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Abbreviations

AFHC	Adolescent Friendly Health Clinics
AFHS	Adolescent Friendly Health Services
AH	Adolescent Health
ANM	Auxiliary Nurse and Midwives
CHC	Community Health Centre
DCAH	District Committee for Adolescent Health
DHS	District Health Societies
DPMU	District Project Management Unit
HPD	High Priority Districts
MCH	Maternal & Child Health
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare
NFHS	National Family Health Survey
NHM	National Health Mission
PHC	Primary Health Center
PIP	Project Implementation Plan
PO	Programme Officer
PRI	<i>Panchayati Raj</i> Institution
RKSK	<i>Rashtriya Kishor Swasthya Karyakram</i>
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
ROP	Records of Proceedings
SACS	State AIDS Control Society
SCAH	State Committee for Adolescent Health
SHS	State Health Societies
SPMU	State Project Management Unit
UC	Utilisation Certificate
ULB	Urban Local Body
UPHC	Urban Primary Health Center
WCAH	Working Committee for Adolescent Health
WIFS	Weekly Distribution of Iron Folic Acid Supplementation

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I. Introduction

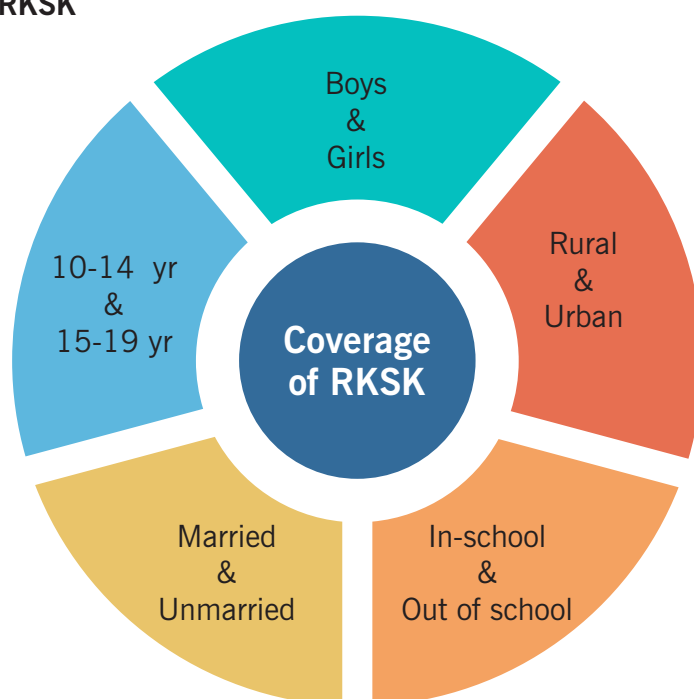
Adolescence represents a unique period in the life cycle, a transitional phase between childhood and adulthood. India is home to 25 crore adolescent children of age (10-19) years which constitute 22 per cent of India's population. With a view to address the health and development needs of this age group, Ministry of Health and Family Welfare in 2014 launched the *Rashtriya Kishor Swasthya Karyakram* (RKSK). RKSK has been developed to strengthen the adolescent component of the RMNCH+A¹ strategy under National Health Mission (NHM).

While the key objective of RKSK is health promotion, the programme also expanded to include nutrition, sexual & reproductive health, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse with a promotive and preventive approach. Thus, the interventions for RKSK are carried out using health facilities, community and schools as platforms.

The first level of contact of primary health care services for adolescents is Adolescent Friendly Health Clinics (AFHCs). As per the norm, an AFHC should be set up at Primary Health Center (PHC) level for a population of 20,000 in hilly area and 30,000 in plain area; and at Urban Primary Health Centers (UPHC) for a population of 50,000. Peer educators appointed under the programme to orient the adolescents on health issues. Procurement of sanitary napkins to promote menstrual hygiene of adolescent girls is part of the RKSK programme. Weekly Distribution of Iron Folic Acid Supplementation (WIFS) to both in-school and out of school children is another key intervention under RKSK.

The programme focuses on age groups 10-14 years and 15-19 years with universal coverage i.e. males and females; urban and rural; in-school and out of school; married and unmarried and vulnerable and under-served (Figure 1).

