Overview of Rashtriya Kishor Swasthya Karyakram

RKSK
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम
Rashtriya Kishor Swasthya Karyakram

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Ministry of Health & Family Welfare

Government of India

Vision

That all adolescents in India are able to realise their full potential by making informed and responsible decisions related to their health and well-being.

Adolescent Health Programme in India- Where do we stand?

- **6220 AFHCs**
- **881 dedicated & 1439 ICTC counsellors providing sexual and reproductive health counselling to adolescents**
- **Scheme for promotion of Menstrual Hygiene- rolled out in 1092 Blocks of 17 States through Central supply of "Freedays"**
- **Weekly Iron and Folic acid supplementation programme launched in 31 states/UTs with coverage of 34 million beneficiaries**

Major constraints..

- **Limited scope of existing programs- focus only on SRH and nutrition**
- **Primarily facility based programming – waiting for adolescents to seek care**
- **Staggered and adhoc outreach activities**
- **Weak convergence mechanisms and commitments**
- **Poor focus on behavior change communication**
- **Focus on disease rather than issues**
- **Lack of understanding in program managers – AH not a priority , no impact on MDGs**

MoHFW's response: RKSK, a new AH Strategy

- based on the principles of participation, rights, inclusion, gender equity and strategic partnerships;
- envisions that all adolescents can realise their full potential
- recognises concerted effort required:
  - ✓ **Ministries and institutions i.e. health, education, woman and child development, and labour**
  - ✓ **Families, in particular the parents**
  - ✓ **Local communities**

A paradigm shift:

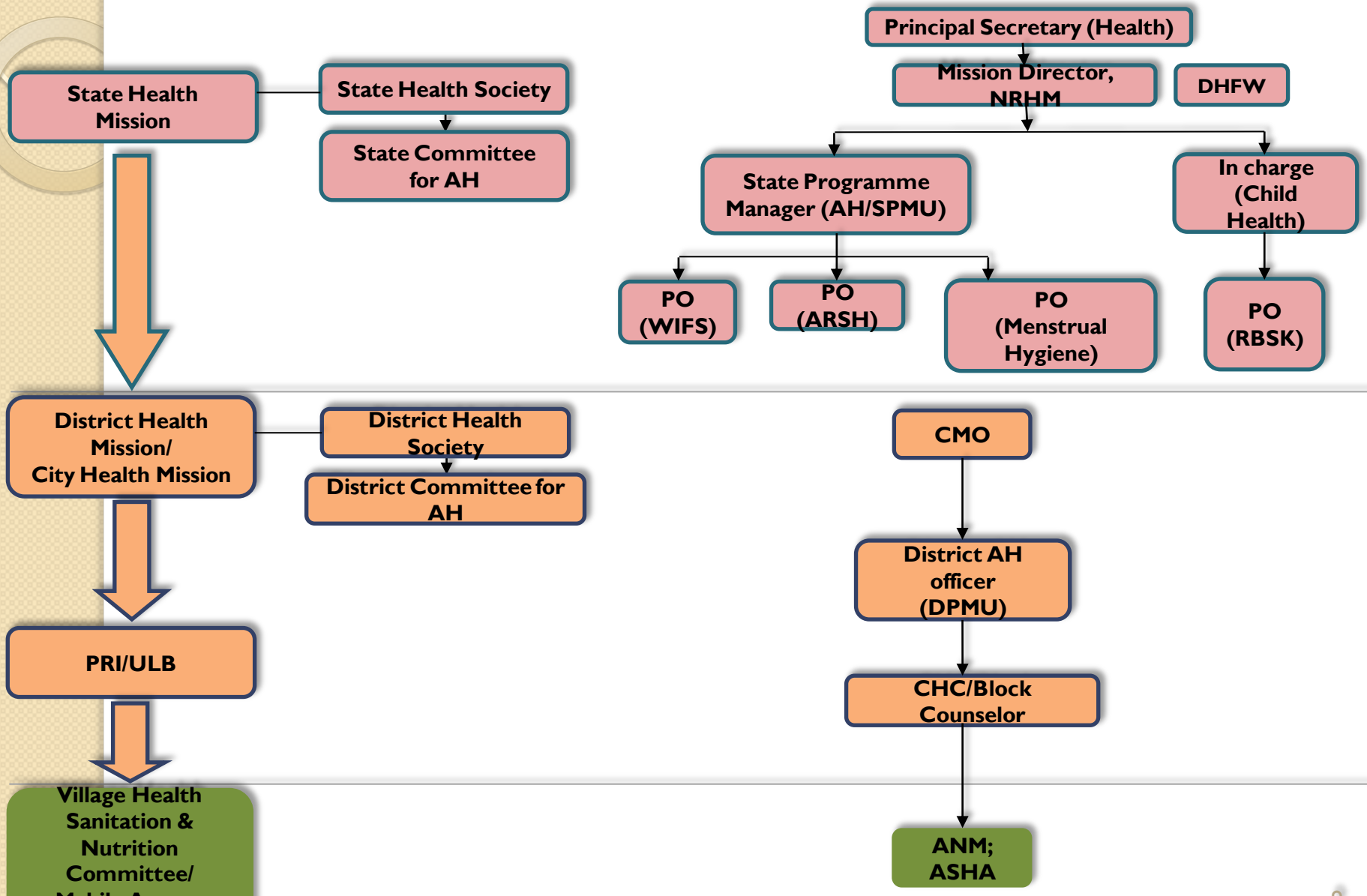
- ✓ Realigns the existing clinic-based curative approaches
- ✓ Continuum of care model
- ✓ Convergent model of service delivery
- ✓ No 'one-size-fits-all' approach but customised programmes
- ✓ Effective, appropriate, acceptable and accessible service package

