ADOLESCENT HEALTH AND WELLNESS DAYS
"YUVA SAMVAD"

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INTRODUCTION AND RATIONALE

India has made significant strides in improving health and development parameters of adolescents and young people since the last decade. Rashtriya Kishor Swasthya Karyakram (RKSK) has moved beyond the existing programme norms of facility-based interventions to community and school-based interventions, thereby reaching out to adolescents within their own environment, such as schools and community and at the same time focusing on their influencers and caregivers. However, latest evidence still suggests that adolescents lack information related to their health and well-being and also lack necessary skills, support and access to adolescent/youth friendly as well as HIV prevention services to translate their knowledge into safe and responsible behaviors.

For millions of young people including adolescents around the world, the onset of adolescence not only brings changes in their bodies, but also exposes them to newer vulnerabilities due to limited access to quality services and health information, particularly on Sexual and Reproductive Health (SRH), injuries and violence and digital challenges (e.g. cyber-bullying and pornography, gaming etc). As per National Mental Health Survey 2015-16, prevalence of mental disorders in age group 13-17 years is 7.3% with an almost equal distribution between girls and boys. Approximately 54 % of girls and 29% of boys in the age group of 15-19 years are anemic in India (National Family Health Survey (NFHS)-4). Further, a large proportion of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections, including HIV. AIDS-related deaths have fallen for every other age-group except for adolescents where it has increased. As per NFHS-4, only 19% girls and 28% boys in the age group of 15-19 years have comprehensive knowledge of HIV/AIDS. More than one-fourth (26.8%) of the girls got married below the legal age and nearly 8% of them aged between 15-19 years were already mothers or pregnant. Only 58% girls between the age group of 15-24 years use a hygienic method during menstruation. More than one-third married females between 15-24 years (37%) have experienced some type of physical, sexual, or emotional violence by their husbands.

As the world progresses towards Universal Health Coverage (UHC), there is a need to a transition from adolescent-friendly services to adolescent-responsive health systems and go beyond SRH to address the full range of adolescents' health and development needs. In line with global commitments towards UHC, the Government of India (GoI) launched the Ayushman Bharat program across India to provide universal access to Comprehensive Primary Health Care (CPHC) through Ayushman Bharat Health and Wellness Centers (AB-HWCs). AB-HWCs can be a unique platform through which health and development needs of adolescents can be met in a holistic manner. AB-HWCs can provide opportunities for meaningful engagement of adolescents as well as their families and other important stakeholders in the community. Adolescent Health Days (AHDs), an important community-based intervention of RKSK can be re-packaged as Adolescent Health and Wellness Days (AHWDs) and integrated with AB-HWCs with the following perceived benefits:

1. **Increased coverage** with all villages covered under AB-HWC, more adolescents can be reached through this initiative
2. **Increased allocation** as funds for all villages under an AB-HWC can be combined (one village receives Rs 2500 per AHD per quarter)
3. **Positioning of AB-HWCs** as adolescent friendly and responsive centers providing not only curative but wellness services as well
4. **Enhanced visibility** of adolescent health issues as AB-HWC is a priority programme of GoI

PURPOSE OF ADOLESCENT HEALTH AND WELLNESS DAYS

It is proposed to celebrate AHWDs in each AB-HWC (or school) on a quarterly basis and brand these days as a ***'Yuva Samwad'***. The purpose is to make AHWD as an edutainment platform to sensitize adolescents, their families, and other stakeholders on information related to adolescent health issues and services available at HWCs and other facilities. Primary health care teams at AB- HWCs will be providers of information, services and commodities and make appropriate referrals to Adolescent Friendly Health Clinics as and when required. The specific objectives of AHWDs are to:

- Improve awareness on and coverage of preventive and promotive interventions for adolescents
- Increase awareness among parents and other gatekeepers and stakeholders on adolescent health needs
- Increase awareness among adolescents about the determinants of adolescent health such as nutrition, SRH, mental health, injuries and violence (including Gender Based Violence (GBV)), substance misuse and prevention for Non-Communicable Diseases (NCDs)
- Improve awareness on other adolescent health related services, in particular Adolescent Friendly Health Clinics (AFHCs) by improving community linkages and referrals
- Increase awareness and dissemination of materials on life skills building, leadership skills, awareness about various scholarship programmes, career counseling, bridge education programmes etc.
- Build partnerships with other departments working for the youth/adolescents in the community

Coverage

For maximum participation of adolescent boys and girls from the entire AB-HWC area, proper publicity of AHWDs by multiple stakeholder from Education, ICDS, Youth Affairs and Sports, Panchayati Raj, Tribal Affairs, Rural livelihood, and Drinking Water and Sanitation and community representatives is crucial.

