4th Wheel
Social Impact
WSI

Protsahan™
India Foundation

THE ARCHITECTURE OF FIELD BUILDING

Strengthening Child Protection Systems for India's Most Vulnerable Girls

Fifteen Years of Evidence-Led Interventions Addressing Urban Violence, Safety and Life Outcomes for Girls

September 2025

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LIST OF ABBREVIATIONS

Abbreviation	Full Form
ACEs	Adverse Childhood Experiences
CSE	Comprehensive Sexuality Education
CWC	Child Welfare Committee
DCPCR	Delhi Commission for Protection of Child Rights
FGD	Focus Group Discussion
GEC	Girl Empowerment Centres
H.E.A.R.T	Health, Education, Arts, Rights, and Technology
KII	Key Informant Interview
POCSO	Protection of Children from Sexual Offences Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SBGV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
STEM	Science, Technology, Engineering, and Mathematics
UNICEF	United Nations International Children's Emergency Fund
KHPT	Karnataka Health Promotion Trust
MoHFW	Ministry of Health and Family Welfare
WHO	World Health Organization

15 Years IMPACT AT A GLANCE

96000 Girls

92% of girls identified Protsahan as their primary source of emotional and mental health support

98% of girls received age-appropriate SRHR education (sexual and reproductive health and rights)

93% of girls under 18 were enrolled in school

97% of girls completed Class 12 or higher

79–83% of girls (across age cohorts) reported stronger voice, confidence, resilience, and creative expression

99.7% of girls delayed marriage and first pregnancy past 18 years

97% of girls own bank passbooks and **90%** of girls have school-related IDs

37% of girls sustained jobs 3 years after placement. Over **83%** placed annually, earning first monthly incomes **₹10,000 – ₹23,000**.

43% of girls own digital device (tablets, laptop, professional cameras)

95% of girls access digital tools through Protsahan centres in urban slums

EXECUTIVE SUMMARY

Adolescent girls in India face multiple, intersecting vulnerabilities: high prevalence of child marriage (23%) [UNFPA 2021][1], widespread gender-based violence (40% face child sexual abuse), poor access to SRHR information (only 58% nationally), [NPA, 2016][2] and a significant gendered digital divide. These barriers are compounded by migration, poverty, and entrenched gender norms. Without trauma-informed ecosystems, many girls internalize distress and are denied opportunities to thrive.

Protsahan, founded in 2010, addresses these structural challenges through its Girl Empowerment Centres (GECs), which function as safe community hubs, outreach anchors, and ground-level data observatories capturing girls' realities. The organization blends direct services with ecosystem strengthening—linking girls and families to entitlements, training frontline workers in trauma-informed care, and strengthening state and national policy frameworks. This retrospective impact evaluation, conducted between June-August 2025 in Delhi with 385 adolescent girls (who have been alumni and participants in last 15 years of programming), aims to encapsulate the impact of the 15-year journey of Protsahan India Foundation.

Protsahan strengthens child protection systems in urban India, designing care, prevention, and recovery from the lived realities of girls who face the highest and most cumulative risks of violence, abuse, and exploitation.

Girls are a priority population because risk is gendered, cumulative, and structurally embedded — and systems that work for the most vulnerable girls work better for all children.

KEY FINDINGS

Health & Wellbeing: For many adolescent girls in Delhi's migrant slums, silence and isolation have long been the norm. Before Protsahan, nearly one in three had no one they could turn to when they felt sad, anxious, or unsafe. Against this backdrop, the data tells a powerful story: today, **92% of girls identify Protsahan as their primary source of emotional and mental health support.** The centres have become safe spaces where trained staff and youth peer leaders offer not just counseling, but presence, trust, and listening—assets otherwise missing in their lives. This foundation of care is transforming health outcomes. Nearly all girls **(98%) reported receiving age-appropriate Sexual and Reproductive Health and Rights (SRHR) education, compared to just 58% nationally**[3]. The result is not only greater awareness but lasting behavior change: 97% of participants now use hygienic menstrual products, compared to 78%[4] nationally.

Education: In families where schooling often ends before it begins, Protsahan has made education not just accessible but continuous. Among girls under 18, **93% are enrolled in school compared to only 58% nationally**[5]**. For older girls,**

the impact is even more dramatic—97% have completed Class 12 or higher education, against just 26% nationally[6]. Behind these numbers lies a layered safety net: scholarships that keep fees from cutting dreams short, digital devices that bridge the online divide, and bridge programs that bring first-generation learners into classrooms for the first time. Together, these supports ensure that girls are not just entering school, but staying, progressing, and envisioning futures their families never thought possible.

Art as Therapy: For survivors of poverty, violence, abuse, and neglect, art became more than an activity—it became a language of healing. At Protsahan's centres, **79–83% of girls reported stronger voice, confidence, resilience, and creative expression.** Through theatre, puppetry, filmmaking, painting, rap music, and dance movement therapy, silence gave way to speech, fear gave way to confidence, and isolation transformed into sisterhood and solidarity. These gains were not incidental. Art was not a supplement to the program but its heartbeat—central to how girls processed trauma, reclaimed dignity and healing, and stepped into leadership.

Rights: In communities where girls are often married off too early, Protsahan has helped create a powerful shift. Almost every girl **(99.7%) delayed marriage and pregnancy until after 18, compared to just 77% nationally**[7]. This change shows how safe spaces, education, and counseling give girls the strength to say "not yet" to marriage. Inside families too, new patterns are emerging. 40% of girls said their opinions are now taken seriously in household decisions, with autonomy growing as they get older. These changes don't stop at the individual. Girls are questioning taboos, guiding younger cousins to stay in school, and encouraging friends to follow the same path. What was once seen as impossible (girls shaping their own futures) is now becoming normal, influencing entire families and communities.

This transformation is reinforced by gains in identity and access to entitlements. Every girl and her parents now hold Aadhaar cards, with **97% of girls owning bank passbooks and 90% school-related IDs**—documents that unlock scholarships, welfare transfers, and uninterrupted schooling. **Parents had E-Shram (49%) or labour cards (36%), and two-thirds held ration cards (67%)**.

Livelihood & Skilling: For many Protsahan girls, the first earning is a life-changing moment. Over 37% of girls aged 18 and above now earn an income, compared to 25% nationally[8]. Even when the amount is modest (₹10,000 to ₹23,000 a month) it transforms how they see themselves and how their families see them. A girl's first salary often raises household income by more than double, turning a daughter once seen as a burden into a contributor. With this shift, parents begin to consult her in decisions, mothers are treated with greater

respect, and the pressure of early marriage gives way to pride in her achievements. For the girls, that first paycheck is not just money, it also brings dignity, independence, and proof that girls have a voice, and it matters at home and in the community.

Technology: 43% of Protsahan girls personally own a device - higher than the national average of 27%, but still far from universal. Protsahan bridges this gap by ensuring over 95% of girls have access to digital tools through centre-based facilities and direct provision of devices. Protsahan has introduced age appropriate trainings to enhance the uptake and use of technology.

Ecosystem Strengthening: Protsahan is shifting trauma-informed care from a programmatic innovation to an embedded practice within India's child protection ecosystem through **CareVerse** - a Learning Academy offering knowledge and skills on trauma informed approaches. What began in a Delhi slum is now gradually seeding systemic change across multiple subsystems. The neuroscience of childhood trauma is being translated into action: thousands of teachers, Anganwadi workers, civil society social workers and Child Welfare Committees are adopting tools that turn science into everyday healing. Peer nonprofits are weaving trauma-informed approaches into shelter homes and community programs; arts-based therapies are finding space in child helplines and Anganwadis; and Juvenile Justice Boards (JJBs) and Child Welfare Committees (CWCs) are embracing case management practices that place arts-based healing at the center of justice.

1 United Nations Population Fund (UNFPA). (2021). Child Marriage in India: Key Insights from the NFHS-5 (2019–21)
2 Ministry of Women and Child Development, Government of India. (2016). National Plan of Action for Children: Safe Children – Happy Childhood
3 Sharma, S., & Sharma, P. (2019). Reproductive health problems and their awareness among adolescent girls: A clinical study. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 8(10), 4003–4007. https://doi.org/10.18203/2320-1770.ijrcog20194486
4 Population Foundation of India (PFI) & UNFPA. The Sexual & Reproductive Health Status of Young People in India: Challenges and Opportunities for Healthy Outcomes
5 Ministry of Education. (2022, November 3). Gross Enrollment Ratio (GER) improved in 2021-22 at primary, upper primary, and higher secondary levels compared to 2020-21. Press Information Bureau. Available at: https://www.pib.gov.in/PressReleasePage.aspx?PRID=1873307
6 International Institute for Population Sciences (IIPS) & ICF.. National Family Health Survey (NFHS-5), 2019–21: India report. Mumbai: IIPS, Ministry of Health and Family Welfare, Government of India.
7 Singh, M., Shekhar, C., & Shri, N. (2023). Patterns in age at first marriage and its determinants in India: A historical perspective of last 30 years (1992–2021). SSM - Population Health, 22, 101363. https://doi.org/10.1016/j.ssmph.2023.101363.
8 McDougal, L., Raj, A., & Singh, A. (2022, January 27). What does NFHS-5 tell us about women's status, safety, and economic positioning in India? The Times of India

Protsahan works at the intersection of child protection, gender, and systems change. Over the past fifteen years, it has strengthened safety, care, and life outcomes for children growing up in contexts of urban violence, poverty, migration, and structural neglect.

Protsahan's work is intentionally designed from the lived realities of girls — who face earlier, deeper, and more cumulative risks of abuse, exploitation, violence, conflict and exclusion. Through long-term direct care with girls and large-scale capacity building of caregivers and institutions, Protsahan contributes to child protection systems that are preventive, trauma-informed, and equitable. Their work is rooted in the belief that when child protection systems work for the most vulnerable girls, they become stronger for all children.

INTRODUCTION

1. INTRODUCTION

ADVERSE CHILDHOOD EXPERIENCES OF ADOLESCENT GIRLS IN INDIA

The World Health Organization (WHO) defines adolescents as individuals between the age of 10 to 19 years. India is home to over 170 million children who are vulnerable to Adverse Childhood Experiences (ACEs) such as child sexual abuse, child marriage, trafficking, and labor exploitation.[9] Many girls face 4–7 ACEs before the age of 10, often without access to trauma-informed care, leading to long-lasting psychological, physical, and social consequences. Children with three or more ACEs are three times more likely to experience academic failure. ACEs are linked to depression, PTSD, substance use, self-harm, and chronic illnesses, with individuals exposed to six or more ACEs dying up to 20 years earlier than peers (Felitti et al., 1998). Beyond individual suffering, ACEs drive societal costs through increased healthcare spending, reduced productivity, and greater reliance on social and judicial systems. Breaking this cycle is critical, as ACEs perpetuate poverty, poor health, and violence across generations.

Adolescent girls across the world continue to carry the weight of Adverse Childhood Experiences that undermine their safety, learning, and potential. Despite growing global advocacy, they remain constrained by systemic barriers-ranging from lack of accurate information and essential services to unsafe environments shaped by intergenerational poverty, gender-based violence, and the persistent threat of early and forced marriage.The COVID-19 pandemic further exacerbated these issues-putting adolescent girls at even greater risk. It is estimated that 11 million girls worldwide may have not returned to school as a result of the crisis, and an additional 10 million girls could be pushed into child marriage by 2030 (UNICEF, 2021).[10]

India is home to over 170 million children who are vulnerable to Adverse Childhood Experiences (ACEs) such as abuse, child marriage, trafficking, and labor exploitation.

Exposure to multiple ACEs in childhood has lifelong impacts on health, education, and social outcomes. Adults with four or more ACEs are significantly more vulnerable—over 10 times more likely to inject drugs, 12 times more likely to attempt suicide, and 20 times more likely to face incarceration.

"Adolescence is a critical period of development, and interventions during this time can have a significant impact on an individual's overall well-being as they grow into adulthood."

(Bonnie & Backes 2019)

Adolescent girls in India face multiple and intersecting vulnerabilities that hinder their access to rights and services. Girls, especially from marginalized communities, are more likely to experience gender-based violence, child marriage, school dropout, and poor access to health and economic resources (UNICEF, 2021; Dasra, 2012). These barriers constrain their ability to make informed decisions about their bodies, health, and futures, while perpetuating gender inequality and exposing them to heightened risks of sexual violence and early marriage.

KEY CHALLENGES AMONG ADOLESCENT GIRLS IN INDIA

Health & Well-being

58%
adolescent girls have received knowledge on SRHR (sexual and reproductive health and rights)
Sharma, S., & Sharma, P. (2019) [11]

80-90%
50M children affected by mental health issues and receive no support (UNICEF, 2021) [12]

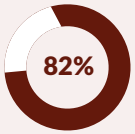
53%
Girls demonstrated correct knowledge of HIV prevention (WHO, 2021) [13]

Breaking Childhoods: Child Marriage and Sexual Abuse

23%
of women (20–24) married before 18
(UNFPA, 2021) [14]

50%
reported offences against children are sexual offences (NPA, 2016) [15]

Education & Skills



of NEET (Not in Education, Employment, or Training) Youth are Women
India Employment Report 2024
84.9 mn Women vs 18.5 mn Men

Girls in India report parental encouragement,
Mastercard. (2018)[16]

Girls in India completed 12+ years of education NFHS-5), 2019–21[17]

65
Female youth have digital skills, for every 100 male youth (UNICEF, 2021) [12]

Community-level responses to childhood trauma are often inadequate, fragmented, and ill-equipped to address its root causes. Many communities lack the knowledge, resources, and systems needed to support children affected by trauma, especially adolescent girls.

Frontline actors—such as teachers, police officers, and healthcare workers—are rarely trained in trauma-informed approaches, which results in misinterpreting trauma responses. Without the presence of safe, supportive adults or access to preventive & healing services, children internalize distress, which reinforces cycles of silence, shame, and harm.

Psychologists, counsellors, police and social workers

According to the Rehabilitation Council of India (RCI), India has just 4,309 clinical psychologists and 801 rehabilitation social workers. For comparison, the WHO Mental Health Atlas 2020[18] reports that globally there are about 0.7 clinical psychologists, 0.7 psychiatric social workers, and 3.8 psychiatric nurses per 100,000 people. The shortfall in India is among the world's largest.

Analyses of Indian police training curricula reveal that attitudinal-change and victim-support modules rarely include trauma-informed content—police academies continue to rely on traditional 'law & order' approaches without dedicated instruction on recognizing or responding to trauma in victims [19]

PROTSAHAN INDIA FOUNDATION

Protsahan India Foundation is a feminist organization in Delhi that works with marginalized and disadvantaged migrant girls, especially those from Dalit, Adivasi, Bahujan and minority communities. The organization focuses on identifying, rescuing and working with historically marginalized children and young girls (aged 10-19) who face sexual and gender based violence through immediate and longer term crisis interventions.

Founded in 2010, Protsahan works in 107 slum communities of Uttam Nagar and Dwarka, situated in Delhi West Region. Beyond Delhi, Protsahan India Foundation seeds trauma-informed care ecosystems pan-India through CareVerse — a learning platform that equips frontline workers with innovative and scalable tools, training, and knowledge to safeguard children and prevent Adverse Childhood Experiences (ACEs). This digital infrastructure holds the potential to transform how India responds to childhood adversity, laying the foundation to ultimately impact over 170 million children living at the margins.

9 Indian Association for Child & Adolescent Mental Health (IACN). (2023). Tracing the evolution of alternative care for children in India in the last decade and the way forward
10 United Nations Children's Fund (UNICEF). (2021). 10 Million Additional Girls at Risk of Child Marriage Due to COVID-19.
11 Sharma, S., & Sharma, P. (2019). Reproductive health problems and their awareness among adolescent girls: A clinical study. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 8(10), 4003–4007. https://doi.org/10.18203/2320-1770.ijrcog20194486
12 United Nations Children's Fund (UNICEF). (2021). The State of the World's Children: On My Mind – Promoting, Protecting and Caring for Children's Mental Health.
13 World Health Organization. (2021). Sexual and Reproductive Health and Rights: Infographic Snapshot – India
14 United Nations Population Fund (UNFPA). (2021). Child Marriage in India: Key Insights from the NFHS-5 (2019–21)
15 Ministry of Women and Child Development, Government of India. (2016). National Plan of Action for Children: Safe Children – Happy Childhood
16 Mastercard. (2018, February 19). Parental encouragement driving force for girls in India to choose careers in STEM.
17 International Institute for Population Sciences (IIPS) & ICF.. National Family Health Survey (NFHS-5), 2019–21: India report. Mumbai: IIPS, Ministry of Health and Family Welfare, Government of India.
18 WHO Mental Health Atlas 2020

GIRL EMPOWERMENT CENTRES

The Girl Champions Program is Protsahan's umbrella initiative for community-based interventions. Through this program, Protsahan engages with each girl aged 10-19, standing at the intersecting web of ultra poverty, exploitation, gender based violence and abuse, using a depth-of-scale approach to drive meaningful transformation.

Protsahan's Girl Empowerment Centres (GECs) are the beating heart of its work. Each GEC anchors a hub-and-spoke model that extends holistic, trauma-informed care to adolescent girls and their families in underserved urban slum clusters. Protsahan's Girl Empowerment Centres (GECs) are safe, vibrant spaces within high-need migrant communities, designed to foster healing, learning, and leadership.

- Each centre is run by trained grassroots educators, social workers, and alumni youth peer leaders who bring both expertise and lived experience.
- Within these spaces, girls access psychosocial counselling, STEM and digital education, art-based therapy, sexual and reproductive health and menstrual health workshops, as well as legal aid. Beyond direct services, the GECs also function as micro data hubs, systematically tracking progress in school retention, digital literacy, wellbeing, and access to social entitlements for the communities at large.
- **Home visits and case management provide individual support in situations of abuse and violence,** as well as sustained engagement with teachers, ICDS workers, and local forums to create enabling community environments for gender transformative education and care hyperlocally.
- **Convergence camps are organised to facilitate access to government schemes,** scholarships, health insurance, and disability and widow pensions, linking families of the girls with essential state benefits and entitlements.
- **Youth Peer networks led by trained Girl Champions create safe circles within neighbourhoods,** hosting storytelling events and Kishori Hunar gatherings that strengthen sisterhood across urban slum clusters, build confidence, and spread knowledge across communities.

Currently, there are five Girl Empowerment Centres that collectively reach adolescent girls across 107 slum clusters. The GEC model is grounded in three interconnected pillars of intervention.

Each GEC functions as a community anchor point within a service delivery radius spanning 5-8 km, covering approximately 15-35 informal settlement pockets. These settlements form the primary outreach ecosystem for each GEC, enabling targeted, consistent engagement with highly vulnerable girls and their families while leveraging hyperlocal networks for safety, healing, and education outcomes

From each Girl Empowerment Centre, a range of outreach mechanisms extend into surrounding slum lanes and hutments, ensuring that support reaches girls and families where they live, by meeting them where they are.

Rescue & Transition

- Identify girls at the risk of child labour, child abuse, child marriage
- Provide safe exit from the situation & protection
- Long term rehabilitation support

Health, Education & Livelihoods

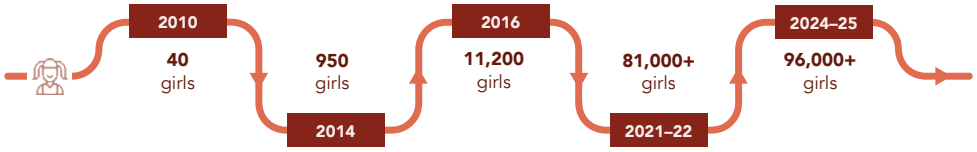
- School Enrolments, Retention & Completion
- Scholarships & Fellowships
- Sexual and Reproductive Health
- Arts Based Therapy
- Technical Skilling for Livelihoods

Social Security

- Linkages to Govt. Schemes & Entitlements
- Strong Community Presence
- Family Strengthening to Prevent Institutionalisation

This model ensures both depth and reach of impact. By anchoring services in central hubs, Protsahan is able to provide consistent, trauma-informed care that prioritises safety and quality learning for girls. The hub-and-spoke design also makes scaling cost-effective, allowing resources to reach multiple clusters without duplicating infrastructure. Most importantly, the pyramid approach of the organization fosters community ownership, where girls and their families move beyond being passive recipients of aid to becoming active agents of change in their own lives and neighbourhoods.

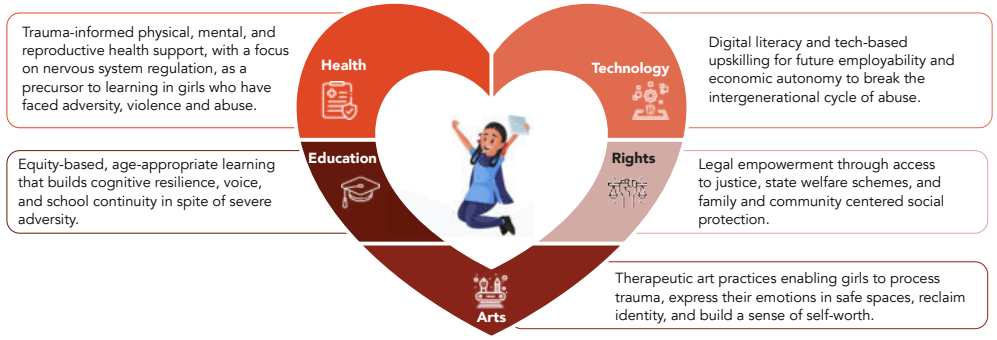
Protsahan's 15-Year Journey of Impact (2010–2025)



Since 2010, Protsahan's Girl Champions Program had reached a cumulative approximation of 96,000 girls by 2024–25. These figures are directional, not definitive, reflecting the closest possible measure of direct outreach in highly fluid informal basti settlements and migrant contexts. Importantly, the program's impact extends beyond the individual girls to include their families and wider communities, where shifts in resilience, safety, and access to services are equally visible.

