

Operational Guideline of Rashtriya Kishore Swasthya Karyakram (RKSK)

ROP 2021-22



PREFACE

Adolescents (10-19 years) constitute about one fourth (21%) of total population and this represents a huge opportunity that can transform the social and economic fortunes of the country by investing in education, health, growth and development and other areas like nutrition and mental well being. Moreover, considering the life cycle approach, adolescent age plays an important stage where right interventions can lead to positive outcome on both maternal and child health indicators. As per Annual Health Survey and NFHS-IV high percentage of early marriage was reported in many districts in the state. Even as per the analysis of MCTS data and NITI indicator analysis, teenage pregnancy was found to be very high in 12 districts in the state.

Keeping in view of the above, the State Assam has been started Rashtriya Kishor Swasthya Karyakram (RKSK) programme during 2014-15 in 6 High Priority districts (HPDs), namely Dhubri, Kokrajhar, Nagaon, Golaghat, Hailakandi and Karimganj for improving the all round development of adolescents in the age group of 10-19 years (i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served). After national level trainings, process of establishment of AFHCs, trainings and selection of Peer Educators, etc were done in the state in the initial two years after its launch. From 2016-17, all activities have been started under RKSK and the programme has taken a new look in 6 RKSK districts. Apart from this, WIFS and Menstrual Hygiene programme has been fully implemented in all 27 Health districts of the state. In the FY 2018-19 the RKSK programme has been extended to another district Goalpara. Now total 7 districts 21 blocks covered under RKSK Peer Educator programme with a special focus to reduce Early marriage and Teenage pregnancy. To provide counseling services to adolescents, the State has been established 64 nos. of Adolescent Friendly Health clinics (AFHCs) in Medical Colleges, District Hospitals, CHCs and BPHCs.

In related to the reduction of Child Marriage in Dhubri District, an incentivized new activity for Dharamsal Block is approved.

For addressing different issues related to adolescents in holistic manner, the Ministry of Health and Family Welfare (MoHFW) has launched Rashtriya Kishor Swasthya Karyakram with a comprehensive strategy, based on seven critical components (7Cs), i.e. coverage, content, communities, clinics (health facilities), counseling, communication and convergence. The programme emphasizes six strategic priorities (programme) i.e. nutrition, sexual and reproductive health (SRH), non-communicable diseases (NCDs), substance misuse, injuries and violence (including gender-based violence) and mental health which have emerged from a situational analysis of adolescent health and development needs in India.

Strategies to achieve objectives:

- A) Community based interventions**
 - Peer Education (PE)
 - Quarterly Adolescent Health Day (AHD)
 - Weekly Iron and Folic Acid Supplementation Programme (WIFS)
 - Menstrual Hygiene Scheme (MHS)
- B) Facility based interventions: Strengthening of Adolescent Friendly Health Clinics (AFHC)**
- C) Convergence with other departments/ schemes**
- D) Social Behaviour Change Communication with focus on Inter Personal Communication.**

Implementation of School Health and Wellness Program in 7 Aspirational Districts is also an important activity for this FY 2021-22.

Approved Budget Summery Sheet of RKSK, Adolescent Health Programme for the FY 2021-22

SN	New FMR Code	Budget Head(RKSK)	Budget Approved in ROP 2021-22	State Allocation	District Allocation	Page No
1	1.1.4.1	State level Meeting for SHP	0.7	0.7		
2	1.3.1.6	AH/ RKSK Clinics operating cost	3.84	0	3.84	
3	2.2.2	Mobility & Communication support for AH counselors	11.88	0	11.88	
4	2.3.1.5	Organizing Adolescent Health day	189.85	0	189.85	
5	2.3.1.6	Organising Adolescent Friendly Club meetings at subcentre level	9.08	0.00	9.08	
6	3.1.1.3.1	Incentive for support to Peer Educator (Incentive for ASHA for selecting Peer Educators)	2.77	0.00	2.77	
7	3.1.1.3.2	Incentives for mobilizing adolescents for Adolescent Health Days (AHDs)	34.69	0.00	34.69	
8	3.2.2	Incentives for Peer Educators	61.51	61.51		
9	6.2.4.3	Sanitary napkin procurement	151.2	151.2		
10	9.5.4.1	Dissemination workshops under RKSK	18.44	11	7.44	
11	9.5.4.3	AFHS training of Medical Officers	2.5	2.5		
12	9.5.4.4	AFHS training of ANM/LHV/MPW	4	0.40	3.60	
13	9.5.4.5	Training of AH counselors	1.71	1.71		
14	9.5.4.7	Training of Peer Educator (Block Level)	120.96		120.96	
15	12.4.4	Printing of AFHS Training manuals for MO, ANM and Counsellor; ANM training manual for PE training	8.85	8.85		
16	18.1.1	Incentivised intervention in 3 RKSK Blocks of DhubriDistrict	4.50		4.5	
Grand Total			626.49	237.87	388.62	

**“RASHTRIYA KISHOR SWASTHYA KARYAKRAM” (RKSK) ADOLESCENT HEALTH PROGRAMMES
OPERATIONAL GUIDELINES FOR IMPLEMENTATION “RASHTRIYA KISHOR SWASTHYA KARYAKRAM”
(RKSK) PROGRAMMES for strengthening Adolescent Health**

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

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS)
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS)

(This activity is for all RKSK and Non RKSK districts).

