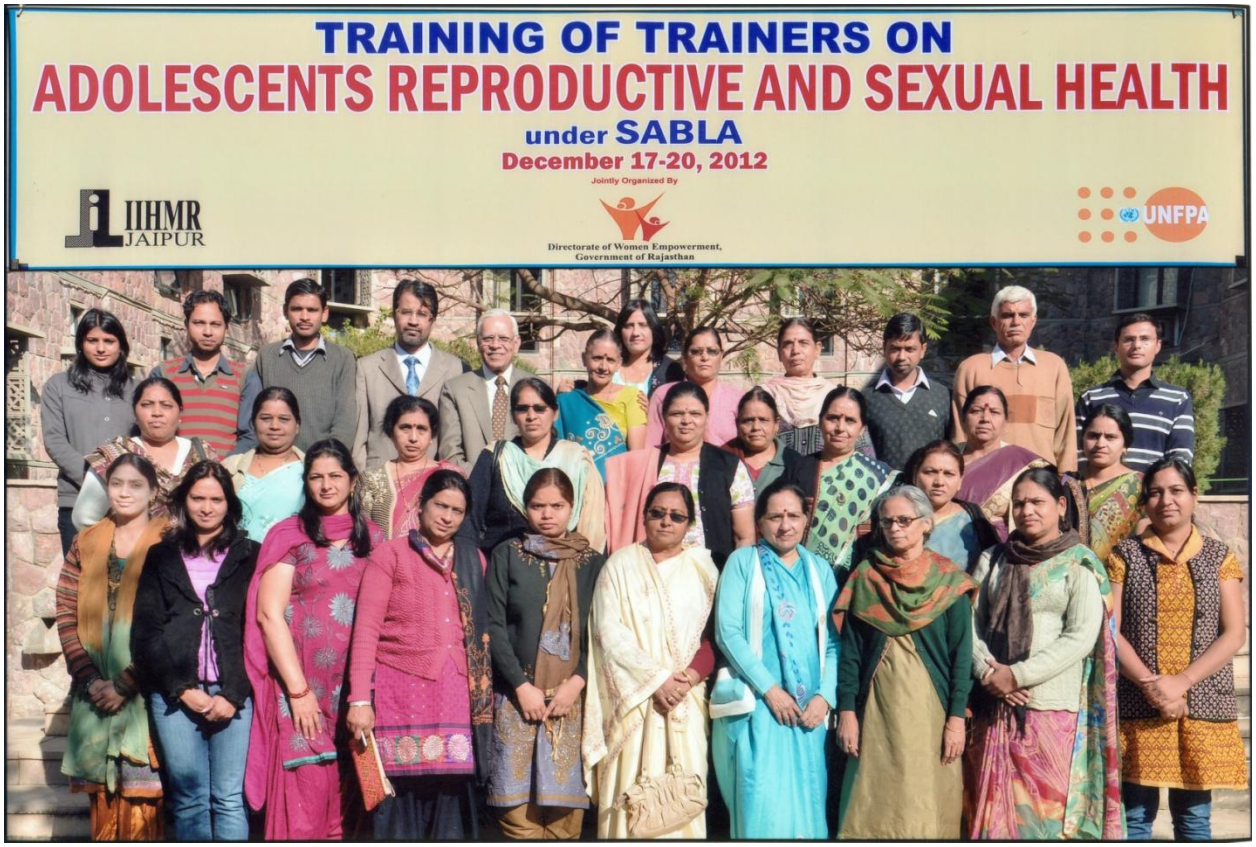
Training of Trainers on
Adolescents Reproductive and Sexual Health
under SABLA

December 17-20, 2012

A Report



Background:

Adolescence is defined as the period of transition from childhood to adulthood that involves biological, cognitive, psychological and socio-emotional changes. "Adolescence" comes from the Latin word adolescere, which means "to grow" or "to grow to maturity". Adolescence is a time of change and therefore this is the time to make adolescents aware of and informed about various facets of life in order to promote a healthy way of living. Awareness of health, nutrition, lifestyle related behaviour and adolescent reproductive & sexual health (ARSH) needs to be positioned in this phase of life in order to improve the health of adolescent girls and facilitate an easier transition to womanhood.

