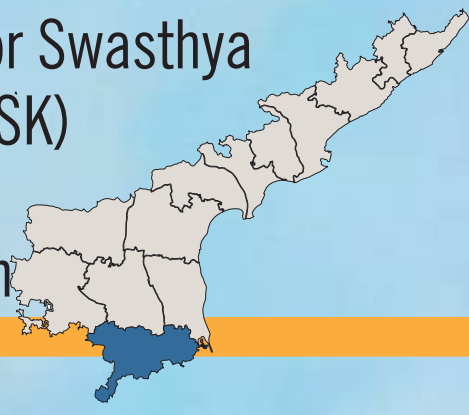
2021

Mapping of Institutions and Fund Flow Architecture of Rashtriya Kishor Swasthya Karyakram (RKSK) for Chittoor, Andhra Pradesh



CHILD RIGHTS AND YOU
www.cry.org
Ensuring lasting change for children

CBGA

Author

Protiva Kundu

For further information please contact: protiva@cbgaindia.org

Technical Inputs

Priti Mahara (CRY), Shreya Ghosh (CRY), Drishti Rastogi (CBGA), Subrat Das (CBGA)

Designed by

Common Sans, 1729, Sector 31, Gurgaon, Haryana

Published by

Centre for Budget and Governance Accountability (CBGA)

B-7 Extension/110A (Ground Floor), Harsukh Marg,
Safdarjung Enclave, New Delhi-110029
Tel: +91-11-49200400/401/402
Email: info@cbgaindia.org
Website: www.cbgaindia.org

and

Child Rights and You (CRY)

632, Lane No.3, Westend Marg, Near Saket Metro Station,
Saiyad-ul-Ajaib, New Delhi-110 030
Tel: +91-11- 2953 3451/52/53
Email : cryinfo.del@crymail.org
Website: www.cry.org

Financial support for the study

This study has been carried out with the financial support from CRY.

Views expressed in this factsheet are those of the author and do not necessarily represent the positions of CBGA or CRY.

Contents

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	*Panchayati Raj* Institution
RKSK	*Rashtriya Kishor Swasthya Karyakram*
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

List of Figures

List of Tables

I. Introduction

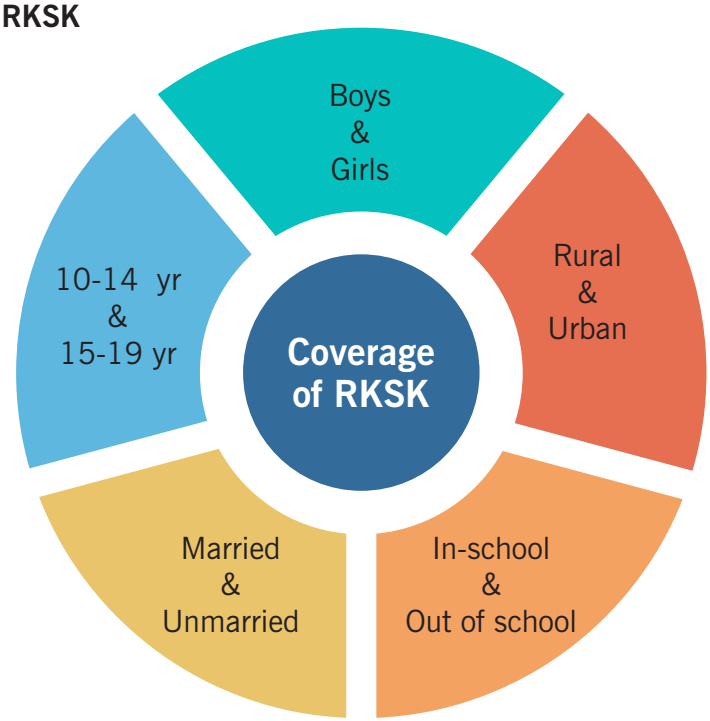
Adolescence represents a unique period in the life cycle, a transitional phase between childhood and adulthood. India is home to 25 crore adolescent children of age (10-19) years which constitute 22 per cent of India's population. With a view to address the health and development needs of this age group, 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+A[1] 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.

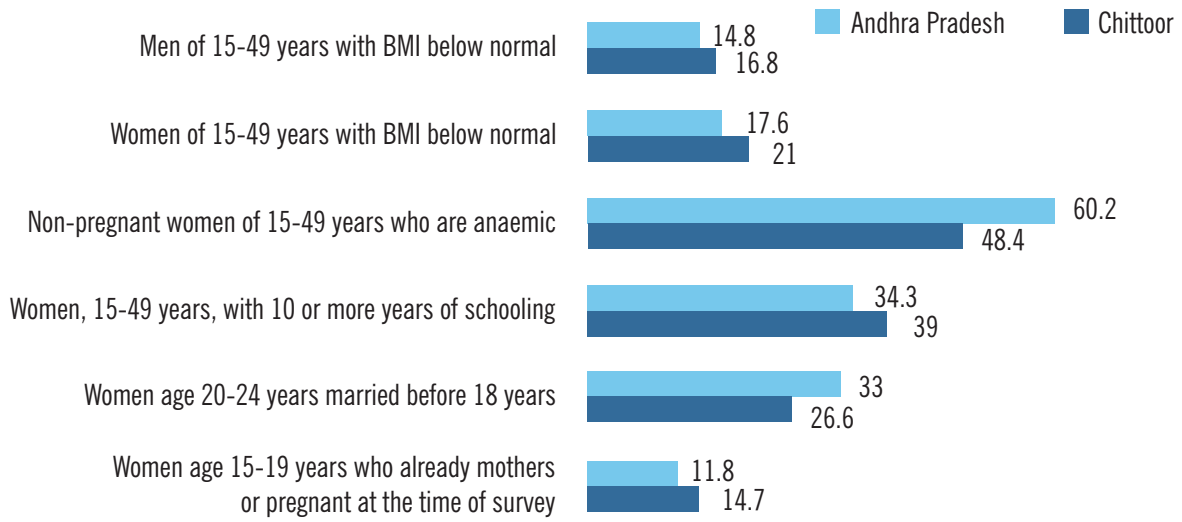
III. Methodology

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)