At the core of Protsahan's work is the H.E.A.R.T model - a scaling deep approach that blends physical, mental, material and emotional well-being of a child survivor of violence.

Each GEC operates on Protsahan's H.E.A.R.T framework - H.E.A.R.T. is Protsahan's signature framework that addresses root causes of childhood trauma through a 5-pronged, intersectional lens:



FIELD BUILDING ON TRAUMA INFORMED CARE

Community-Level Capacity Building

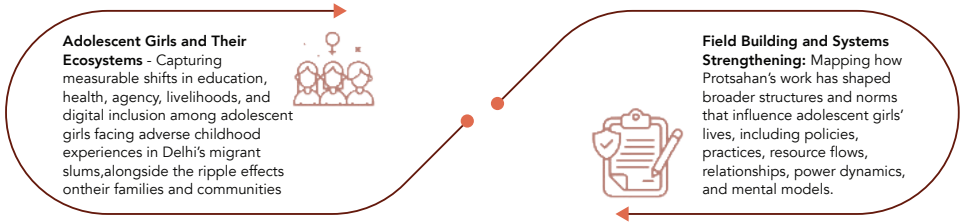
- **Household & Family Environments:** Protsahan works directly with mothers, caregivers and all community members through counseling, home visits, and slum panchayats to truly empower the agency of girls in a sustained manner through a socio-ecological lens.
- **Anganwadi System Strengthening:** Anganwadi workers receive training on recognizing and responding to child sexual abuse (CSA) and domestic violence, equipping them to identify signs of abuse, understand legal definitions of reportable offenses, and follow proper protocols for timely reporting to child protection authorities.
- **Integrating Trauma Informed Care into Learning Environments:** Educators from the Govt. Schools and social workers from the NGOs receive specialized trauma-informed pedagogy sessions using arts that teach them to create safe and supportive learning environments, identify signs of abuse or distress in students, follow mandated reporting procedures under POCSO and the Domestic Violence Act, and understand the neurodevelopmental needs of children who have experienced adverse childhood experiences. In collaboration with Delhi Commission for Protection of Child Rights (DCPCR), Protsahan built capacities of state counselors in 15 children's shelter homes in trauma-informed care at the peak of Covid for 2 years.

Institutional Capacity Building

- **Child Protection Systems:** Child Welfare Committees receive targeted training on psychosocial support in child protection, advanced psychosocial interventions and legal frameworks, learning to manage cases with trauma-informed care and link children to appropriate therapeutic and protection resources.
- **Statewide Systems Strengthening:** In partnership with UNICEF, Protsahan strengthened child protection systems across 14 districts in Jharkhand—including Ranchi, Simdega, Dhanbad, and West Singhbhum—by training Child Welfare Committees, District Child Protection Units, and senior government officials in trauma-informed care, psychosocial support, service linkage, and neuroscience-driven insights to early childhood development and care. At the peak of COVID-19, for two consecutive years, Protsahan in collaboration with Ministry of Women and Child Development, UNICEF and Childline staff reached millions of children in 525 districts of India in over 17 Indian languages, with trauma-informed child care pedagogies to support wellbeing for struggling children facing emotional distress across shelter homes, community settings and villages.

ABOUT THE STUDY

This retrospective impact evaluation examines the 15-year journey of Protsahan's trauma-informed interventions at two interconnected levels:



The evaluation employed a mixed-methods approach, combining quantitative surveys with adolescent girls and qualitative tools such as **FGDs and participatory method of Dotmocracy**[20] to capture lived experiences and priorities. Secondary stakeholders - parents, teachers, Anganwadi workers, funders, partners, and other ecosystem actors - participated in Key Informant Interview [KIIs] and Focus Group Discussions [FGDs] to capture perspectives on support systems and community-level changes.

The study applied a three-lens framework to assess Protsahan's impact.

UNICEF's Adolescent Girls Program Strategy (2022)[21] was used to track progress across health, education, art, trauma, rights, livelihoods, and technology against national benchmarks.

SAMHSA's trauma-informed approach[22] was applied to examine emotional safety, responsiveness, and agency among parents, teachers, Anganwadi workers, frontline staff, and community institutions.

FSG's Water of Systems Change (2018)[23] framework was used to assess Protsahan's contribution to systemic transformation across policies, practices, resource flows, relationships, power dynamics, and mental models shaping adolescent rights and protection.

Sampling:

For the quantitative survey, a statistically valid sample of 385 adolescent girls and alumni was determined from the program universe of ~96,000 girls, applying a 95% confidence level and 5% margin of error. **Proportional sampling** approach was used to ensure that each GEC's sample size reflects its relative size with variations in program engagement across different years, age groups, and geographic origins. For the qualitative component, FGDs were conducted with adolescent girls across three age cohorts (10–13, 14–18, and 18+), ensuring perspectives of both younger and older adolescents are captured. Ensured that the distribution of participants across different Girl Empowerment Centers (GECs) reflected their relative size in the overall program reach. This approach maintained representativeness while also capturing diversity of lived experiences across communities. Key informant interviews (KII) & FGD with parents were conducted for NPS score evaluation. The received data underwent thorough analysis for accuracy and completeness. For records lacking predefined unique identifiers (such as Aadhar numbers), unique IDs were created by concatenating 'Name' and 'Phone Number' fields. Where Aadhar numbers were available (e.g., GEC 05), these served as primary identifiers to ensure consistent tracking and analysis across all participant groups.

Qualitative tools such as FGDs and participatory method of Dotmocracy to capture lived experiences and priorities of girls were used for this evaluation

19 Bureau of Police Research & Development. (2021). Compendium of Projects (Vol. IV): Training for Attitudinal Changes for Police in India. New Delhi: Ministry of Home Affairs, Government of India.
20 Dotmocracy is a participatory decision-making method where individuals place dots to indicate their preferences among different options. It visually reveals the distribution of opinions, helping groups identify the most supported ideas or priorities.
21 UNICEF. (2022). Building back equal with and for adolescent girls: A programme strategy for UNICEF, 2022–2025
22 Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services
23 Kania, J., Kramer, M., & Senge, P. (2018). The Water of Systems Change. FSG.

Sampling Data: Profile of Adolescent Girls Impacted by Protsahan

Period of Engagement

- **63%** 2022-2025 (recent scale-up)
- **23%** 2020-2022
- **11%** 2015–2020
- **2%** 2010-2015

Age Profile

- **24%** aged 10–13 years (early adolescents)
- **38%** aged 14–17 years (core mid-adolescents)
- **29%** aged 18–20 years (older adolescents/young adults)
- **9%** aged 21+ years (mostly alumni/mentors)

Geographic Origins (Migrant Backgrounds)

- **5%** from Delhi
- **36%** from Uttar Pradesh
- **6%** from Rajasthan
- **50%** from Bihar
- **3%** from other states

Fathers' Occupations

- **22%** Daily wage laborer
- **21%** Skilled/semi-skilled worker
- **11%** Shopkeeper/Street Vendor
- **11%** Deceased/Do not stay with the father
- **10%** Salaried job (private sector)
- **9%** Self-employed
- **6%** Ragpicker
- **5%** Unemployed
- **4%** Rickshaw Driver
- **1%** Farmer/agricultural work (if from rural area)

Mothers' Occupations

- **55%** Homemaker (and unemployed)
- **25%** Domestic Helper
- **8%** Skilled/semi-skilled worker/Street Vendor
- **5%** Daily wage laborer
- **4%** Salaried job (private sector)
- **3%** Deceased
- **2%** Self-employed

IMPACT ON ADOLESCENT GIRLS

2. IMPACT ON ADOLESCENT GIRLS

1. HEALTH

ACCESS TO EMOTIONAL AND MENTAL HEALTH SUPPORT

27% of adolescent girls shared that they have no one, or only rarely someone, to turn to for emotional support. This finding is less about past challenges and more about how girls feel regarding the presence of a support system in their lives. It reflects their perceived sense of safety and reassurance - whether they believe someone would be there for them if needed. The fact that over a quarter of girls do not feel this way points to a significant gap in emotional security and highlights the fragility of support structures around them. This level of isolation is not a marginal statistic; it represents a structural gap in India's adolescent ecosystem where psychosocial care remains under-prioritized.

Without Protsahan, too many adolescent girls would be left to carry the weight of poverty, migration, and sexual and gender-based violence on their own. Without psychosocial safety, survival comes first before education, skills, livelihoods, or leadership, and dreams shrink to what feels immediately possible.

With Protsahan, that cycle begins to change. Girls step into spaces of safety, compassion, and trust, where healing, resilience, and voice become possible. From this foundation, they start to rebuild confidence, make decisions for themselves, and imagine futures in education, livelihoods, and leadership that once felt beyond reach.

92% of adolescents in the study identified Protsahan as a source of emotional support, with half attributing this to the consistent presence of safe, welcoming community spaces, and 42% citing Psychological First Aid provided by trained team members.

Figure No.1: Sources of Emotional and Mental Health Support (%)

92%
Girls identified Protsahan as core source of emotional support in their lives

5%
Did not access any support

ACCESS TO INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

In India today, several adolescent girls still come of age without even the most basic information about their bodies. Only 58% receive any form of SRHR education, leaving millions without the knowledge and care needed to manage menstruation, protect their health, or make informed choices about their bodies.

Beyond coverage, the content matters. It is not only about whether girls are reached, but also what they learn once they are.

What emerges is more than information transfer. Girls describe this as the first time anyone has spoken to them openly, with respect, about their health and rights. The learning is not abstract, it changes how they care for themselves, how families perceive their agency, and how communities begin to normalize conversations long considered taboo. Even on sensitive topics like prevention or delay of pregnancy, Protsahan is opening age appropriate conversations that only 24% of girls had ever received before.

Facilitators also stress that pedagogy matters as much as content. As an SRHR resource person at Protsahan, explained:

Among girls aged 12 and above in Protsahan's programs, an extraordinary 98% reported receiving SRHR education—far surpassing the national average. Girls spoke of learning about hygiene and self-care during periods (92%), good health and eating habits (82%), and equality, rights, and staying safe (71%).

> Our work as facilitators at Protsahan is rooted in strong conceptual frameworks of SRHR, but we break them down to make them simple, contextual, and relevant for each group. We use a mind–body–heart approach drawing on Theatre of the Oppressed (Paulo Freire, Augusto Boal), dance movement therapy, and experiential learning (David Kolb). These methods enable young girls not just to learn, but to feel, embody, and practice agency in their own lives.

SRHR education is not a peripheral add-on in the Girl Champions Program; it is the bedrock of adolescent girl empowerment. Without it, girls would remain vulnerable to early marriage, poor health, and truncated schooling. With it, they step into adulthood informed, confident, and equipped to claim their rights.

This is the multiplier effect of Protsahan's H.E.A.R.T. model: by embedding SRHR knowledge within a continuum of trauma-informed care, they are not just preparing girls for healthier lives, they are laying the foundation for leadership and generational change.

Figure No.2 : Information Received by Girls on Sexual and Reproductive Health

92% Hygiene and self-care during periods

71% Understanding their bodies, rights, and personal safety

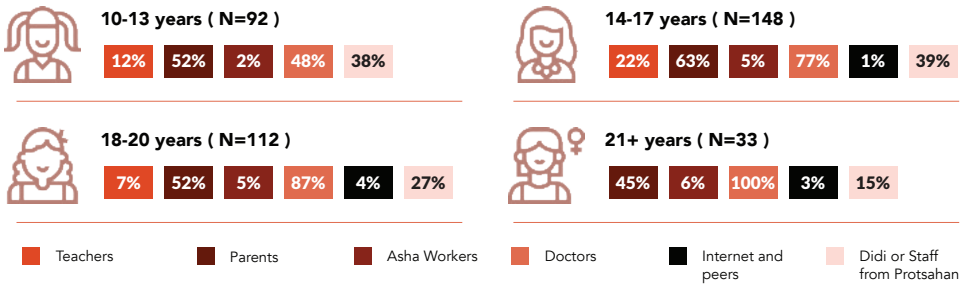
82% Good health and eating habits

24% Enabling avoidance of early, unintended pregnancy

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES

In India, healthcare professionals are not yet systematically integrated as the first point of contact for adolescents on sensitive issues such as sexual and reproductive health, resulting in reliance on peers or informal sources of information.

Figure No.3 : Sources of SRHR Support and Information



Across age groups, a strong majority of adolescent girls in Protsahan's programs reported that they would approach doctors or gynecologists for matters related to pregnancy and sexual health, indicating growing confidence in formal healthcare systems. Over half of the respondents also reported turning to parents, reflecting strengthened family communication around sensitive health issues, while approximately one-third sought guidance from Protsahan staff. Importantly, these responses are non-exclusive, highlighting layered help-seeking pathways in which girls draw on multiple trusted sources of care rather than relying on a single channel.

Cultural norms, stigma, and lack of access often mean that these conversations remain within families or are avoided altogether. Protsahan is bridging this gap by creating safe, trusted spaces where adolescent girls can access accurate information, psychosocial support, and timely referrals to formal health systems in government hospitals.

80% of all adolescent girls (N=362) in Protsahan's programs reported that they would approach doctors/ gynecologists for matters related to pregnancy or sexual health. This shift shows a remarkable awareness, confidence and agency in seeking professional care, alongside 60% who turn to parents and 35% who seek guidance from Protsahan staff.

MENSTRUAL HYGIENE AND SOCIAL TABOOS

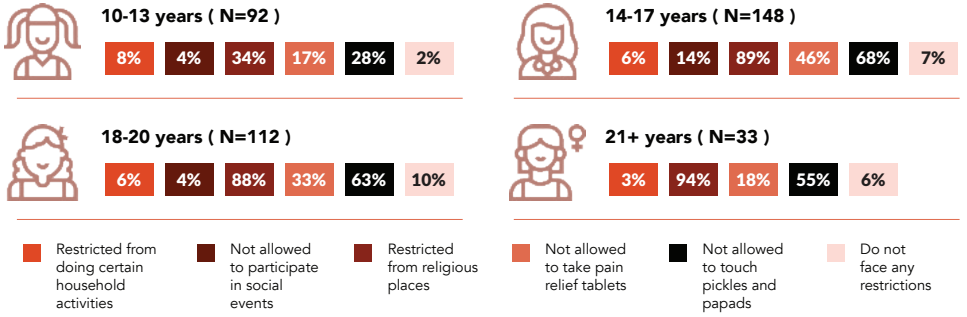
The evidence demonstrates Protsahan's decisive role in addressing some of the most persistent deficits in adolescent sexual and reproductive health (SRH) in India. Menstrual hygiene and taboos continue to shape the lives of adolescent girls in India. While practices are improving nationally, stigma and restrictions remain deeply entrenched.

This shift is not marginal, in fact it represents a structural transformation, showing what becomes possible when adolescent girls from highly marginalized contexts are provided structured, trauma-informed pathways to SRH knowledge that has historically been denied to them.

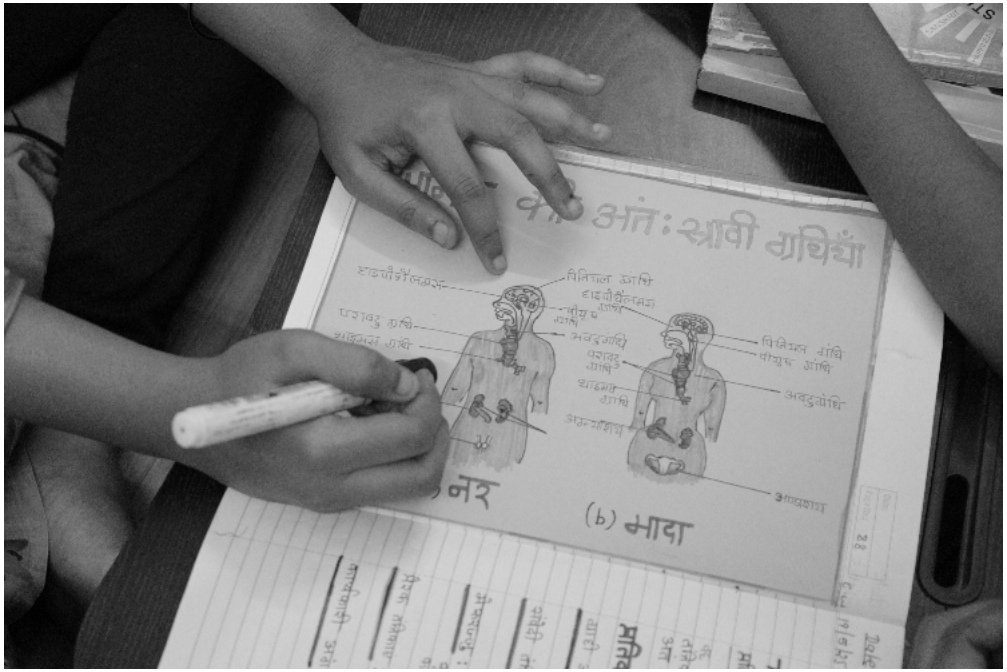
Nearly all Protsahan girls (97%) now use hygienic menstrual products compared to 78% nationally, yet 82% still report experiencing restrictions during menstruation. This illustrates a dual trajectory: rapid gains in access and practice, alongside slower erosion of entrenched cultural taboos in families.

In India, 58% of girls receive some form of SRH education. Among Protsahan participants, 98% reported receiving comprehensive SRH education, with nearly universal access to information on menstrual hygiene before menarche (98% vs. 13% nationally).[24]

Figure No.4 : Restrictions Faced by Girls During Menstruation (%)



A mother shared that after participating in Protsahan's sessions, she began to reflect on the restrictions she had placed on her daughters during menstruation. "Earlier, when our daughters had their periods, we stopped them from entering the kitchen or the temple. Now I understand these were wrong restrictions. Slowly, we are learning to respect their choices."



What looks like a simple datapoint of change is in fact a rupture in patriarchy's oldest contracts that include cycles of silence, taboos, and control, clearing space for girls to claim their bodies with dignity and to exercise agency that was always theirs.

> One girl shared "When my periods started, I was told at home, not to touch the pickle jar or sit with the family at dinner. After learning at Protsahan, I realized these are just myths and none of this was ever my 'fault'. Now, my family simply eats with me and I also gently remind my younger cousins that they don't need to follow such 'rules'. What began as quiet learning has become quiet teaching where one girl is passing on freedom to another."
>
> **- 16 Year Old Girl, GEC 04**

24 UNICEF. (2024, February 21). Merely 13% of Indian girls have knowledge about menstruation before their first period. FemTech India. https://femtechindia.com/unicef-reports-merely-13-of-indian-girls-have-knowledge-about-menstruation-before-their-first-period/
25 Sharma, S., & Sharma, P. (2019). Reproductive health problems and their awareness among adolescent girls: A clinical study. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 8(10), 4003–4007. https://doi.org/10.18203/2320-1770.ijrcog20194486
26 UNICEF (2023). Ending Child Marriage: A Profile of Progress in India.
27 Garg, Suneela, et al. (2021) "Development and Validation of a Menstruation-Related Activity Restriction Questionnaire among Adolescent Girls in Urban Resettlement Colonies of Delhi." Indian Journal of Community Medicine, vol. 46, no. 1, pp. 57–61. doi:10.4103/ijcm.IJCM_183_20
28 Population Foundation of India (PFI) & UNFPA. The Sexual & Reproductive Health Status of Young People in India: Challenges and Opportunities for Healthy Outcomes
29 Fem Tech India (2024). UNICEF Reports - Merely 13% of Indian girls have knowledge about menstruation before their first period. FemTech India.

CASE STUDY

NIKITA'S STORY, VALIDATED ACROSS 92% OF GIRLS RECEIVING HEALTHCARE ACCESS

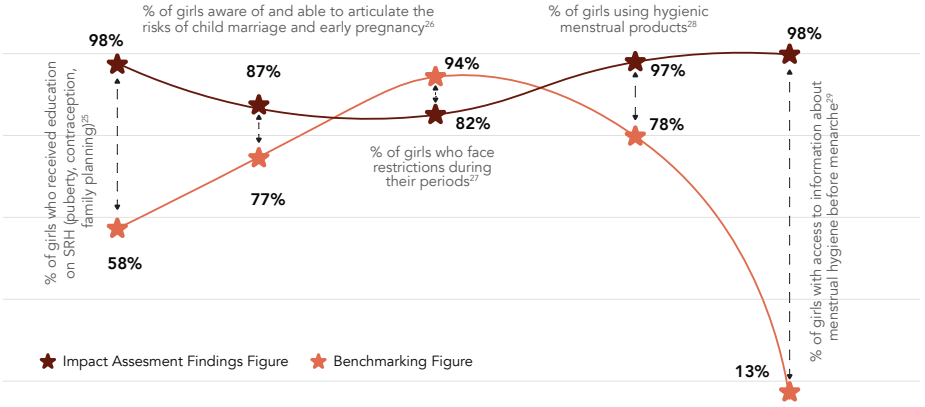
At 22 years old, Nikita often felt she had no one to turn to. When she first joined Protsahan, she was hesitant and withdrawn—like the 27% of adolescent girls in our study who reported lacking emotional support. Within Protsahan's safe spaces, however, she found the care she needed through peer groups, creative expression, and counseling. Over time, she grew more confident: speaking up in group discussions, seeking counseling, and even voicing her needs at home. Her journey mirrors the 92% of girls in our study who identified Protsahan as their primary source of emotional and mental health support.