The Ministry of Women and Child Development, Government of India, in the year 2000, came up with a scheme called Kishori Shakti Yojana (KSY) with the objective to improve the nutrition and health status of girls in the age group of 11 to 18 years, to equip them to improve and upgrade their home based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition and family welfare and management. Thereafter, the Nutrition Programme for Adolescent Girls (NPAG) was initiated as a pilot project in the year 2002-03 in 51 identified districts across the country to address the problem of under-nutrition among AGs. Under this programme, 6 kg of free food grain per beneficiary per month was given to undernourished AGs. As both the schemes had similar interventions and catered to more or less similar target groups, a new comprehensive scheme, called Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or SABLA, merging the erstwhile Kishori Shakti Yojana (KSY) and Nutrition Programme for Adolescent Girls (NPAG) schemes has been formulated to address the multidimensional problems of adolescent girls. The objectives of the scheme are to:

(i) enable self development and empowerment of Adolescent Girls;

(ii) improve their nutrition and health status;

(iii) spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH), and family and child care;

(iv) upgrade their home based skills, life skills and vocational skills;

(v) mainstream out of school AGs into formal/non formal education; and

(vi) inform and guide them about existing public services, such as PHC, CHC, Post Office, Bank, Police Station, etc.

In Rajasthan the Training Modules have been developed by Department of Women and Child Development and UNFPA / UNICEF to support all persons who would be involved in implementing the Scheme, including the district and grassroots level functionaries. In this regard, a four-day state level training of trainers programme to facilitate training at district level was organized at IIHMR, Jaipur.

The overall objective of the training was to help district level functionaries to build their knowledge and understanding for adolescent reproductive and sexual health to facilitate training at grass root level. At the end of the training, participants were expected to:

- Discuss training as a system
- Differentiate training methods and its uses, strengths and weaknesses
- Explain adolescents' reproductive and sexual health (ARSH)
- Conduct sessions on ARSH with grassroots functionaries

A total of 28 participants from eight districts, namely Barmer, Banswara, Jodhpur, Chittotrgarh, Jhalawar, Ganganagar, Dungarpur, Udaipur and state level offices attended the training programme, conducted during December 17-20, 2012 at the Institute's campus.

The framework for the four-day training was able to make participants to:

Session	Topic	Objectives	Method	Timeframe
I	Opening Remarks	1. Explain the objectives of the training 2. match the expectations of the participants with the objectives	Discussion	90 minutes
II	SABLA- An Overview	1. know the activities of SABLA programme 2. explain the desired changes accomplished by SABLA	Power point presentation with Discussion	90 minutes
III	Systems view of Training, Selecting Appropriate Training methods and evaluation	1. to discuss training as a system 2. explain the training methods and its strengths and weaknesses	Power point presentations with discussion Brainstorming	180 minutes
III	Adolescent growth and development and its implication on health	1. Explain adolescence 2. know the changes occur during adolescence and relate it with emotional and social context 3. discuss the implication of these change on health	Power point presentations with discussion Brainstorming Group work	90 minutes
IV	Sexual and reproductive health concerns of girls during adolescence	1. define health, reproductive and sexual health 2. know the rights of an adolescent girl 3. know the male and female reproductive system and functions	Brainstorming Group work	90 minutes
V	Nutrition and anemia among adolescent girls	1. discuss the importance of balanced diet among adolescent girls; 2. understand anemia status and its consequences among adolescent girls	Information on GAIN Project Power point presentation with	90 minutes

		3. know about GAIN project activities and linking with	discussion	
VI	Adolescent pregnancies, abortions, and safe motherhood	1. discuss the aptness of pregnancy during adolescence 2. explain the reasons of pregnancy during adolescence 3. identify reasons of pregnancy among married/unmarried adolescent girls 4. know about MTP Act and PCPNDT Act	Group work Power point Presentation with discussion	90 minutes
VII	RTIs, STIs and HIV/AIDS among adolescents	1. differentiate between RTI and STI; HIV and AIDS 2. explain the reasons and possibilities of these diseases among adolescent girls 3. discuss the consequences and obstructions in treatment of these diseases	Power point presentations with discussion Brainstorming	120 minutes
VIII	Family Planning methods for adolescents	1. explain the strengths and weaknesses of contraceptives 2. ways to inspire the partner for use of contraceptives	Discussion Role play Group work	60 minutes
IX	Life skills and its application in health for adolescents	1. discuss 10 life skills	Discussion	90 minutes
X	Communicating with adolescents	1. Define good and effective communication 2. Explain verbal and non verbal way of communication 3. identify the obstacles in effective communication	discussion	90 minutes
XI	Leadership and decision making skills for girls empowerment	1. create vision 2. define leadership and empowerment 3. influence decision making power	Group work discussion	90 minutes
XII	ARSH services in health sector	1. identify different reproductive and sexual health services and schemes available in their areas	discussion	90 minutes
XIII	Developing and presenting district	1. develop action plan for next 3 and 6 months	Group work	180 minutes

