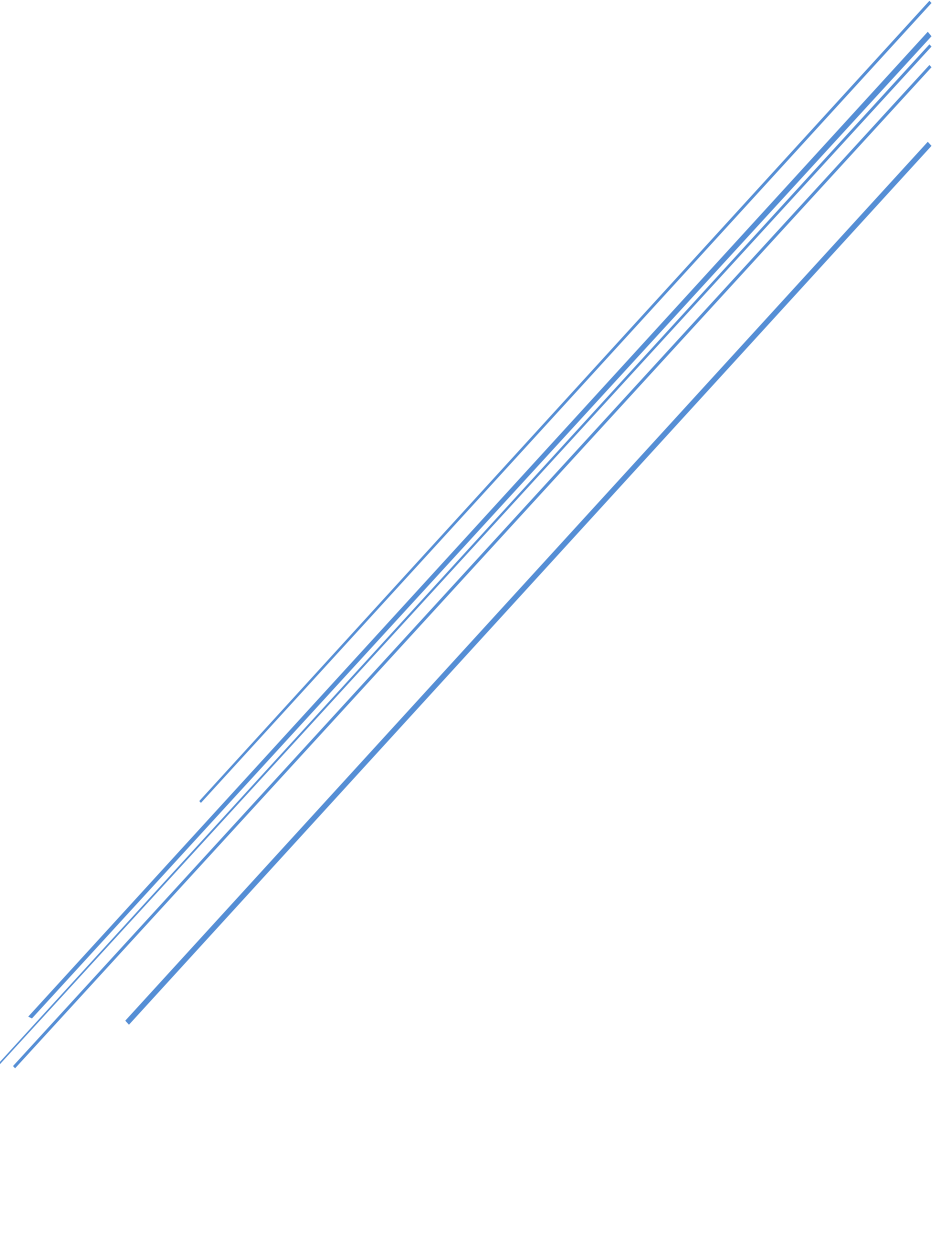


**RAPID ASSESSMENT OF SABLA
KANYASHREE PRAKALPA
CONVERGENCE PROGRAMME
APRIL - 2018**



Assessment commissioned by UNICEF Kolkata Field Office and
completed in joint collaboration with Department of Women & Child
Development & Social Welfare
Government of West Bengal

CONTENTS

PREFACE	3
ABBREVIATIONS.....	4
EXECUTIVE SUMMARY	5
CHAPTER 1. INTRODUCTION	18
CHAPTER 2. RESEARCH METHODOLOGY.....	22
CHAPTER 3. DISTRICT MPR DATA ANALYSIS	23
CHAPTER 4. SABLA - BENEFICIARY SURVEY FINDINGS.....	30
CHAPTER 5. KANYASHREE - BENEFICIARY SURVEY FINDINGS.....	44
CHAPTER 6. FUNCTIONARY / SERVICE PROVIDER FEEDBACK.....	49
CHAPTER 7. CONCLUSIONS AND WAY FORWARD.....	60
ANNEXURE I - TERMS OF REFERENCE	66
ANNEXURE II – RESEARCH TOOLS.....	73

PREFACE:

The Govt. of India's Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) –“SABLA” (renamed as Scheme for Adolescent Girls’), is aimed at empowering adolescent girls in the age group of 11-18 years, and is linked to the ICDS programme with the Anganwadi Centre (AWC) as the ‘focus-of-action’. The Scheme was launched in 2010. In West Bengal, the SABLA scheme is being implemented in seven districts viz. (i) Malda; (ii) Purulia; (iii) Nadia; (iv) Cooch Behar; (v) Jalpaiguri ;(vi) Alipurduar; and (vii) Kolkata. The objective of the Scheme is to promote the self-development and empowerment of adolescent girls, using a two-pronged approach – (i) nutrition-focussed and (ii) non-nutrition focussed – that would lead to an improvement in the girls nutrition and health status; promote awareness about health, hygiene & nutrition, including Adolescent Reproductive and Sexual Health (ARSH) and family and child care; upgrade their home-based skills, life skills and tie up with the National Skill Development Program (NSDP) for vocational skills; mainstream out-of-school adolescent girls into formal/non formal education; and provide information and guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.

In West Bengal, the Department of Women & Child Development and Social Welfare, (DWCD&SW) is also implementing the Kanyashree Prakalpa (KP) – a Conditional Cash Transfer scheme with the aim of improving the status and wellbeing of adolescent girls (13-18 years) in the State by incentivizing their education and thus delaying the age of marriage until they complete the age of 18 years. This Scheme was launched in October 2013.

Recognizing that the overall aims of SABLA (Gol-funded – 60:40) coincided with the objectives of the Kanyashree Prakalpa (GoWB-funded), and covered the same target group, the GoWB took a decision to integrate SABLA with Kanyashree Prakalpa, to achieve synergistic results. The SABLA-Kanyashree Prakalpa Joint Convergence Programme was launched in 2015-16 in West Bengal, in the seven SABLA districts, with the aim to address the empowerment of adolescent girls (11-18 years) in a holistic manner. The convergence programme extended both nutrition and non-nutrition services under SABLA to Kanyashree Prakalpa beneficiaries. The key services were Supplementary Nutrition, IFA supplementation, Health check-up and Referral Services, Nutrition and Health Education (NHE), Guidance on Family Welfare, ARSH, Child Care Practices and Home Management, Life Skills Education and Accessing Public Services, and Vocational Training. This assumes significance as, although the schemes have different objectives and implementation methodologies, both work towards a common purpose and complement each other's strengths and services towards better outcomes for their target population, viz. improving the well-being of adolescent girls in the State. Moreover, while Kanyashree Prakalpa is a ‘school-centric’ scheme (the term “school” encompassing various forms of educational institutions), SABLA is a community-centric scheme.

In this context the Department of Women & Child Development and Social welfare GoWB, requested UNICEF's technical support to carry out efficacy assessment of the convergence programme between SABLA & Kanyashree Prakalpa in the select seven districts of West Bengal. The GoWB has expressed intention to continue the convergence programme and has decided to undertake efficacy assessment which will further help strengthen its implementation and budget allocation in the near future. DWCD&SW- GoWB has been advised by the Department of Finance of GoWB to undertake effectiveness assessment. It is intended that the findings and recommendations of this assessment will be used by the GoWB to inform decision making at the policy level, to strengthen implementation, review resource allocations, so as to ensure that SABLA-KP contribution towards key outcomes can be achieved effectively.

ABBREVIATIONS

ADM	Additional District Magistrate
ARSH	Adolescent Reproductive and Sexual Health
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BDO	Block Development Officer
BL & LRO Office	Block Land and Land Revenue Office
CDPO	Child Development Project Officer
CHC	Community Health Centre
DCDWD & SW	Department of Women & Child Development & Social Welfare
DM	District Magistrate
DPO	District Project Officer
DSWO	District Social Welfare Officer
GoWB	Government of West Bengal
ICDS	Integrated Child Development Services
IFA	Iron Folic Acid
IDO	Industrial Development Officer
K1	Annual Scholarship - Kanyashree Prakalpa
K2	One-Time Grant - Kanyashree Prakalpa
KP	Kanyashree Prakalpa
LBL	Land-based Livelihood
LGG	Learning Games for Girls
LSE	Life Skill Education
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
NHE	Nutrition and Health Education
NSDP	National Skill Development Program
OC	
KANYASHREE	Officer-in-Charge - Kanyashree Prakalpa
OOSGs	Out-Of-School Girls
PHC	Primary Health Centre
SABLA	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)
SDO	Sub-Divisional Officer
SHG	Self Help Group
SNP	Supplementary Nutrition Provision
THR	Take Home Ration
VHND	Village Health & Nutrition Day
VLCP	Village Level Child Protection Committee
WIFS	Weekly Iron-Folic Acid Supplementation

EXECUTIVE SUMMARY

A. STUDY BACKGROUND

The specific objectives of the Rapid assessments of SABLA KANYASHREE PRAKALPA convergence programme study were to understand to what extent SABLA KANYASHREE convergence program attained its objectives.

Primary data collection was conducted in Six districts of West Bengal, namely Malda, Purulia, Nadia, Cooch Behar, Jalpaiguri and Alipurduar.

The study methodology was primarily qualitative in nature comprising of seventy-two Focussed Group Discussions held with adolescent girls, in-school, out-of-school and Kanyashree beneficiaries across the six districts. In-depth interviews were held with other stakeholders and service provider officials in Gram Panchayat, Block and district level. A small sample survey was conducted amongst randomly selected 725 Kanyashree beneficiary girls across six districts.

The following section enlists the survey findings of the beneficiary survey by the SABLA and KANYASHREE programmes respectively.

B. SABLA - BENEFICIARY SURVEY FINDINGS

The findings are presented by the seven service components of the programme.

B.1. PROGRAMME ACCEPTANCE BY COMMUNITY

The families of the beneficiary girls support and encourage their daughters to visit the Anganwadi Centres (AWC) and they have good opinion about the services being provided at the Anganwadi Centres. Their friends, who are not enrolled, were also willing to get officially registered to the programmes.

Respondents were found to be aware of the SABLA programme. Out of all the seven services provided by SABLA, Nutrition component was the highest spontaneously recalled service by the respondents while all the other non-nutrition components could be recalled when prompted.

At the overall level 94% of the KANYASHREE beneficiary girls were found to be aware of SABLA programme. Nutrition provision reported the highest (77%) recall, followed by Health check-up and Referral services and Nutrition & Health Education, both were recalled by 69% girls surveyed.

The suggestions for improvement are mostly related to better provision of Take Home Ration (THR) and requirement for more training/counselling activities. They mentioned that any vocational training for all the beneficiary in-school girls will be very helpful.

B.2. NUTRITION PROVISION

The girls acknowledged the benefits of supplementary nutrition as it helps them in staying healthy. They mostly consume the THR along with their siblings and other family members though it meant is to be consumed by the beneficiary girl only.

The supply of THR in many areas was irregular or had even stopped for some time. They want the supply of supplementary THR to restart at the earliest. There was some dissatisfaction with quality and taste of the THR. Sometimes it smells bad, no sugar is added and contains wheat only. They look forward to receiving regular, good quality supplementary nutrition.

Of the 725 girls interviewed, over 68% received THR at least once in the two years. Out of those girls who received the THR, 42% received it once in a week and 36% of them received one packet at a time. Only about 38% had the THR alone, rest shared it with her siblings.

B.3. IRON AND FOLIC ACID (IFA) SUPPLEMENTATION

The community in general, supports this initiative, except in certain pockets where the community has some reservation regarding the consumption of these tablets.

Most of them regularly consume IFA tablets, once in every week, which they receive from school / Anganwadi Worker (AWW) and sometimes from the ASHA. They feel it reduces abdominal pain during menstruation. Some even suggested that they sleep well, feel healthy and look better after consumption of IFA tablets.

The girls suggested that more awareness campaign of IFA and de-worming tablets may be required. Prior information should be given so that all school girls make sure they attend school on the day of IFA administration and do not miss school on those days.

Of the 725 girls interviewed, over 83% had heard about Anaemia. About 77% of the girls received IFA Tablets from school. Nearly 65% received one IFA Tablets received at a time. About 81% consumed the tablet under supervision, 80% of the girls had it in school. About 96% had IFA tablets weekly and just about 2% did not consume.

It is noteworthy that the AWW also visits the house of the out-of-school girls to distribute tablets in case the girls do not collect those from the AWC.

The girls suggested that more awareness campaign of IFA tablets may be required.

B.4. HEALTH CHECK-UP AND REFERRAL SERVICES

The girls visit the ANWESHA Clinic for common ailments if it was near their residence. In the last 6 months their weight / height /BMI was checked and updated whenever they visited these clinics. In certain locations referral slips are provided to keep a track of girls visiting ANWESHA Clinic.

Health check-ups are done during **KISHORI DIVAS**. In some locations weight / height /BMI of the girls are checked and **KISHORI CARD** was updated. Apart from Kishori Diwas, girls also participate in the **Village Health and Nutrition Day (VHND)**.

Of the 725 girls interviewed, more than 71% of the girls confirmed that the Kishori Diwas was organized in locality once in three months, over 68% of them attended. Nearly 85% of girls recalled that General health check were conducted during those days, 72% of them mentioned that height and weight measurements were recorded. Nearly 55% of the girls mentioned that Kishori cards were updated. Around 45% reported that the cards were updated regularly.

The girls wanted further improvement of these services. They have observed changes in their daily life after attending such sessions. All of them wanted improved and more frequent health check-up to be arranged.

B.5. NUTRITION & HEALTH EDUCATION

Girls participated in programmes organized by AWCs on health issues such as nutrition related issues. Girls in the all the districts knew and understood balanced diet and the importance of maintaining a balanced diet.

AWWs conduct sessions with some new innovations using **Learning Games for Girls (LGG)** methods or through **“Pusti Pataka”**, Diet Chart preparation session etc. The girls have helped others in adopting healthy diet for their peer and the community.

Of the 725 girls surveyed, 76% attended LGG session. Over 88% recalled session on Nutrition and Health Education being held, besides Life Skill Education (71%) and Adolescent Reproductive & Sexual Health (65%) was recollected by the respondents. Nearly all of them found it very useful and felt others should also attend.

One of the girls was quoted saying, *“through these programmes we get to know and learn about our health and it helps us to lead a healthy life.”*

B.6. COUNSELLING/GUIDANCE ON FAMILY WELFARE, ARSH, CHILD CARE PRACTICES AND HOME MANAGEMENT

Most girls opined that the **Learning Games for Girls** sessions regarding family welfare, ARSH, child care practices and home management are very important. Those who the sessions felt that trainers were good.

Girls are aware of the correct process of disposal of sanitary napkins. They cannot always procure those from ANWESHA clinic if it was far away from their residence. Those who use sanitary napkin, procure the same from the local shop and few also collect those from the health centre. There was relatively less acceptance of locally made sanitary napkins among girls.

Girls are aware of exclusive breast feeding till 6 months. After attending these sessions, they have learnt that the child should be kept clean, hands should be washed before feeding the child which reduces some risk of transmission of diseases and increasing hygiene in other ways also reduces risk of infection and cooked food should be kept covered.

Nearly 91% of the 725 girls interviewed were aware of ARSH sessions arranged at AWCs, 83% of them attended the sessions. Out of those who attended, all mentioned that the sessions were useful and 30% visit an Anwesha Clinic.

The girls stated that they are more comfortable to discuss the issues with NGO stakeholders and resource persons who is younger such as Sakhis or Sahelis than the AWWs as she is most often their senior living nearby.

B.7. LIFE SKILL EDUCATION AND ACCESSING PUBLIC SERVICES

There were no reservations of the community on the girls attending Life Skill Education sessions and can discuss freely about many issues now.

Most of them opined that Land related awareness and equal rights to parents' property was most important as it provided a sense of assurance and security. The girls are aware the use of land for farming and through the sale of the produce of the land they earn money. The girls are also aware that their family uses part of the farm produce for household consumption.

Kishori Diwas was organised quarterly and **Kishori Samooh** meetings conducted monthly/ fortnightly in all the districts. Health functionaries' including BMOH, ASHA, 2nd ANM extend cooperation to conduct such sessions, health check-ups, BMI recordings, and identification of Anaemia was conducted after symptomatic diagnosis.

Adolescent girls of the all districts opined that **Sakhis and Sahelis** were accepted in the community to work as peer educator.

Out of the 725 interviewed, 88% girls who attended the Life Skills Education sessions, 95% found it to be very important. About 62% of the girls attend meetings of Kishori Samooh and 52% mentioned that Sakhi and Saheli were functional in Kishori Samooh. As per the review of the roles of Sakhis and Sahelis, as per the understanding of the girls, there was clearly not much of difference in their roles.

The life skill education sessions have helped them develop problem solving abilities, to think critically, to communicate efficiently, acquiring skills, coping with stress and to develop leadership skills. The girls have also learnt about the details of basic utility services like water, sanitation and electricity and their entitlement to cast vote on reaching 18 years of age.

They mentioned Sakhis and Sahelis have made positive changes in the life of adolescent girls in their localities. For the sustenance of the programme the role of Sakhis and Sahelis are crucial and needs more encouragement.

B.8. VOCATIONAL TRAINING

Land based Livelihoods (LBL) trainings are conducted for the adolescent girls by pooling in district level resources and convergence with line departments, i.e. Agriculture, Horticulture, Animal Husbandry, **Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)** etc. Besides LBL girls aged 16-18 years are imparted trainings on beautician skills, tailoring, soft-toy making, handloom etc.

For over 97% of the 725 girls interviewed, land was very important for their family. Among them awareness regarding existence of Land & Land Reforms Offices was 77%, and awareness regarding rights on the inheritance of land was 95%. Over 98% of the girls were aware regarding girls' equal rights on parent's property. Only 12% received any training on Land based Livelihoods.

They believe that such trainings are the most empowering activity for their future. Every girl must attend Land based Livelihoods (LBL) trainings to be aware of her rights on the

land and at the same time to be trained on land-based livelihoods. The girls mentioned after training they would be able to take up related activities within the village.

Many girls were trained in vocational trades, they want those session to be of longer duration and more frequently held as nearly all respondents wanted to attend training as they felt it could fetch them meaningful earning options in future.

They also sought for post training support of marketing assistance. Only 12% girls have formed any group for helping themselves. Just about 6% girls are part of any Village Committees or Girls' group. The girls must be encouraged to participate the local institutions.

C. KANYASHREE- BENEFICIARY SURVEY FINDINGS

The community wants their girl children to study further so that they can stand on their own feet. They felt this scheme helps in preventing early marriage and helps in the continuation of education of the girl child in Secondary and Higher Secondary classes.

All girls are aware about the availability of conditional cash transfer schemes under Kanyashree in their locality. They have learnt about handling bank accounts. Girls acknowledged that money from KP acted as one of the factors for preventing child marriage as the girls can continue with their education using that money only if they are not married.

As per the survey of 725 Kanyashree beneficiaries, 100% were aware of the programme, services provided and had received the scholarships. Girls feel that Kanyashree acts as an enabling factor for continuing education for adolescent girls and the convergence programme acts as an enabling factor towards motivating community for girl's education and prevention of early marriage.

Most of the adolescent girls felt education was an important part of one's life. One adolescent girl felt, *"any girl feels especially empowered and have a better chance prospering if they are given an opportunity to stay in school."* Another girl opined - *"Education will open new employment opportunities."*

According to one girl, direct transfer of money in their account was very helpful – *"not only in accessing money but also in knowing the bank as an institution, how it works and where to go and whom to approach for the official works"*.

In their opinion, the Kanyashree scheme has motivated adolescent girls to continue higher education. In addition, they can contribute to their family by paying for their tuition fees on their own and can support their other small expenditures. They feel empowered and confident about themselves, and families also have no objection in their future education and employment.

General awareness against Child Marriage seems to have increased, girls know what the right age of marriage was and where to seek advice in case of incidences of child marriage, they also know about child helpline. However, confusion remains regarding the right phone number of child helpline for seeking help or advice.

Parents are supporting girl's education or joining vocational courses for future employment opportunities. The Kanyashree money scholarship amount has enhanced their scope for higher education.

SABALA KANYASHREE Convergence was sufficient for their apposite development and empowerment whereas few adolescent out-of-school girls were not very acquainted with the schemes.

An in-school adolescent girl summed saying that they get grist under SABLA scheme and scholarship money under KANYASHREE scheme. They feel that this convergence has helped them in pursuing further education, avoiding early marriage and improving their overall health.

Another Kanyashree beneficiary girl felt *"Education helps in overcoming social conservatism and family confinement. It keeps us updated and opens new livelihood opportunities."*

D. FUNCTIONARY / PROVIDER FEEDBACK

This section details the opinion of GP member, SHGs, NGOs, AWWs, ANMs & Anwesha Counsellors, OC KP, DPOs and ADMs interviewed during the survey

Programme Acceptance by Community

CHALLENGES

- Legal age of marriage for girls was well known in the community, still child marriage take place and often villagers resist if GP acts to stop the practice – PRI
- GP stakeholders were associated with the convergence programme since its inception only in Nadia, Alipurduar, Purulia and Malda – PRI
- All GP stakeholders do not know details of the convergence issues which restrict their active participation in promotion and propagation of the scheme.

SUGGESTIONS

- Sustainable and prolonged involvement of local institutions, resources and peer groups are key the long-term success of the programme. – ADM
- GP stakeholders may be associated with the convergence programme since inception – PRI
- In all the six districts, SABLA KANYASHREE programme discussed in Gram Sabha but as a separate agenda. – PRI
- Sensitization may be required on the convergence programme. – PRI
- Social advocacy may be strengthened for awareness generation– PRI

Nutrition provision

CHALLENGES

- Across all districts the supply of wheat from FCI was inadequate and erratic - ADM, DPO
- Nutrition provision was inadequate and irregular in most of the AWCs for the last couple of months on a year. In few project areas, THR supply could not be initiated. Girls attendance reduces to 10-12 from 38-39 in absence of THR. - AWW

- All districts engaged existing SHGs in production process of THR. They are not well trained and equipped to handle such a big programme - DPO-ICDS
- Girls attending early sessions at AWCs do not have their breakfast at home – AWW
- Due to delayed supply by FCI, SHGs often procure wheat from local market. The quality of wheat procured from local market was also not good which affects the quality of THR – SHG
- Wheat grinding machine frequently gets damaged, repairing cost was high, particularly the grinder. It involves cost and no contingency cost was allowed for repairs – SHG
- Wheat gets dampened during rainy season; SHGs do not have enough storage to keep the food grains dry – SHG
- Most the SHGs did not received rigorous training on processing, grinding, quality control and packaging. Some of SHGs from Malda, Purulia and Alipurduar district received 2-3 days trainings which they felt was inadequate – SHG
- No training on quality control and cleanliness of the production unit viz, using Mask, Gloves and Caps by SHGs – SHG
- Most SHGs have to repay the loan, they face difficulties in repayment due to delayed payment process and inadequate indent from ICDS programme – SHG
- They even face difficulties in paying electricity bill due to irregular payment, sometimes their supply is disconnected due to non-payment of electricity bill – SHG
- SHGs cannot afford to pay rent for a good space for processing unit. SHGs set up the unit in low land and sometimes it gets submerged during rainy season – SHG

SUGGESTIONS

- Food / refreshment should be given to the girls while they are attending various sessions at AWCs before or after school hours- AWW
- To improve the role of SHGs in the programme, DRDCs may be integrated for follow-up and monitoring - ADM
- SHGs needs training to be efficiently involved in production of THR - DPO-ICDS
- A uniform policy for supply of raw material for THR should be adopted and implemented to ensure uninterrupted provision of THR to the eligible girls. DPO-ICDS
- Distribution of hot cook meal engaging competent SHGs could be an alternative option - ADM, DPO-ICDS
- Fund for logistics management is not adequate, hence proposed a revision in fund allocation - ADM
- The THR production process should be organized, starting from selection of SHGs. Quality control mechanism to be ensured. Block level Marketing outlet facility could be created and given on rent to the SHGs - ADM
- Timely disbursement of payment should be inbuilt process to ensure continuation of the programme. DPO-ICDS
- Handholding support to the SHGs and regular monitoring is required - DPO-ICDS
- Better joint monitoring and review meeting at the Block level is required for immediate actions against bottlenecks faced by the SHGs - DPO-ICDS

Iron and Folic Acid (IFA) supplementation

CHALLENGES

- In some locations in Nadia reported side effects of consumption of IFA disrupted the services for some time last year but presently it is regularized – DPO ICDS

- Often supply of IFA was more than required, CDPOs have center wise requirement figures readily available with them but they are not consulted before sending IFA tablets in bulk. There is no return policy for unused IFA tablets – DPO ICDS

SUGGESTIONS

- More awareness generation campaigns required to address the apprehensions related to consumption of IFA tables – DPO
- The supply of IFA tablets may be coordinated better – DPO ICDS
- There are reservations in consumption of IFA tablets in few locations. There is a need to increase awareness through a series of behaviour change communications – ADM

Nutrition & Health Education

CHALLENGES

- AWCs do not have enough space to hold such sessions- AWWs

SUGGESTIONS

- Mothers' meetings may be used to conduct joint session for better dissemination - DPO ICDS

Health check-up and Referral services

CHALLENGES

- Many adolescent girls are malnourished, reported of eye problem, proper health check-up cannot be ensured except through school health programme – OC KP
- In many cases the adolescent girls referred to the ANWESHA Clinic but CDPOs do not have contingency fund to allow expenses of the escort accompanying the girls and for taking them for further health related follow up visits – DPO ICDS
- Inadequate storage facilities, no space to keep the registers and other stationeries including TLMs - AWW
- Sakhis and Sahelis help the AWWs to conduct Kishori Diwas, community mobilisation but such peer groups in many places, did not receive any training - AWW
- Kishori Diwas is often confuse with VHNDs – AWW
- Hemoglobin testing strips are not always available for adolescent girls – ANM
- Sanitary Napkins often not available for demonstration and free distribution during Kishori Diwas – ANM
- Adolescent Friendly Health Clinic (AFHC) cards distributed to the Adolescent girls.
- Desired outreach of ANWESHA clinics could not be ensured due to huge coverage area and lesser number of Counsellors. - ADM
- Group counselling done in majority of the time which does not allow speaking to the girl in depth - ANWESHA COUNSELLORS
- Desired outreach of ANWESHA clinics could not be ensured due to huge coverage and lesser number of Counsellors. Increase number of clinics in strategic locations - ADM
- As sanitary napkins are not available during Kishori Diwas for demonstration or free distribution, NGO stakeholders need to carry the same of their own.
- Procurement of low cost napkins from vending machine installed in schools and other locations is low as locally produced sanitary napkins have low acceptance among adolescent girls – OC KP
- In the 4th Saturday meetings, convergence issues could not be integrated due to lack of knowledge on overall Programme – PRI

