



**Rashtriya Kishor
Swasthya Karyakram**
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम



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स्वास्थ्य कार्यक्रम**
किशोरा क्लिनिक
किशोर व किशोरियों के लिए विशेष
सलाह व जाँच केन्द्र
प्रतिदिन अस्पताल के समय के अनुसार
कमरा नं० - 17

Guidelines for Operationalizing
**Model Adolescent Friendly
Health Clinics (M-AFHC)**

Message from Additional Secretary & Mission Director (NHM)



वन्दना गुरनानी, भा.प्र.से.
Vandana Gurnani, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011



MESSAGE

India has the largest adolescent population in the world (253 million), and every fifth person is between 10 to 19 years. Adolescents are not a homogenous group; their needs vary by age, sex, marital status, class, education, region and the cultural context. These factors have serious social, economic and public health implications directly on them and indirectly on the society and country as well. Therefore, we need to provide them with health interventions that are non-judgemental, accessible, flexible and responsive to their required needs.

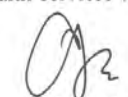
It is essential that we provide adolescents equitable access to healthcare services. With this view, Adolescent Friendly Health Services (AFHCs) were established to provide adolescents with clinical and counselling facilities. These facilities provide acceptable, dignified, confidential services to our adolescent friends as per their needs.

Taking a step forward in providing more support and strengthening of the AFHCs, establishment of Adolescent Friendly Resource Centres (AFHRC) have been recommended at district level. These AFHRCs, in addition to providing counselling and clinical services to young clients, will work as a district level learning hub, training centre and repository for all available communication material developed and being updated.

The community based components as the Adolescent Health and Wellness Days will work to create more awareness among the various stakeholders of adolescent Health and provide a referral platform for those in need. The Peer Education Programme being gradually strengthened also will work to increase ownership of the programme by the adolescents themselves and improve referral to the AFHCs.

This document highlights the key requirement for effectively operationalizing "AFHRC" and provides guidelines for how existing AFHC can be better adapted to provide adolescent friendly health services. This document will help and guide Programme Managers at the District and State level for establishing and effective running of AFHRCs.

I am sure that this would support in further strengthening of the health facility component of Rashtriya Kishor Swasthya Karyakram and help us in providing better health services to our adolescent friends.


AS&MD (NHM)

स्वच्छ भारत - स्वस्थ भारत

Tele : 011-2306 3693, Telefax : 011-2306 3687, E-mail : vandana.g@ias.nic.in

Message from Joint Secretary (RCH)



डॉ. पी. अशोक बाबू, भा.प्र.से.
संयुक्त सचिव
Dr. P. Ashok Babu, IAS
Joint Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-११००११
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI-110011

Message

Adolescents and young people are key to achieving India's demographic dividend. The Rashtriya Kishor Swasthya Karyakram (RKSK) is a unique initiative, which seeks to implement a comprehensive approach to the health and well-being of adolescents. RKSK is the part of continuum of care approach envisaged under the RMNCH+A strategy. RKSK specifically addresses the +A component. The phase of adolescence is defined by several positive and negative influences. Early interventions to curb negative health behaviours coupled with opportunities for productive engagement and equitable access to adolescent friendly health services can be critical in transforming the present and future.

Adolescents in India are vulnerable to a range of health risks including nutritional deficiencies, substance abuse, mental health concerns, violence and injury and reproductive and sexual health problems. A number of these issues are preventable through informed health choices. Therefore, adolescent-focused interventions must target both the determinants of health problems as well as their consequences.

Empowering adolescents within their ecosystem and providing equitable access to quality Clinical & Counselling facilities is one of the cornerstones of RKSK. Adolescent Friendly Health Clinics were established to provide clinical and Counselling services to the adolescents, however, there was a felt need that some of these centres can also work as 'model of excellence' and as key training and learning hubs for the service providers.

This document is designed to serve as a broad guide for Programme Managers at the District and State level, giving them an overview of Adolescent Friendly Health Resource Centres (AFHRCs) and priority areas of actions under this comprehensive approach. This implementation guide has been prepared to support the roll out of this special initiative primarily at the District level AFHCs.

I am confident that together we will be able to translate the vision of the programme into practice and transform lives of millions of adolescents across our country.