Program Schedule:

Day/ Date	9:30 - 10.00 hrs Session 0	10:00 -11:30 hrs Session I	11:45 -13:00 hrs Session II	14:00 - 15:30 hrs Session III	15:45 - 17:15 hrs Session IV
BASICS OF TRAINING					
I Dec 17, 2012	Registration, Guided tour to the Institute	Opening Remarks DWE, UNFPA, IIHMR	SABLA: An Overview *Jayshree*	Systems View of Training *Nutan Jain*	Selecting Appropriate Training Methods and Evaluation *Nutan Jain*
ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH					
II Dec 18, 2012	Reflections	Adolescent growth and development and its implications on health *Suresh Joshi*	Sexual and reproductive health concerns of girls during adolescence *Suresh Joshi*	Nutrition and anemia Among adolescent girls *J Bir*	Adolescent Pregnancies, abortions, and safe motherhood *Bajrang Soni*
FAMILY LIFE SKILLS					
III Dec 19, 2012	Reflections	RTIs, STIs and HIV/AIDS among adolescents *Sushila Saharan*	Family Planning methods for adolescents *Nutan Jain*	Life skills and its application in health for adolescents *Divya Santhanam*	Communicating with adolescents *Saumitra Joshi*
EMPOWERING ADOLESENCE					
IV Dec 20, 2012	Reflections	Development of Leadership skills for adolescent girls empowerment *Nutan Jain*	ARSH services in health sector	Developing and Presenting District Action Plan *Participants*	Course Evaluation and Closing DWE and IIHMR

Day One: December 17, 2012

Registration:

The registration of the participants was done from 9.30 to 10.00 am at IIHMR, Jaipur. All the participants were given a registration form to fill their personal details including the designation and their respective posting. A brief introduction of the institute was also given to the participants.

Session I: Opening Remarks
Facilitator: *DWE, UNFPA, IIHMR*

With warm greetings the session was started with introduction. The participants were asked their understanding for attending this training. Some of the participants answered the objectives of the training programme as to sensitize and increase knowledge about physical and psychological development of adolescents; to improve the way of communication with adolescents; to remove the hesitation while communicating with adolescents regarding reproductive and sexual health.

One of the participants shared that AWW find it difficult to communicate regarding reproductive and sexual health to adolescent girls. Some simple techniques or ways should be found out to facilitate the communication.

UNFPA representative stated that as in Rajasthan, 40% girls below 18 years of age are married and at 19 years of age have a child, they should know about the care taken during pregnancy. SABLA is one of the most important programmes in Rajasthan which will help in betterment of adolescent girls.

IIHMR faculty shared that to be a trainer one should have the knowledge of even the minute details of subject and should know how to share out the knowledge ahead. The training should always be in a very easy language and views should be expressed positively. As adolescents are exposed to media, they have the knowledge but not complete, which creates a gap which should be reduced.

DWE representative stated that SABLA programme should be treated as a mission by the participants. Government has started nutritional services under ICDS and Non-nutritional services under directorate of women empowerment. New ways should be explored for linking out of school girls with school going girls. She motivated the participants that they should something which will give direction to the AWW and other grass root level functionaries as they are the one who are directly linked with adolescent girls.

Session II: SABLA: An Overview

Facilitator: Jayshree, DD, DWE
To recapitulate the general understanding of participants, a brief introduction of SABLA scheme was given. Target group for the scheme are 11-14 years out of school girls and 15-18 years school going as well as out of school girls.

