

ROLL OUT & IMPLEMENTATION OF RASHTRIYA KISHORE SWASTHYA KARYAKRAM (RKSK) IN THE STATE OF UTTARAKHAND

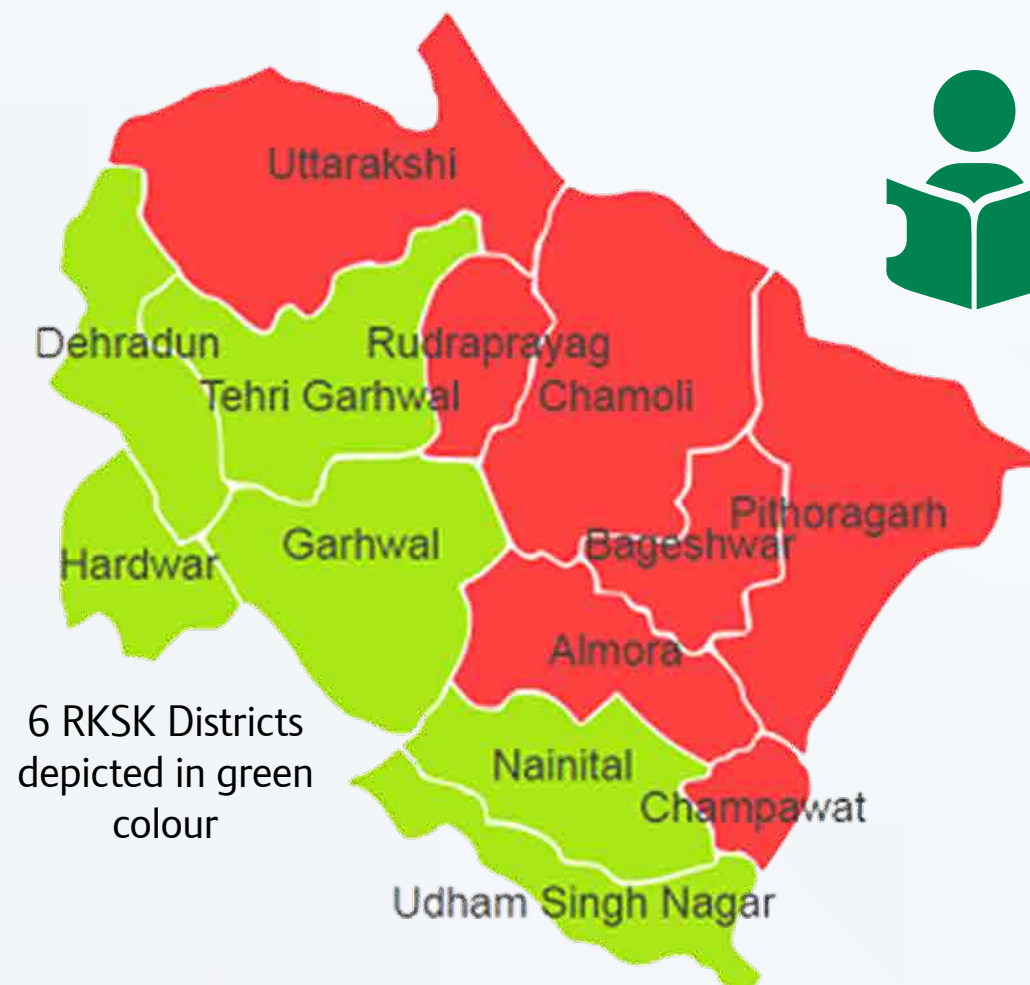
'THE JOURNEY, LESSONS LEARNT & WAY FORWARD'

VRIDDHI: SCALING UP RMNCH+A INTERVENTIONS, SUPPORTED BY USAID



Uttarakhand Context

- Adolescents form **22.5%** of population (Source: Census 2011).
- State has achieved reach with the **target population**.
- Effective **partnerships**.
- Interventions at **facility and community levels**.



Lessons Learnt

Achievements

- Over **10,000 service providers** and peer educators trained.
- Separate rooms with **privacy available**.
- AFHC Services included in the **Citizen Charter**.
- Convergence** with education department, Rashtriya Bal Suraksha Karyakram (RBSK) teams and other stakeholders.
- Active support from **SRU and Development Partners**.
- Standardized Recording & Reporting** mechanism and **WhatsApp Group**.
- Regular Supportive Supervision visits.
- Actively supporting other Programs** like National Deworming Day, Weekly Iron and Folic Supplementation, Menstrual Hygiene Scheme.
- Innovative approaches include** a) School Based Adolescent Health Days; b) Use of **Projectors** for displaying uniform Adolescent Health messages at school & community level; c) Integrated 24x7 **104 Helpline**; d) **AH Counselling Stalls** in Health Camps.

