OPERATIONAL GUIDELINES FOR IMPLEMENTATION OF ADOLESCENT HEALTH “RASHTRIYA KISHOR SWASTHYA KARYAKRAM” (RKS) PROGRAMMES
For (Baksa, Barpeta, Bongaigaon, Cachar, Chirang, Darrang, Dhemaji, Dibrugarh, Dima Hasao, Jorhat, Kamrup(R), Karbi Anglong, Lakhimpur, Marigaon, Nalbari, Sibsagar, Sonitpur, Tinsukia & Udalguri )

1) FMR Code: 1.3.1.6: Operating cost for Adolescent Friendly Health Clinics (AFHCs):

1. Operating cost of Rs. 12000/- per year has been approved in ROP 2018-19 against each existing AFH clinics.
2. AH Counsellor will utilize the operation cost for AFHC @ Rs. 12000 per year per clinic with due approval of Jt. DHS and in coordination with DPM/DAM/DME for day to day operation/stationary/ equipments/IEC etc. required to make the clinic model.
3. To make the clinic(s) model following basic requirements are to be made:
   - Sitting arrangement both for counsellor and clients
   - Screen for privacy
   - Bed with footstep
   - Cupboard for display of any leaflets, magazines, etc. for the adolescents to be used during waiting time of counselling
   - IEC materials suitable for adolescents (Chart/Posters/Leaflets/Wall painting, etc)
   - Proper signage with clinic direction
   - Bench / Chair for waiting area As per need
   - Essential equipments for AFHC (Details in the guidelines under FMR: 6.1.1.4.a
   - Essential commodities like contraceptives, IFA tablets, Albendazole tablets, Dicyclomine tablets, Sanitary napkins, etc to be available in the clinic.
4. The fund to be utilized from FMR Code: 1.3.1.6
5. UC-SoE to be submitted as per NHM norms.

2) FMR Code: 2.2.2 : Mobility & Communication Support

1. Each AFHC counsellor in the district will be required to visit outreach areas, specially VHNDs, AWCs and Schools along with in the AH clubs which will be formed at Sub Centre level under Peer Educator programme of RKS for counselling the adolescents regarding the Health, Nutrition and other related adolescent Health issues (On six priority areas of RKS). The Counsellors must ensure the participation of all target adolescents of that particular village / area and mobilized them with the help of ASHA (10 to 19 years married, unmarried, school going, out of schools).
2. Minimum two visits per week to be made to VHNDs/Schools/AH clubs at SC/ Local Adolescent club, etc by the counsellor.
3. Counsellors may coordinate with RBSK team for making necessary field visits to visit schools/AWCs and facilitate counselling to adolescent groups (10 to 19 years) on RKS priority areas.
4. The counsellors should submit a tentative advanced tour plan to the Jt. DHS/Nodal Person for Adolescent Health programme/ Hospital Superintendent and get approval for the same.
5. In case of any change in the schedule of visits, that should be intimated to the concerned person.

6. The counsellors should identify the problems of the adolescents in the area and accordingly address those problems during the counselling.

7. Counsellors may also take part in the IEC/BCC campaign to address the problem in the areas.

8. They need to take part in Focussed Group Discussions during their visits to address adolescent health problems and issues (Early marriage/teenage pregnancy/area specific problems)

9. The counsellor will be entitled to receive Rs. 200/- per visit for 8 visits per month as mobility support. New FMR: 2.2.2.

10. The amount for mobility support should be released immediately after completing the all planned visits and submission of tour reports duly signed by Jt. DHS/Nodal Person for Adolescent Health programme/ Hospital Superintendent.

11. A brief report mentioning visited institutions/Places/No. of adolescents counselled/ Topic on which counselling was provided/FGD conducted etc. should be submitted to district as well as state monthly via email. The concerned district officials will check the reports of all AFHCs and then compile all reports and send to State office quarterly via email.

3) FMR: 6.1.1.4.a: Guidelines for Procurement of essential equipments for AFHCs

1. For smooth functioning of the Adolescent Friendly clinics, essential equipments are to be procured for the clinics.

2. Following are the essential equipments are to be procured for AFH clinics / ARSH clinics
   - Weighing scale
   - Height scale
   - BP apparatus
   - Stethoscope
   - Torch
   - Thermometer
   - Diet chart
   - BMI card
   - Measurement Tape
   - Snellen’s chart and
   - First aid kits

3. Rs. 7000/- is approved per AFH Clinic/ARSH clinic in ROP 2018-19.
4. The procurement to be done at district level as per NHM norms.
5. The fund to be utilized from the New FMR: 6.1.1.4.a
6. Fund allotted against number of clinics has already shared in District ROP.
4) FMR: 9.5.4.1: Guidelines for conducting Review cum convergence meeting at District and Block level for RKS/K/WIFS/Menstrual Hygiene programme

District level

1. Review cum convergence meetings are to be conducted twice in the current year 2018-19 at district level for strengthening Adolescent Health Programmes (Adolescent Friendly Health Clinics, WIFS and Menstrual Hygiene programme).

2. The meeting will be chaired by DC/ADC (Health)/ADC (Education)/Joint Director of Health Services at District Level.

3. Representatives from Education department (Elementary education, Higher education, SSA, RMSA) and Social Welfare, NRLM/ASRLM (Life skill development) departments along with DPMU members and Nodal officer for Adolescent Health are to be present in the meeting.