SUGGESTIONS

- Specialised hospitals operational in the district could be approached for health check of the Adolescent girls requiring help and updation of Kishori cards may be done; once it is done regular Kishori Diwas could record the progress and necessary referral services could be extended to the Adolescent girls. – OC KP
- In Alipurduar and Coochbehar use of referral slips to be initiated shortly to keep a track on referral services. This may be adopted in other districts too for better monitoring and follow up - ADM, DPO ICDS
- To improve service delivery and accessing services of ANWESHA services liaison with Health department was suggested - ADM
- Own space and bigger space required for holding sessions. More issue specific awareness generation required - AWW
- Training for Sakhi and Sahelis is required in all districts- AWW
- Separate Kishori Diwas to be organized in all districts on quarterly basis- AWW
- Haemoglobin testing strips should be provided for adolescent health check-up – ANM
- Adequate sanitary napkins required for adolescent girls– ANM
- AFHC card distribution may be a duplication of work. Kishori cards could be updated and information could be gathered in a single source.
- Audio Visual shows could be arranged at least twice in a year for group counselling. Individual counselling should be done.
- Sanitary Napkin vending machines should be installed in all the ANWESHA clinics - ANWESHA COUNSELLORS
- Medicines, prophylaxis should be made available in adequate quantity, budgetary provisions should be increased – AWW
- Convergence issues should be discussed in the 4th Saturday meetings at Gram Panchayat level in all the districts – PRI

Counseling/Guidance on family welfare, ARSH, child care practices & home management

CHALLENGES

- The Counselling/Guidance on family welfare, ARSH, child care practices and home management are conducted using LGG modules. NGO resource persons and AWWs jointly conduct the sessions. Many AWCs do not have own building, arranging sessions for girls from hired premises with inadequate space is a problem - AWW- DPOs, DSWOs
- AWCs do not have proper seating arrangements to conduct various sessions - AWW

SUGGESTIONS

- Various innovative medium is initiated involving Adolescent girls to promote these; the girls develop skits and perform. NGOs initiated such activities, the AWCs are continuing the programme in many places. Such innovations can be replicated in other locations too- DPO ICDS
- Continued awareness generation is required to sustained interest of the girls in the issue - DPO
- Own and bigger space required for holding these sessions. More issue specific awareness generation required - AWW
- Frequent meetings should be conducted on ARSH and family planning issues – ANM

Life Skill Education and Accessing Public Services

CHALLENGES

- Exposure visits conducted as per districts' planning, exposure visits organized to celebrate special days, but regular fund flow required to arrange regular sessions on the sub component – DPO, OC KP
- The entire line department, Bank, Post Office, Police station, BDOs, PRIs and BLROs also extend cooperation to conduct such visits. The girls also meet DM, ADM and other district level officials. Exposure to public services organized as one-time event, not planned, scheduled in advance – ADM, AWW

SUGGESTIONS

- Adopt inter-personal activities (viz. quiz, drawing competition) to motivate and ensure continued participation of girls - ADM
- Institutional mechanism or guideline may be introduced for uniformity in holding such sessions or visits - OC KP
- A more detailed guideline may be required to organize exposure visits - DPO ICDS
- More frequent visits help the girls to be self-confident – AWW

Vocational training for girls aged 16 and above

CHALLENGES

- Vocational trainings sometimes are not conducted as per requirement which included orientation on various options in self-employment and wage employment for girls aged 15 years and above – OC KP
- Paucity of resources to conduct credible training to the girls although a host of trainings are conducted across the districts. There are no NSDC approved training centers in most of the blocks - DPO ICDS
- Follow up support for marketing or linkage with the trade - DPO ICDS
- A guideline for location specific trainings to be imparted which as demand in the market. Now the trainings are held if appropriate resources are available, not demand driven - DPO ICDS
- Out-of-school girls mostly participate in the vocational trainings, but such trainings are conducted far from their home, parents don't allow them to move out alone - AWW

SUGGESTIONS

- More vocational trainings and Career counselling required for K 2 beneficiaries
- Residential trainings required. Block level Industrial Development Officers (IDOs) should be linked with the convergence programme to provide guidance on training; post trainings follow up, market linkages etc. - OC KP
- Girls availing K2 scholarship from KANYASHREE programme further needs to be trained on SHG formation procedure and other options for self and wage employment opportunities, while girls availing K1 scholarship should start savings using their existing Bank A/C - OC KP
- Paschim Banga Society for Skill Development should be approached for various skill trainings - OC KP
- Area wise vocational training should be conducted, IDOs should be involved – OC KP

Kanyashree Convergence

CHALLENGES

- All necessary arrangements are made to ensure enrolment of all Adolescent girls in Kanyashree but still some girls are left out - DPO ICDS
- In Coochbehar special Disability certification drive made in association with a NGO to enable such girls to avail Kanyashree benefits - DPO ICDS
- NGOs conduct regular follow up with relevant stakeholders to ensure Kanyashree scholarship for all eligible girls, but without the involvement of NGOs the necessary follow up becomes a problem - DPO ICDS
- Sometimes if married girls do not get K2 scholarship they blame the AWWs - AWW
- ANMs did not received any training on convergence programme – ANMs

SUGGESTIONS

- NGOs should be engaged for the necessary follow up - DPO ICDS
- Disability certification process to be undertaken in all districts for all eligible girls to allow them to get the certificates and avail benefits and concessions under Kanyashree programme- DPO ICDS
- Non-Nutrition components of SABLA programme could be induced in the Kanyashree clubs - OC KP
- Intensive awareness campaign required on prevention of early marriage and continuation of girl's education – PRI

E. RECOMMENDATIONS AND WAY FORWARD

Stakeholder involvement

- Gram Panchayat members may be regularly involved, sensitized to ensure sustainability of the programme
- SABLA KP Convergence issues may be incorporated in the Gram Panchayat plan
- PRI members should be sensitized on SABLA KP convergence issues
- A standard protocol for discussions on convergence may be developed and followed by all stakeholders.

Nutrition provision

- THR should be supplied at regular interval in adequate quantity and quality should be ensured
- Food / refreshment may be given to the girls while they are attending various sessions at AWCs before or after school hours
- To improve the role of SHGs in the programme, DRDCs may be integrated for follow-up and monitoring. SHGs needs training to be efficiently involved in production of THR.
- A uniform policy for supply of raw material for THR should be adopted and implemented to ensure uninterrupted provision of THR to the eligible girls.
- Distribution of hot cooked meal engaging competent SHGs could be an alternative option
- Fund for logistics management was not adequate, revision in fund allocation may be required
- The THR production process should be organized, starting from selection of SHGs. Quality control mechanism to be ensured. Block level Marketing outlet facility could be created and given on rent to the SHGs. Handholding support to the SHGs and regular monitoring required

- Timely disbursement of payment should be inbuilt process to ensure continuation of the programme.
- Handholding support to the SHGs and monitoring to be done jointly through Block level NRLM stakeholders, CDPO. Industrial development Officer should be engaged in the process at the Block level

Iron and Folic Acid (IFA) supplementation

- Sub Centre may provide IFA in case of short supply in school / AWC
- Better coordination for indenting and prior planning for supply of IFA may be required
- Awareness generation regarding promotion of IFA consumption amongst girls
- Special Behaviour Change Communication may be attempted for the community/ areas who do not support IFA supplementation for girls
- Monitoring and reporting system should be streamlined

Nutrition & Health Education

- NHE sessions may be promoted among school going girls
- Own space and bigger space required for holding sessions.
- More issue specific awareness generation may be required
- Mothers' meetings may be used to conduct joint session for better dissemination

Health check-up and Referral services

- More health personnel required for conducting Kishori Diwas, but they cannot reach to all the girls as multiple Kishori Diwas are organised in many locations on a single day
- An audio-visual kit may be useful to maintain uniformity and quality of such sessions.
- Referral slips may be introduced in all locations as introduced in Alipurduar and Coochbehar to keep a track on status of girl referred for availing health check-up services
- Corporate houses could be requested for social marketing of sanitary napkins through their CSR activities
- More prophylaxis, Haemoglobin testing kits, sanitary napkins etc. may be provided to cater to large number of girls
- Disease profiling, mapping of adolescent health status may be done after holding Kishori Diwas for better planning

Counselling/Guidance on family welfare, ARSH, child care practices & home management

- More such sessions should be organised. The modules should be promoted further.
- The sessions may be reviewed and necessary actions to be taken to use the module for better dissemination.
- Frequent meetings should be conducted on ARSH and family planning issues.
- Community/ areas having restrictions/reservation in participation, should be identified and targeted behaviour change communication may be actively taken up in those areas to spread awareness and change in behaviour.
- Various innovative medium was initiated involving Adolescent girls to promote these activities; the Adolescent girls develop skits and perform. NGOs initiated such activities and the AWCs are continuing the programme with their own interest in many places. Such innovations can be replicated in other locations too.

Life Skill Education and Accessing Public Services

- More frequent visits for accessing public services may help more girls to participate
- Uniform strategy should be adopted for the visits. Institutional mechanism or guideline may be introduced.
- Adopt inter personal activities in all districts (viz. quiz, drawing competition) to motivate and ensure continued participation of girls.

Vocational training for girls aged 16 and above

- Area specific vocational training should be conducted to cater to local demand
- Trade selection should be done keeping in mind viability, fund availability and duration of the training
- Land based livelihoods and convergence with line departments and MGNREGS-IBS programme convergence may be promoted
- Paschim Banga Society for Skill Development should be approached for various skill trainings.
- Girls availing K2 scholarship from Kanyashree programme further needs to be trained on SHG formation procedure and other options for self and wage employment opportunities, while girls availing K1 scholarship should start savings using their existing Bank A/C.
- More vocational trainings and Career counselling required for K2 beneficiaries
- Residential trainings may be required. Block level Industrial Development Officers (IDOs) should be linked with the convergence programme to provide guidance on training; post trainings follow up, market linkages etc

Kanyashree Convergence

- NGOs should be engaged for the necessary follow up
- Disability certification process to be undertaken in all districts for all eligible girls to allow them to get the certificates and avail benefits and concessions under Kanyashree programme
- Non-Nutrition components of SABLA programme could be induced in the Kanyashree clubs
- Intensive awareness campaign required on prevention of early marriage and continuation of girl's education

CHAPTER 1. INTRODUCTION

1.1. SABLA SCHEME

The “SABLA” scheme was launched in 2010, as Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) by the Govt. of India. The Scheme was aimed at empowering adolescent girls in the age group of 11-18 years and was linked to the ICDS programme with the Anganwadi Centre (AWC) as the “focus-of-action”.

In West Bengal, the SABLA scheme was being implemented in seven districts viz. (i) Malda; (ii) Purulia; (iii) Nadia; (iv) Cooch Behar; (v) Jalpaiguri; (vi) Alipurduar; and (vii) Kolkata

The objective of the Scheme was to promote the self-development and empowerment of adolescent girls, using a two-pronged approach – **nutrition-focussed & non-nutrition focussed** - that would lead to an improvement in the girls nutrition and health status; promote awareness about health, hygiene & nutrition, including Adolescent Reproductive and Sexual Health (ARSH) and family and child care; upgrade their home-based skills, life skills and tie up with the National Skill Development Program (NSDP) for vocational skills; mainstream out-of-school adolescent girls into formal/non formal education; and provide information and guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.

MODALITIES FOR IMPLEMENTATION – as per guideline

Kishori Samooh (KS): A group of 15-25 Adolescent girls will be formed at the AWC. In case the number of Adolescent girls is more than 25, then additional Samoohs may be formed accordingly. KS will be headed by three girls called **Sakhi and Sahelis** selected from the group. **Sakhi** will be the leader, assisted by **two Sahelis**. Identified girls, Sakhi & Saheli, will be imparted training as per the prescribed module at the project /sector level to serve as peer monitor/educator for others. Sakhi and Sahelis will serve the group for one year (each girl will have a term of four months as Sakhi on rotation basis). The Adolescent girls may participate in day to day activities of AWC like Pre School Education, growth monitoring and SNP and facilitate the AWW in other activities. They may also accompany the AWW for home visits (2-3 girls at a time) which will serve as a training ground for future.

Training Kit: A training kit will be provided at every AWC to assist Adolescent girls to understand various health, nutrition, social, legal issues by conducting activities in an interesting and interactive manner. The kit will have a number of games and activities so that the girls enjoy while learning. The identified girls Sakhi & Saheli will be trained to use the kit for imparting peer education.

Kishori Diwas: A special day, once in three months, will be celebrated as Kishori Diwas when general health checkup of all adolescent girls will be done by Medical Officer/ANM. On that day, the Medical Officer/ANM will provide IFA and de-worming tablets to the girls requiring this. Supply of IFA tablets to each AWC will be ensured by the Child Development Project Officer (CDPOs)/Supervisors. Entries in health cards regarding consumption of IFA tablets will be made to ensure its consumption. Referrals would be made on this day, if required. Height and weight measurement of the girls will be done on this day. **Kishori cards** for every girl will be prepared and maintained, marking major milestones. Special activities/events may be planned on this day. The day can be utilized for imparting Information Education and Communication (IEC) to community/parents/siblings etc.

Health Cards: Adolescent health cards for all Adolescent girls will be maintained at AWC. Information about the weight, height, Body Mass Index (BMI), IFA supplementation, deworming, referral services and immunization etc. will be recorded on the card. The card will

be filled up by Sakhi and countersigned by the AWW. The card will also carry important milestones of Adolescent girl's life and the same will be marked as & when achieved.

1.2. KANYASHREE PRAKALPA

The Kanyashree Prakalpa (KP) – a Conditional Cash Transfer scheme was also being implemented by the Department of Women & Child Development and Social Welfare, (DWCD&SW) of the Govt. of West Bengal (GoWB) with the aim of improving the status and wellbeing of adolescent girls (13-18 years) in the State by incentivizing their education and thus delaying the age of marriage until they complete the age of 18 years. This Scheme was launched in October 2013.

The KP Scheme has two components and is applicable to all girls in the 13-19 years age group, subject to specified family annual income criteria (not more than Rs. 120,000/-):

- a) **Annual Scholarship (K1)**¹ of Rs. 750/- which is given to all unmarried girls in the 13-18 years age group who are enrolled in Class VIII-XII in government-recognised regular, or equivalent open school or vocational/technical training course;
- b) **One-time Grant (K2)** of Rs. 25,000/- which is given to girls who have completed 18 years of age (but are not yet 19) at the time of application and are enrolled in government recognized regular or open school/college or are enrolled in vocational/technical training or sports institutes.

Recognizing that the overall aims of SABLA (GoI-funded – 60:40) coincided with the objectives of the Kanyashree Prakalpa (GoWB-funded), and covered the same target group, the GoWB took a decision to integrate SABLA with Kanyashree Prakalpa, to achieve synergistic results. The **SABLA-Kanyashree Prakalpa Joint Convergence Programme** was launched in 2015-16 in West Bengal, in the seven SABLA districts, with the aim to address the empowerment of adolescent girls (11-18 years) in a holistic manner.

1.3. SABLA KANYASHREE CONVERGENCE PROGRAMME

The convergence programme extended both nutrition and non-nutrition services under SABLA to Kanyashree Prakalpa beneficiaries. The key services were Supplementary Nutrition, IFA supplementation, Health check-up and Referral Services, Nutrition and Health Education (NHE), Guidance on Family Welfare, ARSH, Child Care Practices and Home Management, Life Skills Education and Accessing Public Services, and Vocational Training.

This assumes significance as, although the schemes have different objectives and implementation methodologies, both work towards a common purpose and complement each other's strengths and services towards better outcomes for their target population, viz. improving the well-being of adolescent girls in the State. Moreover, while Kanyashree Prakalpa is a 'school-centric' scheme (the term "school" encompassing various forms of educational institutions), SABLA is a community-centric scheme.

In the programme design, the empowerment of the adolescent girls was envisaged as:

- Continued education of girls;
- Prevention of anaemia and malnutrition;

¹ Annual Scholarship is now increased to Rs.1000 as per West Bengal Budget 2018-19

- Prevention of early marriage and vulnerability to trafficking and other forms of abuse;
- Enhancing their empowerment through life-skills (decision-making abilities, self-esteem, knowledge/awareness of services/schemes/institutions, etc)
- Value enhancement of girls within the household and community;
- Livelihood enhancement through vocational skills, etc.

As per the **State Level Meet on SABLA & Kanyashree Prakalpa Convergence through Partnership held on the 8th June 2015** held at the Conference Hall of DCDWD & SW, Bikash Bhavan, Kolkata ***(A copy of the presentation and the minutes of the meeting are enclosed in Annexure for reference):***

The actions planned to address issues were

- Training needs of all the SABLA & Kanyashree beneficiaries will be assessed and conducted.
- Nutrition services will be provided to all the eligible Adolescent girls across.
- Monitoring and supervision all State, District, Block and AWC/community level will be strengthened with additional support from NGO Partners under SABLA.
- Adolescent Girls' training programme will be conducted for the KP beneficiaries at the school level also.
- Good practices for adolescent empowerment evolved from SABLA districts as showcased by the NGO partners to be scaled in all rural areas.
- Land based livelihood as one of the vocational training options to be extended to all the beneficiaries of these two schemes with support from Landesa – international NGO partner under SABLA.
- Success cases of this joint initiative will be published through Newsletter periodically.

Besides this the Implementation Strategies proposed to be adopted, GO-NGO Interface and Financial Provisions are detailed in the document enclosed.

Subsequently as per Memo dated- 15th June 2015, from Joint Secretary to the Government of West Bengal, Women & Child Development & Social Welfare Department, the Modalities of NGO/CBO Engagement under SABLA-Kanyashree Prakalpa Convergence Programme in the Districts of Purulia, Nadia, Malda, Jalpaiguri, Alipurduar and Coochbehar in West Bengal during FY 2015-16 was circulated to the districts.

Policy Planning & Evaluation Section of UNICEF West Bengal field office was also closely working with Department of Women & Child Development & Social Welfare (DCDWD & SW), GoWB and as part of its Rolling work plan for the year 2016-17, committed to strengthen governments capacity through quality research and analysis to ensure that existing policies and social protection programmes are inclusive and child sensitive, with emphasis on disadvantaged children.

1.4. RATIONALE OF THE STUDY

In this context UNICEF's technical support was requested by DCDWD & SW, GoWB to carry out a rapid efficacy assessment of the convergence programme between SABLA & Kanyashree Prakalpa in the select seven districts of West Bengal. The GoWB had expressed intention to continue the convergence programme and had decided to undertake efficacy assessment

which will further help strengthen its implementation and budget allocation in the near future.

Department of Women & Child Development and Social welfare GoWB was advised by the Department of Finance of GoWB to undertake efficacy assessment. The findings and recommendations of this assessment will be used by the GoWB to inform decision making, at the policy level to strengthen implementation, review resource allocations, so as to ensure that SABLA-KP contribution towards key outcomes can be achieved effectively. The specific objectives of the study are therefore to understand –

1. To what extent SABLA Kanyashree convergence program attained its objectives, and
2. To understand and document innovative practices and lessons stemming from the programme

CHAPTER 2. RESEARCH METHODOLOGY

iKOnet Research used both **Secondary Data Review** and **Primary Data Collection**, through quantitative and qualitative survey for primary data collection at household level and at the institutional level as described below. **In each of the six districts, 4 blocks were selected**, based on their performance in consultation with the district authorities.

Sl no	District	No. Block	No. Project Area	No. Unique Implementing NGO	Project Area/Block	Project Area/NGO	Block/Implementing NGO	No. of sample BLOCKS studied
1	Alipurduar	6	13	3	2.17	4.33	2.00	4
2	Cooch Behar	12	20	4	1.67	5.00	3.00	4
3	Jalpaiguri	7	14	2	2.00	7.00	3.50	4
4	Malda	15	25	7	1.67	3.57	2.14	4
5	Nadia	17	30	4	1.76	7.50	1.00	4
6	Purulia	20	22	12	1.10	1.83	1.67	4
	Total	78	124	32	1.59	3.88	1.73	24

The district wise distribution of blocks and project areas and implementing NGOs is presented below:

Sample Distribution

Category of Respondents	Blocks In Each District*				Sample/ district	Sample in 6 districts
	1	2	3	4		
Focused Group Discussion						
Out of School Adolescent Girls (11-18 Years)	1	1	1	1	4	24
School Going Adolescent Girls (11-18 Years)		1	1		2	12
15-18 Years Adolescents Girls who received vocational training	1	1		1	3	18
KP beneficiaries who received K-1 & K-2, in last 2 yr.	1		1	1	3	18
GP representatives		1			1	6
NGO Staff /Field Facilitators			1		1	6
Total	4	4	4	3	15	90
Key Informant Interview						
DM / ADMs (Gen)					1	6
District DSWO/ OC Kanyashree Prakalpa					1	6
District DPO (ICDS)					1	6
BDO / Dist. Social Welfare Officers					1	6
Block - CDPOs	1	1		1	3	18
Heads/Representative of NGOs					1	6
AWWs	1		1		2	12
ANMs		1		1	2	12
Anwesha Clinic Counsellors	1			1	2	12
Panchayat Pradhan		1	1		2	12
Women's SHGs	1				1	6
Total	3	3	2	3	16	102
Beneficiary Survey						
All Kanyashree Beneficiaries - Annual Scholarship (K1) & One-time Grant (K2)	30	30	30	30	120	720

CHAPTER 3. DISTRICT MPR DATA ANALYSIS

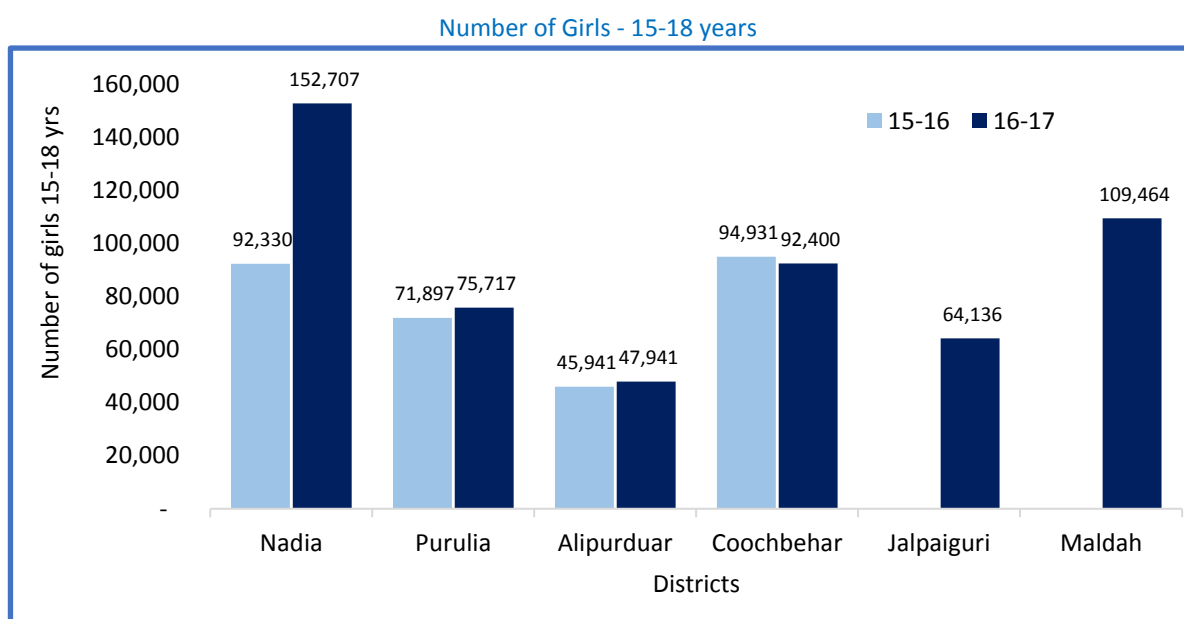
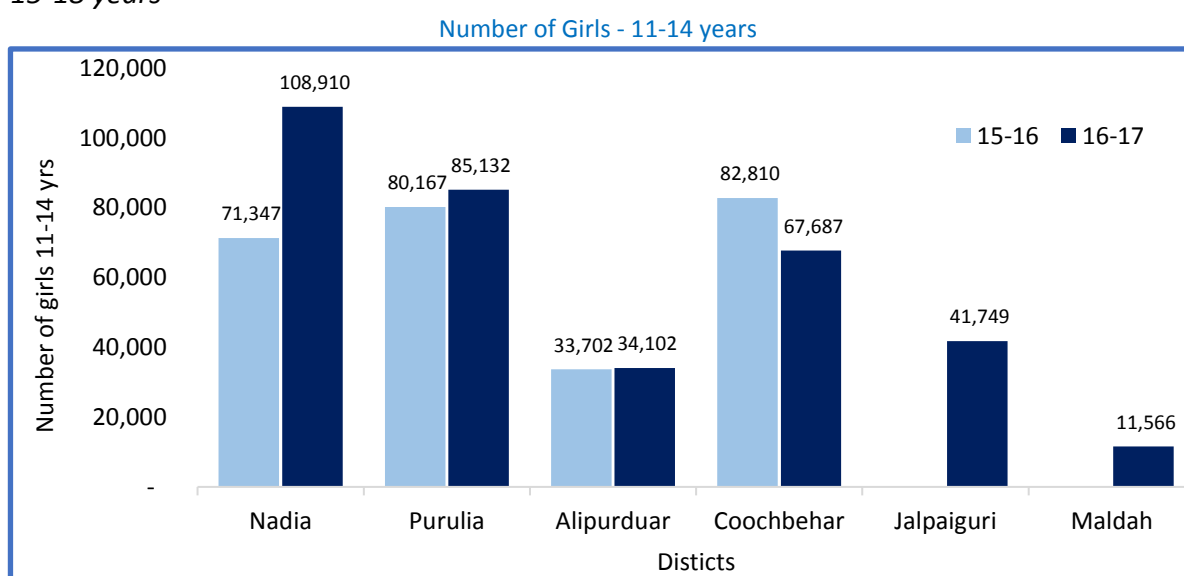
The following section details the data pertaining to the number of in-school Adolescent Girls identified in the annual baseline surveys and the district wise Monthly Progress Reports (MPR) data of Financial Year 15-16 and 16-17 on select performance indicators. These data were provided by the DPOs' Office for the purpose of the following analysis.

3.1. ADOLESCENT GIRLS IDENTIFIED

The following section presents the data by number of **Adolescent Girls - in-school** as per the annual baseline survey conducted in the districts.

3.1.1. Number of In-School Adolescent Girls Identified

Number of in-school Adolescent Girls identified as per baseline survey - 11-14 years & 15-18 years



For both the age categories, in all districts an **increasing the trend** in number of girls was observed, except in Coochbehar.