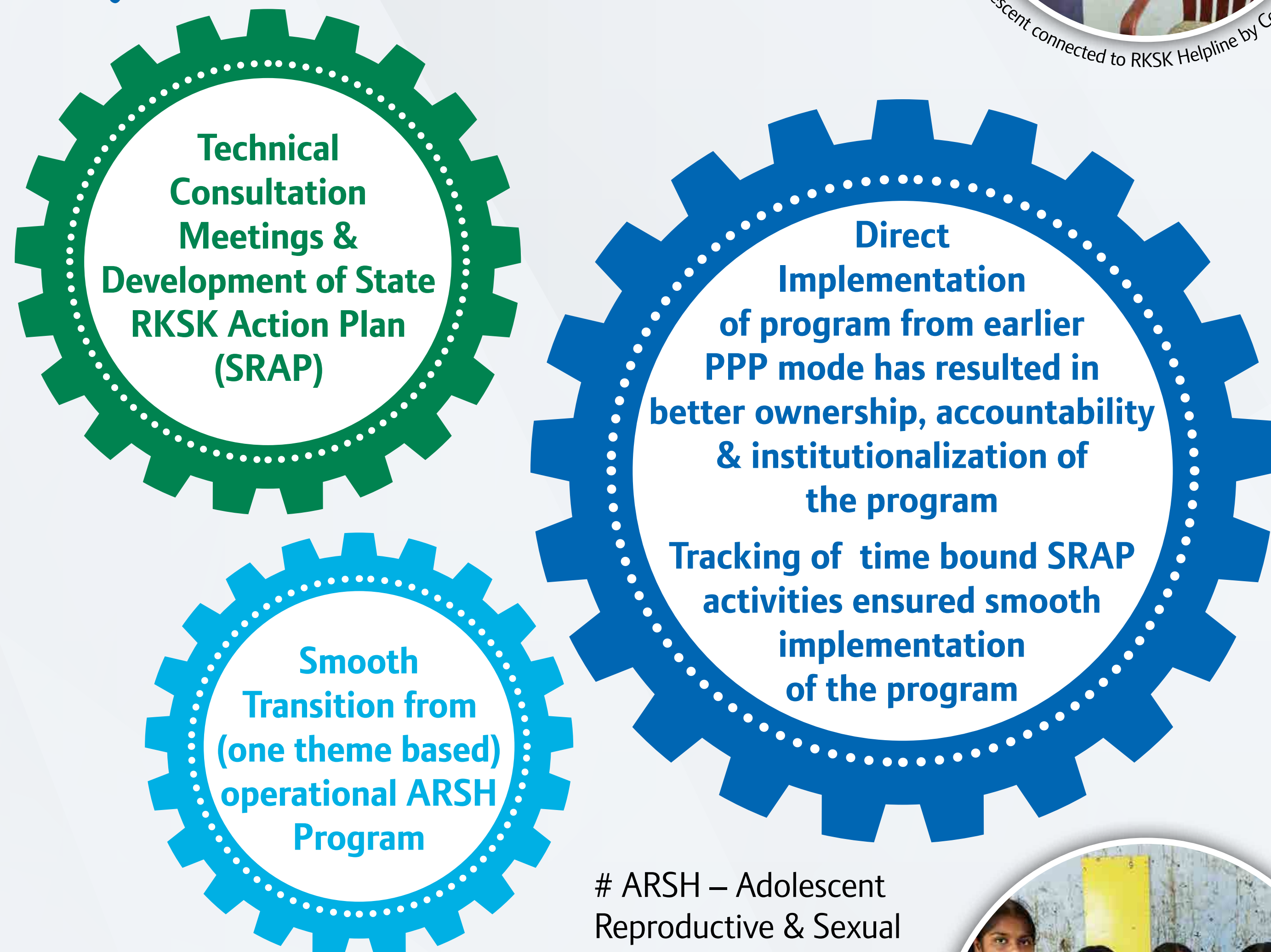


Objective

- To understand the impact of the initial roll out plan.
- To highlight learnings, achievements, challenges and way forward.