(Dr. P. Ashok Babu)

Acknowledgement



Dr. Zoya Ali Rizvi
Deputy Commissioner (AH)
Tel. : +91-11-23063723
E-mail : acrchg01@gmail.com



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
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Acknowledgement

Adolescence is a critical phase for achieving human potential. Investing in adolescents not only ensures that they are healthy today, but that they grow into healthy adults in the future, who will in turn have families with good health. Adolescent health is a key driver of many MCH outcome and a commitment under SDGs having its impact on many of the SDGs.

Launched in 2014, RKSK strategy has three broad approaches Facility based, School based and Community based, that suitably fit in to converge with many of the recent programmes not only of adolescent health but other divisions as well.

The AFHRC guidelines are prepared keeping in mind taking one more step towards strengthening the Facility based approach and thereby providing the necessary guidance to the service providers for delivering the desired outputs. The AFHRC will be a 'Resource Hub' for all the support needed for the human resource working for Adolescent Health.

The Implementation Guidelines for AFHRC will be a ready reckoner for programme implementers both at the State and district levels to operationalize the AFHRC and translate its vision into reality.

The development of this document has been possible with the valuable guidance provided by Ms. Vandana Gurnani, AS&MD, MoHFW, and the firm support of Dr. P. Ashok Babu, Joint Secretary, (RCH), MoHFW, throughout the process of conceptualization and development of this document.

I will specially like to acknowledge and underscore the contribution of Dr. Sumita Ghosh, Additional Commissioner (Child & Adolescent Health, AD and CAC MoHFW), for her encouragement. I specially would like to acknowledge my Consultants Mr Deepak Kumar, Dr Agrima Raina, Ms Mitakshi and Dr Praina Koul of the Adolescent Health Division for working tirelessly in finalizing this document.


(Dr. Zoya Ali Rizvi)

Abbreviations

AFHC	Adolescent Friendly Health Clinics
M-AFHC	Model Adolescent Friendly Health Clinics
IEC	Information Education and Communication
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCH+A	Reproductive Maternal Newborn & Child Health plus Adolescents
BP	Blood Pressure
BMI	Body Mass Index
MO	Medical Officer
ANM	Auxiliary Nurse Midwife
LHV	Lady Health Visitor
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infection
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
ICTC	Integrated Counselling and Testing Centre
OPD	Out Patient Department
GOI	Government of India
GBV	Gender Based Violence
NCD	Non-Communicable Diseases
SRH	Sexual & Reproductive Health
AB - SHWP	Ayushman Bharat - School Health & Wellness Programme

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Background

At 253 million, India has the largest share of the adolescent population in the world. With a view to address the health and development needs of this age group which is 21 per cent of India's population, the Ministry of Health and Family Welfare (MoHFW) launched the **Rashtriya Kishor Swasthya Karyakram (RKSK)** on the 7th of January 2014.

RKSK has been developed to strengthen the adolescent component of the Reproductive, Maternal, Newborn & Child Health plus Adolescents (RMNCH+A) strategy. RKSK is a paradigm shift from a predominantly clinic-led service delivery approach, to one that focuses on a preventive, communication-led approach. The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse.

Several studies have shown that adolescents fail to access health services because of five key factors:

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

In this context, RKSK highlights the need for rolling out Adolescent Friendly Health Clinics (AFHC) across the country. The aim is to provide clinical and counselling services to adolescents through the existing health system. With a slight physical makeover, training of existing staff, the introduction of counsellors and provision of commodities, existing facilities would be equipped to provide adolescent-friendly health services. It is important to recognise that AFHCs are a part of a wider package of AH services, including Peer Education and Adolescent Health Day, which among other things emphasize engendering community support for AH and educating adolescents about how and where to access services.

Objective of AFHC

Adolescent Friendly Health Clinics mandate facility-based clinical and counselling services for adolescents and to ensure this, they are:

Equitable	Services are provided to all adolescents who need them.
Accessible	Ready access to services is provided.
Acceptable	Health meets the expectation of adolescents who use the services.
Appropriate	The required care is provided, and unnecessary and harmful care is avoided.
Effective	Healthcare produces positive change in the health status of adolescents; services are efficient and have high quality. The requisite health services are provided in the right way, which makes a positive contribution to adolescent's health.
Comprehensive	Care provision covers the entire gamut of promotive, preventive and curative aspects of healthcare.

More than 8,000 AFHCs have been established at the level of Medical Colleges, District Hospitals (DH), Sub-divisional Hospitals, Community Health Centres (CHC) and Primary Health Centres (PHC) across the country. However, the services at these AFHCs remain underutilized due to a lack of community awareness regarding the service provisions along with other issues like lack of trained manpower, infrastructure, privacy and accessibility issues etc.