Content

The scope of the AHWD will address a gamut of issues on Nutrition, Mental Health; Violence including gender-based violence, Substance Misuse, Sexual and Reproductive Health, Non-Communicable Diseases, and Communicable diseases like TB and Leprosy

Communities

Community-based interventions by consistent and assured outreach services by service providers/ front line workers will serve as media of information dissemination and commodity distribution (sanitary napkins, Iron and Folic Acid (IFA) tablets and non-clinical contraception).

Convergence

The inter-sectoral convergence within vertical programmes of Health department and interdepartmental convergence with Women and Child Department and other departments, Panchayati Raj Institutions / Urban Local Bodies, community leaders etc. will be crucial to maximize impact and avoid duplication of efforts by different stakeholders.

Communication

Effective communication at all levels (interpersonal communication (IPC), mid-media and mass media) in all possible spaces that reach out to adolescents and their influencers will be an integral part of AHWDs. Health professionals should act as advocates on behalf of young people and as providers to young people and their care-givers/parents of most relevant and up-to-date, evidence-based information through appropriate means and language.

Counseling

The provision of correct knowledge and information through counselling services at every level of the adolescent universe (peers, nodal/school teachers, front-line workers, CHOs and Medical Officers is essential to make positive changes in their lives.

Components of Adolescent Health and Wellness Days

Publicity and advocacy

Why? Publicity of AHWD is important to ensure that the target population (adolescents, parents and other key stakeholders) are aware of the services available through AHWDs.

How? Clearly mention the day and time, venue and key services provided during the day through wall writings, posters, flyers, pamphlets, newspaper and social media like WhatsApp, Facebook, miking, parent-teacher's meetings etc.

By whom? Adolescent Health Counsellor, Block Level Counsellors posted at CHCs and other health facilities, key stakeholders (Panchayati Raj Institutions (PRIs), Village Health, Sanitation and Nutrition Committee (VHSNC) members, peer educators, Frontline Workers (FLWs), Non-Government Organizations (NGOs)) at grassroots level should take the ownership and create the need for such services under the directive of Block Medical Officer, Medical Officers in Charge (MO I/C), District Nodal Officer etc.

Operationalization of Adolescent Health and Wellness Days

AHWDs are proposed to be organized on a quarterly basis at AB-HWCs (or even schools) for all adolescents irrespective their age, geography, marital status etc in a series of activities for about four hours, out of which at least one hour should be devoted to group counselling. The AB-HWC team including Community Health Officer (CHO), Multi-Purpose Workers (MPW-Female and Male), ASHAs and Anganwadi Workers (AWWs) should be present during the entire session. CHO may be made responsible for providing general information on adolescent health issues. Community level representatives from departments of Rural Development, Youth Affairs and Panchayati Raj and Self-Help Groups (SHGs) should be encouraged to participate in the event. The target groups may be subdivided into following categories:

Female (10-14 years)	Female (15-19 years)	Male (15-19 years)	Male (15-19 years)	Married Adolescents (15-19 years)	Parents of Adolescents

Planning of Activities

Planning of Activities can be broadly divided into four main heading as follows:

Activities	Responsible person	Timeline
Before Adolescent Health and Wellness Day		
Meeting with MO (I/C) and nodals of other department officials under the chairpersonship of Block Medical Officer.	Block level Counsellor	At least 4 weeks prior
Finalization of dates, sites, supplies, tools & equipment	Block level Counsellor	
Thematic IEC materials distributed to the concerned CHO/ANMs and ASHAs	Block level Counsellor	
Visit nearby schools to plan for awareness campaign on upcoming AHWD	Block level Counsellor, MOICs, Dept. officials	

