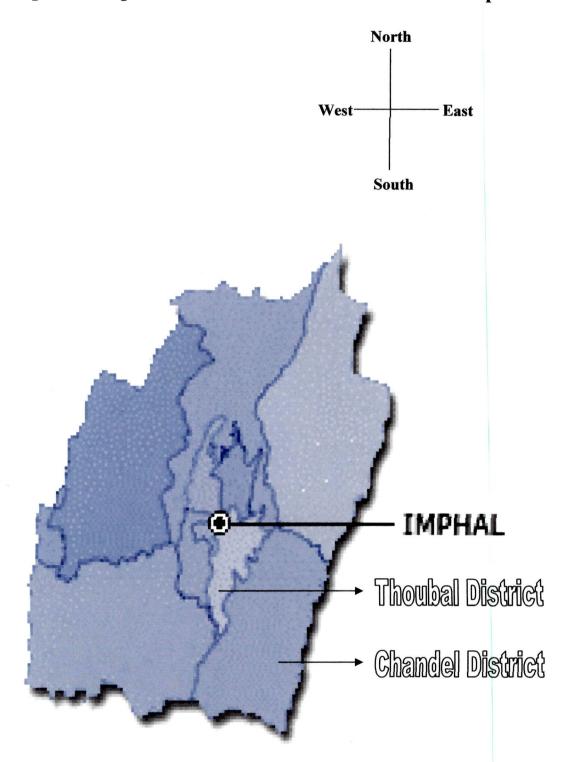
APPENDICES

APPENDIX I

Map of Manipur State and Selected Districts of Manipur



APPENDIX II

Manipur at glance

Area: 22,327 sq km

Population: 2,166,788

Rural: 1,590,820 (73.4%)

Urban: 575,968 (26.6%)

Sex Ratio: 978/1000

Capital: Imphal

Principal Languages: Manipuri, English

Districts: 9

Literacy: total 70.5% (male 80.3% and female 60.5%)

Work participation Rate: 43.6%

Percentage of Scheduled Caste of total population: 2.77%

Percentage of Scheduled Tribe of total population: 34.20%

Density of population (per sq.km): 107

Household size: 5.8

Number of Household: 375,095

APPENDIX III

Tools of data collection

INFORMATION PORFORMA FOR THE HEALTH CARE INSTITUTION (HOSPITAL/NGO)

A. Identity

- 1. Head of the institution:
- 2. Name of the Institution:
- 3. Office address (with district, pin code and phone number)
- 4. What type of institution is this?

i. Hospital	ii. NGO
(a) District Hospital	(a) Religious organization
(b) Missionaries Hospital	(b) Service organization
(c) Any other Specify.	(c) Development organization
	(d) If any other, specify.

5. How far is the institution from the district town?

B. Historical background

- 1. When was the institution/organization established?
- 2. What factors did motivate to form this institution/organization?
- 3. Who was the initial promoter of this organization (name and social background)?
- 4. (If any) what were the initial aims and objectives of the organization? How many times did they change?
- 5. What was the programme started at the beginning? (Please mention name and nature)
- 6. When did the organization get registered?
- 7. How did you manage the land for setting up the organization?
- 8. How did you manage fund for the construction of organization building?
- 9. Is there any incident of shifting campus from one place to another? If so, please mention name, place and reasons for shifting.
- 10. What were the sources of funds in the beginning (before getting external funds)?
- 11. When did you receive first time external fund and for what reason?

	Basic information Philosophy, mission and vision of the organization							
2.	Preser	nt objectives of the	he organiza	tion:				
No No No	o. of st o. of d o. of b	of operation: lates istricts: locks or wards: illagers:						
4.	Targe	t group:						
	SI. N	o. Actual Be	neficiaries		Volume (nu	ımber of ben	eficiaries)	
5.	Organ	izational set-up:						
	What gramn	kind of infrastru ne?	ctural capac	city do yo	u have in orde	r to carry ou	t different	
7. F	How do	o you take decisi	on in the or	ganizatio	n? Is it taken d	emocraticall	y?	
D. 1	Progra	amme related in	formation					
1.	When	did you start he	alth care Pro	ogramme	and what was	the nature of	f it?	
2.	What	is your main hea	alth care pro	gramme	now?			
3.	Progra	ammes complete	d previousl	y:				
	SI. No.	Name of the Programme	Duration	Target Group	Budget	Sources of Fund	Nature of Activities & System	

SI. No.	Name of the Programme	Duration	Target Group	Budget	Sources of Fund	Nature of Activities & System of Service Delivery
						Delivery

4. Current Programmes:

SI.	Name of the	Duration	Target	Budget	Sources	Nature of
No.	Programme		Group		of Fund	Activities &
						System of
						Service
						Delivery

E. Financial information

- 1.Please indicate the turnover of your organization for the year 2005-2006
- 2. What are the sources of funds of your organization?

