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OFFICE OF THE MISSION DIRECTOR  
NATIONAL HEALTH MISSION, ASSAM

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**OPERATIONAL GUIDELINES FOR IMPLEMENTATION OF ADOLESCENT HEALTH  
"RASHTRIYA KISHOR SWASTHYA KARYAKRAM" (RKSK) PROGRAMMES  
For (Dhubri/Kokrajhar/Nagaon/Golaghat/Hailakandi/Karimganj/Goalpara)**

**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 new 5 AFHC (Details in the guidelines under **FMR Code: 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.





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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 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. FMR Code: 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.

### 3) FMR Code: 2.3.1.5: Organizing Adolescent Health Day (AHD)

A key component of the National Adolescent Health (AH) Strategy is the **Adolescent Health Days (AHD)**. It has four key objectives:

- Improve coverage with preventive and promotive interventions for adolescents.
- Increase awareness among parents and other key 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 GBV), substance misuse and NCDs.
- Improve awareness of other AH related services, in particular Adolescent Friendly Health Clinics (AFHCs)/help lines.

Following are the specific guidelines for organizing AHDs

1. Quarterly Adolescent Health Day (AHD) should be organized at village level where the adolescents will get free health check up and counseling.
2. The AHD should be organized in every village (The villages covered under PE programme in HPDs) once every quarter on a convenient day (preferably on a Sunday) following the VHND; in





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- Sabla districts (**Dhubri, Hailakandi, Kokrajhar**), this day should coincide with the existing Kishori Diwas. AWCs or community spaces may be used as venues for organizing the AHD.
3. AHD targets all adolescents between the age group of 10 to 19 years.
  4. **Married Adolescents: male & female** including school going and drop outs between the age group of 15 to 19 years should be given special attention.
  5. During an AHD, services should be offered to all the adolescents.
  6. Efforts should also be made to reach out to other stakeholders including parents, school teachers and PRI members to sensitize them on adolescent health needs.
  7. On the appointed day, Peer Educators, ASHAs, AWWs, and others (including NGOs, where present) will mobilize adolescents, parents and other stakeholders, to assemble at the nearest AWC or community space.
  8. To gain attention of the target group and to transfer knowledge on adolescent health, various “infotainment” activities can be organised, such as skits, plays, puppet shows etc.
  9. It is important to have the ANM and other health personnel including counsellor present during the AHD to provide services and educate/orient the target groups. During the AHD, the target groups should be able to interact with the health personnel and obtain basic services and information. They can also learn about the preventive and promotive aspects of adolescent health care, which will encourage them to seek health care at adolescent friendly health clinics.
  10. In addition, during Adolescent Health Day the Counsellor or the trained MO/ ANM should hold group sessions with parents to provide:
    - Information on topics related to adolescent health as mentioned in Annexure III. In addition feedback should be collected on the area specific adolescent and parenting problems and efforts should be made to help parents get information on resolving these issues.
    - Skills: Efforts should be made to help parents develop/enhance skills on communicating with adolescents, such as talking with adolescents about sex, listening to adolescents’ concerns, or talking without shouting.
    - Support: Parents should be educated and sensitised on the resources available for assisting them in managing adolescent issues.
  11. Commodities like Weighing scale, Hemoglobinometer, Stethoscope, BP apparatus, IFA, Albendazole, anti-spasmodic tablets, IPC material etc to be present during the AHD.
  12. Publicizing AHD is important for ensuring that the community—adolescents, parents and other key stakeholders—are aware of services available through AHD. Various methods such as wall writings, hoardings, handbills and pamphlets may be used for publicity. Publicity materials should clearly spell out day and time; venue and key services.