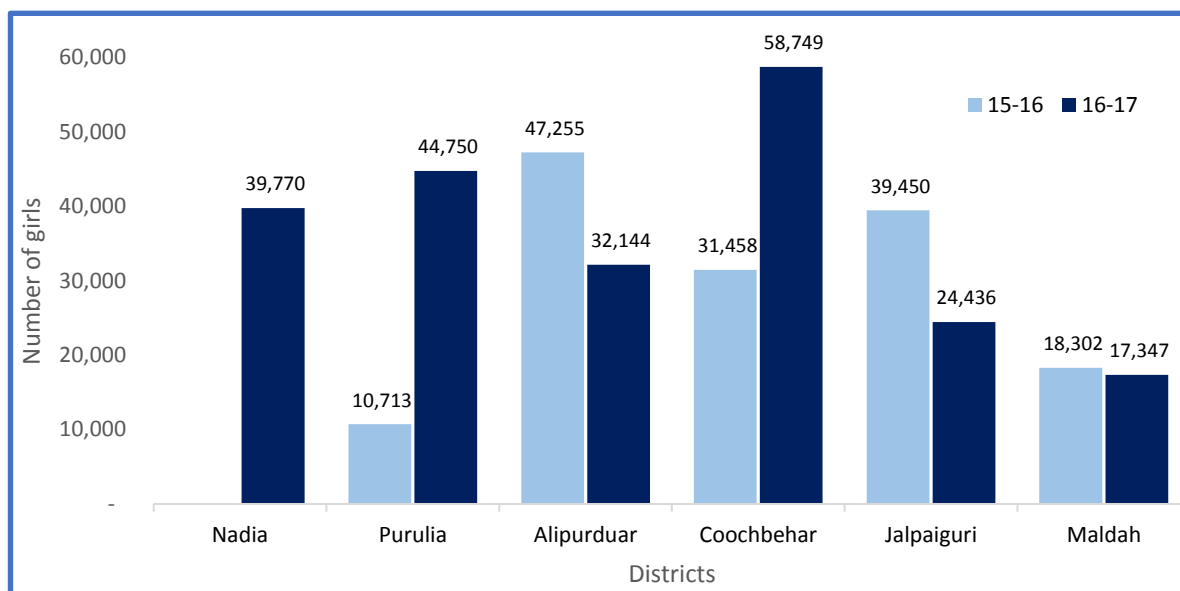
3.2. KEY INDICATORS (MPR)

This section presents the following Monthly Progress Reports (MPR) data of Financial Year 15-16 and 16-17 on select performance indicators. It may be noted that these girls who availed these services are part of the eligible girl population in the district identified during the baseline data presented above.

3.2.1. Nutrition Provision

District wise Coverage of School Girls under Take Home Ration

Data Source: District MPR

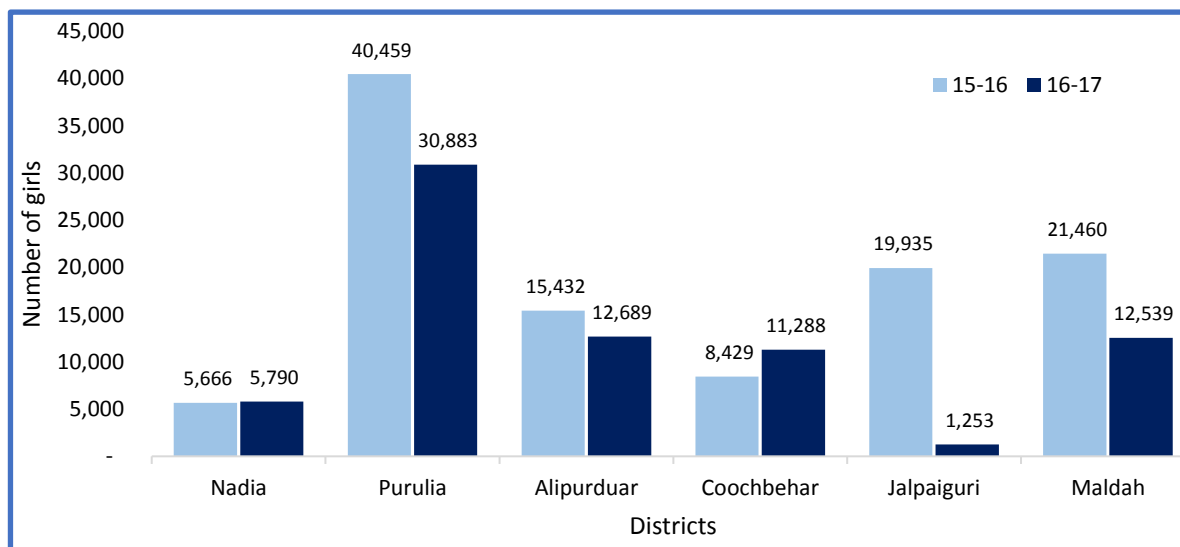


Coochbehar, Purulia and Nadia had reported an increase Coverage of School Girls under Take Home Ration over earlier year. In the rest of the districts there has been a decline in coverage.

3.2.2. Iron and Folic Acid Supplementation

District wise Coverage of Adolescent Girls under Iron Folic Acid supplementation

Data Source: District MPR



Purulia covered largest number of girls for Iron Folic Acid supplementation in 2015-2016, in 2016-2017 there was a decline but still by far the highest.

3.2.3. Health Check-Up and Referral Services

SABLA & Kishori Samooh

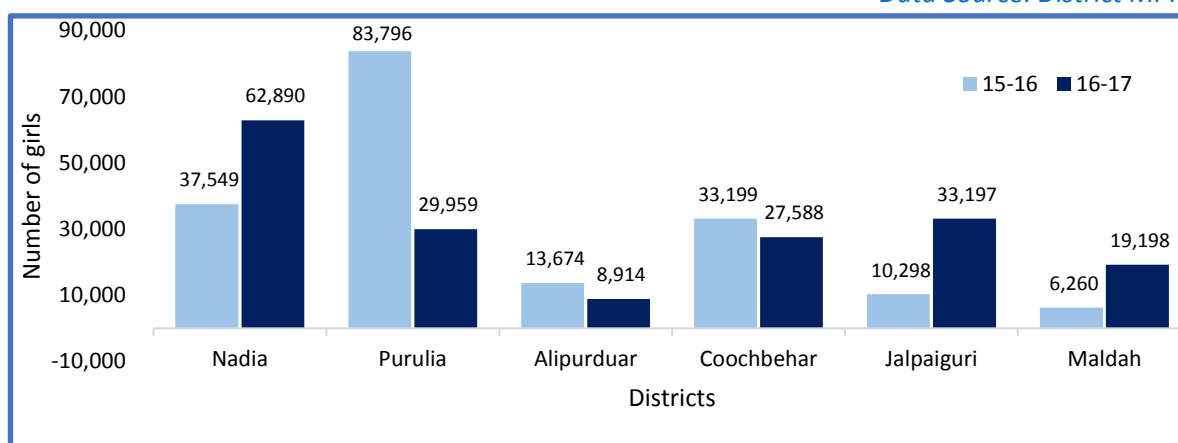
	Colour code row wise				High	Medium	Low
Financial Year 2015-16 & 2016-17	Nadia	Purulia	Alipurduar	Cooch Behar	Jalpaiguri	Maldah	
SABLA registers updated	6,618	4,845	3,155	3,919	3,098	5,573	
Kishori Samooh formed	6,620	4,845	3,080	3,980	NA	5,573	
Kishori Samooh meetings conducted	39,720	2,286	2,389	11,494	1,718	26,583	

Nadia and Malda performed better on all the three indicators as compared to the rest of the districts. Data for Kishori Samooh formed in Jalpaiguri was not available.

Kishori Diwas organised

District wise Number of Adolescent Girls attended Kishori Diwas organised

Data Source: District MPR

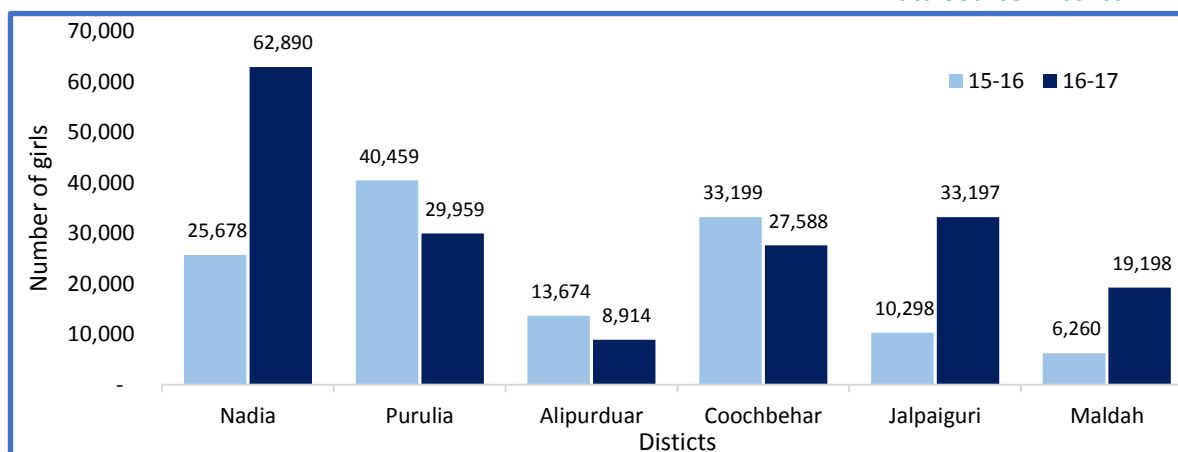


Nadia, Jalpaiguri and Malda has reported increase in adolescent girls attended Kishori Diwas organised over previous year. Purulia experienced a sharp decline.

Health Check-Up and Referral Services Provided

District wise Number of Adolescent Girls provided Health check-up and Referral services

Data Source: District MPR



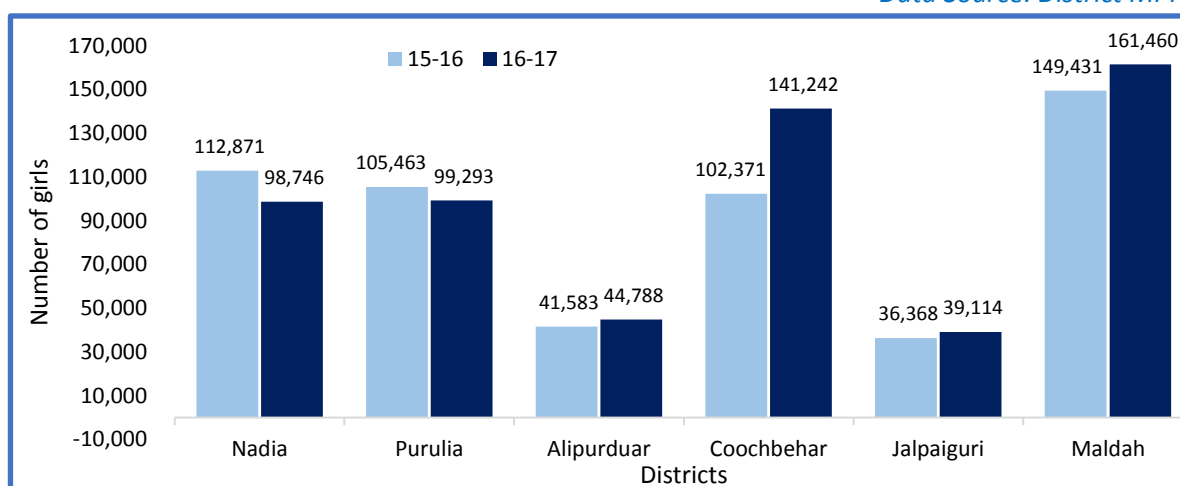
In the year 15-16, Purulia provided Health check-up and referral services to largest number of girls but in the year 16-17 Nadia improved their coverage from the previous year. Jalpaiguri and Malda too has reported increase in coverage over previous year.

3.2.4. Nutrition & Health Education & Counselling/Guidance on Family Welfare, ARSH, Child Care Practices and Home Management

Learning through Games for Girls sessions conducted

District wise Number of Adolescent Girls trained by Learning through Games for Girls
(used for Life Skill Education, Nutrition Health Education, Adolescent Reproductive Sexual Health Education)

Data Source: District MPR



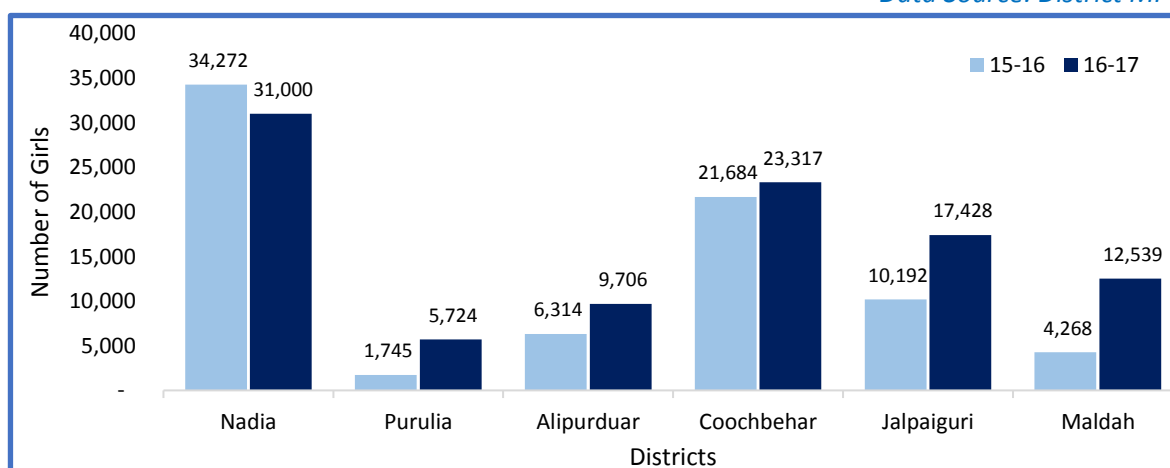
The Coverage of girls were very consistent in both the years for all districts. In the year 2016-2017 Coochbehar, Malda, Alipurduar and Jalpaiguri increased their coverage as compared to the earlier year.

3.2.5. Life Skill Education and Accessing Public Services

Exposure Visits - Adolescent Girls exposed to public services

District wise Exposure Visits – Number of Adolescent Girls exposed to public services

Data Source: District MPR



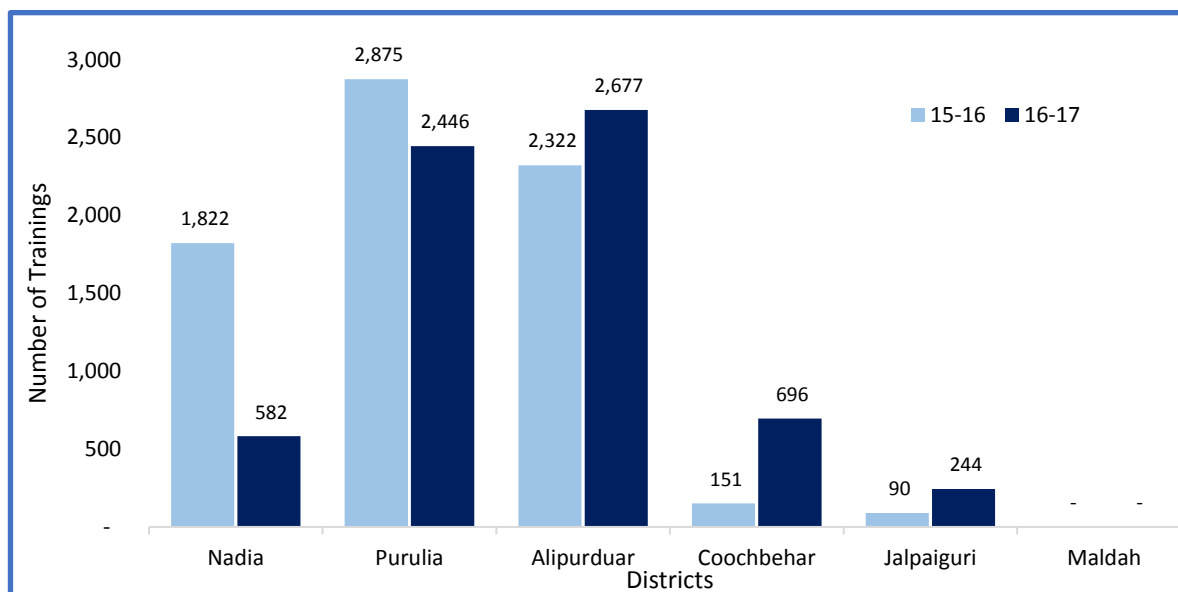
Nadia, followed by Cooch Behar reported an excellent coverage in terms of exposure visits organised. There was a substantial improvement but needs special attention in some districts.

3.2.6. Vocational Training

Vocational Trainings conducted on Non-Farm sector

District wise Number of Vocational Trainings conducted on Non-Farm sector

Data Source: District MPR

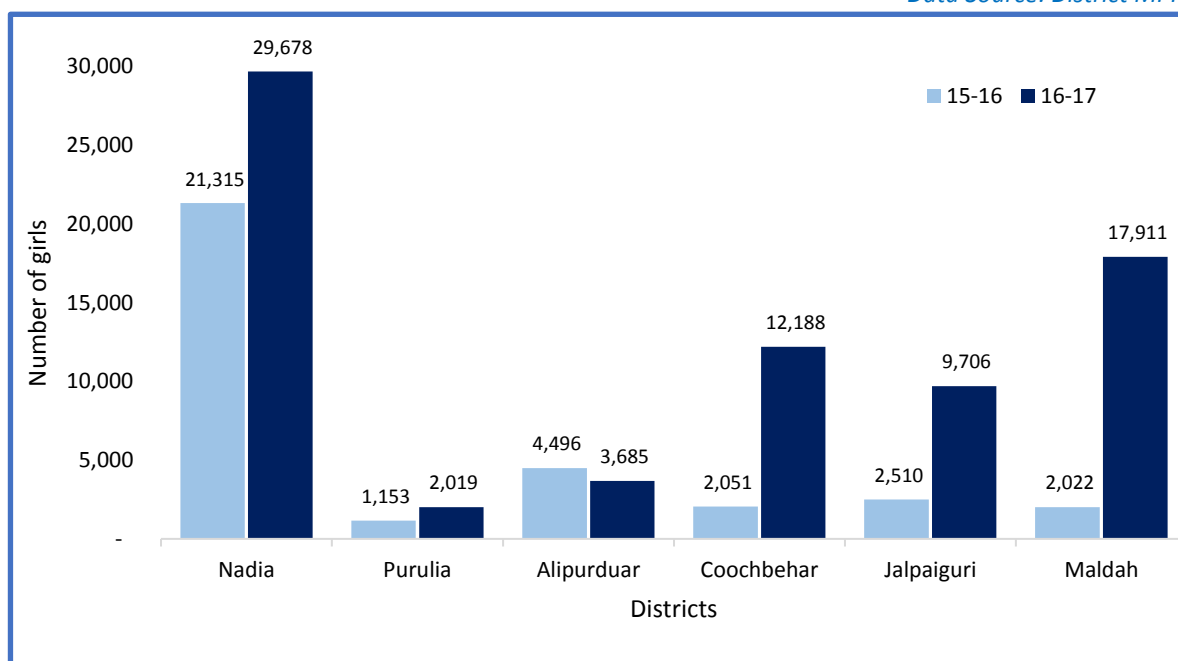


Purulia and Alipurduar trained large number of girls in both the years. In Cooch Behar and Jalpaiguri it shows an increase in number whereas Nadia reported a decline year 2016-2017. No such non-farm sector vocational training reported from Malda.

Training on Land Based Livelihood Skill development

District wise Number of Adolescent Girls Trained on Land Based Livelihood Skill development

Data Source: District MPR



Nadia consistently trained most number of girls on Land Based Livelihood Skill development in both years. Malda, Cooch Behar and Jalpaiguri indicates a good increase in training of the adolescent girls.

3.3. TRAINING OF SERVICE PROVIDERS

The following section details the trainings imparted to the service providers -

	Colour code row wise					
	High	Medium	Low			
<i>Trainings held during Financial Year 2015-16 and 2016-17</i>	<i>Nadia</i>	<i>Purulia</i>	<i>Alipurduar</i>	<i>Cooch Behar</i>	<i>Jalpaiguri</i>	<i>Malda</i>
Training to CDPOs	17	16	6	4	7	8
Training of Supervisors	83	67	53	80	60	101
Training of AWWs	5,971	4,523	3,047	2,702	3,098	5,573
Training on LGG -TOT for PCs & others	36	18	13	17	12	30
Training on LGG -TOT for MTs	575	437	383	363	428	500
Training on LGG -TOT for Field facilitators	52	49	25	35	23	83
Training on LGG -TOT for Supervisors	82	67	9	80		101
Training on LGG -TOT for AWWs	5,396	7,463	2,681	2,702	2,986	5,573

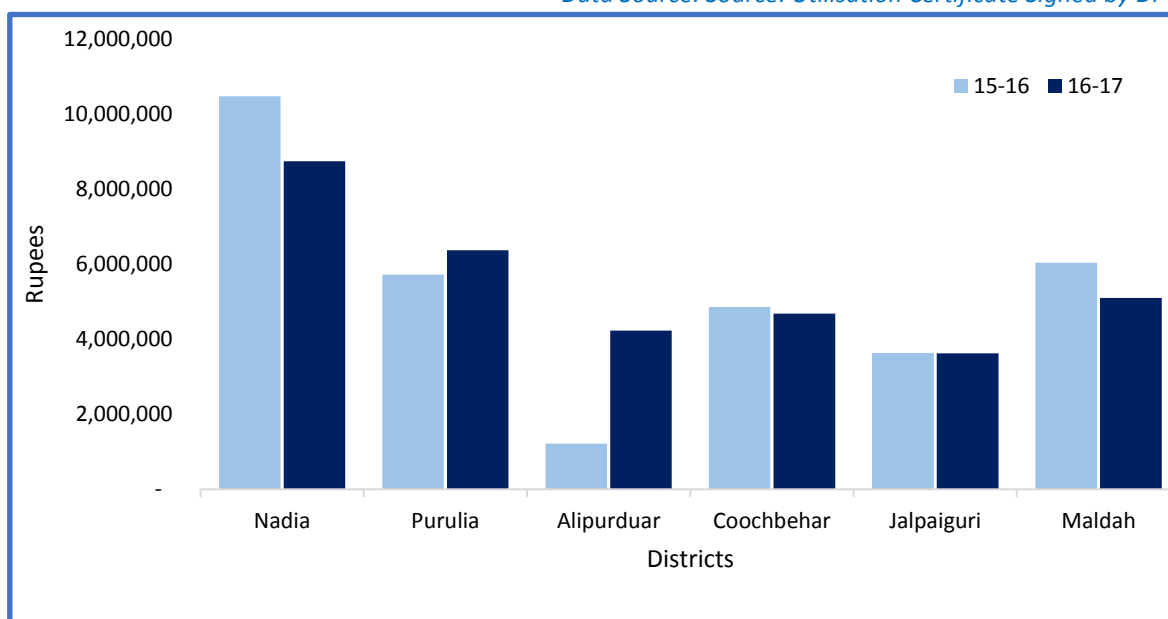
Nadia and Malda performed better with respect to the above capacity building initiatives as compared to the rest of the districts.

3.4. FUND DISBURSAL & UTILIZATION

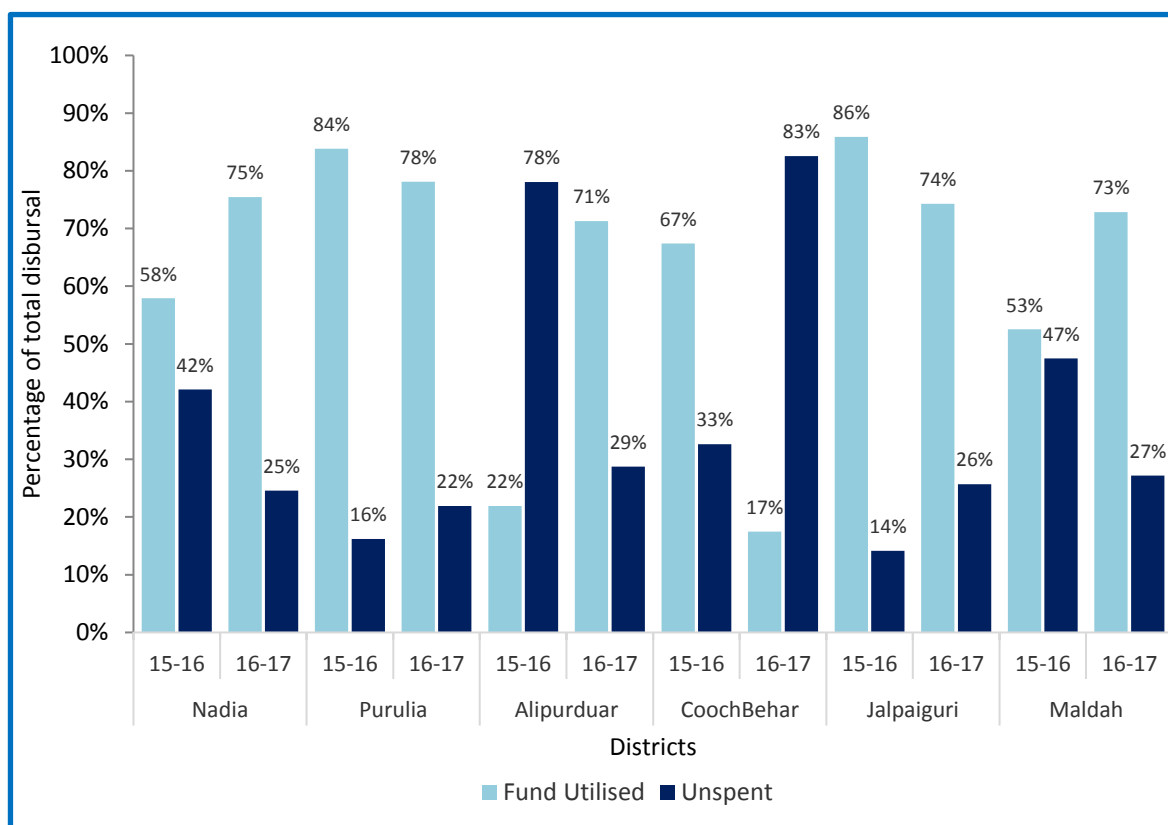
The following funds are the total disbursal which includes SABLA and KANYASHREE contingency and other charges for which the districts submit their utilization certificate.

District wise Fund Disbursal

Data Source: Source: Utilisation Certificate Signed by DPO



District wise Percentage of Fund Utilization & Unspent out of the total disbursal



FY 15-16 - In terms of total amount **Nadia** received and utilized maximum amounts, but as percentage of utilization **Jalpaiguri** was better, had only 14% unspent. Followed by **Purulia** with only 16% unspent.