Figure 1: Coverage of RKSK



Source: RKSK guidelines

¹ RMNCH+A stands for Reproductive, Maternal, Newborn, Child and Adolescent Health

II. Rationale and Objective

As an important intervention for adolescent children, the role of RKSK is vast. However, data shows high incidence of child marriage, low levels of knowledge regarding sexual and reproductive health, anaemia and poor reproductive health, domestic violence are prevalence among adolescent girls. This implies that somewhere the objective of the scheme is not translating into effective government interventions on the ground. It could be because of either there are major gaps in the planning and budgeting stage of RKSK or gaps in the implementation of the scheme. Thus, to know how RKSK is working at the ground and how far the scheme is successful in its implementation, it is important to understand the institutional architecture, the planning and budgeting process and fund flow mechanism associated with the scheme at different levels of governance (Union, State and district). A comprehensive mapping of all these aspects can only generate the insights needed to suggest corrective policy measures at different levels.

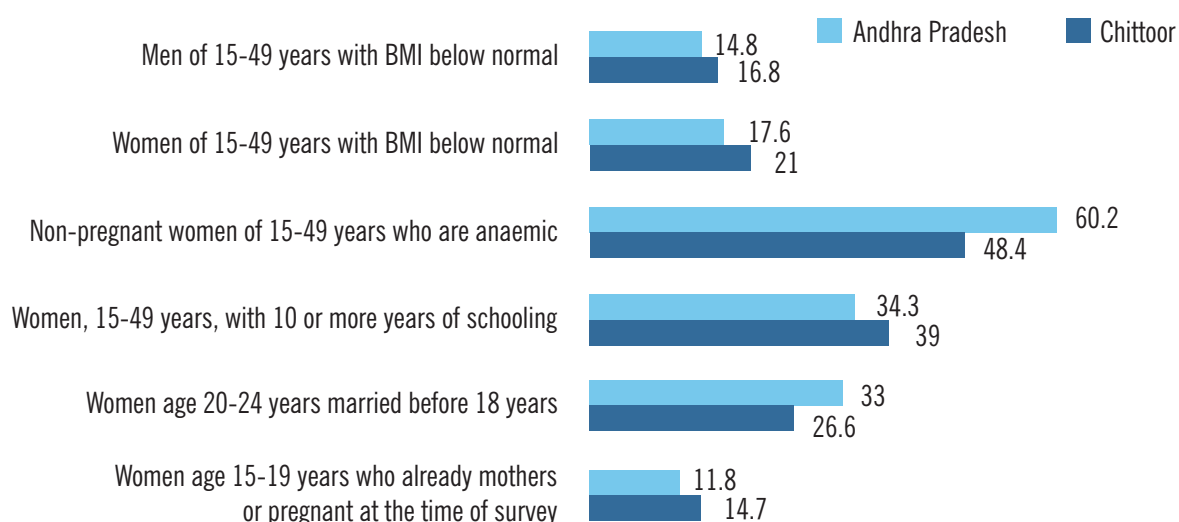
III. Methodology

The factsheet has been developed for Chittoor district in Andhra Pradesh based on secondary sources. The methodology includes a review of literature related to adolescent health, review of RKSK guidelines, analysis of all relevant government documents relating to NHM and adolescent health in Andhra Pradesh, Government Orders, Project Implementation Plan of NHM in Andhra Pradesh and Chittoor district and state budget documents.

IV. Health of Adolescent Children in Andhra Pradesh and Chittoor: A Situational Analysis

Under the National Health Mission (NHM), the Union Government has identified 256 districts as High Priority Districts (HPDs), which also includes 117 aspirational districts identified by *NITI Aayog*. Based on the ranking of Composite Health Index prepared by Ministry of Health and Family Welfare (MoHFW), Six districts in Andhra Pradesh have been classified as high priority districts (PIB, 2018). Chittoor is one of the high priority districts which has high incidence of child marriage and adolescent pregnancies.