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13. Publicity should also be driven through community leaders—PRI and VHSNC committee members; field level functionaries—ASHA, ANMs, AWW, peer educators and local NGOs, SHGs and teachers. The district nodal officer for AH and the CHC adolescent health counsellor would be responsible for planning and publicity of AHD.
14. To enhance the Life skill development part of adolescent, the NRLM/ASRLM department's officials should be involved during Block level Mega AHDs.
15. Services to be provided are enlisted in **ANNEXURE-I**
16. **Identification of Cases for Referral:** During AHD efforts should be made to identify adolescents with following issues for referral to AFHCs for clinical services or counselling:
  - Adolescents with high or low BMI
  - Severe and moderate cases of anaemia
  - Pregnant adolescents
  - Adolescents with symptoms of RTI/STI
  - Adolescents with chronic/severe mental health issues or any behavioural problems
  - Adolescents who have been subjected to GBV (Gender Based Violence) or any kind of injuries & violence
  - Adolescents with life style disorders who have high risk of developing NCDs
17. AHD data should be collected as per standard format mentioned in Operational guidelines of RKSK and should be compiled at block and district level and sent to state for final compilation.
18. PE, ASHAs and AWWs will help in organizing the AHD and prior mobilizing of adolescents for maximum participation.
19. **Actions to be taken by ANM:**
  - Ensure that the AHD is held; make alternative arrangements in case some of the service providers are not available
  - Ensure supplies of the commodities (IFA, Albendazol, sanitary napkins and contraceptives) reaches the site before the AHD
  - Ensure that all instruments, drugs and other materials are in place
  - Carry communication materials including IEC pamphlets
  - Ensure reporting of AHD to the MO in charge
  - Coordinate with FNGO (if present), ASHA and AWW
20. **Action to be taken by Peer Educators:**
  - Actions to be taken before the AHD:**
    - Visit all households in the village and make a list of all adolescents
    - As far as possible, identify adolescents who have specific needs (e.g. RTI/STI, malnutrition, menstrual hygiene, contraceptive needs etc.)

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- Discuss with their group on the objectives and process of AHD
- Mobilize the group to reach out to all the adolescents in the village to communicate the date, venue and the benefits of attending AHD

**Actions to be taken on the day:**

- PE along with her/his group should mobilize all the adolescents in the village to attend the AHD
- Encourage adolescents to discuss issues with the service providers

**21. Actions to be done by ASHA for AHD**

- Co-ordinate with PEs, FNGO (if present), ANM and AWW.
- Guide PEs to mobilize all the adolescents to attend the AHD
- Assist ANM and AWW

**22. Actions to be taken by AWW:**

- Help ASHA and PEs to mobilize adolescents and other stakeholders in the village to attend AHD
- Make AWC available for the AHD (clean AWC, provision for privacy for health check-up, availability of clean drinking water)
- Coordinate with FNGO, PEs, ASHA and ANM

23. PRI members and field NGOs if present should also be involved for successful completion of AHD.

24. Proper monitoring and supervision should be made by program managers at block, district and state level as per standard supervision checklist.

25. For organizing the quarterly AHD, **Rs. 1000/- is entitled per AHD per quarter.** The fund should be released to PHCs for its arrangements. (FMR Code:2.3.1.5)

26. For organizing **one Mega AHD, Rs. 75000/- per AHD is entitled per block of 7 RKSK districts.** The fund should be released to block for its arrangements. (FMR Code:2.3.1.5)

**27. The Village level AHD budget break up is in Annexure II.**

**28. The Block level Mega AHD budget break up is in Annexure III.**

**29. District wise target to organize AHDs in each RKSK districts is in Annexure IV.**

30. District Coordinator (RBSK/RKSK/WIFS) will be responsible for successful completion of the programme and reporting.

31. District Media Experts (DMEs) will be responsible for necessary arrangement for publicity and IEC/BCC activities like organizing street plays/dramas/dance etc to make it more visible.

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32. District Community Mobilizers (DCMs) will be responsible to keep track of the community mobilization process by ASHAs/PEs through BCMS.
33. ASHA will be entitled to get **Rs. 200/- per AHD FMR CODE: 3.1.1.3.2** for mobilizing adolescents and supporting in organizing AHDs in her village. This should be ensured after completion of each AHD. The budgets break up at **ANNEXURE VII.**
34. Detail report with photographs to be maintained against each AHD.
35. The reporting formats should be used as per the operational guidelines of RKSK.