Like many girls her age, Nikita also faced stigma and restrictions around menstruation. She was told not to enter temples, touch pickle jars, or take medicines during her period as "she should tolerate pain because one day it will build her capacities when she faces domestic violence from her husband." This reflects in the findings that 82% of girls continue to face menstrual taboos. Through Protsahan's menstrual hygiene sessions, she began to see things differently. Nikita started speaking openly—asking her brother to buy sanitary pads, discussing her needs with her father, and passing on her learning to younger cousins. She also shares how she took her mother to a gynaecologist to get treatment for her mother's fibroids. Nikita's voice now carries both confidence and agency. Her journey shows how Protsahan's work not only improves individual health outcomes but also begins to shift intergenerational norms within families and communities.

Protsahan Health Outcomes in Context of National Reference Indicators

Viewed in the context of national reference indicators, Protsahan's outcomes reflect substantial progress in sexual and reproductive health and rights (SRHR) among adolescent girls in high-risk settings. Participants show stronger access to knowledge and safe practices, equipping girls to make informed decisions early in life. Yet, persistent cultural taboos like menstrual restrictions highlight that shifting mindsets takes longer than changing practices.

Figure No.5 : Protsahan's SRH Outcomes and National Benchmarks[11]



National benchmarks are included for contextual reference only; differences in population size, sampling frames, and denominators mean these figures should not be interpreted as causal or directly comparable estimates.

2. EDUCATION

EDUCATION SUPPORT

For many adolescent girls, leaving school has little to do with a lack of ambition and everything to do with the weight of poverty and entrenched gender norms. Half struggle (50%) to afford even basic education supplies like books and stationery, while one in five (21%) are overburdened with chores and caregiving that leave them drained of time and energy for study.

Girls themselves describe how expectations to cook, care for siblings, or "first learn household work" consume their days and overshadow education.

In migrant ultra-poor families, schooling often becomes an opportunity cost - a girl's childhood is diverted into household labour, offsetting expenses through unpaid caregiving, cooking, and cleaning, rather than investing in her learning. In more severe cases, she is pushed into earning through hazardous forms of child labour, and at times, into sex work, further eroding her right to safety, learning, and dignity.

Figure No.6 : Barrier to Girls Education and Engagement (%) [N = 385]

50% Lack of money or school supplies

15% Health issues

7% Social factors like family opposition to girls' education

21% Household work or chores

14% Taking care of younger siblings or children

> After school, I am expected to cook and look after my younger siblings.
> Later, I even worked in a factory to help with rent.
> किसी भी बच्ची का बचपन इतना महंगा नहीं पड़ना चाहिए।
> (Childhood should never cost this much.)
>
> **- 14 Year Old Girl, GEC 01**

> My parents say that a girl should first learn household work.
> But my dream is to become a nurse. If my childhood is limited to sweeping, mopping, and washing dishes, then when will I prepare for my dreams?
>
> **- 16 Year Old Girl, GEC 03**

Keeping vulnerable girls in school is about more than enrollment, it is about retention amidst poverty and harmful gender norms.

Protsahan helps ease educational barriers faced by adolescent girls through academic support (72%), digital access (67%), and financial aid (59%). Among younger girls (10–13), 42% benefited from bridge education programs, designed for those entering school for the first time.

> Direct cash transfers to undo barriers in education for girls, represents freedom of choice. Yet, there's a tendency to withhold these choices from disadvantaged individuals, based on the mistaken belief that their poverty stems from poor behavior. This assumption is both unfounded and profoundly unjust.
>
> **- Jaswinder Singh, Executive Director, Protsahan India Foundation**

Financial micro investments through Protsahan create education continuity across a girl's life course - from helping first-generation learners enter school, to supporting adolescents to stay enrolled, and equipping young girls with digital tools to prepare for higher studies and livelihoods. Support here does not just expand access; it safeguards progression and transition, ensuring that the most vulnerable girls are not lost between entry and completion.

> Without Protsahan, I would not have returned to school. They spoke to my father, supported my admission and today, he himself encourages me to study.
>
> **- 12 Year Old Girl, GEC 02**

> My parents are migrant construction workers and could not afford my school fees. With Protsahan's support I got books and paid my exam fees through a ₹6,000 scholarship. I was able to continue my studies and keep my dream alive...
>
> **- 15 Year Old Girl, GEC 03**

Figure No.7 : Access to Protsahan Education Support Services (%) [N=366]

72% Academic support (tutoring, mentoring)

59% Financial support / scholarships

67% Digital

42% Bridge education program

EDUCATIONAL ACCESS AND DROP-OUTS

School enrollment among Protsahan girls far exceeds national levels.

- Among those below 18, 93% were enrolled in school compared to 58% nationally[30], with almost all attending government institutions.
- For older adolescents (18 and above), the difference is even starker: 97% of girls had completed Class 12 or a diploma and were pursuing higher education, compared to only 26% nationally[31].

Most are doing so through flexible and affordable options - 64% in Open Universities and 33% in Government colleges. These trajectories demonstrate that with sustained support, even the most marginalized girls not only remain in school but also transition into higher education at rates far above national averages.

This is what depth of scale looks like in practice. Protsahan is not only keeping girls in school—it is reshaping what they believe is possible for their lives, even when they are first-generation learners, daughters of construction laborers, ragpickers, or daily-wage workers.

CAREER ASPIRATIONS

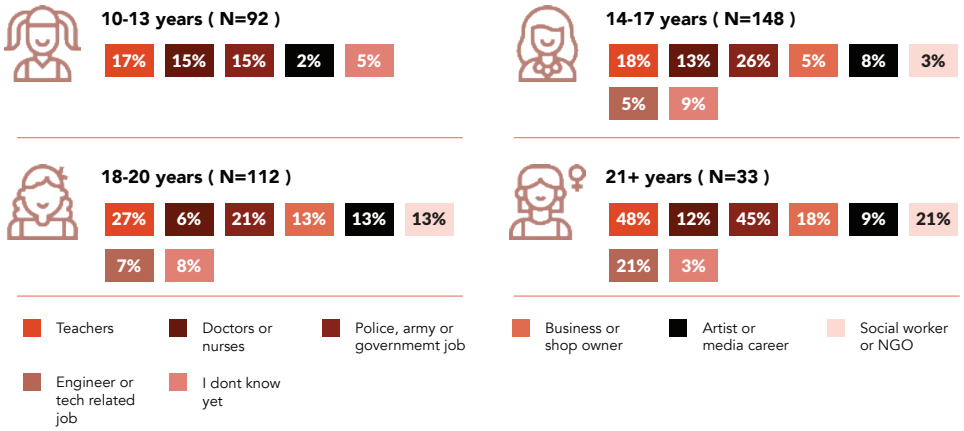
It's important to note that 92% of Protsahan girls hold clear career goals. Where as Delhi has an overwhelming majority of girls (76% Grade 9 girls and 90% Grade 11 girls) aspire to work outside home for money in future[32]. However, only half the girls in Jharkhand want to work outside home for money in future (46% younger girls and 59% older girls[33]). With exposure, skills, and sustained support, what may begin with dreams of "becoming a teacher" or "working as a nurse" grows into imagining futures as engineers, journalists, police officers, entrepreneurs, lawyers, and social workers.

> "हमारी जिंदगी में तो सपने भी किराये पर आते हैं।" ("In our lives, even dreams come on rent."), says Shabnam, 17, a migrant from Darbhanga living with her family of six in a one-room jhuggi in Uttam Nagar. For Shabnam and thousands like her, dreaming itself was once a privilege - until Protsahan created space for those dreams to take root. Today she is working to build a career as a Maths professor in Delhi University.

30 Ministry of Education. (2022, November 3). Gross Enrollment Ratio (GER) improved in 2021-22 at primary, upper primary, and higher secondary levels compared to 2020-21. Press Information Bureau. Available at: https://www.pib.gov.in/PressReleasePage.aspx?PRID=1873307
31 International Institute for Population Sciences (IIPS) & ICF.. National Family Health Survey (NFHS-5), 2019–21: India report. Mumbai: IIPS, Ministry of Health and Family Welfare, Government of India.
32 International Population Conference (IPC 2021) - Shaping Girls' Aspirations: Evidence from India.
33 International Population Conference (IPC 2021) - Shaping Girls' Aspirations: Evidence from India.

> These educational scholarships by Protsahan have led to a remarkable rise in girls' school enrollment and reduced dropout rates among economically vulnerable families. The most moving impact has been the near elimination of child labour like begging and waste-picking, in many communities. Children who once struggled for survival are now showing consistent attendance and stronger academic performance. For migrant families, even as little as ₹6,000 has been life-transforming.
>
> **– Payal Rani, Social Worker**

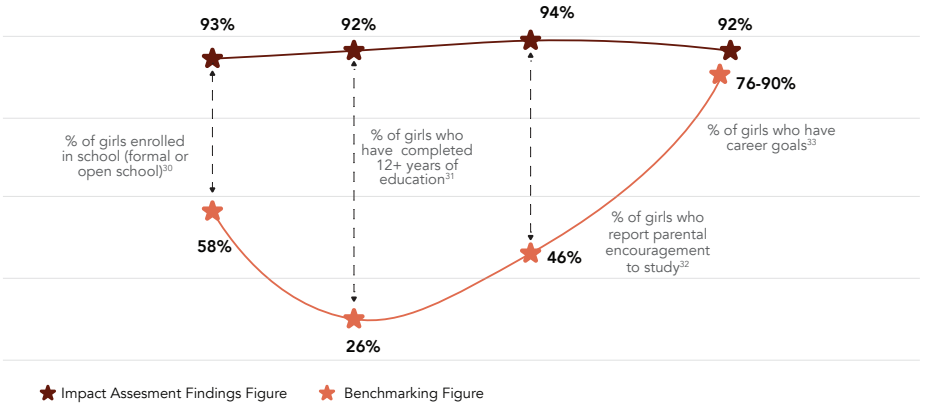
Figure No.8 : Career Aspirations of Girls (%)



Protsahan Education Outcomes in Context of National Reference Indicators

The Wevaluation makes clear that Protsahan is not just helping girls enter school, but ensuring they move forward with confidence and support that far exceeds national trends. What stands out is not only higher enrollment and completion, but the way families are beginning to believe in their daughters' education and dreams. For girls from the most marginalized contexts, this shift, from fragile access to sustained progression and purposeful aspirations, marks a profound change in what futures are possible.

Figure No.9 : Protsahan's Education Outcomes and National Benchmarks



National benchmarks are included for contextual reference only; differences in population size, sampling frames, and denominators mean these figures should not be interpreted as causal or directly comparable estimates.

CASE STUDY

92% SCHOOL RETENTION — A CASE STUDY IN BEATING DROPOUT RATES

A 17 year old, Girl Champion from a Delhi slum is currently studying in Class 12th. She lives with her two siblings and mother, who has been raising the family alone since her father abandoned them. To sustain the household, her mother works as domestic helper, leaving little income to cover school-related expenses. Like half of Protsahan girls (50%) who struggle to afford basic educational supplies, her family could not manage the cost of fees, books, or tuition. With only one mobile phone in the house—shared with her younger sister for online classes—she found herself unable to keep pace. As 21% of girls in our study reported, her days were also consumed by household responsibilities, making study time even harder to protect. Without intervention, her schooling was at risk of being interrupted.

Protsahan responded to these barriers through a layered support system. She was provided with tuition at the centre, access to a tablet for online classes, and financial aid to cover her school fees—mirroring the 71% of girls who benefited from academic support, 67% from digital access, and 59% from scholarships. This ensured not just enrollment, but quality retention.

With consistent support, she has continued her studies. Her story reflects the wider trend among Protsahan girls: 93% of those below 18 are enrolled in school compared to only 58% nationally, and older adolescents like her are on track to complete higher secondary education at rates far above the national average.

She now dreams of pursuing higher education, part of the 92% of Protsahan girls who hold clear career aspirations. What once seemed impossible - given her family's poverty and gendered expectations, has become an attainable goal through structured academic and financial support.

Her journey is not just about individual resilience. It shows how Protsahan safeguards continuity in education for ultra-poor, migrant, and first-generation learners facing neglect and exploitation, ensuring that girls are not lost between entry and completion, but instead progress toward futures of dignity and choice.

3. ART AS THERAPY

For girls who have lived through violence, poverty, and neglect, art therapy becomes a safe entry point into healing: painting, theatre, dance, and music create environments where silence gives way to expression.

Girl Empowerment Centres are spaces that offer care, safety and trust, where emotions are acknowledged without stigma, and where vulnerability becomes a source of collective strength.

Through group art sessions, girls receive support and counseling, learning that their struggles are not individual but shared. This nurtures solidarity, reduces isolation, and helps restore dignity eroded by trauma. Importantly, art creates opportunities for choice: what to express, how to share, when to step forward. This autonomy, often denied in their daily lives, directly feeds into a sense of control and empowerment.

The ripple effects are clear. Girls who once felt invisible now speak publicly in street plays on child marriage; those who struggled with sadness and anger now report higher emotional resilience.

Creative expression is translating into civic action, confidence, and educational persistence — core protective assets that buffer against dropout, early marriage, and cycles of violence.

Protsahan's use of art therapy aligns with SAMHSA's trauma-informed principles - creating safe, peer-supported spaces where girls reclaim voice, choice, and dignity

> We use Theatre of the Oppressed, dance movement therapy, and experiential education. These methods help participants break barriers, trust each other, and open up about sexuality and rights in a safe, playful way.
>
> **- SRHR Resource Person**

Facilitators at Protsahan often remind girls that they are free to explore, to move, and to imagine without fear or judgment.

> This sky is yours. These clouds are yours. You are all birds, flying wherever you want. No one is stopping you, no one is questioning you. This life is yours.
>
> **- Dance Movement Therapy facilitator**

CASE STUDY

RIGHTS, CAMERA, ACTION: FRAMING DREAMS IN 70MM

Jannat's Journey from Adversity to Advocacy: Jannat, a 21-year-old Youth Peer Leader at Protsahan, has transformed her passion for photography into a powerful tool for advocacy. Growing up in the conservative clusters of Uttam Nagar, Jannat faced significant resistance from her father, who believed that women in their community shouldn't pursue careers like photography. Despite this, her mother stood by her, and with the support of Protsahan, Jannat received a scholarship that allowed her to continue her education and chase her dreams.

With this scholarship, Jannat enrolled in a photojournalism course at the Delhi School of Photography. She paid two out of the three installments using the scholarship funds, and for the third, she worked tirelessly, taking up photo assignments to cover the cost herself. The scholarship also enabled her to purchase essential equipment, including new camera lenses and a tripod stand, further equipping her to excel in her craft. At the Delhi School of Photography, she not only honed her skills but also found mentors who guided her journey. Jannat believes that everyone deserves the opportunity to tell their own story and represent themselves authentically. Through her lens, she beautifully captures the activities at Protsahan, using photography as a means to bring about social change. Protsahan's partnership with Jannat is more than just a scholarship; it's a collaboration rooted in ethical photography and community engagement. Jannat's work not only documents the lives of those in her community but also empowers them to see the beauty and strength in their own stories. Her journey serves as an inspiration to other girls, showing that with determination and the right support, no hurdle is insurmountable.

VOICE

Girls were able to voice their opinions and speak freely

This is especially powerful for survivors of sexual and gender-based violence, who often describe losing trust and articulation after trauma.

This shows that the sense of self-belief and voice remains consistently strong throughout adolescence and into early adulthood, with the highest levels among girls aged 10-13 (74%), 14–17 (82%), 18-20 (79%) and 21+ (82%). Mid-adolescence is a turning point, when girls begin to challenge norms and step into leadership roles. By early adulthood, this ability to express themselves is not just practiced but becomes a more stable part of who they are.

> We acted, directed and produced a children's feature film on child marriage. It gave us the courage to speak in front of our families and communities and share why this should not happen. Our film also got accolades at BRICS International Film Festival. We became heroes in our communities!
>
> **- 14 Year Old Girl, GEC 1**

> Through my photographs, I told stories of child marriage and child labour that my community had silenced. When Kamla Bhasin ji clapped for my work at IGNCA (Indira Gandhi National Center for Arts), I felt my words had wings. That day I realized that if I can speak my truth with courage, I can also claim my community's rights, not just my own.
>
> **- 17 Year Old Girl, GEC 3**

Protsahan's role has been vital in this transformation. By offering **safe spaces and creative platforms** like theatre, music, films, photo exhibitions and street plays, the organisation helps girls not only to rebuild trust in their own voices but also to practice speaking before peers and communities through arts and culture related hyperlocal narratives. Facilitators create an environment of encouragement, while audiences provide recognition and action, making girls feel their words matter in the changemaking process that progresses entire communities forward in thinking and being.

CONFIDENCE

Girls reported high confidence

81% of girls reported high confidence, often tied to recognition for their talents. Praise and validation reshaped how they saw themselves:
Confidence was especially strong during the teenage years (14–20), where more than 8 in 10 girls reported gains. This is the stage when girls are shaping their voice, identity, and choices — and creative platforms like theatre, filmmaking, photography, dance movement therapy and group street performances gave them the courage to speak out and take part in leadership, education, and work opportunities.
For younger girls (10–13), confidence levels were slightly lower, showing the need for continued support and reinforcement. Among older girls (21+), confidence remained high, proving that these skills continue to matter as they step into adulthood.
Art-based sessions are not just about performing on stage. They help vulnerable girls develop a core strength that supports resilience, education, and future livelihoods. Peer encouragement and group collaboration further deepened this belief, showing that creative expression can be a powerful tool for long-term empowerment.

> I felt that my voice was important. Most people praised me, which boosted my confidence after I performed a nukkad natak on ending child labour and on child trafficking in my community. Now I feel that I can express myself on issues that are important for girls like me. I am not afraid.
>
> **- 14 Year Old Girl, GEC 1**

> We play a lot of games so that the participants become really comfortable and free with each other. This helps us trust one another, accept our strengths and shortcomings, and feel safe enough to talk about sensitive topics.
>
> **- Protsahan Resource Person**

> We made short digital films in Hindi about how girls are harassed when forced to defecate in the open and another short film on how unclean community surroundings can impact our health. Our films traveled from one phone to another. Within months, a community toilet was built in our basti that young girls and women could use. Art made me believe my thoughts and words matter if I know how to present them creatively.
>
> **- 15 Year Old Girl, GEC 1**

EMOTIONAL RESILIENCE

Girls reported stronger emotional resilience

69% of girls reported stronger emotional resilience, using art to process sadness, anger, and stress. Protsahan's group art sessions created collective healing environments where emotions were acknowledged and validated.

Younger adolescents (10–17) showed steadier resilience, while older girls (18–21+) displayed more variation, suggesting that transitions into adulthood bring new external pressures that test coping abilities.

Resilience is the bridge between trauma and learning. Girls who can regulate emotions are more likely to remain in school, delay marriage, and make independent decisions. The findings point to the need for continuous nurturing of resilience, particularly during vulnerable life transitions.

> Through art sessions, I learned that my emotions are not wrong or invalid. Sharing them in a safe peer group with a trusted facilitator didi made me feel heard.
>
> **- 12 Year Old Girl, GEC 1**

> When we bring art into healing and wellbeing sessions with qualified child psychologists and art based therapists, we are not just teaching girls to draw or sing; we are opening their brain's non-verbal doors where unspoken pain of child abuse and family violence often hides. In those moments, anger, sadness, heaviness or silence begin to find safe release with a trusted counselor or social worker. Slowly, their stress response softens, their body regulates, and their mind feels lighter. What neuroscience tells us, sessions across our GECs show us every day: when girls express through arts, they feel seen, their emotions become valid, and safety gets established as a lived experience in a learning space.
>
> **- Sonal Kapoor, Founder, Protsahan**

CREATIVE EXPRESSION

Girls were able to express creatively

Across all age groups, the majority of girls reported that engaging in creative activities—such as painting, acting, or photography—helped them feel less angry, scared, or sad. Younger adolescents (10–13 years) showed strong engagement, with nearly three in four (74%) affirming the positive impact of creative outlets. At this stage, art provides comfort and emotional release, though many are still in the early stages of recognizing its deeper role in self-expression.

> Art helped me understand my pain and express it, instead of being angry. On days when I came sad after papa beat mumma, painting and dancing with others in clownselling class with Sheetal didi, made my heart feel lighter. Mala didi from Protsahan center, even came home and spoke to my parents. Now Papa is slowly changing, and things are becoming better.
>
> **- 12 Year Old Girl, GEC 3**

As girls entered mid- and late-adolescence (14–20 years), this affirmation became even stronger, with 85–88% reporting that creative expression supported them in managing difficult emotions. These years represent a turning point, where art-based practices become not only a tool for coping but also a pathway for building inner strength, processing emotions, and finding one's voice.

By early adulthood (21+ years), agreement remained high (75%), though a larger proportion (21%) expressed uncertainty. This shift reflects both the enduring value of creative expression and the more complex emotional needs of young women as they transition into higher education, livelihoods, and independence.

Overall, these patterns suggest that **Protsahan's art-based sessions play a vital role in resilience-building.** For adolescents, creative activities serve as a stepping stone to voice and agency, while for young adults, they continue to act as an anchor in navigating the challenges of adulthood.

CASE STUDY

FROM SHAME TO SELF LOVE – DANCING TOWARDS HEALING

When she first came to the Protsahan Centre, a 15-year-old girl (name with held) carried deep anger and sadness. Her early life was marked by frequent fights between her parents, neglect of her needs, and the pressure to take on adult responsibilities before her time. These experiences mirror several indicators of Adverse Childhood Experiences (ACEs) - family conflict, emotional neglect, and role reversal within the household. At home, she felt unheard, and in her community, like many adolescent girls, she was told to remain quiet. With little space for expression, she often withdrew into herself, sitting silently with emotions she had no outlet to release. Her silence reflected the broader experience of girls in our study: 76% reported cultural stigma around speaking out on social issues and 69% struggled with sadness, anger, or stress before joining art therapy sessions. With no safe outlet, she often felt her emotions were invalid.