Figure 2: Status of Adolescent Health in Andhra Pradesh and Chittoor (per cent)

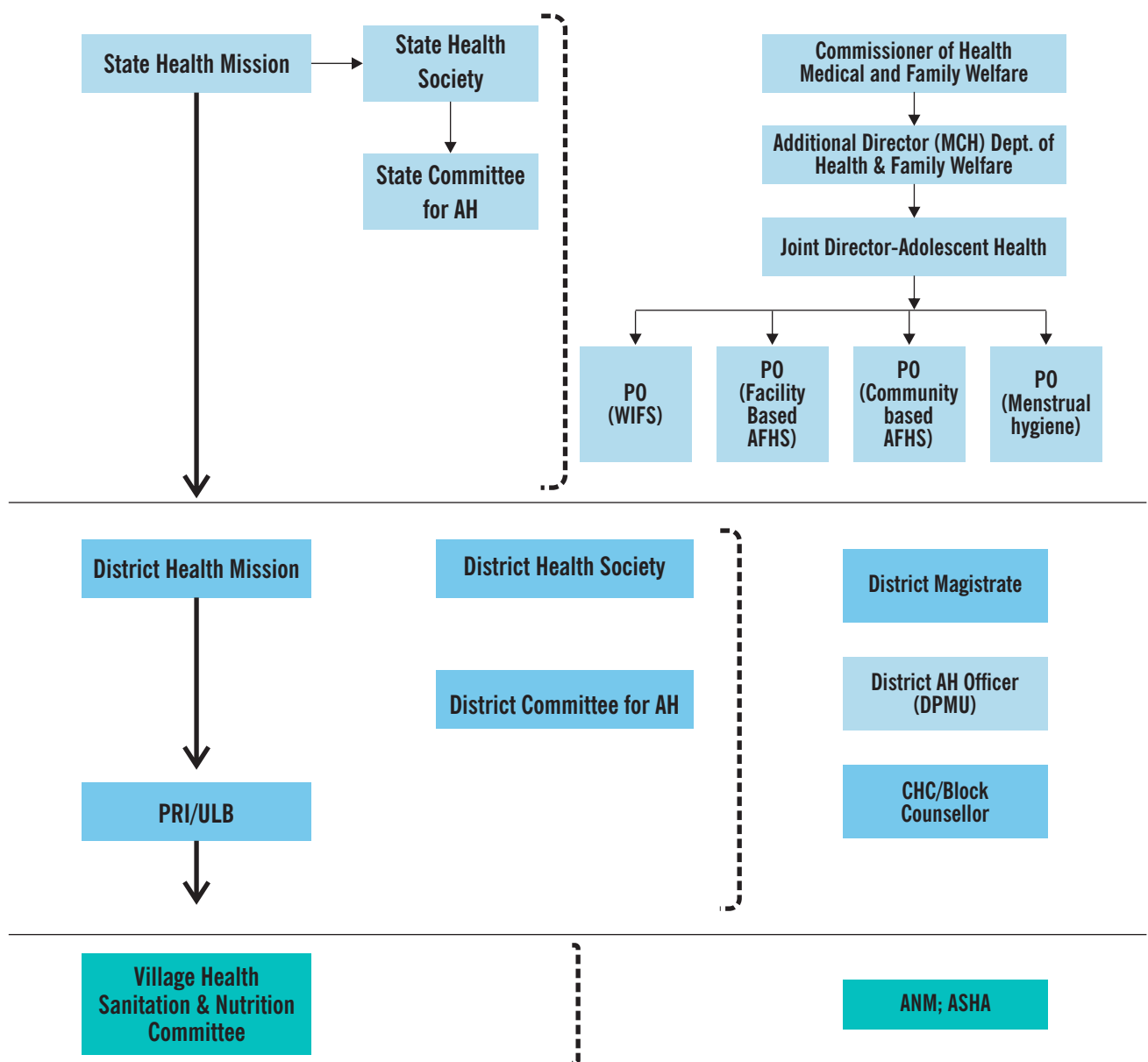


Note: BMI stands for Body Mass Index
Source: NFHS-IV, District and State factsheet

Andhra Pradesh has 81 lakh children between the ages of 15-19 year and the number of adolescent children in Chittoor is 3.8 lakh (Census 2011). As per the National Family Health Survey -IV (NFHS-IV), in 2015-16, the teenage childbearing in Andhra Pradesh was 11.8 per cent, for Chittoor it was 14.7 per cent. Around 26.6 per cent of women in Chittoor are married before they turn 18. Though the proportion is quite high but lower than the state's average of 33 per cent (Figure 2). Thus, RKSK has an important role to play in Chittoor to address all the challenges associated with adolescent health.