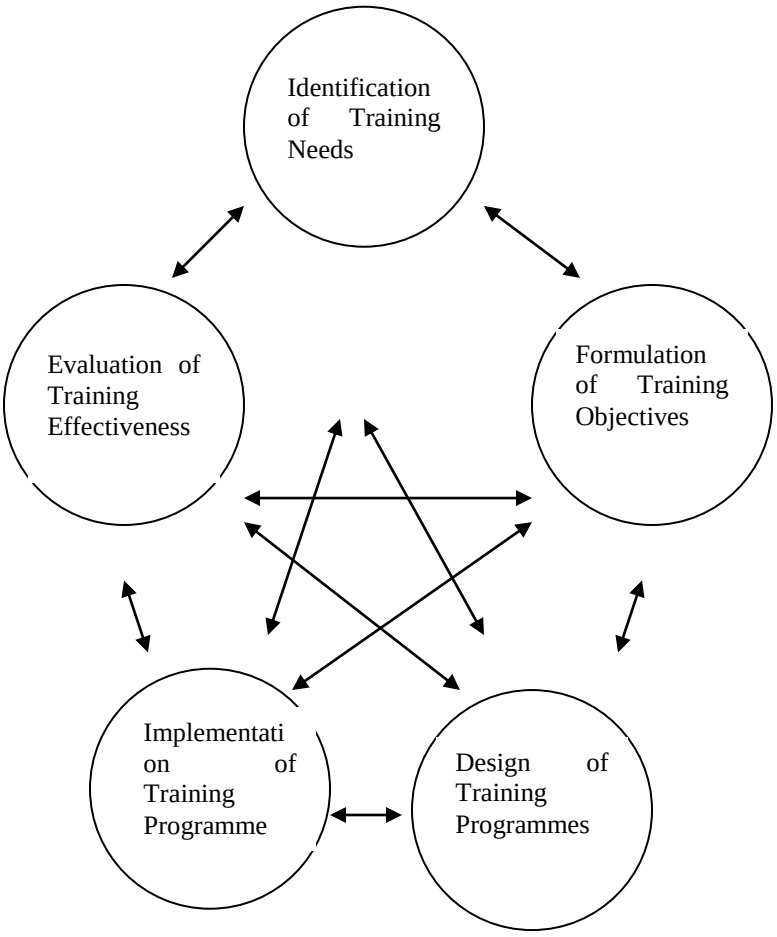
Services are categorized available under the scheme are:

- nutrition: take home nutrition ration, health check up, IFA distribution, Referral
- non-nutrition: Life skill education, Adolescent Reproductive and Sexual Health Education, Vocational training for 16-18 out of school girls, kishori divas, forming balika mandal

Training to Adolescent girls at AWC should be given which include two sessions a week. The group selects two adolescent girls as '*Sakhi Saheli*' from out of school girls.

After lunch session on training was started. In order to ensure the expected results which training is meant to bring, training itself should be taken as a system where its various steps or processes are actually its sub-systems. This means that the different phases/processes of training function are highly inter-dependent and inter-linked. The ultimate aim of each phase is the achievement of predetermined goals of training. The main sub-systems of the training system are:

i. Identification of Training Needs;
ii. Formulation of Training Objectives;
iii. Design of Training Programmes;
iv. Implementation of Training Programmes,
v. Evaluation of Training Effectiveness



Learning activities are associated with more or less with each stage of the learning model and role of trainer changes accordingly.

1. **Concrete Experience:** The key at this stage is the degree to which the learner has opportunities to involve him/herself directly in his own practical experience of what is being studied (not the same as involving him/her in the trainer's experience). Tasks, problem solving, syndicate groups, exercises, role plays, games, field visits, case studies all offer opportunities to the learner for real or simulated direct experience.

The trainer's role at Concrete Experience Stage for the learner, calls for anticipation and preparation before the learning activity even begins. When the learning activity is underway, the role may be timekeeping and "refereeing", especially if participants are confined by rules or roles. As the role of trainer at this stage of the learning cycle is helping learners develop affective competence, it is important for the trainer him/herself to feel confident in his own capacity to extended silence, attack from learners, or their refusal to participate.

2. **Reflective Observation:** The data-gathering stage. (Sometimes it is said that the trainer's job in adult learning is simply making data available to learners in useful ways). At this stage, learners are helped to analyze and review evidence of their direct experiences. The process of how the experience was encountered is the focus, not just what the experience was. Profiles from self-report instruments, video playback, participants' own and others' observations, written notes or reflections, the trainer's view are all activities for developing data at this difficult, critical phase of the learning cycle.

The trainer's role at Reflective Observation stage is largely to raise data from Stage 1 and make them reflect. The trainer acts as a counseller, clarifying and confronting learners to help develop their analytic and perceptual competence. The kinds of questions, we hear being asked by the trainer include: “What happened?” “How did you do?” “What did you see going on?” “How do you feel about that?”

Learners ignore opportunities for learning by not recognizing that problems arising in work or training offer a starting point for learning.

3. **Abstract Conceptualization:** Sometimes there is a definite "break" above between stages 1 and 2 for example, between the end of a structured exercise and the start of its review. At Stage 3, however, the shift from detailed analysis of experience (Reflective Observation) to broader consideration of it (Abstract Conceptualization) can be imperceptible. With the trainer's help, learners conclude principles which will guide them in future experience by assimilating past experience. The more they themselves do the generalizing (and not the trainer), the more we expect them to keep learning from experience after training.