FY 16-17 - As total amount this year too, **Nadia** received and utilized maximum amounts, but as percentage of utilization **Purulia** was better, 22% unspent, followed by **Nadia** (25%)

Trends Unspent fund - As percentage of unspent, **Nadia**, **Alipurduar** and **Malda** reduced the unspent percentage of FY 16-17 over last year FY 15-16.

CHAPTER 4. SABLA - BENEFICIARY SURVEY FINDINGS

The findings are presented as per the seven service components of the programme as detailed below. The following section enlists the survey findings of the adolescent girl beneficiaries surveyed for the SABLA and KANYASHREE programmes respectively.

4.1. SABLA PROGRAMME ACCEPTANCE BY COMMUNITY

4.1.1. Social Norms

In the six districts surveyed, the in-school adolescent girls opined that their families and community support them to continue and study further, to pursue higher education. It builds self-confidence and independence. Their families are very supportive of the services being provided and encourage their daughters to visit the Anganwadi Centres (AWC) to avail these services. Sometime family members do not allow them to visit AWC only if it is held during tuition classes or school.

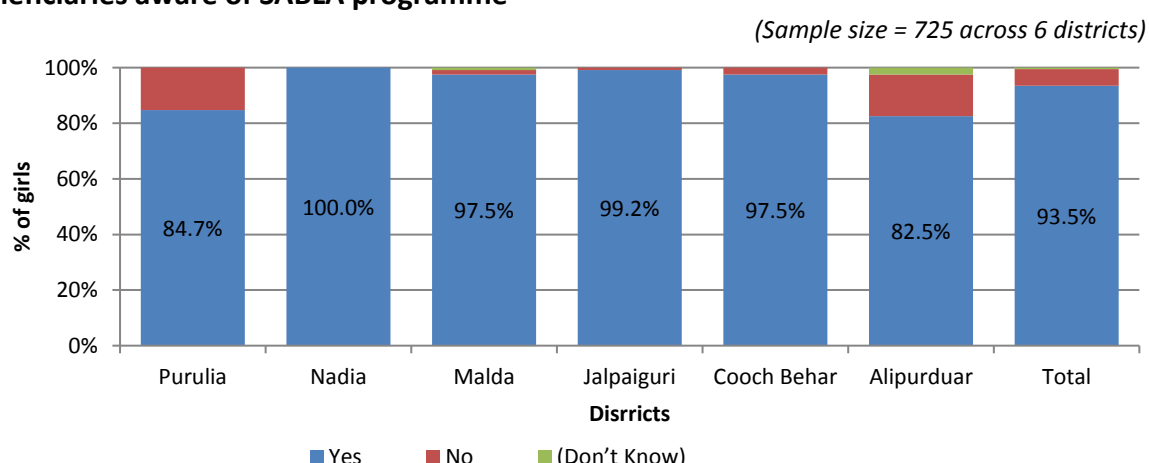
It was also observed from the response of the beneficiaries that many of their friends who were not enrolled to these services were willing to get officially registered to the programme.

Overall, it was observed that social restriction against female education has reduced over the time. Though, as per the prevailing norms parents take the lead role in decision of marriage and higher education, but the girls also share a space for such discussion within the family.

4.1.2. Awareness & Practice

Education - Education is very essential. They understand that without education they cannot move ahead in life, it opens new employment opportunities. Education helps in overcoming social conservatism and family confinement, and it keeps them updated and opens new livelihood opportunities. Women especially are empowered and ultimately have a better chance of prospering if they are given the opportunity to stay in school.

Beneficiaries aware of SABLA programme



At the overall level 94% of the Kanyashree beneficiary girls surveyed were found to be aware of SABLA programme

Child marriage - According to the adolescent girls in all districts education is a vital part of one's life which can stop child marriage. Regarding their future and marriage, their parents take the final decision in consultation with them. According to them, they can take decision

after attaining 18 years of age. It was found that the AWWs also visits to the houses of the beneficiaries for counselling. However, most of them have the right to have a say in the decision making regarding their future.

Family and community support - The family and community support them to continue education unless there is financial hardship in the family.

Service component wise recall - Out of all the seven services provided by SABLA, Nutrition component was the highest spontaneously recalled service by the respondents while all the other non-nutrition components could be recalled when prompted.

SABLA Benefits recalled by service components

	Colour code row wise						
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Total respondents	124	120	121	120	120	120	725
Nutrition provision	84%	78%	80%	97%	63%	59%	77%
Health check-up and Referral services	69%	86%	64%	58%	76%	63%	69%
Nutrition & Health Education	65%	89%	67%	53%	78%	60%	69%
Iron and Folic acid (IFA) supplementation	78%	62%	69%	75%	68%	29%	64%
Counselling/ Guidance on FW, ARSH, child care	33%	58%	69%	46%	68%	58%	55%
Life Skill Education and accessing public services	27%	48%	36%	33%	58%	45%	41%
Vocational training for girls aged 16 and above	18%	24%	11%	3%	17%	8%	13%
Don't Know	7%	1%	5%	1%	3%	9%	4%

Nutrition provision has the highest (77%) recall, Health check-up and Referral services and Nutrition & Health Education both at 69%. The Vocational training for girls aged 16 and above recalled by 13% of the girls.

4.1.3. Perceived Benefits

The families of the beneficiary girls support and encourage their daughters to visit the Anganwadi Centres (AWC) as they opined that SABLA was very helpful for the overall growth and wellbeing of their daughters. The girls observed that the take home ration, Iron and Folic acid (IFA) supplementation which is very essential as they can feel the difference after consumption.

Besides this, the health check-ups and guidance on family welfare, ARSH, child care practices are very important during their growing up phase. The nutrition and health education, visits for accessing public services are exposure which build their confidence. Vocational training was also considered to be very helpful. The girls have good opinion about the services being provided at AWCs. Their friends, not enrolled, were willing to get officially registered to the programmes.

The benefits received from SABLA programme in last two years

	Colour code column wise				High	Medium	Low
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Total respondents	124	120	121	120	120	120	725
Nutrition & Health Education	86%	93%	88%	81%	93%	72%	85%
Life Skill Education and accessing public services	83%	97%	86%	80%	88%	66%	83%
Counselling/ Guidance on FW, ARSH, child care	83%	98%	93%	78%	77%	67%	83%
Nutrition provision	82%	83%	84%	95%	68%	74%	81%
Health check-up and Referral services	81%	91%	75%	71%	87%	70%	79%
IFA supplementation	81%	52%	78%	67%	61%	22%	60%
Vocational training for girls	63%	69%	31%	20%	33%	9%	38%

Across all districts the highest percentages (green cells) are spread across the various service areas, but vocational training for girls seems to be the least received benefit as per the respondent girls.

4.1.4. Areas of Improvement

The suggestions for improvement are mostly related to better provision of THR, more training/counselling activities. They mentioned that the vocational training for all the beneficiaries in-school will be very helpful. Detailed areas of improvements are mentioned in the following sections.

4.2. NUTRITION PROVISION

4.2.1. Social Norms

The local community and the parents of the girls supports and encourages their visits to the centre. They are convinced that such nutrition pack or “*chhatu*” as it is referred and better known locally, was good for the adolescent girls.

4.2.2. Awareness & Practice

In general, the respondent girls like the taste of the Take Home Ration (THR). They feel it was good for their health. They mostly consume it along with their siblings and other family members though it meant to be consumed by the beneficiary girl only.

Of the 725 girls interviewed, 68.2% received THR at least once in the two years. Out of those girls who received the THR, 42% received it once in a week with 36% of them received one packet at a time. Only about 38% of the girls had the THR alone, rest shared it with her siblings.

Provision and consumption pattern of Take Home Ration

	Colour code row wise						
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Total respondents	123	120	121	120	120	120	724
Received Take Home Ration	34.1%	80.8%	61.2%	92.5%	65.0%	76.7%	68.2%
Of all who Received THR	43	97	74	111	78	92	495
Received weekly	41.9%	14.4%	66.2%	65.8%	29.5%	33.7%	42.0%
Number of packets received weekly							
Received 1 packet weekly	34.9%	5.2%	70.3%	61.3%	19.2%	26.1%	36.2%
Consumed the weekly THR packet							
By herself	48.8%	34.0%	43.2%	43.2%	26.9%	33.7%	37.6%
Shared with siblings	39.5%	66.0%	56.8%	53.2%	71.8%	58.7%	59.0%

4.2.3. Perceived Benefits

The girls acknowledged the benefits of supplementary nutrition as it helps them in staying healthy. On probing further, the girls suggested that the supply of supplementary food bridges their protein and energy gap between recommended dietary allowance and average intake. One of the girls said, "our parents must know about the government-provided supplementary food and we should get it regularly."

4.2.4. Areas of Improvement

The supply of THR in many areas was irregular or has even stopped, they want the supply of supplementary THR to restart at the earliest. There was some dissatisfaction with quality and taste of the THR. Sometimes it smells bad, no sugar is added and only contains wheat. They look forward to receiving regular, good quality supplementary nutrition.

Some suggested that as the quality of THR cannot be assured, it may be good if they had received rice, nuts and grams. Some opined that they could be given eggs and cakes.

4.3. IRON AND FOLIC ACID (IFA) SUPPLEMENTATION**4.3.1. Social Norms**

The community in general, supports this initiative, except in certain pockets where the community has some reservation regarding the consumption of these tablets. In a small area in Nadia it was observed that people in their community discourages them from taking these medicines as they believe that those will negatively affect the body. The girls consume "neem" and "kalmegh" leaves instead of these tablets.

4.3.2. Awareness & Practice

Most of the girls did not face any problem in consuming the IFA tablets which they received from school and sometimes from the ASHA. Most of them get one IFA tablet at a time, mostly on Mondays. They consume tablet after lunch in school or at home after having dinner before sleep.

IFA tablet consumption pattern

Colour code row wise High Medium Low

	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Total respondents	124	120	121	120	120	120	725
Have heard of Anaemia							
Have heard of	88.70%	97.50%	69.40%	69.20%	95.80%	79.20%	83.30%
IFA Tablets received from							
School	66.10%	90.00%	77.70%	79.20%	58.30%	90.80%	77.00%
Anganwadi centres	16.10%	3.30%	11.60%	6.70%	10.00%	2.50%	8.40%
Both from School & AWC	7.30%	5.80%	7.40%	12.50%	25.80%	6.70%	10.90%
Health Centre	9.70%		2.50%	1.70%	2.50%		2.80%
Number of IFA Tablets received at a time							
One Tablet	84.70%	32.50%	62.00%	66.70%	70.00%	71.70%	64.70%

	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Asked to consume the IFA tablet in their presence							
Supervised	51.60%	75.00%	80.20%	89.20%	92.50%	95.80%	80.60%
IFA tablet administered in-							
School	67.70%	87.50%	77.70%	88.30%	63.30%	94.20%	79.70%
Anganwadi centres	16.10%	5.00%	11.60%	3.30%	8.30%		7.40%
Both from School & AWC	6.50%	6.70%	9.10%	8.30%	22.50%	5.80%	9.80%
Health Centre	7.30%		1.70%		3.30%		2.10%
Frequently of consumption of IFA tablets							
Weekly	86.30%	84.20%	87.60%	97.50%	90.80%	97.50%	90.60%
As and when given	10.50%	14.20%	8.30%	0.80%	3.30%	1.70%	6.50%
Not consumed	3.20%	0.80%	4.10%	1.70%	4.20%	0.80%	2.50%

Of the 725 girls interviewed, over 83% had heard about Anaemia. About 77% of the girls received IFA Tablets from school. Nearly 65% received one IFA Tablets received at a time. About 81% consumed the tablet under supervision, 80% of the girls had it in school. About 96% had IFA tablets weekly and just about 2% did not consume.

Few girls complained about feeling dizzy after consuming the IFA tablets. Only a few mentioned during the discussion that they do not consume IFA tablets as after consuming those tablets they felt feeble and weak in the morning and the stool becomes black.

4.3.3. Perceived benefits

Most of the girls regularly consume IFA tablets, once in every week, which they receive from school / Anganwadi worker (AWW) and sometimes from the ASHA. They suggested that it reduces abdominal pain during menstruation. Some even suggested that they sleep well, feel healthy and look better after consumption of IFA tablets.

4.3.4. Areas of Improvement

The girls suggested that more awareness campaign of IFA and de-worming tablets may be required. Prior information should be given so that all of them make sure they attend school on the day of IFA administration and do not miss school on those days.

4.4. HEALTH CHECK-UP AND REFERRAL SERVICES

4.4.1. Social Norms

When the girls have any general health problems, they visit doctors, sub-centres, or discuss with AWW or ASHA. They mentioned that regular health check-ups are needed to stay fit and healthy.

4.4.2. Awareness & Practice

ANWESHA CLINIC

The girls visit the **ANWESHA CLINIC** for even for common ailments if it was near their residence. In the last 6 months whenever they visited those clinics, their weight / height /BMI was checked and updated. The girls mentioned that they get to know about menstrual problems, white discharge, lower abdominal pain, unwanted pregnancy and anaemia and get treated if required. Sometimes the girls also visit the Anwesha Clinic with common ailments like cold, cough and fever.

Few of them have visited the Anwesha clinic because they could openly discuss the problems with them which they could not share with anyone else within the village.

In Alipurduar and Coochbehar, CINI has initiated a system of providing referral slips are provided to keep a track of girls visiting ANWESHA Clinic.

KISHORI DIWAS

Health check-ups are done during **KISHORI DIWAS**. In some locations weight / height /BMI of the girls are checked and **KISHORI CARD** was updated. Apart from Kishori Diwas, girls also participate in the **Village Health and Nutrition Day (VHND)**.

Kishori Diwas activities

	Colour code row wise					High	Medium	Low
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total	
Total respondents	124	120	121	120	120	120	725	
Frequency of Kishori Diwas organized in locality								
Once in three months	81.5%	83.3%	62.0%	75.0%	75.8%	51.7%	71.6%	
Attended Kishori Diwas								
Attended	73.4%	80.0%	70.2%	73.3%	70.8%	40.8%	68.1%	
Activities held on Kishori Diwas								
General health check	91.4%	93.8%	92.0%	90.9%	59.1%	80.0%	84.8%	
IFA and de- worming tablets	80.6%	70.8%	51.7%	64.8%	31.2%	52.0%	59.2%	
Updating Kishori cards	67.7%	66.7%	54.0%	44.3%	57.0%	22.0%	54.6%	

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Referrals if required	48.4%	41.7%	24.1%	13.6%	31.2%	28.0%	31.8%
Height and weight measurement	57.0%	76.0%	73.6%	72.7%	82.8%	76.0%	72.8%
Planning for special activities/events	18.3%	11.5%	4.6%		9.7%	16.0%	9.7%
Imparting Information Education and Communication (IEC)	5.4%	2.1%			5.4%		2.4%
Kishori Card updated on a regular basis							
Updated regularly	48.4%	64.2%	43.0%	45.0%	65.8%	6.7%	45.5%

Of the 725 girls interviewed, more than 71% of the girls confirmed that the Kishori Diwas was organized in locality once in three months, over 68% of them attended. Nearly 85% of girls recalled that general health check was conducted during those days, 72% of them mentioned that height and weight measurements were recorded, nearly 55% of the girls mentioned that Kishori cards were updated. Around 45% reported that the cards were updated regularly.

4.4.3. Perceived benefits

KISHORI DIWAS is organised once in every three months in most localities. Girls also participate in the **VHNDs**. There has been positive change in their daily life after attending such services.

4.4.4. Areas of Improvement

The girls want further improvement of these services. They have observed changes in their daily life after attending such sessions. Girls want that services should be improved and more frequently health check-up should be arranged.

In many locations the Kishori Cards are not updated. They requested for provision for better quality cards which could last longer.

Some mentioned the quality of the sanitary napkins provided at the Anwesha clinic was not good.

All of them wanted improved and more frequent health check-up to be arranged.

4.5. NUTRITION & HEALTH EDUCATION

4.5.1. Social Norms

The girls mentioned that their diet included green vegetables, rice, pulses, eggs, chicken and fish. Most of them considered regular exercise and playing different types of games and sports are healthy habits.

4.5.2. Awareness & Practice

Girls participated in programmes organized by AWCs on health issues such as nutrition related issues, healthy cooking and eating habits, safe drinking water, balanced diet, locally available nutritious food, nutrition deficient disorders and its prevention, nutrition during pregnancy

and infancy, infant and young child feeding (IYCF), personal hygiene, sanitation, hand wash etc. They also practice the dietary recommendations suggested during the training programmes and help others in the community such as their friends in nutrition related issues. Girls in all the districts knew and understood balanced diet and the importance of maintaining a balanced diet.

AWWs conduct sessions with some new innovations using **Learning Games for Girls (LGG)** methods or through “**Pusti Pataka**”, Diet Chart preparation session etc. The girls have helped others in adopting healthy diet for their peer and the community.

All the FGD group members in Purulia districts opined that they are advised by the AWWs to maintain cleanliness and are given advice on how to stay healthy using new learning techniques, games and quiz.

4.5.3. Perceived Benefits

In the ICDS programme, Nutrition & Health Education was a very popular approach, which was handled by AWWs for years. In the SABLA KANYASHREE convergence programme, NHE sessions are conducted using learning through Game (LGG) based methods and NGO personnel along with AWWs hold such sessions. Topics discussed on hand washing, use of safe drinking water, ORS promotion, diarrhoea management, early referral on onset of diarrhoeal diseases to the PHC, Anaemia control, consumption of iron rich food, Calcium intake etc.

Adolescent girls from all the categories in all districts consider that these programmes address major challenges they face in terms of health issues. Their view on the component of the programme related to health education was positive. They consider that by taking care of their health they can stay fit and energetic. According to them regular workshops should be conducted to sensitize them about the importance of nutrition related issues and practices.

NHE sessions conducted using Learning Games for Girls (LGG)

	Colour code row wise				High	Medium	Low
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Total respondents	124	120	121	120	120	120	725
Attended the Learning LGG sessions							
Attended	75.8%	85.0%	73.6%	65.0%	81.7%	74.2%	75.9%
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Sessions of LGG held on							
Life Skill Education	57.9%	74.0%	64.6%	63.4%	79.6%	84.5%	70.6%
Nutrition and Health Education	86.0%	98.1%	80.5%	83.9%	88.9%	91.8%	88.1%
Adolescent Reproductive & Sexual Health	49.5%	70.2%	78.8%	61.3%	59.3%	71.1%	65.1%
Opinion about the LGG sessions attended							
Very useful	98.0%	100.0%	99.0%	98.8%	100.0%	100.0%	99.3%
LGG sessions need to be conducted for other adolescent girls who are not part of the convergence programme							
LGG sessions useful for other adolescent girls	92.7%	93.3%	95.9%	91.7%	100.0%	99.2%	95.4%

Of the 725 girls surveyed, 76% attended LGG session. Over 88% recalled session on Nutrition and Health Education was held, besides Life Skill Education (71%) and Adolescent Reproductive & Sexual Health (65%). Nearly all of them found it very useful and felt others should also attend.

4.5.4. Areas of Improvement

Most of the adolescent girls from all the districts suggested that more girls should be encouraged to participate in these programmes and higher involvement of AWWs by way of door to door visits to sensitize the girls about their health may be solicited. They should be made to understand the benefits of these programmes and through proper trainings, workshops and advocacy the participation of adolescent girls can be increased with time.

One of the girls was quoted saying, “through these programmes we get to know and learn about our health and it helps us to lead a healthy life.”

4.6. COUNSELLING/GUIDANCE ON FAMILY WELFARE, ARSH, CHILD CARE PRACTICES AND HOME MANAGEMENT

4.6.1. Social Norms

Traditional methods of sharing information on Family Welfare, ARSH, Child Care Practices and Home management is usually done by the AWWs. The family and community encourage them to attend these training sessions.

4.6.2. Awareness & Practice

Most girls opined that the LGG sessions regarding family welfare, ARSH, child care practices and home management are very important. The girls who attended such sessions opined that the trainers are good.

Girls are aware of disposal of sanitary napkins. They cannot always procure those from ANWESHA clinic if it was far from their residence. Those who use sanitary napkin, procure the same from the local shop and few also collect those from the health centre. There is relatively less acceptance of locally made sanitary napkins among girls.

Girls are aware of exclusive breast feeding of infants till 6 months. After attending these sessions, they have learnt that the child should be kept clean, hands should be washed before feeding the child which reduces some risk of transmission of diseases and increasing hygiene in other ways also reduces risk of infection and cooked food should be kept covered.

4.6.3. Perceived Benefits

They mentioned that a girl should be able to exercise her Sexual and Reproductive Rights and be aware of the different birth control measures.

One of the girls quoted saying, “after attending these sessions I have come to know about menstruation hygiene, usage and maintaining hygiene of pad or cloths, disposal period of it and process, process of birth control, exclusive breastfeeding, and now I know that I can procure sanitary napkins from Anwasha clinic and in case of emergency my school supply it.”

Awareness regarding ARSH sessions

	Colour code row wise					High	Medium	Low
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total	
Total respondents	124	120	121	120	120	120	725	
Aware of ARSH sessions arranged at AWCs								
Aware	88.9%	99.2%	92.6%	78.7%	91.7%	74.3%	90.9%	
Attended ARSH sessions								
Attended	92.0%	94.1%	94.7%	89.8%	79.6%	84.5%	82.6%	
Opinion about the ARSH sessions attended (of all attended)	112	119	114	98	113	103	659	
Very useful	96.4%	100.0%	100.0%	100.0%	99.1%	99.0%	99.1%	
Visited ANWESHA Clinic								
Yes	37.1%	40.8%	40.5%	19.2%	35.0%	7.5%	30.1%	

Nearly 91% of the 725 girls interviewed were aware of ARSH sessions arranged at AWCs, 83% of them attended the sessions. Out of those attended, all mentioned that the sessions were useful and 30% visit an Anwesha Clinic.

4.6.4. Areas of Improvement

The girls stated that they are more comfortable to discuss the issues with NGO stakeholders and resource persons who is younger such as Sakhis or Sahelis than the AWWs as she is most often their senior living nearby.

Most of the girls wished that the Anwesha Clinic should be located close to their locality so that they could easily have access to sanitary napkin and seek health check-up when needed. They were also of the opinion that there was less acceptance of locally made sanitary napkins. Social marketing of sanitary napkin was suggested by many district level stakeholders. According to them, corporates through their CSR activity should be engaged for conducting adolescent health check-up and free sanitary napkins should be provided to them from the AWC.

4.7. LIFE SKILL EDUCATION AND ACCESSING PUBLIC SERVICES**4.7.1. Social Norms**

There were no reservations of the community on them attending such sessions and can discuss freely about many issues now.

The adolescent girls mentioned that they have access to public facilities like health centres, banks and post offices with their family members. When probed further about the conception and attitude of the community towards right of women, they opined that men enjoy more rights and freedom in their area.

4.7.2. Awareness & Practice

Most of them opined that Land related awareness and equal rights to parents' property was most important as it provides a sense of assurance and security. The girls are aware that they use the land for farming and by selling their produce they earn money. They also use part of their produce for household consumption.

Attendance in Life Skills Education sessions

	Colour code row wise				High	Medium	Low
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Total respondents	124	120	121	120	120	120	725
Attended Life Skills Education sessions							
Attended	84.9%	90.2%	91.8%	82.4%	94.5%	81.7%	87.7%
Opinion about the Life Skills Education sessions attended							
Very important	91.5%	99.1%	96.4%	91.2%	100.0%	88.5%	94.6%

Out of the 725 interviewed, 88% girls attended the Life Skills Education sessions and 95% found it to be very important.

Kishori Samooh, the peer group informal organisation formed in all the AWCs by the AWWs. **Sakhi and Sahelis** identified as peer group representatives for advocacy and training of such girls also conducted in most of the districts.

Kishori Diwas was organised quarterly and **Kishori Samooh** meetings conducted monthly/ fortnightly in all the districts. Health functionaries' including BMOH, ASHA, 2nd ANM extend cooperation to conduct such sessions, health check-up, BMI recorded, and identification of Anaemia was conducted after symptomatic diagnosis. The girls also attend the VHNDs conducted every week. The 4th Saturday meeting was organised at GP level on a regular basis and all issues are discussed in presence of ICDS and Health stakeholders to promote adolescent health.

Adolescent girls of all districts opined that **Sakhis and Sahelis** were accepted in the community to work as peer educator. Many of the girls across the six districts opined that the Sakhis and Sahelis along with the AWW trains them in improving their nutritional and health status, guides them on life skills and also provides them vocational training and helps them to upgrade their home skills.

Kishori Samooh were formed by SABLA and are active in many areas. These groups are also used to form Kanyashree Sangha / Clubs under KANYASHREE, which are very active in preventing under age marriage, trafficking, main streaming of school dropouts or helping girls to approach AWC or facilitating NGOs for enrolment or other support.

4.7.3. Perceived Benefits

The life skill education sessions have helped them develop problem solving abilities, to think critically, to communicate efficiently, acquiring skills, coping with stress and to develop leadership skills. They have also learnt about the details of basic utility services like water, sanitation and electricity and their entitlement to cast vote on reaching 18 years of age.

Kishori Samooh and functions of Sakhi & Sahelis

	Colour code row wise				High	Medium	Low
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Total respondents	124	120	121	120	120	120	725
Attend meetings of Kishori Samooh							
Attended	65.3%	78.3%	61.2%	65.0%	70.8%	29.2%	61.7%
Whether Sakhi and Saheli functional in Kishori Samooh							
Functional	46.8%	77.5%	57.0%	45.8%	65.8%	21.7%	52.4%

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Role of Sakhi							
Motivate girls to join SABLA	42.7%	60.0%	33.1%	27.5%	51.7%	12.5%	37.9%
Helping AWC worker	41.9%	60.0%	38.0%	30.8%	62.5%	15.0%	41.4%
Maintaining register	39.5%	34.2%	15.7%	22.5%	20.8%	4.2%	22.9%
Motivate to fill up Kishori Card	40.3%	34.2%	8.3%	15.0%	16.7%	2.5%	19.6%
Assist distribution of THR	16.1%	15.0%	19.0%	14.2%	5.0%	3.3%	12.1%
Taking active part in Kishori Samooh	12.9%	17.5%	10.7%	5.8%	6.7%		9.0%
Don't Know	52.4%	35.8%	47.9%	57.5%	36.7%	84.2%	52.4%
Role of Saheli							
Motivate girls to join SABLA	43.5%	57.5%	30.6%	25.8%	55.8%	12.5%	37.7%
Helping AWC worker	40.3%	55.8%	33.1%	31.7%	60.0%	15.0%	39.3%
Maintaining register	36.3%	30.0%	17.4%	22.5%	21.7%	4.2%	22.1%
Motivate to fill up Kishori Card	37.9%	30.8%	10.7%	7.5%	15.0%	2.5%	17.5%
Assist distribution of THR	13.7%	15.8%	20.7%	21.7%	4.2%	4.2%	13.4%
Taking active part in Kishori Samooh	11.3%	15.8%	11.6%	7.5%	6.7%	1.7%	9.1%
Don't Know	53.2%	36.7%	48.8%	57.5%	36.7%	84.2%	52.8%

Of the 725 girls surveyed, 62% of the girls attend meetings of Kishori Samooh and 52% mentioned that Sakhi and Saheli were functional in Kishori Samooh. As per the review of the roles of Sakhis' and Sahelis', there was clearly not much of difference in their roles as can be seen in the above table.