V. Mapping Key Institutions in the Delivery of Health Care to Adolescent Children in RKSK, Andhra Pradesh

Figure 3: Mapping Key Institutions in the Delivery of Health Care to Adolescent Children in RKSK



Note: AH - Adolescent Health; MCH - Maternal & Child Health; SPMU - State Project Management Unit; DPMU - District Project Management Unit; CHC - Community Health Centre; AFHS - Adolescent Friendly Health Services; ANM - Auxiliary Nurse and Midwives; PRI - Panchayati Raj Institution; ULB - Urban Local Body

Source: Government Orders, RKSK, Andhra Pradesh

As adolescent health is part of NHM, there is a link between institutional arrangements for RKSK with NHM arrangements (Figure 3).

At the state level, State Committee for Adolescent Health (SCAH), a subgroup of the State Health Society is the nodal agency to oversee the convergence between different departments/agencies dealing with adolescent health. The committee is chaired by the Principal Secretary Health. The Mission director-NHM is the member secretary of this committee. The Committee meets biannually. The other members of the committee are State AIDS Control Society (SACS) and the Department of Education, Social Welfare, Tribal Welfare, Rural Development and *Panchayati Raj* and public health experts.

The Working Committee for Adolescent Health (WCAH) at the state level is chaired by NHM director, Andhra Pradesh and Joint Director-RKSK is the member secretary of this committee. The Programme Officers (PO) of WIFS, menstrual hygiene, facility and community based AFHS are all subsumed in the WCAH. The committee meets after every three months.

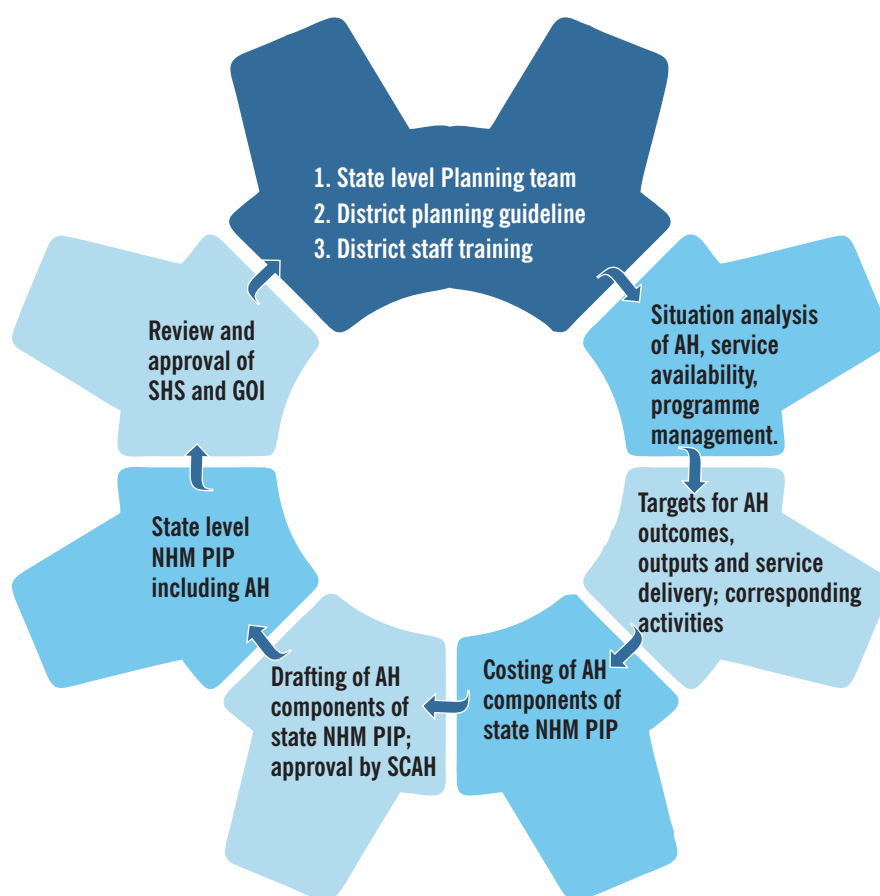
At the district level, District Committee for Adolescent Health (DCAH) is the nodal agency that encompasses all adolescent health-related issues. The Committee is chaired by the District Magistrate and the District Officer-Adolescent Health is the nodal person of the committee. DCAH meet quarterly, to oversee convergence efforts, programme implementation and resolve bottlenecks. The Committee have representation from all stakeholder groups as in SCAH and they play an important role in the preparation of annual work plan.