1. Operating cost of Rs. 6000/- per year has been approved in ROP 2021-22 against each existing AFH clinics.
2. AH Counsellor will utilize the operation cost for AFHC @ Rs. 6000/-per year per clinic (@Rs. 500/- per month) with due approval of Jt. DHS and in coordination with DPM/DAM/DME/DCo(RBSK/RKSK/WIFS) 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 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. The budget break-up is in ANNEXURE-I
6. UC-SoE to be submitted as per NHM norms.

ANNEXURE-I

Budget Break-up for Adolescent Friendly Health Clinics (AFHCs)

SN	District	No. of AFH Clinics	Unit Cost @ Rs. 6000/- per year for each clinic	Districtwise Fund Allocation for AFHCs (in lakh)	Remarks(AFHC at HI)
1	Baksa	1	6000	0.06	District Hospital
2	Barpeta	1	6000	0.06	District Hospital
3	Biswanath	0	0	0	
4	Bongaigaon	1	6000	0.06	District Hospital
5	Cachar	1	6000	0.06	District Hospital
6	Charaideo	0	0	0	
7	Chirang	1	6000	0.06	District Hospital
8	Darrang	1	6000	0.06	District Hospital
9	Dhemaji	1	6000	0.06	Medical College Hospital
10	Dhubri	7	6000	0.42	Dhubri DH, Gauripur CHC, Raniganj BPHC, Golakganj BPHC, Chapor CHC, Agomoni CHC and Halakura CHC
11	Dibrugarh	1	6000	0.06	Medical College Hospital
12	Dima Hasao	1	6000	0.06	District Hospital
13	Goalpara	4	6000	0.24	DH, Lakhimpur BPHC/CHC, Matia BPHC and Bikali MH (Rangjuli BPHC)
14	Golaghat	6	6000	0.36	DH, Bokakhat SDH, Sarupather CHC, Dergaon CHC, Charingia CHC and Merapani CHC
15	Hailakandi	4	6000	0.24	DH, Algapur Model Hospital, Katlichara BPHC and Mohanpur CHC
16	Hojai	5	6000	0.3	Hojai CHC, Lumding FRU, Doboka CHC, Nilbagan PHC/Model, Jugijan BPHC
17	Jorhat	1	6000	0.06	Medical College Hospital
18	Kamrup Metro	2	6000	0.12	Medical College Hospital and Sonapur DH
19	Kamrup Rural	1	6000	0.06	DH, SDH_Gossaigaon, Kachugaon CHC, Dotma CHC and Bhaoraguri MPHC
20	Karbi Anglong	1	6000	0.06	District Civil Hospital
21	Karimganj	4	6000	0.24	DH, RK Nagar BPHC, Pathrkandi MGM Hospital and Srigauri CHC
22	Kokrajhar	5	6000	0.3	DH, SDH_Gossaigaon, Kachugaon CHC, Dotma CHC and Bhaoraguri MPHC
23	Lakhimpur	1	6000	0.06	District Hospital
24	Majuli	0	0	0	District Hospital
25	Morigaon	1	6000	0.06	District Hospital

26	Nagaon	7	6000	0.42	DH, Jakhlabandha CHC, , Kawaimari FRU, Dhing FRU, Kampur FRU, Singimari BPHC, and Rupahi State Dispensary
27	Nalbari	1	6000	0.06	District Hospital
28	Sivasagar	1	6000	0.06	District Hospital
29	Sonitpur	1	6000	0.06	District Hospital
30	South Salmara	1	6000	0.06	Hatsingimari SDH,
31	Tinsukia	1	6000	0.06	District Hospital
32	Udalguri	1	6000	0.06	District Hospital
33	West Karbi Anglong	0	6000	0	District Hospital
Total Budget		64	180000	3.84	

2) FMR Code: 2.2.2 : Mobility & Communication Support

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS)
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS)

(This activity is for all RKSK and Non RKSK districts)

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 mobilize 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 teams 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.
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. 190.38/- per visit for 8 visits per month as mobility support. FMR Code: 2.2.2 and the budget break-up is in ANNEXURE-II
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.

Note: Mobility fund for 3 Counsellors of Guwahati GMCH, Sonapur DH and Pandu FRU of Kamrup M has sanctioned.

