provides free space to run the program, the responsibility of its maintenance and upkeep belongs to the community. PRERANA has thus, over a period of time, taken over a supportive role in the running of these centres.

Since beneficiaries are charged fees to cover the cost of training material and honorarium to the Centers-in-Charge and apprentices, the centers have become self-sustaining socio-commercial ventures for the communities. In each center, a minimum of 20 participants are recruited. PRERANA now has over 40 such self-sustaining centers being managed by BLP alumni.



"Translating the Choose a Future! manual into our local language was very useful in understanding certain technical terms related to Reproductive Health. Using group activities as a method of training helped to gain active participation of our peers."

- Peer Educator, CASP/Pune

Challenges and Lessons Learnt

The BLOOM project has shown that it is possible to successfully franchise the Better Life Options program using the *Choose a Future!* manual. The experience has resulted in a valuable learning process that has paved the way for further improvement and enhanced outreach. Some of the key challenges faced and lessons learned during the process of implementing the BLP through the BLOOM Adolescent Network were:

- Linking various adolescent issues helps to build interest and sustain the program at the community level. Further, integration of the *Choose a Future!* with vocational training and entrepreneurship training creates an entry point, lowers resistance and builds participation in communities.

Communities were initially resistant to the idea of allowing adolescent girls to venture out of homes. However, integration of the curriculum into vocational skills training programs greatly aided the process of building interest and trust. Continuous discussions with community gatekeepers, invitations to attend the sessions and initiating the *Choose a Future!* with non-controversial subjects lowered barriers. Also, session sequencing was made an important element of the program approach.

Community, parental and participant buy-in was encouraged by initially introducing non-controversial topics such as self-awareness, goal-setting and future plans, friendship, communication, interpersonal relationships and issues related to work and career building. The more sensitive sessions on body changes and reproductive systems were introduced later in the program.

- It is crucial to garner the support of government machinery and expand the gatekeepers while undertaking programs that may be socially sensitive. Building on the strength of the government's network enables deepened access and reach.
- Maintaining the quality of the program and ensuring that facilitators and field staff impart the information consistently and correctly is a challenge. Limited funding, individual discomfort of facilitators with reproductive health topics, low knowledge levels of facilitators and high turnover of staff can become a hindrance.
- Limited funding to Nodal Agencies and the absence of monetary support to implementing agencies greatly reduces the scope and reach of the program. In certain cases, funding for the programs being leveraged by the BLOOM Adolescent Network Partners may be delayed or terminated resulting in delay or



termination of the project.

For example smaller agencies in West Bengal cited insufficient funds as one of the reason for not being able to send reports or for being unable to carry out project activities. The quality of training imparted by grassroots facilitators also could not be strengthened, as there were no budgetary allocations for refresher trainings.

Similarly, follow-up Training of Trainers (TOTs) could not be held to reinforce and strengthen understanding of Lead Trainers.

- Sustainability through peer educators remains a challenge. In some villages, the peer education program did very well while in others, when the peer educators got married and moved away, the groups disbanded.
- Some Network Partners were able to incorporate the BLP into the regular school routine. However, many others found it difficult to convince school managements to allow the *Choose a Future!* sessions in schools. Since school managements are answerable to the Department of Education, and the project was not a directive from the government department, many were reluctant to include the program. In this context, using a top down approach, as

adopted by TSFIF for the Jharkhand Education Project would prove to be invaluable.

- Non-availability of *Choose a Future!* manuals, IEC material, facilitator's handbook and evaluation material in vernacular languages was a major limitation in non-Hindi/English speaking states as it limited the use of available material by the facilitators. In West Bengal, CCRC had to translate the manual into Bangla, which delayed the project and also reduced funds available for monitoring. CASP in Maharashtra translated some parts of the manual into Marathi, the local language of Maharashtra. Similarly, in Assam too, language was a barrier. It was also realized that while adapting materials or curricula, it is important to make content specific changes to the text. Translation, changing names and illustrations alone is not sufficient.
- The time frame required to reach the proposed number of adolescents was short. The initial start-up phase including, selection and training of Nodal Agencies and the subsequent selection of Network Partners took longer than expected.
- It is important to allow partners to adopt a flexible and audience-specific approach. In some instances, it was difficult for facilitators to retain the interest of working adolescents

over a long duration (even for the mandatory 80 hours), whereas, in other cases, like in case of girls in the Balika Shivirs, the long-term approach worked well and increased program effectiveness.

- Various formats and pre and post-program questionnaires had been developed and were used for monitoring the project. Nonetheless, difficulties were faced in evaluation for multiple reasons. Some NGOs cited insufficient funds for not sending their reports and completed questionnaires. In some cases, language became a barrier as partners requested for questionnaires and participant profile forms in the local language. Further, there were many drop-outs amongst out-of-school adolescents because of which completed forms could not be obtained. Time constraints further forced NGOs, especially those imparting training in schools (as schools would allow only limited time for BLP training) to opt for training rather than focusing on completing forms. Few NGOs like Ashurali Gram Unnayan Parishad in West Bengal faced difficulty in getting participants to complete forms and had to forgo the same.



Impact

Based on the feedback received from the pre and post-program questionnaires, focus group discussions and trainers' comments and reports, the Better Life Option Program and subsequently, the BLOOM Adolescent Network have been able to bring about lasting changes in the lives of the participants, their families and their communities. There has been a distinct improvement in the awareness levels, confidence and self-esteem of the adolescents. Changes are visible in the views of adolescents regarding issues like marriage, career and children. Gender stereotypes and limiting beliefs like 'girls are only good at household chores' or 'vocational skills are only for boys' have been removed. Many alumni girls have successfully taken up challenging careers or are striving to complete their studies, paths that they would not have conceived of earlier. Adolescent girls are also increasingly participating in family and community matters and in adolescent programs, with their opinions and views being accepted and appreciated by the communities.