4.7.4. Areas of Improvement

According to the in-school girls life skill education promotes mental well-being in young people and equips them to face the realities of life. By supporting mental well-being and behavioural preparedness, life skill education would equip them to behave in a pro-social way and will additionally help them in healthy living. They further stated that they should be provided training through developed training modules, games, brain storming methods, working in small groups and role plays to discuss and practice the skills. After training, they should be instructed to practice the life skill in real life situations.

They mentioned Sakhis and Sahelis have made positive changes in the life of adolescent girls in their localities. For the sustenance of the programme the role of Sakhis and Sahelis are crucial and needs more encouragement.

4.8. VOCATIONAL TRAINING

4.8.1. Social Norms

The community and the families support their girls to take up vocational trainings, as long as those are held within the villages. As the some of the girls have problems in leaving their girls

alone to attend those training on multiple days. Most of the times a male member of the family accompanies them if the training was held outside the village.

4.8.2. Awareness & Practice

Land based Livelihoods (LBL) trainings are conducted for the adolescent girls by pooling in district level resources and convergence with line departments, i.e. Agriculture, Horticulture, Animal Husbandry, MGNREGS etc. Besides LBL girls aged 16-18 years are imparted trainings on Beautician, tailoring, soft-toy making, handloom etc.

In Coochbehar, integration with IBS component of the **Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)** with vocational trainings of the programme has encouraged to a large extent. The K2 beneficiary girls got assistance in Nursery management, vegetable gardening, betel nut, coconut tree plantation, Mushroom cultivation, Kitchen gardening etc.

In Purulia, the DPO mentioned that “the chicks are now laying eggs”. The OC ICDS, Alipurduar mentioned that In Alipurduar in association with State level premiere private institutes training and orientation on public sector jobs are also organised.

Training on computer basics are also organised at a subsidised rate in the existing private training institutions. In Coochbehar too, the convergence with MGNREGS adopted. Animal Husbandry department provided Chicks and shed constructed under MGNREGS programme, Mushroom sheds are constructed in two Blocks of the districts to ensure quality spawn production.

Rights on inherited land and girls’ equal rights on parent’s property

	Colour code row wise				High	Medium	Low
	Purulia	Nadia	Malda	Jalpaiguri	Cooch Behar	Alipurduar	Total
Count	124	120	121	120	120	120	725
Importance of land for the family							
Very important	97.6%	98.3%	95.9%	93.3%	99.2%	99.2%	97.2%
Awareness regarding existence of Land & Land Reforms Offices							
Aware	90.3%	91.7%	78.5%	62.5%	70.0%	70.0%	77.2%
Awareness regarding rights on the inherited land							
Aware	97.6%	95.8%	93.4%	91.7%	93.3%	98.3%	95.0%
Awareness regarding girls’ equal rights on parent’s property							
Aware	98.4%	100.0%	99.2%	100.0%	92.5%	97.5%	97.9%
Receive any training on Land based Livelihoods							
Yes	4.0%	32.5%	12.4%	5.0%	10.8%	7.5%	12.0%
LBL trainings attended							
Poultry	20.0%	12.8%			21.4%		10.2%
Kitchen garden	60.0%	41.0%	60.0%	66.7%	57.1%	88.9%	54.5%
Goat rearing		7.7%	26.7%		14.3%		10.2%
Mushroom		2.6%	6.7%	50.0%	42.9%	77.8%	20.5%
Grafting of plants	20.0%	17.9%			28.6%		13.6%
Vermi-composting		2.6%			7.1%		2.3%
Sapling rearing	60.0%	69.2%	40.0%	16.7%	28.6%		46.6%
Whether the trainings were useful							
Very effective	100.0%	94.9%	60.0%	100.0%	85.7%	100.0%	88.6%

Over 97% of the 725 girls interviewed, land was very important for their family. Awareness regarding existence of Land & Land Reforms Offices was 77%, and awareness regarding rights on the inheritance of land was 95%. Over 98% of the girls were awareness regarding girls' equal rights on parent's property. Only 12% received any training on Land based Livelihoods.

4.8.3. Perceived Benefits

They believe that such trainings are the most empowering activity for their future. Every girl must attend Land based Livelihoods (LBL) trainings be aware of her rights on the land and at the same time be trained on land-based livelihoods. They mentioned after training they would be able take up related activities within the village.

4.8.4. Areas of Improvement

Many girls were trained in vocational trades. They want those session to be of longer duration and more frequently held as nearly all respondents wanted to attend training as could fetch them meaningful earning options in future.

They also sought for post training support of marketing assistance. Only 12% girls have formed any group. Just about 6% girls are part of any Village Committees or Girls' group. The girls must be encouraged to participate the local institutions.

CHAPTER 5. KANYASHREE - BENEFICIARY SURVEY FINDINGS

The following section enlists the survey findings of the school going adolescent girls received benefits of Kanyashree Prakalpa. In the Kanyashree programme design, the empowerment of the adolescent girls was envisaged as

1. Continued education of girls;
2. Prevention of anaemia and malnutrition;
3. Prevention of early marriage and vulnerability to trafficking and other forms of abuse;
4. Enhancing their empowerment through life-skills (decision-making abilities, self-esteem, knowledge/awareness of services/schemes/institutions, etc)
5. Value enhancement of girls within the household and community;
6. Livelihood enhancement through vocational skills, etc.

Key programme component wise review of Kanyashree girls participated in the study is detailed below:

5.1. CONTINUED EDUCATION OF GIRLS

5.1.1. Social Norms

In the six study districts, the community wants their girl children to study further so that they can stand on their own feet. They believed this scheme helps in the continuation of education of the girl child in Secondary and Higher Secondary classes. The girls are also encouraged to study further.

The study pointed out that participation of adolescent in school girls in the SABLA-KANYASREE convergence programme in all the districts has had positive effects in the community.

5.1.2. Awareness & Practice

In school adolescent girls were aware about the benefits of the convergence programme. When asked about the benefits, among others they collectively indicated that Kanyashree programme has helped them in pursuing further education.

In-school adolescent girls opined that women feel more empowered and ultimately have a better chance at thriving if they are given the opportunity to stay in school. They feel education is very essential and understands that without education they cannot move ahead in life, it will open new employment opportunities.

5.1.3. Perceived Benefits

Girls feel that Kanyashree acts as an enabling factor for continuing education for adolescent girls

Most of the adolescent girls felt education is an important part of one's life. One adolescent girl felt, *“any girl feels especially empowered and have a better chance prospering if they are given an opportunity to stay in school.”* Another girl opined - *“Education will open new employment opportunities.”*

According to one girl, direct transfer of money in their account is very helpful – *“not only in accessing money but also in knowing the bank as an institution, how it works and where to go and whom to approach for the official works”.*

Another school girls felt *“direct transfer of money is really helpful in not only in accessing money but also in knowing the bank as an institution, how it works and where to go and whom to approach for the official works”*.

In their opinion, this scheme has motivated adolescent girls to continue higher education. In addition, they can contribute to their family by paying for their tuition fees on their own and can support their other small expenditures. They feel empowered and confident about themselves, and families also have no objection in their future education and employment.

Parents are supporting girl's education or joining vocational courses for future employment opportunities. The Kanyashree scholarship amount has enhanced their scope for higher education.

An in-school adolescent girl summed up saying that they get grist under SABLA scheme and scholarship money under KANYASHREE scheme. They feel that this convergence has helped them in pursuing further education, avoiding early marriage and improving their overall health.

Another Kanyashree beneficiary girl felt *“Education helps in overcoming social conservatism and family confinement. It keeps us updated and opens new livelihood opportunities.”*

5.1.4. Areas of Improvement

Girls expressed that they should get intimation from bank when the scholarship credited to their account and all the school going girls should get these services.

5.2. PREVENTION OF ANAEMIA AND MALNUTRITION

The programme attempts improvement of general health and malnutrition of adolescent girls by providing supplementary nutrition (through AWC SABLA programme) and ensuring coverage of all school going adolescents under WIFS using existing school network.

5.2.1. Social Norms

Girls acknowledged that their families support and encourage them to visit the Anganwadi centres to collect take home ration and the IFA and de-worming tablets

5.2.2. Awareness & Practice

Girls opined that they had received supplementary nutrition they used to get one packet in every seven days, but they have not been receiving the same since past couple of months. They used to get IFA tablets four times a month and deworming tablets every 6 months. All the school girls, in general, consumed the IFA supplementation and deworming tablets.

5.2.3. Perceived Benefits

The in school adolescent girls acknowledged the benefits of supplementary nutrition as it helps them in staying healthy. Some of them had also mentioned of positive physical changes after regular consumption of the IFA tablets. Regarding side effects of such tablets, as per their narratives, no one had faced any kind of physical problem after consumption of the tablets. Girls those attend school regularly received the same from the school teachers and from ASHA workers.

The in-school adolescent girls confirmed that they got to know about menstrual problems, white discharge, lower abdominal pain, unwanted pregnancy and anaemia and also got treated if they ever face any of the mentioned issues from ANWESHA Clinics. In the past 6 months their weight / height /BMI was checked. That girls enrolled in this convergence programme had a Kishori card which was updated regularly.

5.2.4. Areas of Improvement

The school girls wanted to receive the take home ration regularly. They felt that IFA and de-worming services should be widely spread across all eligible girls of their area and availability of these tablets in the schools/AWC should be ensured.

5.3. PREVENTION OF EARLY MARRIAGE AND VULNERABILITY TO TRAFFICKING AND OTHER FORMS OF ABUSE

5.3.1. Social Norms

The girls opined that the Kanyashree programme helps in preventing early marriage. Earlier marriages used to take place when the girls would normally be in the age group between 13-16 years. But now that has stopped.

5.3.2. Perceived Benefits

They expressed that the convergence programme acts as an enabling factor towards motivating community for girl's education and prevention of early marriage.

5.3.3. Areas of Improvement

General awareness against Child Marriage seems to have increased. The girls are now aware of the right age of marriage and knew where to seek advice in case of incidences of child marriage. They know about child line and whom to approach or report such incidences. They specifically mentioned that in last one year they had not heard or seen any incidence of girls missing in their locality.

5.4. ENHANCING THEIR EMPOWERMENT THROUGH LIFE-SKILLS

5.4.1. Social Norms

The girls opined that the community supports them attending session's life skills. Their family would like them to be self-sufficient in all respect when they grow up.

5.4.2. Awareness & Practice

The girls confirmed that they have visited the bank, school bank, post office, BDO office and Gram Panchayat and the health centre. Regarding land related awareness they mentioned that their family use the land for farming and by selling their produce they earn money. They also use part of their produce for household consumption.

No one of the respondent girls did not face any such problem to file an FIR at the Police Station. Girls opined that they do coordinate with the education department in accessing opportunities in education. Most of the have knowledge on roles and functioning gram panchayat in their locality.

Girls had knowledge about adolescent reproductive and sexual health issues. Many adolescent school girls were using sanitary napkins which they procure from the local shops

and few of them even get it from their school. They seem to be aware of the different birth control measures. Regarding their opinion about child care which includes exclusive breast feeding, handling children and common ailments, many these adolescent girls could suggest measures which reduce some risk of transmission of diseases and increases hygiene.

5.4.3. Perceived Benefits

The in-school girls opined that the life skill education sessions have helped them develop problem solving abilities, to think critically, to communicate efficiently, develop self-awareness skills, helped them in coping with stress and to develop leadership skills.

5.4.4. Areas of Improvement

They opined that these services could be improved by providing better training facilities and by ensuring every adolescent girl in their locality attend the life skill education sessions.

5.5. VALUE ENHANCEMENT OF GIRLS WITHIN THE HOUSEHOLD AND COMMUNITY

5.5.1. Social Norms

The girls opined that positive changes could be observed in social status and acceptance of girl children in their community.

5.5.2. Awareness & Practice

The school girls mentioned that the services of the convergence scheme has positively impacted the lives of many girls. They opined that the opportunities that have been provided to them have helped them to gain skills and knowledge. The girls have observed changes in the life of the adolescent girls in their localities after receiving guidance on Family Welfare, ARSH, Child Care Practices and Home Management.

5.5.3. Perceived Benefits

The girls expressed that social restriction against female education has reduced with the introduction of Kanyashree Prakalpa. They felt that though decision is taken by their parents, but girls share a space for such discussion within the family, their opinion is also heard. Most of them have the right to have a say in the decision making regarding their future. To a large extent girl shares an equal status at home.

One of the girl narrated that, *“my parents are not so conservative, in general I don’t contradict with my parents decision regarding education and marriage but I oppose their decision on my marriage as I am still in school and not attained 18 years of age”*. Another girl boldly mentioned that she takes all important decisions related to her life by herself.

5.5.4. Areas of Improvement

The girls felt that the services that they receive from the AWCs and schools could be improved or done differently, while one of the school girls suggested that the services could be improved if learning sessions were held through more innovative ways.

5.6. LIVELIHOOD ENHANCEMENT THROUGH VOCATIONAL SKILLS, ETC.

5.6.1. Social Norms

Girls acknowledged that there are many girls in their community who got trained in vocational training and there was no prejudice related in terms of undergoing such training.

5.6.2. Awareness & Practice

Many girls mentioned that there was a facility of vocational training in their area and many of them attended such sessions whenever those are conducted.

5.6.3. Perceived Benefits

Respondent school girls opined that vocational training has a high demand in their locality as post training self-employment options are available in their area. Few girls confirmed that they have started their own small businesses in their area after being initiated by such trainings.

5.6.4. Areas of Improvement

Girls were found to be interested in taking new vocational training with better market opportunities. Those have received training, further needs follow up and market linkages training. Many girls earnestly seek such post training support from the programme made available in their locality. One girl expressed *“whatever little bit we learn from the training, the learning should be useful and must enhance future earning capabilities”*

The adolescent girls opined that services could be further improved if they are given more vocational trainings. One of them said *“if I have to discontinue education, I can earn a living if I am trained in vocational traits”*.

CHAPTER 6. FUNCTIONARY / SERVICE PROVIDER FEEDBACK

In-depth interviews were conducted with the above grass root level functionaries, NGOs and District level officials (ADMS, DPOS AND OC KANYASHREE). The challenges and suggestions revealed by them during the discussion are presented below by programme sub-component:

6.1. OPINION OF GP MEMBER, SHGS, AWWs, ANMS & ANWESHA COUNSELLORS

6.1.1. Programme Acceptance by Community

Challenges

- Only in Nadia, Alipurduar, Purulia and Malda, the GP stakeholders were associated with the convergence programme since its inception – GP members
- All GP stakeholders do not know details of the convergence issues which restrict active participation. In the 4th Saturday meetings, health issues are discussed with all GP level and other stakeholders including AWWs, ANMs etc. but convergence issues could not be integrated due to lack of knowledge on overall Programme – GP members
- Many out-of-school girls are admitted in schools, but migrated/ working adolescents girls could be readmitted/ continued after readmission – GP members
- Legal age of marriage for girls is well known in the community, still child marriage exists and often GP members are harassed if they take action to stop it – GP members.

Suggestions

- GP stakeholders may be associated with the convergence programme since inception
- Convergence issues should be discussed in the 4th Saturday meetings at Gram panchayat level in all the districts – GP members
- Sensitization should be done on this convergence programme – GP members
- Social advocacy should be strengthened for awareness generation – GP members
- In all the six districts, SABLA KANYASHREE Programme be discussed in Gram Sabha as separate agenda – GP members
- Intensive awareness campaign required on prevention of early marriage and continuation of girl's education – GP members

6.1.2. Nutrition Provision

Challenges

- Nutrition provision was inadequate and irregular in most of the AWCs for the last couple of months to years. In few project areas, THR supply could not be initiated. Girls' attendance reduces to 10-12 from 38-39 in absence of THR. - AWW
- Sometimes girls do not find time to attend sessions at AWCs as it conflicts with timings of their school. - AWW
- Girls attending early sessions at AWCs do not have their breakfast at home - AWW

Suggestions

- THR should be supplied at regular interval- AWW
- Quality of THR should be ensured- AWW
- Food / refreshment should be given to the girls while they are attending various sessions at AWCs before or after school hours- AWW

6.1.3. Iron and Folic Acid Supplementation

Challenges

- Through home visits a tried to cover them but often working girls and migrated girls left out – AWW
- Quality of wheat supplied by FCI was poor – SHG
- Delayed wheat supply by FCI resulted in delayed production and thus the SHGs have incurred loss as they could not supply the THR – SHG
- Due to delayed supply by FCI, SHGs often procure wheat from local market. The quality of wheat procured from local market was also not good which affects the quality of THR – SHG
- Wheat grinding machine frequently gets damaged, repairing cost was high, particularly the grinder. it involves cost and no contingency cost is allowed to them – SHG
- Wheat gets dampened during rainy season; SHGs do not have enough storage to keep it dry– SHG
- Most the SHGs did not received rigorous training on processing, grinding, quality control and packaging. Some of SHGs from Malda, Purulia and Alipurduar district received 2-3 days trainings which they felt was inadequate – SHG
- No training on quality control and cleanliness of the production unit viz. using Mask, Gloves and Caps by SHGs. In Malda such quality control measures observed – SHG
- Most SHGs have to repay the loan, they face difficulties in repayment due to delayed payment process and inadequate indent from ICDS programme – SHG
- They even face difficulties in paying electricity bill due to irregular payment for their sale of goods, sometimes their connection was disconnected due to non-payment of electricity bill – SHG
- SHGs can't afford to pay rent for a good space for processing unit. SHGs set up the unit in low land and it gets submerged during rainy season– SHG

Suggestions

- The THR production process should be streamlined and organized, starting from selection of SHGs.
- Quality control mechanism to be ensured.
- Block level Marketing outlet facility could be created and given on rent to the SHGs.
- Timely disbursement of payment should be inbuilt process to ensure continuation of the programme.
- Handholding support to the SHGs and monitoring may be done
- Better joint monitoring and review meeting at the Block level for immediate actions against bottlenecks faced by the SHG

6.1.4. Health Check-Up and Referral Services. Nutrition & Health Education

Challenges

- The AWWs faced problem in maintaining BMI, inadequate storage facilities, no space to keep the registers and other stationeries including TLMs - AWW
- Some community members including girl's relatives restrict them to visit ANWESHA clinics stating that consuming medicines from such clinic might lead to infertility. Girls also become apprehensive- AWW
- Sakhis and Sahelis help the AWWs to conduct Kishori Diwas, community mobilisation but such peer groups in many places they did not received any training- AWW
- Kishori Diwas is often confused with VHNDs – AWW

- Hemoglobin strips are not available for adolescent girls – ANM
- Sanitary Napkins often not available for demonstration and free distribution during Kishori Diwas – ANM
- Adolescent Friendly Health Clinic (AFHC) cards distributed to the Adolescent girls. Group counselling done in majority of the time which does not allow speaking to the girl in depth - ANWESHA COUNSELLORS

Suggestions

- Own space and bigger space required for holding sessions.
- More issue specific awareness generation required- AWW
- Training for Sakhi and Sahelis is required in all districts- AWW
- Separate Kishori Diwas to be organized in all districts on quarterly basis- AWW
- Haemoglobin strips should be provided for adolescent health check-up – ANM
- Adequate sanitary napkins required for adolescent girls– ANM
- AFHC card distribution may be a duplication of work. Kishori cards could be updated and information could be gathered in a single source.
- Audio Visual shows could be arranged at least twice in a year for group counselling. Individual counselling should be done.
- Sanitary Napkin vending machines should be installed in all the ANWESHA clinics. - ANWESHA counsellors

6.1.5. Counselling/Guidance on Family Welfare, ARSH, Child Care Practices and Home Management

Challenges

- Many AWCs do not have own building, arranging sessions for girls from hired premises is a problem - AWW
- AWCs do not have proper seating arrangements to conduct various sessions - AWW
- Only few sessions are conducted on ARSH and Family planning issues, AWWs are hesitant to discuss such issues with unmarried adolescent girls

Suggestions

- Own space and bigger space required for holding sessions. More issue specific awareness generation required- AWW
- Frequent meetings should be conducted on ARSH and family planning issues – ANM

6.1.6. Life Skill Education and Accessing Public Services

Challenges

- Exposure to public services organized as one-time event - AWW

Suggestions

- More frequent visits help the girls to be self-confident

6.1.7. Vocational Training

Challenges

- Out-of-school girls mostly participate in the vocational trainings, but such trainings are conducted far from their home, parents don't allow them to move out alone - AWW

Suggestions

- Area wise vocational training should be conducted

6.1.8. Kanyashree Convergence

Challenges

- AWWs involved in the process. Sometimes if married girls did not get K2 scholarship they blame the AWWs - AWW
- ANMs did not received any training on convergence programme - ANMs

Suggestions

- Issue based awareness generation should be strengthened

6.2. NGOS/ CBOS ENGAGEMENT

During Focussed Group Discussion conducted with the NGO functionaries, the challenges and suggestions in line with the NGO engagement guideline are presented the following section:

6.2.1. Mobilisation & recruitment

Challenges

- In each year NGOs mobilised for 7-8 months only (In FY 15-16 Sep'15 to Mar'16; and in FY 16-17 approval came in the month of Aug'17 with retrospective effect. Discontinuity of NGO services impacted the programme implementation.
- NGO deployment was as per guideline in all districts. District level core committee finally select the NGOs.
- In Purulia, NGOs were given either one or two, hence 12 NGOs were identified for 18 ICDS Project Areas NGOs selected clubbing project areas. NGOs recruited based on prior experience working in SABLA programme / Adolescents. SHG federation was engaged in a Block of Coochbehar district as CBO
- NGOs services offered for a short period. Without prior intimation, their services discontinued.

Suggestions

- Work order may be issued with clear instructions
- Proper planning and phasing out should be planned before engagement of NGOs

6.2.2. Training & Capacity Building

Challenges

- Three days residential training imparted for all Project Coordinators based on integrated training module. Residential trainings not conducted for Field Facilitators (FFs). No fund allocated for conducting training for FFs. LANDESA and CINI conducted training of using their own resources for FFs. No uniform training conducted for FFS across the districts
- Training for Master Trainer involving AWWs and Supervisor conducted for only once each year. Only 2-3 AWWs and Supervisors were trained for 2 days from each GP per block and acts as Master Trainer, PCs and FFs acts as Resource person.
- NGO stakeholders conducted capacity building programmes for adolescent girls along with AWWs combing 2-4 centres at a time using LGG modules, in a day NGO resource person covered 2 modules. AWWs repeats the session and cover 1 module at a time
- NGOs provided training for 2 days at GP level covering all AWCs. Master Trainers (MTs) support them to conduct the training
- In many cases AWWs were capacitated enough to conduct such training while in some other cases AWWs were promoted from Helper. Conducting training for the huge number of adolescent girls becomes a challenge for them.

- Master Plan prepared in consultation with Supervisor and CDPO to conduct Kishori Samooh level capacity building programme.
- In cases where sessions are conducted by clubbing adjacent AWCs, AWWs from other centres cannot get hand holding support as they have to be present at their own respective centres and can't attend capacity building sessions.
- Updation of Sabla registers facilitated by PC and FFs on Kishori Samooh meeting dates
- Monthly Progress Report (MPR) preparation is complicated, all data are not available. Moreover, MPR is maintained manually. Compilation of MPR was a big challenge as one project area comprised around 200 AWCs, manual compilation done for 200 MPR to prepare Block level MPRs. In ICDS programme, available Supervisors are far less than sanctioned post. NGOs worked as extra resources.
- Compilation and documentation of case study not done in all districts in the same format.
- Integrated Training Modules printed utilizing district fund, due no budget provision. Uniform printing also not done in all districts

Suggestions

- Two days Residential trainings required for Field Facilitators (FFs).
- More number of AWWs and Supervisors should be trained.
- More Master Trainers (MT) should be created to roll out the programme.
- Refresher training for Master Trainers should be conducted; training should be done at least bi-annually for the Master Trainers.
- Capacity building trainings should be arranged for girls more frequently
- In schools KANYASHREE clubs could be capacitated using LGG modules
- AWWs/ Supervisors should be trained from each GP as MT for effective implementation, sustainability, and to reach out the last girl. Also, regular refreshers need to be conducted.

6.2.3. Kishori Diwas

Challenges

- Kishori Diwas organization facilitated by the NGOs and Girls participated in a large number. Block level personnel cannot reach out to all centres.
- Quarterly Kishori Diwas planned through CMOH in Purulia covering 3-4 ICDS centre per health sub centre in each GP. More than 40,000 girls attended in Kishori Diwas, but could not be continued due to inadequate manpower and logistics support to arrange such mega event
- During Kishori Diwas, inadequate logistics was a big challenge. Anaemia kits were inadequate, Sanitary napkins for demonstration also found inadequate. In Coochbehar, CINI personnel stated that they used to carry sanitary napkins from BMOH office to the venue for demonstration and distribution.
- Kishori cards not available in adequate numbers.
- Available cards updated regularly

Suggestions

- Adequate fund and logistics should be ensured to conduct Kishori Diwas
- BMOH/ ANM are authorised to conduct the Anaemia test. Counselling should be done on ARSH and FP issues by Counsellors.
- Separate Anaemia testing kits to be arranged for adolescent girls.
- Low cost sanitary napkins should be available for girls
- Locally made sanitary napkins have low acceptance among girls
- Budgetary provision should be increased to conduct Kishori Diwas.

- Kishori cards to be made available in adequate numbers with its regular updation.

6.2.4. Reporting & Monitoring

Challenges

- Reporting done on a regular basis by NGO personnel
- Block wise report submitted by NGO along with innovations, case studies and detailed report on accomplishment of activities. No standard format circulated from WCD.
- LANDESA used their internal monitoring format which was used by all NGOs across all six districts. No other assessment studies conducted by the districts
- LANDESA compiles the monthly report for convergence programme and submits to the DPO which is placed in the district level review committee meetings. It is done on regular basis but the revised MPR format does not have provision to capture all relevant information
- In Purulia, DLCC meetings are conducted generally during the monthly review meetings known as extended DLCC meeting combining ICDS agenda. No resolutions kept on a regular basis. In Nadia DLCC conducted on a regular basis.

Suggestions

- Personnel from LANDESA and CINI generally attend the district level DLCC meetings. Other NGOs are not regularly invited to attend such meetings. They may be invited.
- Nadia district has designed a MIS reporting format which needs to be reviewed and if found acceptable, it may be adopted by all districts.

6.2.5. Exposure visits & Training sessions for girls

Challenges

- Exposure visits done utilizing other district level resources
- Training calendar developed, and training conducted for programme stakeholders accordingly. It was not uniform across the programme districts
- Capacity building sessions conducted by NGOs for adolescents are conducted by clubbing 2-3 centres to ensure logistics
- It takes 1.5 to 2 months for one team of PC and FFs to cover a block
- The fund is too meagre to cover 30-40 girls per Kishori Samooh. No clear guidelines on what budget head such expenditure to be booked. During 2nd year such provision is not available.
- Trainings were imparted by the NGO personnel in all the districts and follow up trainings conducted by AWWs
- Fund for conducting training on Sakhi Saheli was not available in Purulia thus no such trainings conducted during last 2 years. In other districts some such trainings conducted but not as per any plan.

