Summer Training at
United Nation Population Fund, Rajasthan in collaboration with JATAN SANSTHAN, Udaipur
(April 3 to June 2, 2017)

Action for Adolescent Girls

By
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Under the guidance of
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2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Pratibha Rana** has undergone summer training in **UNFPA/ Jatan Sansthan, Udaipur** from **3rd April to 2nd June, 2017**.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

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Jatan

Jatan

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We wish her success in all the future endeavors.

Ref. No. JATAN/UDR/2017-18/534 Date- 20.06.2017

To Whomsoever It May Concern

This is to certify that Ms Pratibha Rana is a student of MBA, Hospital and & Health Management at Institute of Health Management Research (IIHMR), Jaipur has successfully completed two months of internship with Jatan Sansthan, Udaipur from 3 April 2017 to 2 June 2017.

During her internship Ms Pratibha Rana has worked as a research intern under UNFPA project supported project titled "Action for Adolescent Girls" also known as Hilor

Dr Kailash Brijwasi
Executive Director
Jatan Sansthan

ACKNOWLEDGEMENT

I would take this opportunity to express my profound gratitude to our institute, Institute of Health Management, and Research, for providing us a platform to gain enough knowledge and skills in different aspects of Health Management.

I express my deep indebtedness to Mr. Sunil Thomas Jacob and Mr. Rajneesh Prasad, UNFPA, Mr. Ankur Kachhuwaha, JATAN Sansthan for their advice, support, encouragement, and guidance throughout my training.

My sincere thanks to my respected mentor, Dr. Neetu Purohit (Associate Professor, IIHMR) for her support throughout the project. Without her guidance, this work would not have materialized.

Lastly, I thank the people whose insights and experiences have shaped the content of this report.

Dr. Pratibha Rana

Contents

ACRONYMS/ ABBREVIATIONS

AAG	Action for Adolescent Girls
AGs	Adolescent Girls
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BMI	Body Mass Index
ICDS	Integrated Child Development Services
KS	Kishori Samooh
NGO	Non-Governmental Organization
OOSGs	Out of School Girls
PRI	Panchayati Raj Institution
C.C	Cluster Coordinator
PE	Peer Educator
KM	Kishori Meeting
KD	Kishori Divas
B.C	Block Coordinator
AHD	Adolescent Health Day
SC	Scheduled Caste
ST	Scheduled tribe
OBC	Other Backward Classes
HIV	Human immune Virus
STI	Sexually transmitted disease
RTI	Reproductive tract infection
UNFPA	United Nation Population Fund

LIST OF TABLES

PART I- ABOUT THE ORGANIZATION

UNFPA

The United Nations Population Fund, formerly the United Nations Fund for Population Activities, is a UN organization.
Headquarters: New York City, New York, United States
Head: Babatunde Osotimehin
Founded: 1969
Parent organization: United Nations

MISSION

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.

VISION

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential fulfilled.

Three core areas of work

1. Reproductive health,
2. Gender equality
3. Population and development strategies.

JATAN SANSTHAN, UDAIPUR

Jatan Sansthan is a grassroots not-for-profit organization working with the rural population of the state of Rajasthan in the districts of Rajsamand, Udaipur, Jhalawar and Bhilwada. Since its inception in 2001, Jatan has designed and implemented various initiatives geared towards improving the social and demographic indicators of the state with special emphasis on youth, women, girl child and adolescents. Through the years Jatan has worked on programs related to health, education, violence against women, strengthening women in governance, migrant labour issues and livelihood issues. Jatan also actively works towards, participation of larger community, research and advocacy to ensure long lasting impact. Today Jatan’s efforts are both endorsed and supported by the government authorities at all levels.

MISSION

Jatan strives to empower the youth of Rajasthan by giving them a platform where they can freely express their concerns. Jatan also provides them with information that enables them to seek social and scientific solutions thereby helping them become agents of change in their communities. Jatan strives to enhance active participation of youth in decision making, policy formulation and advocacy across various forums at national and international level.

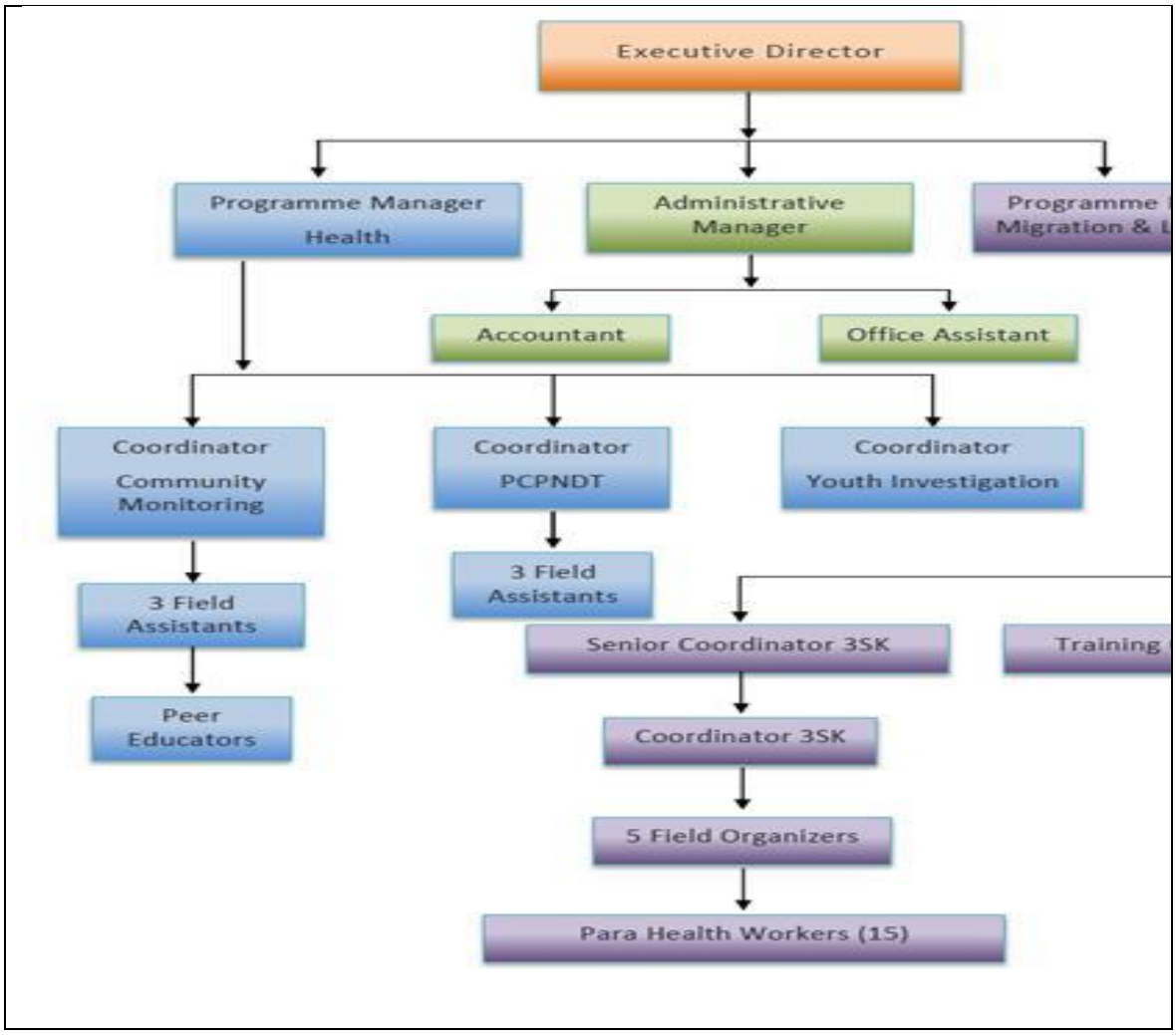
VISION

Jatan envisions a society where people lead a healthy, safe, and empowered life, free from all forms of discrimination.