Six priority (programme) areas

Operationalisation Components

- Behaviour Change Communication
- Provision of Services
- Provision of Commodities
- Capacity building
- Monitoring & Evaluation
- Programme management

Institutional Arrangements



Institutional Arrangements

- **State Committee on AH (SCAH)**
  - **Sub-committee of SHS, chaired by Principal Secretary Health**
  - **Biannual meetings**
  - **Representation from SACS, other departments like Education, WCD, Tribal Welfare, Drinking Water, RD, Panchayat Raj, Youth Affairs, Home, NGOs, civil societies, Medical Colleges, Public Health, professional bodies, university representatives**
  - **State WIFS committee subsumed into SCAH**
- **District AH Committee (DAHC)-Chaired by DM**
- **VHNSC**
- **State and District level full time Nodal Officers**

Interventions to achieve the objectives

- **Community based interventions**
  - ✓ Peer Education (PE)
  - ✓ Quarterly Adolescent Health Day (AHD)
  - ✓ Weekly Iron and Folic Acid Supplementation Programme (WIFS)
  - ✓ Menstrual Hygiene Scheme (MHS)
- **Facility based intervention**
  - ✓ ***Adolescent Friendly Health Clinic (AFHC)***
- **Convergence**
  - ✓ Within Health & Family Welfare
  - ✓ With other departments/ schemes
- **Advocacy, BCC & IPC**

Adolescent Friendly Health Clinics

Key barriers for limited access to health care

- Lack of knowledge about availability of services and access
- Social and cultural deterrents
- Perceived lack of privacy or confidentiality
- Services are difficult to access i.e. too far or expensive
- Staff appears to be unfriendly

Overview

Adolescent Friendly Health Clinics (AFHCs) to reduce the barriers

- AFHCs aim to provide clinical and counseling services to adolescents through the existing health system
- With a slight physical makeover i.e.
  - ✓ training of existing staff
  - ✓ introduction of an adolescent counselor
  - ✓ provision of commodities in the existing facilities

Objective of AFHC

Equitable: all adolescents in age group 10-19 years are able to obtain services

Accessible: adolescents are able to obtain the available health services

Acceptable: adolescents are willing to obtain the available health services

Appropriate: the right health services (i.e. the ones they need) are provided to adolescents

