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

To Assess the Implementation of AAG Project Strategies to Identify the Strengths and Weakness in its Implementation

By
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2016-2018

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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 **Arpit Sinha** has undergone summer training in **UNFPA/Jatan Sansthan, Udaipur** from 3rd April to 2nd June 2017.

The candidate himself completed the project assigned to him during summer training. His 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 him success in all his future endeavors.

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Working with young people

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Ref. No. JATAN/UDR/2017-18/533

Date- 20.06.2017

To Whomsoever It May Concern

This is to certify that **Mr Arpit Sinha** 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 his internship Mr Arpit Sinha has worked as a research intern under UNFPA project supported project titled "Action for Adolescent Girls" also known as Hilor

He was sincere, hardworking, inquisitive and has successfully carried out the assigned tasks during training.

We wish him success in all the future endeavors.

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 Kachhwaha, JATAN Sansthan for their advice, support, encouragement and guidance throughout my training.

My sincere thanks to my respected mentor, Dr.D.K Mangal, Professor for his support throughout the project. Without his guidance, this work would not have marterialized.

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

Arpit sinha

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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

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

VISION

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

MISSION

UNFPA, the United Nations Population Fund, is an international developmentagency 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.

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.

VISION

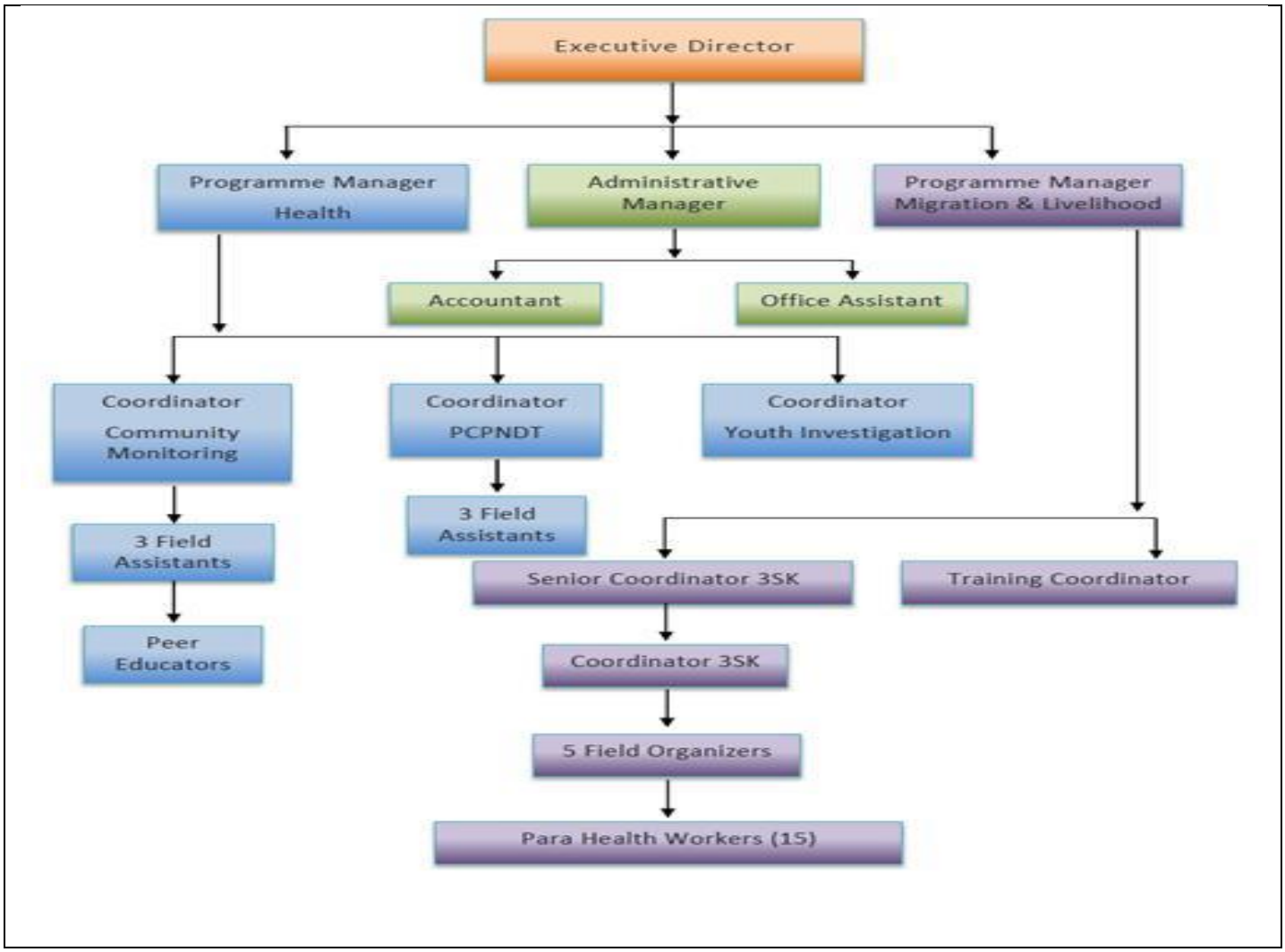
Jatan envisions a society where people lead a healthy, safe and empowered life, free from all forms of discrimination.

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.

ORGANISATIONAL STRUCTURE OF JATAN SANSTHAN

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**.

TEAM

- 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 SECTOR

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.

Table 1. Demographic data of Kherwada and Salumber

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

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

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, main 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 Sahelis) 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 regular basis capacities are built through the monthly meeting at the cluster level co-ordinated by Cluster co-ordinator. 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** – In order 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** – In order 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 co-ordinators and progress in regularly monitored.

ASSESSMENT OF IMPLEMENTATION OF AAG PROJECT

The project was designed to empower the adolescent girls to overcome the existing challenges and develop model intervention for further scale-up. After the 2 years of implementation, UNFPA is planning to work with new cohort of the adolescents and also replicate similar models in other states where it is working so it is critical to undertake implementation research on various key project strategies to understand strengths and weaknesses in its implementation and fill the identified gaps or challenges with revised strategy before its scale up in other parts and new cohort of adolescent girls.

Research Question:

What is the role of ASHA/AWW in carrying out various activities of Hilore programme?

General Objective:

To assess the implementation of AAG project strategies to identify the strengths and weakness in its implementation.

Specific Objective:

To assess the role of ASHA/AWW in implementation of AAG program.

Methodology

This program is being implemented in two blocks of Udaipur (Kherwara and salumber) for last two 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 tested 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 for us 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. In all 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 30 (n=30).

From each village AWW and ASHA were to be interviewed.(out of 30,29 AWW and 23 ASHA were available for interview)

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 structured and semi-structured data collection tools. The tools were designed in consultation with the UNFPA office.

Sample Design

Table2. Stakeholders for AAG project

Stakeholders for data collection	Norms
PEs	3 PEs from each village
Adolescent Girls	5 from each adolescent club in village
AWW	1 from each village
ASHA	1 from each village
Cluster Coordinator	1 from each village

Source: UNFPA documents.

ROLES OF ASHA & AWW IN THIS PROGRAM:

- Support peer educator with their work.
- Facilitate health related sessions ,giving information related to menstrual hygiene ,sexually transmitted disease ,planned parenthood.(ASHA only).
- Counsel AGs parents and motivate adolescent girls and their parents to get them enrolled in adolescent club
- Home visits to inform about the meeting day and time.
- Networking with village functionaries and telling the benefits of the program to sarpanch/PRI members.
- Maintain the utilities during meeting.
- Assist adolescent girls in selecting Sakhi and Saheli's.
- Address issues related to adolescent girls during home visit.
- Helping ANM/Doctor in kishori diwas.

FINDINGS:

BLOCK: KHERWARA

1. FORMATION OF ADOLESCENT CLUB:

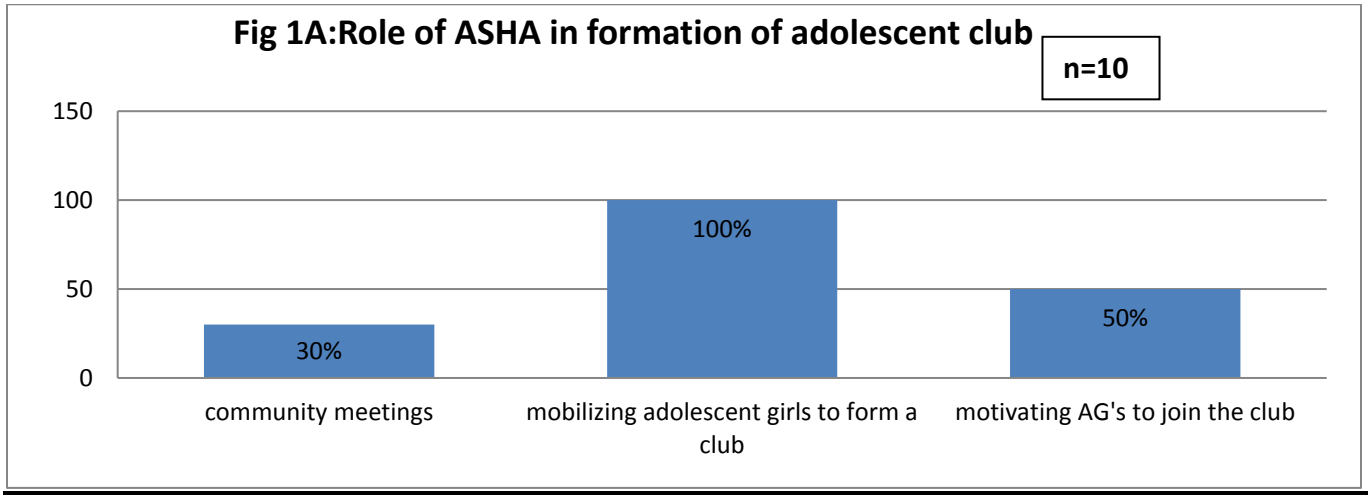


Fig 1A- Shows ASHA role in formation of adolescent club, in which all the respondents, responded that their major role in formation of adolescent club is mobilizing adolescent girls to join the club and 50% of them also responded that they motivate girls and their parents to allow girls to join the club and only about 30% responded that they participate in community meetings which were carried out before formation of adolescent group. So ASHA being an important village functionary should participate more in community meetings as they reside in that village and can influence the villagers maximum.

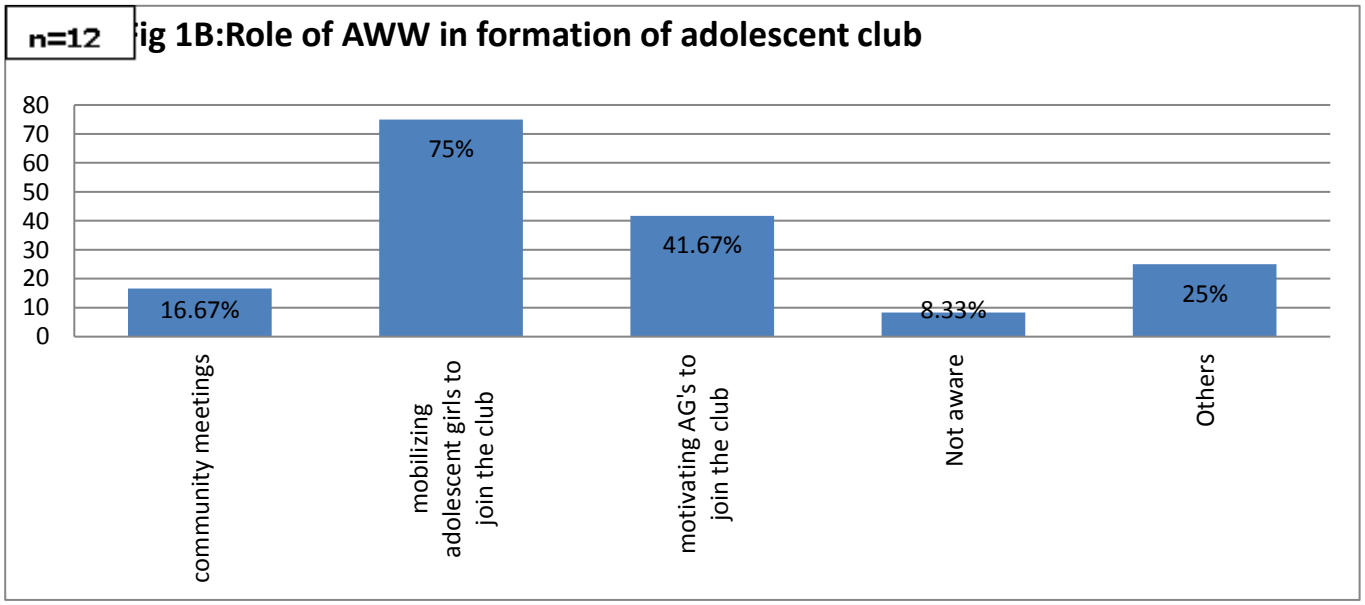


Fig 1B- Shows AWW role in formation of adolescent club, in which around 75% responded that their major role in formation of adolescent club is mobilizing adolescent girls to join the club and motivate girls to join the club and only about 17% responded that they participate in community meetings which were carried out before formation of adolescent group.