ORGANISATIONAL STRUCTURE OF JATAN SANSTHAN

The founder of JATAN is Mr. Kailash Brijwasi, one of the pioneers in educating and working with youth in the state of Rajasthan and has successfully organized, educated, provided alternative livelihood options to the youth. The organizational structure of the organization is presented in the following figure.

Figure1. Organogram of Jatan Sansthan



Source: www.jatansansthan.org

VISHAKHA SANSTHAN

Vishakha has its roots in the **women's movement** of Rajasthan. The Women's Movement in Rajasthan has been a vibrant and vocal struggle particularly against violence. The founding members were actively engaged in raising issues of discrimination and violence in the State since the eighties. Actively voicing the protests against the Deorala 'sati', the group felt the need for a platform for organized intervention; Vishakha was thus founded, and registered as a Society in 1991.

Vishakha played a key role in moving the petition which led to the landmark judgement by the Supreme Court of India, issuing guidelines for Prevention of Sexual Harassment at the Workplace, in 1997. These guidelines are popularly called the Vishakha Guidelines.

Workforce

- Multi skilled, with grassroots workers and a range of professionals.
- Over 100 community workers who have emerged in roles of rural librarians, village health workers and community mobilisers, Peer educators, and change agents.
- Communication team skilled in folk forms of music and puppetry.

Work sectors

Human Rights	Children
Legal Awareness & Aid	Civic Issues
Micro Finance (SHGs)	Dalit Upliftment
Panchayati Raj	Drinking Water
Rural Development & Poverty Alleviation	Education & Literacy
Women's Development & Empowerment	Health & Family Welfare
Youth Affairs	HIV/AIDS

PART-II ACTION FOR ADOLESCENT GIRLS (AAG)

Action for Adolescent Girl Initiative aims to protect girl's human rights through a combination of targeted interventions that delay marriage and child bearing, prevent unintended pregnancy, and build up the health, social and economic assets among the most vulnerable girls. Action for Adolescent Girls Initiative is implemented in partnership with the Directorate of Women Empowerment in two blocks of Udaipur district.

Action for Adolescent Girls Initiative (AAG) was started in 2014 in Salumber block of Udaipur district. In 2015, the initiative was scaled up to Kherwara block of Udaipur district. The target group for the in the initiative is Girls in the age group of 10-19 years, with focus on out-of-school, unmarried and married. The AAG works across a continuum of life stages of adolescent girls from unmarried to married. The initiative is implemented in Salumber block by Vishakha and in Kherwara block by Jatan Sansthan.

The following table shows the demographics of the two blocks of Udaipur which had been selected under this project.

Table 1. Demographic data of Kherwada and Salumber

	KHERWADA	SALUMBER
POPULATION	**7581**	**16425**
TYPE OF LOCATION	**TRIBAL**	**RURAL**
HOUSEHOLDS	**1543**	**3390**
MALES	**3993**	**8420**
FEMALES	**3588**	**8005**
0-6YRS	**12.74%**	**11.54%**
SEX RATIO	**899**	**951**
LITERACY RATE	**82.95**	**85.82%**
RELIGION	**HINDU- 73.68%**	**HINDU- 64.84%**
	MUSLIM- 17.13%	**MUSLIM- 22.66%**
CASTE	**SCHEDULE CASTE- 10.76%**	**SCHEDULE CASTE- 11.17%**
	SCHEDULE TRIBE- 8.85%	**SCHEDULE TRIBE- 2.59%**
NUMBER OF GRAM PANCHAYATS	**62**	**48**

Source: villageprofile.com

Action for Adolescent Girls (AAG) is a comprehensive strategy to empower the vulnerable adolescent girls in the identified block through a framework of building social, health and economic assets which would enable the adolescent girls to protect their human rights. The target group for the initiative is adolescent girls of the age group 10-19 years, with focus on out-of-school unmarried and married girls. The initiative will reach to approximately 13000 girls over two years (through two implementing partners in two blocks of the district). The initiative is jointly funded by UNFPA and UNF.

Figure2.Depicting the Geographical map of Udaipur

Both the blocks selected in the study are situated in border of Rajasthan and Gujrat with huge number of migration is seen for the labour purposes

Key Activities

The key activities undertaken are given below-

a. **Baseline Survey:** A baseline Survey was undertaken in both the blocks i.e. Salumber and Kherwara. It has provided very useful information related to background of target beneficiaries.

b. **Formation of adolescents group/ kishori samoohs at AWC level** – At the village level, 610 adolescent girl clubs/ kishori samoohs were formed. Each Adolescent club has about 20-25 adolescent girls and the initiative is reaching to around 14000 adolescent girls. While forming these clubs, focus was on involvement of out of school adolescent girls as they face increased vulnerabilities. The adolescent girl clubs were formed at the AWC level.

c. **Curriculum development** – The Girl centered curriculum was developed through a series of consultative processes that included 5-6 workshops held in Udaipur with stakeholders from the implementing partner, Government, experts who are working with young people and UNFPA officials.

The curriculum has three phases.

1st phase- SOCIAL assets (8 sessions)

2nd phase- HEALTH assets (13 sessions)

3rd phase- FINANCIAL assets (5 sessions)

d. **Capacity Building of the Peer Educators** – Each club has 3 Peer Educators (1 Sakhi and 2 Sahelies) and in total 1830 Peer Educators are facilitating transactions in 610 clubs. The capacities of the peer educators were built in two ways. On a capacity are built through the monthly meeting at the cluster level coordinated by Cluster coordinator. In terms of the transaction of the curriculum, a four days training is being done for each phase of the curriculum. The peer educators training on 1st & 2nd phase module has been completed. The training on 3rd phase session is being rolled out.

e. **Kishori Meeting** – Kishori meetings were organized twice in the month at Anganwadi centre. It was generally for 3 hours and out of school adolescent girls participated in it. The sessions were taken by the Sakhi Saheli with the help of AWWs & cluster coordinators.

f. **Kishori Diwas** – In order to mobilize adolescent girls, Kishori diwas is being organised at the AWC level. Kishori Diwas is a platform for sharing information, linking the adolescent to various services, helping the adolescent girls to raise collectively the issues of the village that is linked to them and is also a time for showcasing their talents.

g. **Panchayat Meeting** – Panchayat meetings were organized at panchayat level once in a month and in these, Sakhi & Saheli from each AWC along with AWW participated. The meeting starts with recap of sessions organized in the last month and with sharing of experience and problems faced.

h. **Convergence Meetings** – To strengthen coordination with concerned departments at district & block level, regular convergence meetings were organized. These meetings were attended by representatives from ICDS, Health, UNFPA, Jatan Sansthan, Ajeevika Bureau, and Vishakha.

i. **IEC Activities** – To create awareness among the community about the initiative and different issues related to adolescent girls, different activities were undertaken including

organization of puppet shows and use of folk media.

j. **Monitoring Framework** - A field level MIS has been developed for collecting the information from the Anganwadi center. The training on the MIS has been imparted to the cluster coordinators and progress in regularly monitored.