The trainer's role at Abstract Conceptualization stage is probably closer to the conventional educator’s role than at the other three stages. We would expect the trainer to lead discussions and give didactic input. He becomes a "resource broker" to learners, linking up their interest with his own knowledge of the field (publications, colleagues, etc). Thinking is what is being emphasized at this point-“What have you learned from all this?”

When learners acknowledge a Concrete Experience, they can resist the analysis of it's meaning as something from which to keep learning.

If learners recognize problems from which to learn (vs. ignoring them) and if they perceive meaning in them for learning (vs. denying the validity of the meaning), the next way they can resist learning is by avoiding the implications of their new understandings for their work or continued learning. They may sit in class now "knowing" the topic but not connecting it to their own situations (Attendance without involvement).

Active Experimentation: The skill practice stage. Learners put into practice or examine in detail the preferred behaviours for application "back home". At courses, learners often signal readiness for this stage by remarking, " If I were in that situation now, I would….". Repeat role-plays and skill sessions provide opportunities of attachments and secondments, where learners practice of course, new cycles of learning. Advancing the learner through all four stages of the learning cycle becomes the role of the trainer.

At Active Experimentation stage, the trainer's role can be a skill-trainer, setting up and critique of action plans, challenging their feasibility. We hope the trainer is a good model all the time, but here he might demonstrate particular approaches himself. Advising and prescribing might be additional roles (note how much later these come in experiential learning than in most teaching). As behavioural competence in the learner is the goal, the focus is "What will you do differently next time? "

Learners resist practice of new behaviour by explaining away its application to their workplace. (The civil Service is too traditional, their heads won't understand, they do not want to upset their subordinates, etc.) Resistance at this stage substitutes action or realistic action planning by all the reasons that the training will not work. The correct response for the trainer is a direct one: "You keep saying your relationship with you superior is unimportant, yet we keep coming back to it in our discussion for the problem....

In the group work participants were divided in to four groups and asked for identifying the objectives and methods in the SABLA module 1 and 2. The differences between the two sets of objectives were discussed. SABLA module no. 1 has objectives written from the point of view of the trainer while another module's objectives are written from the point of view of the trainee.

Out of the list prepared of the training methods (group work, discussions, quiz, debate, role play, story, exposure visit, lecture, presentation, demonstration) in the module, the participants were asked to rank themselves not number one. They identified weak in case studies and role plays. Difference between case study and story telling was discussed. Role plays were discussed in terms of strengths and weaknesses and when to use.

Day 2: December 18, 2012

Recap: The first half-an-hour of the day was taken with special care and interest as it refreshed the ideas shared on the day 1; and offered a platform for queries. Participants voluntarily narrated the ideas with open-ended addition and comments. Here the participants talked elaborately on

the topics discussed on the previous day. Except two of the participants, all of them could learn at least one new learning.

Session I: Adolescent growth and development and its implication on health
Facilitator: Suresh Joshi

The main theme of this session was to understand the adolescent growth, development and its implication on their health. Health is a state of physical, mental and social happiness. A very interesting activity was organized for the participants. The participants were divided into six groups according to their age groups. Each participant from each group was then asked to write a story from their life reflecting their social situations when they were between 10-19 years of age. Then they were asked to read out the story to the respective group and note down the main points which highlight the story. The main points which came out from all the groups were:

- Attraction towards opposite sex
- Lying
- Hiding emotions
- Anger
- Fear
- Stress
- Hesitation
- Emotional
- Stress due to physiological changes
- Early marriage
- Time restrictions

After that they were asked to write their mental status during the situations they wrote above and again write down the main points which are focus of the story. The responses which came out from all the groups were:

- Inferiority Complex
- Insecure
- Ambitious
- Depressed
- Fearful
- Lack of trust
- Anger
- Frustration
- Discrimination

This activity was conducted to enable the participants to share their stories with adolescents. As a trainer they should behave as a friend and share experiences with trainees which will enable full sharing of thoughts.

As adolescence is an age of transition, while training at the respective AWCs, adolescents can be divided in sub groups for training.

Session II: Sexual and reproductive health concerns of girls during adolescence
Facilitator: Suresh Joshi

The session initiated with the understanding of reproductive and sexual health. The facilitator stated that reproduction is a natural phenomenon which occurs in every living being. It is not a disease. Physical changes are different at different ages. Reproduction is the hidden motive for sexual curiosity. As adolescence, 10- 19 years is an age of curiosity, all the queries of the adolescents should be settled. Physiological changes are responsible for disease as well as health. Facilitator stated to the participants that as a trainer, you have to understand the reasons trainees apply and try to change them with suitable reasons.