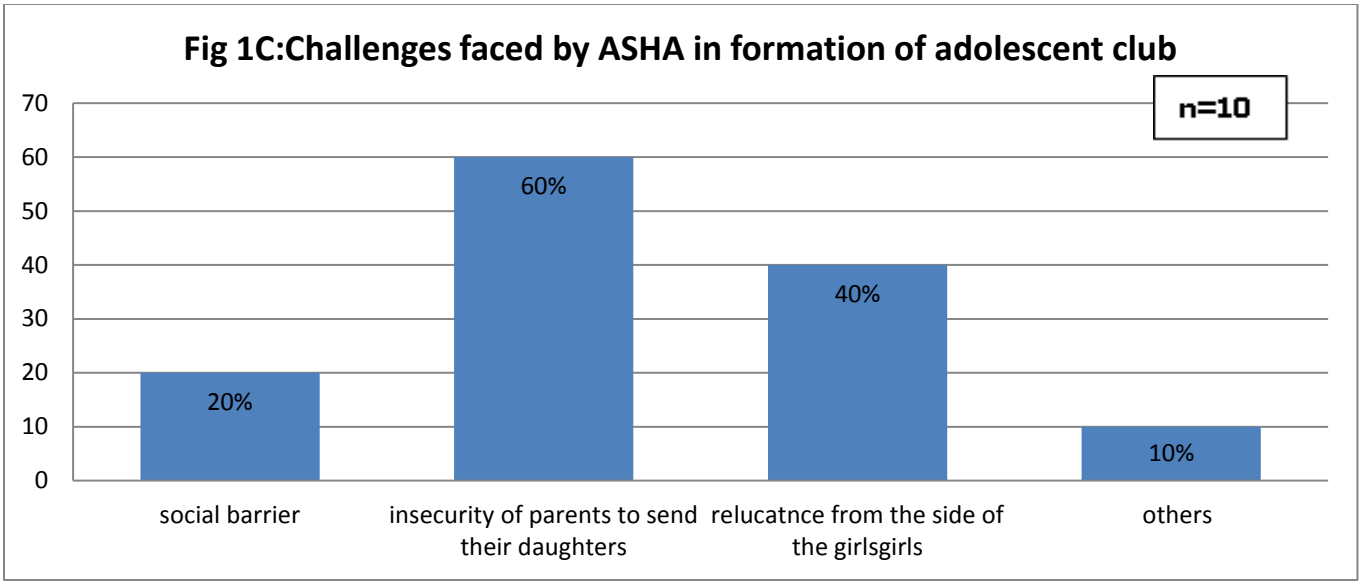


Fig1C- Shows challenges faced by ASHA in formation of adolescent club-60% of them responded that AGs parents were reluctant to send their daughters and 40% responded that girls themselves don't want to join the group as they were busy in household works, construction site work .20%responded that girls don't join club because villagers taunt them as they think girls should not go out of their houses. Others 10% accounts for girls unavailability because of migration.

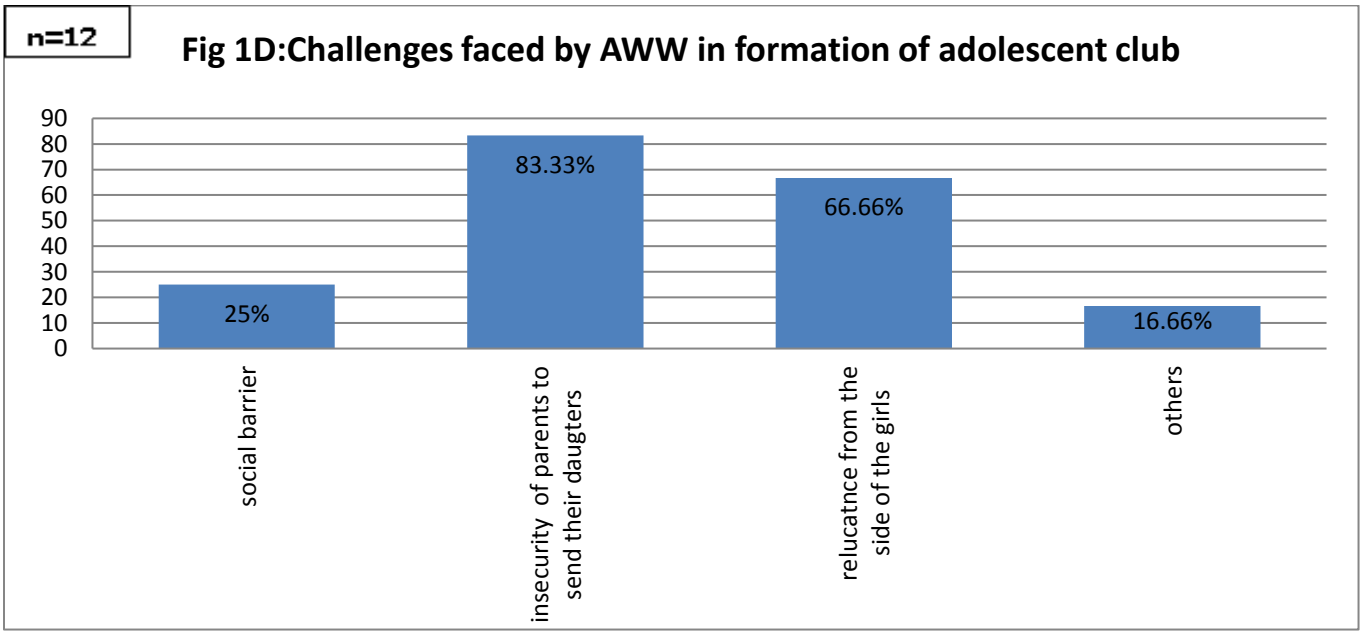


Fig 1D: Shows challenges faced by AWW in formation of adolescent club -83% responded that AGs parents were insecure to send their daughters to join adolescent group and 65%responses were reluctance from the side of the girl as they find it insignificant. Others include reasons like girls are not getting any incentives and AWC center is far away.

2.KISHORI MEETING

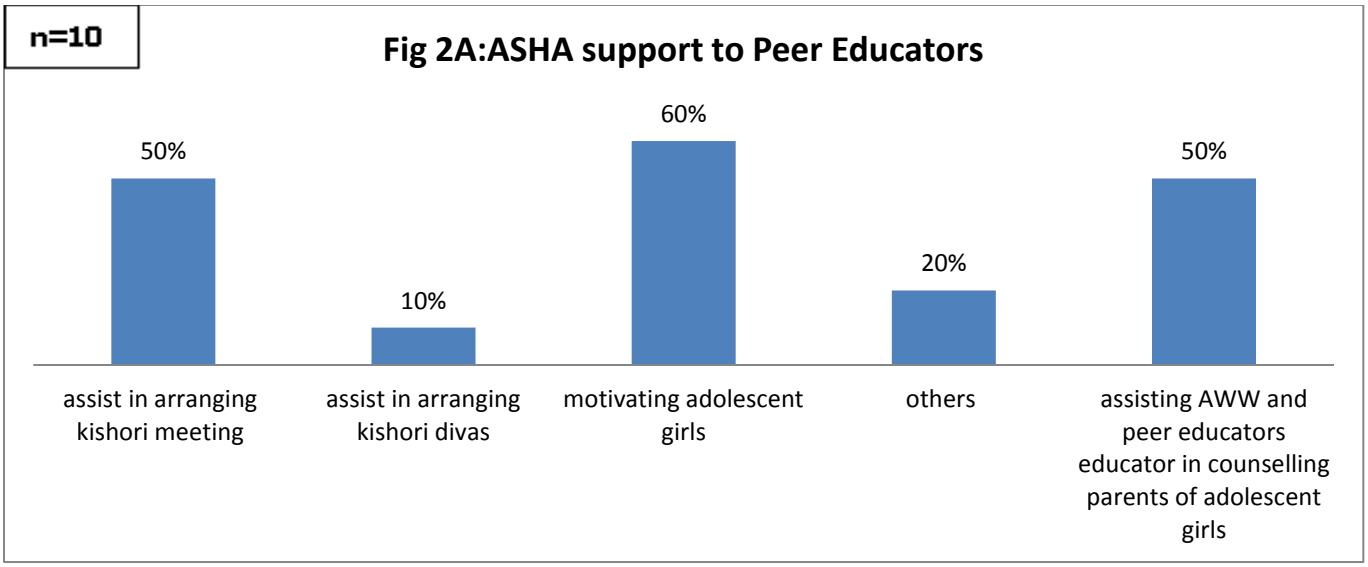


Fig2A shows the support provided by ASHA to sakhi/saheli .Out of all the respondents , maximum responded that they along with peer educators do home visits to motivate adolescent girls to attend the kishori meeting regularly.While 50% of them responded that they assist in arranging kishori meeting .only 10% responded that they assist in organising Kishori diwas.