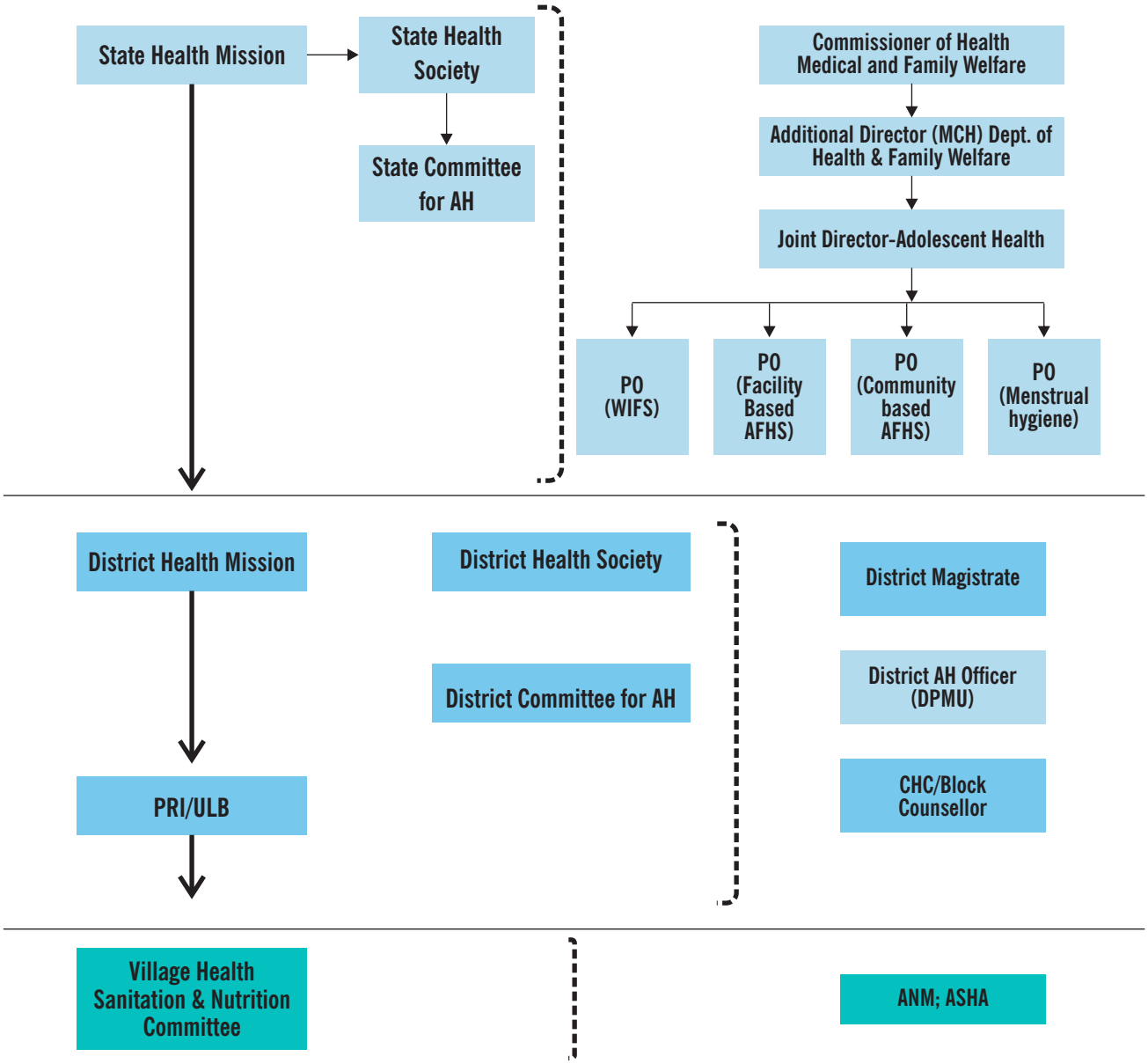


Note: BMI stands for Body Mass Index
Source: NFHS-IV, District and State factsheet

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 was14.7 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.

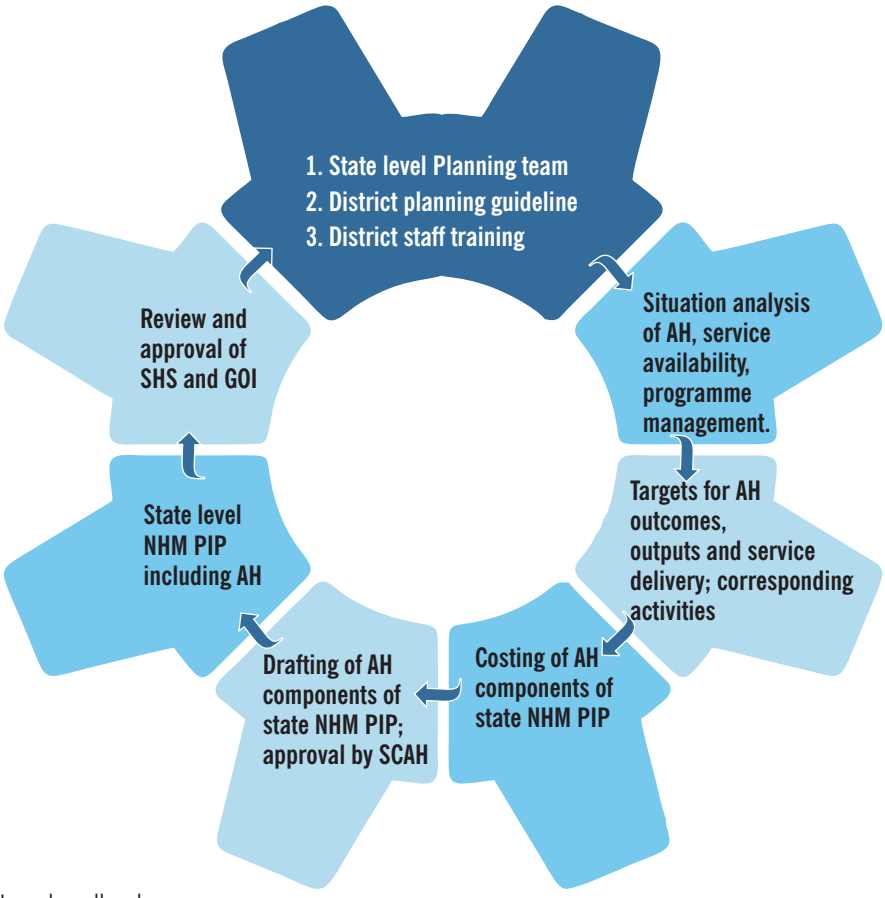
At the district level, District Committee for Adolescent Health (DCAH) is the nodal agency that encompasses all adolescent health-related issues. The Committee is chaired by the District Magistrate and the District Officer-Adolescent Health is the nodal person of the committee. DCAH meet quarterly, to 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