ASSESSMENT OF IMPLEMENTATION OF AAG PROJECT

Aim:

The aim of the study to assess the implementation of AAG project strategies to identify the strengths and weakness in its implementation.

General Objective:

To assess the implementation of AAG project with reference to 5 stakeholders i.e.- Peer Educator, Cluster Coordinator, ASHA, AWW, Adolescent Girls.

Specific Objective:

To identify the strengths and weakness in the selection, training, monthly sessions, and monitoring activities under the project.

Methodology

It is a pilot study done in two blocks of Udaipur district where the project is being implemented for last 2 years. Firstly, the tool was prepared for the 5 stakeholders of AAG followed by their pretesting in the village other than the selected villages. Modifications were done in the tool and then finally implemented in the field. The quantitative approach was adopted to identify strengths, gaps and challenges related to selection, training, village level activities and monitoring systems. As the actual guidelines of the project were not available in documentation, we proceeded with the in-depth interviews for 4 Block Coordinators and 4 Project Staff who are the ground level implementers.

Sample size:

The project is implemented in 249 villages of Kherwara block and 362 villages of Salumber block. The project is being implemented in 611 villages from these two blocks. This proposed study included 10% of villages (n=61) from each block as sample size to capture, experiences and challenges in implementation of AAG project. But due to time constraints, the sample size was reduced to 5% (n=30) in which the total number of respondents were 330.

Sampling technique:

Simple random sampling was used to select 12 villages from Kherwara block and 18 villages from Salumber block. The names of all the villages were arranged in alphabetical order and random numbers were given to select villages.

Data Collection:

The primary quantitative data was collected through semi-structured data collection tools. The tools were designed in consultation with the authorities of UNFPA office.

Study Design:

It is an analytical cross-sectional study for the above-mentioned objectives.

Following are the Stakeholders which were interviewed as a part of assessment through separate questionnaires.

Table2. Stakeholders for AAG project

Stakeholders for data collection	Norms	Topic
PEs	3 PEs from each village	Selection, training, village level activities, monitoring
Adolescent Girls	5 from each adolescent club in village	Selection, village level activities
AWW	1 from each village	Selection, training, village level activities, monitoring
ASHA	1 from each village	Selection, training, village level activities, monitoring
Cluster Coordinator	1 from each village	Selection, training, village level activities, monitoring

Source: UNFPA documents

The study covered 330 respondents comprising of 90 PEs, 150 Adolescent girls, 30 ASHA, 30 AWW and 30 Cluster Coordinators.

FINDINGS

Various parameters on which the stakeholders were assessed were pre-designed and common parameters were set to ensure the triangulation of the information.