At the Centre, she was encouraged to join theatre and dance-movement therapy. At first, she hesitated. But slowly, with gentle support, she performed a dance to the song "Desh Rangeela". She said, **"The whole crowd clapped and cheered for me. That day, I felt something change inside me. My anger started to go away. When I sing, paint, or dance, I feel calm. Protsahan's centre has become a safe place for me, where I can express myself freely. I don't feel small or stupid."**

These moments of recognition, audience clapping, peers cheering, were pivotal for a child struggling with abuse, guilt and shame. It echoes the experience of 81% of girls in our data who reported higher confidence after performing in public through platforms enabled by Protsahan. Praise and validation became a turning point for her, reshaping how she saw herself.

Dance movement therapy and theatre became her language of healing. She began to channel her anger into movement and rhythm, while also finding calm in painting and songs. Over time, she spoke more openly, took part in group art sessions, and joined her peers in discussing issues like child marriage through street plays.

SAFETY

For many adolescent girls in Delhi's migrant slums, safety is fragile. At school or college, most girls (72%) feel secure, yet one in four still walk into classrooms with unease. Outside, the risks grow sharper—only 48% feel safe in their own neighbourhoods, leaving more than half navigating fear in the very spaces they call home.

Figure No.10 : Level of safety at school, college, workplace, community vs Protsahan.

Sense of safety in school or college/workplace

Sense of safety in neighbourhood

Feel safe and understood at Protsahan

99% of girls shared that they feel safe and understood at Protsahan. Protsahan has built something rare: a space where safety is not conditional but guaranteed, and where trust allows girls to share openly.

> Protsahan's centre feels like the safest place for me, a space where I am treated with respect. Here I can share my feelings freely, knowing Didi listens with patience and never with judgment.
>
> **- Girl Champion, 18 Years Old**

Over 60% of girls were aware of formal support channels in cases of violence or abuse—68% mentioned the police, 67% Protsahan, and 64% state helplines (1098/181). A smaller share (23%) identified teachers or school counsellors as trusted points of contact.

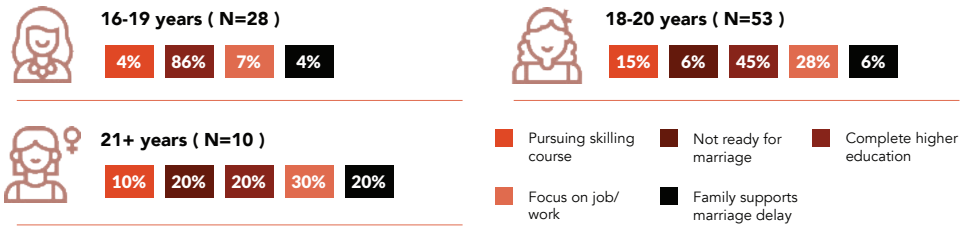
Figure No.11 : Awareness of support services for Violence or Abuse (n=385)

AGENCY AND DELAYED MARRIAGE

Where early marriage continues to shape the futures of adolescent girls, the fact that 99% of Protsahan girls remained unmarried beyond 18 is extraordinary. Nationally, this figure stands at 77%. What this gap represents is not only statistical progress but also the story of girls exercising agency in environments where their choices have historically been constrained.

This agency extends beyond marriage to decisions about motherhood. 99% of Protsahan girls delayed pregnancy until after 18, compared to a 92% national benchmark. The near-universal postponement of marriage and pregnancy reflects how girls are not only envisioning different futures but also successfully negotiating with families and communities to claim them. **For younger adolescents (16–17), education (86%) was the overwhelming priority, with nearly all expressing their intent to continue studies.** Older youth spoke of combining higher education with skill training or jobs while holding the confidence to tell families, "not yet" to forced early marriage.

Figure No.12 : Age-wise aspiration and factors behind marriage delay (%)

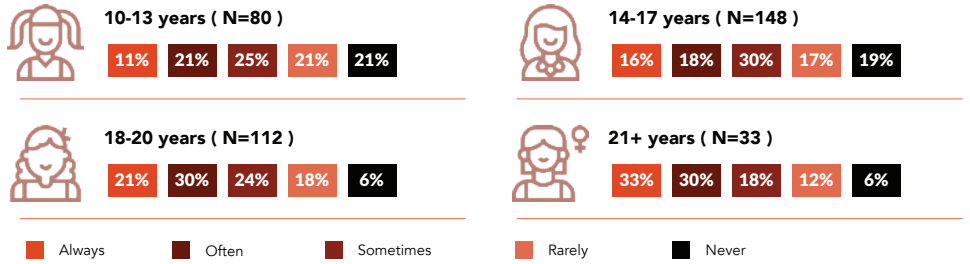


These numbers signal more than programmatic success. They point to a generational transformation: when girls are supported with dignity and opportunity, they consistently choose to delay marriage and motherhood. In doing so, they are reshaping gender norms not only for themselves but for their siblings, peers, and entire communities.

HOUSEHOLD DECISION MAKING

Overall, about 40% of girls reported that their opinions are often or always considered in household decisions, and a similar share felt able to make their own choices around education, marriage, or work. Importantly, in decision-making this autonomy deepens with age — rising from 32–34% in early adolescence, to 51% among older adolescents (18–20), and reaching 63% among young women aged 21 and above. This progression reflects how agency develops over time: girls begin by voicing preferences in smaller matters and gradually move towards shaping life-defining choices.

Figure No.13 : Girl's active role in family decision making (%)



The trajectories of alumni reinforce this pattern. Girls from highly vulnerable backgrounds—daughters of daily-wage workers and migrant families—are now pursuing Master's programs at Azim Premji University in Bangalore and Bhopal. Some of them now have full time jobs at respected workspaces like Genpact, McDonalds, Magicpin, LIC India, Radisson Blu Hotel chains, etc. Such milestones are more than academic achievements; they signal the expansion of horizons and the capacity to occupy spaces once deemed unreachable. Increased mobility, whether to move to another city for higher education, to workplaces beyond the neighborhood, or simply negotiating family permissions to travel, emerges as a concrete outcome of strengthened agency.

CIVIC PARTICIPATION

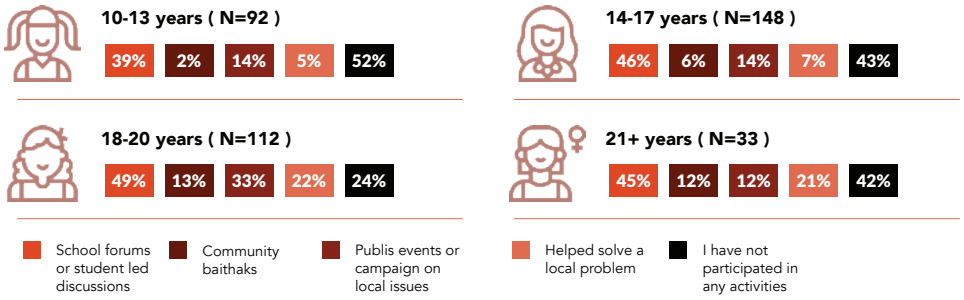
Girls' voices are steadily finding space in both schools and communities, marking the early seeds of leadership and agency, though gaps remain.

GECs as springboards: School forums and girl-led discussions are the strongest entry points, consistently engaging 39–49% girls across age groups. This shows that GECs are not just learning spaces, but also the first public stages where girls begin to express opinions and practice leadership. As girls move into late adolescence, their civic footprint expands. Among girls aged 18–20, one in three (33%) have joined public campaigns on issues like cleanliness and climate issues, safety, or education, and nearly one in four (22%) have spoken up to help solve local problems. These are powerful indicators of growing confidence and hyperlocal social action.

More than half of younger girls aged 10–13 (52%) reported no civic involvement, and those 21 and older, 42% remain disengaged. Mid-adolescence stands out as a turning point, with non-participation dropping to 24%, suggesting this is when girls are most likely to step into civic and community spaces, underscoring the need to sustain platforms and mentorship through transitions into adulthood.

Shifting gender norms in households is the first lever of wider social change. But it's possible due to the effort required — sustained counselling, repeated reinforcement, and trust-building with families. Continued support is vital.

Figure No.14 : Civic participation of adolescent girls



LIVELIHOODS

For adolescent girls in migrant slums, earning an income is a social turning point, not just an economic milestone. Even modest first earnings are reshaping girls' sense of independence, shifting decision-making dynamics at home, & challenging and shifting entrenched gender norms around who contributes and who is heard.

Among the cohort, 36% are engaged in work, either by combining studies with employment or by working exclusively, while 23% fall into the NEET category (Not in Education, Employment, or Training). The majority remain connected to higher education, with many focused solely on pursuing higher education before seeking a first job. When compared with national data, **where 43.8% of girls aged 15–24 are NEET [NSS Report 2021][34]. This cohort reflects a higher engagement, indicating stronger retention in education and work pathways.**

Among girls aged 18 and above, 36% reported earning their own income, compared to 25% nationally. 41% pursuing higher education are expected to enter work after completion, is a glimmer, that should not be ignored.

Figure No.15 : Status of Education, Work, and NEET % (age: above 18 years) [N=145]

41% Pursuing higher education

23% NEET (Not in Education, Employment or Training)

26% Pursuing higher education through open universities and working

10% Only working

63% of college-going girls earn less than ₹10,000 per month, while 60% of those who have completed education earn between ₹10,000–₹23,000. Yet in households where fathers are daily wage laborers and mothers work in informal care or domestic labor, even an additional ₹12,000–15,000 per month can significantly raise household income—reshaping both family economies and power dynamics at home. Several past alumni shared crossing incomes of ₹30,000–32,000 per month.

> Parents have started to take me seriously. Earlier they would think I'm still immature, but now, because I also financially contribute, they listen to me more. I have added Rs.16000 to my family's monthly household income. This is just my first salary.
>
> **- 21 Year Old Girl, GEC 5**

> Ritika bought her own Scooty, within a year of finishing her fellowship. "Didi, now I can take my mother to the market and make sure my sisters reach school safely. Buying my own scooty from my first salary felt like flying on two wheels — it gave me freedom I had only dreamed of.

34 National Sample Survey Office. (2021). Multiple Indicator Survey in India. Ministry of Statistics and Programme Implementation, Government of India.

Behind these first earnings lies a scaffold of support carefully built by Protsahan for girls facing adverse childhood experiences. Most girls stepped into the workforce only after developing the skills and confidence needed to do so with the girls champion program of the organization.

What emerges is not just an income statistic, but the story of how layered investments in skills, confidence, and connections create pathways for girls to earn with dignity at depth of scale with those with difficult childhoods filled with adversity and violence.

Nearly nine in ten adolescent girls credited Protsahan with building their skills (87%), the foundation of employability. Career guidance (61%) then shaped their choices, while exposure to new opportunities (41%) widened what they believed possible. For a smaller but significant share (22%), industry networks created by Protsahan became the bridge to internships, apprenticeships and placements. The story is not just of training, but of opening doors, widening depth of trajectories and professional agency, and building pathways that girls could walk on their own, no matter the cards the past has dealt them.

Figure No.16 : Areas of Support provided by Protsahan (%) [N=54]

RIGHTS & ENTITLEMENTS

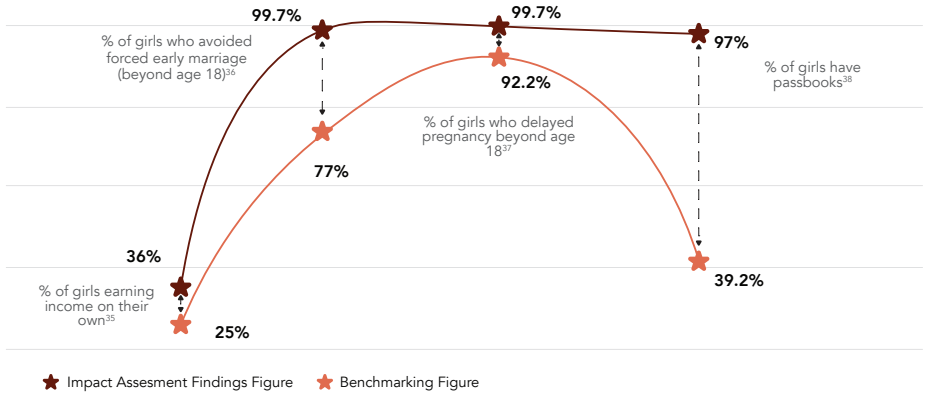
Every girl participant and her parents now have Aadhaar cards — a striking achievement for ultra poor households that move between states and are most at risk of exclusion.

Almost all girls (97%) have bank passbooks, and 90% possess school-related IDs or certificates. These aren't just government issued documents; they are proofs of identity and social protection that become the keys that unlock scholarships, welfare transfers, and uninterrupted schooling for the girls who have fallen off the margins. Protsahan's role has been pivotal, guiding families who have never been educated, through complex paperwork and ensuring no girl's education falters for lack of an ID. **Among parents, core identity documents like voter IDs and PAN cards are nearly universal, but access to social protection schemes remains uneven.** Less than half had E-Shram cards (49%) or labour cards (36%), and two-thirds had ration cards (67%). These gaps are precisely where Protsahan has stepped in—through awareness drives, youth leaders, and one-on-one support—helping families apply for ration cards, labour IDs, and other entitlements that strengthen household security.

Protsahan's Rights & Livelihoods Outcomes & National Benchmarks

The evaluation makes clear that Protsahan is not only enabling girls to avoid forced early marriage and delay pregnancy, but doing so at levels far beyond national trends. Even in the area of income, where barriers are steep, girls associated with Protsahan are more likely to begin earning on their own. What stands out is not just protection from forced early marriage and motherhood, but the creation of new possibilities, where girls can take critical life decisions, pursue opportunities, and exercise greater independence. For those growing up in deeply marginalized contexts, this shift signals a profound transformation.

Figure No.17: Protsahan's Rights and Livelihood Outcomes & National Benchmarks



National benchmarks are included for contextual reference only; differences in population size, sampling frames, and denominators mean these figures should not be interpreted as causal or directly comparable estimates.

CASE STUDY

INCOME AS AGENCY: HOW GIRLS' LIVELIHOODS SHIFT GENDER NORMS IN MARGINALISED MIGRANT HOUSEHOLDS

In Delhi's migrant settlements, where most families balance survival on a single fragile income, the entry of a daughter into the world of paid work is a social reordering, not just an economic shift towards upward class mobility. What begins as a modest salary or stipend ripples far beyond the payslip.

For families accustomed to viewing daughters as burdens to be married off early, a girl's earnings suddenly reframe her as an asset. Household dynamics start to bend: conversations that excluded her now seek her opinion; mothers who bore the double weight of unpaid labour and neglect find their standing lifted; and the urgency of child marriage is replaced by parental pride in her ability to contribute.

As one Protsahan staff member observed: "Earlier, her voice wasn't counted at all. But after she started supporting her father financially, she was asked for her opinion — even in small things like what to buy for the house. At the same time, her mother's respect also grew. Suddenly, she was no longer invisible."

For adolescent girls in marginalized communities, income is never just money. It is mobility and the power to interrupt cycles of early marriage, invisibility, and silence. It is the quiet but radical shift from being "a responsibility" to becoming a recognized decision-maker at the family table. Protsahan has strongly seen the effects at household levels where livelihood skilling has become a lever for healing and growth for the young girl.

35 McDougal, L., Raj, A., & Singh, A. (2022, January 27). What does NFHS-5 tell us about women's status, safety, and economic positioning in India?

36 Singh, M., Shekhar, C., & Shri, N. (2023). Patterns in age at first marriage and its determinants in India: A historical perspective of last 30 years (1992–2021). SSM - Population Health, 22, 101363. https://doi.org/10.1016/j.ssmph.2023.101363.

37 Anupma, A., Sarkar, A., Choudhary, N., Jindal, S., & Sharma, J. C. (2022). Assessment of risk factors and obstetric outcome of adolescent pregnancies through a prospective observational analysis. Cureus, 14(10), e30775. https://doi.org/10.7759/cureus.30775

38 The Economic Times. "Women Own 39.2% of Bank Accounts in India: Govt Report." The Economic Times, 10 Nov. 2022,

5. TECHNOLOGY

ACCESS TO TECHNOLOGY

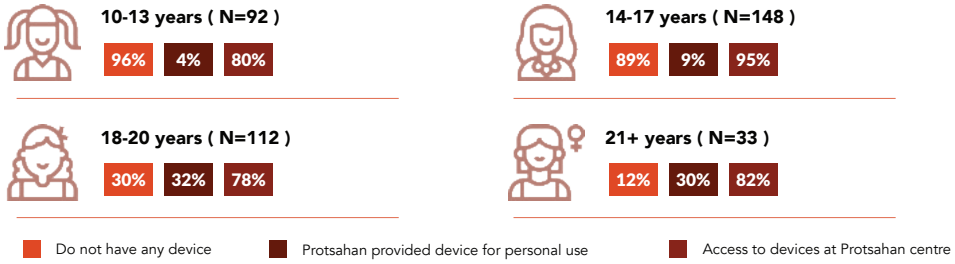
Protsahan has become the bridge to the digital world for thousands of girls. Among the youngest (10–13 years), 96% said they did not own a personal device. Yet, 80% were able to access computers and tablets at Protsahan centres—ensuring they could log in, learn, and dream digitally alongside their peers. The pattern is similar for mid-adolescents (14–17 years). Although nearly nine in ten lacked personal devices, 95% accessed digital tools through the centres, and some (9%) even received personal devices from Protsahan itself. This access matters: in a world where digital literacy shapes futures, girls who might otherwise be left behind are finding their entry point.

By the time girls reach 18–20 years, Protsahan's impact is even deeper. Nearly a third (32%) had received personal devices from the organization, while over three-quarters continued to use centre-based devices. Even older alumni (21+ years), though more likely to own their own devices, still turned to Protsahan's GECs (82%) as vital hubs of internet connectivity in urban slums.

Across all age groups, device ownership in the Protsahan cohort (43%) is well above India's national average for adolescent girls (27%). These numbers tell a powerful story: personal ownership is still low, but Protsahan has ensured that access is not. By opening digital doors through devices, training, and safe community spaces, Protsahan is equipping girls not just to catch up, but to step confidently into a digital future.

Device ownership among adolescent girls stands at 43% in the Protsahan cohort, higher than the national average of 27%

Figure No.18: Age-wise access to Device: Personal vs. Protsahan Support (%)

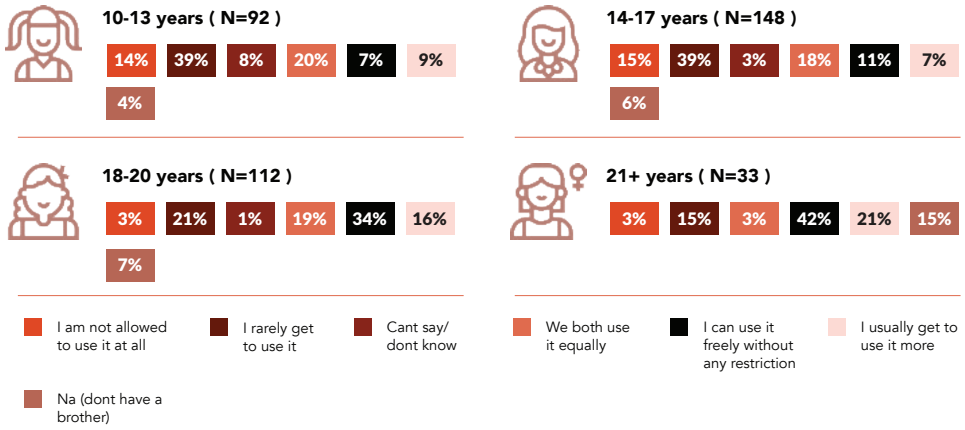


Access to digital devices is strongly influenced by gendered household dynamics, particularly in relation to brothers. Among younger girls (10–13 years), 39% reported that their brothers usually got more access and 14% were not allowed to use devices at all, highlighting sharp restrictions. Similarly, in the 14–17 age group, 39% said brothers used devices more, while 15% reported being denied access entirely, and only 11% could use devices freely.

Overall, 45% of respondents reported having limited or no access to a mobile phone compared to their male siblings, indicating a notable gendered barrier to digital connectivity and communication.

Autonomy increases somewhat in late adolescence. Among girls aged 18–20, 34% reported being able to use devices freely, though 21% still said their brothers had more access and 19% used devices equally. By age 21+, girls reported the greatest control, with 42% using devices freely and 21% usually having more access than brothers, though 15% still reported brothers dominating usage.

Figure No.19: Girl's Access to Devices Compared with Brothers (%)



TECHNOLOGY ENABLED LEARNING

At Protsahan, digital learning is not a one-time intervention, it is a journey that grows with girls as they move from adolescence into adulthood. What begins as basic awareness around cyber safety steadily expands into employability and financial skills.