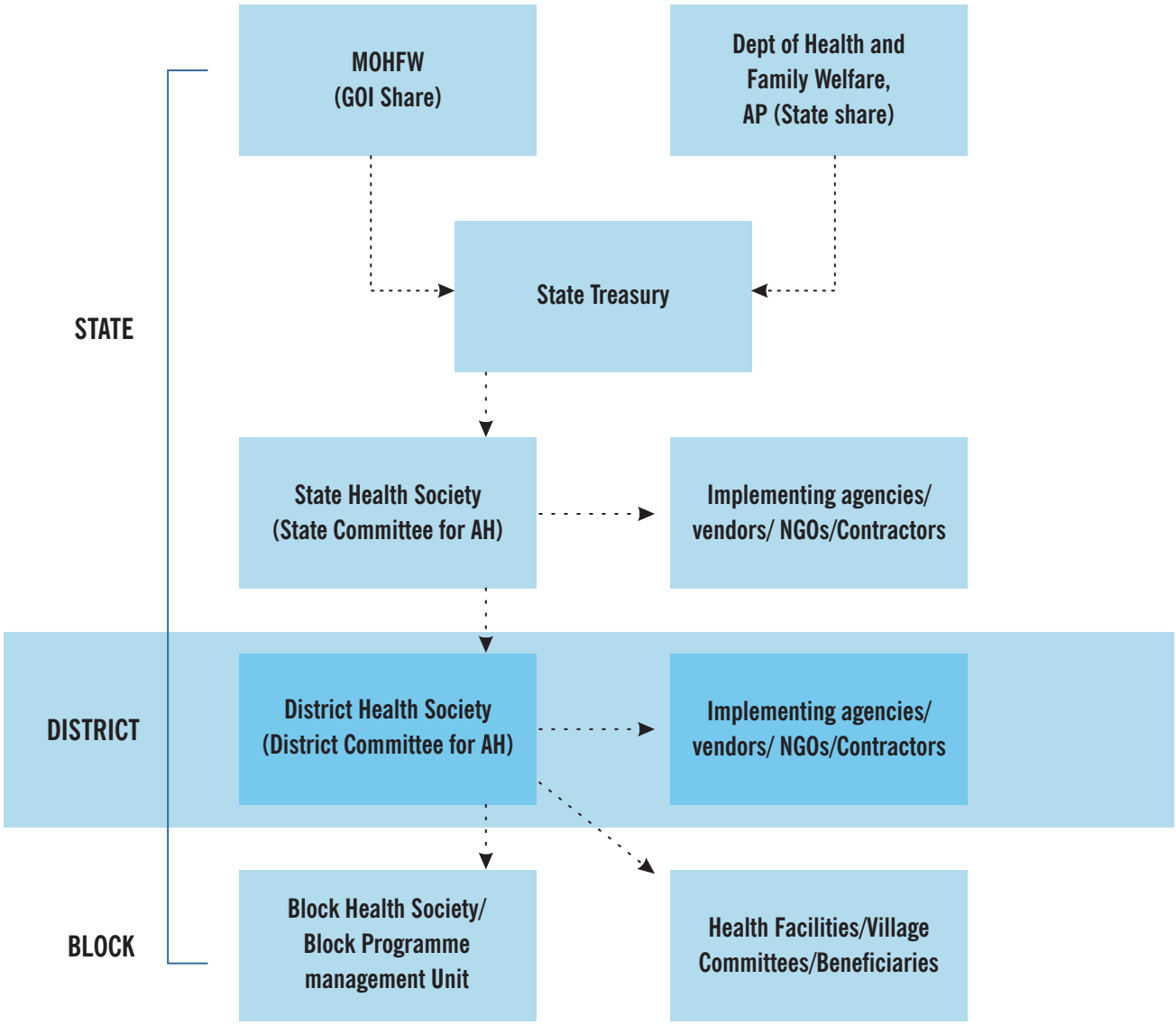
The first step of the planning process is constitution of the planning team at each level of governance followed by training of the members of the team at both state and district levels. It is imperative to have at least one member of the team working on adolescent health. The AH related members of the 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, GoI (Figure 4).

VII. Fund Flow Architecture: RKSK

Adolescent health is part of NHM budget. Thus, allocation of resources for RKSK is budgeted under RMNCH+A component of NHM. The budget for RKSK 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: RKSK: Fund Flow Architecture



Source: RKSK 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, Kadaka, Vishakhapatnam and Vijayanagram. 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.