#### ANNEXURE-I

#### Adolescent Health Day Service List

##### Nutrition

- BMI Screening
- Anaemia testing
- Provision for IFA tablets and Albendazole
- Discussion/IPC/orientation on nutrition and balanced diet
- Addressing gender biased food distribution in households
- Referral

##### Sexual and Reproductive Health

- Conversations about the harmful practice of child marriage
- Information about adverse consequences of teenage pregnancy
- Provision for sanitary napkins
- Discussion/IPC/orientation on SRH including Information on RTI, STI, HIV and AIDS; Contraception and choices; Age of marriage, Abortion, Pre-marital counselling, contraceptive etc.
- Referral to AFHC/health clinic

##### Mental Health

- Discussion/IPC/orientation on Mental Health issues including age-specific mental health issues among adolescents and ways to overcome them including stress, depression, suicidal tendency etc.
- Referral to AFHC for regular counselling

##### Gender Based Violence

- Discussion/IPC/orientation on Gender based violence

##### Non Communicable Diseases

- Discussion/IPC/orientation on NCD, exercise and healthy life style and personal hygiene
- Focused discussion on prevention of NCD through exercise, healthy life style and avoidance of tobacco and alcohol
- Referral to health clinics

##### Substance Misuse

- Discussion/IPC/orientation on harmful effects and consequences of substance misuse





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ANNEXURE-II  
Quarterly Village Level AHD

S. N	Particulars	Amount (Rs)
1	Honorarium to MO/ANM/LHV/Counsellor for Health screening and counselling	200
2	Incentives for ASHA Supervisor or AWW for helping in organizing AHD if any	100
3	Refreshment (Tea, snacks/samosa, Biscuits, chocolates etc.)	400
4	Banner/contingency for decoration to make the event adolescent friendly	300
	<b>Total</b>	<b>1000</b>

ANNEXURE-III  
Block level Mega AHD

S. N	Particulars	Unit	Unit Cost (in Rs.)	Amount (in Rs)
1	Honorarium to MO for discussion on Adolescent Friendly health services, Health screening and counselling	3	300	900
2	Honorarium to Resource Person from ASRLM/NRLM for discussion on life skill and innovative ideas for engagement of adolescent	1	300	300
3	Honorarium to Counsellor for discussion on Adolescent health issues and counselling	2	200	400
4	Honorarium to ANM/LHVs for Health screening	4	200	800
5	Incentives for ASHA Supervisor or AWW for helping in organizing AHD and mobilizing adolescents (in school and out of school)	6	100	600
6	Food arrangement (including chocolates for adolescents)	300	100	30000
7	Venue arrangement with decoration to make the event adolescent friendly	1	25000	25000
8	Travel expenses to bring the adolescents from village to Mega AHD venue (vehicle hired cost is as per actual)	1	15000	15000
9	Contingency (Banner, miscellaneous expenses, etc)	1	2000	2000
	<b>Total</b>			<b>75000</b>





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ANNEXURE-IV  
District wise target to organize AHD

S. N	Name of RKSK District	Total no. of RKSK Blocks	Total no. of old RKSK Sub Centre	Total no. of new RKSK Sub Centre	No. of old RKSK villages in 2017-18	No. of new villages in 2018-19	No. of AF Clubs to be formed under new SC in 2018-19	No. of AHDs to be conducted in 2018-19	Fund for Village AHDs @1000/- (including Block level Mega AHD @ 75000/-) (in Rs.)
1	Dhubri	3	36	40	202	191	40	999	1224000
2	Goalpara	3	0	105	0	995	105	995	1220000
3	Golaghat	3	18	37	123	204	37	696	921000
4	Hailakandi	2	29	35	161	184	35	828	978000
5	Karimganj	2	37	54	224	235	54	1131	1281000
6	Kokrajhar	2	27	30	158	157	30	789	939000
7	Nagaon	6	73	86	346	383	86	1767	2217000
	<b>Total</b>	<b>21</b>	<b>220</b>	<b>387</b>	<b>1214</b>	<b>2349</b>	<b>387</b>	<b>7205</b>	<b>8780000</b>