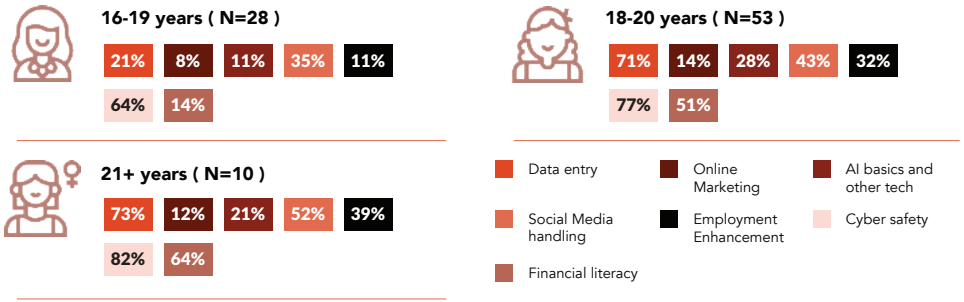
- **For younger girls (16–17 years), training focuses on building safe foundations:** two in three (64%) learned cyber safety, while others gained exposure to social media handling (35%). At this stage, skills like data entry (21%), financial literacy (14%), and employment enhancement (11%) are still emerging.

- **By the age of 18–20, the shift is striking.** Training in data entry (71%) and cyber safety (77%) becomes the norm, while half (51%) gain financial literacy and over a third (32%) participate in employment enhancement sessions enabled by technology. Social media handling (43%) remains relevant but is now layered with practical, job-linked skills.

- **For older youth (21+), the emphasis is squarely on professional readiness.** Cyber safety (82%), data entry (73%), and financial literacy (64%) dominate their learning profiles, complemented by social media handling (52%) and employment enhancement skills like learning softwares like Tally, Adobe and other workplace-relevant software (39%). Together, these skills build a foundation for safer digital participation, stronger job applications, and smoother entry into formal sector opportunities. Technology tied the technical skills to the larger goal of upward mobility and formal work inclusion for the girls.

These patterns show a deliberate progression: from safety in the digital space -> to technical competence in late adolescence -> to professional and financial capability in adulthood. In an AI-driven economy where digital literacy is a passport to opportunity, Protsahan ensures that girls are not left behind as passive users of technology, but step forward as future-ready participants in India's workforce.

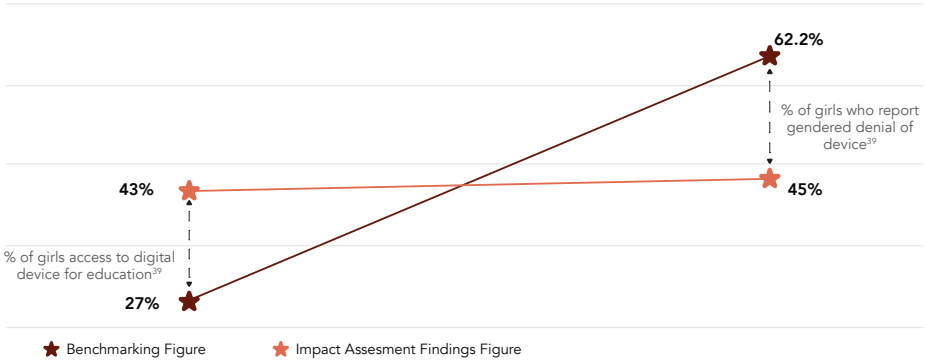
Figure No.20: Age-wise participation in Digital and Employment-Enhancing Skills (%)



Protsahan's Rights & Livelihoods Outcomes and National Benchmarks

After the comaprison, it is clear that Protsahan is not only enabling girls to avoid early marriage and delay pregnancy, but doing so at levels far beyond national trends. Even in the area of income, where barriers are steep, girls associated with Protsahan are more likely to begin earning on their own. What stands out is not just protection from early marriage and motherhood, but the creation of new possibilities - where girls can delay critical life decisions, pursue opportunities, and exercise greater independence. For those growing up in deeply marginalized contexts, this shift signals a profound transformation: from cycles of uncertainty to futures defined by choice, agency, and dignity.

Figure No.21: Protsahan's Technology Outcomes & National Benchmarks



National benchmarks are included for contextual reference only; differences in population size, sampling frames, and denominators mean these figures should not be interpreted as causal or directly comparable estimates.

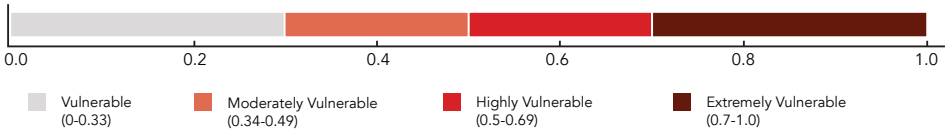
VULNERABILITY SCORE BENCHMARKING

To understand the levels of risk and resilience among migrant adolescent girls, a vulnerability scoring system was developed using the five pillars of the H.E.A.R.T. model - Health, Education, Art, Rights, and Technology. **Each domain carried a maximum score of 20 points, adding up to 100. In this system, a higher score reflects greater vulnerability, while lower scores indicate stronger resilience and protective factors.**

Structure of the Scoring System

- Each thematic domain of H.E.A.R.T carries a maximum score of 20 points, resulting in a total possible score of 100 points.
- Within each domain, survey responses were consolidated into key indicators (e.g., for Education: enrollment, progression to higher education, and parental support).
- Average scores were then calculated for each domain, providing a simple and comparable measure of progress.

Figure No.22: Vulnerability Score Legend



Despite progress in areas such as the widespread use of hygienic menstrual products, a large majority of girls still report restrictions during menstruation, reflecting persistent stigma and taboos. Similarly, while almost all girls in the Protsahan cohort have delayed marriage beyond 18, household-level decision-making remains skewed, with many girls noting that their opinions are not consistently valued. Limited access to entitlements and persistent risks of gender-based violence further reinforce their vulnerability in this domain.

Health (0.25) and Rights (0.25) emerge as the most vulnerable domains, underscoring how girls continue to face significant challenges in accessing healthcare, sexual and reproductive health (SRHR), and in exercising their rights within families and communities.

39 The Indian Express. (2023, January 25). ASER reveals gender gap in digital literacy. We must ensure that no girl is left behind. The Indian Express.

Education (0.15) and Technology (0.15) show moderate vulnerabilities, with strong school enrolment gains and expanding digital access. Yet, gaps remain in higher education completion and in ensuring equal access to devices for girls.

Art (0.10) emerges as the least vulnerable domain, reflecting a relative strength for Protsahan girls. Creative mediums such as theatre, photography, painting, dance, and music have become powerful tools for expression, healing, and resilience-building.

While systemic barriers persist in health and rights, art-based interventions have created safe spaces for girls to articulate their voice, build confidence, and foster emotional resilience.

BENCHMARKING AGAINST NATIONAL CONTEXT

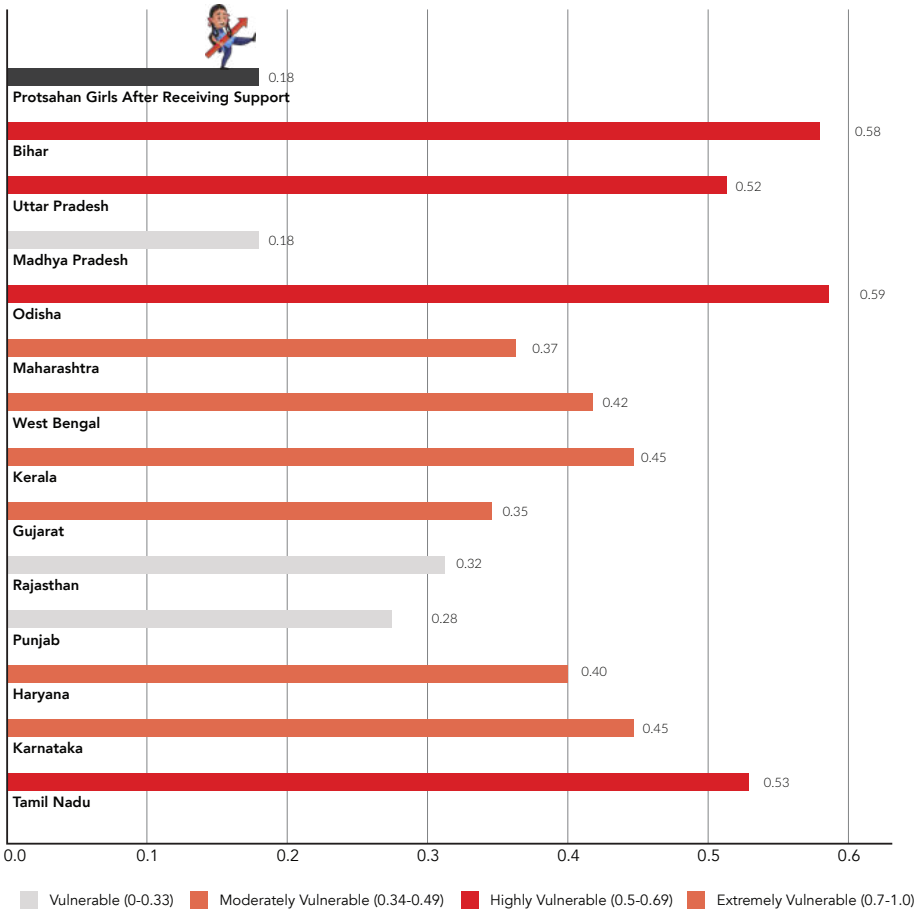
When benchmarked against the KHPT-MoHFW–WHO Adolescent Vulnerability Mapping[40], Protsahan girls (0.18) are less vulnerable than adolescent girls in almost every state in India:

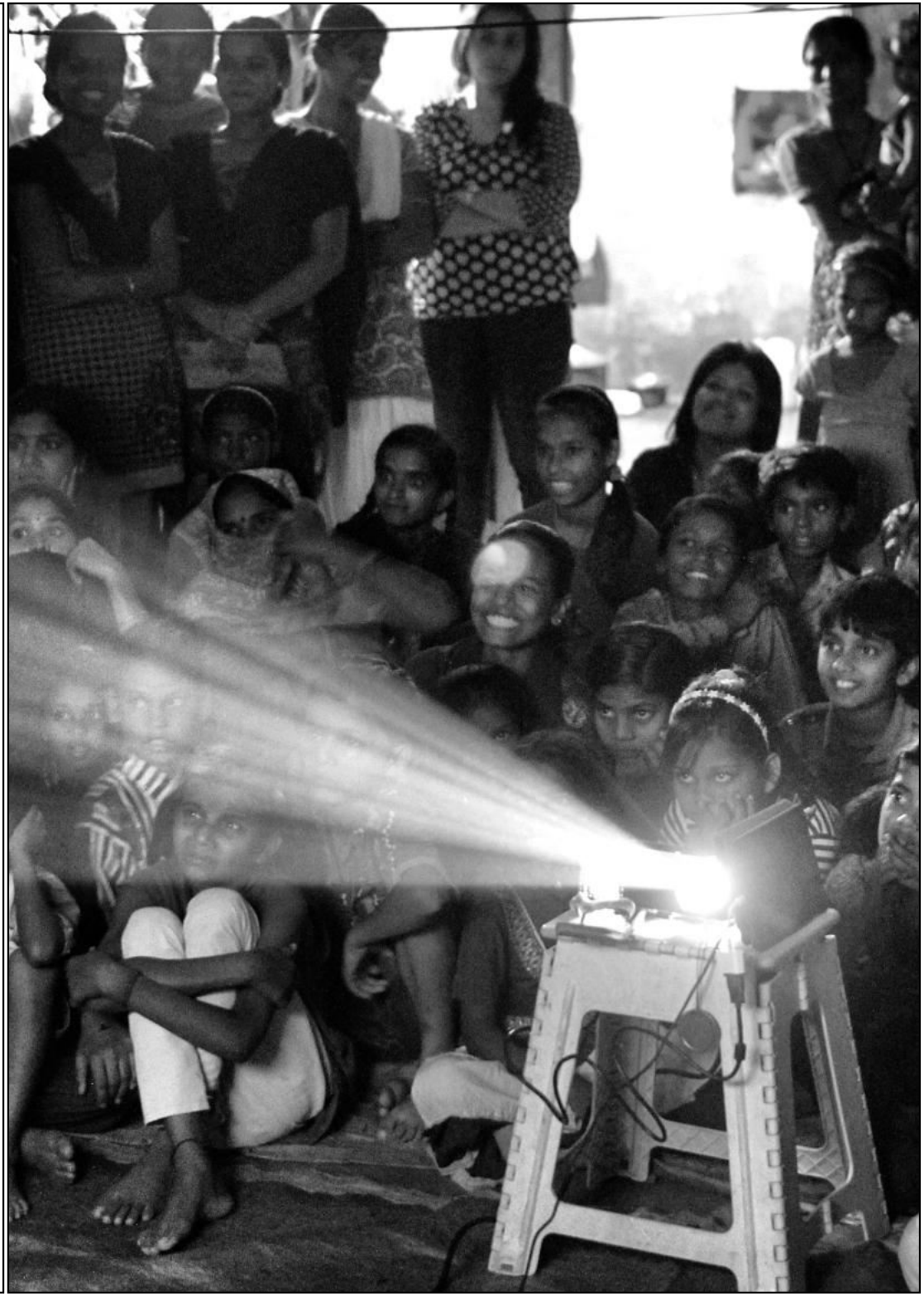
- States like Bihar (0.58), Odisha (0.59), and Uttar Pradesh (0.52) are in the Highly Vulnerable range.
- Even "Vulnerable" states such as Punjab (0.28) and Rajasthan (0.32) show higher risk than Protsahan's cohort.

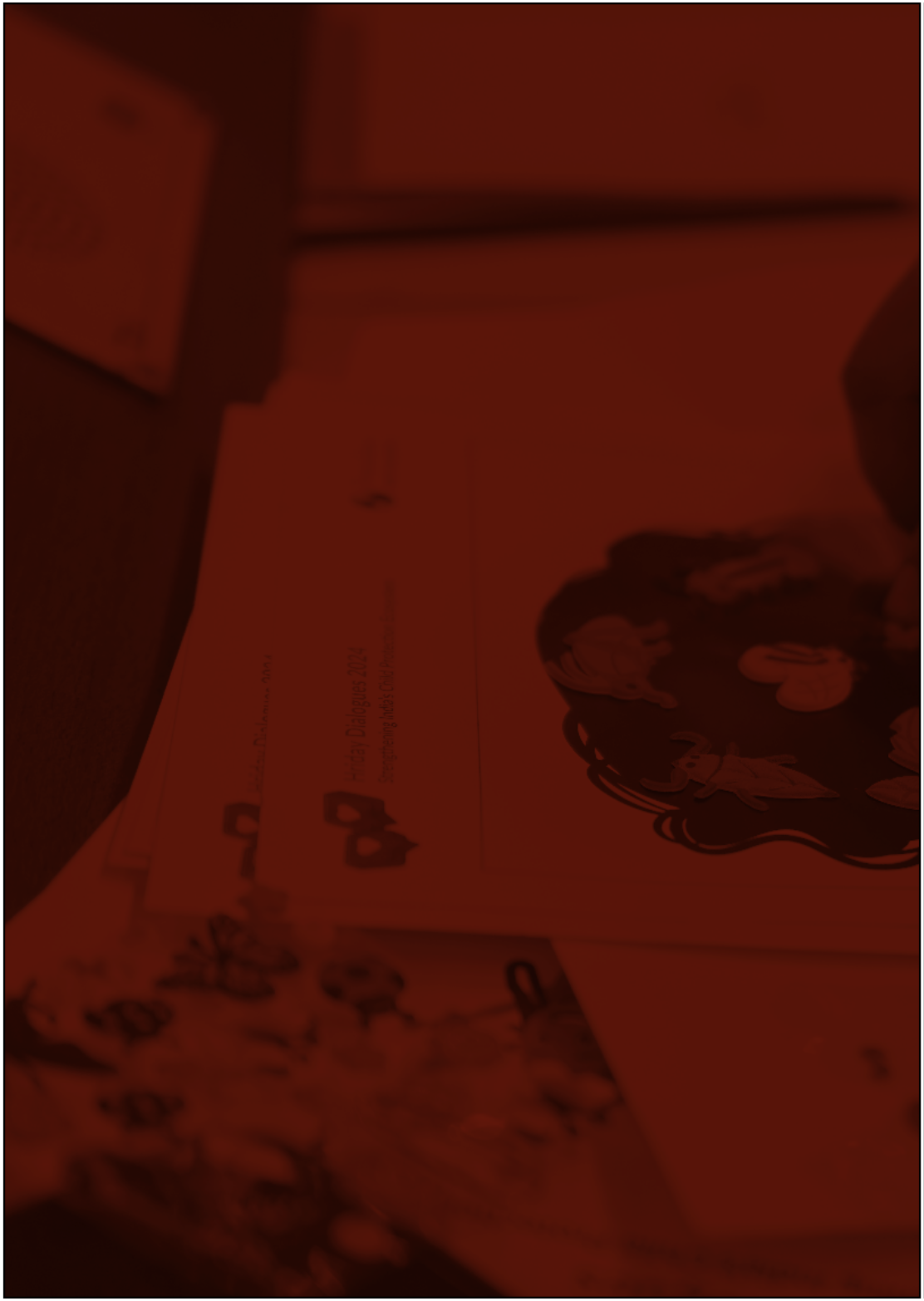
Despite coming from migrant families originally belonging to some of the highest-risk states, Protsahan girls now demonstrate much stronger resilience. This is a phenomenal result in terms of decoding vulnerabilities of the migrant girls facing severe childhood adversity, before and after Protsahan's program interventions.

40 Ministry of Health & Family Welfare (MoHFW), & World Health Organization (WHO). KHPT (2021) (Phase 1). Developing and implementing a framework for mapping and assessing adolescent vulnerabilities in India.

Figure No.23: Benchmarking of Adolescent Vulnerability Scores (H.E.A.R.T vs. MoHFW Study)





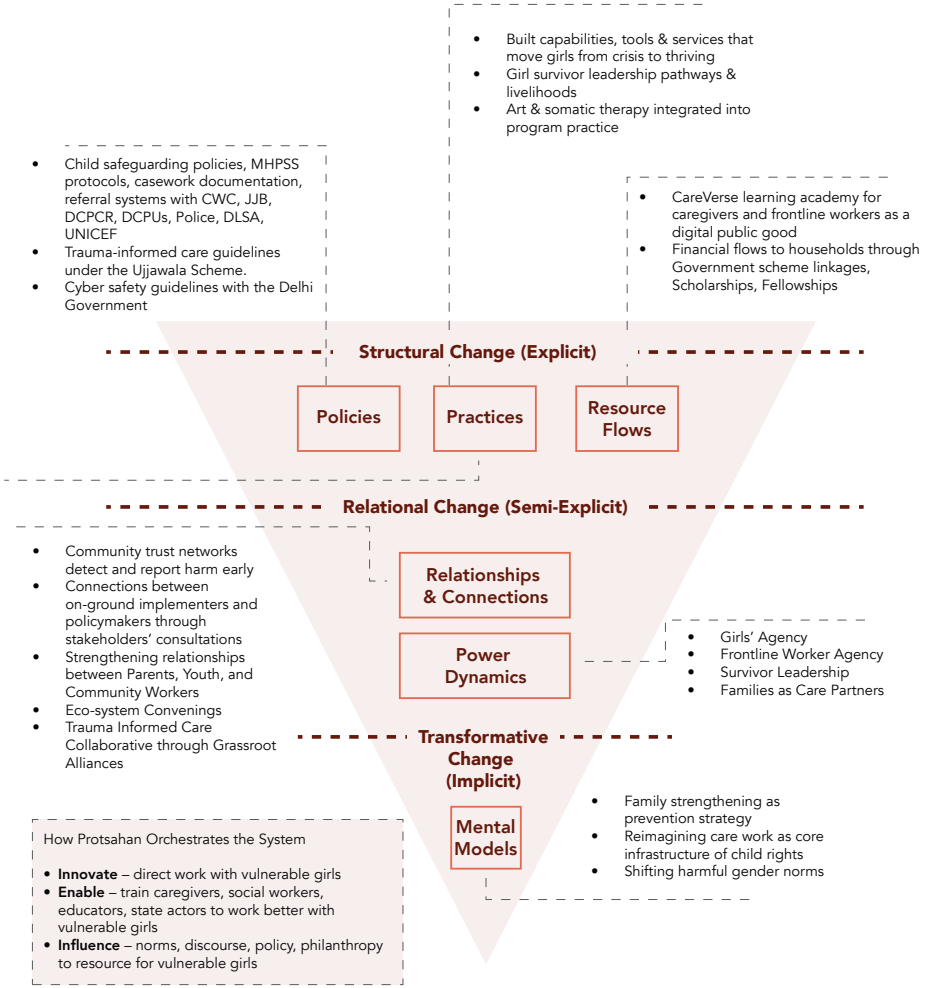


ECOSYSTEM STRENGTHENING & FIELD BUILDING

3. ECOSYSTEM STRENGTHENING & FIELD BUILDING

Protsahan's field-building work was assessed against the Water of Systems Change framework to understand how its interventions move beyond program delivery to influence systems. The framework, developed by FSG, highlights that lasting social change requires addressing not only surface-level interventions but also the deeper conditions that sustain problems. It identifies six interdependent conditions across three levels: structural (policies, practices, resource flows), relational (relationships and power dynamics), and transformative (mental models and cultural norms).

Figure No.24: Six Conditions of System Changes



STRUCTURAL CHANGE

1. POLICIES

Protsahan has shaped policy and legal frameworks to integrate trauma-informed care into India's child protection systems.

- **Integration of Research into Legal Training for POCSO [Protection of Children from Sexual Offences Act] in Madhya Pradesh and Assam:** Findings from Protsahan's POCSO research reports were formally adopted into training modules for new High Court lawyers in Madhya Pradesh and Assam (2024 onwards). This institutionalizes trauma-informed child protection perspectives in the legal profession at the state level.
- **Trauma-Informed Guidelines with Delhi Government under the Ujjawala Scheme:** Protsahan co-developed trauma-informed care guidelines under the Ujjawala Scheme[41]. These guidelines now inform over 250 anti-trafficking projects and rehabilitative homes nationwide, impacting more than 5,200 survivors.
- **Rapid Response**: Supporting Children's Mental Health During COVID-19. At the peak of COVID-19, in collaboration with the Ministry of Women and Child Development, Childline 1098, and UNICEF India, Protsahan India Foundation developed an innovative Trauma Toolkit for frontline actors to enable psychosocial support for children across 525 districts of India.