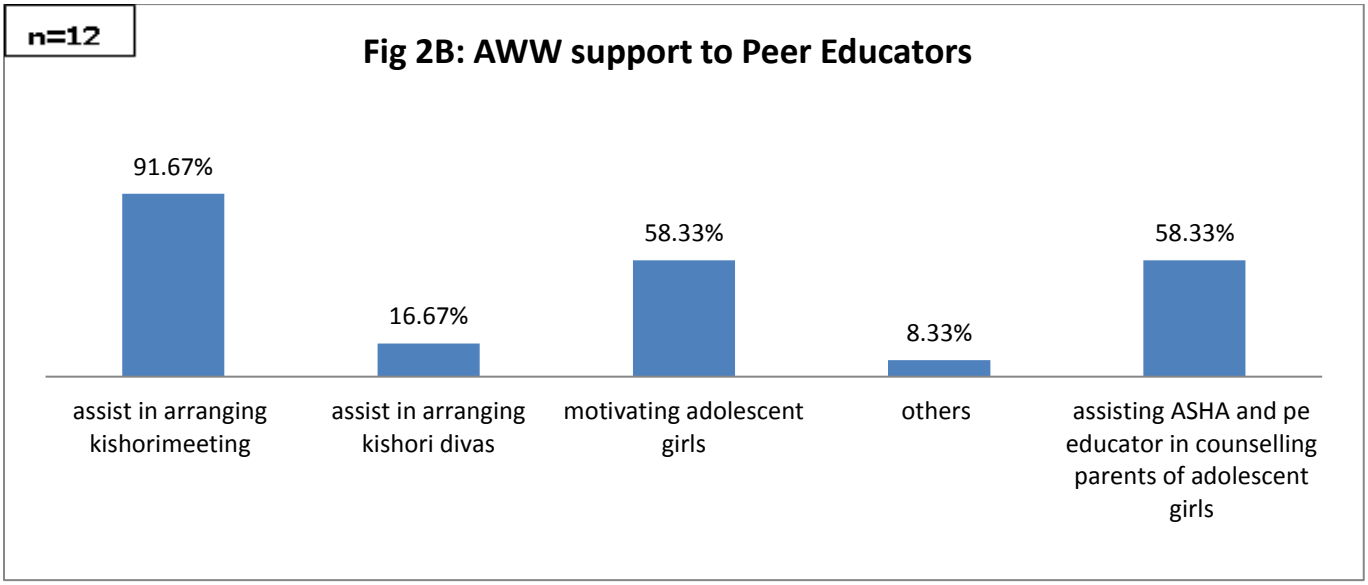
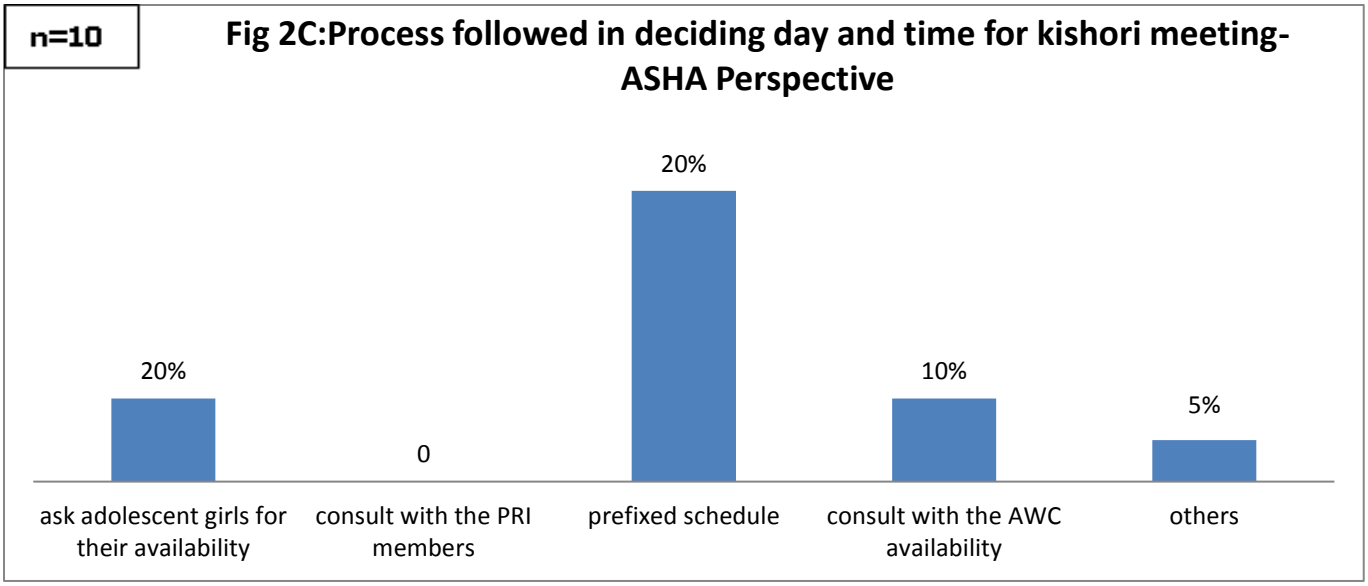


Fig 2B shows the support provided by AWW to the peer educators .92% people responded that they assist other stakeholders in arranging kishori meeting and around 58.33% responses were assisting ASHA and peer educator to counsel AGs parents and motivate adolescent girls.



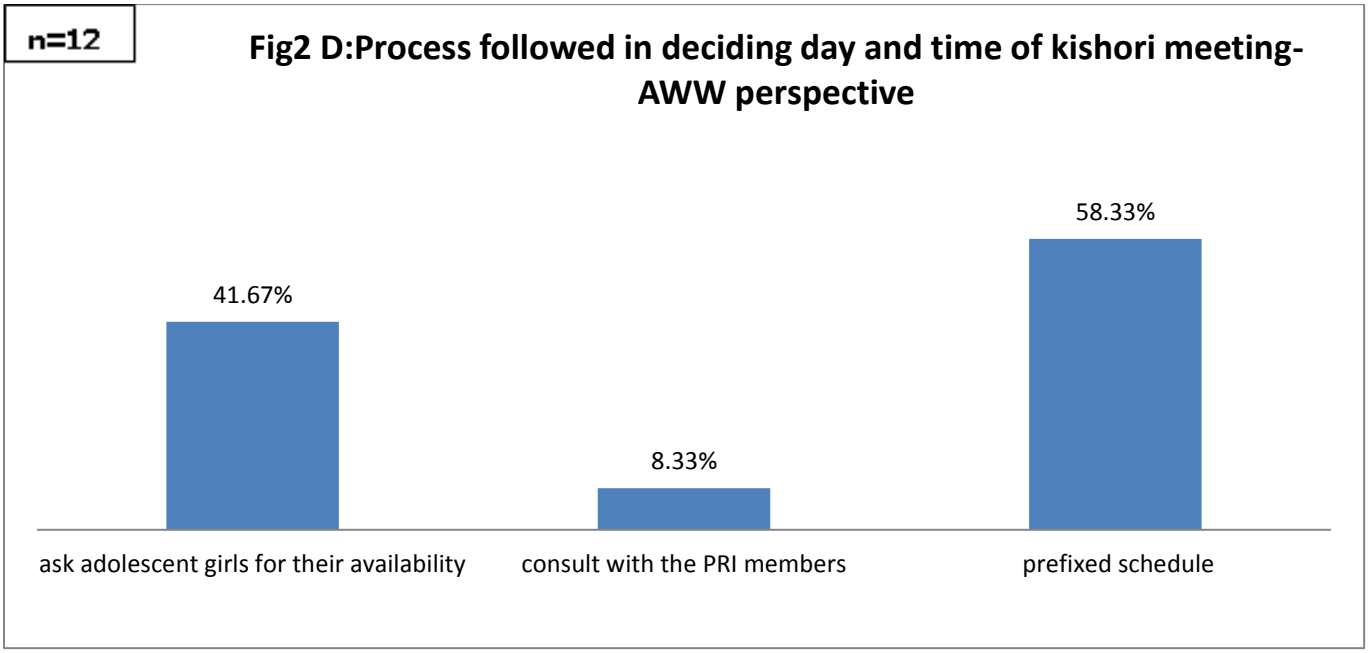
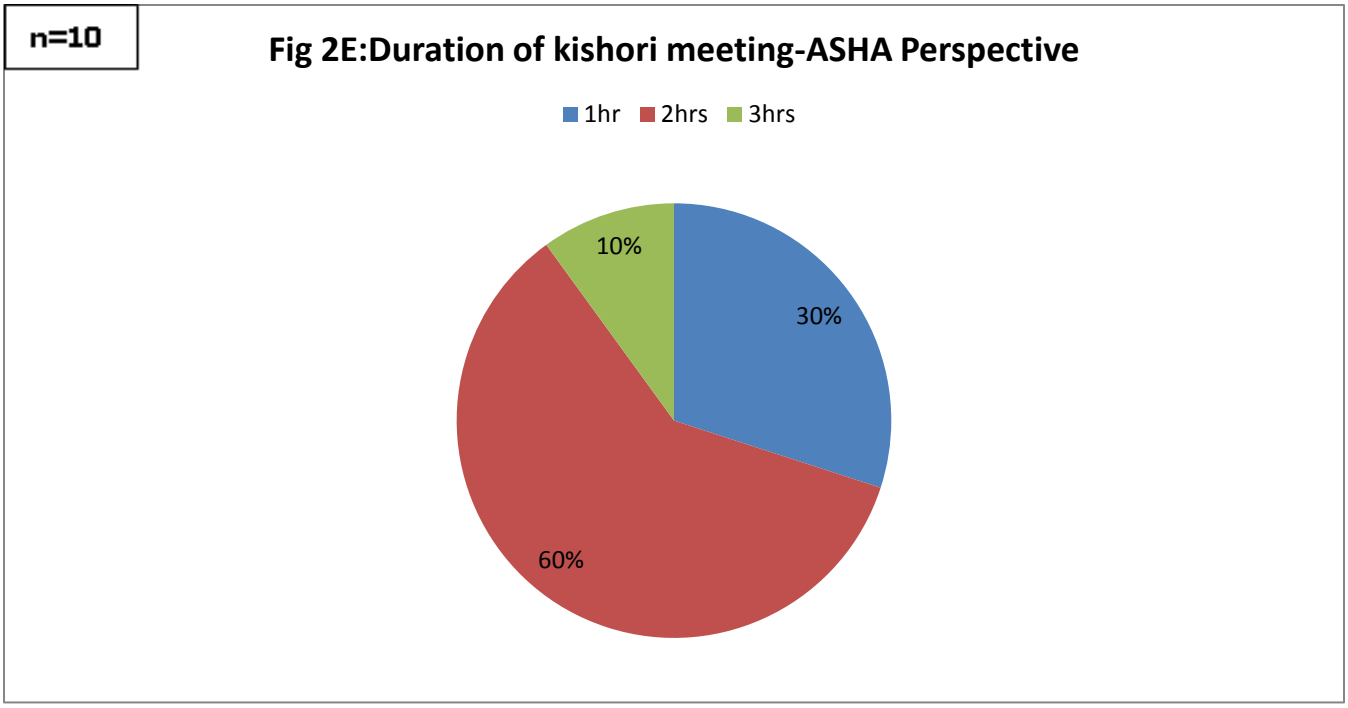


Fig 2C and 2D shows process followed in deciding day and time for kishori meeting. The major finding here is that only 20% ASHA and 42%AWW responded that kishori's opinion is considered while deciding the day of the meeting .This could be the reason of irregular or less attendance of girls as they are busy in other household and livelihood activities so they are unable to give their time for the meeting.