What is an M-AFHC?

There is a need to strengthen the provision of adolescent-friendly services in a larger sense. For this, we plan to develop one "Model Adolescent Friendly Health Clinics (M-AFHC)" in each District. M-AFHC will be developed within the **AFHC at the level of District Hospital** of the District with certain additional components. Apart from providing the full complement of services of the AFHC, this model AFHC will also be utilized as a nodal centre for other AFHCs in the District. This document highlights the key requirement for effectively operationalizing "M-AFHC" and provides guidelines for how existing AFHC can be adapted to provide adolescent-friendly health services.

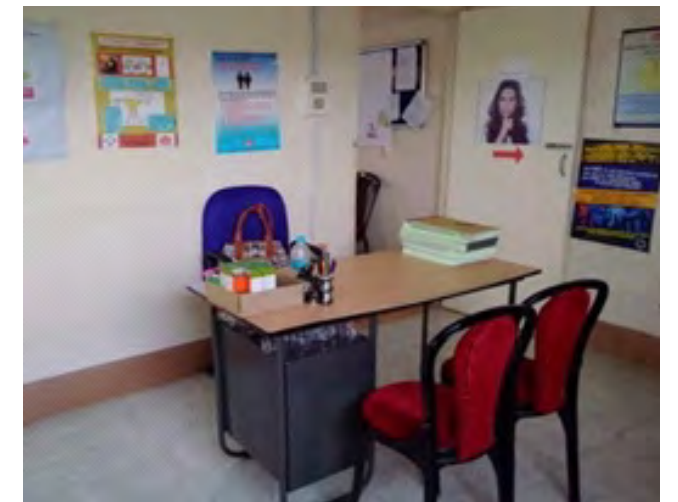
The idea behind creating M-AFHCs apart from providing regular clinical and counselling services is that it will additionally work as a

- 1 Learning hub
- 2 Hands-on training centre for the services providers
- 3 IEC materials repository centre

Operationalization of M-AFHC

a) Desired Infrastructure:

- There has to be a separate room for M-AFHC. In case of the non-availability of a separate room, the available room can be sub-divided to create space/room.
- The physical appearance of M-AFHCs is important for creating an environment where adolescents feel comfortable.
- A typical health setup might not attract adolescents, but a simple makeover with wall paint, colourful furniture, bright posters, LED/LCD screens with appropriate health messages etc. can all transform the facility.
- Proper signage to guide the adolescents to the clinics/M-AFHC must be ensured.
- Basic amenities like sitting arrangements, clean drinking water, and clean toilets should be made available for the adolescents visiting the clinic.

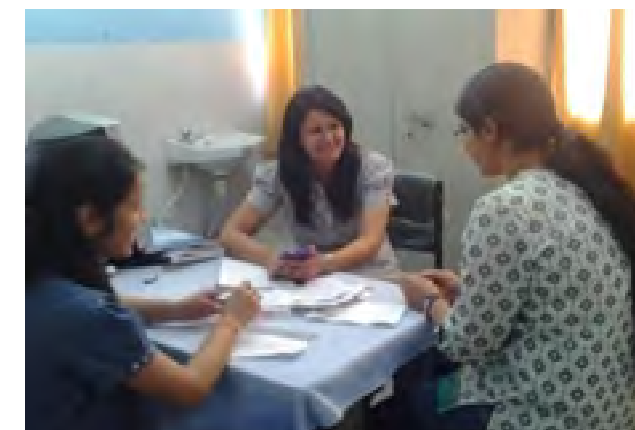


» The following instruments, equipment & furniture are to be ensured at the M-AFHC:

Sr. No.	Items	Quantity
Furniture		
1.	Chairs	3 or more for regular meetings
2.	Table	1
3.	Colourful Curtains on doors and windows	As per need
4.	Bedside Screen	1
5.	Examination Table	1
6.	Almirah	1
7.	Step stool	1
8.	Bench / Chair for waiting area	As per need
9.	Dustbin(Colour-coded as per BMW guidelines)	1
Equipments and Instruments		
1.	Weighing Machine	1
2.	BP Apparatus	1
3.	Stethoscope	1
4.	Thermometer	1
5.	Measuring Tape	1
6.	Digital Haemoglobinometer	1
7.	Vaginal speculum	1
8.	Torch/Flashlight	1
9.	Snellen's Chart	1
10.	BMI Chart	1
11.	Height Chart	1
12.	LED screen to show the IEC films related to AH	1
13.	Desktop and Printer	1 set

b) Minimum Human Resource Required for the M-AFHCs:

- » Full-time placement of one AFHS trained Medical Officer (MO) and Auxiliary Nurse Midwife/Lady Health Visitor (ANM/LHV) should be ensured by the facility in-charge.
- » It is advisable that two MOs are trained for the facility with the preferable inclusion of a Female MO.
- » A dedicated AH Counsellor is to be placed at the M-AFHC for counselling services.
- » The role of AH Counsellor is divided into two parts—counselling and block-level programme management support. While it primarily focuses on providing counselling to adolescents, at the Block/CHC level Adolescent Friendly Health Clinic (AFHC), the counsellor will also work as the Block level coordinator/manager for RKSK.



Key tasks which would include, but not be limited to the following:

Counselling

- Understand the social, cultural and economic factors that determine an adolescent's health and wellbeing
- Create an adolescent-friendly environment, i.e. a safe, confidential and non-judgemental space
- Inform, educate and counsel clients on issues such as:
 - o Mental health i.e. depression, low self-esteem, anxiety over puberty, stress etc.
 - o Health and nutrition, i.e. anaemia, under/over nutrition
 - o Sexual and reproductive health, including symptoms of Reproductive Tract Infections (RTIs), Sexually Transmitted Infections (STIs), Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), early and unwanted pregnancy, menstrual problems etc.
 - o Injury and violence i.e. sexual assault, rape, domestic violence, road traffic accidents, agricultural practices, drowning etc.
 - o Use of tobacco, alcohol and other substances
 - o Prevention of Non-Communicable Diseases (NCDs)
 - o If required, refer clients to tertiary level facilities, and/or other services such as Integrated Counselling and Testing Centre (ICTC), de-addiction centres, Integrated Child Development Services (ICDS) counselling services, school education, social workers, legal system, etc.

Programme Management

- Support the District AH Officer to develop District AH plans by providing block-level data/inputs
- Support implementation of block-level AH activities
- Carry out outreach activities as per micro plan at Colleges/Schools/Youth Clubs or any other congregation of adolescents which the state feels appropriate
- Facilitate client visits to AFHCs in case of any clinical services needed
- Ensure that block-level data is collected, validated and sent to the District in line with guidelines

All the clinical services must be provided by the clinical staff of the AFHC and counselling services must be provided by the trained counsellors/MO/ANM only.

Supervision of the staff must be done to ensure that they practice appropriate technical and interpersonal competencies and positive attitudes to provide adolescent health services effectively with sensitivity.

c) Services during COVID-19

Provisions of social distancing through marking spots should be made at the M-AFHCs at the registration counter and waiting area. Counters with hand sanitisers should be put up inside the M-AFHC for patients. Washbasins with soap and a towel should be put inside and outside the toilets to ensure proper healthy hygiene behaviour. M-AFHCs should also have stocks of masks for providing to the patients in case it is damaged or unavailable with them. IEC materials should be put inside the M-AFHC on COVID Appropriate Behavior (CAB) and vaccination. Service providers should also counsel the patients on practising CAB and take both doses of vaccination for themselves and their family members.

d) Registration of the Clients:

- » Develop a clear procedure on how the client will be received and by whom ideally clients should be received, by Counsellors followed by a consultation with trained MO (if required).
- » Referring all the adolescents coming to the General Out Patient Department (OPD) to the AFHC must be avoided. Only those adolescents who require counselling and clinical services on specific AH issues should be referred. Adolescents requiring clinical services for general ailments (cough, cold fever etc.) should be treated at the General OPD only.
- » All the adolescents visiting the M-AFHCs must be registered and records must be maintained as per Government of India (GoI) guidelines in the Client Registration Register. Registration procedure for the client should be simple, quick and follow privacy.
- » M-AFHC card for every adolescent visiting the M-AFHC, with a registration number to be maintained. The counsellor will fill up the initial findings, followed by the doctor filling in treatment details. The prescription will be kept by the adolescent.
- » A counsellor's role is critical for identifying and addressing the needs of adolescents, so as to ensure the provision of support, the building of self-esteem and resilience to setbacks.
- » Counsellors at M-AFHC will also work with counsellors placed at other AFHCs in the same District. She/he may also be involved in case discussions and management with others.



