Supportive Supervision Checklist for RKSK
(State Level)

Name of the State:
Name and Designation of the Supervisor:
Date of Visit:

1. Details of HR for RKSK in the State
   o Name of the State Nodal Officer for RKSK : ..............................................................
   o Name and Designation of the other staff for AFHS, WIFS, MHS (i.e. Consultant/Programme Officers):
     1. ........................................
     2. ........................................
     3. ........................................

2. Has the State Level Committee for Adolescent Health (SCAH) been formed?(Y/N)

3. Number of the Dissemination/meetings/workshops/review for RKSK done at State level in the current year (if possible share the minutes)
   a. Dissemination meeting for RKSK Operational Framework / Orientation of the Programme Managers: .............
   b. Convergence meetings with other Departments: .............
   c. Review meeting for RKSK: .............

4. No. of supportive supervision visits by State officials in last 6 months: .............

5. Have the following RKSK reports been sent to GoI in the last 6 months
   • AFHC Quarterly Report: .............
   • MHS Monthly Reports: .............
   • WIFS Monthly Report: .............

6. No. of New AFHC approved in the RoP of the current financial year: .............

7. AFHCs operationalized against the approval in the RoP of the current financial year: .............

8. Staff for providing services at the AFHCs (provide details in numbers):

<table>
<thead>
<tr>
<th>Health Facility Level</th>
<th>Operational AFHCs*</th>
<th>MO/ Specialist (for DH &amp; Med. Coll.)</th>
<th>ANM/ LHV</th>
<th>Counsellors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical College</td>
<td></td>
<td>MOs Trained</td>
<td>ANM Trained</td>
<td>Counsellor Trained</td>
</tr>
<tr>
<td>DH</td>
<td></td>
<td></td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>SDH</td>
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<tr>
<td>CHC</td>
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<tr>
<td>PHC</td>
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<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*Operational Criteria for AFHCs at different levels:
Operational Criteria for AFHCs at different levels:

a) Infrastructure: One dedicated room, privacy of client, furniture, IEC Materials, Supplies (Instruments, ECPs, Sanitary napkins, IFA, Albendazol etc.)
b) Manpower:
   • For PHC : 2 MOs (1 Male and 1 Female) & 1 ANM/ LHV trained in AFHS
   • For CHC : 2 MOs (1 Male and 1 Female) & AH Counsellor/ICTC/RMNCH+A counsellor trained in AFHS
   • For DH: 1 Specialist (Gynaecologist, Paediatrician, Surgeon, Dermatologist, Psychiatrist, Mental Health) 2 MOs (1 Male and 1 Female) & Dedicated AH Counsellor/ICTC/RMNCH+A trained in AFHS
c) Average monthly footfalls should not be less than 10 for PHC, 20 for CHC/SDH, 30 for DH, and 40 for Medical Colleges AFHCs.
9. Status of translation (if required) & printing of RKSUK operational framework, training manuals etc. (specify the type of materials printed and the quantity)……………………………………

10. Status of PE Programme roll out in RKSUK Districts: …………………………………………………

11. Weekly Iron and Folic Acid Supplementation (WIFS) :
   • Launch date of the WIFS programme: ……………………………
   • Total no. of Districts covered: ………………………………………
     o Number of Districts covered for School based WIFS Programme: …………………
     o Number of Districts covered for Anganwadi based WIFS Programme: ……………
   • IFA Tablets (Y/N, Please mention numbers where applicable):
     o Are Blue Colour IFA Tablets Available? : …………
     o Quantity of IFA tablets procured: ………………………
     o Cost at which IFA tablet is procured: …………………
     o Have Lab Tests been done? : …………………
     o Expiry Date for the IFA tablets procured: ……………
     o Buffer stock of IFA tablets available at the State level as on date (Y/N): ……………
     o Have any stock outs been reported in the last 3 months?: ……………
   • Albendazole Tablets (Y/N, Please mention numbers where applicable):
     o Quantity of Albendazole tablets procured: …………………
     o Cost at which Albendazole tablet is procured: ……………
     o Have Lab Tests been done? : ………
     o Expiry Date for the Albendazole tablets procured: ………
     o Buffer stock of Albendazole available at the State level as on date (Y/N): ……………
     o When was the last round of de worming held: …………………
   • Emergency Response System
     o Have the guidelines on ERS been developed (in local language) and disseminated? ……………………………………..
     o Orientation of the staff on ERS (Y/N)
       ▪ MOs: ………
       ▪ Teachers: ………
       ▪ AWWs: ………
     o Mechanism for transportation of the adolescents to the nearest health facility been established. (Y/N, If yes then provide details): ………………………………………………………………………………………………………………..
12. IEC for RKSK

- Type of Mass Media activities being done (including topics and the periodicity):
  ............................................................................................................

- Type of Mid Media activities being done (Posters, Banners, Leaflets, Handouts, Flip books etc.) Also see information on type of Mid Media activities and topics:
  ............................................................................................................

- Whether IPC material has been developed for all thematic areas under RKSK (Y/N):
  ............................................................................................................

13. Menstrual Hygiene Scheme (MHS):

- Total no. of Districts Covered under MHS: .........................
  o No. of districts through GOI supply: ..............................
  o No. of districts through State Procurement: ...................

- Are the Govt./Govt. aided schools being used as a platform for sale of sanitary napkins under the Scheme (Y/N): ............................

- Status of orientation of the the ASHAs for the Scheme: .......................

- Is ASHA getting Rs. 50 for holding AH meetings?: .......................

- Unit Cost of sanitary napkin procured by State: ............................

- Fund recouped under MHS and deposited with SHS: ........................

14. Status of RKSK trainings

<table>
<thead>
<tr>
<th>Name of the RKSK Trainings</th>
<th>Participants</th>
<th>No. of batches approved in ROP</th>
<th>No. of batches held till date</th>
<th>No. of personnel trained till date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFHS (State Level)</td>
<td>MO/ANM/LHV</td>
<td></td>
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<tr>
<td>AFHS (District Level)</td>
<td>MO/ANM/LHV</td>
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<tr>
<td>PE (Block Level)</td>
<td>ASHA, PE</td>
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<td>WIFS (District Level)</td>
<td>AWW, ICDS and Nodal teachers</td>
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<tr>
<td>WIFS (Block Level)</td>
<td>AWW, ICDS and Nodal teachers</td>
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<tr>
<td>MHS (Block Level)</td>
<td>ASHA</td>
<td></td>
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</tbody>
</table>

15. Any other observation/ suggestion/ innovation/best practices:
(Pl. specify, add pages if required)