

Rashtriya Kishor Swasthya Karyakram(RKSK)

Facts related to Adolescent Health

- 47% of currently married women aged 20-24 years were married before 18 years of age
- One in five young women aged 20-24 years had given birth at or before 18 years of age
- Only 19 % of girls and 35 % of boys had comprehensive knowledge about HIV/AIDS
- 56 % of girls and 30 % of boys in the 15-19 age group are anaemic
- Half the girls (47 %) and nearly three-fifths of the boys (58 %) are thin
- Road traffic accidents are responsible for 3.35 lakhs deaths in 15-29 age group per annum
- 34 % of ever-married adolescent girls reported having experienced physical, emotional or sexual violence
- 13 % of suicide deaths occur in the age group of 15-29 years

Odisha- Situational analysis (NFHS-3 and DLHS-3)

- 19.1% of the girls married below 18 years of age.
- 44 % Women aged 15-19 years who were already mothers or pregnant at the time of survey annual health survey 2011-12
- In the 15–19 years age group, only 60% girls attend school, as compared to the boys which is more than 80%
- More than 64% of girls aged 10–19 years suffer from severe/moderate anaemia (NFHS-3) which leads to a higher-age specific mortality.
- More than 1/3rd of women in the age group of 20-24 years got married before legal age of 18 years.

- Adolescents (10–19 years) constitute about one-fifth of Odisha's population and young people (10–24 years) about one-third of the population
- However adolescents, especially those in marginalised and under-served sections of the population, face several challenges such as:
 - structural poverty
 - social discrimination or negative social norms
 - inadequate education
 - early marriage
 - teenage pregnancy
- Investments in adolescents will have a positive impact on Odisha's health goals, and achievement of MDGs

- The previous ARSH programme is now planned in a holistic manner to meet the health and development needs of adolescents
- The Programme has been named as “Rashtriya Kishor Swasthya Karyakram(RKSK)”
- The focus is on both facility & community based interventions.



- Age groups 10 to 14 years and 15-19 years with universal coverage
- Males and females
- Urban and rural
- In school and out of school
- Married and unmarried
- Vulnerable and under-served

Community Based Interventions:

- Peer Education (PE)
- Quarterly Adolescent Health Day (AHD)
- Weekly Iron and Folic Acid Supplementation Programme (WIFS)
- Menstrual Hygiene Scheme (MHS)

Facility Based Interventions:

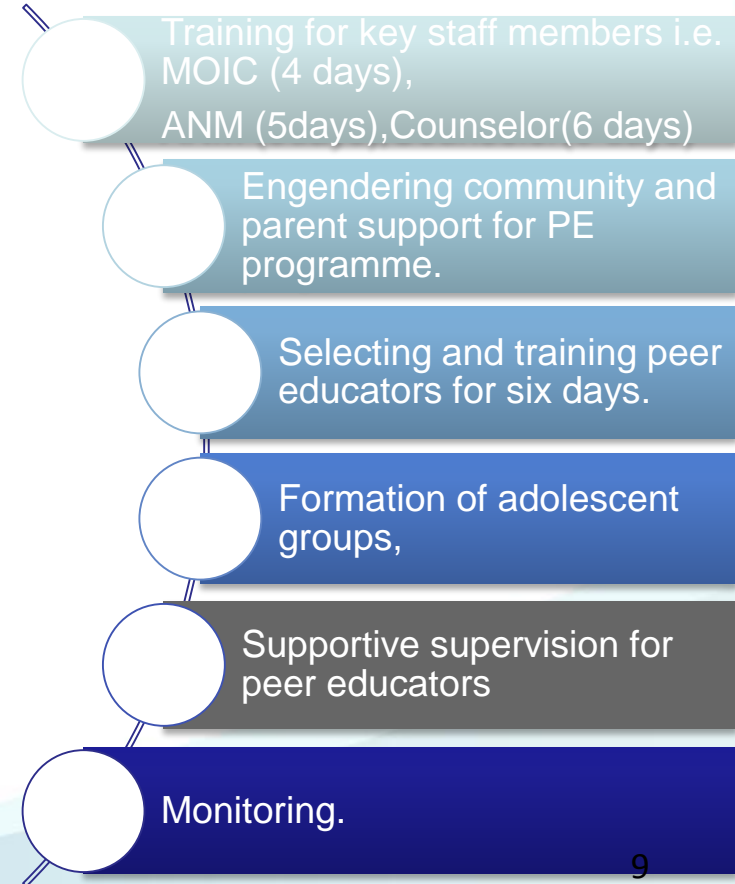
- Adolescent Friendly Health Clinic (AFHC)

Menstrual Hygiene Scheme

- Sanitary napkin to be provided to adolescent girls
- ASHA will be trained on MHS at sector level meeting
- The sanitary napkin will be marketed at a subsidized rate of Rs.6/- per pack.
- From the sale of each pack, ASHA will receive Rs.1/- (the amount would be split equally between ASHA & PE wherever PE is involved)

Peer Education Programme

- In general, Four peer educators per ASHA will be selected
- Among 4 PEs , Two male and Two female and in both categories-one school going and one out of school.
- Each Peer Educator will form a adolescent group with 15-20 adolescents .
- Each PE will facilitate 4 peer education sessions in a month with their group.
- Under each sub centre one Adolescent friendly club)(AFC) will be formed with 20 Peer Educators .The group will meet once in a month facilitated by ANM.