ANNEXURE-II

Budget Break-up for Counsellors Outreach visit (8 visit/per month)

2.2.2 : Mobility & Communication Support

SN	District	No. of AFH Clinics	No. of Counsellors for AFHCs	Unit Cost @ Rs. 193.36/-per outreach visit (8 visit/per month/counselor)	District wise Fund Allocation for outreach visit by Counselors (in lakh)
1	Baksa	1	1	18562.56	0.19
2	Barpeta	1	1	18562.56	0.19
3	Biswanath	0	0	0	0.00
4	Bongaigaon	1	1	18562.56	0.19
5	Cachar	1	1	18562.56	0.19
6	Charaideo	0	0	0	0.00
7	Chirang	1	1	18562.56	0.19
8	Darrang	1	1	18562.56	0.19
9	Dhemaji	1	1	18562.56	0.19
10	Dhubri	7	7	129937.92	1.30
11	Dibrugarh	1	1	18562.56	0.19
12	Dima Hasao	1	1	18562.56	0.19
13	Goalpara	4	4	74250.24	0.74
14	Golaghat	6	6	111375.36	1.11
15	Hailakandi	4	4	74250.24	0.74

16	Hojai	5	5	92812.8	0.93
17	Jorhat	1	1	18562.56	0.19
18	Kamrup Metro	2	2	37125.12	0.37
19	Kamrup Rural	1	1	18562.56	0.19
20	Karbi Anglong	1	1	18562.56	0.19
21	Karimganj	4	4	74250.24	0.74
22	Kokrajhar	5	5	92812.8	0.93
23	Lakhimpur	1	1	18562.56	0.19
24	Majuli	0	0	0	0.00
25	Morigaon	1	1	18562.56	0.19
26	Nagaon	7	7	129937.92	1.30
27	Nalbari	1	1	18562.56	0.19
28	Sivasagar	1	1	18562.56	0.19
29	Sonitpur	1	1	18562.56	0.19
30	South Salmara	1	1	18562.56	0.19
31	Tinsukia	1	1	18562.56	0.19
32	Udalguri	1	1	18562.56	0.19
33	West Karbi Anglong	0	0	0	0.00
Total Budget		64	64	1188003.84	11.88

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

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS) & DCM
FMR owner at BPMU: Block Coordinator/BPA & BCM

(For 7 RKSK districts- Dhubri, Kokrajhar, Goalpara, Nagaon, Golaghat, Hailakandi & Karimganj)

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 RKSK Districts) once every quarter on a convenient day (preferably on a Sunday) following the VHND; in 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 I. 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.
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. Health Checkups to be done by RBSK MHTs at AHDs.
16. Services to be provided are enlisted in ANNEXURE-III
17. 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
18. AHD data should be collected as per standard format mentioned in Operational guidelines of RSKS and should be compiled at block and district level and sent to state for final compilation.
19. PE, ASHAs and AWWs will help in organizing the AHD and prior mobilizing of adolescents for maximum participation.
20. 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

21. 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.)
- 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

22. 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

23. 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

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

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

26. 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)

27. 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)

28. The Village level AHD budget break up is in Annexure IV.
29. The Block level Mega AHD budget break up is in Annexure V.
30. District wise target to organize AHDs in each RKSK districts is in Annexure VI.
31. District Coordinator (RBSK/RKSK/WIFS) and Block Coordinator (RBSK/RKSK/WIFS) will be responsible for successful completion of the programme and reporting.
32. 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.
33. District Community Mobilizers (DCMs) will be responsible to keep track of the community mobilization process by ASHAs/PEs through BCMS.
34. 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.
35. The best performing Peer Educators to be awarded 4 nos. of PEs from each RKSK block during block level Mega AHDs. The fund is available under the same FMR Code 2.3.1.5 for @ Rs.1000/-per PE with certificate and other books or something important as non monetary form.
36. Detail report with photographs to be maintained against each AHD.
37. The reporting formats should be used as per the operational guidelines of RKSK.

ANNEXURE-III

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

Note: RBSK Mobile Health Teams to be engaged in AHD with prior approval of Block RBSK Nodal Officer for health Check up of adolescents in AHDs.

Fund for Hojai sanctioned along with Nagaon, District should calculate and release the fund to the concerned.

ANNEXURE-IV Quarterly Village Level AHD

S. N	Particulars	Amount (Rs)	Remarks
1	Honorarium to MO/ANM/LHV/Counsellor for Health screening and counselling	200	Fund to be released based on attendance
2	Incentives for ASHA Supervisor or AWW for helping in organizing AHD if any	100	

3	Refreshment (Tea, snacks/samosa, Biscuits, chocolates etc.)	400	at AHDs.
4	Banner/contingency for decoration to make the event adolescent friendly	300	
Total		1000	

ANNEXURE-V

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 adolscents)	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
Total				75000

ANNEXURE VI.

