



CONNECTING THE DOTS

**Consultations to
address gendered
barriers to adolescent
and women's health**

Acknowledgement

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All photographs used in the report have been taken with the consent of the person(s) featured/the community

1 | Background

The absence or limited opportunities for equitable representation, voice and participation of adolescent girls within local systems of governance (i.e., Gram Panchayats), is critical to improve their health outcomes. The participation of adolescent girls within local systems of governance such as Panchayats is important, as adolescent health remains deprioritized within local institutions at the Gram Panchayat level, such as Anganwadis and Primary Health Care Centres, and within plans (e.g., Gram Panchayat Development Plans, or GPDPs, perspective plans of Gram Panchayats) and budgets of the Gram Panchayat. Overall, there is a lack of institutional prioritization and investment in resources and infrastructures to address the specific social determinants affecting adolescent girls' health and wellbeing.

With maternal mortality and child mortality remaining an immediate priority and concern for the state, frontline health workers and services, resources and budgets, through central and state-level health programmes and schemes are directed towards women and children. Few programmes or schemes directly address adolescents, who form one-fifth of

the population. Even where specific provisions are made for the development or protection of adolescents, these services and provisions remain under-utilized or dysfunctional because of cultural norms, and a lack of motivation, political will, or interest within the system or amongst functionaries responsible for the planning and implementation of these provisions and services.

To make the government system more accountable to adolescents, particularly girls and to address the poor health outcomes for girls concerning nutrition, child marriage, Sexual and Reproductive Health Rights (SRHR), gender-based violence, and mental health, KHPT has invested in rural Karnataka to explore and develop a model to address adolescent health issues at scale, through a systems approach, keeping adolescent girls and their relations with the panchayat at the centre. KHPT envisages that adolescent girls would be active participants in all the 6000-odd Gram Panchayats of Karnataka, which would enable them to take issues specific to adolescents with a focus on health directly at the decentralised governance system.