As menstruation in girls and ejaculation, erection in boys are the onset of puberty, adolescents feel anxious and inferior if they are not prior aware of these changes to be taking place. Anxiety for sexuality for adolescents is the main reason for health implications like teenage pregnancy, anemia, abortion, sexual harassment, etc. You have to resolve the problems and settle down the queries of the adolescents regarding reproduction and sexual concerns. You have to remove the hesitation for which peer sharing is a way. Media exposure is incomplete and can be dangerous if not channelized properly. As if these myths are not cleared, these physiological changes can have negative health implications.

Session III: Nutrition and anemia among adolescent girls
Facilitator: Jatinder Bir Singh

The session started with a brief understanding of nutrition. The brief knowledge about carbohydrates, protein, micro and macro nutrients was given. Adolescence was discussed and the haemoglobin level required for each age group was also discussed. Facilitator stated that more girls older than 15 years having Hb level of less than 12 are considered as anemic. If the Hb level is less than 7, then girls are considered severe anemic.

The major issues for anemia are:

- Bad food habits
- Poor food practices
- Hookworm infestation
- Lack of awareness

Government of India has initiated National Anemia Control Program.

The participants were told about the process of food fortification. It was stated that adding micronutrients additionally in any food item is fortification. Currently, IIHMR, with GAIN is indulged in fortification process which fortifies wheat flour, oil and milk.

Vit. B12, Iron and folic acid are added in wheat flour, Viamin A& D in oil and milk to fortify them. The participants were also informed about the utility of vitamins.

Vitamin A increases the immunity of the body; Vitamin D is good for bones. Iron compensates the blood loss and folic acid helps in reducing deformities during pregnancy.

Session IV: Adolescent pregnancies, abortions, and safe motherhood
Facilitator: Bajrang Soni

Before the resource person came, the reproductive system was discussed by using cloth apron which is the part of kit. The facilitator started the presentation with a beautiful stanza which narrated the concerns of adolescent girls. He stated that 10-19 years of age is considered as adolescence. In India 43% girls less than 18 years of age are married where 30% have no ANC check ups. 13% maternal mortality is due to unsafe abortion in which 50% are 15-19 years of age.

During the presentation, participants were informed about the reasons for early pregnancy:

- Early menarche
- Early marriage
- Media exposure
- Decrease in joint family system
- Increase in substance abuse
- Increase in poverty and thus prostitution

Limitations of health services:
Unavailability of appropriate health services
Limited access and less information on reproductive and sexual health
Unavailability and less information on contraceptives
Less reach to MTP services. MTP is legal but does not mean that it is our right. It can be done within 28 weeks for any such reasons which are mentioned in the Act.
Poor implementation of PCPNDT Act
Less or no care of privacy and confidentiality of beneficiaries

The participants were also told the risks during pregnancy:

Ante-natal risks:
High BP, Blood loss, STD/HIV, MTCT, Malaria, pre-eclampsia, etc

Risks during delivery:
Before time delivery, Intra uterine growth retardation

Post partum risks:
PPH, Anemia, Pre eclampsia, Depression, Puerperal Sepsis

Problems of Abortion:
Current problems:
Tetanus (use of unsafe equipments)
More blood loss (RPOC)
Infection in genitals
Wounds in genitals

Chronic problems:
Chronic pelvic infection
Secondary infection
Ectopic pregnancy
Repeated abortion
Early delivery

Psychological problems:
Self guilt
Depression
Self regret

Reasons of unsafe abortions:

- Lack of awareness
- Social constraints
- Fear of school and social isolation
- Son preference
- Negative attitude of a service provider
- Unavailability of appropriate health facilities
- Cost for safe abortion

The facilitator informed the participants that if the girl is below 18 years of age then only consent of her guardian/ parent are required otherwise only her consent are sufficient.

For creating appropriate and responsible environment for adolescent girls:

- Legal age for marriage should be propagated
- Sensitize boys/families/social workers that pregnancy should not happen till 18 years.
- Safe sex should be promoted.

Day 3: December 19, 2012
Recap: The participants shared that idea of sub grouping was innovative. They came to know that unmarried abortions are not illegal. UNFPA State head appreciated the efforts for training and recommended for adding GBV and VAW sessions.