Key Factors & Decisions



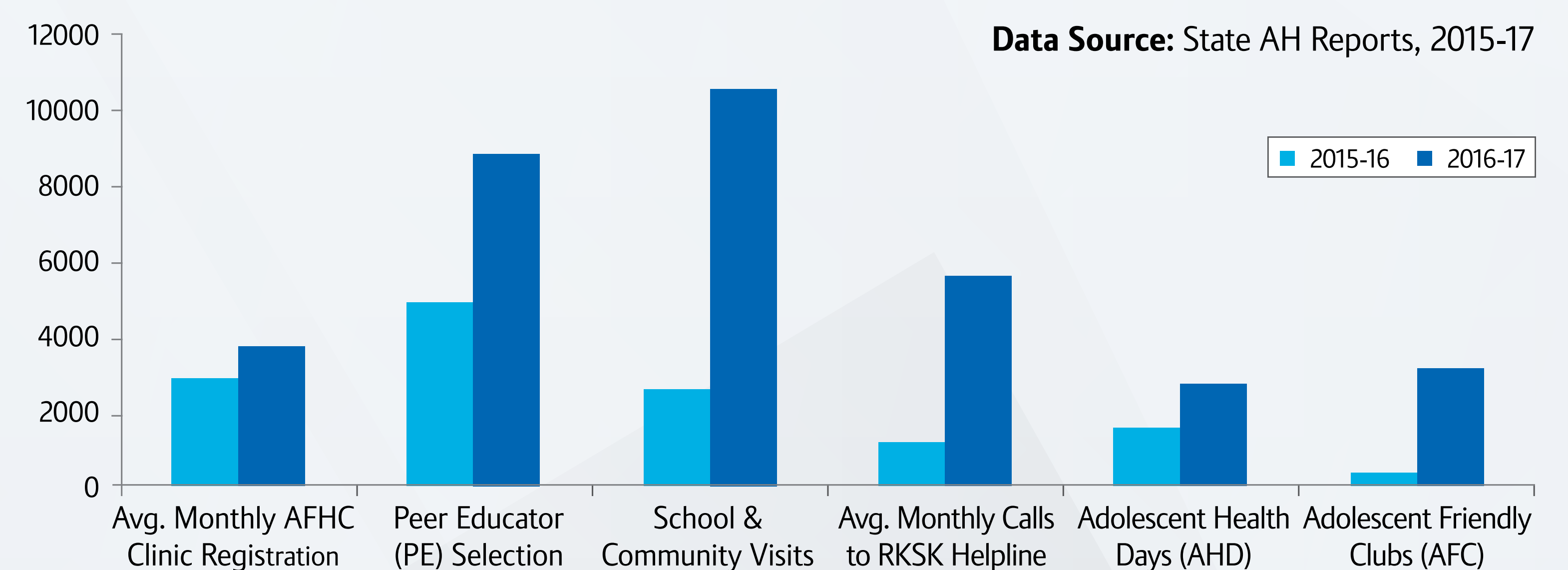
ARSH – Adolescent Reproductive & Sexual Health Program



Challenges

- AFHC Related:** a) Mobilizing Adolescents to Clinics. b) Ensuring adequate supply of contraceptives; c) Space constraints at few places.
- IEC Related:** a) Requirement of Job aid for counselor; b) Need for Improving inter Personal communication (IPC) skills; c) RKSK thematic posters and reference material; d) Develop Learning Based AV Film for display during outreach visits; e) IEC and direction guides to reach AFHC.
- PE Related:** a) PE selection process; b) Time constraints limits active involvement of PE's in program; c) Need for motivation & reward system for good performing PE's; d) Regular refresher & supportive supervision process.
- Others:** a) Streaming reporting under RKSK Program as well as MHS & WIFS Programs; b) Leveraging RBSK resources for program improvement; c) Engagement with out of school adolescents.

RKSK PROGRAM KEY PERFORMANCES IN THE YEAR 2015-16 & 2016-17



Journey

RKSK Program Teams

State Level RKSK Consultant (1); District RKSK Coordinators (6); Dedicated Adolescent Health Counsellors (70 in place; 8 are being recruited)



- Medical Colleges
- District Hospitals
- Sub District Hospital
- Community Health Centers
- Primary Health Centers



Way Forward

- Branding of AFHC and development of resource materials, AV Tools & ready reckoners for addressing IEC related challenges.
- Actively engage schools, anganwadi centers & local NGO's in the PE selection & monitoring process to address related challenges.
- Use of technology solutions for addressing reporting issues across programs.
- Pool resources available in other departments & programs like RBSK to achieve common objectives for address challenges related to reach & engagement.
- Take program implementation learnings forward to scale across all districts during the next expansion phase.



TABLE 1. RKSK PROGRAM IN UTTARAKHAND OVER THE YEAR

	2014-15	2015-16	2016-17	2017-18
AFHC	State RKSK Program launched in September 2014	6 Districts	6 Districts	All 13
School Visits		Partial	Planned	Planned
Peer Educators		4600	8800	8800
AHD Celebrations		Yes	Yes	Yes

Joint stewardship provided by Health Department & NHM Body at State Level played a critical role in successful implemented of RKSK program in Uttarakhand.



References

- RKS Strategy Handbook, MoH&FW, Government of India, 2014
- RKSK Operational Framework, MoH&FW, Government of India, 2014
- State RKSK Action Plan Document, State AH Division / SRU, 2014
- RKSK Communication Integration Framework, MoH&FW, Government of India, 2015
- Supportive Supervision Reports, State AH Division/SRU, 2014-17

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