4) FMR Code: 2.3.1.6: Adolescent Friendly Clubs and Monthly Club meetings at Sub Centre Level

Formation of Adolescent Friendly Clubs, Monthly AFC meetings and Weekly PE sessions

1. Adolescent Friendly Clubs are to be formed at Sub Centre level comprising the trained PEs of the villages under the SC of PE blocks.
2. One or two (one male and one female) Adolescent Friendly Club (AFC) may be formed at the sub centre level (which typically covers five villages/5000 population) composed of 10 to 20 Peer Educators each.
3. They will conduct monthly meeting with ANM(s) of the SC and will discuss adolescent related issues with ANM(s) for guidance and support.
4. The AFC is expected to meet once every month to:
  - discuss their individual sessions and any issues or questions they have
  - plan upcoming sessions and AHD
  - organise activities such as drawing competition, skits, quizzes and debates for Peer Educators and adolescents





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5. The AFC meeting should be moderated by ANM with the aim of supporting and further developing the skills of Peer Educators. The monthly AFC meetings could be held at the sub centres or any other designated place convenient for the Peer Educators to travel.
6. As a moderator for the AFC the ANM will provide regular feedback to peer educators on what's working well and what could be improved. This will be based on discussing/assessing one PE session per month for every peer educator.
7. **Rs. 200/- per adolescent Friendly club meeting per Sub Centre in existing 220 nos.** SC is approved under ROP 2018-19 in **New FMR Code: 2.3.1.6** which may be utilized for necessary arrangement of the meeting (tea, snacks, decoration etc) along with maintaining registers and records. The budget breakup is at **Annexure V**.
8. Peer Educators are expected to maintain a diary, including a brief overview of each session and the number of participants.

**PE sessions at village level:**

1. Trained Peer Educators (PE) will conduct weekly PE session with the other adolescents in the village.
2. A group of 15-20 boys and girls (separate group of boys and girls) respectively from their community and conduct a two hour sessions per week—using PE kits, which include books, learning materials in the form of games for PE sessions.
3. At the end of each month, Peer Educators are to develop a brief composite report of the number of sessions and average attendance rates.

**Reporting and Monitoring of PE activities:**

1. ASHA Supervisors, ANMs, LHVs, BCMs, BPAs, BPMs, Counsellors, Districts Coordinators, DMEs, DPMs, Adolescent Health Nodal officers, Joint DHS all will monitor the activities related to PEs during their field visit.
2. PE will submit report of PE sessions to ASHAs. ASHAs will submit the same to ASHA supervisors.
3. ASHA Supervisors will submit compiled report to ANMs of attached SC.
4. ANMs will again compile the report of all villages under the SC and submit it to BPMU. BPM/BPA/BCM will submit the compiled report to District Coordinator (RBSK/RKSK/WIFS).
5. District Coordinator (RBSK/RKSK/WIFS) will compile the report and share to state nodal officer after getting approved from District Nodal officer and Joint DHS.

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ANNEXURE-V  
AFC meeting at Existing 220 nos. Sub Centre

SN	District	No. of Sub Centre in existing RKSK districts	Physical Target (12 meeting /per year)	Fund in Rs.(@200/- per monthly meeting)
1	Dhubri	36	432	86400
2	Goalpara	0	0	0
3	Golaghat	18	216	43200
4	Hailakandi	29	348	69600
5	Karimganj	37	444	88800
6	Kokrajhar	27	324	64800
7	Nagaon	73	876	175200
TOTAL		220	2640	528000

5) FMR Code 3.1.1.3.1: Incentives for support in Peer Educator

1. ASHAs under new PE block of RKSK districts who have supported in selection of PEs will be provided Rs. 100/- per PE under FMR Code 3.1.1.3.1
2. For selecting 4 PEs in her viliage, one ASHA will get Rs. 400/-
3. Details break up is in ANNEXURE VI.