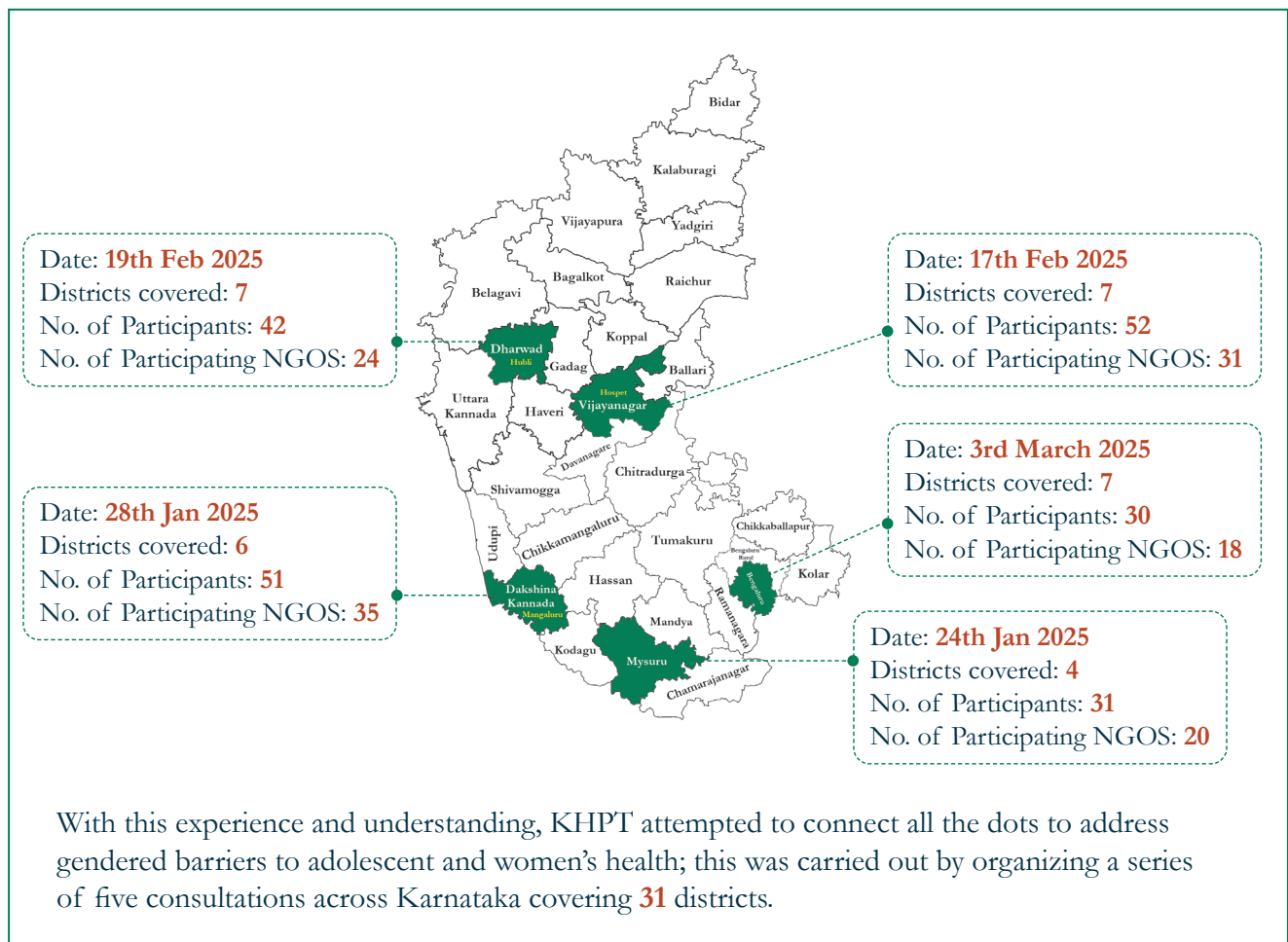


Planning meeting at KHPT

2 | Consultative Process

With this aim in mind, KHPT decided to involve critical stakeholders, like local civil society organisations, community-based organisations, including community voices (particularly of adolescent girls), Panchayat representatives, and government stakeholders in the conceptualization and design of this model. This also meant that KHPT could re-imagine the work it does through a nuanced gendered lens- as experience says that when health concerns of adolescent girls are addressed, through a life cycle approach, a woman's health, both physical and mental health, is ensured.







Invitations were sent to selected civil society organizations/NGOs whose primary work revolved around women, children, and adolescents on issues of health and education. Apart from that, some local knowledge partners and activists were also invited. The consultations saw the presence of **206** participants from **128** civil society organizations/NGOs across the state of Karnataka.



The design of these consultations was done internally at KHPT, and in all the consultations, 2-3 adolescent girls were present who actively participated. Before the roll-out of the five consultations, KHPT formed a team of domain experts of **20** members consisting of internal staff

members, external consultants, and adolescent girls from North Karnataka. This team conceptualized the design and carried out the consultations by dividing their respective roles. All the consultations were documented by a dedicated team of communication experts from KHPT.

Session Flow

Session	Methodology
 Welcome and introduction	<ul style="list-style-type: none"> ◆ A member from KHPT team welcomed the participants, stating briefly the objective of the consultation. ◆ The participants were then requested to introduce themselves along with their organizations briefly
 Addressing gendered barriers to adolescent and women's health	<ul style="list-style-type: none"> ◆ The context for the consultation was set during this session. ◆ Co-creating a strategy and working together to improve adolescent girls' and women's health. ◆ Creating a consortium of like-minded NGOs to push the agenda of prioritising adolescent girls' and women's health.
 Overview of adolescent and women's health	<ul style="list-style-type: none"> ◆ A team member from the Adolescent Health thematic of KHPT presented KHPT's work with adolescents through the Sphoorthi project. ◆ Adolescent Girls shared their experiences and responded to the participants' queries, mainly regarding their challenges and achievements. ◆ Data on school dropout rates, child marriage and teenage pregnancy rates, etc., were presented according to the cluster of districts respectively. ◆ This session was free-flowing, and the participants sought clarification or gave inputs as well.
 Systems Change Approach	<ul style="list-style-type: none"> ◆ KHPT's work with the panchayat systems was presented in detail ◆ Focus was on intervention: 'Adopting a System Change Approach for Adolescent Girls' Health and Development'. ◆ Interactions with the adolescent girls were also carried out, and there were inputs from the participants as well. ◆ As in the previous session, discussions were free-flowing, and the participants sought clarification or gave inputs as well.
 Future of Girls and Women's Health in Karnataka	<ul style="list-style-type: none"> ◆ This session was the pivot of the consultation as it was here that the strategy co-creation took place. ◆ The central question for this brainstorming session, which was carried out in the group discussion mode, was- What strategies are needed at the grassroots level so that adolescents can have a better future and well-being? ◆ The participants discussed this question and connected it to their experience, and the experience of KHPT provided ideas and suggestions towards forming a strategy. The next section details this.
 Way forward	<ul style="list-style-type: none"> ◆ As an outcome of the day-long discussion, the participants engaged in a process to express their expectations from KHPT. ◆ The representatives of the organisations also stated their contribution to the process of addressing gendered barriers to adolescent and women's health. ◆ KHPT expressed their gratitude to the participating organisations and extended support towards fundraising, proposal writing, and working together for the cause.

3 | Gaps Identified

Through their experience of working across districts, the participants were able to identify the gaps that exist. There were specific variations from region to region. For example, one of the stark differences is that it is seen that Gram Panchayats condone child marriages in the North Karnataka region, whereas in South Karnataka, they do not seem to be active.