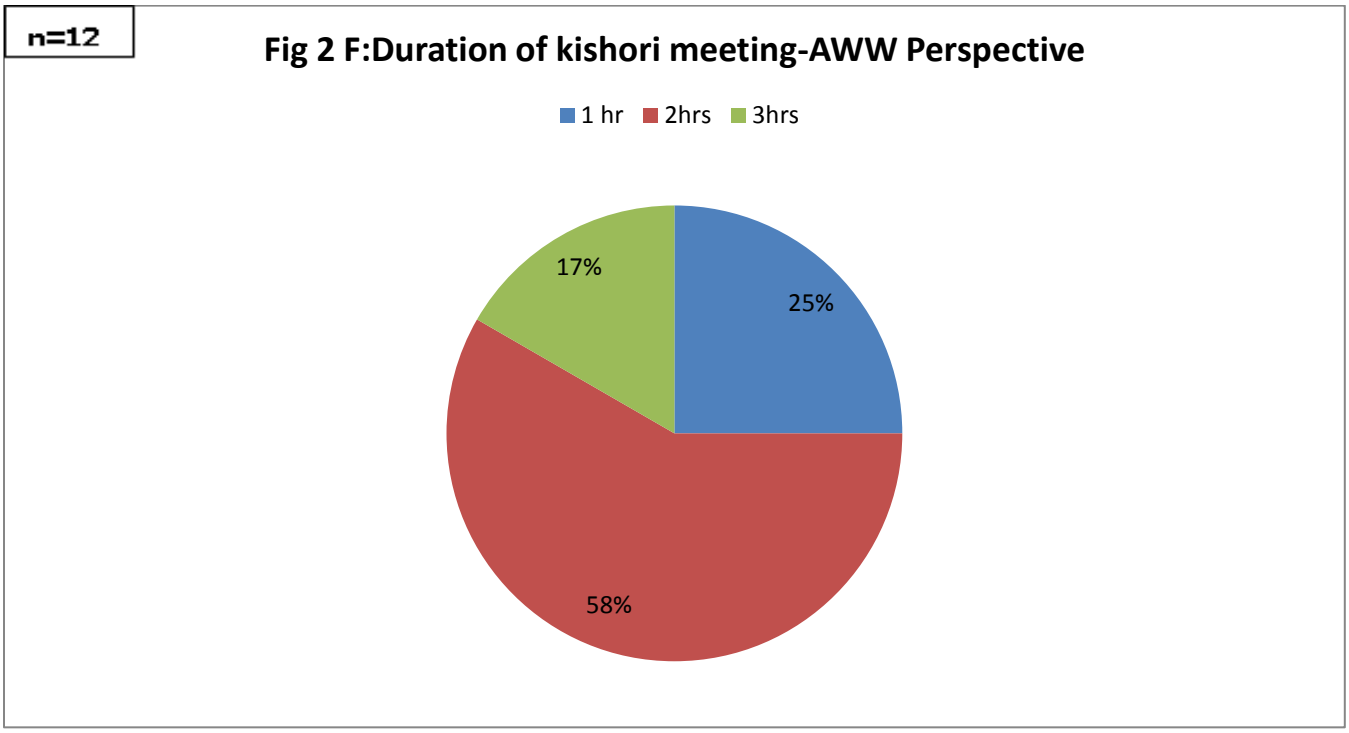
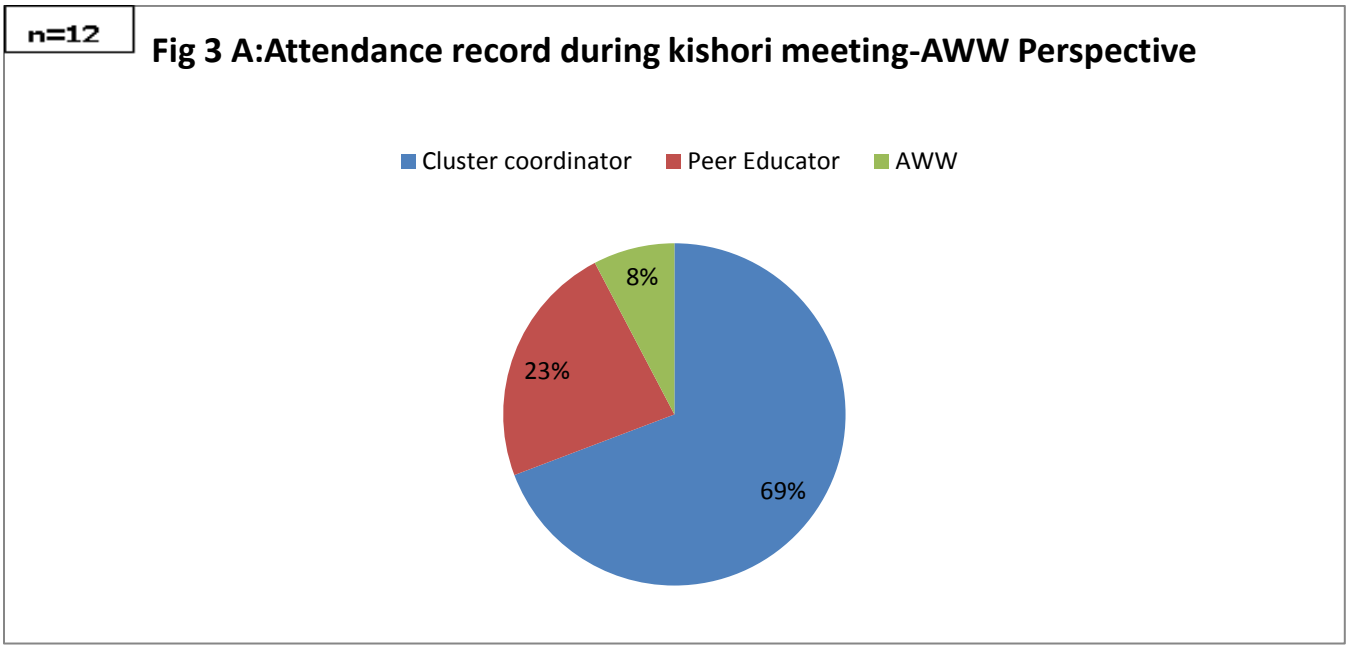


Fig 2E,2F: Showing ASHA and AWW perception on duration of kishori meeting. Ideally kishori meeting should last for 3 hours but only 10% of ASHA and 17% of AWW responded that.

3.RECORD KEEPING AND MONITORING

n=12



n=10

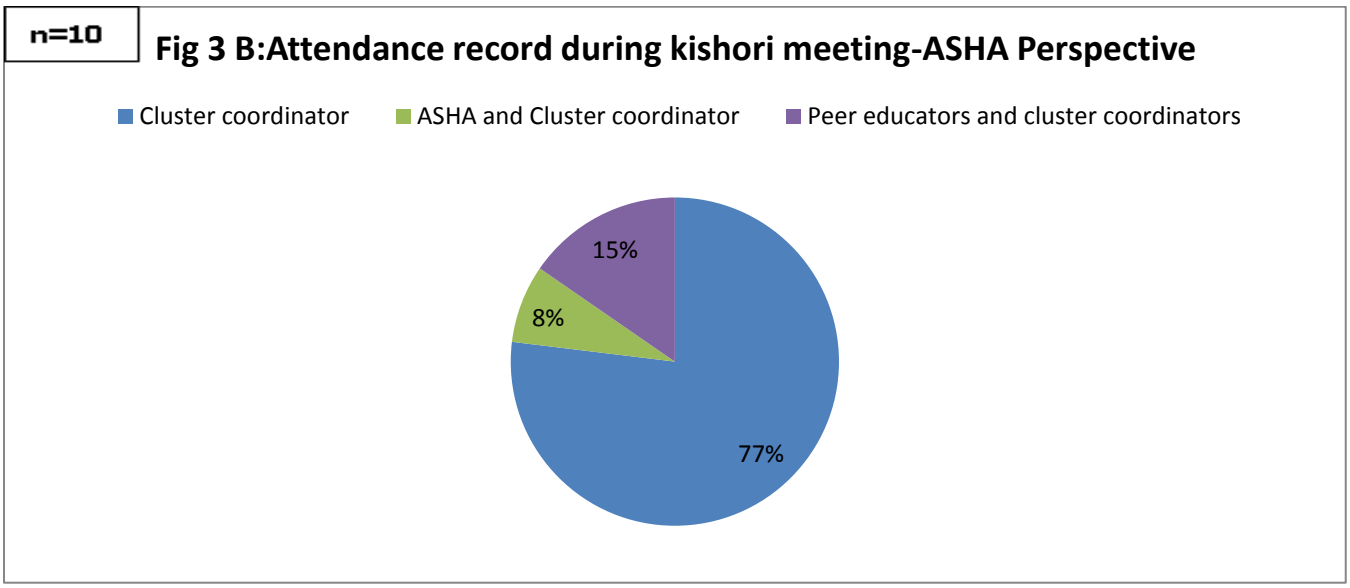
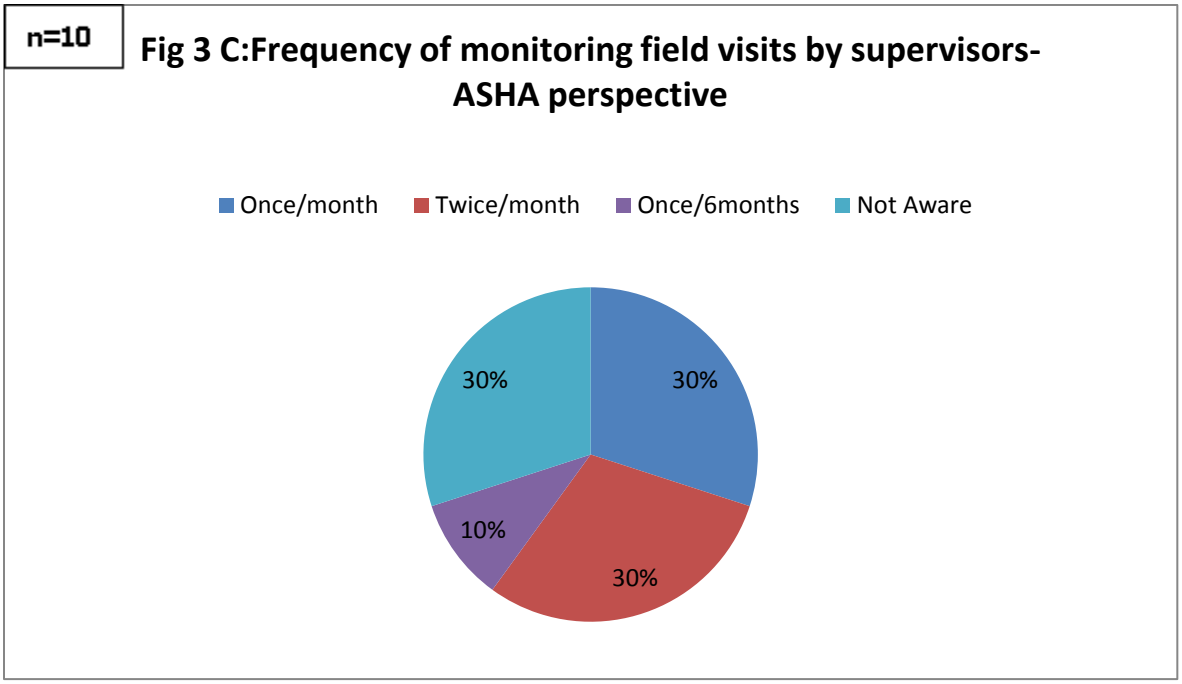


Fig3A &3B represents ASHA and AWW perspective on the person responsible for taking attendance.Ideally peer educators should take attendance record of adolescent girls who are attending kishori meeting but according to ASHA & AWW they rarely take part in attendance record maintenance. Most of the time attendance is taken by the cluster coordinator only.



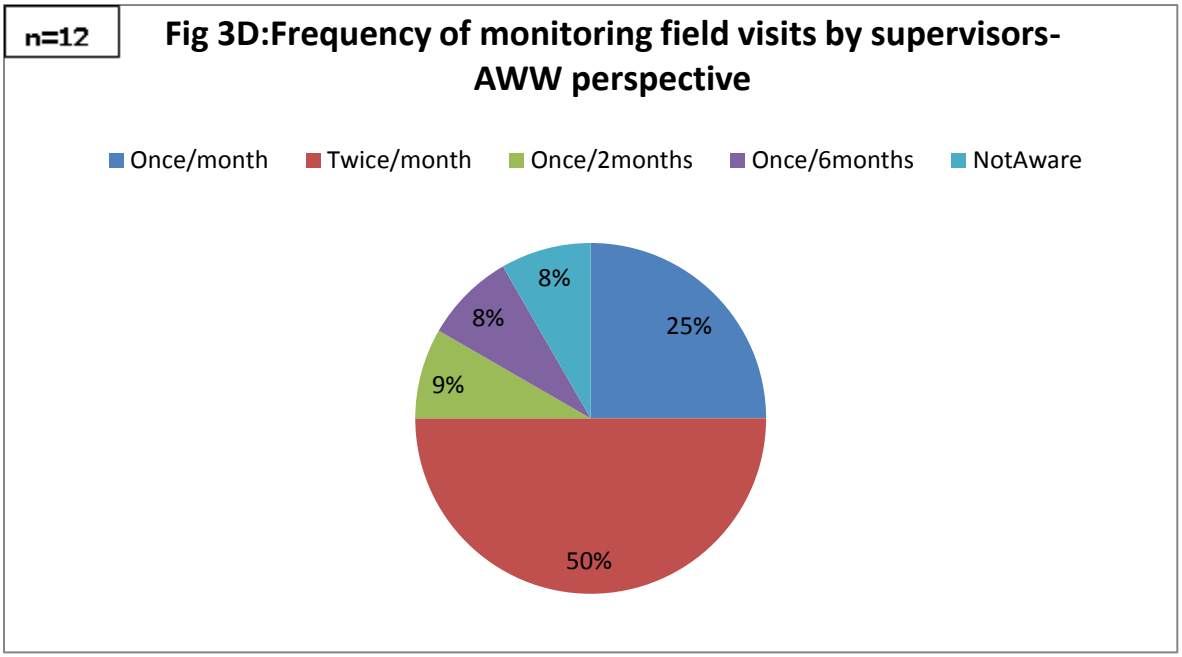


Fig 3C & 3D: Showing the frequency of monitoring field visit by supervisors

FINDINGS:

BLOCK: SALUMBER

1.FORMATION OF ADOLESCENT CLUB:

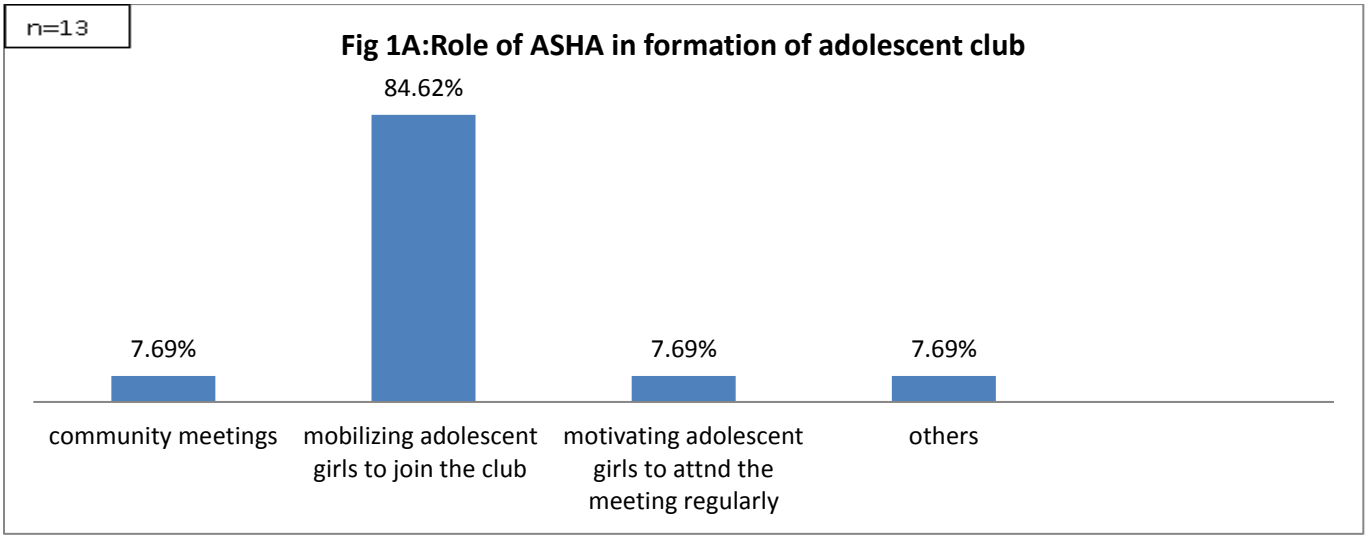


Fig 1A- Shows ASHA's role in formation of adolescent club, in which approx 85% responses were that they play a major role in mobilizing adolescent girls to join the club.about 8% responses were like they participate in community meetings which were carried out before formation of adolescent group. So ASHA being an important village functionary should participate more in community meetings as they reside in that village and can influence the villagers maximum. ASHA's were unaware about rest of their roles.

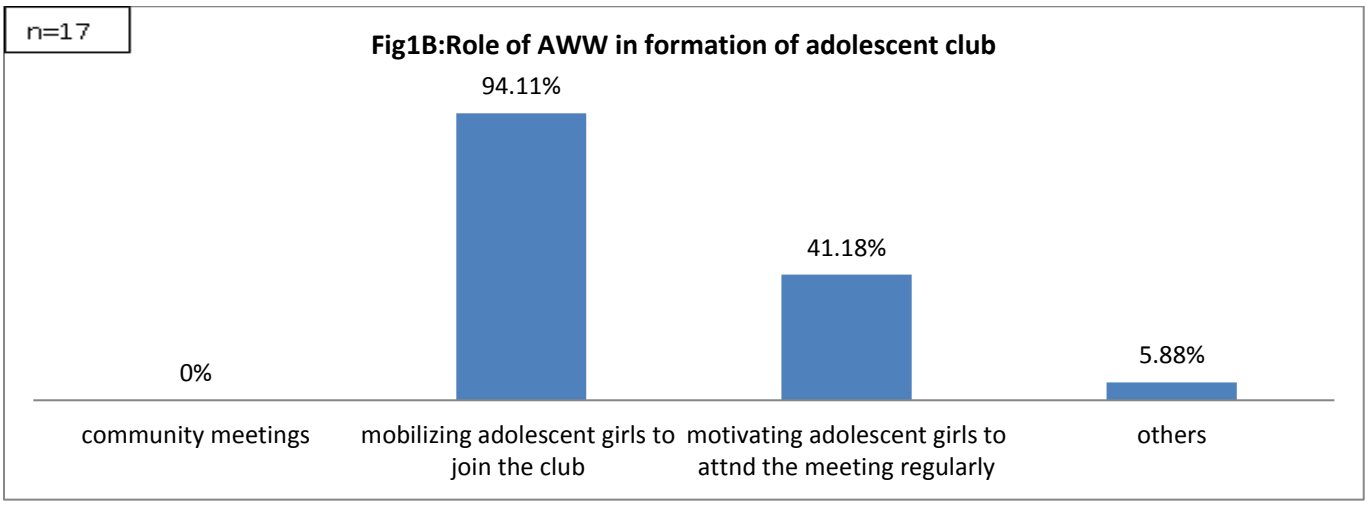


Fig 1B- Shows AWW role in formation of adolescent club, in which maximum responded that their major role in formation of adolescent club is mobilizing adolescent girls to join the club and motivate girls to join the club .Major finding is that they didn't participated in the community meetings which was held before the formation of adolescent group.

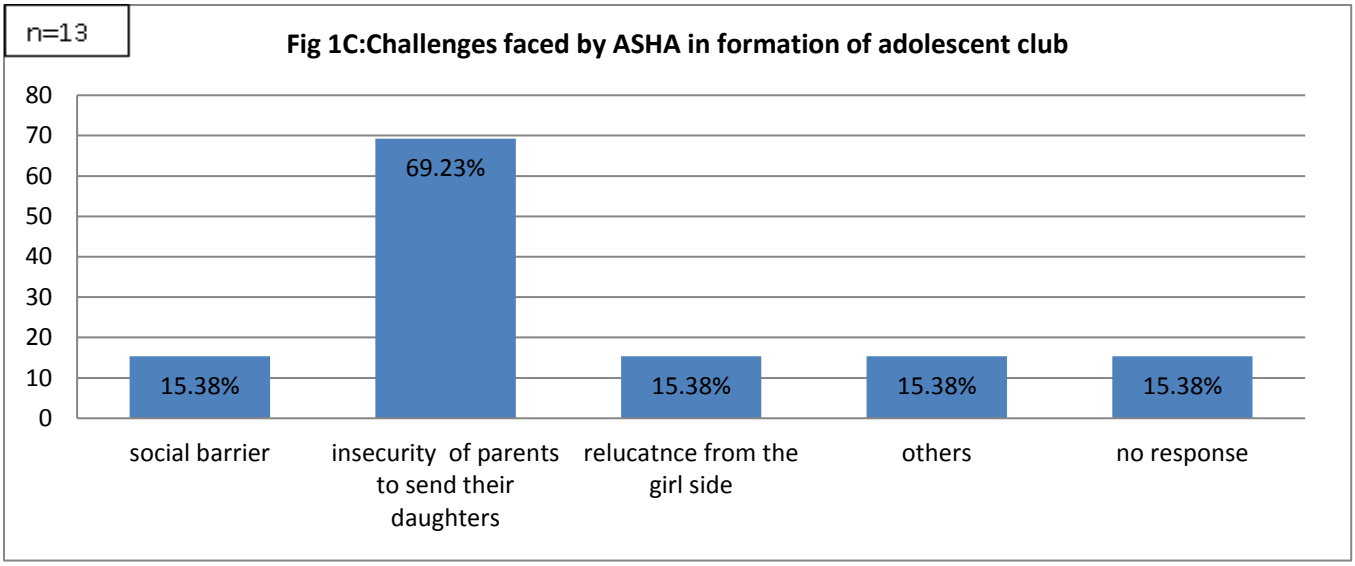


Fig1C- Shows challenges faced by ASHA in formation of adolescent club-approx 70% of them responded that AGs parents were reluctant to send their daughters and 15% responded that girls themselves don't want to join the group as they were busy in household works, construction site work .15%responded that girls don't join club because villagers have the mentality that girls should only work in houses,they shouldn't study.Others(15%) accounts for physical accessibility, girls migrate for work).

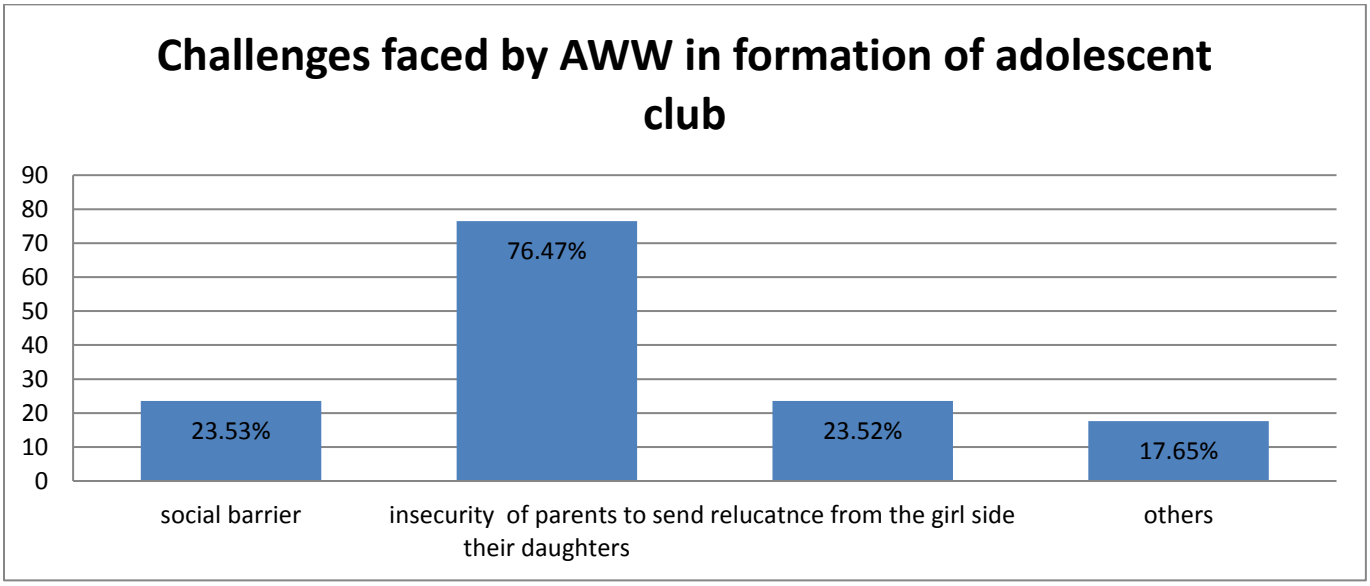
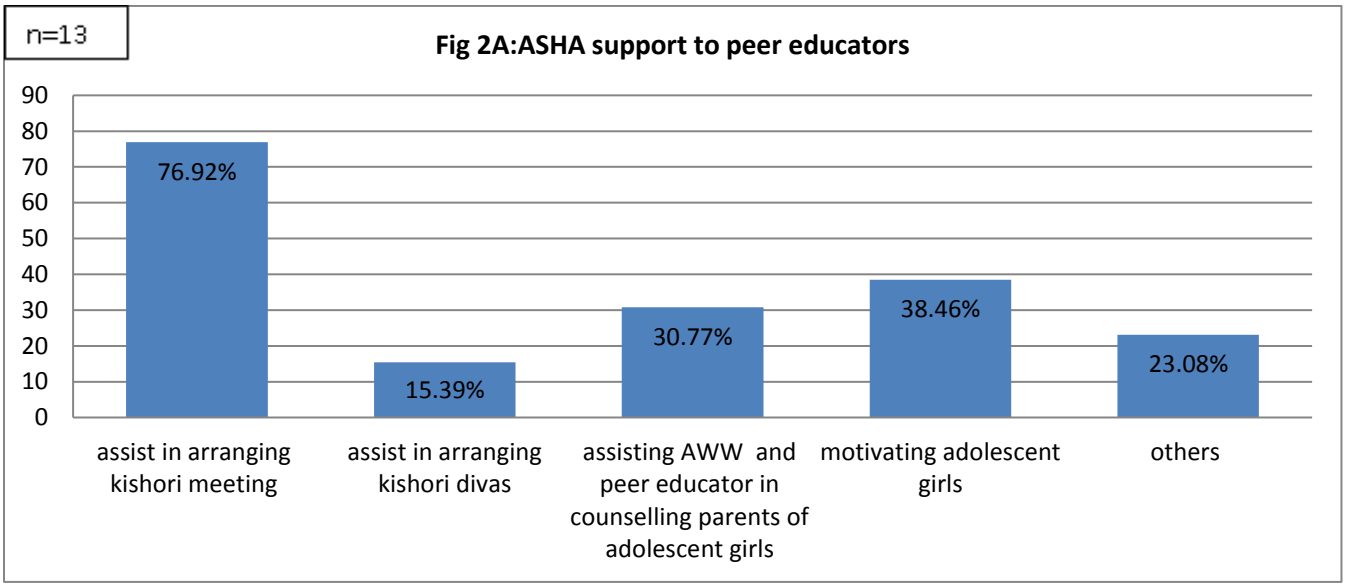


Fig 1D: Shows challenges faced by AWW in formation of adolescent club –approx 77% responded that AGs parents were insecure to send their daughters to join adolescent group and 24%responses were like reluctance from the side of the girl as they find it insignificant. Others include reasons like girls go out in order to to graze their animals ,girls works at construction site,physical accessibility.