Hospital	NGO
Central Government	Central Government
State Government	State Government
Non-governing Funding Agencies (Indian)	Central Social Welfare Board
Foreign Funding Agencies	CAPART
Local Self Government	Non-government Funding Agencies
	(Indian)
Public Donation	Foreign Funding Agencies
Collection of Contribution	Local Self Government
Internal sources (Treatment cost etc.)	Public Donation
Any other, please specify	Collection of Contribution
	Internal Sources (Income from
	land, bank balances, income
	generation programme, treatment.
	etc.)
	Any other, please specify

- 3. What problems or barriers do you find in financing (if there is any problems)?
- 4. What is your organizational policy pertaining to fund raising?
- 5.(a) Do you prepare annual budget? Yes/No
- (b) If not, how do you manage?

(c)	If	٧	es.	ŀ	10	W	?

(d) What criteria do you use for allocation of funds among the different Programmes?

F. Information related to staff

- 1.Please indicate the total number of workers:
- (i) No. of full time paid staff:
- (ii) No. of part time paid staff:
- (iii) No. of honorary staff:
- (iv) No. of volunteers:
- 2.Please indicate the characteristics of full time paid staff:

Sl.No.	Designation	No	Age	Sex (M&F)	Qualification	Experience	Salary
				!			

3.If you use part time worker, please indicate the categories and numbers:

Sl. No.	Category	No. of part time worker	Amount per person per month

4. Please indicate the following characteristics of part time worker.

SI.No.	Designation	Nos.	Age	Sex	Qualification	Job
1				l .		

G. Monitoring

- 1. (a) Do you monitor your programme activities, finance and staffs? Yes/No.
 - (b) If yes, please indicate time, person and process involved in monitoring activities (for each programme).

H. Other information

1. Please indicate the various strengths, weakness, opportunities and threats of the organization in terms of administrative work, programme implementation, finance, staff, beneficiaries, ideological issues and so on.

^{**}I have adopted this information porforma with minor changes by looking at the study of Dr. Asok Kumar Sarkar (2005), 'NGOs: The New Lexicon of Health Care', Concept Publishing Company: New Delhi.

	11	N I I	ERVIEW SCHEL	OULE IN U	NDERSTANDING RCF	1
1. Titl	e of the	pro	gramme:			
2. Ob	jectives	of th	ne programme			
3 Tar	get grau	ın(s)	of the programme	·		
J. 141	Target	1	Beneficiaries	Eligibility	Process of selection	Volume &
1	Group(s)		Deficileration	Lingitumity	(role of target groups)	Distribution
-	noup(s)				(tole of target groups)	Distribution
			-	ents (Essen	tial Component & Co	omprehensive
			programme?			 -
S	. No.	Va	rious components		Nature of work	ľ
L.	i					
5 Do	von thi	nk	there is need for	reproductiv	e health services and g	eneral health
	•		lolescents? If yes v	•		eneral nearth
S G. 1.0	• • • • • • • • • • • • • • • • • • • •	• 44		······································	•	
6. Is 1	here an	v st	pecific facility/cor	nponent for	the adolescent group (mainly girls)
					are those components?	, g ,
		_	•		•	
7. Do	the ado	olesc	ent girls come to	your orga	nization for their overa	II health and
					the types of health co	
					he health services?	, ,
			C 1	C		
8. Do	the ado	lesc	ent girls come to	your organiz	ation for specifically on	reproductive
					pes of health complaints	
			nt group for seekir			•
9. Wh	at are tl	ne e	ssential nutritiona	l needs to b	e given to the adolesce	nt? Does the
institu	tion/NG	iO p	rovide any service	s on nutritio	nal supports for the girls	?
10. W	hat are	the	types of health co	omplaints, w	hich you have handled	through your
progra	amme?					
				d supportive	e environment for the a	dolescents to
grow	in health	env	vironment?			
		d of	infrastructural ca	ipacity do y	ou have in order to ca	rry out RCH
Progra	mme?					
	Facilitie	es a	vailable	Types of	activities undertaken	
Ì	(a) IEC	uni	t for disseminating			
	informa					
			ling center			
			Care Facilities			
Į	\-,					