At the block and village level, the Village Health, Nutrition and Sanitation Committee play a pivotal role in providing spaces for adolescents to seek services. The committee is also responsible for health promotion activities for adolescents, for example, adolescent health melas. The members of this committee include school teachers, preferably a lady teacher, and peer educators.

VI. Planning, Implementation and Monitoring in RKSK

The planning for RKSK is a part of the planning process of NHM. Thus, the Annual Workplan & Budget for RKSK is being prepared at the time of preparation of Project Implementation Plan (PIP) of NHM.

Figure 4: Planning Process in RKSK



Source: RKSK strategy handbook

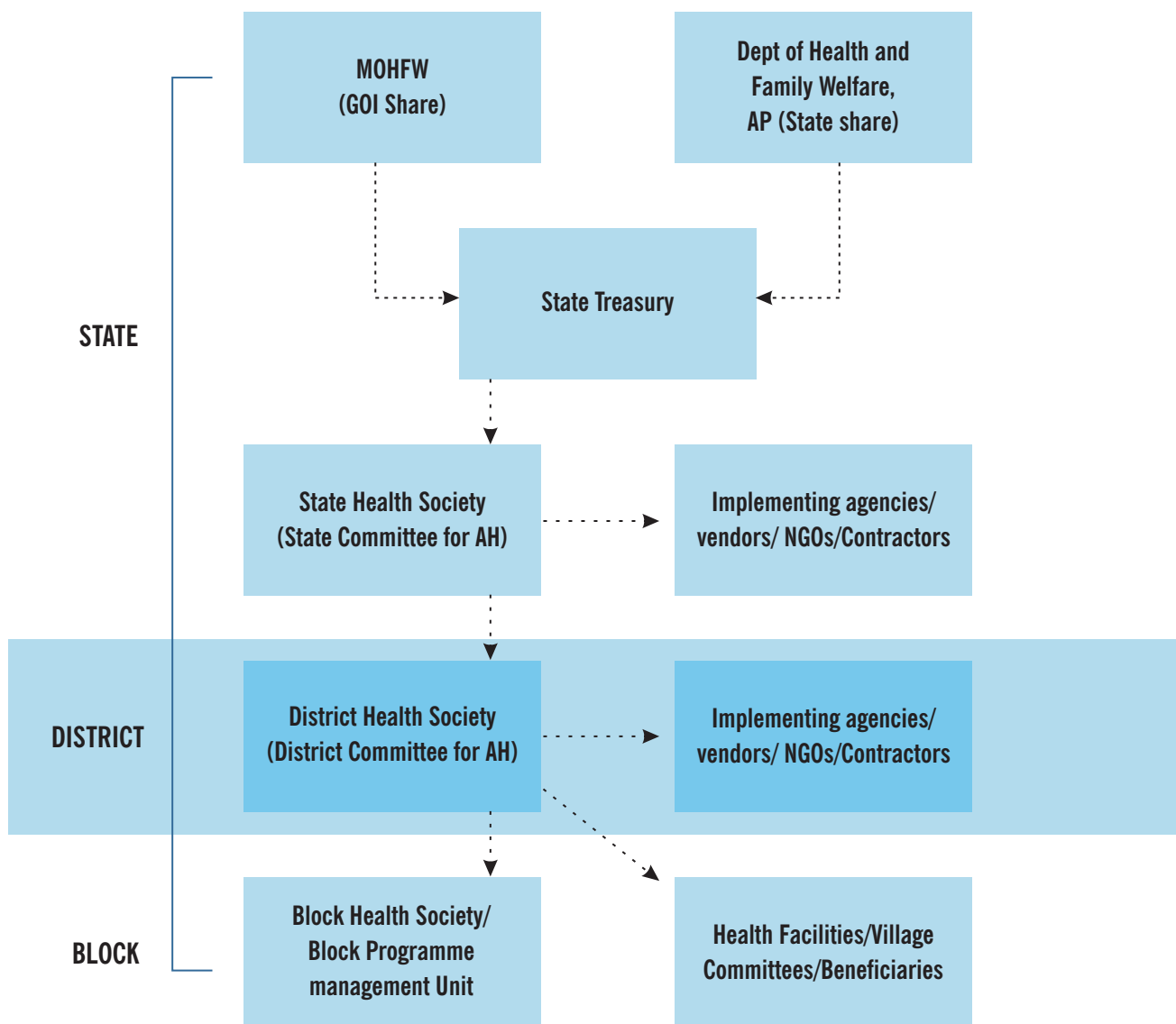
The first step of the planning process is constitution of the planning team at each level of governance followed by training of the members of the team at both state and district levels. It is imperative to have at least one member of the team working on adolescent health. The AH related members of the team draft the AH components of the NHM PIP in line with the proposed guidelines.