ANNEXURE VI  
Incentives to ASHAs for selecting new Peer Educator from new PE blocks

S.N	Districts	No. of ASHAs under New PE blocks	No. of New PEs to be selected	Fund allotted to New ASHA (@ 100 per PE (In Rs.))
1	Dhubri	200	800	80000
2	Goalpara	666	2664	266400
3	Golaghat	210	840	84000
4	Hailakandi	184	736	73600
5	Karimganj	232	928	92800
6	Kokrajhar	150	600	60000
7	Nagaon	383	1532	153200
Total		2025	8100	810000





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6) FMR Code: 3.1.1.3.2: Incentives for mobilizing adolescents for Adolescent Health Days (AHDs)

1. ASHA will be entitled to get Rs. 200/- per AHD FMR CODE: 3.1.1.3.2 for mobilizing adolescents and supporting in organizing AHDs in her village and Block level Mega AHDs. This should be ensured after completion of each AHD.
2. Details budget break up in ANNEXURE VII

ANNEXURE VII

Incentives to ASHAs for Mobilizing Adolescents to AHD

S. N	Name of RKSK District	Total no. of RKSK Blocks	No. of ASHA in old RKSK villages	No. of ASHA in new RKSK villages	Fund allotted for mobilizing Adolescents to AHD in old PE villages @200/4 AHD/per ASHA	Fund allotted for mobilizing Adolescents to AHD in New PE villages @200/1 AHD/per ASHA	Fund allotted to ASHA for mobilizing Adolescents to PE Block level Mega AHD	Total Fund allotted to ASHA @200/- per AHD (in Rs.)
1	Dhubri	3	285	200	228000	40000	97000	365000
2	Goalpara	3	0	666	0	133200	133200	266400
3	Golaghat	3	131	210	104800	42000	68200	215000
4	Hailakandi	2	169	184	135200	36800	70600	242600
5	Karimganj	2	200	232	160000	46400	86400	292800
6	Kokrajhar	2	148	150	118400	30000	59600	208000
7	Nagaon	6	423	383	338400	76600	161200	576200
	<b>Total</b>	<b>21</b>	<b>1356</b>	<b>2025</b>	<b>1084800</b>	<b>405000</b>	<b>676200</b>	<b>2166000</b>

7) FMR Code: 5.2.1.9: Guidelines for establishment of new Adolescent Friendly Health Clinics

1. The 5 nos. of New Adolescent Friendly Health Clinics will be established at (3 nos. Golapara, 1 no. Golaghat & 1 no. Hailakandi districts) @ 25000/each clinic.
2. The fund to be utilized from the FMR code: 5.2.1.9
3. Details budget break up in ANNEXURE VIII

ANNEXURE VIII

Budget break-up for new 5 AFHCs

S.N.	Name of District	Unit	Total Amount @ 25000/per Clinic (in Rs.)
1	Goalpara	3	75000
2	Golaghat	1	25000
3	Hailakandi	1	25000
	<b>Total</b>		<b>125000</b>

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8) FMR Code: 6.1.1.4.a: Guideline for procurement of Equipments for the newly established AFHCs

1. For smooth functioning of the Adolescent Friendly clinics, essential equipments are to be procured for the **newly established 5 nos. of AFH Clinics (3 nos. Golapara, 1 no. Golaghat & 1 no. Hailakandi districts)**
2. Following are the essential equipments are to be procured for AFH clinics /ARSH clinics
  - Weighing scale
  - Height scale
  - BP apparatus
  - Stethoscope
  - Torch
  - Thermometre
  - Diet chart
  - BMI card
  - Measurement Tape
  - Snellen's chart and
  - First aid kits
3. **Rs. 7000/-** is approved **per newly established 5 nos. of AFH Clinic/ARSH clinic** in ROP 2018-19.
4. The procurement to be done at district level as per NHM norms.
5. Operational annual fund @ **12000/per year** allotted against 59 nos. of existing AFHCs for 12 months. (FMR Code: 1.3.1.6)
6. The fund to be utilized from the **FMR Code: 6.1.1.4.a**

9) 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 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.





