Between Childhood and Marriage: Adolescent Girls in Rural Odisha and the Schemes Meant to Reach Them

There is a narrow window in a girl's life — roughly between the ages of 11 and 18 — during which decisions are made that will shape the next five decades of her existence. Will she stay in school past Class 8? Will she be married before she turns 18? Will her body receive adequat…

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A convergence-notes Women Empowerment

Published: June 2026 · Last reviewed: June 2026

In rural Odisha, the answers to most of these questions are still troubling. The state has made genuine progress on child marriage — the rate of women aged 20–24 who were married before 18 dropped from 40 percent in NFHS-4 (2015–16) to 21 percent in NFHS-5 (2019–21), a significant improvement. But 21 percent still means that one in five rural Odia women is married before she is legally an adult. Anaemia rates among adolescent girls in Odisha remain above 55 percent by NFHS-5 data, with some tribal districts running considerably higher. Secondary school dropout rates for girls peak between Classes 9 and 10, particularly in districts where secondary schools require long daily travel.

The adolescent girl — between 11 and 18, living in a rural household, navigating nutrition deficits, school pressures, domestic responsibilities, and the looming pressure of marriage — is the subject of one of India's most important welfare interventions: the Scheme for Adolescent Girls (SAG), commonly known as SABLA (an acronym for its earlier avatar, the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls). She is also one of the least reached.

This Convergence Note is a practitioner's guide to who adolescent girls in rural Odisha are, what SABLA and related schemes are designed to do, why implementation falls short, and what NGOs and CSR programmes can do in this space.

Understanding the Population

Odisha has approximately 52 lakh adolescent girls (ages 10–19) by population projections based on Census 2011 and demographic trends. They are not a homogeneous group. The differences within the 11–18 age band — and between urban, semi-urban, and rural contexts — matter

enormously for programme design.

Out-of-school girls aged 11–14. These are the primary SABLA targets. Girls who dropped out of school before or during the upper primary stage are concentrated in tribal districts (Kandhamal, Nabarangpur, Malkangiri, Koraput) where school distance, language barriers (home language ≠ medium of instruction), and demand for domestic labour at home intersect to pull girls out of the education system. An out-of-school girl in this age bracket is not a failure of individual ambition; she is a product of structural constraints that include school infrastructure gaps, the absence of female teachers in government schools in remote areas, and households where girls are needed for younger-sibling care while parents work.

In-school girls aged 14–18. These girls are technically in the education system but face a different set of challenges. The jump from upper primary to secondary requires in many cases a change of school and longer travel. In districts without residential secondary schools (kasturba Gandhi Balika Vidyalayas are an important exception), this travel burden falls entirely on the girl. Menstrual hygiene management in schools without functional separate toilets and adequate sanitation is a documented cause of absenteeism — girls miss school during menstruation at rates that accumulate into significant learning gaps and, eventually, dropout.

Girls approaching marriage age. In many rural Odisha households, particularly those from communities with a tradition of early marriage, a girl who has completed Class 10 (around age 15–16) is considered "ready." The pressure intensifies when older sisters are married, when a family perceives economic vulnerability, or when a "good match" becomes available. The family's calculus is not irrational within its own context — a young marriage reduces the household's economic burden, aligns with community norms, and is often perceived as improving the girl's security. Changing this calculus requires both economic support to the girl (and the family) and community norm change — neither of which is primarily the domain of nutrition supplements at an AWC.

Girls from PVTGs and forest-dwelling communities. The adolescent girls of Odisha's Particularly Vulnerable Tribal Groups — Dongria Kondh, Juang, Bonda, Chuktia Bhunjia, Saura, and others — face the most acute convergence of disadvantage. Schools in their habitations are often single-teacher, single-room structures. Anganwadi centres may exist on paper but be staffed irregularly. The SABLA scheme's delivery through AWCs is structurally compromised in these communities because the AWC itself is compromised. PM-JANMAN, the national scheme for PVTGs announced in 2023, includes specific provisions for education and health — but implementation in PVTG areas is at an early stage.

The SABLA Scheme: Design and Intent

The Scheme for Adolescent Girls (SAG) — launched in 2010 as SABLA (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) — replaced two earlier schemes (Kishori Shakti Yojana and the Nutrition Programme for Adolescent Girls) with a single, comprehensive intervention delivered through the ICDS (Anganwadi) platform.