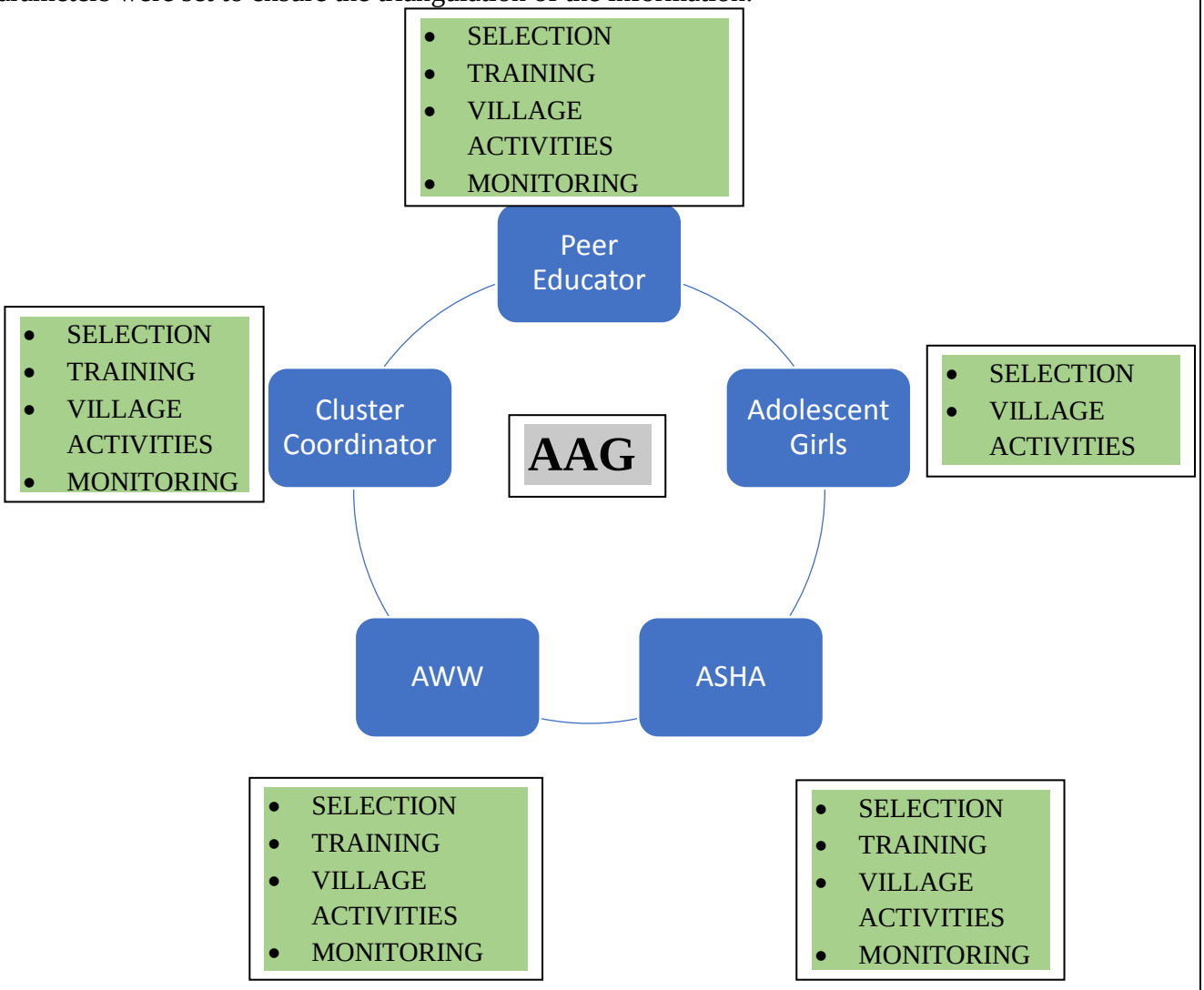


Figure3. Showing the different stakeholders and the parameters of assessment

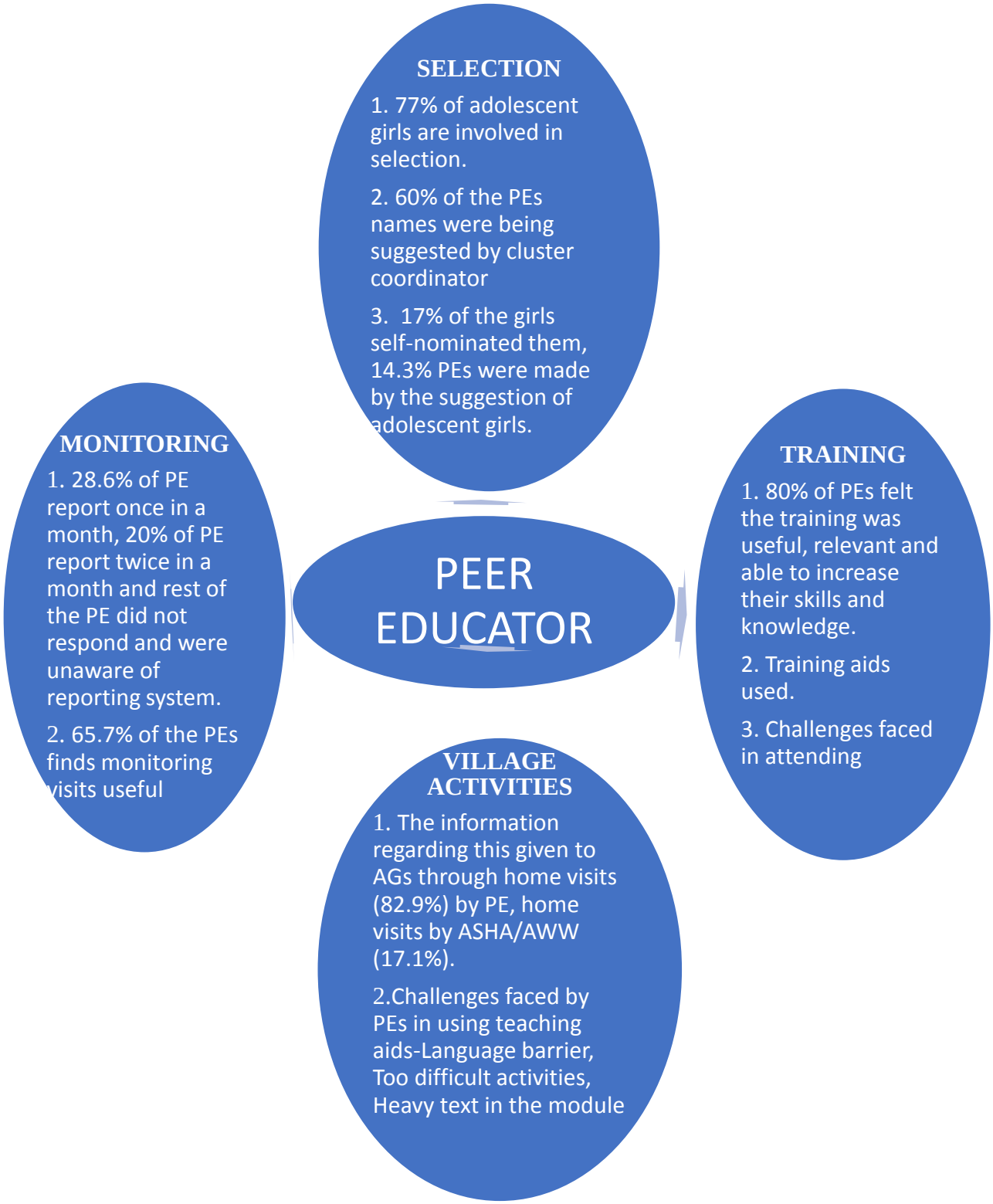


Figure4. Representing the various parameters with reference to peer educator

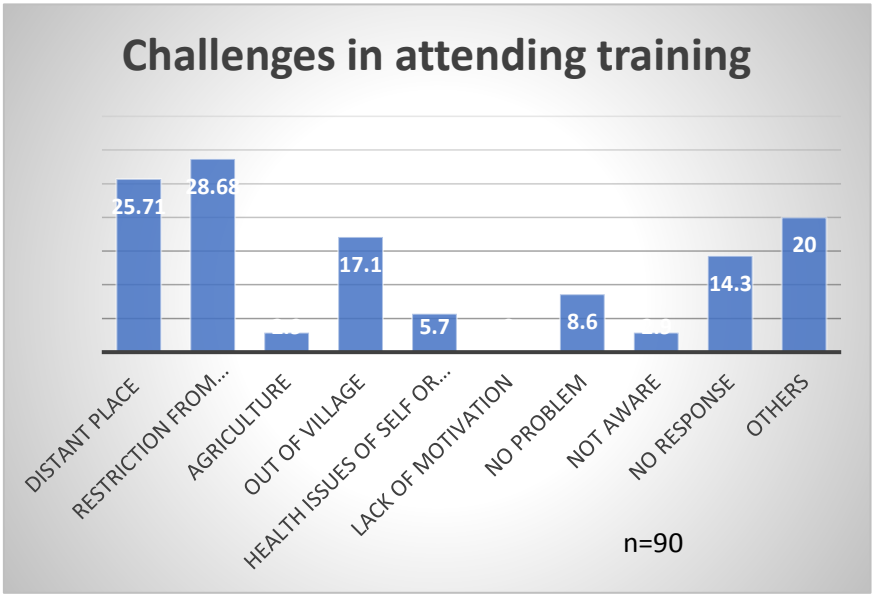


Figure5. Represents the challenges faced in formation of adolescent clubs

The project aims that the monthly sessions to be organized and conducted by Pes but they faced few challenges regarding the same.

Table3. Represents the challenges faced by PE in organizing the kishori meeting

Difficulty in mobilizing the girls	14.3%
Low attendance	20%
Reluctance amongst parents	14.3%
Accessibility	5.7%

Table4. Represents the knowledge assessment tools used in the training of PE

Written test Oral test Demo test-	31.4% 22.5% 14.3%

Kishori Divas was organized at various frequencies in all the villages of both blocks. It leads to mass level community involvement.

Table5. Represents the activities in the Kishori divas

Health check-up	57.14%
Filling up of Kishori cards	05
Referrals to specialized facilities	0%
BCC with AGs	0%
Mobile health units	2.85%
Games	6571%
Competitions	54.28%
Showcasing of talent	34.28%

ADOLESCENT GIRLS

SELECTION OF PE-

- 75% of girls are aware about the selection process.
- Out of 75%, 34% of AGs had opinion that Cluster coordinators play the role in selection of PE, 7.8% & 9.93% girls had opinion the ASHA & AWW played a role in selection respectively. Only 34.75% girls were positive about their own involvement.
- 53.9% of girls had an opinion that all the eligible candidates in the village were aware of the post of PE.
- No prior information about the post, suggestion of girls not considered, only stakeholders participate in selection, no vote out is done while selecting the PE are some of reasons of girls being not aware of the selection process.
- Only 5% of the girls responded positively about any application procedure before selection.
- Only 9% girls felt that the selection procedure was transparent.

VILLAGE LEVEL ACTIVITIES

KISHORI MEETINGS:

- 56.43% girls said that their opinion is considered while deciding the date and time of the meetings.
- The information regarding this given to AGs through home visits (82.9%) by PE, home visits by ASHA/AWW (17.1%).
- The kishori meetings were predominantly conducted at Anganwadi centre. Sometimes it was conducted at different locations like Atal sewa Kendra at the village, school buildings, and Panchayat buildings.
- The meetings were conducted twice in a month for an average duration of 2-3 hours.
- Attendance of AGs in the meeting ranges from 5-25.