District wise target and budget allocation

FMR Code:2.3.1.5: Organizing Adolescent Health day												
Budget Break up												
S. N	Name of RSKS District	Total no. of RKS Blocks	No. of RSKS Villages(Old villages)	No. of RSKS Villages(New villages)	Total ASH As	No. of AHDs calculation as per total village and blocks(old	Budget approved for the AHDs to be conducted in old village	Budget approved for the AHDs to be conducted in new villages(2	Fund for Village AHDs @100 0/- (including Block level Mega AHD	Best PE Award @ Rs.100 0/each PE for 4 nos. of PEs from each	Total fund Proposed (in Rs.)	Fund distribution (in lakh)

						villages +new villages+Mega AHD)	s(4 AHDs per Villae per Year)	AHDs per Villages per year)	@ 75000 /- (in Rs.)	21 RSKK blocks		
1	Dhubri	3	436	231	667	2209	1744000	462000	225000	12000	2443000	24.43
2	Goalpara	3	879	0	879	3519	3516000	0	225000	12000	3753000	37.53
3	Golaghat	3	343	379	722	2133	1372000	758000	225000	12000	2367000	23.67
4	Hailakandi	2	345	97	442	1576	1380000	194000	150000	8000	1732000	17.32
5	Karimganj	2	485	31	516	2004	1940000	62000	150000	8000	2160000	21.6
6	Kokrajhar	2	301	373	674	1952	1204000	746000	150000	8000	2108000	21.08
7	Nagaon	6	729	516	1245	3954	2916000	1032000	450000	24000	4422000	44.22
Total Budget		21	3518	1627	5145	17347	14072000	3254000	1575000	84000	18985000	189.85

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

FMR owner at SHQ, NHM: Consultant, RSKK
FMR owner at DPMU: District Coordinator (RBSK/RSKK/WIFS)
FMR owner at BPMU: Block Coordinator (RBSK/RSKK/WIFS)

(For 7 RSKK districts- Dhubri, Kokrajhar, Goalpara, Nagaon, Golaghat, Hailakandi & Karimganj)

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 meeting with Bi Monthly (one meeting in two months) 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 in two months to:
 - o discuss their individual sessions and any issues or questions they have
 - o plan upcoming sessions and AHD

- organise activities such as drawing competition, skits, quizzes and debates for Peer Educators and adolescents
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 757 nos. SC is approved under ROP 2021-22 in 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.
 8. Peer Educators are expected to maintain a diary, including a brief overview of each session and the number of participants.
 9. The budget breakup is at Annexure VII.

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.

Fund for District Hojai has sanctioned along with sanctioned budget of Nagaon, District, Nagaon district should calculate and release the fund to Hojai District as on actual.

ANNEXURE-VII

Monthly AFC meeting at Existing 757 nos. Sub Centre

District wise break up							
S.N	Name of RSKS District	Total no. of RSKS Blocks	No. of AFC under SC	Frequency(Bi-monthly)	No. of AFC meetings to be conducted bi-monthly in each SC(Target)	Total Budget in Rs.(@ Rs. 200 per meeting)	Total Budget in Lakh
1	Dhubri	3	109	6	654	130800	1.308
2	Goalpara	3	89	6	534	106800	1.068
3	Golaghat	3	95	6	570	114000	1.14
4	Hailakandi	2	78	6	468	93600	0.936
5	Karimganj	2	91	6	546	109200	1.092
6	Kokrajhar	2	97	6	582	116400	1.164
7	Nagaon	6	198	6	1188	237600	2.376
Total Budget		21	757	42	4542	908400	9.084

5) FMR CODE: 3.1.1.3.1/ ASHA Incentive for selecting of Peer Educators

FMR owner at SHQ, NHM: Consultant, RSKS
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS)
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS)

(For 7 RSKS districts- Dhubri, Kokrajhar, Goalpara, Nagaon, Golaghat, Hailakandi & Karimganj)

1. ASHA will get Rs. @400/ for 4 PE (@Rs. 100 per 1 PE s) of rest of the ASHA Villages of 21 blocks of 7 RSKS Districts. This should be ensured after completion of selection of Peer Educators. The details budget break up in ANNEXURE VIII.

ANNEXURE VIII.

District wise Budget Break up

FMR: 3.1.1.3.1 Incentive for support to Peer Educator (Incentive for ASHA for selecting Peer Educators)				
Sl. No	Districts	No. of PE s to be replaced	Fund allotted in District ROP (@ 100 per ASHA for replacing 1 PE) (In lakh)	Total Budget in Lakhs

1	Dhubri	420	42000	0.42
2	Goalpara	28	2800	0.03
3	Golaghat	256	25600	0.26
4	Hailakandi	234	23400	0.23
5	Karimganj	543	54300	0.54
6	Kokrajhar	230	23000	0.23
7	Nagaon	1060	106000	1.06
Total		2771	277100	2.77

Fund for District Hojai has sanctioned along with sanctioned budget of Nagaon, District, Nagaon district should calculate and release the fund to Hojai District as on actual.

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

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS)
FMR owner at BPMU: Block Coordinator/BCM

(For 7 RKSK districts- Dhubri, Kokrajhar, Goalpara, Nagaon, Golaghat, Hailakandi & Karimganj)

- 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. The details budget break up in ANNEXURE IX.

Fund for District Hojai has sanctioned along with sanctioned budget of Nagaon, District, Nagaon district should calculate and release the fund to Hojai District as on actual.