Reference

Government Order on RKSK, Department of Health Medical and Family Welfare, Andhra Pradesh
Link: http://www.aptribes.gov.in/Administration/2016HMF_RT32.PDF

Ministry of Health Family Welfare: National Health Mission: RKSK Guidelines
Link: https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1020&lid=153

Ministry of Health Family Welfare: National Health Mission: RKSK Strategy Handbook
https://nhm.gov.in/images/pdf/programmes/RKSK/RKSK_Strategy_Handbook.pdf

Ministry of Health Family Welfare: National Health Mission: RKSK Implementation Guidelines 2018
https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/AH/guidelines/Implementation_Guidelines_Rashtriya_Kishor_Swasthya_Karyakram(RKSK)_2018.pdf

Ministry of Health Family Welfare: National Health Mission: Andhra Pradesh - State Program Implementation Plans; https://nhm.gov.in/index4.php?lang=1&level=0&linkid=52&lid=65

National Family Health survey- IV, District and State factsheet; International Institute for Population Scienceshttp://rchiips.org/nfhs/factsheet_NFHS-4.shtml

Press Information Bureau (PIB) (2018):"Districts having weak HealthInfrastructure", Ministry of Health & Family Welfare, 24th July;
Link: https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1539869

Record Of Proceedings 2020-21, Chittoor District, National Health Mission, Commissionarate Of Health & Family Welfare, Government Of Andhra Pradesh;
https://hmfw.ap.gov.in/ROP_2020_21/Chittoor_Final_ROP.pdf

RKSK Portal, Department of Health Medical and Family Welfare, Andhra Pradesh
Link: http://hmfw.ap.gov.in/rksk-program.aspx

CHILD RIGHTS AND YOU
www.cry.org
Ensuring lasting change for children

CRY – Child Rights and You

632, Lane No.3, Westend Marg, Near Saket Metro Station,
Saiyad-ul-Ajaib, New Delhi - 110 030

Tel: +91-11- 2953 3451/52/53

Email : cryinfo.del@crymail.org

CBGA

Centre for Budget and Governance Accountability

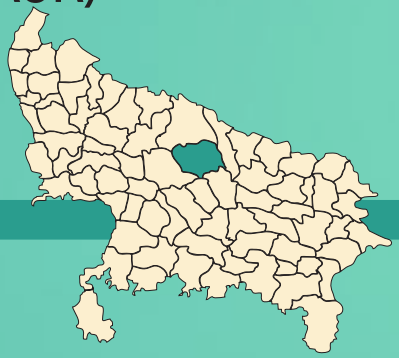
B-7 Extn/110A (Ground Floor) Harsukh Marg,
Safdarjung Enclave, New Delhi - 110029, India

Tel: +91-11-49200400/401/402

Email: info@cbgaindia.org

2021

Mapping of Institutions and Fund Flow Architecture of Rashtriya Kishor Swasthya Karyakram (RKSK) for Sitapur, Uttar Pradesh



CHILD RIGHTS AND YOU
www.cry.org
Ensuring lasting change for children

CBGA

Author

Protiva Kundu

For further information please contact: protiva@cbgaindia.org

Technical Inputs

Priti Mahara (CRY), Shreya Ghosh (CRY), Subrat Das (CBGA)

Designed by

Common Sans, 1729, Sector 31, Gurgaon, Haryana

Published by

Centre for Budget and Governance Accountability (CBGA)

B-7 Extension/110A (Ground Floor), Harsukh Marg,
Safdarjung Enclave, New Delhi-110029
Tel: +91-11-49200400/401/402
Email: info@cbgaindia.org
Website: www.cbgaindia.org

and

Child Rights and You (CRY)

632, Lane No.3, Westend Marg, Near Saket Metro Station,
Saiyad-ul-Ajaib, New Delhi-110 030
Tel: +91-11- 2953 3451/52/53
Email : cryinfo.del@crymail.org
Website: www.cry.org

Financial support for the study

This study has been carried out with the financial support from CRY.

Views expressed in this factsheet are those of the author and do not necessarily represent the positions of CBGA or CRY.

Contents

Abbreviations

AFHC	Adolescent Friendly Health Clinics
AFHS	Adolescent Friendly Health Services
AH	Adolescent Health
AHD	Adolescent Health Department
ANM	Auxiliary Nurse and Midwives
AWC	Anganwadi Centres
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
PPP	Public Private Partnership
PO	Programme Officer
PRI	*Panchayati Raj* Institution
RKSK	*Rashtriya Kishor Swasthya Karyakram*
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

List of Figures

List of Tables

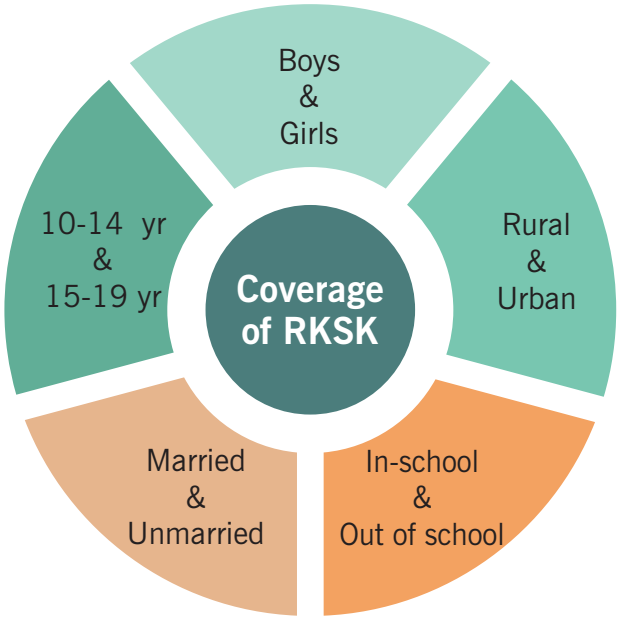
I. Introduction

Adolescents are the young people aged between 10 to 19 years. This is a phase when children of this age witness various physical, physiological and behavioural changes. However, most of the young and growing children have poor knowledge and lack of awareness about these changes that occurs during adolescence and the ill health affecting them. India is home to 25 crore adolescent children 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+A[1] 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.

Figure 1: Coverage of RKSK



Source: RKSK guidelines

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).