e) Timing of the Clinic:

- » "Model Adolescent Friendly Health Clinics (M-AFHC)" will run on a daily basis
- » Ensure that the timings suit the needs of the local adolescents
- » Consider consultations/counselling with adolescent clients both by prior appointment as well as a walk-in arrangement
- » In case it is not possible for MO to attend the client, he/she should be prepared to offer appointments to adolescents at a time when he/she can offer them a longer interaction time and dedicated attention to them
- » Timings have to suit the other activities envisaged at M-AFHCs

f) Privacy of the Clients:

- » Efforts should be made to maintain privacy and confidentiality, to ensure that adolescents are comfortable in attending clinics
- » Adolescents must be treated with dignity and respect
- » Place of physical examination must have screens
- » While examination of the adolescent girls, ANMs/LHVs must remain present
- » All the doors and windows of the clinic must have curtains
- » During the regular meetings/case discussions/capacity building, the counsellor will need cooperation from the DH il/Cc for greater space, etc.

Package of M-AFHC Services

Please refer to the table below to understand the scope of services that will be offered at M-AFHC.

SERVICE PACKAGE	
Information Corners	IEC and Interpersonal Communication (IPC) for Nutrition, Sexual and Reproductive Health (SRH), Mental Health, Gender-Based Violence (GBV), NCD and Substance misuse Short films and audio clips for awareness purposes
Commodities to be kept in M-AFHC	Iron-Folic Acid (IFA)/Albendazole tablets
	Sanitary Napkins
	Contraceptives (condoms, Oral Contraceptive Pills (OCP), Emergency Contraceptive Pills (ECP))
	Other medicines (e.g. Paracetamol, anti-spasmodic and first aid)
	Pregnancy testing kits
	Body Mass Index (BMI) Charts

SERVICE PACKAGE	
Services to be provided in M-AFHC	BMI screening (Height-Weight measurement), Blood Pressure (BP) checking
	Haemoglobin (Hb) testing/Blood sugar
	RTI/STI management
	Antenatal Care (ANC) for pregnant adolescents
	Counselling on Nutrition, Puberty related concerns, Premarital Counselling, Sexual Problems, Contraceptive, Abortion, RTI/STI, Substance Abuse, Learning problems, Stress, Depression, Suicidal Tendency, Violence (including GBV), Sexual Abuse, Risky Behaviour, Other Mental Health Issues, Healthy Lifestyle
	Management of Menstrual problems
	Management of Iron Deficiency Anaemia
	Screening for Diabetes and Hypertension
	Management of common adolescent health problems
	HIV testing and counselling
	Management of physical violence and sexual abuse
	Linkages with de-addiction centres and referrals
	Treatment by specialists
	Referrals

Special Additional Services at M-AFHC

- » Half-day orientation visit of the MOs, ANMs and Counsellors posted in that District to M-AFHCs to be made a part of their training curriculum in order to give hands-on experience on dealing with the Adolescent Clients as well as to apprise them with the services to be provided at the M-AFHCs.
- » Quarterly meetings of all the AH Counsellors of the District will be conducted at the M-AFHCs for experience sharing and guidance from the in-charge MO of the M-AFHC on AH issues. Mock sessions or practice with real-time clients can be organised for Counsellors having difficulties in dealing with particular subjects like counselling for Mental Health, Gender-based Violence etc. Sessions by external experts on Mental Health may be arranged to strengthen and handhold the Counsellors work.
- » Once every two months, one theme will be selected out of the six thematic areas of the RSKS i.e. SRH, Nutrition, Substance Misuse, NCDs, Violence and Injuries and Mental Health and counselling and clinical services on that theme will be provided to the clients during designated hours. This will be widely publicized through various IEC modes and during outreach sessions of the AH Counsellors.
- » The M-AFHC team should visit the schools where the School Health & Wellness programme is being implemented and facilitate addressing the queries put in the question box.
- » In-charge of the M-AFHC will develop linkages with the nearby schools/Rashtriya Bal Swasthya Karyakram (RBSK) team and Anganwadi Workers (AWWs) for referral of in school and out of school adolescents and designate special Clinical and Counselling service hours for them.

- » All the selected Peer Educators of the District will visit the M-AFHC in order to have acquaintance with the services being provided at the M-AFHCs. Block Medical Officer (BMO) will plan the visit of the peer educators in a batch of 30. They may interact with the MOs, ANMs and Counsellors posted there for easing their understanding of supporting adolescents in their groups.
- » State/UT can innovate and use the M-AFHC for more adolescent related activities if so desired.