4. District Coordinator (RBSK/RKS/WIFS) will be responsible for successful completion of the meetings.

5. DME or DCM will be responsible for successful completion of the meetings where District Coordinators are not present.

6. District management team will provide necessary support when and where required.

7. Concern persons from state will provide necessary support if required.

8. Budget break up is placed at Annexure-I.

9. Fund to be utilized against FMR: 9.5.4.1 as per NHM norms for completion of the activity and UC/SoE to be submitted accordingly.

10. The minutes of each meeting to be submitted to state.

Following Agenda points are to be discussed along with other related area specific issues:

Adolescent Friendly Health Clinics: Applicable to districts having AFHC/ARSH clinics:

- AFHC/ARSH clinics status: Client flow, issues, how other departments can be linked as per six priority components of Rashtriya Kishore Swasthya Karyakram (RKS)/Districts where AFHC/ARSH clinics are present
- Creating Model AFHC/ARSH clinic.

WIFS:

- Supply chain management: How to streamlined the supply chain
- Reporting mechanism: Reporting from line departments
- National Deworming Day (NDD)
Reorientation of Nodal teachers and orientation of ICDS functionaries (ICDS supervisors and selected AWW)

Emergency Response System (ERS): How ERS can be made functional to address the side effects if any.
Use of New reporting formats
Convergence issues

Menstrual Hygiene programme (All districts): As per National MHS guideline

How it can be strengthened
Time to time orientation of ASHAs
Awareness generation campaigns
Regular maintenance of MHS register
Timely distribution of sanitary napkins to the beneficiaries
Regular reporting mechanism to strengthen monitoring
How to improve the coverage through convergence with other departments

ANNEXURE-I

Budget break up for Review cum Convergence Meeting at district level

<table>
<thead>
<tr>
<th>SN</th>
<th>Particulars</th>
<th>Unit Cost</th>
<th>Unit</th>
<th>Frequency/year</th>
<th>Total amount (Rs.)</th>
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<tr>
<td>1</td>
<td>TA for Participants (Subject to actual)</td>
<td>200</td>
<td>35</td>
<td>2</td>
<td>14000</td>
</tr>
<tr>
<td>2</td>
<td>Stationary &amp; training materials</td>
<td>50</td>
<td>35</td>
<td>2</td>
<td>3500</td>
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<tr>
<td>3</td>
<td>Working lunch, snacks and Tea</td>
<td>250</td>
<td>37</td>
<td>2</td>
<td>18500</td>
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<tr>
<td>4</td>
<td>Contingency (Banner, miscellaneous expenses, etc)</td>
<td>2000</td>
<td>1</td>
<td>2</td>
<td>4000</td>
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Total for 2 batches/per year (35 participants) 40,000.00

Block Level

1. Review cum convergence meetings are to be conducted twice in the current year 2018-19 at block level for strengthening Adolescent Health Programmes (Adolescent Friendly Health Clinics, WIFS and Menstrual Hygiene programme).

2. The meeting will be chaired by SDM& HO at Block Level.
3. Representatives from Education department (Elementary & Higher education, SSA, RMSA) like BEEO, Cluster Resource Centre Coordinators (CRCC), representatives from Social Welfare departments like CDPOs, Supervisors and NRLM/ASRLM departments (Life skill development) along with BPMU members (BPM, BCM, BPA, Doctors of Mobile Health Team of RBSK, BEE, HE, LHV, counselors, etc) and district Nodal officer for Adolescent Health are to be present in the meeting at block level.

4. Block Programme Manager (BPM)/Block Programme Assistant (BPA) will be responsible for successful completion of the meetings.

5. Concern persons from district will provide necessary support if required.

6. Budget break up is placed at Annexure-II.

7. Fund to be utilized against New FMR: 9.5.4.1 as per NHM norms for completion of the activity and UC/SoE to be submitted accordingly.

8. The minutes of each meeting to be submitted to district and state via email.

Following Agenda points are to be discussed along with other related issues:

**WIFS:**

- Supply chain management: How to streamlined the supply chain
- Regular reporting mechanism from line departments
- National Deworming Day (NDD)
- Reorientation of Nodal teachers and orientation of ICDS functionaries (ICDS supervisors and selected AWW)
- Emergency Response System (ERS): How ERS can be made functional to address the side effects if any.
- Convergence issues

**Menstrual Hygiene programme (All districts): As per National MHS guideline**

- How it can be strengthened
- Time to time orientation of ASHAs
- Awareness generation campaigns
- Regular maintenance of MHS register
- Timely distribution of sanitary napkins to the beneficiaries
- Regular reporting mechanism to strengthen monitoring
- How to improve the coverage through convergence with other departments
**ANNEXURE-II**

Budget break up for Review cum Convergence Meeting at block level

<table>
<thead>
<tr>
<th>SN</th>
<th>District</th>
<th>No. of Blocks</th>
<th>Duration</th>
<th>Physical Target</th>
<th>Fund in Rs.(@2000/- per block 2 meeting per year)</th>
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</table>

**TOTAL** | 153 | 54 | 306 | 612000

(J.V.N Subramanyam, IAS)
Mission Director, NHM, Assam