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7. Concern persons from state will provide necessary support if required.
8. Budget break up is placed at **Annexure-IX**.
9. 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.
10. The minutes of each meeting to be submitted to state.

ANNEXURE-XI

Budget break up for Review cum Convergence Meeting at district level

SN	Particulars	Unit Cost	Unit	Frequency/per year	Total
1	TA for Participants (As per 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
<b>Total for 2 batches/ each district/per year (35 participants)</b>					<b>40,000.00</b>

Block level

- 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.
- 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).
- The meeting will be chaired by SDM& HO at Block Level.
- 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's, counselors, etc) and district Nodal officer for Adolescent Health are to be present in the meeting at block level.
- Block Programme Manager (BPM)/Block Programme Assistant (BPA) will be responsible for successful completion of the meetings and other activities successfully within time frame.





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- Concern persons from district will provide necessary support if required.
- Budget break up is placed at **Annexure-X**.
- 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.
- 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:**

**RKSK: (For Dhubri, Kokrajhar, Golaghat, Nagaon, Hailakandi, Karimganj and Goalpara):**

- AFHC/ARSH clinics status: Client flow, issues, how other departments can be linked as per six priority components of RKSK- **Districts where AFHC/ARSH clinics are present**
- Creating Model AFHC/ARSH clinic
- Peer Educator programme (How it can be strengthened through convergence)
- Organizing Adolescent Health Day (AHD): Role of AWW and teachers
- PE training -Support from other departments
- PE club formation- support from other line departments
- Early marriage and teenage pregnancy related issues

**WIFS: for all districts:**

- 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





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ANNEXURE-X

Budget break up for Block level Review cum convergence meeting

SN	District	No. of Blocks	Frequency/per year	Physical Target	Fund in Rs.(@2000/- per block 2 meeting /per year)
1	Dhubri	7	2	14	28000
2	Goalpara	5	2	10	20000
3	Golaghat	5	2	10	20000
4	Hailakandi	4	2	8	16000
5	Karimganj	5	2	10	20000
6	Kokrajhar	4	2	8	16000
7	Nagaon	11	2	22	44000
<b>TOTAL</b>		<b>41</b>	<b>14</b>	<b>82</b>	<b>16400</b>

10) FMR Code: 9.5.4.4: Guidelines for conducting training for ANM/LHV/MPWs on Adolescent Friendly Health Services (AFHS)

11) FMR Code: 9.5.4.6: Guidelines for conducting TOT for ANM/LHV/MPWs on Adolescent Friendly Health Services (AFHS) to train Peer Educators

1. Training is to be conducted at district level.
2. The training will be of 5 days and fully residential.
3. District Trainers who have been trained at regional level TOT and trained at state level will be the Resource persons for conducting the training.
4. The accommodation for participants has to be arranged at district level as the training will be fully residential.
5. Make clear communication to all the participants that the training will be residential and they have to stay all five days at arranged venue. No partisans will be allowed to stay outside the arranged venue as well as no leave will be granted (Excluding emergencies) in the training period.
6. In case of any emergency the trainee has to get the leave approval by training incharge with full justification.
7. Each of the training days will start with recap of the previous day's activities.
8. Power point presentations on the topics should be distributed at the end.
9. **Pre – training**
  - a. Collect the name, address, contact details, Bank account number etc. of trainers, Block wise.
  - b. Gets the official letter from the Joint Director of health services for all the participants regarding the TOT addressing the date and venue of the training.
  - c. Correspond, all the participants about the date, time, and venue of training.
  - d. Made arrangement for accommodation since one day before the date of training for outreach participants and Resource Person.