The process starts at village level. Based on a situation analysis of adolescent health components, targets for adolescent health related outputs, service delivery and outcomes are set up. This information is aggregated at block and district level and incorporated in the district plan and state plan. Subsequently, budgeting of the corresponding activities is done. Then the draft PIP of NHM along with adolescent health components is being shared with the SCAH for appraisal. With feedback incorporated, and appropriate modifications made into the PIP, states present it to the State Health Society and subsequently, MoHFW, Gol (Figure 4).

VII. Fund Flow Architecture: RSKK

Adolescent health is part of NHM budget. Thus, allocation of resources for RSKK is budgeted under RMNCH+A component of NHM. The budget for RSKK includes budget for adolescent health services, human resource, training, programme management, ASHA incentives, PRI (orientation workshops), Information, Education and Communication (IEC) activities, Public-private partnership (PPP)/NGOs (including inter-sectoral convergence), procurement and new initiatives (e.g. adolescent helpline). Figure 5 describes the mechanism of fund flow from Centre to state to district and block levels.

Figure 5: RSKK: Fund Flow Architecture



Source: RSKK strategic framework document

In the first step of fund flow, the release of money is processed by MoHFW. After approval of Records of Proceedings (ROP), the MoHFW transfers 75 per cent (usually the largest amount) of the approved budget as central share to State. This first instalment is made after adjusting opening balance and committed expenditure for RKSK. For the first instalment, the sanction order is processed when

- 1) States submit the provisional utilisation certificate (UC) of the previous year and the Financial Management Report (FMR) up to the previous month of fund transfer;
- 2) States contribute the total amount of matching grant in the previous financial year without any arrear in that account.

After submission of the final audit report of the utilisation and audited UC of the previous year, the remaining 25 per cent of the central share get released.

In the next step, the allocation by MoHFW and State Health Department are released to State Health Societies (SHS) from the State Budget through treasury route in the form of grants in aid.

From the SHS funds flow to the District Health Societies (DHS) and to other implementing agencies at the state level executing different parts of the State PIP for adolescent health.

From the DHS funds then flow to the block program management units, health facilities, village committees, other implementing agencies and beneficiaries.

VIII. Tracking Budgets for Adolescent Health in Andhra Pradesh and Chittoor

The budget for adolescent health flows through NHM. However, the detailed budget document of the Health, Medical and Family Welfare Department of Andhra Pradesh does not report any head for adolescent health or RKSK in the NHM budget. The PIP for NHM shows that the approved budget for RKSK has reduced from Rs. 21.7 Crore in 2018-19 to Rs. 4.03 crore in 2019-20. However, the PIP of 2020-21 shows an approval of Rs. 46.6 crore for improvement of adolescent health in Andhra Pradesh. In all the three years, the budget has been approved mainly for procurement of sanitary napkins and Iron and Folic Acid (IFA) tablets. In 2020-21, the increase in approved outlay is on the account of proposed new intervention for procurement of Hb strips for 9303493 adolescent girls and boys twice a year.

The district PIP of Chittoor for the year 2020-21 shows an approval of Rs. 3.8 crore budget for implementing interventions for adolescent health in the district (Table 1).