At Community level		
Budget estimate and microplanning of logistics (if required)	CHO/ ANM	At least two weeks prior
Selection of theme based on area specific adolescent health issues and arrange communication materials	CHO/ ANM	
Planning of activities in consultation with ASHAs & Peer Educators (where present)	CHO/ ANM	
Prepare a list of all adolescents (shared by AWW)	ASHA	
Discuss with their PE group on the objectives & the processes (where present)	PEs with support from their group and ASHA	
Mobilize the group to reach out to all the adolescents and their parents in the village to communicate the date, venue and the benefits of attending AHWD (if PEs present)	PEs with support from their group and ASHA	
On Adolescent Health and Wellness Day		
Conduct Adolescent Health and Wellness Day	CHO/ ANM	On the same day of AHWD
Mobilize adolescents in AB-HWC area to attend AHWD	PEs (if present) and ASHA	
Encourage adolescents to discuss issues with the service providers	PEs with support from their group and ASHA	
After Adolescent Health and Wellness Day		
Follow up of beneficiaries for referrals	CPHC Team	
Data recording and reporting	CPHC Team	

SUGGESTIVE LIST OF ACTIVITIES

A suggestive timetable on theme SRH for AHWD is provided in **Annexure 5** as a template.

Suggested Quarter-wise Themes for AHWDs (states may select their own)

1. Quarter 1: Nutrition and Wellness
2. Quarter 2: SRH and Injuries and Violence
3. Quarter 3: Mental Health
4. Quarter 4: Substance Misuse and NCDs

A. Nutrition and wellness

- Body Mass Index (under NPCDCS) and anaemia (under Anaemia Mukt Bharat) screening camps for parents/ adolescents
- Provision for IFA tablets and Albendazole
- Counseling/ IEC-BCC activities on nutrition and balanced diet/ cooking with local produce
- Emergency Referrals

B. Sexual and Reproductive Health

- Talk show by MO/ CHO on Reproductive Tract Infections, Sexually Transmitted Infections, HIV and AIDS; contraception and choices; safe menstrual hygiene practices, Age of marriage, Abortion, Pre-marital counselling, and adverse consequences of teenage pregnancy
- Screening of short films/videos (if any)
- Activities/ games/ quizzes for promotion of above messages/ role plays with adolescents and parents

- Provision of sanitary napkins along with awareness generation messages
- Provision for individual counselling to adolescents by CHOs/ MOs
- Referral to Adolescent Friendly Health Clinics

C. Mental Health

- Discussions, IPC and orientation of adolescents on common age-specific mental health issues and ways to manage them
- Screening and early identification of adolescents with any mental health issues including anxiety, stress, depression, suicidal tendencies, as per the provisions of National Mental Health Programme at primary level
- Need-based counselling of adolescents with mental health issues along-with their parents by Counsellors (if present)
- Referral of adolescents to AFHCs or higher centres for regular counselling and treatment, if needed
- Continuation of treatment as prescribed at the referral hospital of adolescents suffering from mental health illnesses by constant follow-up and availability of medications

D. Injuries and Violence

- Orientation, discussion, IPC with adolescents on safe behaviour, GBV, signs of manipulation and abuse, risky behaviors, negotiation skills discussion to prevent intimate partner violence etc. in an age appropriate manner by skilled professionals
- Formation of peer support groups at village/ school/ institute level to discuss about reproductive health, GBV (especially against females or Lesbians, Gay, Bi-sexual, Transgender, Queer, Intersex adolescents)
- Provision of helplines and contact details of both male and female counselors at AFHCs, schools and institutes where adolescent can freely avail the services without inhibitions in a confidential manner

E. Non-Communicable Diseases

- Discussion and talk by MO/ CHO on common NCDs, their impact on health and prevention
- Screening of short films/videos, activities/ games/ quizzes for promotion of above messages
- Individual's screening, counselling, follow-up and referral (if needed)

F. Substance misuse

- Discussion/ talk/ role plays/Focus Group discussions on substance abuse (especially tobacco and alcohol or other as per local prevalence), their harmful effects, prevention
- IEC/ BCC activities on harmful effects, prevention /management of substance misuse, and information about de-addiction centres and availability of counselling

ROLES AND RESPONSIBILITIES

A. Community Health Officer

- Planning and conducting activities during AHWD with the help of CPHC team, local leaders, teachers, PEs and NGOs (if present)
- Ensure the availability of all instruments, drugs, IEC and communication materials on AHWDs
- Generate awareness in community regarding services provided during AHWD well in advance

- Ensure activities on health and wellness (Yoga, sports etc.) by coordinating with trainers of Yoga, sports and wellness activities