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- e. Arrange all the materials required for imparting training. (Projector, white board marker, flipchart, cardboard, sketch pen, wiper etc-as per provided checklist)

10. Before starting the training

- a. Ensure you have all the training materials required for conducting training.  
b. Ensure you have all the materials, to be handed over to Trainers  
c. Make the training session plan and give a copy to all resource person and participants.  
d. Make the section of 30 nos. of participants in each batch

11. Joint Director of Health Services / Nodal Officer for Adolescent Health will be in charge of the training.

12. DME/DCM/ RBSK Coordinator will coordinate the training.

13. Rs.96,000/- per batch (30 nos/each batch) for conducting one batch in each RSKS district is approved in ROP 2018-19.

14. The budget break up is in ANNEXURE-XI.

15. The fund to be utilized from FMR Code: 9.5.4.4

16. Rs.1,20,000/-(30 nos/each batch) for conducting one batch TOT on 6 days module training for ANM/LHV/MPWs to train the newly selected PE+ASHAs in Goalpara district is approved in ROP 2018-19.

17. The budget break up is in ANNEXURE-XII for the TOT at Goalpara district.

18. The fund to be utilized from New FMR Code: 9.5.4.6

19. The UC-SoE to be submitted as per NHM norms.

ANNEXURE-XI (All 7 RSKS districts)  
5 days training for ANM/LHV/MPWs at district level on AFHS

S N	Particulars	Unit Cost (in Rs.)	Unit	Duration	Total
1	TA for Participants (Subject to actual)	200	30	1	6000
2	Accommodation , Working lunch, tea snacks etc.	550	30	5	82500
3	Honorarium for Resource Persons	500	2	5	5000
4	Stationary, Training materials (Printed module to be provided from state if not available at district)	50	30	1	1500
5	Contingency (Banner, miscellaneous expenses, etc)	1000	1	1	1000
Total cost for each Batch					96,000





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**ANNEXURE-XII (only for Goalpara)**

**District level TOT on 6 days module training for ANM/LHV/MPWs to train PEs**

SN	Particulars	Unit	Unit Cost (in Rs.)	Duration	Total
1	TA for Participants (Subject to actual)	30	200	1	6000
2	Accommodation , Working lunch, tea snacks etc.	30	550	6	99000
3	Honorarium for Resource Persons	3	500	6	9000
4	Stationary, Training materials (Printed module to be provided from state if not available at district)	30	100	1	3000
5	Contingency (Banner, miscellaneous expenses, etc)	1	3000	1	3000
<b>Total cost for one batch</b>					<b>120,000</b>

**12) FMRCODE:9.5.4.7: Guidelines for conducting Peer Educator (PE) Training on RKSJ programme**

1. The training of Peer Educators (PE) should to be done in a **batch of 40 nos.** where **32 numbers of PEs and 8 numbers of ASHAs associated with those PEs, will be trained.**
2. Training will be conducted at block/PHC level in which the PE programme has been implemented.
3. The training will be of 6 days modular training.
4. It should be conducted in Sundays or in Holidays, so that PEs can attend without hampering their studies. One batch of training is expected to be completed by one and half months (1 <sup>1/2</sup> months) to 2 months.
5. It is suggested that, two parallel batches (simultaneous batches) in same venue at the same time may be conducted to expedite the process. The trainers should be divided in both the classes equally.
6. The agenda for both the classes should be prepared in such a way that no sessions are clashes and trainers can devote equal time for both the batches.
7. Tentative agenda should be shared with state nodal officer and take suggestions before starting the trainings.
8. It should not be residential. Participants will be provided **Rs. 100/- per day for 6 days** to attend the training.
9. The trainers trained at district level for PE raining will be the resource persons for the trainings. The district level ToTs have already trained by the District Trainers who have been trained at regional level by MoHFW. **(For Goalpara district ToT will be organized before PE training).**