Gram Panchayat level

- ◆ At the Gram Panchayat level, many do not know about 'Makkala Gram Sabhe' and Kavalu Samitis are not functioning. Even if the 'Makkala Gram Sabhe' is happening, only girls below 18 years are attending.
- ◆ At the Makkala Gram Sabhe, the issues of adolescent girls are not discussed, but other topics such as infrastructure and other problems are discussed. Also, requests placed during earlier gram shabhas are not fulfilled.
- ◆ Age in the Aadhar card is being misrepresented. Even if the girl is a minor, her age is changed so that she can be married off without any problems.
- ◆ The system seems to play both ways- on one hand, they are sloganeering against child marriage, child labour, on the other, they are supporting/facilitating child marriages.
- ◆ The government and local governments, i.e. panchayats, only see their job as a 'duty' rather than working to improve the lives of their communities.
- ◆ There is a representation of women in panchayats, but there is no power, as there is another male- she is just a dummy. If the women are given a platform to speak, they can be role models for the girls



Data and Information Level

- ◆ There is no data on teenage pregnancies as well. When the child goes for a check-up to the government hospital, their age is revealed.
- ◆ There is no data on children with disabilities; at the taluk level, there is some data, but in cities, it is a blackhole. There is no data on children with special needs in Karnataka. Last year, there were around 95k children with disabilities.
- ◆ Inter-departmental disagreements over data are also an issue. Data triangulation across different departments led to a consensus on a numerical value that all departments agreed upon.
- ◆ The government does not accept the data NGOs have available, and much of the government data is dated.



Departmental Convergence Level

- ◆ Since Childline1098 (children's helpline) has now moved to the Police Department, it has not been functioning effectively.
- ◆ In many districts, the Deputy Commissioner and the Education department do not accept the dropout situation.
- ◆ Teenage pregnancies are not clear because many families go to private hospitals; this data is not captured in the government system. This means that teenage pregnancies could increase.

4 | Co-creating Strategy

The participants also expressed their opinions on what could be done at their organisational level and through collective action by building strategic partnerships among themselves. Some of the highlights have been categorised under three buckets- community level, governance level and NGO/CSO level.



Community level

- ◆ Involve youth groups- formation of a vigilance committee. Train them on the PRI system so that they know how it functions.
- ◆ Developing modules to address issues related to adolescents. Publishing success stories and sensitization programmes with different stakeholders.

- ◆ Adolescents should be aware of the roles of MLAs, MPs, and GPs and what they need to do- this information should be made known to the adolescents. They should also know the functions of frontline workers and police, helplines and skills in Karnataka.
- ◆ Local institutions- adolescents should be involved in subcommittees; involve and include adolescents in Kavalu Samitis.
- ◆ Advocate with Dalit groups, Farmers' Groups, Youth Clubs, and Women's groups- adults can advocate for the welfare of adolescents.
- ◆ Awareness on life skills, gender and sexual health, social and emotional wellness, career guidance, health and hygiene, financial and digital literacy to be imparted in schools.



A group presentation by participating NGO members



Governance level

- ◆ There should be strong advocacy to ensure that girls from 1st and 2nd PUC girls' groups are formed to attend the gram sabhas. This would ensure that the adolescent issues are raised appropriately
- ◆ Adolescents face many issues even in urban slums. Taking into consideration migrant children, children in institutions, and children with disability to ensure an inclusive approach is critical.
- ◆ Data-driven approaches to implement adolescent-centric programmes.
- ◆ CHCs and Sub-centres should be active and should be linked with the panchayat. Arogya Kendras (Health centres) should be near the villages.



Group work activity to list down the strategies

- ◆ Use existing platforms like 'Thaindra Sabhe (Mothers' meetings) and 'salah petti' (suggestion boxes) in every village- the messages put in should not be shared with anyone to protect privacy. Any issue can be written and put into this box, and the PDO can take these complaints forward.



NGO/CSO level

- ◆ Convergence and coordination are important among NGOs that will work in the adolescent space.
- ◆ State-level networking, mobilising funds for research and collaborating for advocacy (policy making).
- ◆ CSOs, NGOs, health department, schools, SDMCs, Youth Clubs, and SGHs need to work together.