B. ANM

- Ensure that the AHWD is held as planned, make alternative arrangements if needed
- Ensure supplies of commodities (IFA, Albendazole, sanitary napkins and contraceptives), communication materials beforehand
- Taking weight measurements, testing of hemoglobin etc. during AHWD
- Ensure reporting of AHWD to the MO in charge
- Coordinate with local NGOs (if present), ASHA and AWW

C. ASHA: Coordination with CPHC team, PE (if present), AWW and local leaders before AHWD to mobilize adolescents and their parents and organizing AHWDs

D. Peer Educators (if present)

- Help ASHA in listing adolescents ; with the help of ASHAs and AWW ensure all adolescents in the area are listed
- PEs will work closely with ASHAs to organize meetings with gatekeepers and other major stakeholders to mobilize (through Adolescent Group Meetings and monthly AFC meetings), organize and conduct village sensitization for the successful implementation of AHWD
- Link back to adolescents in the community for follow-up on specific issues/problems
- The PEs are expected to attend all the PE trainings to be better informed on how to interact with adolescents and provide support in conducting AHWDs

E. Anganwadi Workers (AWWs)

- Help ASHAs and PEs to mobilize adolescents, and coordinate with CPHC team, PEs, NGOs in organizing AHWDs
- Make AWC available for AHWD (if AB-HWC cannot be made available)

F. Village Health Sanitation and Nutrition Committee

- Ensure AHWDs are held on a quarterly basis at a proper venue with the required facilities
- Utilize VHSNC meeting platform for AHWD when AB-HWC are not available
- Organize local collective action for health promotion as a whole

MOBILIZING EXISTING RESOURCES

Financial provisions are made under state NHM Programme Implementation Plans for organizing the AHWDs within the community at AB-HWCs or in schools as planned by the states

S.no.	Activity	Budget Provision
1	Organizing quarterly AHWD at AB-HWC	Rs 2500/ AHWD per AB-HWC
2	Incentives to ASHAs for mobilization activities	Rs 200 per ASHA per village per AHWD

Apart from NHM, efforts should also be made to mobilize other existing resources through various platforms such as Nehru Yuva Kendra Sangathan (NYKS), Scheme for Adolescent Girls (SAG) of Ministry of Women and Child Development, Rural Development and Panchayati Raj platforms, urban

local bodies etc. for effective linkages. The community based organization, local NGOs etc. should also be included in the planning for social mobilization of adolescents and organizing the AHWDs

States may explore partnerships with private sector to engage them in certain activities such as exploring doctors /resource persons who can come and talk or provide materials on issues such as menstruation, mental health, substance abuse, life skills, negotiation skills and also issues of interest to adolescents such as career avenues, skilling, educational /scholarship and other employment opportunities etc. NGOs working in the field can also be roped in to provide support in conducting AHWD.

Establishing Linkages with RKSK and Schools

AHWDs provide an opportunity to establish linkages with schools as well as other RKSK interventions. Adolescents attending the AHWDs will be sensitized on services provided by AB-HWCs through sessions organized at schools by Health and Wellness Ambassadors (HWAs). This will help in increasing the demand for access to quality adolescent friendly health services through trained CHOs at HWCs and counsellors available at AFHCs. Community based interventions under RKSK such as menstrual hygiene, weekly iron folic supplementation and peer educator programmes will also be strengthened as more adolescents will be aware of these schemes and will avail the benefits. This will also provide opportunities for engagement and meaningful participation of adolescents as well as their families and other important stakeholders in the community to make services more effective and strengthening social accountability. Furthermore, monthly Adolescent Friendly Club (AFC) meetings at AB-HWC level in the overall guidance of ANM under peer educator programme can provide a supportive environment to peer educators. This will create awareness amongst peer educators about services available at AB-HWC which can be further disseminated to their groups. It is also envisaged to link AB-HWC with existing School Management Committees which have representation from the parents and community members.

Celebrating Adolescent Health & Wellness Days During COVID-19

Many key healthcare services, including those for adolescents have been disrupted as a result of the ongoing COVID-19 pandemic. While a congregation of individuals is not advisable under the current circumstances, it is critical that AHWDs that will be crucial in delivering services, commodities and information to adolescents are organized after ensuring optimum precautionary and preventive measures. CHOs along with the CPHC team and school authorities, should take adequate measures to prevent the spread of COVID-19 during this event.