Suggestions

- Exposure visit should be uniform across all project districts
- Uniform training calendars should be done at the State level, districts would plan their activities according to the plan
- Availability of fund should be ensured
- To arrange monthly capacity building sessions, human resources should be increased
- Adequate fund should be allocated to conduct Kishori Samooh meetings.
- Clear notification should be issued on organizing Kishori Samooh

- Trainings using LGG modules should be promoted
- Funds should be earmarked to conduct training for Sakhi and Sahelis. Separate documentation should be prepared for their training.

6.3. FEEDBACK OF ADMS, DPOS AND OC KANYASHREE

During In-depth interviews conducted with the above functionaries, the Sub Component wise challenges and suggestions revealed during the discussion are presented the following:

6.3.1. Programme Acceptance by Community

Challenges

- Mainstreaming of out-of-school girls and Inclusion of All - Readmission of Out of School girls targeted but all the girls cannot be readmitted due to various reasons.
- Readmission in school is a problem as school teachers often reluctant to work without government orders
- KANYASHREE Club - Kishori Samooch convergence - Peer group institutions are formed but strengthening of such clubs is required

Suggestions

- NGO services could be mobilised as this was proved to be beneficial during engagement of NGOs during convergence programme
- Non-Nutrition components of SABLA programme could be introduced in the KANYASHREE clubs.
- Adolescent girls from KANYASHREE club / Sabla Kishori Samooch should be selected as Village Level Child Protection Committee (VLCPC) members to ensure girls active participation at grass root level institutions which might lead to regularise the works of VLCPC at the grass root level.
- Convergence programme is generally discussed as sub component of ICDS in the Gram Sabha. It was felt that discussion on convergence programme should be mandatory in the Gram Sabha in all districts

6.3.2. Nutrition Provision

Challenges

- All districts engaged existing SHGs in production process of THR. They are not well trained and equipped to handle such a big programme. In many locations funds could not be utilized due to poor performance of SHGs.
- Availability of wheat – Across all districts the supply of wheat from FCI is inadequate and erratic. In other districts alternate vendors are being appointed to ensure the supply wheat for THR, but also do not supply good quality material.

Suggestions

- SHGs needs training to be efficiently involved in production of THR.
- A uniform policy for supply of raw material for THR should be adopted and implemented to ensure uninterrupted provision of THR to the eligible girls.
- Some of the DPOs vouched for **distribution of hot cook meal** for out-of- school girls, which could be distributed from AWCs using existing infrastructure whereas for school going girls who are not covered under Mid-Day. A separate provision may be created in the schools engaging competent SHGs. They feel the cost and quantity of hot cooked meal

would be similar to the quantity served to pregnant and lactating mothers as detailed in the programme guideline. Some suggested distribution of eggs to the adolescent girls.

- Fund for logistics management is not adequate, hence proposed a revision in fund allocation.
- Instead of THR, hot cooked meal could be supplied to adolescent girls using SHG network.
- Role of SHGs in the programme is not satisfactory so DRDCs must be integrated for follow-up mechanism and monitoring.
- Delayed wheat procurement from FCI may be addressed.

6.3.3. Iron and Folic Acid Supplementation

Challenges

- In some locations like in some areas in Nadia, the adolescent girls complained of some side effects of IFA which disrupted the services for some time last year but presently it is regularized.
- The school teachers administer IFA to school-going girls in school, sometimes the supply of IFA was more than required, so storage becomes as problem. The DPOs mentioned that CDPOs have center wise requirement figures readily available with them but no consultation made before sending IFA tablets in bulk. There is no return policy for unused IFA tablets.
- Deworming tablets i.e. Albendazole supply is regular and adequate mentioned by all DPOs.

Suggestions

- More awareness generation campaigns required to address the apprehensions related to consumption of IFA tablets.
- The supply of IFA tablets may be coordinated better.
- There are reservations in consumption of IFA and deworming tablets in few locations. There is a need to increase awareness through a series of behaviour change communications ideally.
- Bring the out-of-school girls to the AWCs for consumption of IFA and deworming tablets

6.3.4. Health Check-Up and Referral Services

Challenges

- Many adolescent girls are malnourished, report eye problem, proper health check-up could not be ensured except through school health programme
- All the DPOs opined that Health check-up and Referral services done on a regular basis. In many cases the adolescent girls referred to the ANWESHA Clinic but CDPOs don't have contingency fund to allow somebody to accompany the girls and for taking follow up action further.

Suggestions

- Health camps for Adolescent girls may be conducted separately apart from observance of Kishori Diwas.
- Other Specialised hospitals could be approached for health check of the Adolescent girls and updation of Kishori cards to be done. Once it is done regularly, Kishori Diwas could record the progress and necessary referral services could be extended to the Adolescent girls.
- Screening of girls need health check should be done. Girls with health problems should be covered.

- In Alipurduar and Coochbehar use of referral slips to be initiated shortly to keep a track on referral services. This may be adopted in other districts too for better monitoring and follow up.
- Provision of referral slips to girls may be introduced to keep a track (as introduced in Coochbehar and Alipurduar)
- To improve service delivery and accessing services of ANWESHA services liaison with Health department was suggested.
- Desired outreach of ANWESHA clinics could not be ensured due to huge coverage and lesser number of Counsellors. Increase number of clinics in strategic locations

6.3.5. Nutrition & Health Education

Challenges

- Continued awareness generation is required to sustained interest of the girls in the issue.

Suggestions

- A DPO mentioned that they are mobilising adolescent girls as resource persons and using Mother's meeting platform to conduct joint session for better dissemination.
- Adopt inter personal activities in all districts (viz. quiz, drawing competition) to motivate and ensure continued participation of girls.
- The entire line department, Bank, Post Office, Police station cooperate to conduct the services. BDOs, PRIs and BLROs also extend cooperation to conduct such visits. The girls also meet DM, ADM and other district level officials. More such visits may be organized.

6.3.6. Counselling/Guidance on Family Welfare, ARSH, Child Care Practices and Home Management

Challenges

- It was observed that procuring napkins from vending machine is low as locally produced sanitary napkins have low acceptance among adolescent girls.
- All the DPOs and DSWOs mentioned that the Counselling/Guidance on family welfare, ARSH, child care practices and home management is conducted using LGG modules. NGO resource persons and AWWs jointly conduct the sessions. Continued awareness generation is required to sustained interest of the girls in the issue.

Suggestions

- Various innovative medium is initiated involving Adolescent girls to promote these; the Adolescent girls develop skits and perform. NGOs initiated such activities and the AWCs are continuing the programme with their own interest in many places. Such innovations can be replicated in other locations too.

6.3.7. Life Skill Education and Accessing Public Services

Challenges

- Exposure visits conducted as per districts' planning, institutional mechanism or guideline may be introduced
- Exposure visits organized to celebrate special days, but regular fund flow required to arrange regular sessions on the sub component

Suggestions

- A more detailed guideline may be required to organize exposure visits

6.3.8. Vocational Training

Challenges

- Vocational trainings could not be conducted as per requirement which included orientation on various options in self-employment and wage employment for girls aged 15 years and above
- Paucity of resources to conduct credible training to the girls although a host of trainings are conducted across the districts. There are no NSDC approved training centers in most of the blocks.
- Follow up support for marketing or linkage with the trade
- A guideline for location specific trainings to be imparted which is as per market demand. Now the trainings are held if appropriate resources are available, not demand driven
- Majority of the DPOs stated that Vocational training for girls aged 16 and above organised by the district but no follow up trainings on post-production, marketing linkages conducted to enable the Adolescent girls to sustain and continue the trade.
- DPO of Nadia mentioned that EDP and credit linkages session, SHG formation procedure, handloom and other trainings conducted for Adolescent girls.

Suggestions

- More vocational trainings and career counselling required for K2 beneficiaries
- Residential trainings required. Block level Industrial Development Officers (IDOs) should be linked with the convergence programme to provide guidance on training; post trainings follow up, market linkages etc.
- Paschim Banga Society for Skill Development should be approached for various skill trainings.
- Girls availing K2 scholarship from KANYASHREE programme further needs to be trained on SHG formation procedure and other options for self and wage employment opportunities, while girls availing K1 scholarship should start savings using their existing Bank A/C.

6.3.9. Kanyashree Convergence

Challenges

- Many DPOs mentioned that necessary arrangements made to ensure enrolment in KANYASHREE for all Adolescent girls who are eligible but didn't get KANYASHREE benefits but still some girls are left out.
- Identification of out of school girls and mainstreaming the girls, especially for differently abled girls was a challenge. In Coochbehar special disability certification drive made in association with NGO to ensure KANYASHREE benefits for differently abled girls.
- NGOs conduct regular follow up with relevant stakeholders to ensure KANYASHREE scholarship for all eligible girls, without involvement of NGOs follow up becomes a problem.

Suggestions

- Necessary arrangements made to ensure enrolment of out of school girls in school and availing K 1 and K 2 scholarship under KANYASHREE programme. Still some girls are left out. NGOs should be engaged for necessary follow up
- Disability certification process to be undertaken in all districts for all eligible girls to allow them to get the necessary certificates and avail benefits and concessions under KANYASHREE programme

6.3.10. Role of NGOs Or Local Institutions

Challenges

- NGOs play a vital and important role to implement the programme. Without the involvement of the NGOs convergence activities on non-nutrition components has virtually stopped.
- NGOs deployed dedicated manpower whereas AWWs perform many other functions.
- AWW are not always conversant in handling MIS and online report submission.

Suggestions

- Their involvement may be continued for some more time.
- A set of dedicated resource is required for sustainability and continuity of the programme.
- NGOs receive trainings on MIS while the AWWs are not trained.

6.3.11. Programme Impact

Challenges

- They felt that child marriage and trafficking has reduced. Enrolment has increased in schools. Adolescent Girls living in enclaves are receiving all the services. Peer groups are created, and they can keep vigil on their friends thus a safety net is created.

Suggestions

- Sustainable and prolonged involvement of local institutions, resources and peer groups are key the long-term success of the programme.

CHAPTER 7. CONCLUSIONS AND WAY FORWARD

The following section details the Conclusions, Challenges, Recommendations and way forward based on the findings of the surveys, secondary data analysis and feedback of the functionaries and providers of services.

7.1. STAKEHOLDER INVOLVEMENT

Conclusions

- Community mobilization support, capacity building of adolescent girls and grassroots level implementation effectively uses AWC platform
- Judicious use of AWC and the stakeholders helped the convergence programme to reach to the community
- The combination of AWW and NGO personnel worked well, they are complementary.
- NGOs worked as catalyst in the process, regular monitoring, follow up visits, helped the girls to be enrolled in KANYASHREE programme
- NGOs arranged for disability and other certifications to enable the girls get enrolled in school.
- Convergence issues discussed as part of ICDS programme agenda in the district review meeting while DLCC meetings and extended DLCC arranged separately. In Coochbehar and Nadia, it was instructed formally
- Some PRI members were sensitized in all districts through district's initiative while District level team of LANDESA helped them. This helped them to orient them on social issues, legal age of marriage for girls, KANYASHREE scholarship, Nutrition, IFA and vocational training. Convergence programme was discussed in Gram Sabhas.

Challenges

- Planning for Convergence remained as departmental Plan, not integrated to the Gram Panchayat/ Block Plan.
- Though convergence programme are still not incorporated in Gram Panchayat Plans it separately deals with SABLA and KANYASHREE programme.
- On the 4th Saturday meetings, the convergence issues discussed at the GP level, no instruction made to discuss convergence issues on that day.
- The local stakeholders use this platform to discuss the convergence issues of their own. No standard protocol followed.

Recommendations & way forward

- Gram Panchayat members may be regularly involved, sensitized to ensure sustainability
- SABLA KP Convergence issues may be incorporated in the Gram Panchayat plan
- PRI members should be sensitized on convergence issues
- A standard protocol for discussions on convergence may be developed and followed by all stakeholders.

7.2. NUTRITION PROVISION

Conclusions

- High awareness of THR amongst girls
- THR has high acceptance amongst the family and community
- High demand of THR

Challenges

- Irregular THR supplies reduces girls' attendance
- Inadequate numbers of THR packets supplied, Quality of THR was not always good. Packaging also not standardized

Some challenges faced by the SHGs were-

- inadequate supply of wheat,
- irregular order from CDPOs,
- delayed fund disbursement,
- frequent break down of machineries,
- inadequate storage space / facility,
- functioning from a space which was not appropriate to run such establishment,
- lack of technical support and training on production process,
- packaging, quality control etc.
- borrowing loan from either their own Federation or from Bank/ Cooperative.
- Irregular payment disturbed their repayment schedule

Recommendations & way forward

- THR should be supplied at regular interval in adequate quantity and quality should be ensured
- Food / refreshment may be given to the girls while they are attending various sessions at AWCs before or after school hours
- To improve the role of SHGs in the programme, DRDCs may be integrated for follow-up and monitoring. SHGs needs training to be efficiently involved in production of THR.
- A uniform policy for supply of raw material for THR should be adopted and implemented to ensure uninterrupted provision of THR to the eligible girls.
- Distribution of hot cooked meal engaging competent SHGs could be an alternative option
- Fund for logistics management was not adequate, revision in fund allocation may be required
- The THR production process should be organized, starting from selection of SHGs. Quality control mechanism to be ensured. Block level Marketing outlet facility could be created and given on rent to the SHGs. Handholding support to the SHGs and regular monitoring required
- Timely disbursement of payment should be inbuilt process to ensure continuation of the programme.
- Handholding support to the SHGs and monitoring to be done jointly through Block level NRLM stakeholders, CDPO. Industrial development Officer should be engaged in the process at the Block level

7.3. IRON AND FOLIC ACID (IFA) SUPPLEMENTATION

Conclusions

- IFA supplement administered on a regular basis by AWC and from school
- Girls received IFA on VHNDs/ Kishori Diwas from ANM/ASHA
- Deworming tablets - Girls intake of deworming tablets bi annually was reported in many places

Challenges

- Irregular supply of IFA tablets sometimes disrupts the programme
- Some misconceptions among community hampers implementation process

Recommendations & way forward

- Sub Centre may provide IFA in case of short supply in school / AWC
- Better coordination for indenting and prior planning for supply of IFA may be required
- Awareness generation regarding promotion of IFA consumption amongst girls
- Special Behaviour Change Communication may be attempted for the community/ areas who do not support IFA supplementation for girls
- Monitoring and reporting system should be streamlined

7.4. NUTRITION & HEALTH EDUCATION

Conclusions

- Counselling on NHE done by the AWWs using LGG modules also discussed in joint meeting of mothers and adolescent girls
- Capacity building on NHE was conducted by NGOs using LGG modules

Challenges

- AWCs do not have enough space to hold such sessions, especially when operating in rented spaces.

Recommendations & way forward

- NHE sessions may be promoted among school going girls
- Own space and bigger space required for holding sessions.
- More issue specific awareness generation may be required
- Mothers' meetings may be used to conduct joint session for better dissemination

7.5. HEALTH CHECK-UP AND REFERRAL SERVICES

Conclusions

- High awareness, acceptance and demand of the service amongst the girls and her families.
- NGO facilitate the services.
- Health check-up conducted on the Kishori Diwas/VHNDs and referral made as per requirements

Challenges

- Health check-up not conducted on regular basis due to shortage of manpower to cater to many girls
- Health personnel including BMOH, ANMs, Anwesha Counsellors were engaged in conducting Kishori Diwas, but they could not reach to all the girls as Kishori Diwas organised in many locations on a single day
- In Kishori Diwas Group counselling were held which does not allow speaking to the girl in depth
- The counsellors do not have any audio-visual kit to hold such sessions.
- ANMs check haemoglobin count but they do not have adequate supply for the same to conduct haemoglobin test during Kishori Diwas
- None of the health functionaries received training to conduct Kishori Diwas or on convergence programme as a whole.
- NGO personnel carry sanitary napkin during Kishori Diwas for demonstration and free distribution. Locally made sanitary napkins have low acceptance among girls.
- Sanitary Napkins cannot be distributed in a subsidized rate at all locations from ANWESHA Clinics
- No contingency fund to allow escort services to the girls to avail referral services

Recommendations & way forward

- More health personnel required for conducting Kishori Diwas, but they cannot reach to all the girls as multiple Kishori Diwas are organised in many locations on a single day
- An audio-visual kit may be useful to maintain uniformity and quality of such sessions.
- Referral slips may be introduced in all locations as introduced in Alipurduar and Coochbehar to keep a track on status of girl referred for availing health check-up services
- Corporate houses could be requested for social marketing of Napkins through their CSR activities
- More prophylaxis, Haemoglobin testing kits, sanitary napkins etc. may be provided to cater to large number of girls
- Disease profiling, mapping of adolescent health status may be done after holding Kishori Diwas for better planning.

7.6. COUNSELLING/GUIDANCE ON FAMILY WELFARE, ARSH, CHILD CARE PRACTICES AND HOME MANAGEMENT

Conclusions

- Capacity building done by NGOs using LGG modules. AWWs conduct follow up sessions using the same module
- Various innovative medium initiated involving Adolescent girls to promote the sub component; the Adolescent girls develop skits and perform.

Challenges

- No feedback mechanism introduced to capture impact of the sessions

Recommendations & way forward

- More such sessions should be organised. The modules should be promoted further.
- The sessions may be reviewed and necessary actions to be taken to use the module for better dissemination.
- Frequent meetings should be conducted on ARSH and family planning issues.
- Community/ areas having restrictions/reservation in participation, should be identified and targeted behaviour change communication may be actively taken up in those areas to spread awareness and change in behaviour.
- Various innovative medium was initiated involving Adolescent girls to promote these activities; the Adolescent girls develop skits and perform. NGOs initiated such activities and the AWCs are continuing the programme with their own interest in many places. Such innovations can be replicated in other locations too.

7.7. LIFE SKILL EDUCATION AND ACCESSING PUBLIC SERVICES

Conclusions

- Kishori Samooh helped the KANYASHREE programme to form KANYASHREE Club.
- In Coochbehar 2044 KANYASHREE Sanghas were formed. In Nadia the earlier Kishori Samoohs formed were transformed in KANYASHREE Club and named as SABLA KANYASHREE Kishori Samooh
- Exposure to public services organised as one-time event
- District conduct such events as per their planning, there was no standardized schedule.

Challenges

- No uniform strategy adopted for the visits

Recommendations & way forward

- More frequent visits for accessing public services may help more girls to participate
- Uniform strategy should be adopted for the visits. Institutional mechanism or guideline may be introduced.
- Adopt inter personal activities in all districts (viz. quiz, drawing competition) to motivate and ensure continued participation of girls.

7.8. VOCATIONAL TRAINING FOR GIRLS AGED 16 AND ABOVE

Conclusions

- Vocational training has high demand among the target girls aged 16 and above
- Out-of-school girls mostly participate in the vocational trainings, but such trainings are conducted far from their home
- Land based Livelihood trainings are organised by districts covered many adolescent girls

Challenges

- Conducted as per Action plan but budget is very low hence most of the eligible girls could not be covered.
- No follow up trainings on post-production, marketing linkages conducted to enable the Adolescent girls to sustain and continue the trade

Recommendations & way forward

- Area specific vocational training should be conducted to cater to local demand
- Trade selection should be done keeping in mind viability, fund availability and duration of the training
- Land based livelihoods and convergence with line departments and MGNREGS-IBS programme convergence may be promoted
- Paschim Banga Society for Skill Development should be approached for various skill trainings.
- Girls availing K2 scholarship from Kanyashree programme further needs to be trained on SHG formation procedure and other options for self and wage employment opportunities, while girls availing K1 scholarship should start savings using their existing Bank A/C.
- More vocational trainings and Career counselling required for K2 beneficiaries
- Residential trainings may be required. Block level Industrial Development Officers (IDOs) should be linked with the convergence programme to provide guidance on training; post trainings follow up, market linkages etc.

7.9. KANYASHREE CONVERGENCE

Conclusions

- All girls are aware about the availability of conditional cash transfer schemes in their locality. They have learnt about handling bank accounts.
- Girls feel that Kanyashree acts as an enabling factor for continuing education for adolescent girls and the convergence programme acts as an enabling factor towards motivating community for girl's education and prevention of early marriage.
- In their opinion, this scheme has motivated adolescent girls to continue higher education. In addition, they can contribute to their family by paying for their tuition fees on their own and can support their other small expenditures. They feel empowered and confident about themselves, and families also have no objection in their future education and employment.

Challenges

- Necessary arrangements are made to ensure enrolment of all Adolescent girls in KANYASHREE but still some girls are left out
- In Coochbehar special Disability certification drive made in association with a NGO to enable such girls to avail KANYASHREE benefits
- NGOs conduct regular follow up with relevant stakeholders to ensure KANYASHREE scholarship for all eligible girls, without involvement of NGOs the necessary follow up becomes a problem
- Sometimes if married girls do not get K2 scholarship they blame the AWWs
- ANMs did not received any training on convergence programme

Recommendations & way forward

- NGOs should be engaged for the necessary follow up
- Disability certification process to be undertaken in all districts for all eligible girls to allow them to get the certificates and avail benefits and concessions under Kanyashree programme
- Non-nutrition components of SABLA programme could be induced in the Kanyashree clubs
- Intensive awareness campaign required on prevention of early marriage and continuation of girl's education.

ANNEXURE I - TERMS OF REFERENCE

UNITED NATIONS CHILDRENS FUND

Terms of Reference

RAPID ASSESSMENT OF SABLA-KANYASHREE PRAKALPA CONVERGENCE PROGRAMME, WEST BENGAL

- ☒ Study (an initiative to establish current knowledge around a specific topic through the descriptive summarization, interpretation or assessment of information and data)
- ☐ Research (systematic process of the collection and analysis of data and information, in order to generate new knowledge, to answer a specific question or to test a hypothesis)
- ☐ Evaluation (rigorous, systematic and objective process in the design, analysis and interpretation of information to answer specific questions)

IR# Output 4.10: Governments have the capacity to ensure that existing policies and social protection programmes are inclusive and child sensitive, with emphasis on disadvantaged children, based on quality research and analysis; Activity # 1

This TOR will form the basis for inviting proposals from research agencies who can undertake both quantitative research as well as qualitative field research. The agency should be able to carry out the field work simultaneously in different study locations as describes in the indicative methodology.

1. BACKGROUND

The Govt. of India's Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – "SABLA" (renamed as Scheme for Adolescent Girls'), is aimed at empowering adolescent girls in the age group of 11-18 years and is linked to the ICDS programme with the Anganwadi Centre (AWC) as the 'focus-of-action'. The Scheme was launched in 2010.

In West Bengal, the SABLA scheme is being implemented in seven districts viz. (i) Malda; (ii) Purulia; (iii) Nadia; (iv) Cooch Behar; (v) Jalpaiguri ;(vi) Alipurduar; and (vii) Kolkata

The objective of the Scheme is to promote the self-development and empowerment of adolescent girls, using a two-pronged approach – (i) nutrition-focussed and (ii) non-nutrition focussed – that would lead to an improvement in the girls nutrition and health status; promote awareness about health, hygiene & nutrition, including Adolescent Reproductive and Sexual Health (ARSH) and family and child care; upgrade their home-based skills, life skills and tie up with the National Skill Development Program (NSDP) for vocational skills; mainstream out-of-school adolescent girls into formal/non formal education; and provide information and guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.

In West Bengal, the Department of Women & Child Development and Social Welfare, (DWCD&SW) is also implementing the Kanyashree Prakalpa (KP) – a Conditional Cash Transfer scheme with the aim of improving the status and wellbeing of adolescent girls (13-18 years) in the State by incentivizing their education and thus delaying the age of marriage until they complete the age of 18 years. This Scheme was launched in October 2013.

The Scheme has two components and is applicable to all girls in the 13-18 years age group, subject to specified family annual income criteria (not more than Rs.120,000/-)²:

² Income criteria not applicable to girls who have either lost both parents, or are physically challenged (40%) or are residing in an institution under the JJA

- a) **Annual Scholarship** of Rs. 750/- which is given to all unmarried girls in this age group who are enrolled in Class VIII-XII in government-recognised regular, or equivalent open school or vocational/technical training course;
- b) **One-time Grant** of Rs. 25,000/- which is given to girls who have completed 18 years of age at the time of application and are enrolled in government recognized regular or open school/college or pursuing vocational/technical training or sports activity

Recognizing that the overall aims of SABLA (GoI-funded – 60:40) coincided with the objectives of the Kanyashree Prakalpa (GoWB-funded), and covered the same target group, the GoWB took a decision to integrate SABLA with Kanyashree Prakalpa, to achieve synergistic results. The **SABLA-Kanyashree Prakalpa Joint Convergence Programme** was launched in 2015-16 in West Bengal, in the seven SABLA districts, with the aim to address the empowerment of adolescent girls (11-18 years) in a holistic manner. The convergence programme extended both nutrition and non-nutrition services under SABLA to Kanyashree Prakalpa beneficiaries. The key services were Supplementary Nutrition, IFA supplementation, Health check-up and Referral Services, Nutrition and Health Education (NHE), Guidance on Family Welfare, ARSH, Child Care Practices and Home Management, Life Skills Education and Accessing Public Services, and Vocational Training. This assumes significance as, although the schemes have different objectives and implementation methodologies, both work towards a common purpose and complement each other's strengths and services towards better outcomes for their target population, viz. improving the well-being of adolescent girls in the State. Moreover, while Kanyashree Prakalpa is a 'school-centric' scheme (the term "school" encompassing various forms of educational institutions), SABLA is a community-centric scheme.

In the programme design, the empowerment of the adolescent girls was envisaged as:

- Continued education of girls;
- Prevention of anaemia and malnutrition;
- Prevention of early marriage and vulnerability to trafficking and other forms of abuse;
- Enhancing their empowerment through life-skills (decision-making abilities, self-esteem, knowledge/awareness of services/schemes/institutions, etc)
- Value enhancement of girls within the household and community;
- Livelihood enhancement through vocational skills, etc.

The GoWB's Kanyashree Annual Report 2016-17 summarizes the rationale for the SABLA-Kanyashree convergence:

Kanyashree's target population is girls (13-18 years) who are most vulnerable and at risk of early marriage and, therefore, focusses on families that have an annual income <Rs. 120,000/-. With the infusion of funds from Kanyashree, SABLA covers all adolescent girls in the seven districts where it is being implemented. Kanyashree's primary focus is providing cash transfers to these vulnerable girls provided they remain in school and are unmarried at age 18 years. By providing these cash transfers directly to the girls' bank accounts, the Scheme lays the foundation for their financial inclusion.

SABLA, on the other hand, addresses two aspects of adolescent girls' development – (i) providing supplementary nutrition in the form of take-home rations, and (ii) non-nutritional component to address the psycho-social needs of these girls through mobilization, life skills, vocational training, exposure visits, etc.

The additional funding from Kanyashree has benefitted SABLA in a number of ways. It has enabled two state-level NGOs, Landesa & CINI, both of which have expertise in adolescent programming, to raise the quality of interventions, intensify capacity-building and enhance monitoring and reporting of the Scheme. These enhanced inputs have led to increased awareness of the adolescent girls, a significant percentage of them being covered under Kanyashree, on health, nutrition and other issues, and built their capacities on life skills and vocational training.