Effective: the right health services are provided in the right way, and make a positive contribution to their health

Structure of AFHC Services

Recommendation for setting up of AFHC:

PHC level	• Population of 20,000 in hilly • 30,000 in plain area & 50,000 at Urban PHC
CHC level	• Population of 80,000 in hilly • 1,20,000 in plain area
District Hospital level and above	• At District Hospital and Medical Colleges at district headquarters

Suggested Working Hours for AFHCs

PHC	CHC	DH	Medical College
Weekly AFHCs from 2 pm to 4 pm by ANMs and MOs	Daily AFHCs from 9 am to 4 pm Two-hour daily clinic from 2 to 4 pm at the AFHCs by MOs, with support from staff nurses	Daily AFHCs from 9 am to 4 pm Two-hour daily clinic from 2 pm to 4 pm at the AFHCs by MOs, with support from ANMs Counsellor to ensure linkages with specialist in hospital, if required	Specialty - AFHC with different specialties from 9 am to 1 pm and counsellors

Manpower at each level

DH	CHC	PHC
2 dedicated counselors (1male and 1 female) /ICTC counselor 2 MO- 1 male and 1 female Specialist- 1 (Gynecologist, Pediatrician, Surgeon, Dermatologist, Psychiatrist , mental health) 2 Staff Nurse	2 dedicated counselors(1 male and 1 female) /ICTC counselor 2 MO- 1 male and 1 female, 2 Staff Nurse	2 MO – 1 male and 1 female 1 ANM/LHV 1 Health Assistant (F) (ANM can be trained to provide counseling to girls)

Training

State may consider either

- Outsourcing training to a well-established and reputed training agency/medical colleges and universities with expertise in psychology and counselling **or**
- Directly conducting training

[1st option would be preferable, if there is inadequate in house (SIHFW) capacity although it may be more expensive]

Trainers would provide

- ✓ Four day training programme for MOs
- ✓ Five day training programme for ANMs
- ✓ Six day training programme for counsellors

Infrastructure

AFHCs should be characterized by two key factors:

Warm and inviting space:

- ✓ Physical appearance for creating comfortable environment
- ✓ Regular health set up might not attract adolescents
- ✓ Simple makeover with wall paint, colorful furniture, bright posters, LCD screens with appropriate health messages etc.

Privacy:

- ✓ Ensure that the AFHC separate from the general OPD
- ✓ Efforts to be made to maintain privacy and confidentiality, to attract more adolescents

Package of services

- **Package of both clinical & counselling services**
  - Psychological issues-depression, low esteem
  - Health issues-Anemia, malnutrition, Vitamin deficiencies
  - Anxiety about pubertal issues, stress
  - Sexual & Reproductive issues
  - Injuries and violence; Sexual assault, rape, domestic violence, accidents etc
  - Tobacco, Alcohol and substance misuse

  - ***Exhibit 2.01: Package of services (Information, Commodities & Services at all levels)***