2. PRACTICES

Protsahan has institutionalized trauma-informed practices across multiple systems, ensuring that care for children and adolescent girls is not limited to isolated projects but becomes an embedded way of working across the country.

- **Trauma-Informed Pedagogy in Schools & Child Protection Committee:** Teachers in government schools in Delhi and CWC & DCPU staff (Delhi & Jharkhand) are being trained to recognize signs of trauma, apply neurodevelopmentally informed teaching methods, and follow the correct legal reporting protocols under POCSO and Juvenile Justice Act. This shifts classroom practice from discipline-driven approaches to safety and empathy-driven pedagogy.

3. RESOURCE FLOWS

Protsahan has strengthened the flow of resources—knowledge, skills, human capacity, and financial support—into trauma-informed care ecosystems, ensuring that critical assets extend well beyond its own programs.

- **Multiplier Effect in Training:** The CareVerse digital platform disseminates trauma-informed training modules in multiple languages, enabling teachers, Anganwadi workers, social workers, and police personnel to access high-quality knowledge at scale. This diffusion ensures frontline caregivers are equipped even in low-resource contexts. Through workshops and 'train the trainer' approaches, knowledge cascades from directly trained participants (teachers, CWCs, corporate volunteers) to their institutions and communities—multiplying reach across millions of families.

41 Ujjawala Scheme: A Government of India program under the Ministry of Women and Child Development to prevent trafficking and support the rescue, rehabilitation, and reintegration of women and child survivors.

CASE STUDY

FROM LABELING TO LISTENING - A TEACHER'S TRANSFORMATION THROUGH TRAUMA-INFORMED TRAINING

For Kamlesh, a government school teacher with two decades of experience, children who skipped school or failed repeatedly once seemed careless and inattentive. She, like many educators working in crowded classrooms, viewed absenteeism or lack of focus as disciplinary issues rather than deeper cries for help. That perspective changed when she participated in Protsahan's training on trauma-informed care. Through interactive sessions on understanding trauma, identifying signs of abuse, practicing empathetic listening, and using real-life case discussions, she realized that behaviors often dismissed as laziness or defiance can actually be indicators of trauma in childhood. Kamlesh explains that before the training, she would not have thought to explore the child's circumstances or provide emotional support. Now, her behavior as an educator has fundamentally changed - she speaks more gently, observes more carefully, and views every child's silence or withdrawal as a signal worth attending to.

The ripple effects go beyond individual cases. By bringing parents into conversations, counseling mothers, and encouraging empathy at home, Kamlesh contributes to a safer ecosystem for children. She also acknowledges the value of institutions like CWCs or NGOs, while pointing out that Protsahan's consistent follow-up and genuine support make it a more reliable partner in safeguarding children. The training helped her understand that healing is not only about addressing visible problems but also about restoring dignity, building trust, and nurturing resilience in children who have faced trauma. Her journey reflects a powerful change in knowledge (recognizing trauma), awareness (understanding children's behaviors differently), and behavior (shifting from judgment to counseling). It shows how trauma-informed practices equip teachers to create safe spaces where girls can heal, learn, and grow—not in silence, but with dignity and support.

CASE STUDY

EMBEDDING TRAUMA INFORMED CARE IN EVERYDAY ANGANWADI WORK IN DELHI

For over a decade, an Anganwadi Centre in Delhi has been a familiar presence in the community- providing children with meals, early learning, and basic health monitoring. Every morning, the Anganwadi worker welcomes children into a safe space, while also visiting homes of malnourished children and guiding mothers on nutrition and hygiene. Yet her role, like many Anganwadi workers, was once confined to service delivery. With Protsahan's involvement, the Anganwadi Centre's scope was transformed. Through specialized trainings, the worker learned to identify and respond to Child Sexual Abuse (CSA), recognize domestic violence in its many forms, and understand women's legal rights. She recalls how the concept of "safe and unsafe touch" and orientation on the POCSO Act changed the way she engaged with children and families, especially with mandatory reporting. This training proved critical in 2019 when she noticed signs of abuse in a child. Earlier, she admits, she might have remained silent out of fear or uncertainty. But with Protsahan's guidance, she immediately contacted the police, arranged first aid, and ensured qualified counseling support for the child and her family.

She said, **"Mothers now increasingly trust the Anganwadi, choosing to leave children there rather than with relatives as they go for daily wage work. Even mothers-in-law, once reluctant, now encourage attendance at meetings. Women in the community speak more openly about violence, and some have sought help against neglect and abuse with the worker's support. Today, the Anganwadi has become more than a government program. With Protsahan's sustained partnership, it stands as a hub of trust, safety, and empowerment.**

CASE STUDY

STARTING WHERE IT HURTS MOST – IMPLEMENTATION MEMBERS' PERSPECTIVE

When Preeti, frontline worker, talks about Protsahan's work, she begins with the hard truths. **"The area we work in was not safe. Many girls were survivors of child sexual abuse, and there were also cases of transactional sex. That's when our old center was started,"** she recalls. For her, the starting point was clear: the girls needed a safe place before anything else could begin.

The early years were difficult. About 100 girls came to the center, and the team managed to support 12 of them through their livelihood pathways even though almost all completed schooling with constant support from the team so that they didn't drop out. But as Preeti explains, education alone wasn't enough. **"After finishing school, their families wanted to marry them. That's when we realized they had no direction beyond school. So we started the seven-month digital literacy course which eventually in 2021 evolved into the trauma informed livelihoods vertical under the girl champions program."** It was a crucial turning point—helping girls see that they could aspire to dignified work and income generation instead of early marriage.

Over time, Protsahan's model deepened and widened. Today, the work stretches across 107 slum communities. She describes the process: **"Our ground team goes door-to-door in the mornings, identifying children who need support in impoverished slums. We check if they are facing rights violations like abuse or violence, and then decide what kind of support is suitable—school enrollment, academic help, digital training or linkage to government entitlements."**

Protsahan sees the invisibilized child, the girl facing abuse or at high risk and tailors support so she can return to school, find opportunities, and reclaim her future. **"Those with higher vulnerability are enrolled in the Girl Champion program at GEC Hub, others with lesser risk but ultrapoverty are supported intently and intensely through GEC spokes in communities through robust linkages," she explains. Trust-building with families has been another constant theme in Protsahan's work. After COVID, she and her colleagues saw children without even the most basic social security documents. Many were ragpickers, earning a small daily income, and parents hesitated to let them attend the center. "Sometimes, we visited some homes five to ten times to convince them to allow their daughters to attend school," she says. "In some cases, it took months. But once parents saw tangible improvements—children going to school in uniforms, working on computers, learning hygiene—they began to believe in the process."**

For Preeti, success lies in both the large and small shifts. A girl delaying marriage, a family proud of their daughter's confidence, a child sexual abuse survivor receiving victim compensation at the courts and coming regularly for art therapy or a mother facing domestic violence ending up filing a report so that her daughter sees her courage to speak up — all these represent transformation. Her perspective is rooted in pragmatism: progress comes slowly, with persistence and repeated engagement by meeting the communities where they are.

Looking back, she sees Protsahan's work as not just service delivery, but a shift in direction for entire communities. Starting from the most unsafe spaces, it has opened pathways for girls who otherwise had none. As she puts it, **"We began by responding to trauma of violence, abuse and severe childhood adversity, but what we are building now is confidence, opportunity, and leadership not just in our GECs but at more NGOs and at the government level. That is how real change takes root. We have to allow for emergence because real people are involved and real change is complex and messy, not something that can most days get plotted neatly on a number line graph."**

CAREVERSE: MONITORING, EVALUATION & LEARNING (MEL) EVIDENCE BRIEF

Strengthening Trauma-Informed Caregiving in Child Protection Systems

WHY CAREVERSE, AND WHAT THIS MEL EVALUATION TESTED

CareVerse is Protsahan's learning academy, being designed to strengthen trauma-informed capacity among frontline caregivers working with children who have experienced violence, abuse, trauma, and adversity in ultra poor settings.

Rather than focusing on awareness alone, CareVerse is intentionally being designed to answer: *Can frontline caregivers meaningfully **improve** how they understand, apply, and sustain trauma-informed practices in real-world child protection settings?*

This MEL assessment (done as a pilot as a part of this 15-year organization impact evaluation) examines whether pilot trainings (a new program with the potential to scale) lead to measurable improvements across three critical domains that underpin effective child protection:

1. **Knowledge** (of trauma and trauma-informed approaches)
2. **Practice (**the ability to apply these approaches in daily work)
3. **Overall performance** (capturing consistency, confidence, and integration of learning through trackable actions)

HOW THE ASSESSMENT WAS CONDUCTED

To assess effectiveness, pre- and post-workshop assessments were conducted with participating caregivers from CWC, JJB and NGO participants. This approach compared each participant to themselves before and after the training allowing us to isolate changes associated with the training. Paired t-tests were used to test whether observed changes were statistically significant—that is, unlikely to be due to chance.

Scores were analysed across three domains: Knowledge, Practice and Overall performance.

The assessment tools were designed to capture both:

- Conceptual understanding (e.g. recognising trauma responses in children, understanding fear and anxiety, avoiding re-traumatisation), and
- Practical application (e.g. using arts-based counseling methods, maintaining confidentiality, responding quicker, building child protection policies etc.).

WHAT THE EVIDENCE SHOWS

A. Knowledge: Strong gains in conceptual understanding

Caregivers demonstrated a substantial improvement in trauma-related knowledge, with mean scores increasing from 3.8 (SD = 1.11) pre-workshop to 5.4 (SD = 0.72) post-workshop. This change was highly statistically significant ($t = -5.46$, $p < 0.001$).

This means CareVerse is highly effective at building foundational understanding of trauma, including how children process fear, stress, and adversity. This is a critical prerequisite for safe and appropriate caregiving at the frontlines, particularly in high-risk environments.

B. Practice: Measurable improvements in day-to-day application

Practice scores increased from 19.2 (SD = 2.04) before the workshop to 20.8 (SD = 2.00) after the workshop. This improvement was statistically significant ($t = -2.29$, $p = 0.032$).

This means caregivers did not merely absorb information, they believed they can take action, such as:

- Greater attention to confidentiality of disclosures and case documentation
- More appropriate responses to identifying distress in children before harm could escalate
- Better understanding on linkages and referrals with state support systems

From an MEL perspective, this is particularly important because practice change is harder to achieve than knowledge change. In the coming years, Protsahan is tightening its evaluation further to be able to track with better clarity what actions were taken by caregivers at scale to prevent harm.

C. Overall performance: The strongest signal of impact

Overall performance scores showed the most pronounced improvement, rising from 21.7 (SD = 2.8) pre-workshop to 26.7 (SD = 1.8) post-workshop. This represents a 23% improvement over baseline, and the change was highly statistically significant ($t = 6.22$, $p < 0.001$).

This means CareVerse strengthens not just isolated skills, but integrated capability—combining knowledge, confidence, and consistent application. Participants demonstrated greater assurance in using trauma-informed approaches and applying them reliably in their work. From a systems perspective, this matters because child protection failures often stem not from lack of policy, but from inconsistent frontline capability.

Figure No.25: CareVerse Impact on Practice, Knowledge, and Overall Performance Scores

HOW TO INTERPRET THESE RESULTS (AND WHAT THEY DO NOT CLAIM)

CareVerse training shows statistically significant short-term improvements in frontline caregiver knowledge, practice, and overall capability. While this assessment does not yet test long-term behaviour change or attribute downstream child-level outcomes to training alone, it establishes a critical foundation: strengthening caregiver capability within child protection systems is a necessary precondition for safer outcomes for vulnerable children.

WHY THIS EVIDENCE MATTERS FOR FUNDERS AND SYSTEMS ACTORS

This MEL evidence highlights three reasons CareVerse represents a high-leverage investment:

1. **It targets the right bottleneck:** Child protection systems frequently fail not because of missing laws or schemes, but because frontline caregivers lack the skills, confidence, and support to respond safely. CareVerse addresses this bottleneck directly, through structured digital courses.

2. **It measures what matters:** Rather than relying on attendance, satisfaction, or awareness metrics, this assessment aims to focus on capability change—knowledge, practice, and integrated performance.

3. **It offers a scalable systems multiplier:** Each trained caregiver influences multiple vulnerable children over time. Strengthening caregiver capacity is therefore a multiplier investment, improving system quality without relying on individual heroism or ad-hoc interventions.

LEARNING IMPLICATIONS

The results validate CareVerse's core design choices:

1. **Action-first learning:** Training is designed backwards from observable caregiver practices, not forwards from knowledge acquisition.
2. **Layered architecture:** CareVerse functions through three interlocking layers—material production, platform enablement, and ecosystem integration—ensuring that content, delivery, and adoption reinforce one another.
3. **Focused actor segmentation:** CareVerse prioritises caregivers and frontline workers whose roles directly influence safety and wellbeing outcomes for vulnerable girls & children.

Going forward, CareVerse's MEL framework will deepen focus on strengthening MEL capacity at scale:

KEY DESIGN CONSIDERATIONS	HOW CAREVERSE WILL RESPOND
Ensuring learning translates into sustained caregiver practice	To track longitudinal retention of caregiver practices and introduce periodic refresher nudges linked to role-specific actions.
Avoiding overly generic training content	To maintain tight role segmentation and design learning pathways backwards from observable caregiver actions.
Preserving quality and accountability as CareVerse scales	To use cohort-based, geographically focused scaling with defined feedback loops before replication.
Strengthening links between caregiver learning and child-level outcomes	To establish proxy child-level indicators and integrate them into CareVerse MEL cycles.

CareVerse will scale through cohort-based, geographically focused implementation, allowing practice change to be observed, retained, and refined within defined local systems before expansion. This approach prioritises learning velocity and evidence strength over rapid diffusion, ensuring that improvements in caregiver capability are durable and replicable across contexts.

Scan, to know about CareVerse leaning academy content

The real innovation is Protsahan's shift to exponential thinking — growing impact without growing the organization. Through the Ashoka ASPIRe accelerator, they embraced models of seeding intelligence into the ecosystem, much like an Intel chip powering multiple devices. Protsahan's trauma-informed intelligence (through CareVerse) can now be embedded across classrooms, communities, and child protection systems, enabling capacities and scale through local proximate actors.

- Gopal Garg, Director - Ecosystem & Partnerships, Project ASPIRE (Ashoka)

Protsahan's unique ability to humanize this work via CareVerse, to make trauma care accessible through arts, storytelling, and empathy, makes the intelligence not just scalable, but adoptable and lasting.

- Polina Nezdiikovska, Community Development Lead, Think Collective Center for Exponential Change (C4EC)

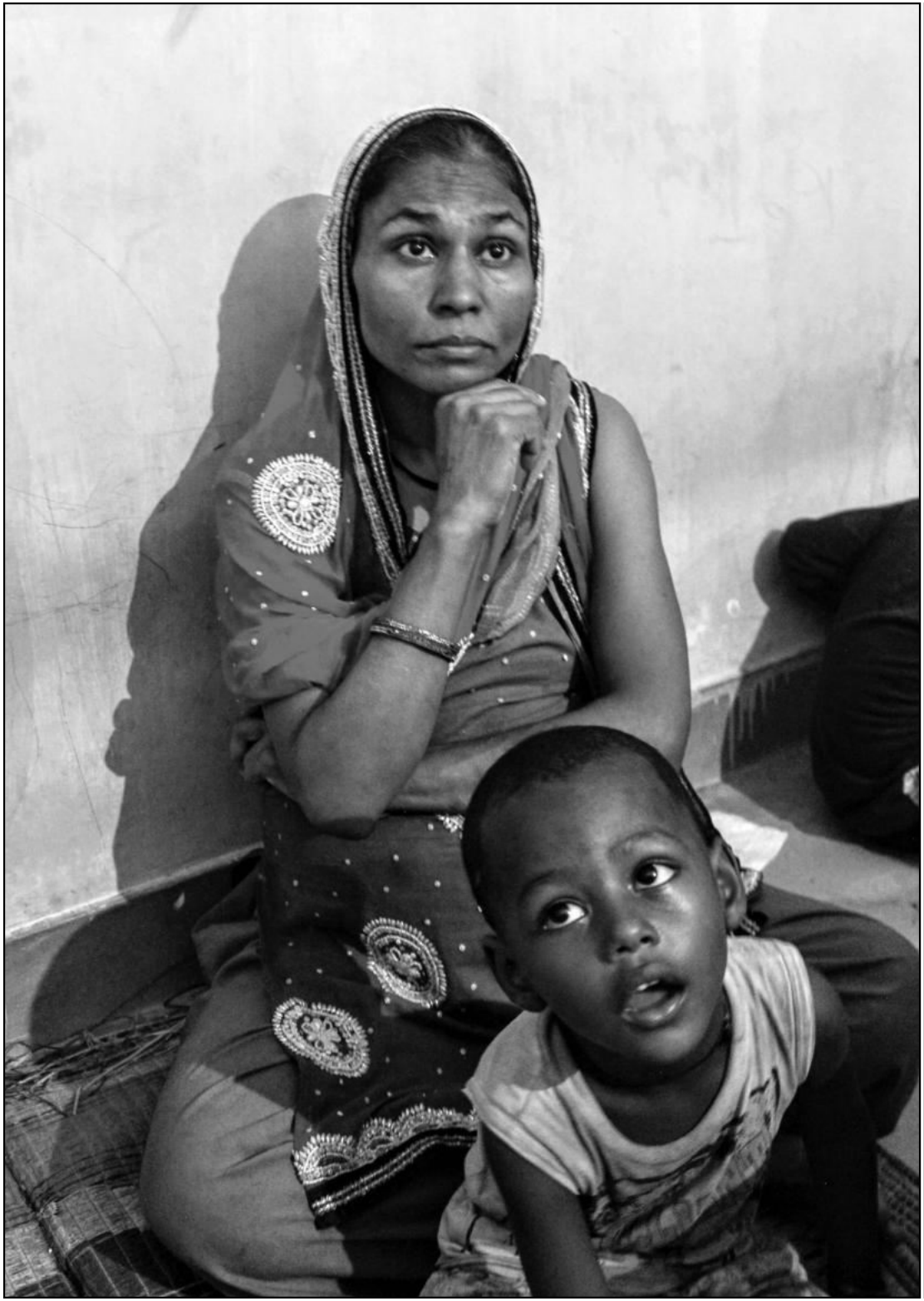
CASE STUDY

CAREVERSE – A NEW LANGUAGE OF HEALING FOR CHILD ABUSE

Dr. Kavita Mangnani, National Coordinator with the India Alternative Care Network (IACN) shared that what is most critical about Protsahan's CareVerse was its ability to make trauma care simple and relatable for families and frontline workers. **"Even with my PhD in psychology," she said, "I sometimes use jargon that social workers don't understand. CareVerse breaks this down into short videos, metaphors, and action based exercises that anyone can grasp."**

She recalled a recent two-day workshop where 40 state counselors and NGO social workers were trained, each going on to reach hundreds of families in their communities. The ripple effect was immense. She highlighted activities such as the 'ants crawling' metaphor to explain confusion, or visuals showing how a beating leaves invisible marks on the brain and heart. These tools made trauma and healing visible, practical, and easy to communicate.

She further emphasized the relevance of such approaches for Child Welfare Committees (CWCs), who often have only a single day - not months - to build rapport with a child. "CareVerse can really go forward," she reflected. **"It makes community mental health approachable, practical, and impactful for everyone, from parents to CWCs."**



RELATIONAL CHANGE

4. RELATIONSHIPS AND CONNECTIONS

Transforming a system is really about transforming the relationships between people who make up the system. Protsahan has been able to act as a bridge between actors who rarely meet on equal terms - adolescent girls, teachers, social workers, police officials, and Child Welfare Committees. By creating safe, art-based spaces where girls share lived experiences of adversity, Protsahan shifts how these stakeholders see each other. Relationships that were once hierarchical or transactional begin to carry trust, accountability, and care. This relational rewiring is what allows formal systems - classrooms, courts, welfare schemes - to start working with communities rather than on them. Protsahan strengthens the ecosystem of trauma-informed care by fostering critical relationships at multiple levels of the system.

- **Connections between on-ground implementers and policymakers through a national platform convening, Hriday Dialogues:** Hriday Dialogues is a national platform bringing together a diverse array of stakeholders, including experts from the government, media, civil society, funders, and key legal and psychological institutions, to spotlight best practices and pathways of open exchange that help vulnerable girls heal and thrive.

- **Cross-system institutional linkages:** Protsahan creates coordination channels between Child Welfare Committees, District Child Protection Units, government schools, Anganwadis, aligning fragmented services into a responsive network of trauma care. These relationships ensure that care does not remain siloed—but flows seamlessly across households, communities, and state systems, reinforcing a collective approach to child protection and healing.