Recognising that the formation of girls' groups is a means of collective empowerment of girls, at the community level, in the SABLA districts, these groups include both Kanyashree and non-Kanyashree girls, actively supported by the group mobilizers.

SABLA also serves as a vehicle through which out-of-school girls are mainstreamed into school and included under Kanyashree and linked to the Scheme's benefits.

Kanyashree has also emerged as a social security net for vulnerable girls; this net get widened through improved targeting and inclusion of marginalized girls through SABLA. SAKHI, a harmonized reporting system for SABLA and Kanyashree has also been introduced.

Policy Planning & Evaluation Section of UNICEF West Bengal field office is closely working with Department of Women & Child Development & Social Welfare, GoWB and as part of its Rolling work plan for the year 2016-17, committed to strengthen governments capacity through quality research and analysis to ensure that existing policies and social protection programmes are inclusive and child sensitive, with emphasis on disadvantaged children. The proposed assessment will help strengthen the design and implementation of social protection schemes for adolescents girls in the state with emphasis on out of school adolescent girls.

2. RATIONALE

In this context the GoWB has requested UNICEF's technical support to carry out a rapid effectiveness assessment of the convergence programme between SABLA & Kanyashree Prakalpa in the select seven districts of West Bengal. The GoWB has expressed intention to continue the convergence programme and has decided to undertake effectiveness assessment which will further help strengthen its implementation and budget allocation in the near future. Department of Women & Child Development and Social welfare GoWB has been advised by the Department of Finance of GoWB to undertake effectiveness assessment. The findings and recommendations of this assessment will be used by the GoWB to inform decision making, at the policy level to strengthen implementation, review resource allocations, so as to ensure that SABLA-KP contribution towards key outcomes can be achieved effectively. The specific objectives of the study are therefore to understand –

1. To what extent SABLA Kanyashree convergence program attained its objectives, and
2. To understand and document innovative practices and lessons stemming from the programme

3. USE OF THE FINDINGS

The findings will help the GOWB to address the gaps in implementation, including strategies, processes and stakeholder participation, towards a more holistic and convergent approach to address the empowerment of vulnerable adolescent girls in the State.

4. PUBLICATION PLAN

The decision of publishing the report of assessment rests with the GoWB. However, UNICEF will ensure a high quality of the assessment so as to ensure publication readiness should such decision be made. In addition, since UNICEF will own the data and findings together with the GOWB, UNICEF may repackage the findings for broader sharing and dissemination. The repackaging, communication and dissemination of the findings and any related publication, will be managed by UNICEF.

5. SCOPE OF THE ACTIVITY

The assessment will include secondary and primary data collection & analysis covering (i) an analysis of implementation mechanisms with focus on process-related indicators; (ii) analysis of intended output level results. The scope of the assessment is limited to looking into achievement or non-achievement of process and output level results. It will assess the extent to which the interventions were executed in as envisioned and planned. Key dimensions of process assessment will include adherence to content/programme design (e.g., guidelines, district implementation plans as well as any subsequent Govt. orders and resolutions) and exposure of interventions (coverage, frequency, and duration) to the beneficiaries. The assessment will also involve identifying and analysing factors which inhibited or facilitated implementation. The assessment will include desk review of available secondary data to analyse achievement of results in terms of planned activities vs. actual and to what extent plans were adhered to. Desk review will refer to evaluation report on Assessment of SABLA Scheme, conducted by Administrative Staff College of India (ASCI) Hyderabad, in

September 2013 and other relevant literature. The selected agency will be provided reference literature and list of secondary data sources.

Primary data collection using qualitative methodology will be executed in seven districts of West Bengal (i) Malda; (ii) Purulia; (iii) Nadia; (iv) Cooch Behar; (v) Jalpaiguri ;(vi) Alipurduar; and (vii) Kolkata

Indicative Assessment Framework

OBJECTIVE	KEY ASSESSMENT QUESTIONS	DATA SOURCE
To what extent SABLA Kanyashree convergence program attained its objectives	To what extent SABLA & Kanyashree Prakalpa (KP)convergence programme reached to out of school girls and how many of them returned/joined school	Secondary (MIS)
	To what extent KP beneficiaries were exposed to different skills development and life skills training program offered under the SABLA scheme	Primary + Secondary (District Plans)
	To what extent KP beneficiaries and out-of-school girls were exposed to different public services (Bank, Post Office etc.) (1)	Primary + Secondary (District Plans)
	Of those eligible, what proportion of KP beneficiaries utilized the Nutrition (SNP & IFA) & Health services (health check-up, ARSH counselling)	Primary + Secondary (District Plans)
	To what extent KP beneficiaries and out-of-school girls were exposed to special intervention on Land Literacy and land-based livelihood programmes	Primary + Secondary (District Plans)
	To what extent implementation of convergence programme complied with government guidelines and District Plans	Secondary
	What monitoring and reporting mechanisms were in place, and whether these were effectively used for planning purposes	Primary (KII)
To understand and document innovative practices and lessons stemming from the programme	What innovations were adopted to improve implementation effectiveness	Primary (KII)

6. METHODOLOGY, QUALITY CONTROL AND ETHICAL CONSIDERATIONS

The assessment will be designed and rolled out based on the scope defined in the previous section. It will follow a mixed-methods approach, using both qualitative and quantitative methods, for data collection and analysis. The agencies in the technical proposal should suggest a more detailed methodology (in particular with reference to the assessment tools and sampling of respondents) to successfully implement the assignment.

As secondary data related to design and implementation is available district-wise, the first step would be to critically review the available secondary data and information related to design, implementation and process indicators. In addition, qualitative data would be collected from the field-level service providers, beneficiaries and implementing NGO partners to understand the implementation challenges and achievement of output level results.

In addition to the secondary data review, the qualitative primary data collection will include Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).

Key Informant Interviews: Semi-structured key informant interviews, based on a comprehensive semi-structured or structured interview schedule prepared in accordance with the key research questions, will be undertaken with select informants at the state, district, sub-district and village levels, covering all key stakeholders related to the services being reviewed.

Government: Nodal Officials for Kanyashree Prakalpa and SABLA convergence programmes; DPO-ICDS/DSWO/OC; CDPOs (at block level); Heads/Representative of NGOs implementing the programme; and frontline workers (ANM/AWW); and Anwesha (ARSH) Clinic Counsellors.

Category of Respondents	No. of KIIs (indicative for bidding purposes)
State – Joint Secretary, State Programme Manager & Director ICDS	3
District DSWO/ OC Kanyashree Prakalpa	7
District DPO (ICDS)	7
Block - CDPOs	21 (3 per district)
Heads/Representative of NGOs	7
AWWs	14 (2 per district)
ANMs	14 (2 per district)
Anwesha Clinic Counsellors	14 (2 per district)
Total	87

Focused Group Discussions (FGDs):

FGDs will be conducted with adolescent groups (AGs) and “Kishori Samooh” to understand their views and opinions regarding the SABLA-KP convergence initiative. The discussions would focus on the services that they received, and how these have helped address their needs and built capacities. The FGDs will also cover other community/local governance structures at the village level, viz. GP functionaries, women’s SHGs, etc. to assess their involvement and participation in the programme. FGDs will also be conducted with NGO staff/Field Facilitators at the AWC level to understand the implementation challenges and gaps and how integration worked for achieving intended results. It is suggested that not more than 5-6 participants should be included in each focus group.

Category of Groups	No. of FGDs (indicative for bidding purposes)
Out of School Adolescent Girls (11-18 Years)	14 (2 per district)
School Going Adolescent Girls (11-18 Years)	14 (2 per district)
15-18 Years Adolescents Girls who received vocational training	14 (2 per district)
KP beneficiaries who received K-1 & K-2, in last 2 yr.	14 (2 per district)
GP representatives	14 (2 per district)
Women’s SHGs	14 (2 per district)
NGO Staff /Field Facilitators	7 (1 per district)
Total	91

Quality Assurance: The Research Agency will be responsible to ensure data quality and would, therefore, put in place relevant quality assurance mechanisms at different levels i.e. field, data processing, content analysis framework etc. The research agency will be responsible for training the field team, fielding the study, conducting quality assurance and data monitoring on a daily basis while in the field, and compiling the raw data. Senior research team members must physically participate at least in the x % of the field data collection. Data collection will be monitored by a field coordinator throughout the data collection. All the qualitative and quantitative data will be coded and compiled into an appropriate data software. The agency will deliver

a cleaned dataset and recordings to UNICEF. Also the agency should adhere to UNICEF guidelines on research and writing styles – these will be provided to the selected agency.

Ethical considerations: As per the UNICEF standards and protocols, all UNICEF-supported research should explicitly consider ethical issues and ensure that risk and harm to children and other stakeholders impacted by the research are minimized. The ethical issues to be covered in all research and studies include, but are not limited to (i) harms and benefits; (ii) acquiring informed consent and assent when relevant; (iii) privacy and confidentiality as well as (iv) payment and compensation. For this particular study which is proposing primary data collection from adolescents, it is critical that the agencies interested in this assignment familiarize with the Ethical Research Involving Children³ to understand the requirements for planning and conducting ethical research involving children and adolescents. The bidding agency should propose a comprehensive plan for ethical consideration and oversight for the study. Researchers and enumerators involved in primary data collection for this study must be appropriately trained and IRB for the study is mandatory and should be provisioned for (reflected in both timelines and budget) in the proposal.

Limitation: The sample size being small it might not be possible to provide any robust estimates at the state and district level nor would the findings be generalizable beyond the sampled communities. However, the findings should be analysed to present conclusive recommendations to the GoWB.

Task	Anticipated Timeline
Inception Report with the final research design	By 2 nd Week
Development of survey tools and manuals including pilot testing and revisions, where necessary including pre-test report of questionnaires and manuals and their finalization	By 6 th Week
Data collection and completion report	By 11 th Week
Submission of Draft Report	By 14 th Week
Submission of Final Report	By 16 th Week

7. ESTIMATED DURATION OF CONTRACT

The assessment will be completed within 4 months including submission of final reports to GoWB after incorporation of UNICEF and GoWB feedback.

8. DELIVERABLES

- Inception Report – 20-25 pages
- Survey Tools & Manuals in English & Bengali
- Data Collection/Fieldwork Completion Report
- Draft Report
- Final Report with PPT for top-line findings (Final Report should contain – Title Page, Index, Executive Summary, Background, Assessment Methodology, Assessment Findings, Conclusions, Lessons Learnt, Recommendation and Annexes)

9. QUALIFICATIONS & EXPERIENCE REQUIRED

- Organisation having at least 7-10 years' experience in designing, planning, organizing and conducting mixed methods research studies with an emphasis on human development in general and child-centred concerns in particular (e.g.: studies on health, education, protection or other developmental concerns) both in rural and urban settings;
- Demonstrated expertise in qualitative research and data analysis skills, including sampling, complex and large-scale research design and methodology formulation;
- Prior experience of research work involving Adolescent Groups will be an added advantage
- Ability to communicate in both English and Bengali about evaluation/assessment issues and data analysis in clear and simple terms;
- Demonstrated ability to write clear, brief, analytical reports with proven track record of on-time performance on jobs of this size;

³ <http://childethics.com/>

- Proven record of undertaking such assessments with reputed organizations, governments, giving details of job undertaken and completed, name of the organizations with their contact numbers, year of undertaking and completion, coverage of such studies etc.

10. Duty Station

- Kolkata, West Bengal, India

11. Official travel involved

- Intra & inter district travel is required. Inter-district travel by road and rail and intra district travel by road will be involved.

12. Management and Supervision

- Prabhat Kumar, Social Policy Specialist, UNICEF KFO
- Nodal Officer designated by DW&CD&SW, GoWB

In addition, in consultation with the GoWB, a Technical Advisory Committee will be set up for reviewing and approving survey methodology, design, tools and protocols as well as the inception and draft final report.

ANNEXURE II – RESEARCH TOOLS

FOCUS GROUP DISCUSSION GUIDELINES FOR KANYASHREE AND IN SCHOOL ADOLESCENT GIRLS

INTRODUCTION

My name is _____ and I am here today to discuss with you about the SABLA-Kanyashree Joint Convergence Programme, was launched with the aim to strengthen monitoring, supervision and capacity building of the adolescent girls in the age group of 11 to 18 years (school going and school drop outs) for their appropriate development and empowerment. As designed in the project, the empowerment of the adolescent girls is envisaged as:

- Continued education for girls
- Prevent early marriage, trafficking, anaemia and malnutrition
- Reduce vulnerabilities of girls by empowerment (decision making ability, creation of assets, self-esteem, institutional exposure)
- Value enhancement of girls within household and community
- Integrate Kanyashree and Sabla for achieving maximum results
- Livelihood enhancement through various skill sets

Consent to Participate in Focus Group Discussion

We are here today to discuss with you about certain issues related to adolescent girls, to understand your thoughts and perceptions, your aspirations, your likings and disliking, challenges that you face in your everyday life and the support that you receive. The information learned in these group discussions will be used to design policies to improve quality of life of adolescents.

We want to hear many different viewpoints and would like to hear from everyone. You can be honest in expressing your opinion, even when your view is not in agreement with the rest of the group. There is no right or wrong answers to the focus group questions.

In order to record all of your views properly, we request that only one individual speaks at a time during the discussion.

Although the group discussion will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report. All of the responses of the participants be kept confidential.

This discussion will take around 40-45 minutes. You can choose not to participate in the group discussion and stop at any time.

I understand this information and agree to participate fully under the conditions stated above:

Signed: _____

Date: _____

Location:

Date of FGD:

Social Norm	1. How do you feel about the value/importance of your education? If girls want to study further, are they allowed to do so in your community? Who decides about her future in terms of continuing education and marriage? Does she have a say? Can she negotiate with the decision maker? (Probe for anecdotes)
	2. What are the reasons which encourage an adolescent girl to participate in the SABLA AND KANYASREE programs?
	3. What is the community / family's opinion about availing such services from AWCs? Do they support your visits there? Do your parents allow you to visit AWC all the time when called by AWWs to attend programmes conducted for this programme? Any problems?
	4. Do your friends are willing to attend / avail such services?
Awareness	5. Do you know what SABLA programme is? What are the benefits? What do you like about the SABLA programme? Where do you go to get the services / advantages of SABLA programme?
	6. What are the benefits of KANYASREE programme? What do you like about the KANYASREE programme? Where do you go to get the services / advantages of KANYASREE programme?
	7. All of you are enrolled in SABLA KANYASREE convergence programme?
Perceived Benefits	8. We already discussed about SABLA and KANYASREE earlier. Do you think the services of SABLA and KANYASREE convergence programme are sufficient?

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

	9.	Can you please tell us the benefits of the scheme?
How to overcome challenges	10.	If not have you ever discussed about your need to the AWWs? If not, Why not? Would you like to discuss? Then what will you discuss? What are the limitations? How it could be overcome?
Areas of improvement	11.	In your opinion, do you think services can be further improved for adolescents? Please suggest
	12.	According to you what are the services which needs to be done differently? Why did you say so for better utilisation by the girls like you?
Impact	13.	What changes has it made in life of adolescent girls in your localities?

Name of Moderator:

Name of note taker:

Participant details (Screener)-

Programmatic Review

Nutrition

Social Norm	14.	What is the community / family's opinion about availing Supplementary nutrition / Take Home Ration given by AWCs?
	15.	Do they support your visits there?
Awareness	16.	Do you know if Supplementary nutrition / Take Home Ration is given by AWCs in your locality for Adolescent girls?
	17.	If yes, in what frequency it is distributed. Did you get 1 packet at a time or more?
	18.	How many of you consume the Take Home Ration given to you? How do you like the taste?
	19.	Is it meant to be consumed by you only? Do you share the Take Home Ration with your siblings?
Perceived Benefits	20.	According to you does the Take Home Ration help in nutritional growth of adolescent girls in your area?
How to overcome challenges	21.	Have you ever discussed about your need to the AWWs? If not, Why not? Would you like to discuss? Then what will you discuss? What are the limitations? How it could be overcome?
Areas of improvement	22.	In your opinion, do you think THR services can be further improved for adolescents? Please suggest
	23.	According to you what are the services which needs to be done differently? Why did you say so for better utilisation by the girls like you?
Impact	24.	What changes has THR services made in life of adolescent girls in your localities?

IFA Supplementation & Deworming tablet:

Social Norm	25.	What is the general community feedback regarding intake of IFA and deworming/albendazole tablets by the adolescent girls covered under SABLAKANYASREE convergence programme?
	26.	What are the myths and practices regarding IFA and deworming/albendazole tablets consumption in your area?
Awareness	27.	Is IFA and deworming/albendazole tablet given to you from AWC (probe if one tablet was given at time and asked to have it in AWW's presence)? And at what frequency?
	28.	Does at any point of time, IFA tablets and deworming/albendazole tablets are given to you at a time? What is the quantity?
	29.	Was IFA and deworming/albendazole tablets administered (probe if one tablet was given at time and asked to have it in teacher's presence) from schools, and at what frequency?
	30.	Does at any point of time, IFA tablets and deworming/albendazole tablets are given to you at a time? What is the quantity?
	31.	Did you stop taking IFA and deworming/albendazole tablets? Why? What was the problem?
	32.	Did you face any discomfort after consumption of IFA and deworming/albendazole tablets?
Perceived Benefits	33.	Can you please tell us what are the benefits of getting IFA tablets on weekly basis and deworming/ albendazole tablets on half yearly basis?
	34.	Did you ever spontaneously asked for WIFS and deworming/albendazole

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

	35. tablets from AWC when your schools are closed How do you manage to take IFA and deworming/albendazole tablets if there is short supply at school?
How to overcome challenges	(to be asked if the girls raises issue of discomfort on taking IFA and deworming/albendazole tablets in the earlier section) 36. If you have ever faced any physical discomfort whom did you consulted at AWC/ School? 37. Did you ever received any referral services from AWC/School to solve problems arises out of consumption of IFA and deworming/albendazole tablets?
Areas of improvement	38. How could the IFA and deworming/ albendazole tablets services be widely spread across all eligible girls of your area?
Impact	39. After receiving the IFA tablets and deworming/albendazole tablets do you feel there are any changes in your physical health? Why? 40. What kind of changes have you noticed? 41. Do you feel it is helpful for the adolescent girls? Why?

Health check-up and Referral Services

Social Norm	42. In your Community what are the areas generally visited for any adolescent health related problems? 43. Where do you previously visit in the time of your adolescent health related problems? 44. Does anyone of your community visit the Anwesha Clinic for referral services? For which services? 45. What are the traditional healing mechanisms practiced in your community for Adolescent Health Related problems?
Awareness	46. Was primary health check-up done during Kishori Diwas? 47. Are you aware of any clinic/facility which focuses on adolescent health? 48. Have you ever visited that facility? Please narrate your experience of the same. 49. Is there an Anwesha Clinic near your locality? 50. Were any referral services provided in your area for specialised health check-up requirements? 51. What is the process for accessing referral service? 52. Are your weight / height /BMI checked and updated in last 6 months? 53. Does the AGs enrolled in this convergence programme have Kishori card? Is it updated regularly? 54. Is Kishori Diwas organised (once in 3 months) in your locality?
Perceived Benefits	55. What is your opinion about the services? 56. Were you satisfied with the services? 57. Do you think it will be helpful?
How to overcome challenges	58. What are the major challenges faced in terms of your Adolescent health issues? 59. Do you feel there is any need of frequent health check-ups? Why do you feel so? 60. What is your view on the component of the programme related to health check-ups? Does that need any kind of change? Which kind of changes may help you to get more benefit from the programme?
Areas of improvement	61. In your opinion, do you think that the services can be improved for the adolescents? What can be done to improve the service?
Impact	62. After attending such sessions do you feel there are any changes (Positive/Negative) in your daily life? Briefly discuss about the changes.

Nutrition and Health Education (NHE)

Social Norm	63. Traditionally have you ever heard about what is a healthy food habits of the adolescent girls 64. In your community, is there any practice involved of intake of diet? 65. What are the traditional diets in your locality? 66. What are the general types of food intake in your locality? 67. Do any one of your community acts as drawback for health issues? 68. Is there any traditional health education practice available in your community?
-------------	---

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

Awareness	69. Did you have participated any programme organised by AWCs dealing with Health issues i.e. nutritious food (tricolor), Personal hygiene, sanitation, handwash etc. 70. Did you participate in any programme organised by AWCs dealing with Nutrition related issues i.e. Healthy cooking and eating habits, safe drinking water, balanced diet, locally available nutritious food, nutrition deficient disorders, their prevention, nutrition during pregnancy and infancy, (infant and young child feeding (IYCF), etc.
Perceived Benefits	71. Are you practicing any dietary recommendations suggested during the training/session 72. Are you helping others in adopting healthy diet in their peer, community etc.
How to overcome challenges	73. Do these sessions address the major challenges faced in terms of health issues? 74. What is your view on the component of the programme related to health education? Does that need any kind of change? Which kind of changes may help you to get more benefit from the programme?
Areas of improvement	75. How can the participation of adolescent girls be increased in these programs? Give your suggestions.
Impact	76. Do you feel there is any other need to be covered on Nutrition and Health Education? What are those needs? 77. Have you felt any changes in your daily life due the programme? 78. What is balanced diet and need of balanced diet? Do you feel you get those kinds of diet in your daily meals?

Guidance on Family Welfare, ARSH, Child Care Practices and Home Management

Social Norm	79. What are the traditional methods of sharing information on Family Welfare, ARSH, Child Care Practices and Home Management 80. Who provides you guidance regarding such services or adolescent girls is generally not allowed to be informed on such issues? 81. Does your family or community encourage you to attend these sessions
Awareness	82. What you know about Adolescent Reproductive and Sexual Health issues like Menstrual health and hygiene including management, 83. How should menstrual hygiene managed, (use of sanitary napkins, disposal etc.) 84. Do you face any health hazards during periods? Please elaborate 85. Do you use sanitary napkins? Where from do you procure it? 86. Are you aware that sanitary napkins are provided from schools/anwesha clinic etc.? Do you visit anwesha clinic to procure it? 87. Do you think that a girl should be in a position to exercise her Sexual and Reproductive Rights? 88. Do you think that a girl should be aware of the different birth control measures 89. What are your opinion about home maintenance, running household, budgeting savings, gender equality, importance of schooling of children? 90. What are your opinion about child care i.e. exclusive breast feeding, handling children, common ailments
Perceived Benefits	91. Do you regularly attend sessions arranged at AWC on Family Welfare, ARSH, Child Care Practices and Home Management topics? Why? 92. What are the benefits of having guidance on such services?
How to overcome challenges	93. Do you feel there are any gap between you and the trainers on the LGG sessions regarding Family Welfare, ARSH, Child Care Practices and Home Management? 94. Do you feel there are more innovative way to teach about those topics
Areas of improvement	95. In your opinion, do you think services can be further improved for adolescents? Please suggest. 96. According to you what are the services which needs to be done differently? Why did you say so for better utilisation by the girls like you?
Impact	97. What changes has guidance on Family Welfare, ARSH, Child Care Practices and Home Management made in life of adolescent girls in your localities?

Life Skills Education and Accessing Public Services:

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

Social Norm	98. Who in your family visits the following public facilities in the area i) Health centres, banks, post offices etc. ii) Opening/operating an account in bank/post office iii) Filing an FIR at the Police Station and accessing police services iv) Providing information on accessing lost opportunities in education by coordinating with Education Department v) Knowledge on PRI and how to be a part of it vi) Government offices and their working vii) Safe travelling using public conveyance, making reservations 99. What are the general conception and attitude of the community towards i) Rights of the girls ii) Right to freedom iii) Concept of role of males and females in the society iv) Mental changes during adolescent period among the girls v) Concept of earning and savings vi) Early age marriage vii) Insecurities of the girls in the society viii) Self –defense to protect herself ix) Value of land and its rights of the girls/daughter in the family x) Skill set developed on land-based livelihood and its impact in life
Awareness	100. Did you have attended Life Skills Education sessions? What are learning through Games for Girls (LGG) modules demonstrated in your area? Can you name them? 101. Please probe on Land related awareness and equal rights to parents' property etc. i) What is land and its uses? ii) Do you feel land is an asset? Why do you feel so? iii) Please discuss about your knowledge on land rights? Do you feel there are any needs of knowing about land rights? Why? 102. What are the information shared with you through convergence programme on existing public facilities in the area and how to access them, such as i) Visit to health centres, banks, post offices etc. ii) Opening/operating an account in bank/post office iii) Filing an FIR at the Police Station and accessing police services iv) Providing information on accessing lost opportunities in education by coordinating with Education Department v) Knowledge on PRI and how to be a part of it vi) Government offices and their working vii) Safe travelling using public conveyance, making reservations 103. Which of such places did you have visited, what you have learnt, how did you communicate with the stakeholders?
Perceived Benefits	104. How these sessions helped in i) Problem solving - yes/no, why? ii) Critical thinking - yes/no, why? iii) Communication skills - yes/no, why? iv) Self-awareness skills - yes/no, why? v) Coping with stress - yes/no, why? vi) Leadership - yes/no, why? 105. How these sessions do help you to understand “rights and entitlements” i.e. i) Basic utility services (water, sanitation, electricity etc.) ii) Right to vote and take part in democratic process 106. What are the Government Institutions you can name now? How did you come to know about these services?
How to overcome challenges	107. What are the reservations of the community in attending such sessions? 108. openness of the educator to share things
Areas of improvement	109. In your opinion, do you think services can be further improved for adolescents? Please suggest 110. According to you what are the services, which needs to be done differently?

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

	Why did you say so for better utilisation by the girls like you?
Impact	2. What changes has it made in life of adolescent girls in your localities?

Peer education/Kishori samuha activity

Social norms	111. Does sakhis and sahelis accepted in the community to work as peer educator
Awareness	112. In your area does the concept of Sakhi and Saheli exists 113. What are role of Sakhis? 114. What are the roles of Sahelis? 115. How did Sakhi and Sahelis engage them in awareness generation along with AWWs? 116. Did the Kishori Samuha formed and active in your area? 117. Did the Sakhi or Sahelis accompany the AWWs during home visits to your area?
Perceived Benefits	118. Does sakhis sahelis engaged themselves on a regular basis to roll out SABLA services to the Adolescent girls?
How to overcome challenges	119. What are challenges you face to contact and coordinate with sakhi and sahelis 120. What could be the role sakhi and sahelis should perform?
Areas of improvement	121. In your opinion, do you think services given by sakhi and sahelis can be further improved for adolescents? Please suggest
Impact	122. What changes has it made in life of adolescent girls in your localities?