SABLA has two components:

Nutrition Component:

- Out-of-school girls aged 11–14 attending AWCs: 600 calories, 18–20g protein, and micronutrients per day for 300 days per year, as hot cooked meals or take-home rations.
- All girls aged 14–18: same nutritional provision (recognising that in-school girls also have nutrition deficits).
- Iron and Folic Acid (IFA) supplementation: weekly supervised IFA tablets under the Anaemia Mukt Bharat (AMB) framework, which specifically targets adolescent girls with a weekly dose of 60mg elemental iron + 400 mcg folic acid.

Non-Nutrition Component:

- Nutrition and health education, including information on iron deficiency, anaemia, and dietary diversity.
- Life skills education: decision-making, communication, managing peer pressure, understanding rights.
- Home-based skills, vocational training, and guidance on livelihood options.
- Awareness of family welfare, childcare practices, hygiene and sanitation.
- Mainstreaming out-of-school girls into non-formal or formal education.
- Gender sensitisation and awareness of socio-legal issues (legal age of marriage, POCSO, inheritance rights).

The scheme is delivered through AWC centres by the Anganwadi Worker (AWW) and Anganwadi Helper (AWH), with supervisory support from the CDPO (Child Development Project Officer) and district-level WCD authorities.

SABLA is now subsumed within Mission Shakti (the Ministry of Women and Child Development's umbrella scheme since 2021), which also covers POSHAN 2.0 and Mission Vatsalya. Operationally, SABLA continues to function through the AWC platform under the SAG (Scheme for Adolescent Girls) nomenclature.

What NFHS-5 Tells Us About Where Odisha Stands

The fifth National Family Health Survey (NFHS-5, 2019–21) provides the most recent large-scale data on adolescent girl health and nutrition in Odisha. The picture is one of genuine progress alongside persistent gaps:

Anaemia: 59.7 percent of non-pregnant women aged 15–49 in Odisha are anaemic. For adolescent girls specifically (15–19 years), the rate is higher. In tribal districts — Kandhamal, Malkangiri, Nabarangpur — adolescent girl anaemia rates run 65–70 percent, reflecting the intersection of iron-deficient diets, hookworm burden, and inadequate supplementation reach.

Thinness: 22.5 percent of women aged 15–49 in Odisha are thin (BMI < 18.5). For adolescent girls in the 15–19 age bracket, thinness rates are higher — many girls in this age group have not completed their growth curve and are simultaneously nutritionally depleted. The AWC nutritional supplementation is designed specifically for this period; its reach is the critical variable.

Child marriage: 21.2 percent of women aged 20–24 in Odisha were married before age 18 (NFHS-5), down from 40.8 percent (NFHS-4). The reduction is significant. The remaining prevalence is concentrated in specific communities and districts — Nabarangpur, Nuapada, Bolangir, and Rayagada show higher-than-state-average rates.

Secondary school attendance: Net secondary school attendance ratios for girls in Odisha have improved substantially — the 2021–22 UDISE+ data show female enrollment in Classes 9–12 has increased across the state. But the attendance figures (who is actually in class) diverge from the enrollment figures, and dropout tracking between Class 8 and Class 10 — the critical transition years — remains imprecise.

The Implementation Gap: Why SABLA Falls Short of Its Promise

SABLA is well-designed in conceptual terms. Its delivery failures are rooted in three structural problems that have persisted across successive programme iterations:

The AWC as the Sole Delivery Point

The Anganwadi Centre is designed for children 0–6 and pregnant/lactating mothers. Its physical setup — a rented room or pucca building, often shared — is not always appropriate for adolescent programme delivery. The AWW is already stretched across her core ICDS mandates (nutrition supplementation for under-6, pre-school education, health and nutrition monitoring). Adding a substantive adolescent programme on top of this without additional time or staffing is a design flaw that produces predictable results: the non-nutrition component of SABLA — life skills, legal awareness, vocational guidance — receives the least attention because it requires

the most time and the least easily-measured output.

IFA Delivery and Anaemia Mukt Bharat

Weekly IFA supplementation under the Anaemia Mukt Bharat programme has improved since its launch. But delivery depends on the AWW or ASHA completing the weekly supervised supplementation — in-person, not just distributing tablets to take home. Compliance with supervised supplementation is substantially higher than unsupervised. In remote areas where girls are dispersed across hamlets, clustering girls for weekly supervised supplementation requires active outreach that is not always feasible within the AWW's workload.

Side-effect management is also an issue: iron supplements cause nausea and constipation in some adolescents. Without counselling on how to manage these side effects (taking the tablet after food, with water, at a consistent time), girls abandon supplementation. This is not a programme failure; it is a counselling gap.

The Out-of-School Girl Paradox

SABLA is explicitly designed for out-of-school girls as a priority group. But reaching out-of-school girls requires the AWW to actively seek them out — these girls are, by definition, not in any institutional contact with the AWC. Home-to-home outreach in semi-urban slums or remote tribal habitations is time-intensive, and it is the part of the AWW's mandate least supported by monitoring systems (which track AWC attendance, not outreach contacts).