IEC for M-AFHC

- » The signboard of the clinic should be placed at a prominent location and it must have the logo of RSKS. It will be appreciated if the M-AFHC services are made a part of the Citizen's Charter of the facility.
- » IEC material under six identified key priorities i.e. nutrition, Sexual and Reproductive Health (SRH), Non-Communicable Diseases (NCDs), substance misuse, injuries and violence (including gender-based violence) and mental health as well as on COVID-19 should be strategically displayed in M-AFHCs.
- » Other newer IEC regarding AB-SHWP may also be shared with the school going clients/parents.
- » Flipbooks/charts/posters to be utilized for communication.
- » Take away reading materials in form of brochures/pocketbooks/pamphlets should be given to the clients.
- » M-AFHC services should be widely publicized through Mid media and Mass media so that the beneficiaries and other stakeholders are aware of available services and understand the need for the same.
- » Contact details of the M-AFHC team should be displayed on the Notice Board of nearby schools and colleges.
- » Short films and audio clips for awareness purposes should be regularly telecasted.
- » Information on Covid Appropriate Behaviour may be prominently displayed and shared with all clients.



Record Keeping and Reporting

Record Keeping

As per the guidelines of the GoI, four types of registers are to be maintained at the M-AFHC:

Client Registration Register

This register is to be used for recording details of all clients visiting the Adolescent Friendly Health Clinics prior to consultation with the Doctor/Counsellor. This register must be marked confidential since it has the contact information of all clients visiting the clinic. The clients must be assured of confidentiality while collecting this information so that their contact details – address and phone number may be recorded for follow-up.

Service Provision Register

This register is for recording the services provided to adolescent clients at the clinic.

Stock Register

This register is to be used to maintain the daily record of stocks for drugs and supplies at the M-AFHC.

Outreach Sessions Register

This register is to be maintained at the M-AFHC to record the outreach services.

Link: <http://nhm.gov.in/nrhmc-components/rmnch-a/adolescent-health-rsk/afhcs/manualformats.html>

The formats for all the reports are available on the National Health Mission website. They can be downloaded by the same link above.

Records of all activities under the resource section of the centre to be well recorded.

Reporting

- » It is important for all States/UTs to be able to report accurate, timely and comparable data to MoHFW for monitoring and supportive supervision of the existing programme and scale-up.
- » In order to ensure accurate and timely submission of data, specific date(s) for submission of consolidated reports need to be followed as mentioned below:
 - M-AFHC to send monthly consolidated reports to the Districts by the 5th of the following month. This report must be submitted on the Facility Level Consolidated Monthly Format. This report has to be compiled from the Service Delivery Registers and the Outreach Service Delivery Register used at M-AFHCs.
 - District Level Consolidated Monthly Report to be compiled for each District in the States/UTs. This District Level Consolidated Monthly Report has to be generated by the 10th of the following month based on the Facility Level Consolidated Monthly Formats sent from each M-AFHC in the District.
 - States/UTs to submit Consolidated Quarterly Report to the MoHFW by 20th of the month following the respective quarter (e.g. 1st Quarter report submitted on 20th April). Quarterly reports must bear the signature of the Nodal Officer. Report to be compiled based on District Level Monthly Reports.

Outreach Sessions

- » Counsellors (and or Medical Officers) at M-AFHC should prepare a tour plan for visiting Schools, Colleges, Youth Clubs, Major Health events, Adolescent Health Day etc. twice a week to sensitize the adolescents and the stakeholders with prior consultation and concurrence of the principal, teachers and parents.

- » These outreach sessions may be clubbed with those by Community Health Officer (CHO) or coincide with the School Health assembly under the AB-SHWP.

- » Similarly, for out of school adolescents, pockets for outreach sessions need to be mapped by counsellors in consultation with the facility in-charge.

- » Identify community organizations in the catchment area to promote adolescent health.

- » Organize community camps for creating enabling social environment for promoting adolescent health.

- » Major topics which can be covered during the outreach sessions are nutrition, puberty related concerns, Premarital counselling, Sexual problems, Contraceptive, Abortion, RTI/STI, Substance abuse, Learning problems, Stress, Depression, Suicidal tendency, Violence, Sexual abuse, Other mental health issues, health lifestyle, risky behaviour etc.