[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 very much 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 level 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

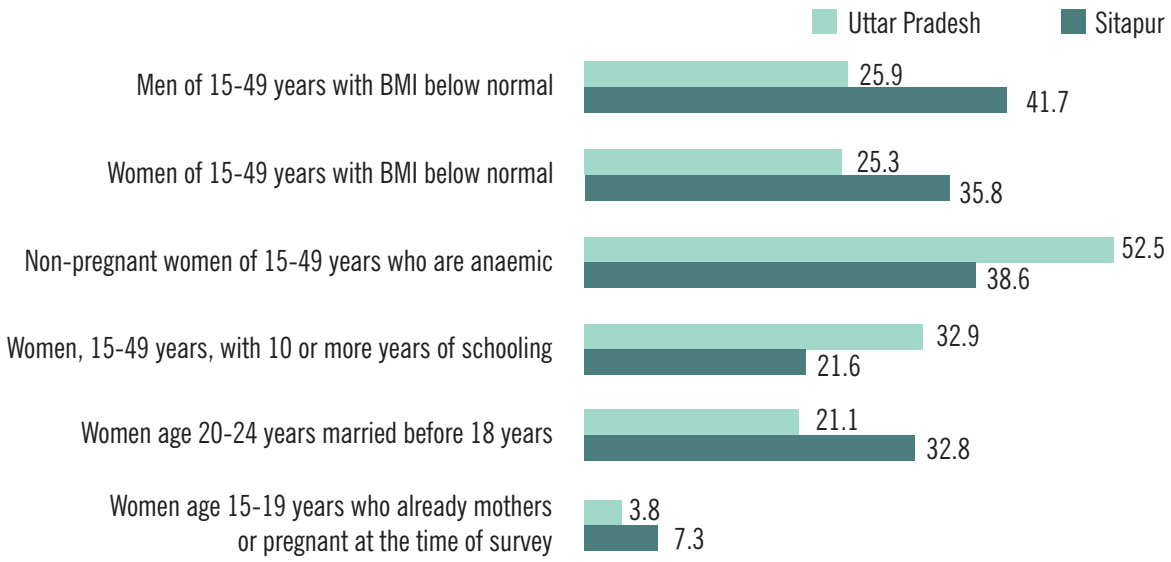
The factsheet has been developed for Sitapur district in Uttar Pradesh based on secondary sources. The methodology includes a review of literature related to adolescent health, review of RKSK guidelines, analysis of all relevant government documents relating to NHM and adolescent health in Uttar Pradesh,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

IV. Health of Adolescent Children in Uttar Pradesh and Sitapur: 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, 25 districts in Uttar Pradesh have been classified as high priority districts (PIB, 2018). Sitapur is one of the high priority districts which has high incidence of child marriage and adolescent pregnancies.

Uttar Pradesh has 2.3 crore children between the ages of 15-19 year and the number of adolescent children in Sitapur is 4.8 lakh (Census 2011). As per the NFHS-IV, in 2015-16, the teenage child bearing in Uttar Pradesh was 3.8 per cent, for Sitapur it was almost twice (7.3 per cent). Around 32.8 per cent of women in Sitapur are married before they turn 18, higher than the state's average of 21 per cent and the all India average of 27 per cent (Figure 2). Thus, RKSK has an important role to play in Sitapur to address all the challenges associated with adolescent health.

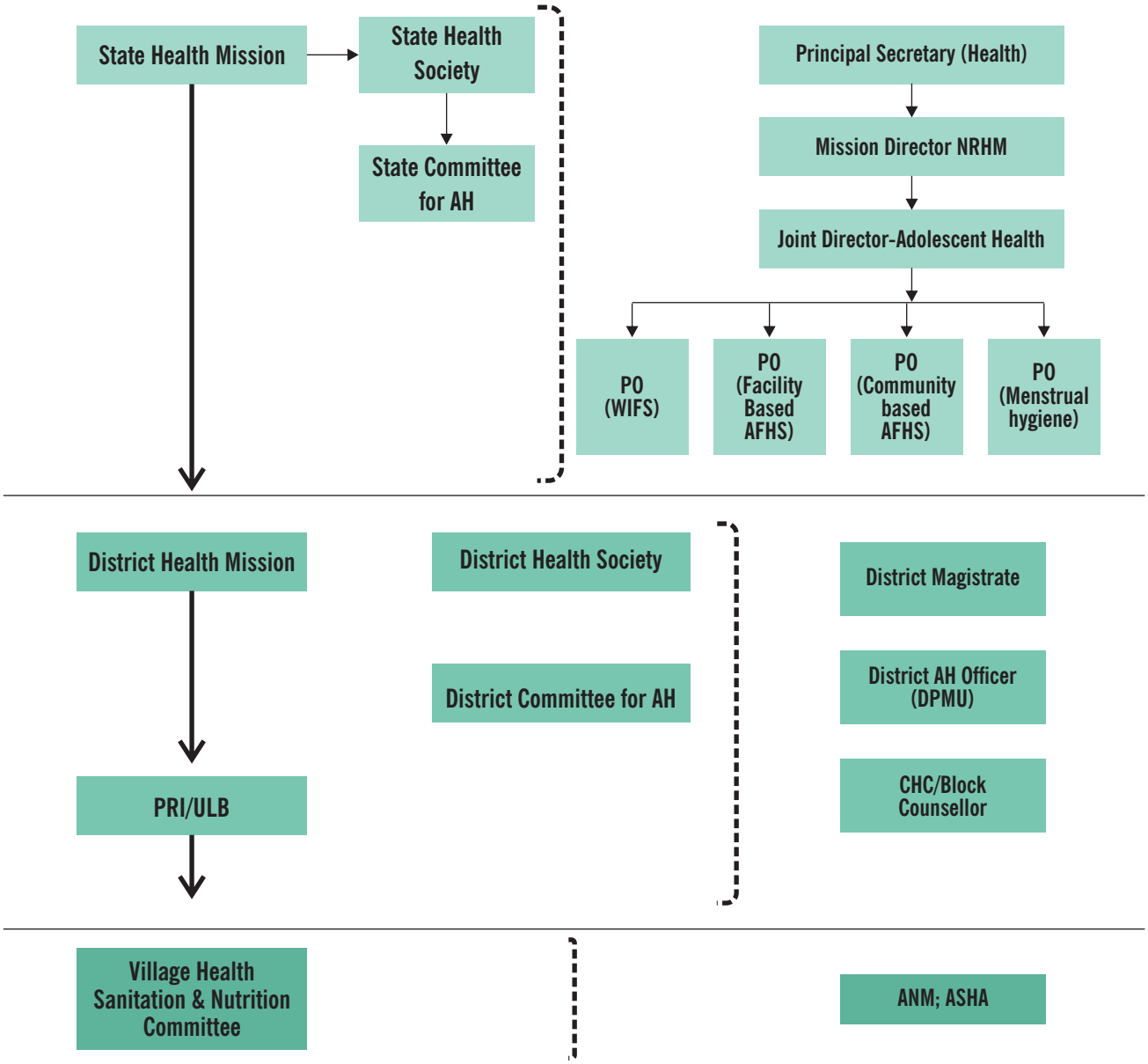
Figure 2: Status of Adolescent Health in Uttar Pradesh and Sitapur (per cent)