2.KISHORI MEETING



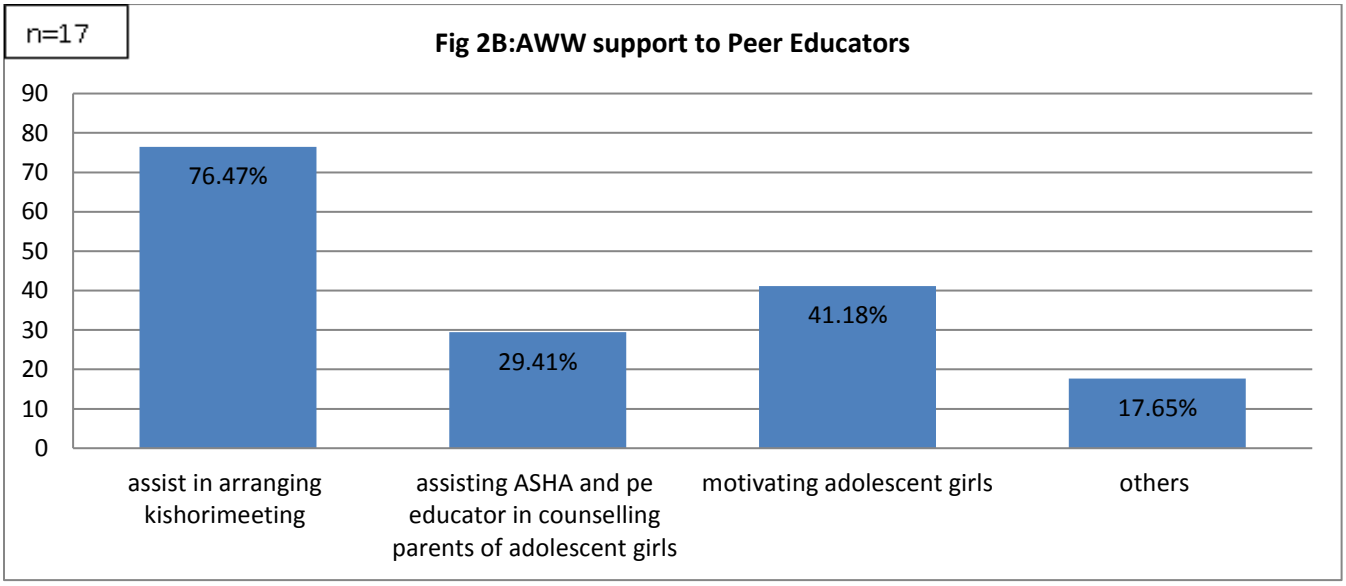
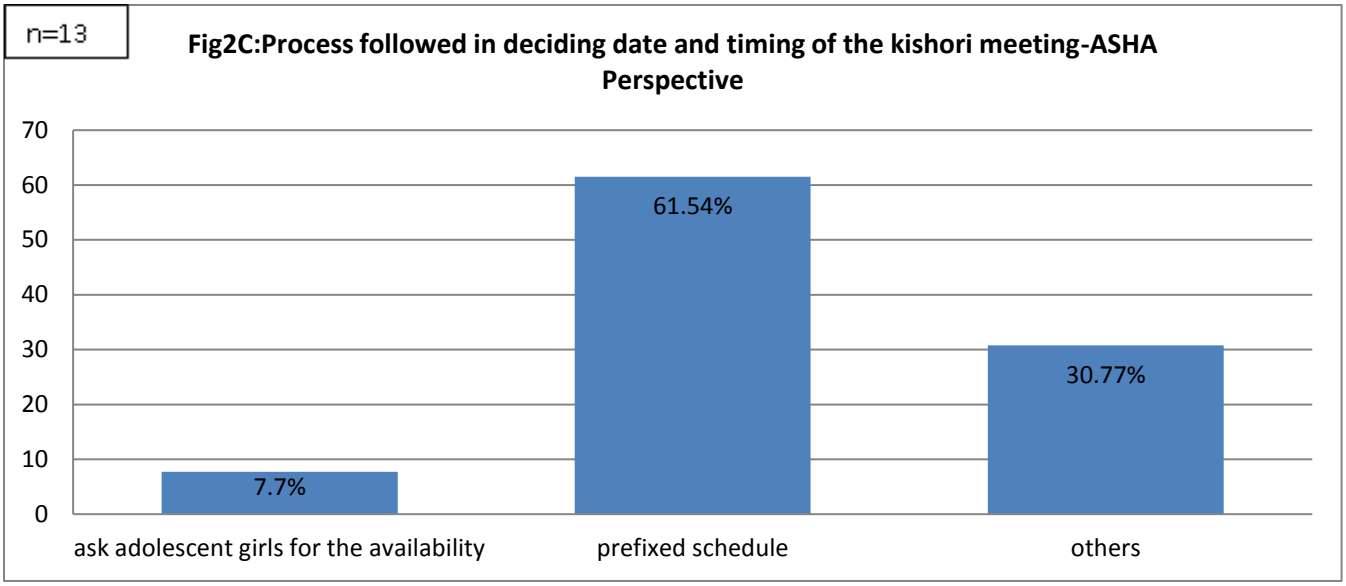


Fig2A & 2B shows the support provided by ASHA and AWW to sakhi/saheli .Out of all the responses , maximum responses(77%) were like they help in conducting kishori meeting at the AWC .Around 40% of responses were like they along with peer educators do home visits to motivate adolescent girls to attend the kishori meeting regularly.While they are less aware about other roles as ASHA have to facilitate health related sessions .Others include ASHA/AWW accompany them during trainings, help them in taking sessions.



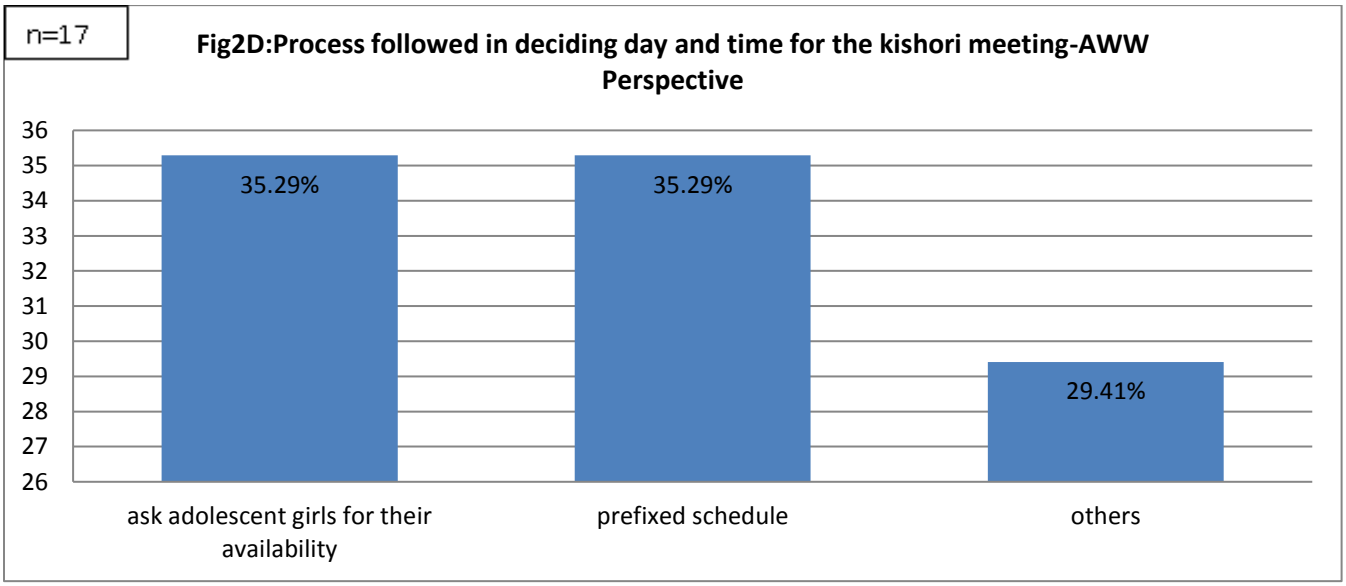
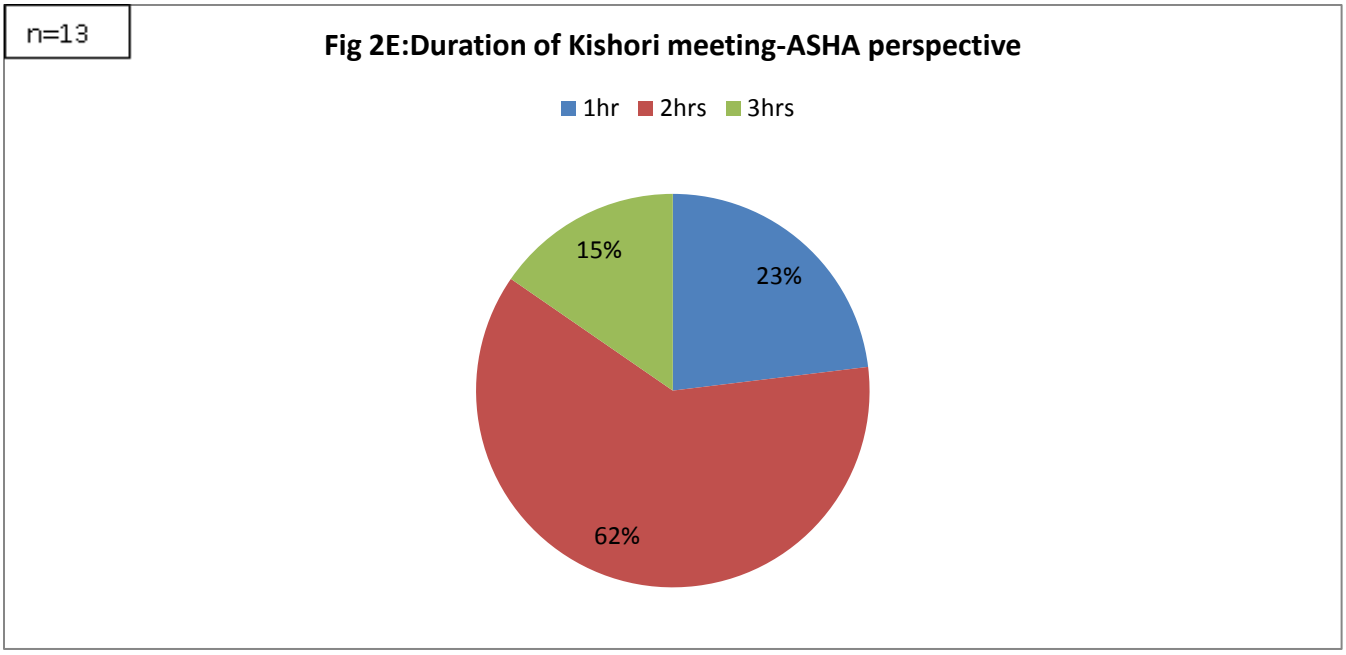


Fig 2C and 2D shows process followed in deciding day and time for kishori meeting. The major finding here is that approx 8% ASHA and 35%AWW responded that kishori's opinion is considered while deciding the day of the meeting .This could be the reason of irregular or less attendance of girls as they are busy in other household and livelihood activities so they are unable to give their time for the meeting. Ideally day and time of the meeting should be decided by considering adolescent girls for their availability. Others include AWW decides ,Peer educator decides, Cluster coordinator decides.