ANNEXURE IX

Incentives to ASHAs for Mobilizing Adolescents to AHD

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

S. N	Name of RKSK District	Total no. of RKSK Blocks	No. of RKSK Villages (old villages)	No. of RKSK Villages (new villages)	Total Villages (Old + New)	Total nos of AHD to be Conducted (4 AHDs per year in old villages & 2 AHD per year in new villages and 1 Mega AHD per Block per year)	Total nos. of ASHAs (Old+ New)	Budget in lakhs (AHD in old PE villages @200/AHD/per ASHA)
1	Dhubri	3	436	231	667	2209	667	4.418
2	Goalpara	3	879	0	879	3519	879	7.038
3	Golaghat	3	343	379	722	2133	722	4.266
4	Hailakandi	2	345	97	442	1576	442	3.152
5	Karimganj	2	485	31	516	2004	516	4.008
6	Kokrajhar	2	301	373	674	1952	674	3.904
7	Nagaon	6	729	516	1245	3954	1245	7.908
Total Budget		21	3518	1627	5145	17347	5145	34.694

7) FMR: 9.5.4.1: Guidelines for conducting Review cum convergence meeting at District and Block level for RKSK/WIFS/Menstrual Hygiene programme

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS)
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS)

(This activity is for all RKSK and Non RKSK districts)

District level

1. Review cum convergence meetings are to be conducted twice in the current year 2021-22 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.
7. Concern persons from state will provide necessary support if required.
8. Budget break up is placed at Annexure-X.
9. District wise budget allocation is placed at Annexure-XI.
10. Fund to be utilized against FMR Code: 9.5.4.1 as per NHM norms for completion of the activity and UC/SoE to be submitted accordingly.
11. The minutes of each meeting to be submitted to state.

District wise Budget Break up for District & Block level review cum convergence meeting

S.N	District	No. of Unit	Frequency/	Fund allocation in Rs.(@10000	Fund allocation for 2 meetings/p	Block level Review cum convergence meeting in 21 RKSK Blocks	Total Budget
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			per year	/- meeting (2 meetings/ per District)	er District (in lakh)	Nos of meeting @ 2 Meetings perBlock)	Fund allocation in Lkhs.(@2000 /- meeting (2 meetings per RSK block)	
1	Baksa	1	2	20000	0.2	0	0	0.2
2	Barpeta	1	2	20000	0.2	0	0	0.2
3	Biswanath	1	2	20000	0.2	0	0	0.2
4	Bongaigaon	1	2	20000	0.2	0	0	0.2
5	Cachar	1	2	20000	0.2	0	0	0.2
6	Charaideo	1	2	20000	0.2	0	0	0.2
7	Chirang	1	2	20000	0.2	0	0	0.2
8	Darrang	1	2	20000	0.2	0	0	0.2
9	Dhemaji	1	2	20000	0.2	0	0	0.2
10	Dhubri	1	2	20000	0.2	6	0.12	0.32
11	Dibrugarh	1	2	20000	0.2	0	0	0.2
12	Dima Hasao	1	2	20000	0.2	0	0	0.2
13	Goalpara	1	2	20000	0.2	6	0.12	0.32
14	Golaghat	1	2	20000	0.2	6	0.12	0.32
15	Hailakandi	1	2	20000	0.2	4	0.08	0.28
16	Hojai	1	2	20000	0.2	0	0	0.2
17	Jorhat	1	2	20000	0.2	0	0	0.2
18	Kamrup Metro	1	2	20000	0.2	0	0	0.2
19	Kamrup Rural	1	2	20000	0.2	0	0	0.2
20	Karbi Anglong	1	2	20000	0.2	0	0	0.2
21	Karimganj	1	2	20000	0.2	4	0.08	0.28
22	Kokrajhar	1	2	20000	0.2	4	0.08	0.28
23	Lakhimpur	1	2	20000	0.2	0	0	0.2
24	Majuli	1	2	20000	0.2	0	0	0.2
25	Morigaon	1	2	20000	0.2	0	0	0.2
26	Nagaon	1	2	20000	0.2	12	0.24	0.44
27	Nalbari	1	2	20000	0.2	0	0	0.2
28	Sivasagar	1	2	20000	0.2	0	0	0.2
29	Sonitpur	1	2	20000	0.2	0	0	0.2
30	South Salmara	1	2	20000	0.2	0	0	0.2
31	Tinsukia	1	2	20000	0.2	0	0	0.2
32	Udalguri	1	2	20000	0.2	0	0	0.2
33	West Karbi Anglong	1	2	20000	0.2	0	0	0.2

Total Budget to District	33	66	660000	6.6	42	0.84	7.44
State H.Q Budget	1	3	1100000	11			11
Total Budget			1760000	17.6			18.44