- 13. Do you take up activities in the colleges on reproductive health issues? If yes, what are the topics you covered? How often do you conduct the programme?
- 14. Who are the participants: teachers / students?
- 15. What are the response from the students and the teachers?
- 16. Do you network with other agencies of disseminating the information?
- 17. Programme execution process:

(Beginning with launching the programme till the completion (if any)-each different components-responsibility of the different units of the organization at various phases)

18. Duration of programme:

Starting month and year:

Completion month and year (if any):

19. Area of operation of this programme:

No. of states (if applicable):

No. of districts:

No. of blocks (or wards):

No. of villages:

- 20. How much population is covered by your organization?
- 21. Does this programme provide service free of cost? If not, how does it provide?

22. (a) What are the resources (e.g. Manpower, Medicines, instruments, working shed, vehicle etc.) utilized in this programme? How do you arrange (collect) this resource? Please specify total budget and annual budget for this health care programme.

	0	1 0	
Types of	Process of Resource	Annual Budget	Total Budget
Resources	Arrangement		

- (b) Can you arrange this resource continuously for long time?
- 23. How do you make plan in this health care programme? (Top down approach or bottom up approach-with suitable example).

24. Please highlight the nature of actual participation of the beneficiaries at various levels of programme.

Sl.No.	Various Levels of Programme	Nature of Participation
1.	Need identification	
2.	Resource contribution and resource collection	
3.	Programme planning	
4.	Beneficiaries selection	
5.	Programme Implementation	
6.	Programme Monitoring	
7.	Programme Evaluation	

- 25. Do you recognize the people's contribution to the Programme? If so, how (please give with examples).
- 26. Do you provide support to people's organization to link with public development agencies (e.g. District Hospitals, Community health center, PHC Panchayats, Banks, etc.) for accessibility of the resources required for this programme? If so, please give details.
- 27. Do you hand over responsibility to carry out the programme to the target group? If so, what is the process of doing it?
- 28. (a) Do you use volunteers for health care programme? If so, what jobs are performed by them?
 - (b) Is there any criteria to select the volunteers? If yes, what are they?
- (c) How many volunteers do you have for health Programme? Do you maintain continuous liaison with them? If so, how?
- 29. Please discuss the nature of staff mobility highlighting the numbers of staff left and reasons for the same in last year and this year.

Year	Month	SI.No.	Designation	Nos. Left	Reasons for Leaving Job
2004-2005					
2005-2006					

30. Have the stafts/volunteers undertaken any training programme for dealing with the adolescent girls? Yes/No. If yes,

Sl.	Types of training	Topics	Organizers	Duration
No.				

- 31. Do you select health care staff from the community? If so, how? Which are the levels for which staffs are recruited from the community?
- 32. What staff related difficulties do you find in your institution/ hospital in implementing this health care Programme? (Difficulties in recruitment, competency of staff, turnover, conflict, not regular in the hospital and in the field.)
- 33. Please describe the co-operation of local people including students' teachers, influential persons and other organizations, hospitals of the community to execute this programme in a better way.
- 34. How is the referral system with other Government hospitals?

- 35. Do you find any threat to carry out programme from political parties or opponent groups or underground organization whose interests are not met? If so, please explain with some examples.
- 36. Do you integrate the health care programme with other multisectoral programmes (e.g. Income generation programme, agriculture programme, social forestry programme, etc) for its better existence? If so, please explain how and what other programmes are integrated in this regard?
- 37. Please describe the health care expenditure under different heads for last year (2004-2005).

Heads	Expenditure	Availability	Source	Deficit	Surplus
	(Rs.)	(Rs.)		(Rs.)	(Rs.)
Family planning					
Medicine					
Vaccines					
Nutrition					
Salary &					
allowances					
Traveling					
Administration	,				

- 38. Is this health programme associated with any other programme for which same resources are used, common staffs are involved and same monitoring system is followed? If so, please give details. (e.g. HIV/AIDS)
- 39. Is this programme dependent on any aspects like donor agency, willingness of the staff members etc.? If so. Please mention.
- 40. Do you monitor or regularly follow up your health care programme? If so, please mention person, period and process involved in monitoring or regular follow up of health care programme.
- 41. Investigator's observation:
- 42. What are the weakness and strength of your organization in running the programme?
- 43. Any comment you will like to add on.