During Kishori meetings various activities were done.Though girls found few of the interesting and engaging.

Table6. Representing the Interest points for AGs in the sessions

Teaching through games	43.6%
Interacting with friends	20.8%
Learning new things	27.2%
Break from household chores	4.4%

To attend the Kishori Meetings Girls have to face challenges as enumerated below.

Table7. Representing the reasons of not attending the Kishori meeting by adolescent girls

Agricultural season	5.8%
Migration	10.14%
Accessibility issues	2.17%
Reluctance amongst parents	10.87%
Household work	54.5%
School exams	16.7%

KISHORI DIVAS:

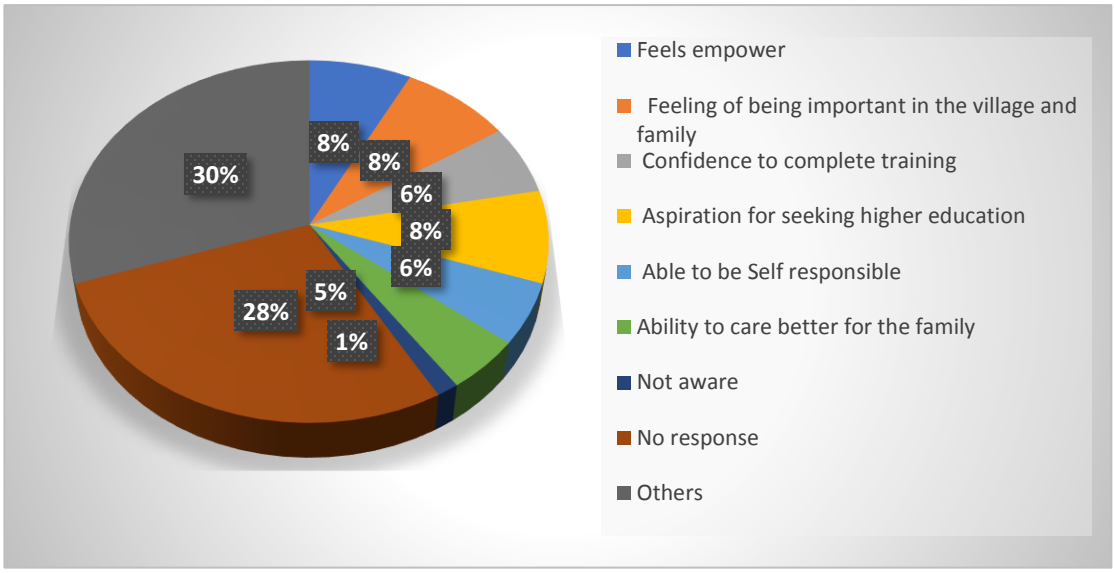
- 73.9% of girls said that Kishori divas was being organized in their village; only 55.7% of the respondent girls attended the Kishori divas. The various challenges were faced by girls in order to participate in Kishori Divas, which is a major challenge for implementers.

Table8. Representing the barriers faced by girls in attending Kishori divas

Accessibility	6.82%
Reluctance from parents	27.27%
Agricultural season	4.55%
Crowding	-
Social barriers	6.82%
Others	42.05%

Various challenges faced by Implementers to mobilize girls and motivate them to form Adolescent club.

Figure6. Represents the challenges faced in formation of adolescent clubs



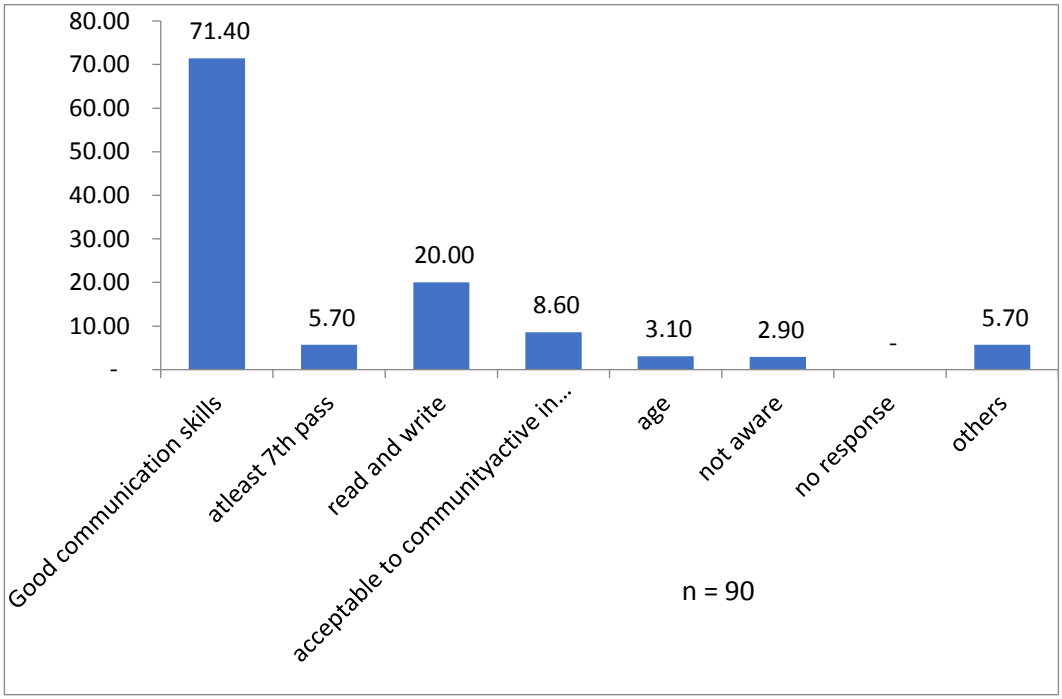
CLUSTER COORDINATOR

SELECTION OF PEER EDUCATORS:

- Evaluate girls for their qualities
- Counsel parents to allow their daughters
- Mobilization of girls to the Anganwadi Centres
- Assist AGs in selection of PE.

Peer Educator plays major role in mobilizing the girls, following is the criteria of the selection of Peer Educators.

Figure7. Representing the criteria of selection of PE



TRAINING OF PEER EDUCATOR

During the training sessions, various teaching aids are used in order to make the sessions easy for out of school girls.