Amongst adolescent boys too, the results of the program have been appreciable. Information levels, awareness levels, communication abilities and decision-making skills have shown a remarkable improvement. Boys exhibit greater sensitivity in issues concerning girls. Their decision-making skills with regards to careers, family planning and HIV/AIDS have

improved. They now express increased comfort with their physical selves, display an increased sense of responsibility towards family members and are sensitive towards gender issues. Importantly, post-program the boys are confident and self-assured regarding their abilities to take decisions and resolve conflicts peacefully. They are aware of the importance and means of resolving conflicts through non-violent means and were open to communication. Many of the project participants are propagating what they have learnt and are generating awareness amongst their peers and in the communities.

On an organizational level, the project enhanced the awareness and knowledge levels of facilitators. It increased their effectiveness in dealing with adolescents, resolving conflicts and improved their assertiveness skills. Trainers expressed that skills learnt in imparting the BLP also enhanced their abilities while undertaking other programs. Many facilitators had begun using a participatory, experiential style of imparting information resulting in effective information delivery. Some trainers were, however, still not comfortable with topics relating to sexual health, masturbation and menstruation and needed more inputs and refresher trainings.

Parents too expressed satisfaction with the program. Many parents said that they were happy with the BLP because the program was

"My family's attitude towards me has changed. Now, they actively involve me in major household decisions."

-Manisha, 18 years, Meethapur Village, PRERANA, New Delhi



giving adolescents information that parents could not have given due to either ignorance or reticence.

Another important aspect of the project was its efficacy in highlighting the need to address adolescent issues before international and national agencies. This is visible from the slowly increasing number of agencies that have been approaching CEDPA/India, PRERANA and BGMS to provide them with technical assistance and to train their staff and partners to impart training to adolescents.

From Program Participant to Teacher

21 year old Tasleem Fatima from Madhya Pradesh, completed her BLP training in February 2003 and decided to establish her own computer center. However, soon after, she faced a financial crunch. Determined not to give up hope and dreaming of making her center a success, Tasleem approached her husband. He not only supported her but also helped her in getting a bank loan. Soon Tasleem's center was full of students.

Starting with one student, she now has 28 students enrolled at her training center. She imparts knowledge on topics like health and communication along with computer education to them. Significantly, it is not only Muslim girls who come to take training from Tasleem, but boys too are finding their careers at her center.



It is encouraging to note that the Better Life Options Program through the BLOOM Adolescent Network has evolved from being a CEDPA/India program to become a national movement with adolescents, their families, communities and grassroots organizations as the main stakeholders and torch bearers. The program has resulted in the growth of a cadre of almost 3000 trained personnel - Lead Trainers, Grassroots Facilitators and Peer

Way Forward

Educators, in various NGOs, schools and Anganwadi networks - who are both interested and motivated in taking the program forward. In fact, their motivation and desire to bring about a change is now at the heart of the program and will sustain the project activities beyond the grant period. It shall also result in increased communication and accountability between NGOs and communities resulting in greater participation and sustainability.

CEDPA/India and the BLOOM Adolescent Network Partners are using this experience to leverage funds from other sources like the Ministry of Health and Family Welfare, Ministry of Youth Affairs and Sports, and other national and international donors. Under consideration are also plans for developing customized, nominally priced, Training of Trainers packages that will enhance organizations' abilities to train and build capacities of staff to impart adolescent training programs. It is proposed to include in the package, a 'how to' manual for initiating adolescent programs and monitoring and evaluation tools. Plans are underway to develop self-learning packages for adolescents, including workbooks and interactive software packages.

The achievements of the project show that scaling-up of the Better Life Options program through a network like the BLOOM Adolescent Network is a viable proposition. The *Choose a Future!* package can be used as an entry point for successfully working with adolescents. While it is realized that leveraging other programs may not always be possible, the project has brought forth enough evidence of organizations' abilities to generate funds and embed sustainability components within the program. There is also sufficient evidence which shows that building capacities of peer educators as done by PRERANA, HIHT and BGMS greatly enhances outreach and sustainability.

It is estimated that in Himachal Pradesh, the NGOs will continue imparting BLP training . 6-7 NGOs are quite active and are expected to cover approximately 2,000 adolescents in the coming year.

In Madhya Pradesh, it is expected that 143,000 adolescents shall be covered over the next one year. These will be facilitated by the existing trained personnel in the IPD districts, through wardens in tribal hostels, and in collaboration with the government in schools. The government of M.P. is introducing a Family Life Education (FLE) curriculum in schools and has invited BGMS, a BLOOM Nodal Agency to impart FLE in a few districts.

In Maharashtra, certain schools have a 'value education' program in which certain modules of the *Choose a Future!* have been integrated. This is proposed as a pilot project for class VIII students and is likely to have a positive-fall out for other classes as well. Also, ICDS Anganwadi workers are continuing to use the *Choose a Future!* manuals, though, in an unstructured manner. These efforts should further result in the training of over 2,000 adolescents over the next one year.

In Delhi and Haryana, alumni-managed self-sustaining BLP centers shall continue to impact adolescents. Elsewhere too, with the growing interest of other agencies, increased support for adolescent programs is expected. In this regard, the establishment of BLOOM Nodal Agencies as Adolescent Resource Centers will pave the way for future continuation of the project.



Bloom Adolescent Network – Partners

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URMUL Rural Health Research and Development (URMUL)

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