INTERVIEW SCHEDULE FOR DOCTOR/ COMMUNITY HEALTH WORKER/ NURSE/ PROGRAMME OFFICER

A. Personal Data

Name of the worker.

are the areas of the training programme?

information to the girls and community as a whole?

14.

1.

2.	Designation
3.	AgeSex Marital status
4.	Educational Background
5.	Number of years you have been working in the hospital.
6.	In which area have you work experienced with?
7.	Number of working days in a week
8.	What is the total number of hours you work in the hospital/ NGOs?
9.	Describe your typical day at work in the field and hospital.
10.	Do you have to work beyond the working hours? Yes/No.
11.	If Yes, how often and for what purpose?
B. Av	vareness level
12.	How many training programme have you attended in the last three years?
13.	Have you received special training for RCH Programme? Yes/No. If yes, what

Do you have IEC unit? If yes what are the roles of IEC in disseminating

- 15. Have you ever undertaken any activities on colleges on reproductive health related issues? If yes what are the topics you covered? If no what is the reason?
- 16. How often do you conduct in a year?
- 17. What are the response from the students and the teachers?
- 18. Do you network with other agencies o disseminating the information?

C. Health Care needs

- 19. Who are your clients and with what types of problems do they come to you for help?
- 20. What differences had you seen in the health programme for the needs of people the last ten years since RCH had been implemented?
- 21. What are the services available for 11-19 years girls' under the RCH Programme for health problem?
- 22. Do you have any counseling center? If yes, what are the types of counseling do you provide to them? If no, do you think there is need of counseling center especially for adolescent? If yes why?
- 23. What are the essential nutritional needs to be given to the adolescent? Does the hospital provide any services on nutritional supports for the girls?
- 24. What are the needs for safe and supportive environment for the adolescents to grow in health environment?
- 25. What sort of common illness do you come across generally from the adolescent groups (specifically girls)?

26.	What are the reproductive health problems complaints by the adolescents?

- 27. In the different components of RCH, what does RCH Programme mainly focus on for the adolescent girls?
- 28. Are you satisfied with the types of services you provide? Yes/No. If yes, how, if no why?
- 29. What do you think the importance aspects to reach out the RCH Programme services to the larger population of adolescents?
- 30. What are the constraints you faced in dealing with the adolescents through RCH Programme?
- 31. Any other comments you will to share on RCH Programme and services.

INTERVIEW SCHED	ULE FOR DETAILS OF ADOLE	SCENT.
		Date
Name of the School:		
Class: 10+1/10+2:		Serial no.
Parents Name: Mother	•••••	Father
Location:	•••••	
A. Personal Data:		
Please give the following	g information about yourself.	
1. What is your age?		
(a) 15 (b) 16	(c) 17	
(d) 18 (e) 10	(f) Any other, specify	
2. What is your religion?	Please specify.	
(a) Hindu (b) N	Muslim	
(c) Christian (d)		
3. What is your caste?		
(a) General (b)	SC	
(c) ST (d) (d)	DBC	
4. Which community do	you belong to?	
(a) Meitei (b) I	•	
(c) Naga (d) I	Kuki	
(e) Any other specif		
5. What is your education(a) Science/Arts (b6. What is the nature of y	0) 10+1/10+2	
(a) Nuclear		
(c) Extended	(e) any other	
7. Do u have siblings?	No/Yes.	
8. If yes, number of sib	lings do u have.	
Sl. Age	Educational Qualification	Relationship with u
No		
a.		
b.		
C.		
B. Household and Fam	ilv Structure.	
9. Type of Accommoda		
What is roof made o		
(a) Thatch (b) Tin	
' '	(d) Any other, specify	
10. What is floor made of	of?	
(a) Mud (b) (Cement	
(c) Wooden (d) A	Any other, specify	