Before the Event

A. Ensuring Sanitization of Venue

The HWC should be thoroughly sanitized before adolescents are mobilized. The CPHC team led by the CHO should ensure the tasks listed below (indicative not exhaustive list) are done before the AHWD:

- Complete maintenance, cleaning and sanitization activities at HWC at least one day before the AHWD
- General housekeeping - cleaning of floor, walls, windows, doors, door handles, lights, railings, pillars, washrooms and other common areas with water and disinfectant, and tables, chairs,

benches, doors and any surfaces that are likely to be touched should be cleaned with a linen/absorbable cloth soaked in 1% sodium hypochlorite

- Identify and prepare a designated quarantine area as per standard quarantine rules of the state government

B. Ensure stocks of preventive and protective material

- Stock face masks, gloves and hand sanitizers for all expected participants, including parents, teachers and others
- Ensure access to an adequate amount of filtered and decontaminated drinking water
- Ensure that all stocks of products necessary for the AHWD – condoms, contraception, sanitary napkins and IFA tablets strips are sanitized

C. Controlling Participation

- The number of participants for each AHWD should be limited based on the amount of space available. States should fix a maximum number of people, including healthcare staff who should be present at the HWC
- Wherever possible, put marks on the ground to indicate the safe-distancing between individuals. Arrange chairs and other seating options maintaining 3m social distance
- If an adolescent is suffering from cough, fever or any other symptoms of COVID-19 during mobilization they should be immediately quarantined, tested and asked to stay at home and not attend the AHWD.

During the Event: Ensure thermal checking, hand-washing and mask-wearing of all participants before they enter the HWC, and continue doing so throughout the event. Give instructions to everyone not to touch their surroundings, face etc. Put up IEC on COVID-19 appropriate behaviors at the entrance of the AB-HWC. Ensure optimum physical distancing at least 2-meter (6 feet) among participants; avoid seating arrangement facing each other wherever possible. Face-to-face meetings/counselling sessions to be held at a safe distance of 2 meters ensuring privacy. Instruct all participants to use their elbows or handkerchiefs/napkins/tissue papers while sneezing, coughing, etc. which are disposed or cleaned according to proper IPC protocols. Give regular, short and staggered breaks to participants for washing their hands. Discourage entry of external visitors while AHWD sessions are in progress.

After the Event: List and track all participants to ensure that they have not fallen sick within 7, 14 and 21 days of the event. School teachers and ASHA can take the responsibility of this tracking and report back to CHO. Follow proper Infection Prevention and Control protocols including Bio-medical Waste management at the AB-HWCs after AHWD

MONITORING AND SUPERVISION

To ensure proper functioning, improvement and necessary course corrections, there is a need for regular monitoring of activities by program managers at block, district and state level. The purpose of these visits will be to collect information on operational status of AHWDs, identify gaps and challenges foreseen.

Checklist for enlisting adolescents for AHWDs are provided in **Annexure 1**. Each district and block should keep the record of number of AHWDs planned and held. During AHWD, CHOs (Community

Health Officers) should maintain a register for data collection; indicative format for AHWD data collection is provided in **Annexure 2**. This should be filled on completion of each AHWD by the CHO and sent to the CHC/ Block Counsellor at the end of each month and compiled on a monthly basis at block and district level.

It may be ensured that every official concerned with Adolescent Health at the State and District level may visit at least two AHWDs every quarter. In addition, all proceedings undertaken at the AHWD must be reviewed. A supportive supervision checklist to be used by the State/ District /Block officials is provided in **Annexure 3.**

For successful implementation of AHWDs and fruitful engagement, it is crucial to take feedback from the attending adolescents so that these days can be customized further to their needs. A feedback checklist is attached in **Annexure 4**.

ANNEXURES

Annexure 1: Checklist for enlisting PEs for AHWDs (to be filled by ANM)

Name of HWC			Name of Village:			Name of ASHA:			Name of PE (if present)	
S. No	**Name**	**Age**	**Sex**	**Father's Name**	**Mother's Name**	**Family name**	**Education**	**Marital Status**	**Working/ Not working**	**Contact number**
1										
2										

Annexure 2: Format for Basic Data Collection during AHD (To be filled by CHO)