Adolescent Health Day(AHD)

- The AHD to be planned in every village once every quarter on a convenient day (preferably on a Sunday) or the 2nd half of VHND session.
- Venues for the AHD will be at existing VHND platform.
- Peer Educators , ASHAs, AWWs, and others will mobilize adolescents, parents and other stakeholders, to assemble at the nearest VHND site.
- To gain attention of the target group and to transfer knowledge on adolescent health, various “infotainment “ activities can be organised, such as skits, plays, puppet shows etc.

1

Improve coverage with preventive and promotive interventions for adolescents

2

Increase awareness among adolescents and stakeholders about the determinants of adolescent health such as nutrition, SRH, mental health, injuries and violence (including GBV), substance misuse and conditions for NCDs

3

Improve awareness of other AH related services , in particular Adolescent Friendly Health Clinics (AFHCs)

- **Activities and services under Adolescent Health Day:** The services on AHD would include IEC and IPC on Nutrition SRH, Mental Health, GBV, NCD, Substance misuse; distribution of commodities such as Sanitary Napkins, IFA, Albendazole and contraceptives; registration, general health check up, (BMI, anemia, diabetes), counseling & referral to AFHCs. It would also include skits facilitated by ASHA to enthuse adolescents for the event.
- **Role of ASHA & ANM in AHD:**
- **ANM** to ensure supply of commodities (IFA, albendazole, contraceptives, sanitary napkins), ensure reporting and coordinate ASHA, AWW and PEs for AHD.
- **ASHA** would coordinate with ANM, AWW and PEs to prepare updated list of adolescents in the village with requisite classification.
- She would guide PEs to mobilize adolescents and assist ANM and AWW in conducting AHD

HANDWASH PRACTICES

ହାତ ଧୋଇବାର ସଠିକ୍ ଉପାୟ

ହାତକୁ ପାଣିରେ ଓଦା କରି ସାବୁନ୍ ଲଗାନ୍ତୁ ଓ ତଳେ ଦିଆଯାଇଥିବା ପଦ୍ଧତିକୁ ଅନୁସରଣ କରି ହାତ ଧୁଅନ୍ତୁ



୧ମ ସୋପାନ

ହାତ ପାପୁଲି ତୁଲଟିକୁ ପରସ୍ପର ସହିତ ଘଷି ସଫା କରନ୍ତୁ



୨ୟ ସୋପାନ

ହାତ ପାପୁଲିର ପଛଭାଗକୁ ଆଉ ହାତର ପାପୁଲିରେ ଘଷି ସଫା କରନ୍ତୁ



୩ୟ ସୋପାନ

ଆଙ୍ଗୁଠି ସର୍ଦ୍ଦିକୁ ସଫା କରନ୍ତୁ



୪ର୍ଥ ସୋପାନ

ତୁଡ଼ା ଆଙ୍ଗୁଠି ସର୍ଦ୍ଦିକୁ ସଫା କରନ୍ତୁ



୫ମ ସୋପାନ

ଆଙ୍ଗୁଠି ନଖକୁ ଅନ୍ୟ ହାତ ପାପୁଲିରେ ଘଷି ସଫାକରନ୍ତୁ



୬ଷ୍ଠ ସୋପାନ

ହାତ କତଟିକୁ ସଫା କରନ୍ତୁ

ତଉଲିଆରେ ହାତକୁ ନ ପୋଛି ହାତକୁ ପବନରେ ଶୁଖାନ୍ତୁ

ଖାଇବା ଓ ଖାଦ୍ୟ ପ୍ରସ୍ତୁତି ପୂର୍ବରୁ, ଶିଶୁକୁ ଖୁଆଇବା ଓ ଶିଶୁର ଖାଦ୍ୟ ପ୍ରସ୍ତୁତି ପୂର୍ବରୁ ଏବଂ ଶୌଚ ହେବା ପରେ ହାତ ଧୋଇବାକୁ ଭୁଲନ୍ତୁ ନାହିଁ ।



ପ୍ରସ୍ତୁତି :
ସେକ୍ଟର ଅଫ୍ ଏଡ୍‌ଭେନ୍ସିଂ ପର୍‌ କମ୍ୟୁନିକେଶନ୍ (ସି.ଓ.ଇ)
ରାଜ୍ୟ ସ୍ୱାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ପ୍ରତିଷ୍ଠାନ, ଓଡ଼ିଶା



ଜାତୀୟ ସ୍ୱାସ୍ଥ୍ୟ ମିଶନ୍
ସ୍ୱାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ, ଓଡ଼ିଶା



THANK YOU