Session I: RTIs, STIs and HIV/AIDS among adolescents
Facilitator: Sushila Saharan
The facilitator informed the participants about HIV/AIDS and discussed the myths. HIV is a virus and AIDS is acquired immune deficiency syndrome. Its first case was seen in New York in a homosexual (male) couple. It was first identified in Chennai in India in 1986. Common symptoms of AIDS are:

- Lung TB
- Pneumonia
- Brain Fever
- Mouth Ulcer
- Intensive infection

- Hepatitis B
- Red itching spots on body

- Source of infection can be:
- Unsafe sex
- Infected syringe
- Infected blood
- From infected mother to child

The high risk groups include:

- More than one and unsafe sexual relations
- Use of same syringe by drug users
- Reuse of syringe by AIDS patients
- Untested blood transfusion

ART centre are there for HIV/AIDS management. AIDS can be treated but is not curable. The identity of AIDS patient should not be disclosed. There should not be any kind of discrimination with the patient, full social and psychological support should be provided to the patient.

Sexually transmitted infections or STI occur due to fungal microorganisms or by bacteria and it is transmitted through unsafe sex practices. As HIV is also sexually transmitted, it is also one of the most dangerous STI. As STI infected person has a much greater chance to be infected by HIV if involved with HIV positive partner.

STI can increase infertility, risks of HIV and can cause congenital deformities in children.
The main reason for RTI/STI transmission is risk taking behavior and unavailability of health service provider. The vulnerable group includes:

- Adolescent girls and boys
- Women having more than 1 sexual partner
- Female sex workers
- Injective drug Users
- Migrating people
- People with risk taking behavior
- Poor children who dwell on roads

Symptoms of RTI/STI include:

- Herpes
- Excessive blood loss
- Genital itching
- Abdominal pain
- Pain during sex

STI prevention and management:

- Partner treatment is necessary
- Use of condom

At the end of the session, the facilitator shared the treatment, namely kit 3 White as shown in the figure.

Session 2: Family Planning methods for adolescents
Facilitator: Nutan Jain

The main aim of this session was to make the participants aware of the available methods of contraception and to make them aware of the strengths and weaknesses of contraceptives. Emergency contraceptive pills, Oral contraceptive pills, Male Condoms, Female condoms were some of the contraceptive methods which were the most useful for the adolescents. Female condoms are good but the main issue which comes to front is the cost of the condom and the difficulty in disposing off like male condoms. However, women have freedom to decide.

A small game was played with the participants. Some beads of same colour were distributed to the participants. After that again they were asked to pick one more bead from the box containing beads of different colour. The objective of the game was to make the participants understand about the pairing of chromosomes and role of a man and woman in deciding sex of a fetus.

The participants were unaware of Emergency contraceptive pills (ECP) and therefore, lot of discussions was held. It is available with ANMs. The recent news in The Hindu, ASHAs will be used as depot holder and the contraceptives including ECP will be available with her on subsidized rate.

Because of time paucity, the participants were given the home work to write a script for role play on male condom, female condom, ECP, IUCD, OCP, and standard days method or safe period.

Session 3: Life skills and its application in health for adolescents
Facilitator: Divya Santhanam

The main theme of this session was to know about life skills, to know their impact on adolescent girls and different methods to adopt life skills. The 10 life skills suggested by WHO are:

- Self awareness
- Empathy
- Analytical thinking
- Creative thinking
- Problem solving
- Decision making
- Effective communication
- Interpersonal relationship
- Management of emotions and feelings
- Stress management

The facilitator stated that self awareness is the most important key. One should be aware of the questions like who am I, what is my identity, what are my strengths and weaknesses.
The constraints on adolescent girls should be identified and tried to remove so that they can also become self aware and self confident. They should:

- Have courage to take decisions
- Be confident

- Be aware
- Know their likes and dislikes
- Understand the interpersonal relations
- Understand emotions
- Be able to solve problems

Session 4: Communicating with adolescents
Facilitator: Soumitra "Azad"
The objective of this session was to know the importance of communication with adolescents, to find ways for expressing verbal and non verbal way of communication and to identify the obstacles in effective communication. The facilitator started the session with defining communication. To express views, to listen others' views and sharing knowledge is communication. Good communication is that which is communicated in good way but does not last longer. Effective communication is communication which lasts longer. Effective communication has following characteristics:

- Use of Simple words in local language
- Control over
- Body Language
- Way of communication
- Clarity of thoughts
- Enabling Environment
- Subject knowledge, which should be effective and adequate
- Preparedness
- Patience

DOs in communication:

- Listen carefully and patiently
- Provide privacy and confidentiality
- Prioritization of issues and thoughts
- Understandable
- Polite and humble
- What you say, you should feel and it should reach otehrs' feeling level

Day 4: December 20, 2012
Recap: The participants reflected upon standard method by using beads in a garland form. The 14^{th} day from the expected date of menses is the risk day along with 4-5 days before and after. The participants could not do home work. Life skills were also recalled.