The result is that SABLA, despite being designed for out-of-school girls, reaches predominantly the girls who are already connected to the AWC — daughters of Anganwadi beneficiary mothers, girls from households that already have AWC engagement. The girls most at risk of child marriage, most likely to be anaemic, and most in need of life skills education are the girls least likely to be walking into an AWC.

Related Schemes: The Convergence Architecture

SABLA does not work in isolation. The full picture of schemes relevant to adolescent girls in Odisha includes:

Beti Bachao Beti Padhao (BBBP)

The flagship campaign on gender-biased sex selection and girl child welfare, now focused on districts with low sex ratio at birth and poor female secondary school enrollment. In Odisha, BBBP operates through district-level awareness campaigns, school-level sessions, and community engagement. For NGOs, BBBP funds at the district level can sometimes support adolescent girl programming.

Kasturba Gandhi Balika Vidyalayas (KGBV)

Residential upper primary and secondary schools for girls from disadvantaged communities — SC, ST, OBC, and minority groups — in educationally backward blocks. KGBVs address the travel barrier to secondary school access by providing residential accommodation. Odisha has a network of KGBVs, and their expansion to Class 12 under the National Education Policy 2020 framework creates an important opportunity. An NGO that can support KGBV students with supplemental education, life skills, and vocational guidance finds a concentrated, resident population of adolescent girls already in a protected environment.

PM POSHAN (Mid-Day Meal)

For in-school adolescent girls, PM POSHAN provides daily school meals that contribute significantly to nutrition. The scheme now includes special nutrition provisions for girls in Classes 9–12 in some states; Odisha's implementation of upper-secondary nutrition support is partial.

Pradhan Mantri Matru Vandana Yojana (PMMVY)

For adolescent mothers — girls who have become pregnant, whether within or outside marriage — PMMVY provides a cash transfer of Rs 5,000 as maternity benefit for the first live birth. For adolescent girls, this scheme intersects directly with the child marriage issue: an 18-year-old who was married at 16 and becomes pregnant is not a rare case in parts of Odisha. The PMMVY benefit does not change the circumstances of early marriage, but the pregnancy tracking systems used to deliver PMMVY can serve as an early identification mechanism.

Sukanya Samriddhi Yojana (SSY)

The girl child savings scheme — a bank or post office account in the girl's name that matures when she turns 21, with tax benefits for depositors — is a rare instrument that creates a financial stake in the girl's future. Its uptake among low-income rural families in Odisha has been partial, partly because the minimum deposit requirement (even the reduced Rs 250 per year after 2020) is a barrier for the poorest households, and partly because awareness is low.

Poshan Tracker and Real-Time Monitoring

The digital Poshan Tracker, introduced as part of Poshan Abhiyaan, records individual beneficiary data for ICDS including adolescent girls. AWWs are required to record SAG attendance, IFA distribution, and non-nutrition activity completion. Where the tracker is functioning and data is being entered accurately, it provides a real-time visibility tool that supervisors and NGO monitors can use. Where entry is being done retrospectively or inaccurately — which is common in remote areas with poor connectivity — the tracker creates a false picture of programme reach.

What NGOs Can Do: A Convergence Framework

The most impactful NGO work in the adolescent girl space in Odisha combines three streams:

Stream 1: Augment the AWC. The AWW is the frontline delivery agent for SABLA and is frequently overburdened. An NGO that provides a trained community mobiliser or youth peer educator to work alongside the AWW — conducting the life skills sessions, facilitating the weekly IFA supervision, organising out-of-school girl outreach — multiplies the AWC's effective capacity without duplicating the system. This requires a clear agreement with the CDPO on roles, a no-parallel-system approach, and data sharing.

Stream 2: School retention and transition support. The Class 8 to Class 9 transition is where dropout risk peaks. NGOs can support bridge programmes for girls who have fallen behind, facilitate KGBV enrollment for girls who meet eligibility criteria, and provide study material support for girls in secondary school. Tracking individual girls through this transition — with regular home visits when a girl doesn't show up — is labour-intensive but has documented impact.

Stream 3: Community norm change. This is the hardest and the most important. Life skills education in an AWC works at the individual level. Community norm change — reducing the acceptability of child marriage, increasing the household-level valuation of a girl's education — requires working with parents, with panchayats, with community influencers (teachers, anganwadi workers, SHG leaders). This is a longer programme cycle (3–5 years minimum), requires sustained community presence, and produces change that is difficult to attribute to any single intervention. It is also the only approach that addresses the structural driver, not the symptom.