ANNEXURE-X

a) Budget break up for Review cum Convergence Meeting at district level

SN	Particulars	Unit Cost	Unit	Frequency /per year	Total fund for district level convergence cum review meeting 2/per year
1	TA for Participants from other line departments(As per actual)	200	4	2	1600
2	Stationary & training materials	100	35	2	7000
3	Food arrangement	100	37	2	7400
4	Contingency (Banner, miscellaneous expenses, etc)	2000	1	2	4000
Total for 2 batches/ each district/per year (35 participants)					20,000

ANNEXURE-XI

District wise budget allocation for the Review cum convergence meeting

District wise budget allocation for the District level Review cum convergence meeting

S.N.	District	No. of Unit	Frequency/	Fund allocation in Rs.(@10000/- meeting (2 meetings/ per District)	Fund allocation for 2 meetings/per District (in lakh)
1	Baksa	1	2	20000	0.2
2	Barpeta	1	2	20000	0.2
3	Biswanath	1	2	20000	0.2
4	Bongaigaon	1	2	20000	0.2
5	Cachar	1	2	20000	0.2
6	Charaideo	1	2	20000	0.2
7	Chirang	1	2	20000	0.2
8	Darrang	1	2	20000	0.2
9	Dhemaji	1	2	20000	0.2
10	Dhubri	1	2	20000	0.2
11	Dibrugarh	1	2	20000	0.2
12	Dima Hasao	1	2	20000	0.2
13	Goalpara	1	2	20000	0.2
14	Golaghat	1	2	20000	0.2

15	Hailakandi	1	2	20000	0.2
16	Hojai	1	2	20000	0.2
17	Jorhat	1	2	20000	0.2
18	Kamrup Metro	1	2	20000	0.2
19	Kamrup Rural	1	2	20000	0.2
20	Karbi Anglong	1	2	20000	0.2
21	Karimganj	1	2	20000	0.2
22	Kokrajhar	1	2	20000	0.2
23	Lakhimpur	1	2	20000	0.2
24	Majuli	1	2	20000	0.2
25	Morigaon	1	2	20000	0.2
26	Nagaon	1	2	20000	0.2
27	Nalbari	1	2	20000	0.2
28	Sivasagar	1	2	20000	0.2
29	Sonitpur	1	2	20000	0.2
30	South Salmara	1	2	20000	0.2
31	Tinsukia	1	2	20000	0.2
32	Udalguri	1	2	20000	0.2
33	West Karbi Anglong	1	2	20000	0.2
Total Budget to District		33	66	660000	6.6

Block level: Block level RKSK/WIFS/MHS review cum convergence meeting with line department 2 nos./each block, @Rs.2000/-in 21 PE blocks. In case of non-RKSK Blocks of all Districts, the topics related to WIFS, NDD and MHS will be kept in agenda of RBSK Block level review meeting.

- 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 clinics are present
- Creating Model AFHC/ARSH clinic, strengthening existing AFHCs and ensure functionality.
- Review cum convergence meetings are to be conducted twice in the current year 2020-21 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 BEE, Cluster Resource Centre Coordinators (CRCC), and 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.

- Block Programme Manager (BPM)/Block Coordinator (RBSK/RKSK/WIFS) will be responsible for successful completion of the meetings and other activities successfully within time frame.
- Concern persons from district will provide necessary support if required.
- Budget break up is placed at Annexure-XII.
- Fund to be utilized against FMR Code: 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:

- AFH 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

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

- 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: (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

ANNEXURE-XII

Budget break up for Block level Review cum convergence meeting

S. N.	District	Nos of Blocks	No. of RKSK Blocks	Frequency/per year	Physical Target	Fund allocation in Rs. (@2000/- meeting (2 meetings per RKSK block)	Fund allocation for 2 meetings/per RKSK block (in lakh)
1	Dhubri	7	3	2	6	12000	0.12
2	Goalpara	5	3	2	6	12000	0.12
3	Golaghat	5	3	2	6	12000	0.12
4	Hailakandi	4	2	2	4	8000	0.08
5	Karimganj	5	2	2	4	8000	0.08
6	Kokrajhar	4	2	2	4	8000	0.08
7	Nagaon	11	6	2	12	24000	0.24
Total Budget		41	21	14	42	84000	0.84

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

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS)
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS)

(For 7 RKSK districts- Dhubri, Kokrajhar, Goalpara, Nagaon, Golaghat, Hailakandi & Karimganj)

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 in charge with full justification.
7. Each of the training days will start with recap of the previous day's activities.
8. Training Module along with 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.
- 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 15 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/ DCo (RBSK/RKSK/WIFS) will coordinate the training.

13. Rs. 40,035/- per batch (15 nos of participants in each batch) for conducting one batch in each RKSK district is approved in ROP 2021-22.

14. Training batches distribution break up at ANNEXURE-XIII

15. The budget break up is in ANNEXURE-XIV.

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

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

Note: Total 120 nos. of ANM/LHV/MPWs to be trained in 7 RKSK districts in 8 batches for 5 days module training at District level. The trained ANM/LHV/MPWs to be engaged block level training and support RKSK adolescent health check-ups and counselling too. For health check-ups and counselling of adolescents they need to provide support at AFH Clinics as per allotted time.