11. Number of rooms in	the house without kitch	en or bathroom.					
(a) 1	(b) 2						
(c) 3	(d) More than 4.						
12. Number of rooms w	ith kitchen or bathroom						
(a) 1	(b) 2	•					
(c) 3	, ,						
(C) 3	(d) More than 4.						
13. Total number of per	sons in a house.						
(a) 1	(b) 2						
(c) 3	(d) More than 4						
Toilet Facility.							
(a) Pit/latrine	(b) Flush						
(c) No facility.	(d) Any other, specif	y					
15 0 0 0							
15. Source of water for							
(a) Pipe	(b) Hand pump						
(c) Pond	(d) River						
(e) Any other, spec	eify						
16. Electric facility. No/	Yes						
17 Family Income:							
17. Family Income: (a) <3000	(b) 2001 5000						
. ,	(b) 3001-5000						
(c) 5001-7000 (e) 10001>	(d) 7001-10000						
(c) 10001>							
18. Number of earning n	nembers in the family.						
(a) 1.	(b) 2.						
(c) 3.	(d) More than 4.						
19. Sources of income.	(=)						
	hip with respondent	Sources of income					
C. Societal and Cultura	l aenaste						
	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
20. What are the physic	cal changes occurring in	1 you during adolescent period?					
21. When you develor	the physical changes, o	do vou ask vour					
(a) Peer group	(b) Parents	•					
(c) Siblings	(d) Any ot						
22. What are their response	` ,						
22. What are then respe	moos. Did they clear ye	a questions.					
23. What is the change	in societal perceptions	when you develop the physical					
changes in your body?							

24. Can you enumerate the emotional changes occurring in you during adolescent period?					
25. Have you undergone any ritual rites when you reach your puberty? Yes/No, If yes, where were it held and what are they?					
26. Are there any restrictions to you while having menstruation? (Like not allowing in the kitchen, temples for puja, etc). If yes, what are they?					
27. Are there any restrictions to take normal diets while having periods? If yes, what are the types of foods, which are restricted? If yes, what will be the possible reason for restricting the food?					
28. What are the festivals you celebrated?					
29.Do you keep fasting for the festivals? If yes, how often do you keep fast? Is there any specific reason of fasting of each festival? If yes, can you elaborate on it?					
30. How many meals do you take in a day?					
31. What type of food do you take usually? (a) At breakfast					
32.Do u face any health problems? Yes/No. If yes, Specify					
33. Do you face any common menstrual problems? Yes/No, If yes, what are the types of problems you faced?					
34. Do you share your health problems with others? Yes/No. If yes, with whom? (a) Peer group (b) Family members (c) Teachers (d) Doctors (e) Any other, specify					
35. Are you comfortable in sharing your personal problems (like reproductive health problems, irregular of menstruation, etc) with others? Yes/No. If yes, with whom?.					
(a) Peer group (b) Parents (c) Siblings (d) Any other					
36. If no, what is the reason behind? 37. If you happen to share your problems with your parents/friends/elders, what are their responses?					

- 38. If you are taken to the hospital for the treatment on reproductive health related problems. Do you find any misconceptions in the societal perceptions? (like any suspicious for abortions etc.). If yes, can you elaborate anything related on it.
- 39. Are you allowed by your parents to take any decision of your own for any medical treatment? Yes /No. If yes, do you go with your parents/peers/any other specify.....
- 40. Do you take decision of your own career, academic and marriage? If yes, in what way? If no who does take the main decision?
- 41. Do your parents ask you before taking any decision? If yes how often and on what areas?
- 42. Is there any restrictions from your parents, society in mixing up with boys (classmate) in the colleges, tuition places, etc? If yes, what are the types of complaints you get from the parents and society?
- 43. What are the problems you faced being a girl in the society? (Like eve teasing, harassment etc).
- 44. From whom do you feel the girls get usually sexually exploited? (Different treatment with your brother by your parents /brother/society, etc)
- 45. What are the types of societal stigmas you faced in the society?
- 46. What is the status of girls in general in the society? (Education, decision-making, career wise etc.)
- 47. What is the societal causes/conflicts/unrest that affect your education and overall heath as well/ life style? If yes, what are the problems you faced?

D. Health care needs and Reproductive and Child Health Programme

- 48. Whom do you prefer to consult for your health problems? Why?
 - (a) Private Doctor

(b) Government Doctor

(c) Chemist

(d) Priest

- (c) Others.
- 49. Do you go to the doctor (private/government) when you have any health problems in general? If no why, if yes what are the types of health complaints you consulted with the doctors?
- 50. Do you go to the doctor (private/government) when you have reproductive related health problems? If no why, if yes what are the types of health complaints you consulted with the doctors?