> Protsahan is bringing together grassroots NGOs through dialogues to build a collective community capable of addressing traumatic childhood experiences. These efforts have also contributed to policy shifts on issues such as sexual violence against children, positioning them as system leaders via a collaborative civil society model. They don't go forward alone, they take hundreds of others along with them on this journey because they deeply understand they can't solve this alone.
>
> **- Kavneet Sahni, Associate Director, Dasra**

CASE STUDY

TRUST BETWEEN PARENTS, GIRLS, AND COMMUNITY WORKERS

"Every day brings a new and sensitive case. This work can be emotionally exhausting, but even then, it feels like — if we don't raise our voice, how will change happen? This is our fight too." - Protsahan Community Social Worker

In communities such as Mohan Nagar, Kakrola, Vikas Nagar, and Ranhoula, families were once reluctant to engage with outsiders on issues related to their daughters. Talking about violence or abuse was considered deeply shameful, and community workers were often met with suspicion. One community social worker, who has been serving in these neighborhoods for more than 14 years, experienced these barriers firsthand. In the early years of her work, she often felt unprepared to respond when cases of violence or neglect surfaced. Without clear systems or resources, her role was limited to offering informal advice, with little long-term impact.

This changed when she began participating in Protsahan's training sessions. The sessions equipped her with knowledge of child protection laws, helpline numbers, and reporting protocols, while also emphasizing the importance of trust-building. She learned to approach families step by step—first creating a safe space for the child, then engaging parents with sensitivity, and finally connecting them with legal and counseling support. Her practice shifted from reactive and uncertain to structured and confident. In one instance, when a young girl disclosed abuse at home, the worker was able to calmly support the child, explain legal protection to the parents, and link the family with the Crime Against Women Cell and helpline services. Instead of resisting, the parents recognized her as a trusted partner who could guide them through a difficult process to get the child justice and healing. This evolution reflects a broader community-level change. Girls now feel more confident in seeking help, parents increasingly view community workers as allies rather than outsiders, and frontline workers themselves have grown into empowered professionals who can navigate sensitive cases with care and authority. The transformation of one worker's approach illustrates how training and trust-building can reconfigure relationships—turning hesitation and stigma into cooperation and shared responsibility for child safety.

> Creating a small, substitute safe space for a handful of children is not enough—we cannot rely on the 'Oasis approach.'[42] Protsahan's vision goes further: the system itself must be strengthened to create lasting spaces of safety and concern. This means engaging directly with frontline duty bearers - teachers, child protection officers, lawyers, the judiciary, and the police. While no single organization can do everything, Protsahan makes strategic choices about which actors to work with, ensuring that its grassroots practice informs and influences systemic change.
>
> **- Puja Marwaha, CEO, Child Rights and You**

5. POWER DYNAMICS

Protsahan actively reshapes power hierarchies in child protection and adolescent empowerment by:

- **Shifting power to adolescent girls:** Girls are encouraged to speak up in schools, families, and community spaces-challenging harmful gender norms and asserting their rights. From writing petitions to local authorities to confronting child marriage, girls become agents of influence in decision-making processes traditionally dominated by adults.

- **Strengthening frontline workers' authority:** By equipping teachers, Anganwadi workers, and social workers with trauma-informed tools through the CareVerse modules, Protsahan shifts the balance of authority toward the frontlines. Instead of relying solely on distant systems, those who are embedded in children's daily lives now have the skills to listen, comfort, and respond in moments of crisis. This redistribution of power ensures that protection and healing begin not in far-off offices, but in classrooms, community centres, and neighbourhood lanes - right where children live and where trust already exists. This reflection from an Anganwadi worker in Uttam Nagar illustrates how responsibility and authority are now anchored within the community, directly where children need it most.

CASE STUDY

A FATHER LEARNS TO LET HIS DAUGHTER FLY

For years, fathers in Delhi's resettlement slums believed that keeping daughters close to home was the safest option. Higher education, especially outside the city, was considered unthinkable. One father recalls how Protsahan's consistent counseling and engagement slowly changed his perspective. His eldest daughter had always been determined, but the family's financial struggles and cultural norms seemed to set a narrow horizon: finish school, then marriage. When Protsahan stepped in, the team worked not only with the girl but with her parents — visiting the home multiple times, explaining the value of higher education, and assuring them of support systems for safety and transition. Initially, the father resisted. The idea of his daughter living away from family went against everything he had grown up believing. But over time, as he saw her confidence grow through Protsahan's programs — participating in community performances, speaking up at home, managing her studies — his fear began to give way to pride. **"Due to Protsahan, my eldest daughter was able to move out of Delhi, shift to Himachal Pradesh for further studies… the fathers are also changing their mindset, though they had to be counselled a lot."**

Encouraging her to leave for Himachal Pradesh was not just a personal decision; it was a breaking of generational barriers within his entire rural community, not just family. The father admitted that it took 'a lot of counselling'; before he could say yes. But once he did, it reshaped his relationship with his daughter and even with his community. Neighbors who once criticized now looked at her as an example. Her journey represents more than individual mobility. It marks a redistribution of power within the household, where a daughter's aspirations are validated, and a father learns to trust her autonomy. What was once unimaginable — a girl from a migrant family studying outside Delhi — is now a symbol of what mindset shifts can achieve when parents are engaged with patience, dialogue, and empathy in the process of trauma-informed care.

> Earlier, I thought my duty was limited to providing nutrition and managing the aganwadi centre. Now, I know how to comfort an upset child, how to explain safe touch and unsafe touch, and which helpline to call to report violence against a child. Children and parents now come to me first, because they trust that I can truly help. I am also a changemaker here.
>
> **- Aganwadi Worker, Aganwadi Centre, Uttam Nagar**

42 Oasis approach: A metaphor used to describe creating only small, isolated safe spaces for a few children - like an oasis in a desert—without addressing wider systemic issues of safety and protection.

TRANSFORMATIONAL CHANGE

6. MENTAL MODELS

Protsahan's work has triggered deep cognitive and cultural shifts in how trauma, violence, and healing are understood across communities, institutions, and families. These mental model changes are some of the most profound markers of systemic transformation:

- **Reframing Trauma Responses as Survival Strategies:** Child behaviours once labeled as "defiance" or "carelessness" are now being understood by caregivers as child responses to trauma. For example, absenteeism, withdrawal, or agitation are no longer seen as indiscipline, but as signs of distress — prompting supportive interventions that regulate stress and rebuild safety, rather than punish children for their pain.

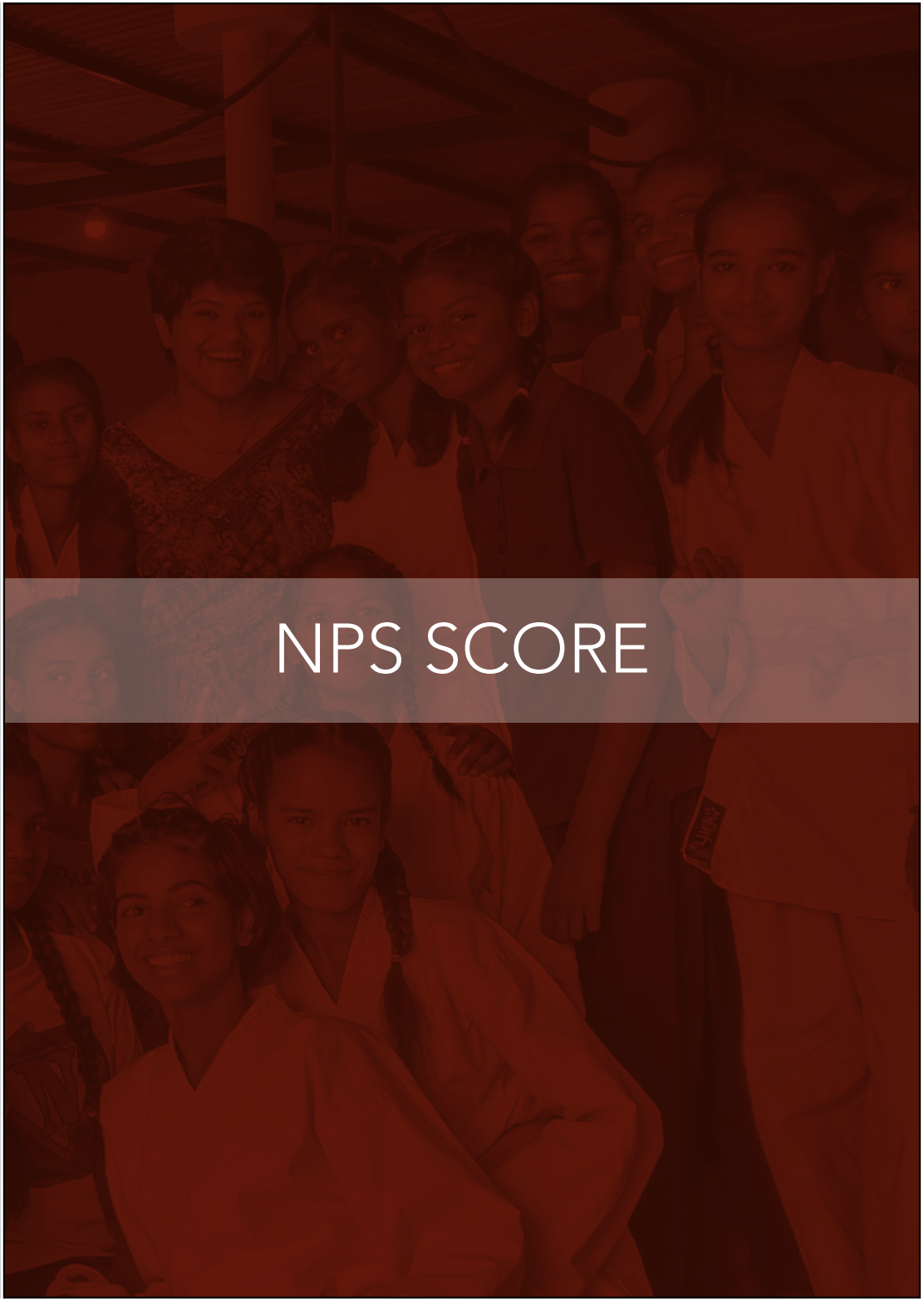
- **Expanding Definitions of Violence:** Families, Anganwadi workers, and teachers now recognize that violence goes beyond physical harm. Emotional neglect, verbal abuse, and non-violent forms of control—once normalized—are increasingly seen as damaging and requiring redress. This shift broadens the ecosystem's sensitivity to children's lived experiences.

- **Normalising Healing as Foundational:** Stakeholders have come to understand that education, rights, or livelihood outcomes cannot succeed unless trauma is first addressed. Healing is no longer an optional add-on but is accepted as the foundation of sustainable change. This recalibration changes priorities at the household, school, and policy levels. This aspect of Protsahan was powerfully captured by Stanford Social Innovation Review [SSIR], 'Rewriting Gender and Caste Narratives in India Through Art' in their multiple global editions across Spanish and English.

- **Challenging Gender and Authority Norms:** Girls are now questioning restrictive norms within families and communities, showing courage to assert their rights. Parents—especially fathers—acknowledge that daughters' independence and critical thinking are reshaping household decision-making. This challenges long-held patriarchal assumptions about authority.

- **Collective Empathy:** Community dialogues, Hriday platforms, and CareVerse trainings are increasingly normalizing discussions about trauma and child rights, breaking taboos around child sexual abuse and gender-based violence. This has helped caregivers, teachers, and officials adopt a more empathetic, trauma-informed worldview, shifting "business as usual" in child protection.

> When a disclosure happens, we hold the child's hand, stay with them, and simply listen—no suggestions like 'why didn't you tell earlier?' We say: 'It's not your fault.' Then we consult with our team—senior child protection officers—to decide next steps rooted in POCSO and Juvenile Justice laws of the country keeping the best interest of the struggling child as the cornerstone of decision making at all times.
>
> **- Mala, Protsahan Youth Peer Leader**



NPS SCORE

4. NPS SCORE

At its heart, NPS asks one simple question:

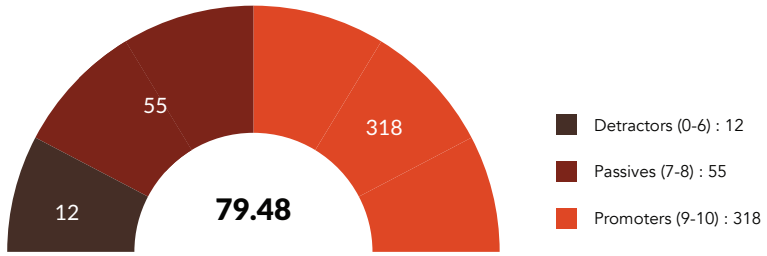
"How likely are you to recommend this organisation to someone like you?"

In child protection, "recommend" does not mean "brand love." It means trust, safety, dignity, and felt usefulness in moments of vulnerability. For an NGO working with girls, families, and frontline systems, NPS becomes a proxy for trust, safety and relevance.

A Net Promoter Score (NPS) of 79.48 places Protsahan in the exceptional category of institutional trust and perceived value—particularly rare in grassroots, trauma-informed work with historically excluded communities. From an M&E lens, this score signals that the overwhelming majority of respondents are not merely satisfied beneficiaries or partners, but active advocates of Protsahan's work. In NPS methodology, scores above 70 are typically associated with organisations that have achieved deep relational credibility, consistency of delivery, and high emotional resonance with their stakeholders. For a child-protection organisation operating in contexts of poverty, migration, and violence—where trust is fragile and systems have repeatedly failed—this level of endorsement is a strong proxy for perceived safety, relevance, and dignity in service delivery.

More importantly, a score of 79.48 suggests that Protsahan's model is generating relational stickiness rather than transactional satisfaction. Respondents are willing to recommend Protsahan because they experience its interventions as meaningful, respectful, and dependable over time.

Figure No.26 : NPS Scoring



> As Donella Meadows reminds us, "We cannot impose a system; we can only dance with it." Protsahan's high NPS reflects precisely that dance: meeting communities where they are, building safe and joyful spaces, and enabling shifts in norms and aspirations that no single intervention in isolation could produce.

Another enabling factor has been Protsahan's deliberate choice to fundraise largely through trust-based philanthropy. Funders who allow flexibility—to adapt, experiment, and occasionally push back against rigid donor priorities—make space for authenticity. This trust, built patiently over 16 years, has enabled Protsahan to amplify community voices even when those voices challenge conventional donor metrics or timelines. This is what Protsahan calls depth of scale: not just more activities, but deeper and lasting change in girls' dignity, agency, and resilience.

What the Sector Can Learn:

- Depth builds trust. The NPS score shows that depth-first grassroots approaches generate durable trust, a currency more valuable in grassroots change than breadth alone.
- Trust is reciprocal. When communities feel genuinely heard, they respond with loyalty, endorsement, and leadership—transforming the movement into something hyperlocal and lived.
- Defending community-led priorities is essential. Sustaining these outcomes requires continued commitment to community-defined agendas, even when they diverge from donor preferences, and nurturing philanthropy that values emergence over prescription.

Across funders, advisors, partners, teachers, and parents, there is a shared recognition that Protsahan represents a trusted, effective, and replicable model. Stakeholders consistently expressed that they would recommend Protsahan—whether to funders, collaborators, or communities—because of its authenticity, evidence-driven approach, and child-centered ethos.

Voices of Families & Communities

> Voices of Families & Communities
> We would give Protsahan a full rating — that is, 5 out of 5.
> **– Mother of a 16-year-old girl, Uttam Nagar**

> Seeing the work they do feels truly inspiring —
> they work with their hearts.
> **– Usha, Mahila Panchayat**

I really endorse Protsahan even grassroots social workers are inspiring and speak with clarity like the organization's CEO. That percolation is rare, and I would strongly recommend their work. Their focus on neuroscience of childhood trauma care in India's local contexts is pathbreaking. I have not seen this in my 33 years of work in child protection space in India. I have learned a lot with them, both at different editions of Hriday Dialogues (their annual stakeholder consultation) and other CareVerse training in Delhi for Child Welfare Committees (CWCs) and District Child Protection Units (DCPUs).

– Vaidehi Subramanium, Ex-Juvenile Justice Board & Child Welfare Committee Member

Of course, I would recommend Protsahan, because it is truly child-focused. Even while driving systems change, the approach consistently keeps children's well-being at the core.

Protsahan goes beyond service provision. It creates spaces that are not just about education or information, but about safety, healing, and the courage to rethink one's life. By addressing trauma head-on, it builds spines where social conditioning has weakened them — offering girls an alternate conditioning rooted in dignity and resilience. Systems, after all, are made of people. And when individuals heal and transform, systems begin to change.

– Harleen Walia, Asia Regional Ombuds, SOS Children's Villages

What moves me about Protsahan is the balance they hold — between service delivery and a rights-based, child-centric approach. That balance is rare and hard to sustain, and they are doing it with courage and clarity. Even more powerful is how they measure change: not just in stories of survival, but in the deeper structural shifts — in life skills, agency, delaying marriage — that show us how real transformation happens. And the fact that they decode neuroscience using the simplest of tools — art, creativity, storytelling — makes this change accessible and lasting.

What also stands out is the freshness of their thinking — informed by multiple disciplines, never reduced to a single-channel approach, but weaving together child protection as practice, as norm change, and as network strengthening. There is also an intentionality in how they are transitioning from being an implementing organization to an ecosystem player, connecting grassroots practice with policy, advocacy, and global conversations. And finally, the way they are proactively engaging with technology and AI — to identify at-risk children and communities, to strengthen interventions, while holding fast to their ethics and values — shows both strategic foresight and integrity. It is rare to see an organization that is simultaneously so rooted and so future-facing.

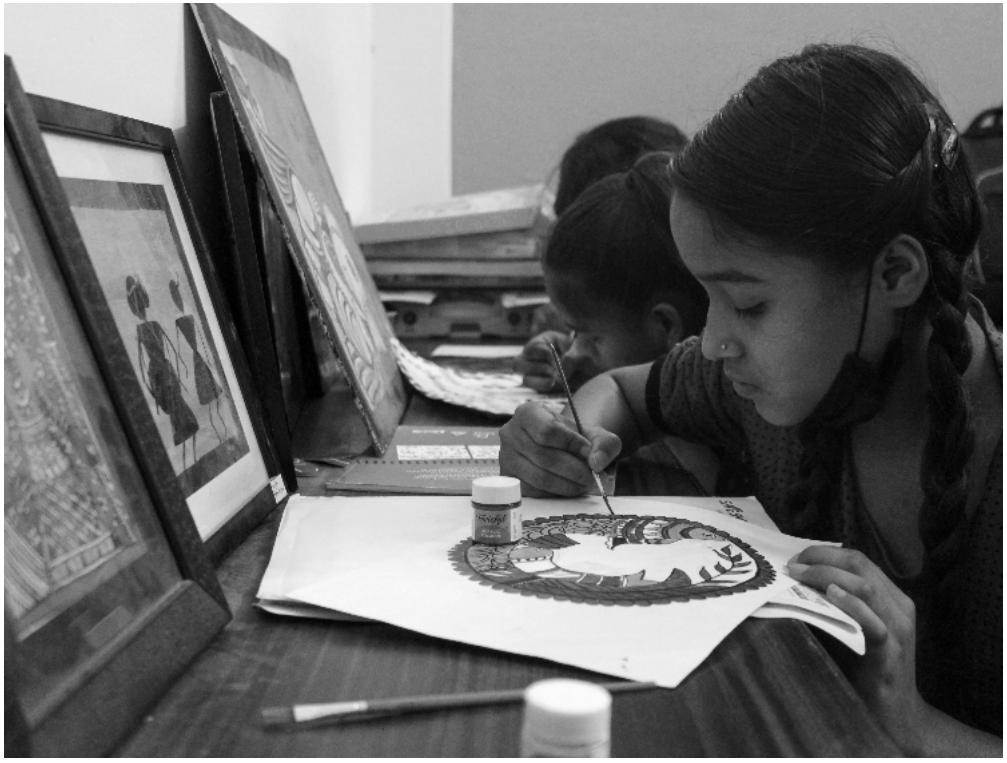
- Aparna Uppaluri and Payaswani Tailor, Antara Advisory

We are confident that Protsahan's program is working well under it's leadership. That confidence enables us to speak about Protsahan in different forums and to refer to the organization whenever opportunities arise.

- Gopal Garg, Director - Ecosystem & Partnerships, Project ASPIRE (Ashoka)

Protsahan India Foundation is a rare example of an organization that doesn't just treat symptoms—it transforms systems. Their work goes far beyond individual interventions, tackling the root causes of gender-based violence. Their H.E.A.R.T and CAREVERSE model is not just innovative; it's replicable, scalable, and deeply rooted in community wisdom. Protsahan doesn't just empower girls, they rewire the systems around them to ensure that empowerment is sustainable, inclusive, and just. We are proud to be a small part of their illustrious journey so far.

- Kashyap Shah, The Bridgespan Group



Confidence from Donors/Funders

Protsahan's commitment to working with adolescent girls day in and day out is truly commendable. It takes nerves of steel to engage with their realities every single day, and that unwavering drive is what defines the organization.

– Melvin Mathew, Vice President Corporate Communications, Bandhan AMC Limited

We very strongly recommend Protsahan in spaces we are part of. The sector needs their voice and their trauma-focused lens.

– Dr. Gayathri, SocEnt Lead, The Nudge Institute

RECOMMENDATIONS AND WAY FORWARD

5. RECOMMENDATIONS AND WAY FORWARD

The recommendations from this study have been outlined at three interconnected levels:

Table No. 1 : Levels of Recommendations

Support for Adolescent Girls through the H.E.A.R.T. Framework	Ecosystem-Level Change using the Water of Systems Change Framework	Organisational Strengthening

1. SUPPORT FOR ADOLESCENT GIRLS WITHIN THE H.E.A.R.T FRAMEWORK

HEALTH

- **Create Safe Family Dialogues on Menstrual Taboos:** Although nearly all girls now use hygienic products, 82% continue to face family based restrictions such as not entering kitchens, temples, or participating in daily activities. Even though Protsahan has gone beyond information sessions and created safe spaces for family dialogues where mothers, fathers, and brothers reflect on these taboos together with their daughters, progress to change mindsets has been slow in migrant communities. Peer-led campaigns where girls openly share their experiences can inspire younger adolescents, while community role models such as teachers, doctors, and Anganwadi workers can be engaged in public discussions to show menstruation as a natural health process, not a source of shame.