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

V. Mapping Key Institutions in the Delivery of Health Care to Adolescent Children in RKSK, Uttar 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, Uttar 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, 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 and 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 departments 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, Uttar 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.

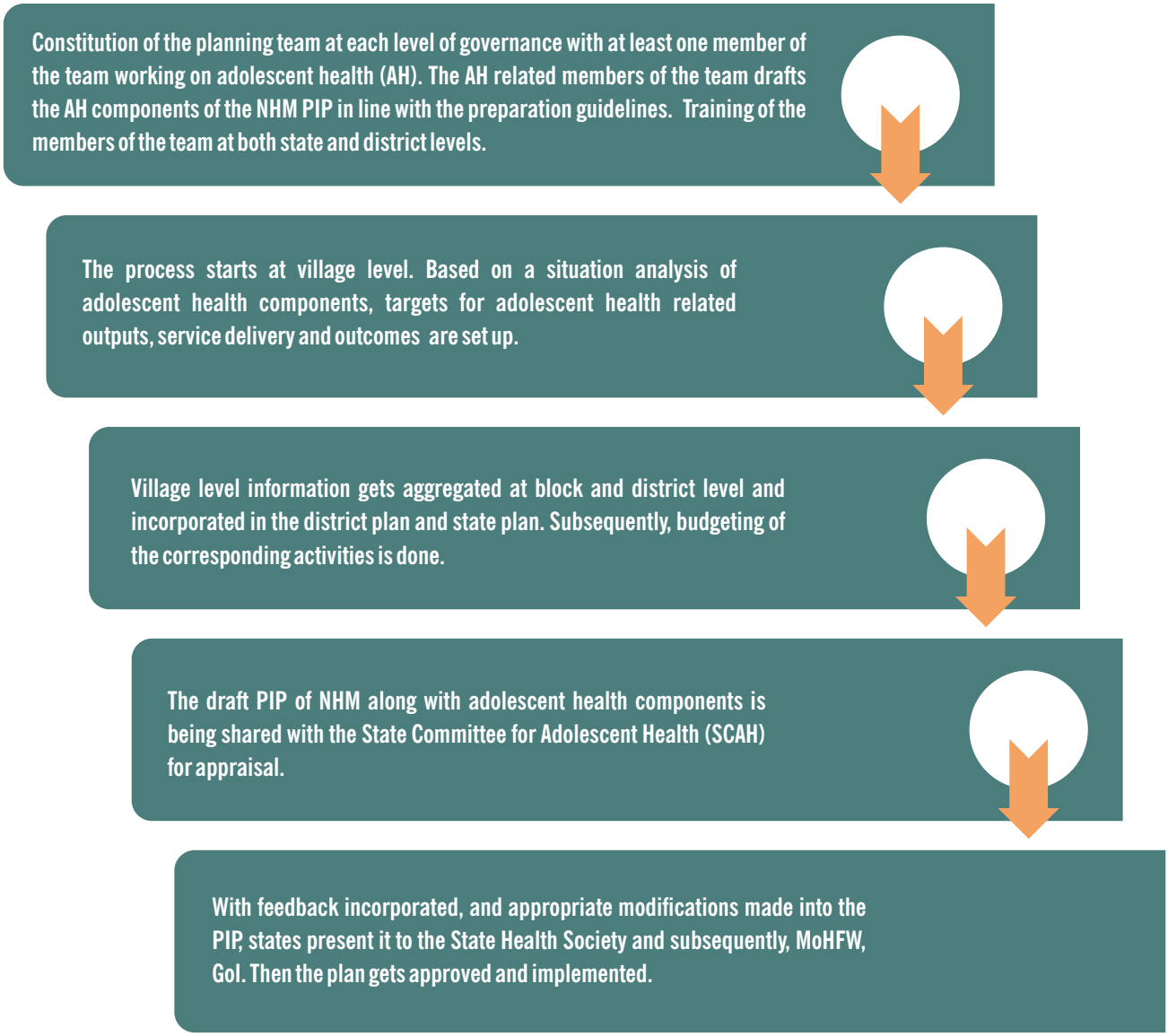
At the district level, District Committee for Adolescent Health (DCAH) is the nodal agency that encompasses all adolescent health-related issues. The Committee is chaired by the District Magistrate and the District Officer-Adolescent Health is the nodal person of the committee. DCAH meet quarterly, to 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 teacher, preferably a lady teacher, and peer educator. The state's peer education programme chooses two girls and two boys from every village to educate the youth about adolescent sexual health. These peer educators get six days of training by local ASHA and ANM health workers under NHM (IndiaSpend, 2019).

VI. Planning Process 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. The following steps are involved in the planning process.