- 51. How far is the hospital from your hometown (both Government and Private)?
- 52. How do you go to reach the hospital?
- 53. If you happen to go to private doctors for the same reason, why not to government hospital?
- 54. What is the nature of medication if you go to private doctor/government doctor/homemade medicine?
- 55. Is there any counseling center in the hospital? Yes/No? If yes what types of counseling do you get?
- 56. Do you get the safe and supportive environment in government/Private hospitals? Yes/No? If yes are you happy with the types of services you got from the hospital (their behavior, medications etc) Yes/No? If Yes, why? If no, why?
- 57. Have you heard of the Reproductive and Child Health Programme? Yes/ No.
- 58 If yes from where do you come to know and what do you know of it.
- 59. A girl not getting her menses for 2-3 months after menarche suggests that she is pregnant. Agree/ Disagree/Do not know. If disagree why?
- 60.Do you know about contraception? Yes/No
- 61. If yes, from where do u get the information?
- 62. Women should take responsibility for contraception? Agree/Disagree/Do not know. Agree why?
- 63. Have you heard of AIDS/STI/RTI? Yes/No?
- 64. If yes, from where do you hear of it? What do you know about it? What are the divisions of it?
- 65. Can you enumerate the risk behaviour responsible for transmission of HIV/AIDS?
- 66. How do you protect yourself from HIV/AIDS, Any information on it? If yes, what is that?
- 67. What are the common symptoms of RTI?

- 68. Do you think sex education is useful /not useful? Yes / No. If useful, why? If not useful, why do you think so?
- 69. Imparting sex education will help preventing RTI/STDs. Yes/No. If yes how much do you think and if no why?
- 70. What are the preventive methods of RTI/STDs and how can we prevent this?
- 71. Imparting sex education to adolescent girls increases promiscuous behaviour. Agree/Disagree/Do not know. If so, why?
- 72. How far it can be successful sex education without empowerment? Give comments.
- 73. Are you satisfied with the type of sex education you get? Yes/No. If no, why?
- 74. Do you think the information you get from the School, NGO, hospital, mass media is relevant to you? If yes how far? If no, what are the things need to be covered?
- 75. What do you think about the Reproductive Child Health Programme services provided by Government on adolescent health?

E. Awareness level

- 76. Can you enumerate the reproductive organs in adolescent girls?
- 77. Where do you learn about this, how useful is this and what does it help you?
- 78. Do you share any physical changes in you on reproductive health to your parents? If yes, are you comfortable in sharing the information? If no, what is the reason?
- 79. To whom are you more comfortable to share the information or any health problems related? Mother / father. If mother why? If father why?
- 80. To whom do you clarify your queries on reproductive health issues?
- (a) Mother
- (b) Father
- (c) Brother

- (d) Sister
- (e) Relatives
- (f) Peers
- (g) Any other, Specify
- 81. What are the types of information you got from them on health related issues?

- 82. Do you listen together with your parents, watch together on TV, radio respectively on any reproductive health issues? Yes/No?
- 83. If yes, how do you go about it? If no, what is the reason behind?
- 84. Do you get the information on related reproductive health issues form other source also? Teachers/Books/seminars/workshop.
- 85. If yes what type of information do you get and on what occasion?
- 86. Do you have a counseling center in the School? If yes what are the types of counseling you get?
- 87. If no, where do you go and whom do you seek for any academicals and any personal problems?
- 88. Do you have NSS unit in your School? If yes, what are the activities undertaken?
- 89. Are you a member of NSS? If yes elaborate the activities undertaken?
- 90. Have you heard of any NGOs working on reproductive health? Yes/No?
- 91. If yes, what have you heard from your community about the NGO's services?
- 92. What are the services you have availed with?
- 93. If you happen to avail the services, are you happy with the types of services they provide?
- 94. Do you have any other comment to share with?

INTERVIEW SCHEDULE FOR THE PARENT

Dat	e													
Du	··	٠	٠	٠	٠	٠	٠	•	٠	•	•	٠	٠	

A. Personal data

Please give the following information about yourself.

1. What is your age:

(a) 36-40

(b) 41-45

(c) 46-50

(d) 51-55

(e) 56 and above.

- 2. Sex- Male/Female
- 3. Your Educational qualification.
- I. (a) Illiterate

(b) Literate

II. (a) < 5

(b) 6-10

(c) 11-12

(d) B.A

(f) M.A and above.