- **Expand Professional Counselling and Art Therapy:** A striking 27% of adolescent girls shared that they had no one, or only rarely someone, to turn to for emotional support. Protsahan's model has already shifted this, with 92% now identifying the centres as their main source of wellbeing and mental health care through trained social workers and part-time child psychologist support. To close remaining gaps, Protsahan should place full time trained counsellors at every Girl Empowerment Centre while also scaling art-based therapy programs such as theatre, music and dance movement therapy, painting, and poetry. Together, counselling and art therapy will ensure that no girl is left isolated, and every adolescent has multiple safe avenues to process trauma and strengthen emotional well-being.

EDUCATION

- **Expand Scholarships to Prevent Dropouts:** Nearly 50% of Protsahan girls struggle to afford basic educational supplies like books and fees, and 21% report being overburdened with chores, placing them at high risk of dropping out. Scholarships have already proven to be a game changer, with 59% of girls benefiting from financial aid to stay in school and pursue higher education. Strengthening and expanding scholarship programs will ensure vulnerable girls are not forced to leave education due to financial pressure, and that more first-generation learners can complete Class 12 and transition into higher education or vocational training.

- **Institutionalize Career Counselling and Industry Exposure:** It is encouraging that 92% of girls now hold clear career goals, higher than the national average of 90%. Importantly, aspirations expand with age: what may begin as dreams of becoming a teacher or nurse grow into ambitions of becoming engineers, journalists, police officers, entrepreneurs, lawyers, and social workers. Protsahan should institutionalize structured career counselling and mentorship programs, leveraging alumni and professional role models to expose girls to diverse career trajectories and provide practical guidance on how to get there.

ARTS

- **Scale Art-Based Empowerment for Confidence and Resilience:** Between 74–83% of girls report greater confidence, resilience, and voice through art-based sessions. Expanding these interventions across centres will further embed creative expression as a core pathway for empowerment. The launch of Protsahan's Trauma-Informed Arts Curriculum which is already in pipeline, will take this learning beyond GECs, meeting a sector-wide need for healing and empowerment through the arts and being a game changer for India's last mile communities and frontline child care.

- **Leverage Art as a Platform for Civic Participation:** Currently, 52% of younger girls (10–13) reported no involvement in civic or school forums, and even among girls aged 21 and older, 42% remain disengaged. However, in mid-adolescence, non-participation drops to 24%, showing this is the stage when girls are most ready to step into community spaces. Protsahan can transform art into a recognized platform for civic action by offering structured training on using art for advocacy, providing mentorship for girl-led initiatives, and linking girls with schools and governance spaces where their voices can be amplified.

RIGHTS, LIVELIHOODS AND ENTITLEMENTS

- **Expanding Social Protection Coverage:** Encouragingly, many families are already accessing key entitlements through Protsahan : 49% of families had E-Shram cards, 36% held labour cards, and 67% had ration cards. Over the past four years, Protsahan has significantly expanded families' access to social protection, especially in the aftermath of COVID-19 when migrant households faced severe vulnerabilities. Through regular government convergence camps, their alumni trained as Youth Peer Leaders (YPLs), have already facilitated thousands of linkages to entitlements like E-Shram, ration cards, pensions, and health schemes. This has directly contributed to stabilizing household economies in migrant-dense communities. Building on this momentum, the next step is to institutionalize and deepen coverage. Protsahan is already scaling YPL leadership so that trained alumni serve as proximate youthful bridges across more slum clusters, extending last-mile support. At the same time, structured quarterly convergence camps can be co-hosted with state departments to ensure that every family secures at least one new entitlement each cycle. Leveraging digital tools for tracking and follow-up will further create valuable data to inform state-level planning. Taken together, these steps position Protsahan's grassroots model as a replicable blueprint for government and philanthropic partners to expand social protection coverage nationwide—advancing India's vision of an inclusive and resilient Viksit Bharat.

- **Create Stronger Livelihood Pathways for NEET Girls:** Among the representative sample for this research, 36% are engaged in work, either balancing studies with employment or working exclusively, while 23% are in the NEET (Not in Education, Employment, or Training) category and the remaining 41% are pursuing higher education Protsahan should prioritize interventions for the NEET high-risk group, providing tailored vocational training, and dignified income opportunities that prevent economic exclusion. For those combining education with part-time work, Protsahan should ensure these opportunities remain safe, growth-oriented, and linked to long-term aspirations. This will be much harder to achieve as girls at the bottom of the pyramid need more handholding to be successfully retained across livelihood trajectories. However, this is also one of the most impactful and promising possibilities for Protsahan.

TECHNOLOGY

- **Build Age-Specific Digital Competencies:** Girls' digital learning shows a clear progression: cyber safety dominates in early adolescence, while older girls gain data entry, financial literacy, and employability skills. Protsahan should formalize this into a structured curriculum in collaboration with like-minded intentional partners — cyber safety for 10–13, blended safety and technical competence for 14–17, and professional/financial skills for 18+. In an AI-driven economy, this progression ensures girls are not only digitally included but workforce-ready, equipped with resilience, confidence, and the capacity to thrive.

2. ECOSYSTEM STRENGTHENING THROUGH A SYSTEMS CHANGE FRAMEWORK

POLICIES

- **Identify Priority Policies and Departments for Trauma-Informed Care:** Protsahan should begin by systematically mapping which government departments and policies most directly affect adolescent girls—such as education (NCERT, SCERTs, DIETs), health (MoHFW, NHM), child protection (WCD, NCPCR, DCPUs, CWCs), and policing (state police academies). Once identified, field building efforts can be focussed to embed trauma-informed care into these specific policies and training curricula, ensuring that trauma-informed care becomes a formal, institutional priority across child protection systems.

- **Embed Trauma-Informed Care into National Frameworks with CareVerse:** Drawing from its successful collaborations under POCSO and Ujjawala, Protsahan can support trauma-informed pedagogy in teacher training and police academies, setting new norms for how professionals engage with vulnerable children. Embedding these practices within national frameworks ensures sustainability and long-term systemic adoption towards envisioning the Viksit Bharat vision for vulnerable children and adolescents.

- **Strengthen Grassroots Alliances on Child Safeguarding:** Protsahan seeks to formalize collaborative platforms with statutory bodies such as UNICEF, NCPCR, and State Commissions, alongside civil society organizations. These alliances will enable joint capacity-building of child protection stakeholders, drawing on powerful lessons from the H.E.A.R.T. framework. By working in alignment with state-level priorities on child protection and adolescent health, such coalitions can strengthen implementation, improve coordination, and create space for trauma-informed practices to be embedded within existing government systems and policies.

- **Leverage Grassroots Evidence for Strengthening Policy in Child Protection:** Publishing concise, data-driven policy briefs showcasing outcome improvements—particularly evidence, data and success stories emerging from CareVerse—can powerfully demonstrate how trauma-informed approaches improve safeguarding outcomes for vulnerable adolescents at a sub-systems level. These lived experiences, when translated into evidence, can inform and strengthen policy frameworks at state and national levels.. An annual "State of Adolescent Trauma & Healing" report can further establish the organization as a bridge-builder in shaping trauma-informed adolescent policy.

PRACTICES

- **Map Institutions with High Exposure to ACEs:** Identify schools, Anganwadis, CWCs, and DCPUs in high-risk geographies where children are most vulnerable to Adverse Childhood Experiences (ACEs). This diagnostic step will focus Careverse training and partnerships on the institutions where trauma-informed practices can have the greatest protective effect.

- **Scale Careverse Training Modules:** Expand Careverse into a structured capacity-building platform for teachers, Anganwadi workers, and social workers. Standardized training modules on trauma-informed care, emotional safety, and child rights can be rolled out quarterly, ensuring continuous reinforcement and wider professional adoption.

- **Invest in Institutionalizing Frontline Staff Well-Being**: Embed staff well-being practices into partner institutions through regular workshops. Normalizing trauma stewardship among frontline staff will ensure sustainability and reduce burnout by sector learning from Protsahan best practices. Protsahan's authentic voice holds immense possibilities in making this an integral piece for philanthropy to invest in.

RESOURCE FLOWS

- **Map Gaps in Funding and Capacity at the Grassroots:** Conduct a rapid scan of grassroots partner organizations to identify funding bottlenecks and skill deficits in trauma-informed child care programming. This will guide how Protsahan channels resources most effectively towards the wellbeing of the last child.

- **Expand the Grassroots Alliance Program:** Expand the Grassroot Alliance initiative to systematically capacitate smaller community-based organizations in financial management, program monitoring, and trauma-informed practices. This ensures funds flow not only to projects but also to grassroots strengthening, especially around the established need from existing partners on supporting them in strengthening child safeguarding work, hyperlocally where it matters the most.

RELATIONSHIPS AND CONNECTIONS

- **Scale Hriday Dialogues:** Protsahan should scale Hriday Dialogues into formalized state-level engagement platforms, convened annually or biannually, where adolescent girls, alumni leaders, frontline workers (teachers, Anganwadi workers, police, CWCs), and community members sit with senior government officials and survivors led networks to understand each other's perspectives. These should move beyond consultation events into structured policy-influencing mechanisms, with agendas co-designed by youth and community voices. Documentation of dialogue outcomes, followed by submission of action points to state child protection and education departments, can ensure that commitments translate into policy and budgetary changes.

- **Alumni as Community Connectors:** Alumni youth peer leaders should be formally recognized as ecosystem connectors bridging the gap between families, schools, community institutions, and government systems. Protsahan invests in building capacities of these Youth Peer Leaders through intentional investments in their mentorship, capacity-building, and modest stipends to carry out defined roles: case identification, linking girls and families to entitlements, supporting referrals for trauma and protection services, and serving as local, national, international youth representatives on important mandates. By further embedding alumni in these roles with clear recognition, structured pathways, and accountability mechanisms, Protsahan can ensure continuity of support for younger girls, strengthen the referral ecosystem, and amplify adolescent voices within governance and service delivery systems.

MENTAL MODELS

- **Normalize Trauma Conversations Online:** Using Careverse as a central vehicle, Protsahan can scale storytelling through street theatre, short films, social media campaigns, and school-based forums that directly address child sexual abuse, gender-based violence, and adolescent mental health. These stories should showcase healing, resilience, and survivor voices, breaking the culture of silence and stigma. By framing trauma as a shared social issue rather than an individual burden, communities begin to embrace empathy, collective responsibility, and supportive behaviors—making healing a community norm rather than an exception.

- **Careverse Stories & Innovation Labs:** Protsahan should formalize Careverse impact stories into an annual flagship campaign, combining a digital microsite with curated storytelling products (videos, podcasts, infographics) tailored for donors, policymakers, and the public. Parallelly, Innovation Labs (GECs) should document and refine Protsahan's arts-based therapy practices—photography, storytelling, animations, murals—into replicable, open-source toolkits that NGOs, schools, and governments can adopt. This ensures wider ecosystem uptake of trauma-informed creative methodologies, embedding trauma-responsive mental models into education and child protection systems across India.

POWER DYNAMICS

- **Diagnose Gender and Age-Based Power Imbalances:** Protsahan should systematize the use of participatory tools they've innovatively and contextually used to understand their own work itself as it has fresh potential to promote deep community based learning and insights beyond Protsahan—such as community power mapping, gender role calendars, and power ladders—to identify exactly where adolescent girls' voices are absent in decision-making structures. (The Stanford Social Innovation Review piece also sheds light on this aspect of the organization's work to rewrite gender and caste narratives.) By generating evidence on these gaps, Protsahan can build a baseline that guides targeted interventions to shift inequities.

- **Redistribute Decision-Making:** To directly rebalance power, Protsahan should enable Youth Peer Leaders to independently work with Panchayats, School Management Committees (SMCs), Child Welfare Committees (CWCs), and ward committees to reserve adolescent representation, particularly for girls and alumni leaders. Formal recognition—through designated seats or advisory roles—ensures that girls' lived experiences are embedded into policy, program planning, and monitoring. Training girls in public speaking, negotiation, and leadership will prepare them for meaningful participation, not tokenism. Over time, this strategy normalizes youth and gender parity in governance processes, embedding their influence into local systems. Though this has been happening, a more structured approach could be a force multiplier.

- **Structured Male Engagement:** Protsahan should move beyond one-off awareness sessions for men and boys to develop structured engagement modules focusing on caregiving, consent, digital safety, and shared household responsibilities. These modules can be delivered through father–daughter sessions, youth clubs, and peer-led campaigns, with explicit tracking of behavioral shifts over time (e.g., fathers supporting education continuity, brothers sharing chores, men challenging harassment). Engaging male community leaders in these modules will further shift entrenched hierarchies, creating visible role models of gender-equitable behavior. This sustained engagement strategy redistributes household and community power, allowing girls to claim more agency, safety, and leadership space.

3. ORGANISATION STRENGTHENING

1. STRENGTHENING AGE-RESPONSIVE PROGRAMMING BASED ON GIRLS' PRIORITIES AND ENGAGEMENT

Adolescent girls are not a homogenous group—their priorities, intersectional vulnerabilities, ways of engaging, and the value they place on different program components evolve significantly across age cohorts. Data from Protsahan's impact evaluation reveals clear patterns that must inform program design.

Ages 12–14: Curiosity and Early Engagement: For younger adolescents, Health emerges as the strongest entry point, with 29% engagement, making it the most effective initial hook. However, their aspirations extend beyond health: Arts (29%) and Education (26%) are the areas where they most demand scale-up, reflecting their curiosity and desire for safe, expressive spaces to learn and grow. At this stage, adolescents are forming their identities and testing their agency. By anchoring engagement in Health while simultaneously expanding access to Arts and Education, Protsahan can nurture both resilience and self-expression—ensuring younger girls see education and creativity as central to their adolescence, not as luxuries.

Ages 15–17: Deepening Aspirations and Readiness for Growth: In mid-adolescence, Arts (28%) and Education (22%) are most valued, followed closely by Health (20%), demonstrating how cultural expression and educational achievement reinforce one another at this stage. When asked what they wanted more of, girls in this cohort pointed to Health (28%) and Arts (30%) as the top priorities for expansion, while Technology (16%) and Rights (02%) remained relevant but less urgent.

These findings show that adolescents at this age are increasingly ready to step into civic, educational, and leadership spaces, but they still require strong scaffolding in Education and Arts to sustain their confidence and voice. Protsahan's programming for this group should therefore emphasize structured arts-based interventions and career-linked education opportunities, while deepening Health interventions to address both physical and emotional well-being.

Ages 18+: Transition to Adulthood and Workforce Readiness: For older youth, Health (32%) emerges as the most valued domain, reflecting their concern for long-term well-being especially sexual and reproductive health. At the same time, Technology (26%) and Rights (24%) see the strongest engagement, signaling readiness to step into livelihoods, digital participation, and self-efficacy. By contrast, Education (13%) and Arts (20%) see relatively lower prioritization, suggesting that many young women either complete or transition out of formal education, while viewing Arts less as an entry point and more as a complementary tool. These priorities underline the urgency of equipping older adolescents with practical skills—digital literacy, financial literacy, employability training - while also strengthening their rights awareness and ensuring access to reproductive and mental health services.

Designing with an age lens requires Protsahan to move away from a uniform model and instead tailor programming by developmental stage:

- **For younger adolescents (12–14):** Use Health sessions as the engagement driver, while significantly expanding Arts and Education to channel curiosity and create safe spaces for expression.
- **For mid-adolescents (15–17):** Prioritize structured Arts and Education opportunities, alongside deeper Health programming, recognizing this as a stage of heightened readiness for growth and civic participation.
- **For older youth (18+):** Focus on Health and Technology to prepare for workforce entry and adult responsibilities, while embedding Rights education as part of self-advocacy and leadership development.

2. STRENGTHEN THE MEAL FUNCTION BY INSTITUTIONALIZING THE H.E.A.R.T RUBRIC

From Program Tool to Organizational Backbone: The H.E.A.R.T. framework has emerged as Protsahan's distinctive contribution to trauma-informed, girl-centered programming. It not only captures outcomes across health, education, arts, rights, and technology but also reflects the lived realities of adolescent girls navigating complex vulnerabilities. To unlock its full potential, the H.E.A.R.T. rubric needs to be embedded within a comprehensive Monitoring, Evaluation, Accountability, and Learning (MEAL) system—transforming it from a program tool into an organizational backbone that guides strategy, programming, and advocacy.

Building on Existing Foundations: This process is already underway. The rubric has been digitized on SurveyCTO, and an analysis framework has been developed to generate meaningful insights. Building on this foundation, the next step is to operationalize the rubric as a longitudinal system where girls' journeys are consistently documented..

Creating a Culture of Monitoring and Learning: For such a system to work, it must be accompanied by a strong internal culture of monitoring and learning. Teams across Protsahan—including field staff, program managers, and alumni leaders—need to be equipped to collect, interpret, and act upon data in real time. This means training not only in how to use the rubric consistently, but also in how to read patterns, translate numbers into insights, and feed these back into programming. Over time, MEL champions within the organization can take ownership of this process, supported by field guides and standard operating protocols that ensure consistency across all Girl Empowerment Centres.

Real-Time Dashboards and Youth Scorecards: A critical enabler of this shift will be the creation of real-time dashboards. These dashboards can aggregate H.E.A.R.T scores at different levels—by age, geography, or length of program engagement—while also flagging early warning signs such as dropout risks, low access to entitlements, or gaps in digital connectivity. For Protsahan's program leads, the dashboards will serve as a monitoring evaluation learning tool to direct resources where they are needed most. For donors and government partners, they will provide transparent accountability. And for the girls themselves, simplified "youth scorecards" can share progress back in ways that invite feedback and strengthen accountability to communities.

Driving Adaptive Learning and External Influence: Embedding the H.E.A.R.T rubric within a MEAL system also opens opportunities for adaptive learning and external positioning. Structured quarterly review cycles can ensure that data is not merely collected but actively used to refine interventions—whether that means expanding art-based therapy in response to rising demand, or addressing gaps in technology access for older adolescents. At the same time, benchmarking Protsahan's results against national datasets such as NFHS, UDISE, or ASER situates its work within the wider adolescent ecosystem, strengthening the credibility of its evidence base. Over time, this data can form the foundation for policy briefs and advocacy campaigns that push for trauma-informed, girl-centered approaches to be adopted at scale.

3. BUILD STRUCTURES FOR GROWTH THROUGH DISTRIBUTED LEADERSHIP

Protsahan's journey so far has been powered by a close-knit leadership involving a strong board, robust and proximate grassroots leaders, and a small core team, which has allowed the organization to remain agile, values-driven, and deeply connected to communities. This concentrated leadership model has worked well in building trust, credibility, and coherence of vision over the last decade and a half.

As Protsahan scales trauma-informed care, the next step is to evolve this strength into a more distributed leadership model. By creating 3–4 domain Vertical Leads who take ownership of key areas, Protsahan can nurture deeper expertise, broaden decision-making, and ensure resilience. This evolution will allow the organization to remain community-rooted while expanding its capacity to influence systems sustainably.

- **Trauma & Healing:** This vertical will ensure that all Girl Empowerment Centres provide high-quality care through art-based therapy, psychological first aid, and trauma-informed teaching, while also exploring ways to extend this support into the wider community.
- **Evidence & MEL:** This vertical will be responsible for gathering and using data in clear and practical ways. By applying tools like the H.E.A.R.T rubric, creating dashboards, and producing insights, it will help improve programs and strengthen Protsahan's role in trauma-informed care.
- **Ecosystem Partnerships:** This vertical will lead collaborations with government, digital platforms, and peer NGOs so that CareVerse and Protsahan's approaches can reach more people, influence policies, and contribute to wider systems change.
- **Community Engagement:** This vertical will focus on alumni, peer leaders, and parents, ensuring that communities play an active role as co-creators of change alongside adolescent girls and state systems.

To operationalize this model, Protsahan would need to:

- Define clear accountability structures so each vertical lead is responsible for both programmatic quality and external representation in their domain.
- Build leadership pipelines by identifying and training mid-career staff to step into these roles, supported by mentoring from senior leadership and external experts.
- Invest in leadership development through structured capacity-building programs, exposure visits, and peer learning cohorts that prepare vertical leads for strategic influence.
- Strengthen cross-team integration by institutionalizing shared planning forums and reflection spaces where vertical leads exchange insights, ensuring no domain functions in silos.
- Embed staff well-being as a cross-cutting principle, recognizing that leaders in trauma-informed organizations require continuous support to manage stress, prevent burnout, and model resilience for their teams.

As Protsahan completes fifteen years of nurturing trauma-informed care, its next chapter is one of shared stewardship. With distributed leadership, Protsahan holds the promise to evolve from a high impact community based organization into a resilient, learning ecosystem in the coming decade—scaling impact without ever losing its trauma-informed heart. This evolution strengthens its role as a trusted bridge-builder, with multiple voices carrying its vision into strengthening policy, donor, and practitioner forums. In doing so, Protsahan will not only sustain its legacy of care, but also weave an even wider field where healing, resilience, and community voice become the architecture of resilient communities in india.

4th Wheel
Social Impact

ABOUT 4TH WHEEL

4th Wheel Social Impact established in 2010, is a research and advisory firm specializing in monitoring and evaluation of social development programs. Our focus is on providing sophisticated insights to enable data - driven decisions in the realm of social development. We offer strategic advisory services to build robust monitoring, evaluation and learning (MEAL) systems for managing social projects. Our approach integrates practical, culturally relevant social impact assessment strategies involving diverse stakeholders.

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