Figure 4: Planning Process in RKSK

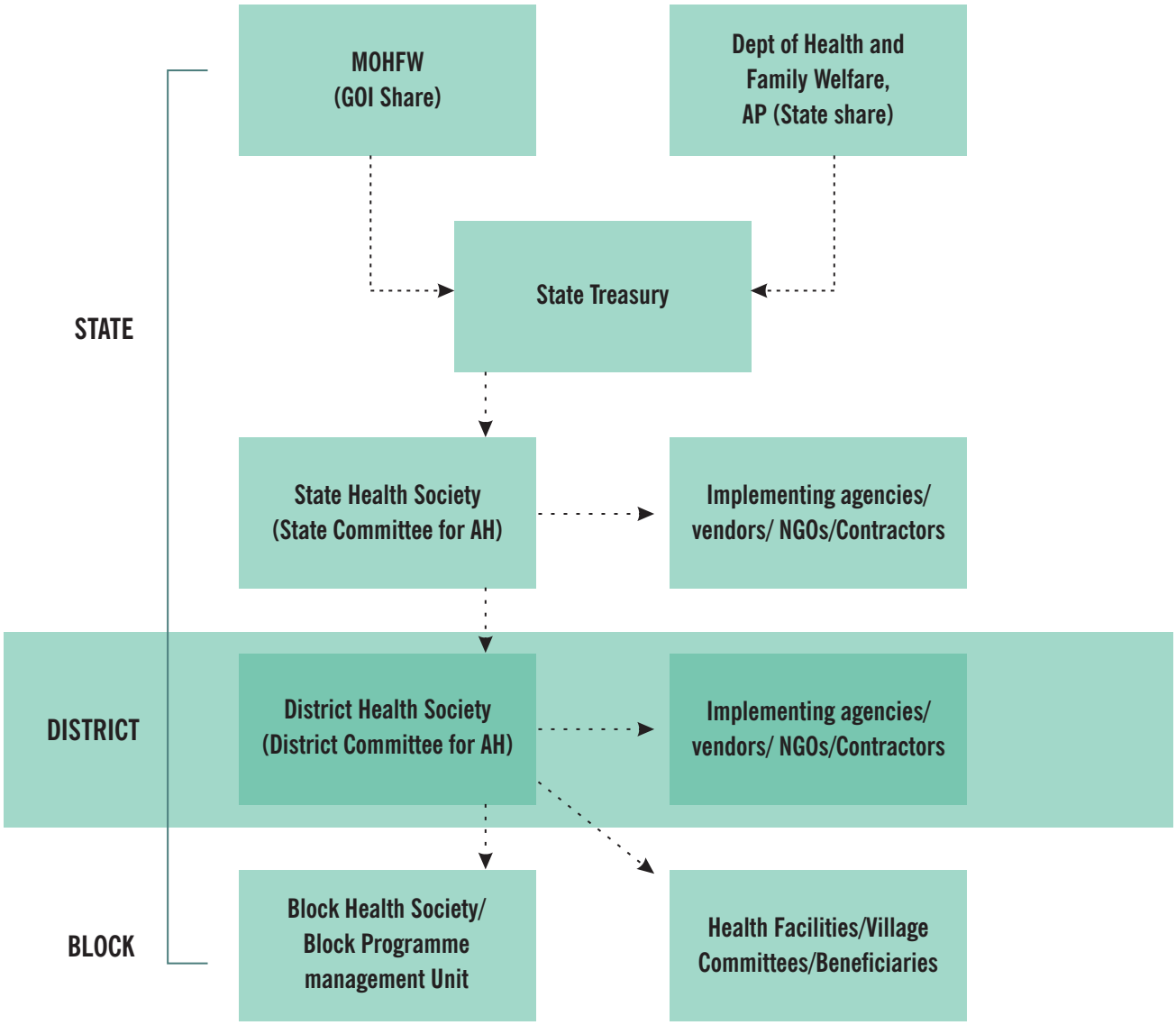


Source: RKSK strategy handbook

VII. Fund Flow Architecture: RKSK

Adolescent health is part of NHM budget. Thus, allocation of resources for RKSK is budgeted under RMNCH+A component of NHM. The budget for RKSK includes budget for adolescent health services, human resource, training, programme management, ASHA incentives, PRI (orientation workshops), Information, Education and Communication (IEC) activities, 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: RKSK: Fund Flow Architecture



Source: RKSK strategic framework document

In the first step of fund flow, the release of money is processed by Ministry of Health and Family Welfare. After approval of 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 and
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 SPIP for adolescent health.

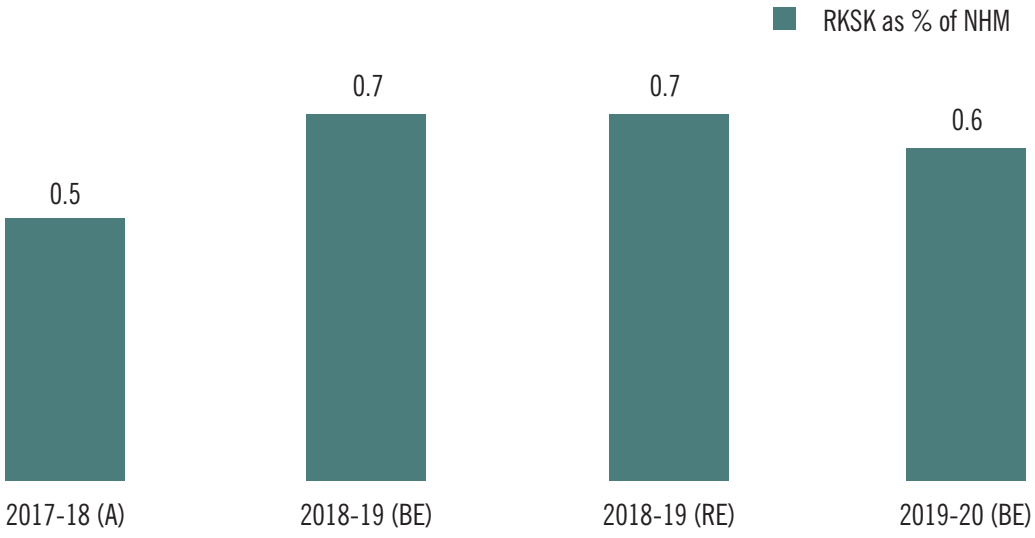
From the DHS funds then flow to the block program management units, health facilities, village committees, other implementing agencies and beneficiaries.