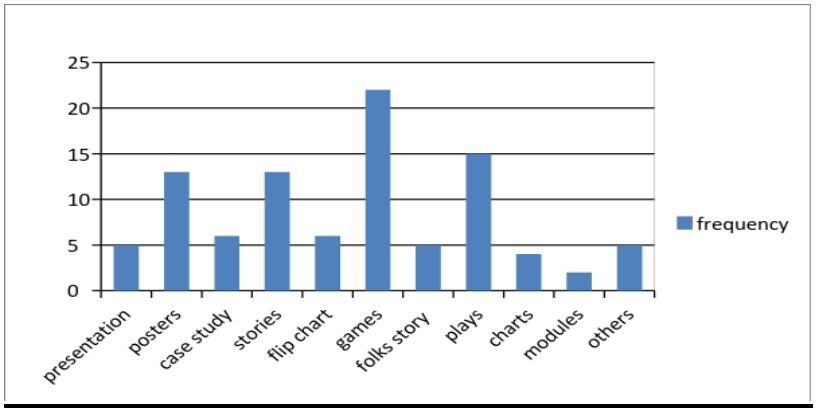


Figure8. Representing the teaching aids in training

VILLAGE LEVEL ACTIVITIES

KISHORI MEETING-

- CCs, project staff, ASHA, AWW are the members who participate in formation of adolescent clubs.
- Mobilization of girls for the AG club was by either calling the meetings at AWC (45.7%) or by home visits to AGs (48.6%).
- Activities that took place before formation of AG club were Community meeting, Folk shows, Nukkad natak, Home visits by ASHA/AWW, Others.
- Challenges faced by the implementers in forming the club
  1. Social barriers
  2. Reluctance from the parents
  3. Reluctance on the part of girls

4. Seasonal work
5. Physical accessibility
6. Availability

- The day and time is majorly decided by Cluster coordinators in consultation with ASHA/AWW. Cluster Coordinator faces many challenges to mobilize girls. Following are challenges faced by them.

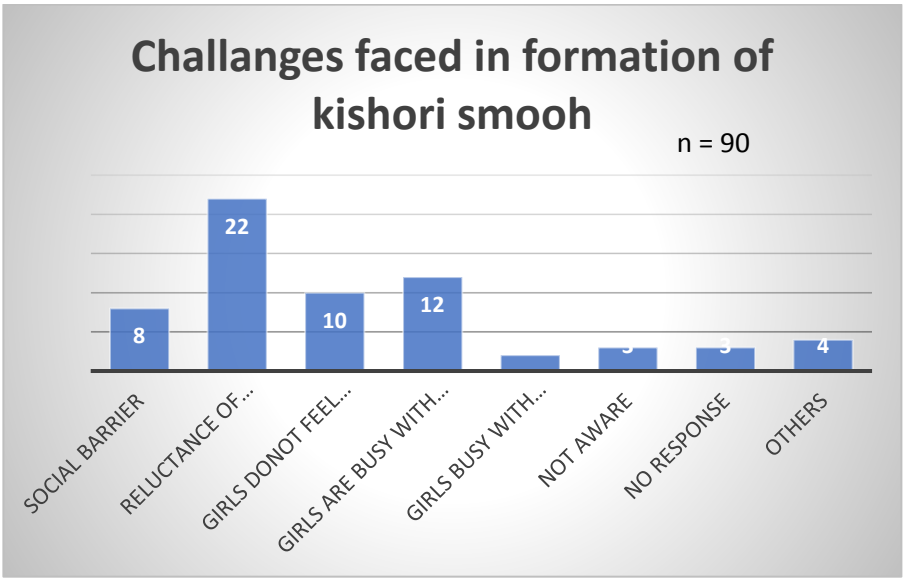


Figure9. Represents the challenges faced in formation of adolescent clubs

KISHORI DIVAS

Following are the barriers faced by Cluster Coordinators in mobilizing girls for Kishori Divas

Table9. Represents the barrier faced in mobilizing the girls for Kishori divas

Reluctance among parents & girls	17.1%
Repeated home visits	5.7%
Counsel parents	5.7%
No problem faced	11.4%

Others	2.9%

MONITORING MECHANISMS

- 58% of the cluster coordinators go for >21 monitoring visits in a month while 42% of CCs go for 16-20 visits in a month
- The various activities done by CC in the monitoring visits were-

1. Check records and registers
2. Prepare monthly activity
3. Attend & facilitate meeting
4. Capacity building of PEs
5. Networking with the villagers
6. Meeting with parents

Challenges faced by Cluster Coordinator in record keeping during the program

Table10. Represents the challenges in record keeping and monitoring

Time management	25%
Unavailability of material for record keeping	8%
Work overload	50%
Others	17%

ASHA/AWW

ASHA AND AWW workers had participated in selection of Peer Educators and attended training sessions. They play significant role in mobilizing the girls and organizing village level activities.

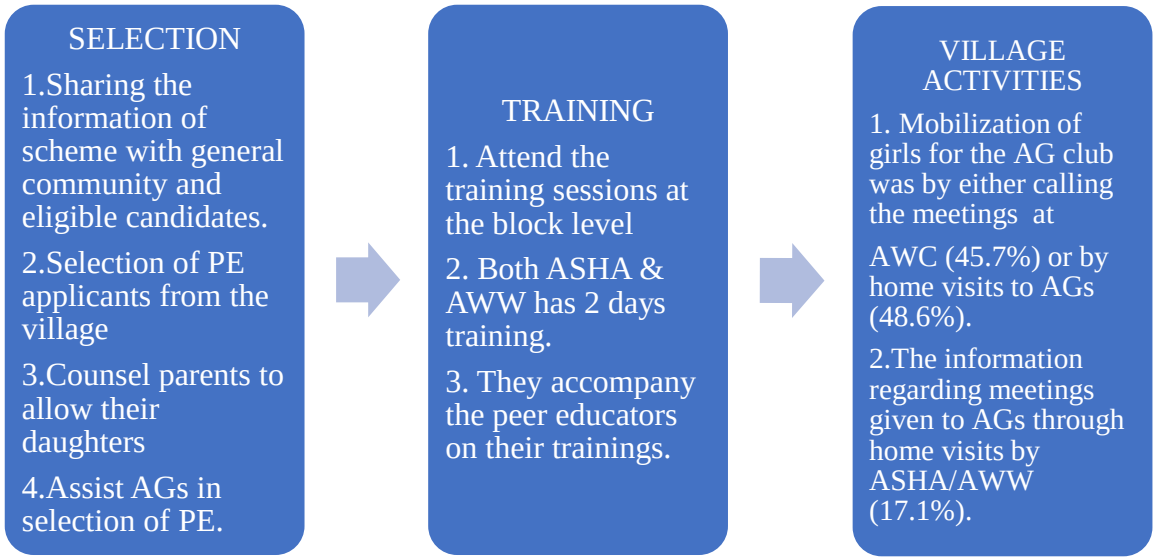


Figure 10. Representing assessment parameters about ASHA/AWW

SUGGESTIONS BY THE STAKEHOLDERS

Suggestion of five stakeholders are taken during the interviews

PEER EDUCATOR	1. Vocational training should be incorporated 2. C.C/AWW should accompany us during home visits 3. More topics should be incorporated in the curriculum 4. Link with livelihood activities 5. Condition of AWC should be improved 6. Frequency of meetings should be increased
ASHA/AWW	1. More skill development program should be incorporated 2. Frequency of meetings should be increased 3. Link with livelihood activities 4. Employment opportunities should be provided to girls 5. Vocational training should be incorporated

	6. Higher official should attend meeting frequently
CLUSTER COORDINATOR	1. Vocational training at panchayat level 2. Training & linkage with education & employment 3. Extension should be given to this program 4. Noticeable activities should be conducted in the meetings 5. Link with livelihood activities 6. Better strategy to enroll more girls in the club 7. Easy curriculum should be there for girls to better understand
ADOLESCENT GIRLS	1. Vocational training should be provided 2. Enrollment in the schools should be done 3. More counseling should be done for the girls to attend the meetings 4. Counsel parents through ASHA/AWW/CC

Table11. Representing the suggestions given by the stakeholders regarding the AAG program

SWOT ANALYSIS OF AAG

After assessing the whole implementation of the program during the field visits, following Strengths, Weaknesses, Threats, and Opportunities are observed.