**ANNEXURE-XIII (7 RKSK district training batch distribution)
5 days district level AFHS training for ANM/LHV/MPWs**

ANNEXURE-XIV for all 7 RKSK districts
5 days district level AFHS training for ANM/LHV/MPWs

Budget Break up						
SN	Particulars	Unit Cost (in Rs.)	Unit	Duration	Total fund for each batch (in Rs.)	Total cost in Lakh
1	TA for Participants (Subject to actual)	200	15	1	3000	0.03

2	Accommodation , Working lunch, tea snacks etc.	400	15	5	30000	0.3
3	Honorarium for Resource Persons	500	2	5	5000	0.05
4	Stationary, Training materials (Printed module to be provided from state if not available at district)	69	15	1	1035	0.01035
5	Contingency (Banner, miscellaneous expenses, etc)	1000	1	1	1000	0.01
Total cost for each Batch					40,035	0.40035

District wise Budget

SN	District	No. of Blocks	No. of blocks selected for PE programme	Nos of participants (per batch per blocks @5 participants)	Total Batch	Total Cost(@Rs. 48000 per batch with 15 participants)
1	Dhubri	7	3	30	2	0.801
2	Goalpara	5	3	15	1	0.400
2	Golaghat	5	3	15	1	0.400
3	Hailakandi	4	2	15	1	0.400
4	Karimganj	5	2	15	1	0.400
5	Kokrajhar	4	2	15	1	0.400
6	Nagaon	11	6	30	2	0.801
Total		41	21	135	9	3.603

9)FMRCode:9.5.4.7:Guidelines for conducting Peer Educator (PE) Training on RSK programme

FMR owner at SHQ, NHM: Consultant, RSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS)
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS)

(For 7 RSK districts- Dhubri, Kokrajhar, Goalpara, Nagaon, Golaghat, Hailakandi & Karimganj)

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. (If holidays are available in continuation or exam break, then the PE training can organise in continue 6 days).
5. It is suggested that, two/three/four 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 prepared discussion with the 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.
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-XV. 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-XVI. The trainings should be completed by 2nd quater'2021-22, as shared training calendar for better PE activities and involvement.
13. The Fund @ 72,000/-per batch of PE training is approved under ROP 2021-22 of NHM, Assam under 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)/BCo 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 quarter.

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. 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.
2. Total batches of New PE and ASHAs to be trained are 168 batches in 7 RSK districts. During last FY 2021-22, pending batches of ASHA & PE training batches have to be completed and should inform State HQ for requirement of additional training batch.

ANNEXURE-XV (Budget break-up)

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

ANNEXURE-XVI

PE Training distribution list to each 7 RSK districts

Budget Break up

SN	Particulars	Unit Cost (in Rs.)	Unit	Duration	Total amount (in RS.)	Total Amount in lakhs	Remarks
1	TA for Participants	100	40	6	24000	0.24	Total amount Rs. 77.04 Lakhs approved @Rs. 72000/ per batch of 40 participants(32 PE s and 8 ASHAs) for 168 batches.
2	Honorarium for Resource Persons	300	4	6	7200	0.072	
3	Stationary & training materials	100	40	1	4000	0.04	
4	Working lunch, snacks and Tea	150	40	6	36000	0.36	
8	Contingency (Banner, miscellaneous expenses, etc)	800	1	1	800	0.008	
Total cost for one batch/40 participants					72,000	0.72	
Total cost for 168 batch with 40 participants					12096000	120.96	

FMR Code: 9.2.1.4.e Training of PE+ASHA at Block level

S N	District	No. of Bloc ks	No. of bloc ks selected for PE prog ram me	No. of PE to be selected	No. of ASH As	Total PE+ASH As to be trained	No. of batch es to be trained (32 PEs+ 8 ASHA s in a batch)	No. of batches planne d to be trained in 2020-21 (@ 40 particip ants per batch)	Cost (In Rs) @ Rs. 72000/- per batch	Total Cost (In Lakh)
1	Dhubri	7	3	1748	437	2185	55	31	2232000	22.32

2	Goalpara	5	3	0	0	0	0	30	2160000	21.6
2	Golaghat	5	3	1320	330	1650	41	24	1728000	17.28
3	Hailakandi	4	2	492	123	615	15	9	648000	6.48
4	Karimganj	5	2	124	31	155	4	4	288000	2.88
5	Kokrajhar	4	2	1436	359	1795	45	29	2088000	20.88
6	Nagaon	11	6	2064	516	2580	65	41	2952000	29.52
	Total	36	21	7184	1796	8980	225	168	12096000	120.96

10) FMR Code: 18.1.1 : Innovative activity related to Child Marriage

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS), DME & DCM
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS) & BCM

(For Dhubri District):

Following are the specific guidelines for conducting the newly approved activity:

- 2 Nos of awareness meeting to be organised in a year in each selected GP namely Panbari, Alomganj and Madhusoulmari of Dharmshala block of Dhubri district based on high prevalence of early marriage where participants will be,
 - BDO and representative from BDO office
 - SDM& HO along with District and Block officials
 - BEEO & CDPO
 - President of GP along with other GP members.
 - PRI Members
 - Village head like Gaonburha, Local leaders of Each Village (Teachers, Imam, ASHAs, ANMs etc.
 - Different organisations working in Adolescent Health.
- Awareness generation activities in Gram Panchayat, villages, schools through different medium like meeting, miking, street play, hoardings etc.
- Publicity should be driven through community leaders-PRI and VHSNC committee members, field level functionaries-ASHA, ANMs, AWWs, Local NGOs, SHGs and Teachers.
- DMEs will be responsible for necessary arrangement for publicity and IEC/BCC activities to make people aware.

5. Fund to be utilised against FMR Code: 18.1.1 as on actual after completion of the activity and UC/SoE to be submitted accordingly. Budget Break up is attached at Annexure XXI.

Activity related to Child Marriage(for Dhubri District)

Activity	Unit cost	Unit	Amount in Lakhs	Process of Claim
Awareness meetings	15000	6	0.9	2 awareness meetings at each each Block in a year.
Awareness at GP & Village level	120000	3	3.6	Rs. 1.2 Lakh per Block for awareness activities such as, m iking, awareness meeting, streetplay in schools and villages.
Total	135000	9	4.5	

State level Activities

11)

FMR Code	Activity	FMR owner	Budget approved
1.1.4.1	State level Meeting for SHP	Consultant RKSK(i/c)	0.70 Lakhs

State level convergence and review meeting on School Health Programme with allied depts and District officials of 7 Aspirational Districts, @2 nos meeting in a year to discuss and review of the SHP programme.

FMR: 1.1.4.1, State level convergence meeting on SHP				
Head	Nos	Rate	Total Budget in lakhs	Remarks
State Level Meeting on SHP	2	35000	0.7	State level meeting on SHP with allied dept. and District officials of 7 Aspirational Districts

12) FMR Code: 3.2.2 Incentives for Peer Educator (Non monetary)

FMR owner at SHQ, NHM: Consultant, RKSK
FMR owner at DPMU: District Coordinator (RBSK/RKSK/WIFS), DME & DCM
FMR owner at BPMU: Block Coordinator (RBSK/RKSK/WIFS) & BCM

(This activity is for all RKSK districts).

Approved @Rs.61.51 lakh for Peer Educator for non monetary incentives, which will be spent at State level.

FMR: 3.2.2 Incentives for Peer Educator

SN	District	No. of Blocks	No. of blocks selected for PE programme	Total PE s(Old+New)	Total cost @Rs. 50 per PE per Month for 6 months in Rs.	Total Budget in Lakhs
1	Dhubri	7	3	3687	1106100	11.06
2	Goalpara	5	3	2460	738000	7.38
2	Golaghat	5	3	2685	805500	8.06
3	Hailakandi	4	2	1904	571200	5.71
4	Karimganj	5	2	1852	555600	5.56
5	Kokrajhar	4	2	2628	788400	7.88
6	Nagaon	11	6	5288	1586400	15.86
Total		36	21	20504	6151200	61.51

13.

FMR Code	Activity	FMR owner	Budget approved
6.2.4.3	Sanitary napkin procurement	Consultant RKSK(i/c) & BME	151.20 lakhs

Approved fund for 1917829 packs of sanitary napkins for rural adolescent girls having 6 napkins per pack, which are to be sold to adolescent girls @Rs. 6 per packet. Block may utilize the MHT vehicle for delivering the Sanitary napkins to the SC level especially on Sunday and Block may arrange the transportation up to SC level along when Medicines are supplied to the SC level. ASHA may collect from SC level, proper documentation and mechanism to be prepared in Block level. MPW of SC and one ASHA Supervisor should be designated proper documentation and collection of money. DCo, DCM, BCo and BCM will be responsible for this activity.

14.

FMR Code	Activity	FMR owner	Budget approved
9.5.4.3	AFHS training of Medical Officers	Consultant RKSK(i/c)	2.50 Lakhs

Approved budget for one batch of state level 4 days MO training for 27 districts.

15.

FMR Code	Activity	FMR owner	Budget approved
9.5.4.5	Training of AH counsellors	Consultant RKSK(i/c)	1.71 Lakhs

Approved budget for 1 batch of state level AH counselors training.

16.

FMR Code	Activity	FMR owner	Budget approved
12.4.4	Printing of AFHS Training manuals for	Consultant	8.85 Lakhs

	MO, ANM and Counselor; ANM training manual for PE training	RKSK(i/c)	
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Approved fund for,

- Printing of Training module for 4 days state level MO training.
- Printing of Facilitator’s Guide for AFHS training of MOs.
- Booklet for Peer educators and LHVs.
- Flip book with messages on 6 thematic areas (Flash cards).

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