In 2013-14, Uttar Pradesh government introduced accounting software, as a result of that all the programme- specific bank accounts at the district and block levels have been merged in to a single account.

VIII. Tracking Budgets for Adolescent Health in Uttar Pradesh and Sitapur

Though the budget for adolescent health flows from NHM but, looking at the pattern of resource allocation, it seems a low priority component of NHM in Uttar Pradesh. *Kishori Swasthya Suraksha Yojana*, the programme for adolescent health is not even one per cent of NHM budget (Figure 6). In 2019-20 (BE), resource allocation for adolescent health in Uttar Pradesh is Rs. 20 crore.

Figure 6: Allocation for RKSK as Share of NHM budget in Uttar Pradesh (per cent)



Source: Uttar Pradesh Budget document, 2019-20

Under NHM, as per government norm, Sitapur as a high priority district is supposed to receive higher per capita funding as compared to other districts for implementing key priority intervention packages and better monitoring. However, no such priority is observed for this district especially for the adolescent health. Between 2016-17 and 2017-18, the budget for RKSK in Sitapur district has decreased from three per cent of NHM budget to one per cent (India Spend, 2019). As per the PIP, in 2019-20, Sitapur district has been allocated Rs. 106.3 lakh for adolescent health. This accounts to 1.2 per cent of the district's total NHM budget. The fund has been distributed under the following components (Table 1):

Table 1: Budgetary Allocation for the Adolescent Health in Sitapur (Rs. lakh)

Components	2019-20
Operating expenses for existing AFHCs at MC/DH/CHC/ (Existing)	0.14
Operating expenses for existing AFHCs at MC/DH/CHC/ New)	0.91
Mobility support and communication for AH counsellor	2.52
Mobility support and communication for RKSK coordinator	0.39
District level Quarterly RKSK review meeting	0.2
Honorarium of RKSK Coordinator	3.64
Organising adolescent health day	12.3
Organising Adolescent Friendly Club meetings at subcentre level	3.69
Adolescent Health Trainings	11.65
Incentive of ASHA (Rural & Urban) for National Deworming Day for mobilising out of school children	3.6
Incentive for mobilising adolescents and community for AHD	4.92
Honorarium of AH Counsellors (Existing)	42.27
NDD Orientation at District level	0.05
Orientation of ASHA Sangini& AWC+ 3 for teachers	3.6
AFHS training of ANM/LHV/MPW	0.95
Training of Peer Educator (Block Level)	8.5
Intensification of School Health Activities	2
Media Mix of Mid Media/ Mass Media for NDD (Rural and urban)	0.86
Printing of IEC materials and reporting formats etc. for National Deworming Day	4.14
Total	**106.33**

Source: District Health Action Plan 2019-20&2020-21, Sitapur District

However, there is increase in allocation of RKSK in 2020-21 to Rs. 209 lakh mainly in account of a new intervention called training of two teachers per school. In Uttar Pradesh and in Sitapur district, the roll-out of RKSK has intensified in the past year. However, because of inadequate fund, there is still procurement issues, recruitment, training and coordination between multiple departments and that had led to a delay in some services (Desai, 2017).

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

Reference

Desai, S. 2017. Adolescent health: Priorities and opportunities for Rashtriya Kishor SwasthyaKaryakram (RKSK) in Uttar Pradesh. Policy Brief. New Delhi: Population Council. https://www.popcouncil.org/uploads/pdfs/2017PGY_UDAYA-RKSKPolicyBriefUP.pdf

District Health Action Plan 2020-21 & 2019-20, Sitapur District, National Health Mission, Departmentof Health & Family Welfare, Government Of Uttar Pradesh Pradesh; Link: http://upnrhm.gov.in/assets/site-files/DHAP-2019-20/DHAP-NRHM/SITAPUR.pdf

Government Order on RKSK, Mission Director Office, NHM, Uttar Pradesh
Link: http://upnrhm.gov.in/assets/site-files/rksk/01-RKSK_State_Committee-29-09-2014.pdf

IndiaSpend (2019): "National Teen Health Programme Could Help Millions-If They Knew About It"; Link: https://www.indiaspend.com/national-teen-health-programme-could-help-millions-if-they-knew-about-it/

Ministry of Health Family Welfare: National Health Mission: RKSK Guidelines
Link: https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1020&lid=153

Ministry of Health Family Welfare: National Health Mission: RKSK Strategy Handbook
https://nhm.gov.in/images/pdf/programmes/RKSK/RKSK_Strategy_Handbook.pdf

Ministry of Health Family Welfare: National Health Mission: RKSK Implementation Guidelines 2018
https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/AH/guidelines/Implementation_Guidelines_Rashtriya_Kishor_Swasthya_Karyakram(RKSK)_2018.pdf

National Family Health survey- IV, District and State factsheet; International Institute for Population Scienceshttp://rchiips.org/nfhs/factsheet_NFHS-4.shtml

Press Information Bureau (PIB) (2018):"Districts having weak HealthInfrastructure", Ministry of Health & Family Welfare, 24th July; Link: https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1539869

RKSK, NRHM Portal, Department of Health Medical and Family Welfare, Uttar Pradesh
Link: http://upnrhm.gov.in/Home/Rksk

Uttar Pradesh State Budget portal:http://budget.up.nic.in/

Ensuring lasting change
for children

CRY – Child Rights and You

632, Lane No.3, Westend Marg, Near Saket Metro Station,
Saiyad-ul-Ajaib, New Delhi - 110 030

Tel: +91-11- 2953 3451/52/53

Email : cryinfo.del@crymail.org

Centre for Budget and Governance Accountability

B-7 Extn/110A (Ground Floor) Harsukh Marg,
Safdarjung Enclave, New Delhi - 110029, India

Tel: +91-11-49200400/401/402

Email: info@cbgaindia.org