STRENGTHS	WEAKNESS
1. Enrollment of out of school girls. 2. Adolescent girl empowerment. 3. Linkages with vocational training and education. 4. High awareness amongst the stakeholders 5. Strong monitoring framework. 6. Delay in marriage age for adolescent girls.	1. Poor education level of peer educator as they are the main linkage between villagers and implementers. 2. Lack of complete awareness about the program (AAG). 3. Delay in the availability of printed transacting modules. 4. Convergence with skill development institutions is slow

OPPORTUNITY	THREATS
1. Enable girls to protect their human rights. 2. Skill development for out of school girl. 3. Platform for out of school girls to outshine.	1. Increase in migration of adolescent girls. 2. Lack of motivation amongst girls.

Table12. SWOT analysis of AAG program

SUGGESTIONS

1. Kishori meetings can be organized at a large scale involving 4-5 villages rather than in the individual villages giving an opportunity to the adolescent girls to get more self-confident & able to get vocal about their thoughts.
2. Reinforce the capacity building amongst the peer educator.
3. More of practical exposure should be given rather than adopting classroom teaching i.e. teaching how to use the public services

   For e.g.-

   a) Visit to PHCs & CHCs

   b) Visit to post office

   c) Visit to schools and colleges

   d) Visits to bank to teach how to open an account and deposit or withdraw money from bank.

   e) Teach how to write an application to gram Panchayat.
4. Employment opportunities for the girls above the age of 18 years.
5. Identity cards should be issued to the girls enrolled in adolescent clubs to ensure the awareness, recognition, and better attendance monitoring in the kishori meetings.
6. Build skill development sources in the village itself to overcome the accessibility issue.

REFERENCES

1. Documents shared by UNFPA-
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   b) Note on implementation research
   c) A primer for researchers for AAG
2. https://www.unfpa.org
3. www.jatansansthan.org
4. vishakhawe.org
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6. villageprofile.com

ANNEXURES

Questionnaire of the Adolescent girls for Implementation Research of ACTION FOR ADOLESCENT GIRL Program

Name of the Village:	Respondent number:

Sr.no	Question	Response	Code
A	**DEMOGRAPHIC INFORMATION**		
1	Date of survey		
2	Age		
3	Religion	1. Hindu 2. Muslim 3. Sikh 4. Christian 99. Others	
4	Caste	1. SC 2. ST 3. OBC 99. Others	
5	Are you married?	1. Yes 2. No (If no. skip to 7)	
6.1	**If yes** age when you got married?		
6.2	Are you cohabitating with your husband?	1. Yes 2. No	
6.3	**If you are married**. Were you the part of Kishori Samooh before marriage?	1. Yes 2. No	
6.4	Are you a mother?		
6.5	**If yes** age when you became mother?		
7	Can you read, for example, Newspaper?	1. Yes 2. No	
8	Have you ever attended school?	3. Yes 4. No (If no. skip to 9)	
8.1	What is the highest level of schooling you have attended?		

8.2	How old were you when you drop out from school?		
8.3	What was the reason of dropping out of school? (Multiple options possible)	1. Got married 2. Reluctance on side of parents 3. School was not available in my village for levels of class 4.Migration 5. Unavailability of funds to support schooling 6. Need to work for supporting family 99. other Please Specify …… ……	
9	Have you ever undertaken paid work?	1. Yes 2. No (If no. skip to 10)	
9.1	How old were you when you started working for pay?		
9.2	What type of work do (did) you do? PROBE	1. Self employed 2. Works at construction site 3. Work in factories 4. Work as agricultural labourer 5. Work as domestic help 99. Any other (please Specify)	
10	Is your father alive?	1. Yes 2. No (If no. skip to 11)	
10.1	Does he live in the same household as you?		
11	Is your mother alive?	1. Yes 2. No (If no. skip to 12)	
12	Do you have any sisters?	1. Yes 2. No (If no. skip to 13)	
12.1	Are they parting of Kishori samooha?	1. Yes 2. No	
12.2	Do any live in the household?	1. Yes 2. No	
13	Do you have any brothers?	1. Yes 2. No (If no. skip to 14)	
13.1	Do any live in the same household?	1. Yes 2. No	
14	What is their source of income?		
15	Who is the primary person earning an income for the family?	1. Father 2. Mother 3. Brothers 4. Sisters 5. Yourself	

		99. Others. Please Specify	

B	SELECTION PROCESS OF PEER EDUCATOR		
16	What activities take place in your village that are targeted at adolescent girls? (Multiple options possible)	1. Kishori samooh meetings 2. Community meeting 3. Kishori diwas/mela 4. Skill development program 99. Others, specify	
17	How do you select peer educator amongst yourself?		
18	Did you give your name for the nomination of peer educator?	1. Yes 2. No	
19	How did you come to know about post peer educator?	1. Relative or friend from the village 2. Another applying candidate in the village 3. A member of the village leadership 99. Any other (Please Specify) ……	
19	In your opinion, was every candidate in your village aware about the post of peer educator?	1. Yes (If Yes skip to 21) 2. Yes, but only some of them 3. No	
20	If No, what are the reasons behind this?	1. No prior information given regarding selection 2. Their suggestion is not considered during selection process 3. Mutual consent from all the adolescent girls is not taken 4. Only stakeholders play role in selection 99. Others	

21	Did you have enough time to submit your application after receiving information about the post of peer educator?	1. Yes 2. No	
22	In your opinion was the selection process transparent? (Operating in such a way that it was easy for others to see how selection was performed)	1. Yes 2. No (Skip to Q.24) 3. Don't know (Skip to Q.24)	
23	If yes, what information did you know about the application process?	1. Filing of the form 2. Qualification for application 3. Selection by local community 99. Any other. Please specify	
24	Who assists you in selecting the peer educator? (Multiple options possible)	1. PRI 2. ASHA 3. AWW 4. NGO 5. Present Sakhi Saheli 99. Others	
25	What qualities do you seek in a peer educator during selection? (Multiple options possible)	1. Proactivity 2. Good communication skills 3. Leadership 4. Age of peer educator 5. Education level 99. Others	
26	Do you aspire to become a peer educator in future?	1. Yes 2. No (If No Skip to 28)	
27	What motivates you to become a peer educator? (Multiple options possible) (Are these the possible options or the options on right side are good Conditions of girls in your village Opportunity to change the situations you have gone through	1. Motivation from parents 2. Motivation from NGO people 3. Inner zeal 4. Motivated by the work of ASHA/AWW 5. Motivated by peers 6. Motivation from community members 7.Conditions of girls in your village 8.Opportunity to change the situations you have gone through	