A participant sticking notes as part of the way forward session

- ◆ Lobby with departments for policies favouring adolescent girls. Policies should be in place, which need to percolate to the departments working in villages.
- ◆ Promotion of a network of girls at various levels- village, block, district and state-level, for campaigns. The girls in the network need to be strong and vocal about the issues.
- ◆ Exposure visits in KHPT's intervention areas; KHPT should showcase success stories of this model. Also, represent these girls in international forums, KHPT should come out with a white paper on the series of consultations held and present it to the government. This model can be replicated and ensure systematic level changes

The overall outcome of this process was that there was consensus amongst the majority of the participants that there is a need to work towards addressing the gendered barriers of health, especially for issues faced by young women and adolescents. It was also agreed that for such work to be effective, it needs to be done at the system level. It is hoped that many of the organisations and KHPT would be able to take this work forward through a strategic alliance building with various stakeholders, of whom NGOs and CSOs form a crucial part.

Zone-wise list of NGOs that participated in the consultations

Mysuru Zone

SN	Organisation
1	Abhyudaya Trust -Chamarajnagar
2	Institute of Public Health (IPH)
3	Punarchith, Chamrajnagar.
4	GRAAM
5	ODP -Mysuru
6	MYRADA (MYCAPS) -Mysuru
7	Swami Vivekananda Youth Movement (SVYM) Mysuru
8	IT for Change
9	RLHP-Rural Literacy and Health Program
10	Madilu Organization
11	Don bosco
12	Nisarga Foundation
13	Prachodana
14	Jay Prakash Narayana Grameena Abhibrudhi Samasthe
15	Prakruti Foundation
16	Jeevnmuki Mahila Samskrutika & Samaj Seva Samitee
17	Azim Premji Foundation
18	Disha Foundation

Dakshina Kannada Zone

SN	Organisation
1	Aruvu
2	Asanghatitha Karmikaraokkoota/ work with Domestic workers
3	Chinthana Foundation
4	Chupin Krishik Seva Kendra (R)
5	Coorg organization for Rural Development(CORD)
6	DEEDS
7	DISHA TRUST
8	Gopal Peraje
9	Janma Bhoomi Sevaa Trust
10	KRWCDs
11	Loyola Vikas Kendra
12	Malenadu Grameena Abhivruddhi Pratishthana Trust
13	Manasa NGO
14	Narayana Special School A unit of Tallur Family trust
15	Nature welfare Society
16	Navachetan Mahila & Grameen Abhivruddi Samthe
17	Nesara Center for Rural Advancement
18	PADI
19	Parivarthana Samasthe
20	Pooja Charitable Trsut
21	PRAJNA COUNSELLING
22	Prasanna School of Public Health, MAHE, Manipal
23	Rachitha Mahila Samaja
24	SAMAGRA GRAMEENA ASHRAM
25	Samvada
26	SCODWES (R)
27	"SMSSS/ Chaithanya Shimoga Multipurpose Social Service Society (SMSSS) "
28	"Swami Vivekananda Youth Movement (SVYM) Kodagu District"
29	Usha John Charitable Trust
30	Vikasana
31	Vimukthi Ujire
32	Voice (Voluntary Organization for Integrated Community Empowerment)
33	Women and Children Welfare Trust

Hosapete Zone

SN	Organisation
1	Angala Samsthe
2	Azim Premji Foundation
3	Bright India Society
4	Child Rights Trust
5	Jagrutha Mahila Sangathane
6	Jagruti Samsthe
7	Kalika – Tata trust
8	Makkala Jagruthi
9	Nava Chethana Grameen Abhivrudhi Seva Samsthe
10	PADI Koppal
11	Pratham foundation
12	READS Organization
13	REEDS
14	RLHP
15	Sahaja Trust
16	Sakhi trust
17	Samraksha
18	Sikshana Foundation
19	Sneha mahila Sangha - CBO
20	Sparsha Trust
21	Vimukthi ATMS
22	Vistara

Dharwad Zone

SN	Organisation
1	Action Initiative for Development
2	AMMA Foundation
3	Ashakiran Samsthe
4	Ashraya Foundation
5	BDDS
6	BIRDS - Thukkanatti
7	Birds Deaf Children School Tukkanatti
8	BIRDS:- Bijapur Integrated rural development society
9	CRDS
10	Institute for Rural Development (IRD-Vijaypur)
11	Jagruti Rural Development Society ,Bagalkote
12	Neralu
13	Reach Organization
14	SABALA Vijayapur
15	Sarvodaya Jana Kendra
16	SEVAK - Society for Empowerment through Voluntary Action in Karnataka
17	Shakthi ATMS
18	Spandana Network of Positive People Belagavi
19	SPANDANA Organization
20	UJWAL
21	Vishala Samsthe Vijayapura

Bengaluru Zone

SN	Organisation
1	Abhivruddi
2	Aksaya Hasta Trust
3	APSA
4	BOSCO Mane
5	Don Bosco
6	FES
7	Fourth Way Foundation
8	Hasirudala
9	HILLS
10	Magic Bus Foundation
11	Sadhana
12	Saki Samruddi Trust
13	Sanrakshana Organization
14	Tamathe
15	Vimukthi Vidya Samasthe



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