Table 1: Approved Budget for the Adolescent Health in Chittoor - 2020-21 (Rs. crore)

Activity	Allocation (Rs. crore)
AH/ RKSK Clinics	0.019
IFA tablets under WIFS (10-19 yrs)	0.245
Albendazole Tablets under WIFS (10-19 yrs)	0.14
Sanitary napkins procurement	0.37
Training of Peer Educators (District level)	0.006
Training of Peer Educators (Block Level)	0.12
PE Kit and PE Diary	0.03
Organising Adolescent Friendly Club meetings at subcentre level	0.10
Incentive for support to Peer Educator	0.008
Incentives for Peer Educators	0.03
Procurement of HB Strips for Adolescent Girls & Boys	2.70
Total	3.79

Note: The ROP documents for previous years are not available in public domain

Source: NHM-ROP for Chittoor, 2020-21

IX. Monitoring of RKSK

Table 2: Institutions Responsible for Monitoring RKSK At Different Levels of Governance

National Level	Adolescent health division of MOHFW is responsible for implementation and monitoring of the scheme strategic plan. Technical support unit is responsible for overall technical guidance and robust monitoring.
State Level	State Committee for Adolescent Health
District level	District Committee for Adolescent Health
Village level	Village Health, Nutrition and Sanitation Committee

Source: RKSK Implementation Guideline, 2018

X. Accessing Budget Information for the District

» What kind of budget information for the scheme is required?

Following are some of the key financial indicators which partially capture how good or bad a scheme is performing and reason behind its level of performance.

- Funds demanded
- Funds approved
- Funds released
- Funds utilised/Actual expenditure

For a better analysis, it is important to get the information across components and at least for the last five financial years.

» Which government documents/reports/sources of data possibly have the required budget information, and, which officials are likely to be in possession of the same?

Table 3: Mapping of Key Officials and Documents and Data Related to RKSK

	Key Officials	Document/Report that has financial information
State	Principal Secretary, Mission Director NRHM, Joint Director- Adolescent Health, Programme Officer (WIFS, Facility Based AFHS, Community based AFHS, Menstrual Hygiene)	RKSK guidelines, Project Implementation Plan (PIP), Records of Proceedings (ROP), NRHM-MIS, State budget, Outcome Budget, Departmental Annual Report, HMIS, Govt. orders, Audit reports, CAG reports, Common Review Mission report
District	District Magistrate, District AH Officer, CHC/Block Counsellor, Chief Medical Officer	PIP, HMIS, District Treasury, District Action Plan

From the interaction with RKSK officials, Chittoor

In Chittoor, no separate budget for RKSK is allocated. It is considered a part of *Rashtriya Bal Swasthya Karyakram* (RBSK), which is a part of NHM. Focused work on RKSK happens in four high priority districts in Andhra Pradesh, namely Kurnool, Kadapa, Vishakhapatnam and Vijayanagara. There is no specific community for the running of the program, and they get support from various line-departments. The task force for RKSK meets every 6 months.

The main program running under RKSK is provision of Weekly Iron Folic Acid Supplementation (WIFS) to all students, male and female between the age group of 10-19. The state procures the tablets and sends them to the district based on the outreach target set by the districts.

There are 20 AFHCs in the district, but they don't have any dedicated human resources. AFHCs run with the help of the Family Welfare Counsellor and doctors from the CHCs and AHCs. The situation is not great as there are only 20 hospitals amongst 66 mandals (blocks). It was only in 2014-15, when the scheme was launched, that an allocation of Rs.10 lakh was made for establishment of 20 AFHCs. The clinics are under the control of District Coordinator of Hospital Services (DCHS).

The other live project under RKSK is provision of sanitary napkins to girls in hostels run by the social welfare and tribal affairs department. The district gets budget for procuring sanitary napkins depending on the target they set. The State decides the rate at which napkins are to be procured and for the last three years the stipulated rate is Rs. 2 per napkin.

Five years ago, the department would provide sanitary napkins to all via ASHA workers, at Rs. 6 per napkin. Now free sanitary napkins are provided only to the SC/ST girls in the residential hostels.

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Link: <http://hmfw.ap.gov.in/rksk-program.aspx>



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