- 4. What is the nature of your family?
- (a) Nuclear
- (b) Joint
- (c) Extended
- 5. What is your family size?
- 6. How many children do you have?
- 7. What are their educational statuses of your children?

Sl.No.	Name of the children	Age	Educational Qualification
1.			
2.			
3.			
4.			
5.			
6.			
7.			

B. Household and family structure.

8. Type of Accommodation:

What is roof made of?

(a) Thatch

(b) Tin

(c) Cement

(d) Any other, specify...

- 9. What is floor made of?
 - (a) Mud

(b) Cement

(c) Wooden

(d) Any other, specify...

- 10. Number of rooms in the house without kitchen or bathroom.
- (a) 1

(b) 2

(c) 3

(d) More than 4.

11. Number (a) 1 (c) 3	of rooms with kitchen or bath (b) 2 (d) More than 4.	room.
12. Total nu (a) 1 (c) 3	mber of persons in a house. (b) 2 (d) More than 4	
13. Toilet Fa (a) Pit/latrin (c) No facil	ne (b) Flush	rify
(a) Pipe (c) Pond	of water for bathing/washing (b) Hand pump (d) River her, specify	
15. Electric	facility. No/Yes	
16. Family I (a) <3000 (c) 5001-700 (e) 10001>	(b) 3001-5000	
17. Number (a) 1. (c) 3.	of earning members in the far (b) 2. (d) More than 4.	nily.
18. Sources	of income.	
Sl.No.	Relationship with respondent	Sources of income
1.		
2.		
3.		
4.		
5.		

C. Societal and cultural aspects

- 19. Are there any ritual rites to be performed at the age of puberty? If yes what are the ritual rites to be performed?
- 20. Do you practice any restrictions while having menstruation? (Like not allowing in the kitchen, temples for puja. etc). If yes, what are they?

- 21. Are there any restrictions to take normal diets while having periods? If yes, what are the types of foods, which are restricted? If yes, what will be the possible reason for restricting the food?
- 22. What are the festivals you celebrated?
- 23. Do you ask your daughter to keep fasting for the festivals? If yes, how often do you make her/them keep fast? Is there any specific reason of fasting of each festival? If yes, can you elaborate on it?
- 24. Does your daughter come to you for any health problems? Yes/No. If yes, specify.
- 25. How do you maintain the relationship with your daughter? Does she share her personal problems with you? If yes what are those?
- 26. What is the nature of medication if your daughter falls sick? Where do u take her/them?
- (i) Home made medicine
- (j) Doctor's medicine
- (k) Prayers
- (l) Any other.
- 27. Do you allow your daughter to take decision of her own for any medical treatment? Yes /No, If no, why?
- 28. Do you allow your daughter to take decision of her own career, academic and marriage and any other? If yes on what areas?
- 29. If no who does take the main decision?
- 30. Do you favour any restriction of your daughters in mixing up with boys (classmate) in the schools, tuition places, etc? Yes/No. If yes, why?
- 31. What are your perceptions of a good daughter?
- (a) Like not mixing u with boys in the colleges, tuition place
- (b) Not going out at night
- (c) Always remain at home
- (d) Any other, Specify.....
- 32. Do you favour any restrictions to the girls in their dresses? If yes, why do you feel that there is necessary to have the restrictions?

33. What is the societal causes/conflicts/unrest that affects you and your family?

D. Reproductive health and health care needs

- 34. What are the general health problems of the girls' complaint for?
- 35. Are their any specific reproductive health problems compliant by the girls? If yes what are they?
- 36. If your girl falls sick, do you take her for treatment? If yes, where do you take her?
 - (a) Private hospitals
- (b) Government hospitals
- (c) Church

- (d) Temples
- (e) Any other, Specify......
- 37. How far is the Government hospital form your place?
- 38. How do you go to reach the hospitals?
- 39. What are the infrastructural facilities you availed from the health care approach? (eg. separate ward for female and male etc.)
- 40. What are the facilities do you get in government hospital in general and specifically for the adolescents?
- 41. Have you heard of the Reproductive Health Programme? Yes/ No.
- 42. If yes from where do you come to know and what do you know of it.
- 43. Are you happy with the type of services and the attitudes of workers provided from the hospitals? If yes, what do you think of the services provided by government and private hospitals?
- 44. Do you get the safe and supportive environment in government/Private hospitals? Yes/No? If Yes, why? If no, why?