For CSR Managers: Framing Investment in This Space

Adolescent girl programming is among the most well-evidenced domains in international development. The "Girl Effect" literature — first articulated by Nike Foundation and now widely replicated across development organisations — demonstrates that investments in girls' education, nutrition, and delayed marriage produce multiplier effects across health outcomes (maternal mortality, infant mortality, child nutrition), economic outcomes (women's labour force participation, household income), and social outcomes (next-generation education, reduced child marriage rates).

In the Indian context, CARE India, Plan India, ICRW, and Population Council have published extensive evidence on what works in this space. The evidence base is not the gap. The gap is

that most CSR in the "women and girls" space goes to urban women's livelihood programmes, micro-finance, or generic skill development — areas with cleaner output metrics. The adolescent girl in a remote Odisha village represents the foundational investment that underlies all of those later-stage outcomes, and she is consistently underfunded.

Effective CSR in this space funds: community mobilisers who work alongside AWWs, peer educator training, supplementary nutrition for girls in KGBVs, school sanitation improvements (menstrual hygiene management infrastructure), and community-level behaviour change communication. It measures: IFA compliance rates, secondary school attendance (not just enrollment), number of child marriages prevented (tracked prospectively through village-level surveillance), and weight and haemoglobin improvement in programme cohorts.

A District-by-District Priority Map

NGOs entering this space in Odisha should prioritise districts by three indicators: high child marriage prevalence, high anaemia burden, and low secondary female enrollment. The convergence of all three in a single district produces the most acute need:

- **Nabarangpur:** Highest child marriage rates in the state; PVTG communities; low secondary enrollment.
- **Nuapada and Bolangir:** High out-migration; girls left with grandparents; seasonal disruption of schooling.
- **Kandhamal:** Tribal majority; history of communal violence disrupting education; high anaemia.
- **Malkangiri:** Poorest connectivity in the state; LWE-affected; AWC functioning severely constrained.
- **Gajapati:** Saura tribal community concentration; high child marriage; geographic isolation.

These are not the only districts that need attention — but they are the districts where the convergence of need and programme absence is most severe.

Schemes at a Glance

Scheme	Component	Nodal Department
SAG / SABLA	Nutrition + Non-Nutrition (life skills, vocational guidance)	Women & Child Development
Poshan Abhiyaan	Real-time tracking, IFA, nutrition convergence	Women & Child Development
Anaemia Mukt Bharat	Weekly IFA for adolescent girls	Health & Family Welfare

Scheme	Component	Nodal Department
Beti Bachao Beti Padhao	Awareness, sex ratio at birth, girl education	WCD / Education / Health
Kasturba Gandhi Balika Vidyalayas	Residential secondary school for disadvantaged girls	Education
PM POSHAN	Mid-day meals for in-school children	Education
Sukanya Samriddhi Yojana	Girl child savings scheme	Finance / Post Office / Banks
PMMVY	Maternity benefit for first live birth	Health & Family Welfare
PM-JANMAN	PVTG-specific health, education, nutrition	Tribal Affairs (Ministry)
POCSO Act 2012	Child sexual abuse protection	Women & Child Development / Police

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The Window Is Narrow

The years between 11 and 18 do not wait. A girl who is anaemic at 12 carries a nutritional debt into her first pregnancy. A girl who drops out of school at 14 is almost never re-enrolled. A girl who is married at 16 in a rural Odisha household will almost certainly become a mother before she is 20.

The schemes exist. The AWC infrastructure exists. The evidence base on what works exists. What is missing — in most of rural Odisha outside the reach of established NGO networks — is the persistent, community-embedded, document-navigating, AWW-supplementing, family-visiting programme presence that actually delivers these schemes to the girl who needs them most.

That presence is what NGOs in this space provide. It is unglamorous, difficult to scale quickly, and resistant to clean metrics. It is also the only thing that actually changes the trajectory.

Sources: NFHS-5 (2019–21) Odisha State Factsheet; Ministry of Women and Child Development — SAG Scheme documentation; Anaemia Mukt Bharat operational guidelines (2018); Poshan Abhiyaan implementation framework; UDISE+ 2021–22 data; Odisha Prarambha State Policy for Children (2022); Population Council India — adolescent health and nutrition evidence; IFA supplementation compliance literature, Bhore Committee and subsequent reviews.

This article is part of the JaBaSu Convergence Notes series. For scheme primers, compliance guides, and sector spotlights, visit jabasu.org/knowledge-commons.

Published by JaBaSu Trust. For corrections or additions: knowledge@jabasu.org