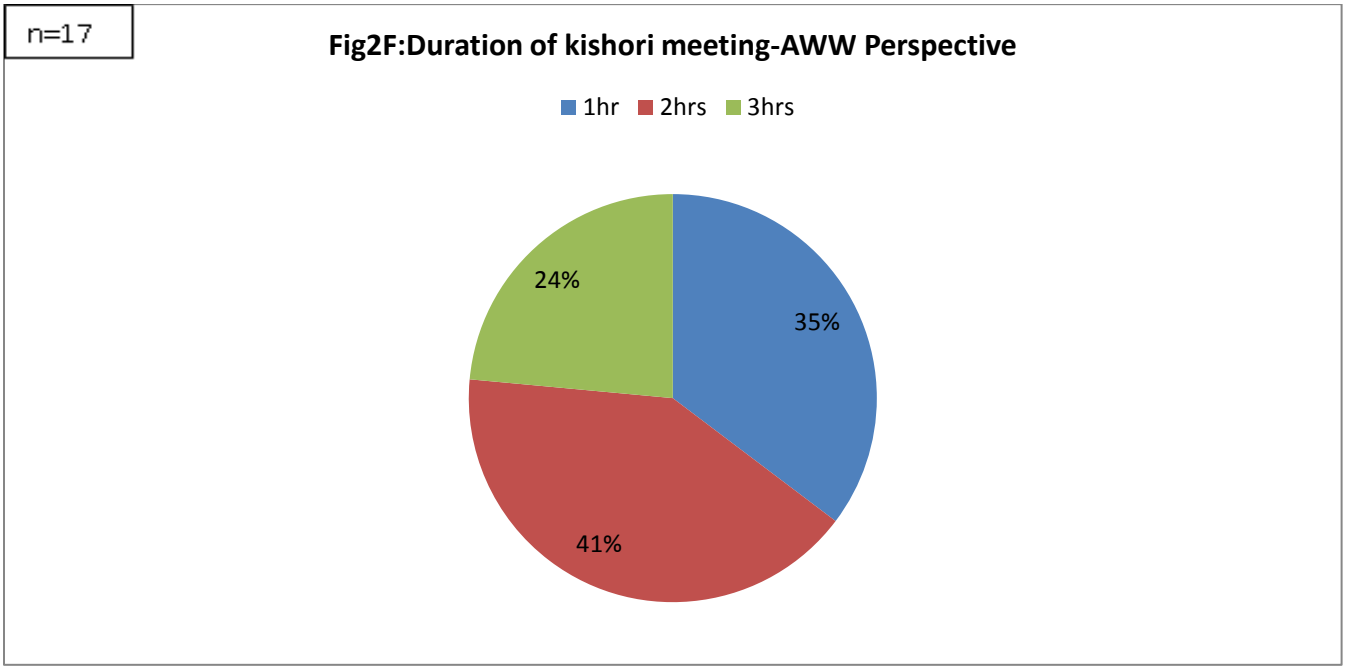
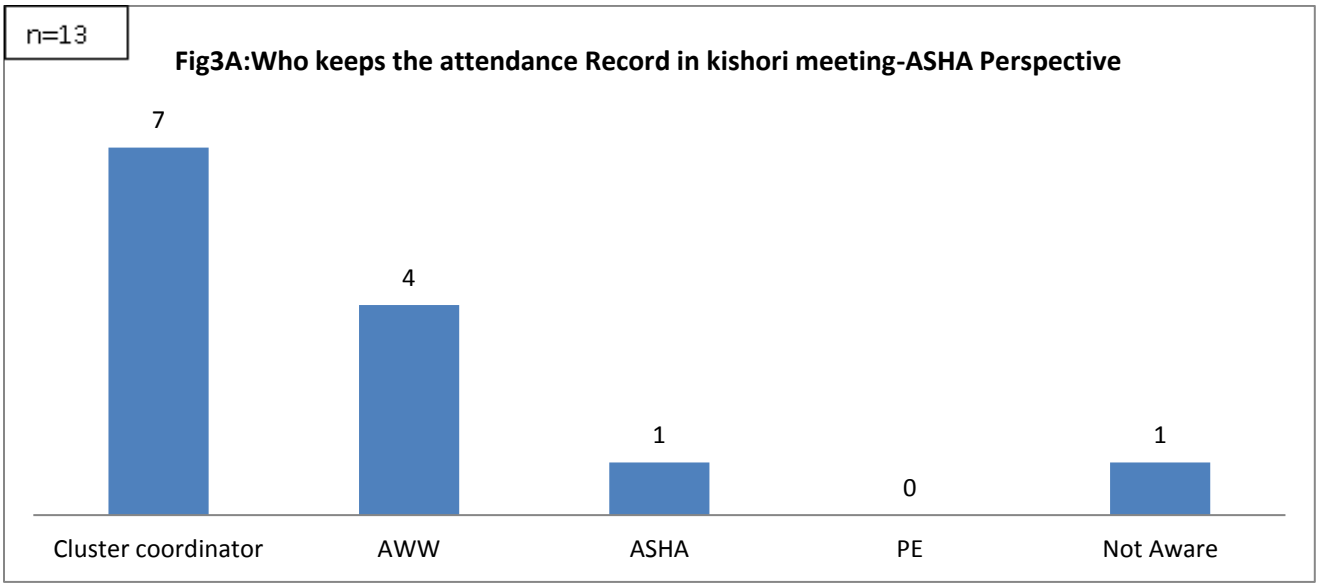


Fig 2E,2F: Showing ASHA and AWW perception on duration of kishori meeting. Ideally kishori meeting should last for 3 hours but only 10% of ASHA and 17% of AWW responded that.

3.RECORD KEEPING AND MONITORING:



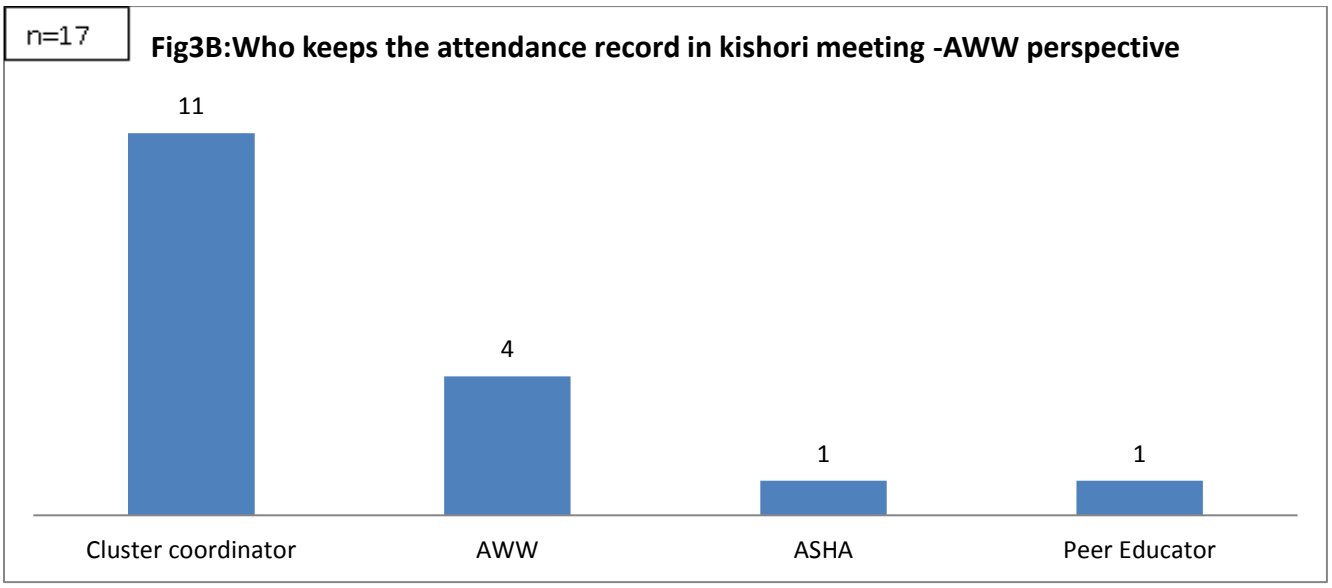
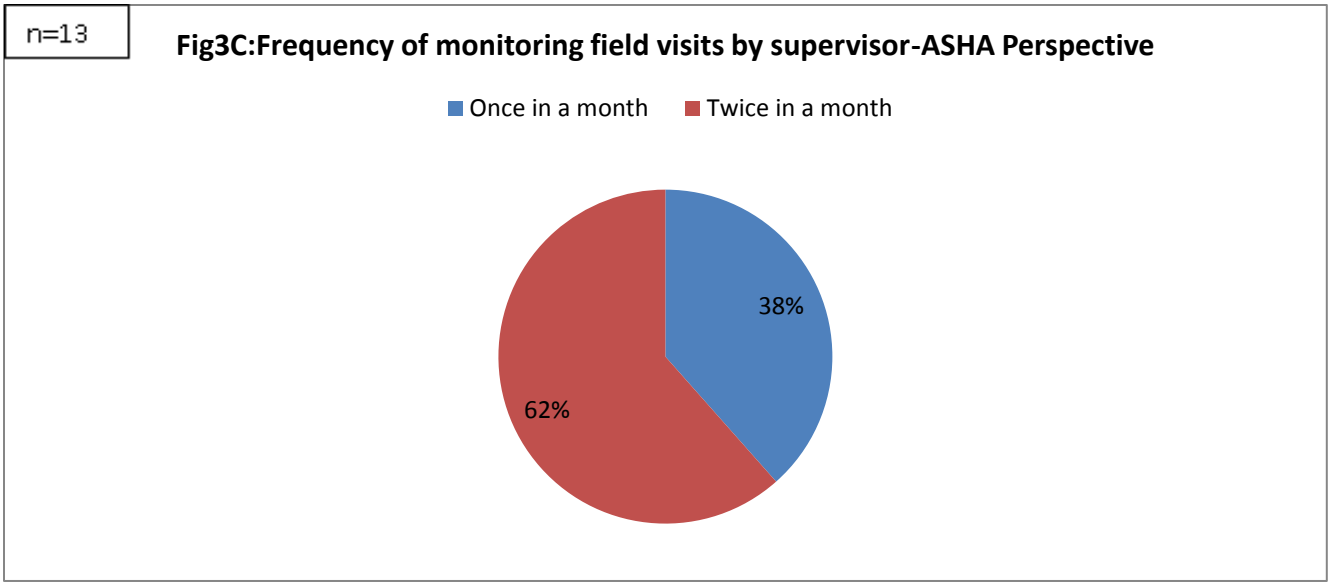


Fig3A &3B represents ASHA and AWW perspective on the person responsible for taking attendance. Ideally peer educators should take attendance record of adolescent girls who are attending kishori meeting but according to ASHA & AWW they rarely take part in attendance record maintenance. Most of the time attendance is taken by the cluster coordinator only.7 out of 13 ASHA's and 11 out of 17 AWW's responded that attendance is taken by the cluster coordinator only