E. Awareness level

45. Do you share any information related to reproductive health in general and specially to the girls?

- 46. Does she share her developmental changes (physical changes)? Yes/No if yes do you explain to her about their physical changes she is going through?
- 47. Are you comfortable in explaining her on the physical changes/personal problems (like reproductive health problems, irregular of menstruation, etc)? Yes/No. If no, what is the reason behind?
- 48. Do you clarify their queries on reproductive health issues? If yes elaborate it.
- 49. Do you listen together, watch together on TV, radio respectively for any reproductive health issues? (Like advertisement on family planning, HIV/AIDS/STD, women's body, etc)
- 50. If yes how do you go about it? If no, what is the reason behind?
- 51. Have you heard of any NGOs working on reproductive health? Yes/No?
- 52. If yes, what have you heard from your community about the NGO's services?
- 53. What are the services your daughter has availed with?
- 54. If your daughter happens to avail with the services, is she happy with the types of services they provide?
- 55. Do you have any other comment to share with?

INTERVIEW SCHEDULE FOR TEACHER

Date of interview: A. Personal data: 1. Name and address of the School 2. Name of the respondent:.... 3. Designation: 4. Educational background: 5. How long have you been working here? **B.** Infrastructures: 6. Number of teachers/staffs. (b) Science (a) Arts (c) any other, specify...... 7. Number of students in 10+1 and 10+2 8. Number of students in different streams. (a) Arts (b) Science (c) any other, specify...... 9. Do you have health center/ health unit in the school? If yes, what are the types of health complaints students consult for? What type of facilities do you have? 10. If no, where do you refer the students in any emergency? 11.Do you have NSS unit? If yes what are the activities taken up by the NSS unit? 12.Do you have any counseling center? Yes/No. 13. If ves, what are the types of counseling you usually give? What type of facilities do you have? 14. Who does the counseling to the students? 15.Do you have separate common room for girls and boys? Yes/ No. If yes, is the space enough for you to do any activities? 16.Do you have facilities for sports activities of both indoor games and outdoor games? Yes/No. If yes, are you happy with the type of facility you have? Yes/ No. If no, why?

17.Do you have library facility? Yes/ No. If yes, what is the library timing? Are you satisfied with the facility you have in the library? Yes/ No. If no, why?

18.Do you have computer facility in your School? Yes/ No. If yes, what are the facilities you got there? Do you have Internet facility? Yes/ No.

D. Health Care Needs

- 19.Do students get sexual counseling? Yes/No? If yes, what are the types of counseling do you provide to them? If no, do you think there is need of counseling on those issues also especially for adolescent? If yes why?
- 20. If yes, what are the responses of the students after getting counseling?
- 21. Which one do you discuss with students when they come with personal problems?
- 22. Could you share some of your experience with the students?
- 23. Do you think there is urgent need of health care information's (R/T reproductivity)? If yes, what are the importance of providing? If no, why?
- 24. What do you think of importance of sex education in the school level?
- 25. What are the needs for safe and supportive environment for the adolescents to grow in healthy environment?
- 26.Do you think there are enough safe and supportive environments for the students in your college? Yes/No. If yes, can you brief on it? If no, what could be the reason?

C. Awareness level

- 27. Have any teachers undergone any training programme on counseling? If yes, what are the types of training conducted to the teachers? Who organized the training programme?
- 28. How often does the training programme hold?
- 29. Have you undergone any sex education-training programme? If yes when was it, where and for how long?
- 30. What are the differences before and after the training programme?
- 31. Have you heard of Reproductive Child Health Programme (RCH)? Yes / No.
- 32. If yes, what do you know about Reproductive child health programme (RCH)?

- 33. What is relevant to you and your students by the RCH Programme?
- 34. Have you heard of any NGOs working on reproductive health? Yes/No?
- 35.If yes, what have you heard about the NGO's services?
- 36. What are the services you and your students have availed with?
- 37.If you happen to avail the services, are you happy with the types of services they provide?
- 38.Do you hold programme on health related issues in the School? If yes what is the content of the Programme?
- 39. Who are the expertise persons to conduct the programme?
- 40. Who organized the programme? School itself/Government /NGOs/Any other, specify.
- 41. How often do you conduct such programme?
- 42. What are the responses of the students?
- 43. Any suggestions related to current programme available for adolescents?
- 44. Do you have any other comment to share with?

