



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM

Saikia Commercial Complex, Near Post office Bus Stop, Srinagar, Guwahati-05

Website : www.nrhmassam.in email ID : misnrhm.assam@gmail.com

OPERATIONAL GUIDELINES FOR IMPLEMENTATION OF ADOLESCENT HEALTH
"RASHTRIYA KISHOR SWASTHYA KARYAKRAM" (RKSK) PROGRAMMES

For (Baksa, Barpeta, Bongaigaon, Cachar, Chirang, Darrang, Dhemaji, Dibrugarh, Dima Hasao, Jorhat, Kamrup(R), Kamrup(M), Karbi Along, 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 RKSK for counselling the adolescents regarding the Health, Nutrition and other related adolescent Health issues (On six priority areas of RKSK). 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 RKSK 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.



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5. In case of any change in the schedule of visits, that should be intimated to the concern 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.



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4) FMR: 9.5.4.1: Guidelines for conducting Review cum convergence meeting at District and Block level for RKSK/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/RKSK/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 (RKSK)- **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)



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- 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

SN	Particulars	Unit Cost	Unit	Frequency/per year	Total amount (Rs.)
1	TA for Participants (Subject to actual)	200	35	2	14000
2	Stationary & training materials	50	35	2	3500
3	Working lunch, snacks and Tea	250	37	2	18500
4	Contingency (Banner, miscellaneous expenses, etc)	2000	1	2	4000
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.



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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, LHVs, 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 streamline 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
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- Regular reporting mechanism to strengthen monitoring
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ANNEXURE-II

Budget break up for Review cum Convergence Meeting at block level

SN	District	No. of Blocks	Duration	Physical Target	Fund in Rs.(@2000/- per block 2 meeting /per year)
1	Baksa	6	2	12	24000
2	Barpeta	7	2	14	28000
3	Bongaigaon	4	2	8	16000
4	Cachar	8	2	16	32000
5	Chirang	2	2	4	8000
6	Darrang	4	2	8	16000
7	Dhemaji	5	2	10	20000
8	Dhubri	7	2	14	28000
9	Dibrugarh	6	2	12	24000
10	Dima hasao	3	2	6	12000
11	Goalpara	5	2	10	20000
12	Golaghat	5	2	10	20000
13	Hailakandi	4	2	8	16000
14	Jorhat	7	2	14	28000
15	kamrup	12	2	24	48000
16	kamrup (M)	5	2	10	20000
17	Karbi Anglong	8	2	16	32000
18	Karimganj	5	2	10	20000
19	Kokrajhar	4	2	8	16000
20	Lakhimpur	6	2	12	24000
21	Morigaon	3	2	6	12000
22	Nagaon	11	2	22	44000
23	Nalbari	4	2	8	16000
24	Sivsagar	8	2	16	32000
25	Sonitpur	7	2	14	28000
26	Tinsukia	4	2	8	16000
27	Udalguri	3	2	6	12000
TOTAL		153	54	306	612000


(J.V.N Subramanyam, IAS)
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