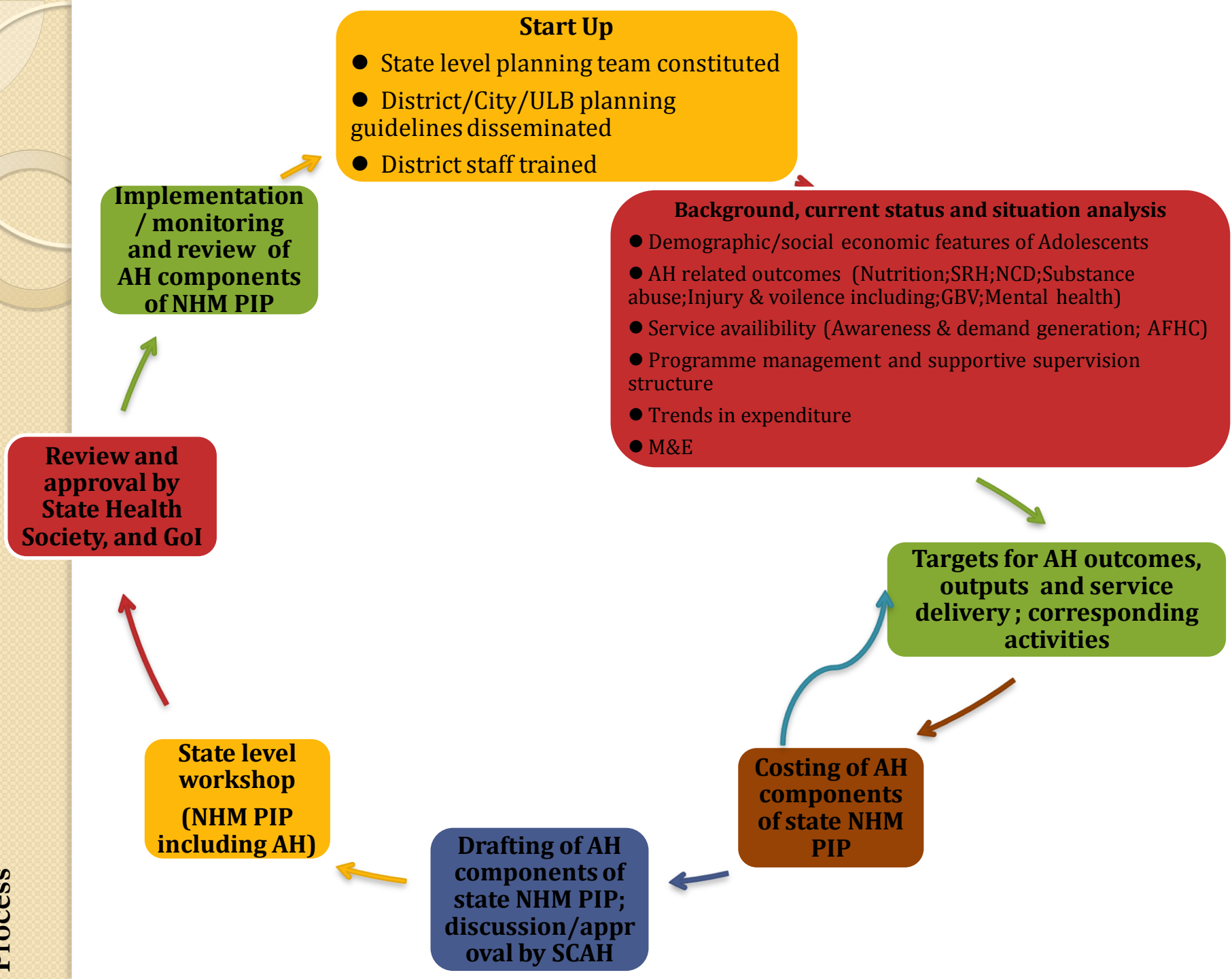
Role and Recruitment of Counsellors

- Role is critical in identifying and addressing the needs of adolescents
- 25-30 years of age, degree in social work, preferably masters, capable of maintaining privacy, pen compassonate, willing to listen, non-judgmental
- Recruitment-open, transparent- board having an AH expert, initial shortlisting, group discussion, personal interview
- 6 days training programme

Monitoring and Supervision

- Regular monitoring at the state and district level
  - % of AFHC operationalised, client load, reference from community to AFHC, percentage of Adolescents attending clinics with various issues, % of counsellors recruited and adolescents counselled, % of counsellors, MOs, ANMs/LHVs trained against planned
  - BPHN to provide supportive supervision at PHC-AFHC (once a month) and monthly meeting
  - Data to be collated and submitted to BPMU
  - Quarterly reporting to GoI (format provided)
- At CHC and District level, District nodal officer to provide supportive supervision
- Formats: Prescription, enrollment and clinical register, counsellor register and stock register

Overview of Sate AH Planning, Implementation and Monitoring Process



Thank you!