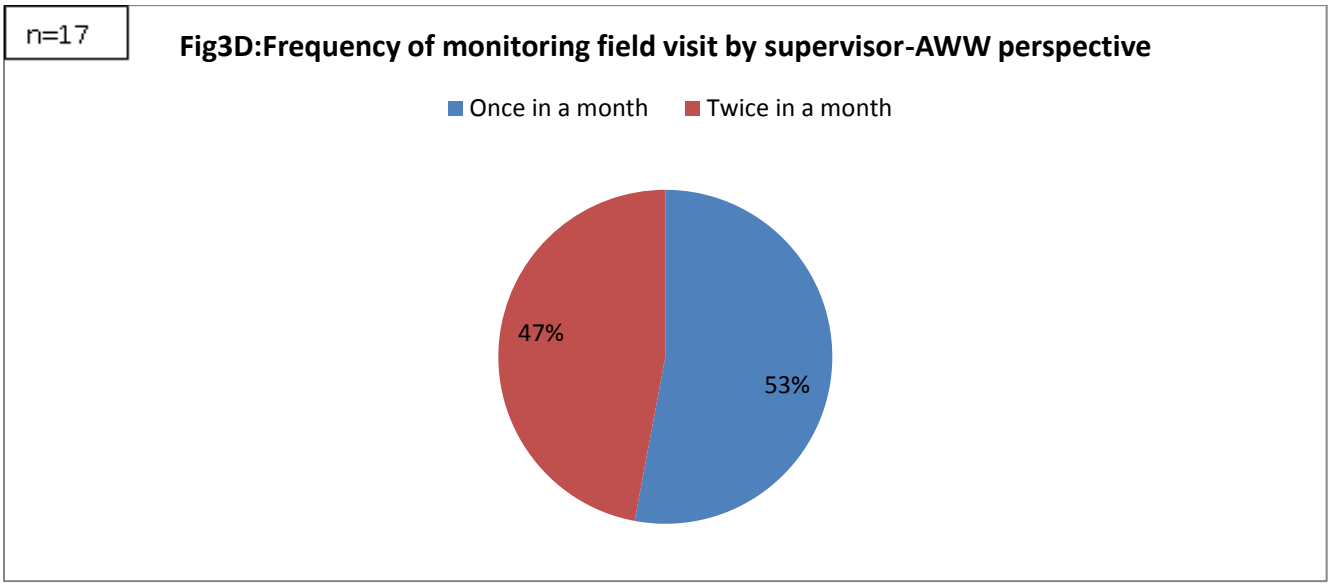


Fig 3C & 3D: Showing the frequency of monitoring field visit by supervisors

FINDINGS

- According to project guidelines ASHA/AWW play a major role in selection of peer educators but only approx. 9%of peer educator were selected based on ASHA/AWW suggestion.
- Only 3%of ASHA and 9% of AWW responded that they assist adolescent girls in selection of peer educators.
- Opposition from parents to send their daughters to attend kishori meeting is the major challenge faced by ASHA /AWW.
- Majorly ASHA and AWW were involved in mobilizing adolescent girls and assisting peer educators,and they were unaware about other roles.
- Only few ASHA were transacting health related knowledge to adolescent girls as they are busy in other government programs(based on observation)
- Most of the ASHA/AWW responded that there is a prefixed schedule for kishori meeting, which is deviating from project guidelines as according to project guidelines adolescent girl should be asked for their availability before organizing kishori meeting.

SUGGESTIONS FOR ASHA/AWW

- ASHA being an important village functionary should participate more in community meetings as they reside in that village and can influence the villager's maximum
- Training should be organized more frequently for ASHA/AWW.
- ASHA/AWW should be provided with some incentives so that they can also put their best efforts in this program.
- Fix the day for ASHA to take health related sessions for adolescent girls.
- Kishori meetings can be organized at a large scale involving 4-5 villages rather than in the individual villages, so that ASHA can give her time easily as she is involved in many other government schemes and adolescent girls also get an chance to go out of the village and meeting new people.

REFERENCES

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

ANNEXURES

Name of the Village:	Respondent No:

SURVEY FOR ASHA/AWW FOR AAG PROGRAM OF UNFPA

	Question	Response	Code
	INTRODUCTION		
	Date of survey		
1	Block		
2	Age		
3	Anganwadi Centre no.		
4	Education qualification	1. Illiterate 2. 5th grade 3. 8th grade 4. Secondary schooling 5. Higher secondary schooling 99. Others. Please Specify	
5	Caste	1. SC 2. ST 3. OBC 99. Others, please specify	
6	Since when you are working as ASHA /AWW?		
7	What according to you are general issues of adolescent girls in your village? (Multiple responses possible)	1. Health & Nutrition 2. Migration 3. Early marriages 4. Illiteracy 99. Others	

8	How do you address these issues? (Multiple responses possible)	1. Vocalizing their thoughts 2. Confidence building 3. To stand up for their rights 4. To earn their own livings 5. Skill development 6. Self esteem 99. Others	
	TRAINING		
9	Did you receive any training for the AAG program?	1. Yes 2. No (If no skip to Q.11)	
10	What training you received for the AAG program?		
11	Who gave you training for this program?	1. Cluster coordinators 2. Project staff 99. Others	
12	Where was the training conducted?	1. Cluster level 2. Block level 3. District level	
12	How many training session did you attended?	1. One 2. two 3. three 4. More than 3 99. Others	
13 a	What are job responsibilities of ASHA with respect to adolescent girls? (options not to be disclosed) (Multiple responses possible)	1. Support peer educator with their work 2. Supervise nutritional need of the adolescent girls 3. Counsel and motivate adolescent girls and their parents to be a participate in adolescent club 4. Supervise the work of ANM/AWW 5. Reporting to the central and higher authority of the village	

		or block level 6. Assist in arranging the monthly meeting and Kishori Divas in the village 7. Visit home of the Adolescent girls 99. Others	
13 B	What are job responsibilities of AWW with respect to adolescent girls? (options not to be disclosed) (Multiple responses possible)	1. Registration of Adolescent Girls and encourage them to avail the services. 2. Maintain registers and adolescent cards 3. Address issues related to adolescent girls during home visit. 4. Assist adolescent girls in selecting Sakhi and Saheli's. 5. Supervise the activities on kishori diwas. 6. Maintain the utilities during meeting. 7. Training for skill development of adolescent girls. 8. Assist PHC staff on carrying health related activities for adolescent girls like IFA Supplementation, deworming tablets 99. Others	
	FORMATION OF ADOLESCENT CLUBS		
14.	Do you contribute in the formation of adolescent clubs?	1.Yes 2.No(if No skip to Q.19)	
15.	What is the process followed in formation of Adolescents club? (Multiple responses possible)	1. Community meetings 2. Mobilizing adolescent girls to form a club 3. Motivate the adolescent girls to attend the meetings regularly 99. Others	
16	What are the benefits of adolescent's club	1. Self esteem	

	to out of school girls? (Multiple responses possible)	2. Confidence building 3. Vocalization of thoughts 4. To stand up for their rights 5. To earn their own living 6. Skill development 99. Others	
17	What are the challenges faced in formation of adolescent club? (Multiple responses possible)	1. Social barrier 2. Unavailability of space 3. Insecurity of parent to send their daughters 4. Reluctance on the part of girls to come out of home 5. No help from implementing partners 99. Others	
18	What challenges do you face managing activities of adolescent girls in the club? (Multiple responses possible)	1. Irregular attendance 2. Opposition from parents 3. Inadequate IEC materials 4. Difficult terrain 99. Others	
	SELECTION OF PEER EDUCATOR		
14	Do you participate in selection procedure of peer educator?	1. Yes 2. No(if no skip to Q.18)	
15 a	What responsibility was assigned to ASHA in completing the selection and application of PE's? (Multiple responses possible)	1. Sharing of information of scheme with general community and eligible candidates 2. Explaining application process to eligible candidates 3. Collection of applications of eligible candidates 4. Ensuring community involvement in selection of Sakhi/saheli 5. Selection of Sakhi/saheli applicants from the village	

		6. Facilitating submission of application for selected candidates 99. Others	
15b	What is the role of AWW in selection of PE's? (Multiple responses possible)	1. Inform availability of forms in the panchayat office 2. Assist in filling the forms 3. Motivate in filling the form 4. Counsel the parents to allow their daughters 5. Assist the adolescent girls in selecting sakhi and saheli 99. Others	
16	What qualities do you look in peer educator? (Multiple responses possible)	1. Proactivity 2. Leadership 3. Communication skills 4. Compassion 5. Age of peer educator 99. Others	
17	What are the challenges faced by you in selection of peer educator?	1. Physical accessibility to the panchayat office 2. Lack of awareness about the program 3. Girls not being instructed about filling the form 4. Reluctance among the girls to socialize 5. Reluctance from parents 99. Others	
	KISHORI SAMOOH MEETINGS		
18	Do you participate in conducting the proceedings of kishori meeings?	1. Yes 2. No	
19	How do you coordinate with AWW/ASHA and PE's for arranging Kishori meetings?	1. Assist in arranging kishori meetings 2. Assist in arranging kishori diwas 3. Assisting ASHA and peer educator in counselling parents of adolescent girls to attend	

		meetings 4. Motivating adolescent girls 99. Others	
20	What is the process followed in deciding day and time for the sessions? (Multiple responses possible)	1. Ask adolescent day for their availability 2. Consult with the PRI members 3. Prefixed schedule 4. Consult with the AWC availability 99. Others	
21	What is the frequency of these sessions?	1. Once in a month 2. Twice in a month 3. Three times or more in a month 99. Others	
22	What is the Duration of these sessions?	1. 1-2hrs 2. 2-3hrs 3. 3-4hrs 99. Others	
23	How many adolescent girls attend kishori meetings?		
24	Do you go for home visits of adolescent girls? (If no Skip to Q.26)	1. Yes 2. No	
25	How do you counsel parents of adolescent girls and their parents during the home visit?(Multiple responses possible)	1. Make them aware of the schemes 2. Tell them about the benefit of the scheme 3. Make them aware about the entitlements of the benefits 4. Tell them about the challenges faced by adolescent girls and how scheme will help them	
26	Do you use IEC material during home visits?	1. Yes 2. No (if no skip to Q.29)	
27	Type of IEC materials used to cater to	1. Flipcharts	

	adolescent issues. (Multiple responses possible)	2. Modules 3. Posters 4. Booklets 99. Others	
28	Which according to you is the most effective method?		
	KISHORI DIVAS		
29	What is your role in arranging the kishori diwas?(Multiple responses possible)	1. Coordinate with ASHA /AWW in deciding the venue for kishori diwas 2. Assist the peer educators in organizing the kishori diwas 3. Mobilizing the adolescent girls from village 4. Counsel the parents to attend and send their girls to the kishori diwas 99. Others	
30	What are the problems faced in organizing Kishori diwas?		
	MONITORING AND RECORD KEEPING		
31	Do you keep any attendance records of adolescent girls attending the monthly meetings?	1. Yes 2. No (if no skip to Q.33)	
32	What role do you play in record keeping?		
33	Is there any performance evaluation criteria for peer educators?	1. Yes 2. No (if no skip to Q.35)	
34	What role you play in performance evaluation of peer educator?		
35	What is the frequency of monitoring field visits by supervisor?		
36	Which organization do this supervisor belong to? (Multiple responsible possible)	1. Department of Women & Child Development 2. NGO 3. UNFPA 4. PRI 99. Others	

37	Do you attend the cluster meeting regularly?		
38	What are the problems that are discussed in these cluster meetings?		
39	Whom do you report or ask for help in case you come across any problem?		
	KNOWLEDGE ASSESSMENT (FOR ASHA ONLY)		
40	How do you ensure participation of girls newly entering in the age group of 10-19 years?		
41	Do you counsel adolescent girls on the health aspects?	1. Yes 2. No	
42	What counselling do you give to the adolescent girls regarding health?	1. 1.physical changes during adolescence 2. Female reproductive system 3. Menarche & menstruation 4. Menstrual hygiene practices 5. Care during menstruation 6. Common problems during menstruation 99. Others	
43	What counselling do you offer to married adolescent girls?	1. Reproductive cycle & menstrual hygiene 2. Sex education, RTI/STD 3. Family planning 4. Planned parenthood 99. Others	
44	What areas are covered in counselling for planned parenthood?	1. Age at marriage 2. Conception 3. Signs and symptoms of pregnancy 4. Needs of a pregnant woman 5. Do's and don'ts during	

		pregnancy 6. Adverse health implications of teenage pregnancy 7. Socio-economic consequences of teenage pregnancy 8. Some myths and facts related to pregnancy	
45	Do you counsel them regarding the family planning?	1. Yes 2. No (If No Skip to Q.47)	
46	What topic are covered in the counselling of family planning?	1. Importance of family planning 2. Implications of early marriage 3. Different types of contraceptive measures 4. Emergency contraception 5. Effectiveness of contraceptive methods	
47	Do you find any change in the behaviour of the girls and their parents after implementation of this program?		
48	Do you have any suggestion for the improvement of the program?		