		99. Others	
C	**KISHORI MEETING**		
28	Who keeps the record of your attendance in Kishori meetings?		
29	What is the frequency of the Kishori meetings?	1. once in a month 2. twice in a month 3. more than 2 times in a month 99.Others. Please specify	
30	What is the duration of the Kishori meetings?	1. 1-2 2. 2-3 3. 3-4 4. 4 hours and more	
31	Is your opinion considered while deciding the venue and timings of Kishori meetings?	1. Yes 2. No	
32	How many Kishori meeting have you attended?	1. Every meeting 2. Almost all meetings 3. I have joined the club recently	
33	What is your reason of not attending the Kishori meeting? (Multiple options possible)	1. Agriculture season 2. Out of Village 3. Accessibility issue 4. you don't find it useful 99. others	
34	What are general problems of adolescent girls being discussed in Kishori meeting? (Multiple options possible)	1. Migration 2. Health 3. Education 4. Marriage 99. Others	
D	**KISHORI DIWAS**		
35	Is Kishori Diwas being organized in your village?	1. Yes 2. No (If No. Skip to 40)	
36	Have you attended the kishori diwas?	1. Yes 2. No (If No. Skip to 39)	
33	Who all participated in Kishori Diwas? (Multiple options possible)	1. Doctors 2. ASHA 3. ANM 4. AWW 5. Parents 6. Panchayati members 7. NGO members 8. Teachers	
34	What are the activities conducted during Kishori Diwas? (Multiple	1. Health check-up 2. Haemoglobin	

	options possible)	estimation 3. Games 4. Showcasing the talents 5. Referral 6. Counselling 7. Discussion of problems 99. Others	
35	What do you think are the benefits of Kishori Diwas?		
36	If you require specialized treatment, are you being provided with referral slips to visit CHC/PHC/SC?	1. Yes 2. No (If No Skip to 39)	
37	If yes, do you visit to your near CHC/PHC?	1. Yes 2. No	
38	Are all referral followed up or tracked on the day when the next Kishori Diwas is organized?	1. Yes 2. No	
39	What are the barriers faced by you in attending the Kishori Diwas? (Multiple options possible)	1. Accessibility 2. Reluctance from parents 3. Agricultural season 4. Social barriers 99. Others	
E	**KNOWLEDGE ASSESSMENT**		
40	What are the things taught to you in Kishori samooh? (Multiple options possible)	1. Health 2. Nutrition 3. Adolescent reproductive & sexual health 4. Life skills 99. Others	
41	What are the activities that take place in Kishori samooh during the meeting? (Multiple options possible)	1. Teaching various topics related to health and well being 2. Playing games 3. Vocational training 4. Experience sharing 5. Discuss problems and issues 99. Others	
42	What are the various teaching aids used in conducting Kishori meetings? (Multiple options possible)	1. Presentation 2. Posters 3. Case study	

		4. Stories 5. Flip chart 6. Games 7. Folk story 8. Plays 99. Others	
43	What are various aspects of health discussed during Kishori meetings? (Multiple options possible)	1. Personal hygiene and sanitation 2. Physical exercise 3. Nutrition 4. Reproductive cycle & menstrual hygiene 5. Planned parenthood 99. Others	
44	Knowledge and awareness regarding symptoms of RTI in women? (Multiple options possible)	1.Foul smelling discharge 2.Burning micturition 3.Itching in genital organs 4.Ulcer in pubic region 5.Swelling in groin region 6.Pain in lower back region 99.others	
45	Do you know about HIV/AIDS?	1. Yes 2. No (If No then skip to 48)	
46	What do you know about modes of transmission HIV? (Multiple options possible)	1. Infected Blood transfusion 2. Sharing needles for drugs with infected person 3. Transmission from infected mother to child 4. Unprotected sex with infected partner 99. Others	
47	How HIV can be prevented? (Multiple options possible)	1. Safe sexual practices 2. Taking of medicines by the pregnant mothers with HIV to prevent being transmitted to her child 3. Seeing to it that new needles are used by doctor during giving injections 99.Others. Please Specify	

48	What are aspects of life skills discussed during Kishori meeting? (Multiple options possible)	1. Knowing yourself 2. Gender sensitivity 3. Home management 4. Guidance in assessing public services 5. Being vocal about your thoughts 99. Others	
49	What information is given to you in accessing the public services? (Multiple options possible)	1. Opening an account in bank/post office 2. Availing the services at PHC & CHC 3. Transport reservation 99. Others	
50	Do you have a bank account?	1. Yes 2. No (If No Skip to 34)	
51	Are you easily able to access Bank facilities by your own?	1. Yes 2. No	
52	What all is being discussed about money management? (Multiple options possible)	1. Income generation activities 2. Budgeting 3. Savings 4. Investments 99. Others	
53	Do you share information conveyed to you in Kishori meetings with your parents?	1. Yes 2. No (If No Skip to 56)	
54	If yes, what type of information you share with your parents? (multiple responses could be there)	1. Health & hygiene related aspect 2. Education opportunities available 3. Livelihood options available 4. Financial management 5. Home management 6. Social issues and myths 99. others. Please Specify	
55	What is generally the reaction/response to changes you suggest in your household?	1. They show interest in knowing more and encourage you 2. They just listen and not apply 3. They do not show any interest 4. They ask not to attend	

		the further meetings 99. Others, Please Specify	
56	What according to you is ideal age for marriage?		
57	Why is this age ideal for marriage? (Multiple options possible)	1. Complete growth of body 2. Maturity of thoughts 3. Ability to make decisions on child bearing 4. Body is prepared for child bearing after birth 99. Others. Please Specify	
58	What is the legal age at marriage?	1. 18 years 2. Others. Please specify	
F	**PERCEPTION ABOUT OF PROGRAM**		
59	What all changes you see in yourself after joining Kishori samooh? (Multiple options possible)	1. Become Self confidence 2. Become self-reliable in accessing public services 3. Able to vocalize your thoughts 4. Able to join back to school 5. Able to earn a livelihood 6. Become aware of planned parenthood 99. Others. Please specify……	
60	What are the things you like most about this initiative? (Multiple options possible)	1. Kishori meeting 2. Kishori diwas 3. Community meetings 4. Puppet shows 5. Ability to interact with many girls from different part of village 99. Others. Please Specify……	

61	Could you please tell us why you like these the most? (Multiple options possible)	1. Feels empower 2. Feeling of being important in the village and family 3. Confidence to complete training 4. Aspiration for seeking higher education 5. Able to be Self responsible 6. Ability to care better for the family 99. Others Please Specify	
62	What are the things you don't like?		
63	Could you please tell us why you don't like these?		
64	Any suggestion for improvement		

FORMATS FOR ADOLESCENT GIRLS DATA

MONTH		
MEETING 2	MEETING 1	
		AWC Conducted AG meeting
		Total Adolescent Girls Participated
		Total No of Enrollment
		No of AWW
		No of AWW Post
		No of ASHA
		No of ASHA Post

Sector Coordinators Reporting Format

Name of Sector Coordinator:	

Date:	

Sr. No.	Place of Visit		Time		Purpose of the visit:
	Cluster	Anganwadi	In	Out	
1					
2					
3					
4					
5					

Adolescent Girls Meeting:

Total population of Ado. Girls of the ANG.	No girls Present	Sakhi	Saheli 1	Saheli 2	Session transaction	AWW/ ASHA / Sahyogini	Resource person

Sr. No.	Challenges	Suggested Solution to address the challenges:
1		
2		
3		

Quality Check Feedback						
1	Using of IEC material	Chart Paper	Training Kit	Observation Tool	Training Module	Other
2	Discussion on previous meeting was conducted?					
3	How many Meetings Are transacted?					
4	Challenges are shared by Adolescent Girls?					