- » Regular visits by Peer Educators to M-AFHC for trainings, etc and their hand-holding will be carried out by this Counsellor.

- » Outreach sessions may also coincide with Special Health Days as per the annual calendars; hence flexibility must be built into planning.

- » During outreach sessions, the counsellors should also try to promote various types of wellness activities for the adolescents with the help of the local Community Health Officer, ASHA, ANM, Panchayati Raj Institution (PRI) members etc.



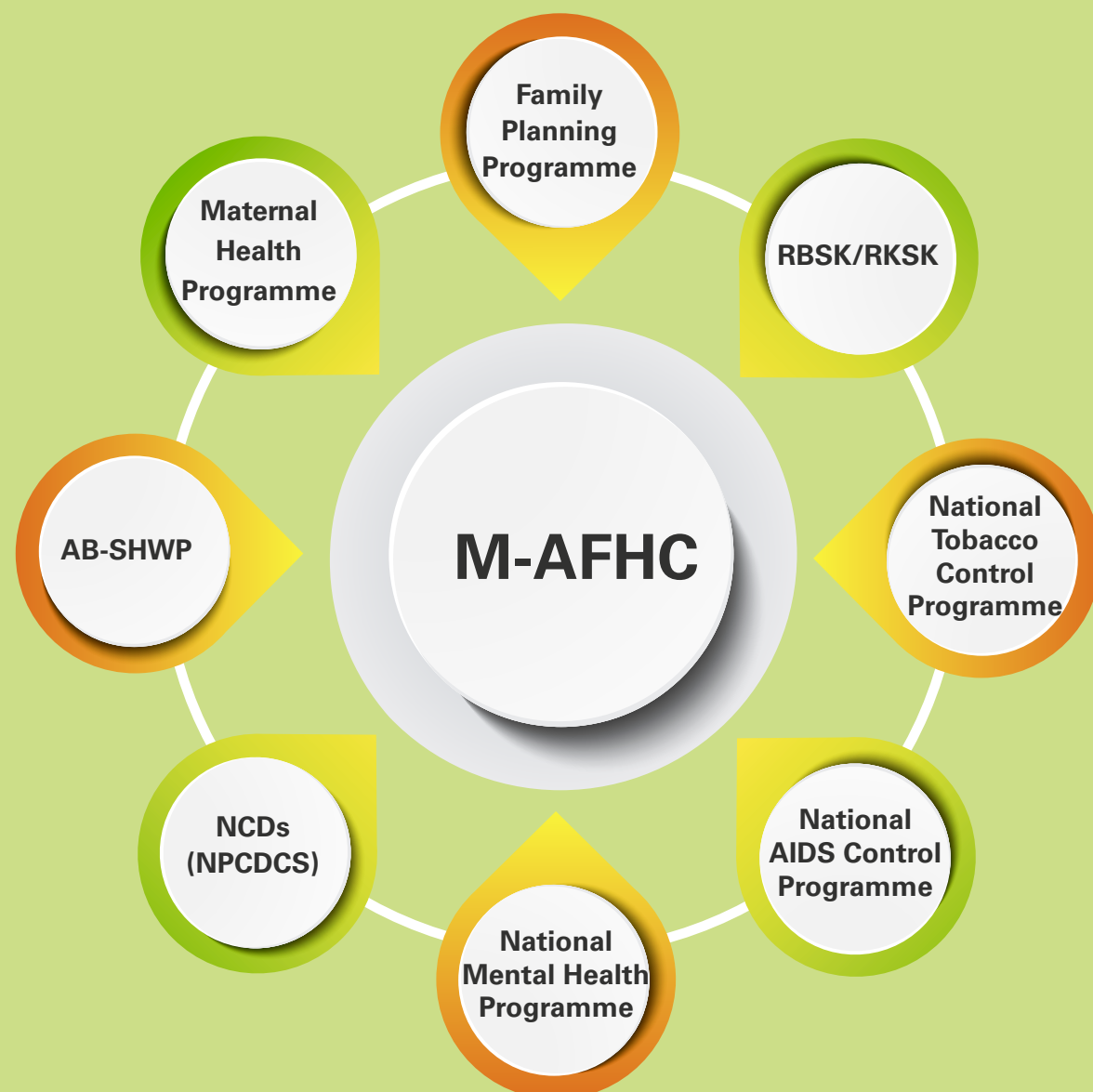
Models of Convergence

Convergence

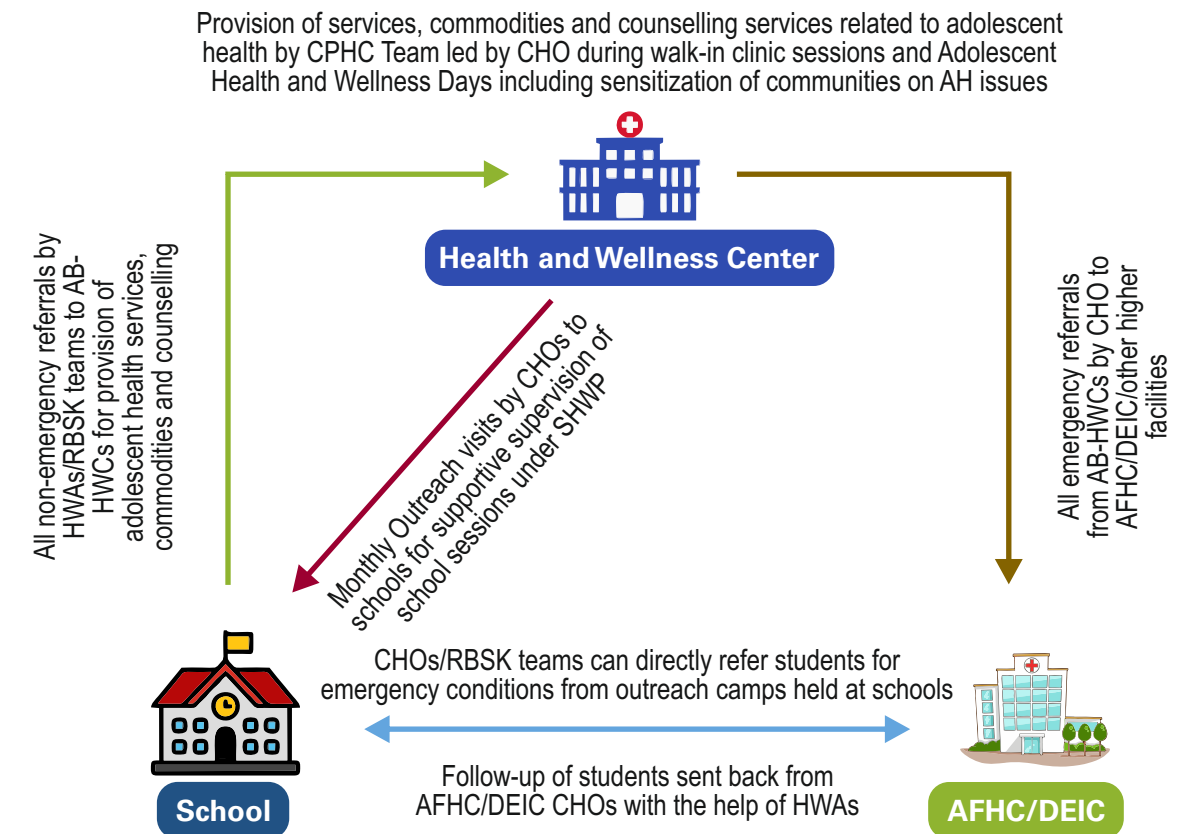
The M-AFHCs must converge with the different programmes of the Department of Health as well as other departments. A suggested model of convergence is as below. Efforts must be made to have local level convergence with other departments and programmes as well.

Convergence within various Health Programmes

Model of ground-level Linkages within various Programmes:



Convergence between Schools and Ayushman Bharat - Health & Wellness Centres (AB-HWCs)



Tentative Cost for setting up an M-AFHC

Tentative cost for setting up one M-AFHC

Sr. No.	Items	Amount (in Rs.)	Remarks
1	Sign Board	5,000	One time
2	LED TV	30,000	One time
3	Desktop with Printer	50,000	One time with regular refill
4	Stationary for Training purpose		To be met from the operational cost of AFHC
5	Renovation of the room	15,000	One time
6	RO Water purifiers System	12,000	One time
7	Furniture	10,000	To meet the additional requirements of Chairs, Tables etc.
8	Equipment		To be met from the budget for equipment of AFHCs under RKSK
9	IEC materials		To be met from the IEC budget under RKSK
	TOTAL	*122,000	

*Costs mentioned above are suggestive, States may decide what they want to budget for more or lesser at the M-AFHC depending on their vision