Session I: Leadership and Empowerment
Facilitator: Nutan Jain
Leadership and empowerment concepts were discussed. Dreaming session was conducted with visioning. The group work on visioning was helping them in coming out with their resistance as they have many restricted ideas. The vision was created for SABLA for December 20, 2017. To help them further nine dots problems was used to go "out- of -box" . To implement the vision

collaboration is required. Therefore, "broken square" game was played with five groups. None of the groups could make the squares. The key learning by the game was: shared vision, understanding others needs, helping each other to accomplish the vision as a team.

Session II: ARSH Services in Health Sector
Facilitator: Nutan Jain

The resource person from NRHM, GoR could not come due to personal reasons and therefore the session was conducted in participatory manner. The participants were asked in groups to fill out the following format:

SABLA services (Nutrition related and non-nutrition)	Health services required	Whether the services are available?	If yes Name?	If No, or problems faced

A majority of the participants were able to manage health services but availability of doctors during Kishori diwas was perceived as a problem. JSY, JSSY, MCHN day etc. were discussed.

Session III: Developing Action Plan
Facilitator: Ranjana Vaishnav

The participants were asked to develop action plan for the next three months, three years and five years. They were asked for block and the respective AWCs. How many GPs will be covered during the next period. The plans were presented and a copy of the same submitted to the DWE, GoR. Each of the participants had a copy of the plan for follow it up.

Session IV: Closing
Facilitator: Rashmi Gupta, DD, DWE

The participants summarized their learning from the training programme. The Deputy Director appreciated that before starting ARSH topics, training as a system and methods were discussed. About the success fo the training, one of the participants shared " *hum khud prajnana sambandhi baton par jhijhakte hein, hamari karya karta bhi baat nahi kar paati. Kitna jarroori hai in sab par khul kar baat karna. Ab kar sakenege*". "*Ham ab salksham ban paaye, varna ham ne kitne dukh jhele, dushparinam dekhe*".

According to the Deputy Director "*yeh koi aam* training *nahi hai, ise aamjan tak le jaayen*". IIHMR faculty requested to inform the blood group of the girls to reduce maternal mortality and morbidity because of in-laws do not want to donate blood. If blood group is known, preparedness can help them. As suggested by UNFPA State Representative, session on gender-based violence was not conducted. Actually, it is a serious issue and should be discussed at length. Request was made to DWE and UNFPA to organize a full-fledged training on the issue. Awareness of birth registration is also important to make children especially girls SABLA. It is their right. After distribution of the certificates by the Deputy Director, the training was closed with oath.

I pledge that I will share learning with other/ co-workers, I will present myself a role model before the girls, I will empathize with adolescent girls, I will listen to them patiently, I am empowered woman (SABLA), each girl will be empowered and I will empower them.

Training Evaluation

S No	Items	n=25			
1	Average duration of getting prior information to attend the training	4.6 days (range= 1-15 days)			
		Rating (%)			
		4	3	2	1
2	What do you think about the structure and organization of the course to meet the objectives?	80	20	0	0
3	How useful will this training be to you immediately in your job?	80	20	0	0
4	How useful will this training be in your future assignments?	80	20	0	0
5	Practical orientation of the course	56	40	4	0
6	How far have you been benefited from interaction with fellow participants during the course?	68	32	0	0
7	How far was the course material supplied relevant and related to the course content?	72	24	4	0
8 a	Reception	84	16	0	0
B	Classroom facilities	92	8	0	0
c	Training Aids	68	32	0	0
d	Interaction with the faculty	88	12	0	0
e	Computer facilities	68	32	0	0
f	Residential accommodation	84	16	0	0
g	Food quality and service	92	8	0	0
9	Your overall impression of the course	68	28	4	0
10	Did the course give you any specific ideas about improvement in your working situation when you get back?	92	8	0	0

Main learning from the programme

- Discipline and time management during training
- Humility of the trainer
- Patience of the trainer
- Training methods, practical training, story telling to initiate discussions with adolescent girls, role play
- Training session plan
- Training stages
- Evaluation of training programmes
- Effective communication with adolescents
- Importance of training objectives and linking it with sessions objectives
- Kishori diwas need to be organized at village level, inviting medical officer and sarpanch
- Weekly session with adolescent girls
- HIV and AIDS
- Emergency contraceptive pills, and 380A IUCD
- Abortion is legal in India
- Abortion can be done within 28 weeks
- Maintain privacy
- Fortification: atta, oil and milk