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10. District Level trainers trained at regional level may also take part as a resource person in the trainings to maintain quality. They should also be involved as a monitor for the training.
11. The budget break up is attached in **ANNEXURE-XIII**. The fund may be released to concern block/PHC for ease of conducting the training.
12. The details of training load in batches are mentioned in **ANNEXURE-XIV**. The trainings should be completed by December '2018.
13. The Fund @ **70,000/-per batch of PE training** is approved under ROP 2018-19 of NHM, Assam under **New FMR code: 9.5.4.7**.
14. All the PEs to be informed formally taking consent from their parents and teachers if required. Parents should be informed properly about the training timing, venue, etc
15. The District Coordinator-RBSK/RKSK/WIFS of NHM will be responsible for successful completion of the training.
16. District Community Mobilizer, being the training coordinator for all training programmes in the district will provide necessary support to District Coordinator.
17. Block Community Mobilizers (BCM)/BPA will be responsible for completion of the trainings at block level. He/she should provide necessary support to the PHCs under the block where training will be conducted.
18. Nodal Person for training at PHC will be nominated in consultation with Joint DHS/Nodal officer, Adolescent Health/District Management team.
19. State level and district level management team will provide support when and where required.
20. Joint Director of Health Services / Nodal Officer for Adolescent Health will be in charge of the training.
21. The action plan with date and venue of training programme should be shared to state so that state monitors can also plan their visits during the training.
22. A brief report with photographs and list of participants should be maintained against each training shared to district and state.
23. A compiled report of the trainings should be shared to state at the end of trainings or end of the financial year.





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**Guidelines for the training sessions:**

1. The Training module for PE training translated in local languages should be used during the training. The module should be strictly followed covering all components of RKSK illustrated in the module.
2. Each of the training days will start with recap of the previous day's activities.
3. The participants should be involved in hands on practice during the training.
4. All the key messages and notes to be discussed thoroughly.
5. The Activities mentioned in the module should be discussed and practiced nicely in a simple way so that they can understand it properly. The use of PE kits in PE sessions is also to be discussed.

**Before starting the training**

- a. Ensure you have all the training materials required for conducting training in place.
- b. Ensure you have all the materials, to be handed over to Trainers
- c. Make the training session plan and give a copy to all resource person and participants.
- d. The training should be conducted in a simple way so that it can be understood by the participants easily. Role play, poster presentation group work should be emphasized for better understanding of the participants.
- e. Please don't use more technical terms during the training.

**Note:**

1. As during last training of PEs, the use of PE kits could not teach to the PEs, it should be ensured that, in 2018-19, the PEs are oriented on the same in 6 days training for fresh untrained PEs.
2. **For already trained PEs, the use of PE kits may be taught in additional batches allotted to districts (Dividing the 6 days in 2 days slot of 3 batches). The fund will be same as 6 days training.**
3. Total batches of New PE and ASHAs to be trained are 253 batches in 7 RKSK districts. In 2018-19, total 48 batches have been planned to be completed on 6 days module training on RKSK.

**ANNEXURE-XIII**

**6 days module training of PE and ASHAs at block level (For newly selected PEs)**

SN	Particulars	Unit Cost (in Rs.)	Unit	Duration	Total amount (in RS.)
1	TA for Participants	100	40	6	24000
2	Honorarium for Resource Persons	300	4	6	7200
3	Stationary & training materials	50	40	1	2000
4	Working lunch, snacks and Tea	150	40	6	36000
8	Contingency (Banner, miscellaneous expenses, etc)	800	1	1	800
<b>Total cost for one batch/40 participants</b>					<b>70,000.00</b>






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ANNEXURE-XIV  
PE Training distribution list to each 7 RSKS districts

SN	District	No. of Blocks	No. of blocks selected for PE programme	No. of PE to be selected	No. of ASHAs	Total PE+ASH A to be trained	No. of batches to be trained (32 PEs+8 ASHAs in a batch)	No. of batches planned to be trained in 2018-19
1	Dhubri	7	3	800	200	1000	25	8
2	Goalpara	5	3	2664	666	3330	83	8
2	Golaghat	5	3	840	210	1050	26	6
3	Hailakandi	4	2	736	184	920	23	4
4	Karimganj	5	2	928	232	1160	29	4
5	Kokrajhar	4	2	600	150	750	19	4
6	Nagaon	11	6	1532	383	1915	48	14
<b>Total</b>		<b>36</b>	<b>21</b>	<b>8100</b>	<b>2025</b>	<b>10125</b>	<b>253</b>	<b>48</b>

  
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