Vocational Training

Social Norm	123. In your community is there any one trained in any vocational training? What kind of trainings they have received? 124. Is there any prejudice related in terms of getting vocational trainings? 125. In your locality, is it appropriate to work as a female member of the family? 126. Who mainly works in your locality? 127. In which kind of work females of your community takes active part 128. Is there any nearby Vocational Training Institutes presents? Do the girls of your community have the access of that Institute? If No, then Why?
Awareness	129. What are the trainings arranged in your locality by AWCs under the convergence programme? What are the eligibility and age criteria for attending vocational training? 130. Which kind of training have you got on Land Based Livelihood 131. Are the trades selected based on the following i) Requirement of particular trade in the area; ii) Training facilities available iii) Local demand of products; iv) Inclination and aspirations of trainees v) Employability
Perceived Benefits	132. Usefulness of such trainings 133. post training employability options available in the area 134. What is your opinion about the above sessions? 135. Have you practised any such learning in your daily life for nutrition supplement/ business? Why have you done so? 136. Are you satisfied with the services? 137. Do you think that you would like to give feedback to them? 138. Do you think it will be helpful
How to overcome challenges	139. Do these sessions address the major challenges faced here? 140. Do you feel there is any need of more frequent sessions? Why do you feel so? 141. What is your view on the components of the programme? Does that need any kind of change? Which kind of changes may help you to get more benefit from the programme? 142. Are you willing to practice Land Based Livelihood for generating income? What are the barriers in doing so? 143. Is there any gap faced by you while getting the training? Which kind of gap?
Areas of improvement	144. How best the trainings could be provided under convergence programme? Do you think there is a need for training? (if yes, explore the need) 145. Do you feel hands on practices will help you to understand more about the

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

	sessions? Why do you feel so? 146. How would you need it to be implemented to make it easier to use/implement? 147. How can the adolescent participation be increased in these programs? Give your suggestions.
Impact	148. Please share your experience on attending vocational training by AGs under the convergence programme 149. What changes has it made in life of adolescent girls in your localities? 150. Do you feel these gardens help your nutritional status? Why? 151. Have you thought of generating income by doing such activities? Do you feel you can generate income from kitchen garden? Why do you feel so?

Kanyasree scholarship

Social Norm	152. What are the prevalent perception about adolescent girls education in your community and locality 153. How does Kanyasree scholarship act as an enabling factor for prevailing education for adolescent girls in your locality 154. Does the Convergence programme act as an enabling factor towards motivating community for girl's education, prevention of early marriage etc.
Awareness	155. Do you know the Major aims of the Kanyashree Prakalpa? What are the major aims? 156. How do you get to know about Kanyashree Prakalpa? 157. Who all helped you in availing the services of KP?
Perceived Benefits	158. Can you briefly state how does K1 act as an enabling factor to increase enrolment in Secondary education from Elementary education? 159. Can you briefly state how does convergence programme helped the girls in availing Kanyasree scholarships?
How to overcome challenges	160. What are the major problems faced while getting the KP benefits?
Areas of improvement	161. In which area of the programme you feel any changes are required? 162. Why do you feel such changes will help you?
Impact	163. Before getting the KP benefits, have you thought about carrying your education further? 164. Have you learnt about handling bank account? How? 165. Your feelings of having your own bank account 166. What is the age for marriage? What is your take on child marriage? 167. Was money acted as one of the factor for preventing child marriage? How?

Conclusion

Thank you for participating. This has been a very successful discussion. Your opinions will be a valuable asset to the study. We hope you have found the discussion interesting. We would like to remind you that any comments featuring in this report will be anonymous.

FOCUS GROUP DISCUSSION GUIDELINES FOR VOCATIONAL TRAINING

INTRODUCTION

My name is _____ and I am here today to discuss with you about the SABLA-Kanyashree Joint Convergence Programme, was launched with the aim to strengthen monitoring, supervision and capacity building of the adolescent girls in the age group of 11 to 18 years (school going and school drop outs) for their appropriate development and empowerment. As designed in the project, the empowerment of the adolescent girls is envisaged as:

- Continued education for girls
- Prevent early marriage, trafficking, anaemia and malnutrition
- Reduce vulnerabilities of girls by empowerment (decision making ability, creation of assets, self-esteem, institutional exposure)
- Value enhancement of girls within household and community
- Integrate Kanyashree and Sabla for achieving maximum results
- Livelihood enhancement through various skill sets

Consent to Participate in Focus Group Discussion

We are here today to discuss with you about certain issues related to adolescent girls, to understand your thoughts and perceptions, your aspirations, your likings and disliking, challenges that you face in your everyday life and the support that you receive. The information learned in these group discussions will be used to design policies to improve quality of life of adolescents.

We want to hear many different viewpoints and would like to hear from everyone. You can be honest in expressing your opinion, even when your view is not in agreement with the rest of the group. There is no right or wrong answers to the focus group questions.

In order to record all of your views properly, we request that only one individual speaks at a time during the discussion.

Although the group discussion will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report. All of the responses of the participants be kept confidential.

This discussion will take around 40-45 minutes. You can choose not to participate in the group discussion and stop at any time.

I understand this information and agree to participate fully under the conditions stated above:

Signed: _____

Date: _____

Location:

Date of FGD:

Name of Moderator:

Name of note taker:

Participant details (Screener)-

Programmatic Review

Social Norm	168. How do you feel about the value/importance of your education? If girls want to study further, are they allowed to do so in your community? Who decides about her future in terms of continuing education and marriage? Does she have a say? Can she negotiate with the decision maker? (Probe for anecdotes) 169. What are the reasons which encourage an adolescent girl to participate in the SABLA AND KANYASREE programs? 170. What is the community / family's opinion about availing such services from AWCs? Do they support your visits there? Do your parents allow you to visit AWC all the time when called by AWWs to attend programmes conducted for this programme? Any problems? 171. Do your friends are willing to attend / avail such services?
-------------	--

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

Awareness	172. Do you know what SABLA programme is? What are the benefits? What do you like about the SABLA programme? Where do you go to get the services / advantages of SABLA programme? 173. What are the benefits of KANYASREE programme? What do you like about the KANYASREE programme? Where do you go to get the services / advantages of KANYASREE programme? 174. All of you are enrolled in SABLA KANYASREE convergence programme?
Perceived benefits	175. We already discussed about SABLA and KANYASREE earlier. Do you think the services of SABLA and KANYASREE convergence programme are sufficient? 176. Can you please tell us the benefits of the scheme?
How to overcome challenges	177. If not have you ever discussed about your need to the AWWs? If not, Why not? Would you like to discuss? Then what will you discuss? What are the limitations? How it could be overcome?
Areas of improvement	178. In your opinion, do you think services can be further improved for adolescents? Please suggest 179. According to you what are the services which needs to be done differently? Why did you say so for better utilization by the girls like you?
Impact	180. What changes has it made in life of adolescent girls in your localities?

Vocational Training

Social Norm	181. In your community is there any one trained in any vocational training? What kind of trainings they have received? 182. Is there any prejudice related in terms of getting vocational trainings? 183. In your locality, is it appropriate to work as a female member of the family? 184. Who mainly works in your locality? 185. In which kind of work females of your community takes active part 186. Is there any nearby Vocational Training Institutes presents? Do the girls of your community have the access of that Institute? If No, then Why?
Awareness	187. What are the trainings arranged in your locality by AWCs under the convergence programme? What are the eligibility and age criteria for attending vocational training? 188. Which kind of training have you got on Land Based Livelihood 189. Are the trades selected based on the following vi) Requirement of particular trade in the area; vii) Training facilities available viii) Local demand of products; ix) Inclination and aspirations of trainees x) Employability
Perceived benefits	190. Usefulness of such trainings 191. post training employability options available in the area 192. What is your opinion about the above sessions? 193. Have you practiced any such learning in your daily life for nutrition supplement/ business? Why have you done so? 194. Are you satisfied with the services? 195. Do you think that you would like to give feedback to them? 196. Do you think it will be helpful
How to overcome challenges	197. Do these sessions address the major challenges faced here? 198. Do you feel there is any need of more frequent sessions? Why do you feel so? 199. What is your view on the components of the programme? Does that need any kind of change? Which kind of changes may help you to get more benefit from the programme? 200. Are you willing to practice Land Based Livelihood for generating income? What are the barriers in doing so? 201. Is there any gap faced by you while getting the training? Which kind of gap?
Areas of improvement	202. How best the trainings could be provided under convergence programme? Do you think there is a need for training? (if yes, explore the need) 203. Do you feel hands on practices will help you to understand more about the sessions? Why do you feel so?

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

	204. How would you need it to be implemented to make it easier to use/implement? 205. How can the adolescent participation be increased in these programs? Give your suggestions.
Impact	206. Please share your experience on attending vocational training by AGs under the convergence programme 207. What changes has it made in life of adolescent girls in your localities? 208. Do you feel these gardens help your nutritional status? Why? 209. Have you thought of generating income by doing such activities? Do you feel you can generate income from kitchen garden? Why do you feel so?

Conclusion

Thank you for participating. This has been a very successful discussion. Your opinions will be a valuable asset to the study. We hope you have found the discussion interesting. We would like to remind you that any comments featuring in this report will be anonymous.

QUESTIONNAIRE FOR KANYASHREE BENEFICIARIES (AGED 14-18 YEARS)

SL NO.			
DISTRICT			
BLOCK NAME			
GP NAME			
VILLAGE NAME			
AWC NAME			
AWC No.			
Mobile No.			
Name of the Interviewer		Date:	Start time of the interview(HH:MM:SS)

INTRODUCTION

My name is _____ and I am here today to discuss with you about the SABLA-Kanyashree Joint Convergence Programme, was launched with the aim to strengthen monitoring, supervision and capacity building of the adolescent girls in the age group of 11 to 18 years (school going and school drop outs) for their appropriate development and empowerment. As designed in the project, the empowerment of the adolescent girls is envisaged as:

- Continued education for girls
- Prevent early marriage, trafficking, anaemia and malnutrition
- Reduce vulnerabilities of girls by empowerment (decision making ability, creation of assets, self-esteem, institutional exposure)
- Value enhancement of girls within household and community
- Integrate Kanyashree and Sabla for achieving maximum results
- Livelihood enhancement through various skill sets

Section 1: Household Details (ASK ALL to Head of the Household)

1.1.	Name of the girl child/beneficiary (From list) (Do not ask)	Write in:
1.2.	May I have your (head of the household/father of the girl child/beneficiary) name please?	Write in:
1.3.	What is your (head of the household/father of the girl child) highest completed level of education?	☐ Illiterate ☐ Primary (Class 1-4) ☐ Secondary (Class 5-10) ☐ Higher Secondary (Class 11-12) ☐ Graduate ☐ Post Graduate ☐ (Don't Know) ☐ (Refused)
1.4.	What is the age of the girl child/beneficiary (name from list) in completed years?	Write in:
1.5.	Is this girl child/beneficiary (name from list) currently attending school?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
1.6.	What is the highest level of education of the girl child/beneficiary (name from list) ?	☐ Illiterate ☐ Primary (Class 1-4) ☐ Secondary ☐ Higher Secondary (Class 11-12) ☐ Graduate ☐ (Refused)

Section 2. Demographic and Socio-economic profile (ASK ALL to Head of the Household)

2.1.	What is the religion of the head of the household? (NFHS)	☐ Hindu ☐ Muslim ☐ Christian ☐ Other(specify) ☐ (Don't Know) ☐ (Refused)
2.2.	What is the caste or tribe of the head of the household? (NFHS)	☐ General ☐ Scheduled Cast ☐ Scheduled Tribe ☐ Other Backward Caste ☐ Other (specify) ☐ (Don't Know) ☐ (Refused)
2.3.	Could you please tell me what economic level you belong to?	☐ APL ☐ BPL ☐ (Don't Know) ☐ (Refused)
2.4.	What is the major occupation of chief Wage Earner in the family? (NFHS)	☐ Cultivator ☐ Daily labour (Agriculture) ☐ Daily labour (Non- Agriculture) ☐ Tea garden labourer ☐ Petty business service ☐ Others (Specify) ☐ (Don't Know) ☐ (Refused)
2.5.	Does your family own this house?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
2.6.	Does the girl child/beneficiary (name from list) currently engage in any work for earning money?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
2.7.	If Yes, what kind of work is the girl child/beneficiary (name from list) engaged in?	☐ Cultivation ☐ Agricultural labour ☐ Daily wage labour ☐ Engaged with trader ☐ Self employed ☐ Service ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
2.8.	How old was she when started working for earning money?	Age..... (in years)
2.9.	In a typical week, about how many hours does she work?	Hours.....(per week)

Consent to Participate in interview

We are here today to discuss with you about certain issues related to adolescent girls, to understand your thoughts and perceptions, your aspirations, your likings and disliking, challenges that you face in your everyday life and the support that you receive. The information learned in these discussions will be used to design policies to improve quality of life of adolescents.

We want to hear many different viewpoints and would like to hear from you. You can be honest in expressing your opinion, even when your view is not in agreement with the rest. There are no right or wrong answers to the interview questions.

We will be audio recording the interview so that we can remember everything that was said. Do you agree to be

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

audio recorded?

Although the discussion will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report. All of the responses of the participants be kept confidential.

This discussion will take around 40-45 minutes. You can choose not to participate in the discussion and stop at any time.

Following questions to be responded by the girl as per the list.

PROGRAMME AWARENESS

3.1.	Are you aware of SABLA programme?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
3.2.	Have you availed the benefits of SABLA and Kanyashree Prakalpa? <i>(Interviewer to facilitate the respondent's to capture specific benefits)</i>	☐ Yes, Kanyashree ☐ Yes, SABLA ☐ Yes, both ☐ (Don't Know) ☐ (Refused)
3.3.	Are you currently getting any benefit from Kanyashree programme?	☐ K1 (yearly scholarship) ☐ K2 (one-time grant) ☐ None of the above
3.4.	Did you enroll with AWC for SABLA Kanyashree programme Convergence Programme?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
3.5.	Do you know about services provided by SABLA Kanyashree programme?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
3.6.	In last two years, what are the benefits you received the SABLA programme from AWCs? <i>(DO NOT PROMPT) (MULTIPLE RESPONSE)</i>	☐ Nutrition provision ☐ Iron and Folic Acid (IFA) supplementation & Deworming / Albendazole tablet ☐ Health check-up and Referral services ☐ Nutrition & Health Education(NHE) counselling/Guidance on family welfare, ARSH, child care practices and home management ☐ Life Skill Education and accessing public services ☐ Vocational training for girls aged 16 and above ☐ (Don't Know) ☐ (Refused)
3.7.	In last two years, what are the benefits you received the SABLA programme from AWCs? <i>(ASK FOR EACH) (MULTIPLE RESPONSE)</i>	☐ Nutrition provision - YES / NO ☐ Iron and Folic Acid (IFA) supplementation and Deworming/ Albendazole tablets- YES / NO ☐ Health check-up and Referral services- YES / NO ☐ Nutrition & Health Education(NHE) - YES / NO ☐ Counselling/ Guidance on family welfare, ARSH, child care practices and home management - YES / NO ☐ Life Skill Education and accessing public services - YES / NO ☐ Vocational training for girls aged 16 and above - YES / NO
Nutrition provision		

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

4.1.	In the last two years, have you ever received Take Home Ration (THR)?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
4.2.	If yes, how frequently did you receive Take home ration?	☐ Received weekly ☐ Not received since last 6 months ☐ Received sometimes but services irregular ☐ (Don't Know) ☐ (Refused)
4.3.	What quantity of ration did you receive each time?	☐ 1 packet weekly 1 ☐ More than 1 packet at one time ☐ Other (specify) ☐ (Don't Know) ☐ (Refused)
4.4.	Who consumed the weekly THR packet you brought?	☐ Myself ☐ Shared with my siblings ☐ Does not like the food and not consumed ☐ (Don't Know) ☐ (Refused)
Iron and Folic Acid (IFA)supplementation & Deworming/ Albendazole tablets		
5.1.	Do you have a Kishori Card?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
5.2.	From where do you get the IFA Tablets?	☐ School ☐ Anganwadi centers ☐ Both from School & AWC ☐ Health Center ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
5.3.	How many IFA Tablets do you get at a time?	_____ Nos. _____
5.4.	Did anyone ask you to consume the IFA tablet in their presence?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
5.5.	Who administered you on IFA tablet?	☐ School ☐ Anganwadi centers ☐ Both from School & AWC ☐ Health Center ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
5.6.	How frequently do you consume IFA tablet?	☐ Weekly ☐ as and when given ☐ Not consumed ☐ (Don't Know) ☐ (Refused)
5.7.	If No, why didn't you consume?	☐ Do not know from where to get them ☐ IFA tablet was short supply at the centre ☐ Keeping well; not required ☐ Do not like to consume for fear of side effects

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

		○ Felt stomach upset, uneasy, Nausea and vomiting tendency after consumption ○ Due to side effects like Black stools, Stomach pain, nausea/ vomiting, headache, etc ○ Myths/ beliefs ○ Don't like the taste ○ Absent or did not go to school ○ Due to holidays and breaks ○ Forgot to take ○ Others (specify...) ○ (Don't Know) ○ (Refused)
5.8.	Have you consumed de-worming Tablets? <i>(Interviewer to help Respondent- de-worming relates to tablets for hookworm eradication)</i>	○ Yes ○ No ○ Not on a regular basis ○ (Don't Know) ○ (Refused)
5.9.	If yes, from where do you get de-worming tablets?	○ School ○ Anganwadi centers ○ Health Center ○ Others (specify) ○ (Don't Know) ○ (Refused)
5.10.	How frequently do you get and consume de-worming tablets?	○ In every six months received and consumed ○ In every six months received but not consumed ○ Not received regularly ○ others (specify) ○ (Don't Know) ○ (Refused)
5.11.	If No or not on a regular basis, what was the reason(s) for not consuming? <i>(Multiple answers)</i>	○ Do not know from where to get them ○ Short supply at the centre ○ Do not like to consume for fear of side effects ○ Felt stomach upset, uneasy, Nausea and vomiting tendency after consumption ○ Others (specify) ○ (Don't Know) ○ (Refused)
5.12.	Have you ever heard of Anaemia?	○ Yes ○ No ○ (Don't Know) ○ (Refused)
5.13.	From where did you get this information?	○ Parents ○ Friends ○ Anwasha clinics ○ AWW ○ Teachers ○ NGO worker ○ Others (specify) ○ (Don't Know) ○ (Refused)
Health check-up and Referral services		

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

6.1.	Did your blood haemoglobin been checked in the last one year/12 months?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
6.2.	If yes, from where did you conduct such tests?	☐ Anwesha Clinics ☐ Anganwadi centers ☐ At Kishori Diwas venue ☐ (Don't Know) ☐ (Refused)
6.3.	After observing the test result, were you referred for further treatment?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
6.4.	Did you get the treatment?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
6.5.	At what frequency Kishori Diwas organized in your locality?	☐ Once in three months ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
6.6.	Did you attended quarterly Kishori Diwas organized in your locality?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
6.7	What are the services received during Kishori Diwas?	☐ General health check ☐ IFA and de- worming tablets ☐ Updating kishori cards ☐ Referrals if required ☐ Height and weight measurement ☐ Planning for Special activities/events ☐ Imparting Information Education and Communication (IEC) to community/ parents/ siblings etc ☐ (Don't Know) ☐ (Refused)
Nutrition & Health Education(NHE)		
7.1.	Do you know that Nutrition & Health Education training sessions using games are arranged at Anganwadi Center?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
7.2.	Have you attend Nutrition & Health Education sessions?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
7.3.	What is your opinion about the Nutrition & Health Education sessions you attended?	☐ Very useful ☐ Somewhat useful ☐ Not useful ☐ No comments
7.4.	Do you feel Nutrition & Health Education sessions need to be conducted for other girls of your area who are not part of SABLA programme?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
7.5.	Do you know about nutrition chart?	☐ Yes ☐ No ☐ (Don't Know)

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

		☐ (Refused)
7.6.	For any health related problems where do you generally visit?	☐ Registered public services ☐ Traditional healers ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
Counselling/Guidance on family welfare, ARSH, child care practices and home management		
8.1.	Do you know that ARSH sessions are arranged at AWCs?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
8.2.	Did you have attend ARSH sessions?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
8.3.	What is your opinion about the ARSH sessions you attended?	☐ Very useful ☐ Somewhat useful ☐ Not useful ☐ No comments
8.4.	Do you feel ARSH sessions need to be conducted for other girls of your area who are not part of SABLA programme?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
8.5.	Did you have visited ANWESHA Clinic?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
8.6.	Have you availed ARSH services from ANWESHA Clinic?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
Life Skill Education and accessing public services		
9.1.	Do you know that Life Skills Education sessions are arranged at AWCs?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
9.2.	Did you have attend Life Skills Education sessions?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
9.3.	What is your opinion about the Life Skills Education sessions you attended?	☐ Very important ☐ Somewhat important ☐ Not important ☐ No comments
9.4.	Do you feel Life Skills Education sessions need to be conducted for other girls of your area who are not part of SABLA programme?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
9.5.	Do you attend meetings of Kishori Samuha?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
9.6.	Are sakhi and saheli functional in your kishori samuha?	☐ Yes ☐ No

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

		○ (Don't Know) ○ (Refused)
9.7.	What is the role of sakhi?	○ Motivate girls to join SABLA Helping AWC worker ○ Maintaining register ○ Motivate to fill up Kishori Card ○ Assist distribution of THR ○ Taking active part in Kishori Samuha ○ Others specify (Don't Know) (Refused)
9.8.	What is the role of sahelis?	○ Motivate girls to join SABLA ○ Helping AWC worker ○ Maintaining register ○ Motivate to fill up Kishori Card ○ Assist distribution of THR ○ Taking active part in Kishori Samuha sessions ○ Others (specify) ○ (Don't Know) ○ (Refused)
9.9.	Have you attended the Learning Games for Girls (LGG) sessions?	○ Yes ○ No of sessions held in last 1 Year ○ Attended but can't recall ○ Never attended ○ (Don't Know) ○ (Refused)
9.10.	What were the topics discussed in LGG sessions?	○ Life Skill Education ○ Nutrition and Health Education ○ Adolescent Reproductive & Sexual Health ○ (Don't Know) ○ (Refused)
9.11.	What is your opinion about the LGG sessions you attended?	○ Very useful ○ Somewhat useful ○ Not useful ○ No comments ○ (Don't Know) ○ (Refused)
9.12.	Do you feel LGG sessions need to be conducted for other girls of your area who are not part of SABLA programme?	○ Yes ○ No ○ (Don't Know) ○ (Refused)
9.13.	What is the importance of land for your family?	○ Very important ○ Somewhat important ○ Not important ○ No comments ○ (Don't Know) ○ (Refused)
9.14.	Do you know that Land Reforms Offices exist at the Block level and district level?	○ Yes ○ No ○ (Don't Know) ○ (Refused)
9.15.	Do you know your rights on the inherited land?	○ Yes ○ No ○ (Don't Know) ○ (Refused)
9.16.	Do you know that girls have equal rights on parent's property?	○ Yes ○ No ○ (Don't Know)

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

		☐ (Refused)
9.17.	How did you come to know about your land rights?	☐ LGG sessions ☐ School ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
9.18.	Did you receive any training on Land based Livelihoods?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
9.19.	If Yes, can you please tell us on which trade you received training?	☐ Poultry ☐ Kitchen garden ☐ Goat rearing ☐ Mushroom ☐ Grafting of plants ☐ Vermi-composting ☐ Sapling rearing ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
9.20.	Did you find the trainings useful for you?	☐ Very effective ☐ Need follow up training ☐ Need materials to practice what have been learnt ☐ Not so effective ☐ (Don't Know) ☐ (Refused)
9.21.	Under SABLA programme, was any visit to the Govt. services/ public services conducted in last 2 years?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
9.22.	Which of the Government/Public Institutions have you been for Exposure Visit?	☐ Bank ☐ Post Office ☐ Police Station ☐ DM's office ☐ SDO office ☐ BDO office ☐ Hospital/Health Center ☐ ICDS office ☐ GP office ☐ BL & LRO office ☐ Anwesha clinic ☐ Other (specify) ☐ (Don't Know) ☐ (Refused)
9.23.	Did you ever visit such places after exposure visit to avail services for you/ your family?	☐ Bank ☐ Post Office ☐ Police Station ☐ DM's office ☐ SDO/BDO office ☐ Hospital/Health Center ☐ Other (specify) ☐ (Don't Know) ☐ (Refused)
9.24.	How did the Exposure visits help you?	☐ Learnt about Govt services ☐ Learnt about personal health and hygiene ☐ Felt happy to be part of awareness

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

		☐ Enjoyed the visit ☐ Felt proud ☐ Others (specify) ☐ The visits were not helpful to me ☐ (Don't Know) ☐ (Refused)
9.25.	How do you want to use the learning?	☐ Opening of Bank Account ☐ Lodging a complaint to police station, ☐ Availing legitimate entitlements being offered from the service provider ☐ Land records, searching and registration ☐ (Don't Know) ☐ (Refused)
9.26.	What is your opinion to improve such services?	☐ Frequent visit to various public services ☐ Peer educators (sakhi & sahelis) to be more active ☐ Conduct more such sessions ☐ Others (specify)
Vocational training for girls aged 16 and above under (NSDP)		
10.1.	Have you received and or currently undergoing any training in vocational trait?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
10.2.	If yes, can you specify in which trade you received or receiving the training?	☐ Beautician ☐ Tailoring ☐ Candle making ☐ Stitching ☐ Soft toys making ☐ Mushroom culture ☐ Backyard poultry ☐ Goatry ☐ Kitchen / Nutrition garden ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
10.3.	Where from you received/currently receiving the training?	☐ AWC ☐ School ☐ Other (specify) ☐ (Don't Know) ☐ (Refused)
10.4.	What was the duration (time period) of your training?	☐ Less than 5 days ☐ More than 5 days up to 1 Month ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
10.5.	What is your general opinion about the trainings organized in the AWCs/School?	☐ Very effective ☐ Need follow up training ☐ Need materials to practice what have been learnt ☐ Not so effective ☐ (Don't Know) ☐ (Refused)
10.6.	Have you formed any group adolescent girls?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)

Rapid assessment of SABLA Kanyashree Prakalpa Convergence Programme

10.7.	In last 2 years, what are the activities undertaken for your Group?	☐ Sharing information ☐ Production ☐ Marketing ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
10.8.	What is your opinion about utility of such Group formation?	☐ Very effective ☐ Need follow up training ☐ Need materials to practice what have been learnt ☐ Not so effective ☐ Cannot say ☐ (Don't Know) ☐ (Refused)
10.9.	Are you part of any Village Committees or Girls' group?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
10.10.	If yes, which committee/group are you involved with?	☐ Village Level Child Protection Committee (VLCPC) ☐ Self Help Group (SHG) ☐ Others (specify) ☐ (Don't Know) ☐ (Refused)
10.11.	Have you attended meetings in Anganwadi centre on topic of adolescent health and nutrition?	☐ Yes, attended weekly meetings ☐ Yes fortnightly ☐ Monthly ☐ Not attended ☐ (Don't Know) ☐ (Refused)
10.12.	Are you aware of Kanyashree programme?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
10.13.	Did you enroll for Kanyashree?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
10.14.	Do you know about services provided by Kanyashree program?	☐ Yes ☐ No ☐ (Don't Know) ☐ (Refused)
10.15.	Are you getting Kanyashree scholarship?	☐ Yes, K1 ☐ Yes, K2 ☐ Received K1 & K2 both ☐ No ☐ Enrolled, not received ☐ (Don't Know) ☐ (Refused)