A. Basic Information			
Date of AHWD:		Name of the HWC:	
Block:		District:	
Theme of AHWD: (please tick whichever is applicable) Nutrition ☐ GBV ☐ NCD ☐ Substance Misuse ☐ SRH ☐ Others (specify) ☐			
B. Coverage			
1. Total Population under AB-HWC: ……			
2. Total number of parents/families who attended the AHWD:.....			
3. Total Adolescent population in the village and attendance in the AHWD: .....M.....F			
	Total	**Attendance at AHWD**	
Girls (Unmarried)			
Boys (Unmarried)			
Married Adolescents (Women)			
Married Adolescents (Men)			
Total Number of adolescents			
C. Activities carried out during AHWD			
Remarks (include performance, challenges etc.)			
Signature			
MO Signature		CHO	

Annexure 3: Supportive Supervision Checklist for AHWDs (to be filled by Medical Officer In-charge, Block Medical Officer, Block/ District Adolescent Health Counsellor or any other state/ district/ block official concerned with Adolescent Health)

S.No.	Question
1	What is the theme of AHWD?
2	Availability of staff at the session site: (pl tick) MO ☐ CHO ☐ Counsellors ☐ ASHA ☐ MPW ☐ AWW ☐ PRI ☐ PE (Male) ☐ PE (Female) ☐ Other ☐
Check Records of ASHA/ AWW	
3	Updated list of adolescents available in the village? ASHA Yes ☐ No ☐ AWW Yes ☐ No ☐
4	Does she have list of adolescents classified into different categories: Male, Female, age group: 10-14 & 15 -19, in school, out of school and married adolescents? Yes ☐ No ☐
Check an ongoing AHWD for Clients	
5	Percentage of adolescents who have come for AHWD (check record)-Not required ; why not numbers only?
Supplies	
6	Drugs & related supplies IFA ☐ Albendazole ☐ Paracetamol ☐ Condoms ☐ Other …… OCPs ☐ ECPs ☐ Sanitary Napkins ☐ Hb meter ☐
7	Equipment, Instruments Weighing scale ☐ Height measuring tape ☐ BP instrument ☐
8. Availability of IEC material for communication/ counselling?	Yes ☐ No ☐
9. Any demand generation activities were conducted prior to the AHWD? (Check from ASHA)	
Conducted village meetings with parents ☐ Miking ☐ Banners ☐ Posters ☐ Virtual meetings … … ☐ Others ☐	
10. Whether parents of adolescents are present?	Yes ☐ No ☐
11. Exit interviews with some adolescents where did they get information regarding AHWD?	
ASHA ☐ Peer Educator ☐ Banners ☐ Newspaper ☐ Other ☐	
12. Whether Peer educators of the village are present?	Yes ☐ No ☐

Annexure 4: Feedback checklist on AHWDs (to be filled by participating adolescents)

State	**District**	**HWC**	**School**
Age	**Date**	**Theme of AHWD**	

S.no	Question	Feedback (Rate on a scale of 1-10, 1 worst and 10 best)
1.	Timeliness of celebrations/ sessions	
2.	Activities interesting and informative	
3.	Counselling services being provided	
4.	Commodities (condoms, IFA tablets, sanitary napkins etc.) provided at AHWD	
5.	Cleanliness of the facility	

6.	Seating arrangement	
7.	Behavior of healthcare staff	
8.	Overall satisfaction with the celebrations	
9.	Recommendation to your friends to attend the celebrations	
10.	Visit the HWC in case of any emergency or health related query	
11.	Best thing which you liked about the celebrations	
12.	What could have been done better?	
13.	Suggestions to add some activity?	

Annexure 5: Suggestive timetable (Theme - Sexual and Reproductive Health)

Timings	Activity Component
11: 00 am-11.15 am	Introduction and registration of participants
11:15 am – 11: 45 am	Talk show by medical personnel or CHO on RTI, STI, HIV and AIDS; Contraception and choices; Age of marriage, Abortion, Pre- marital counselling, contraceptive counselling and service provision and adverse consequences of teenage pregnancy
11:45 am-12:00 pm	Screening of short films/videos (if any)
12: 00 pm - 1:00 pm	Activities/ games for promotion of above messages, avoiding risk taking behaviour and role plays to enhance negotiation skills
1:00 -1:30 pm	Discussion/IPC/orientation/quizzes on SRH issues with parents
1:30 pm – 2:00 pm	Provision for sanitary napkins along with awareness generation messages
2:00 pm - 3:00 pm	Provision for individual counselling
3:00 – 3:15 pm	Vote of thanks and Wrap up

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