



TRACKING FINANCES UNDER RASHTRIYA KISHORE SWASTHYA KARYAKRAM (RKSK)

Case Study of Sitapur district, Uttar Pradesh

REPORT

November 2020

Tracking Finances Under Rashtriya Kishore Swasthya Karyakram (RKSK)

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To cite

Accountability Initiative. 2020. Tracking Finances Under Rashtriya Kishore Swasthya Karyakram (RKSK): Case Study of Sitapur district, Uttar Pradesh. Accountability Initiative, Centre for Policy Research, New Delhi.

ACKNOWLEDGEMENTS

This study would not have been possible without the support and guidance of several people. Firstly, we wish to thank all the Rashtriya Kishore Swasthya Karyakram (RKSK) related functionaries at the Block and District-levels in Sitapur district and at the State-level in Lucknow, Uttar Pradesh, for participating in this study and sharing their experiences with us. We are grateful to the National Health Mission's State Programme Management Unit (SPMU) of Uttar Pradesh at Lucknow, the District Programme Management Unit (DPMU) at Sitapur district, and the Block Programme Management Units (BPMUs) in 10 Blocks, namely Ailiya, Behta, Hargaon, Khairabad, Laharpur, Machhreta, Maholi, Misrikh, Gondlamau, and Parsendi.

We are grateful to the National Health Mission of Uttar Pradesh and Sitapur district for facilitation throughout the course of this study. We would especially like to thank Dr. Manoj Shukla, General Manager, RKSK, NHM; Dr. Anand Agarwal, Deputy Director, NHM; Mr. Indrajeet, State Consultant, SPMU, NHM; Dr. Udai Pratap, ACOMO, RKSK; Mr. Sujeet Verma, District Project Manager, NHM; Mr. Shishir K. Saxena, District Accounts Manager, NHM, AM; and Mr. Shivakant, RKSK Coordinator, DPMU, Sitapur district.

We are grateful to Ms. Avani Kapur, Director, Accountability Initiative, for providing critical feedback and guidance at different stages of the study as well as valuable comments on the report. We would also like to thank Mr. Ravi Rounak, Administrative Officer, Accountability Initiative for providing excellent administrative support throughout the study, as well as Ms. Avantika Shrivastava, Senior Communications Officer, Accountability Initiative for support in editing the report. Finally, we are indebted to Mr. Akash Singh and Ms. Adira Andlay for designing this report.

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List of Abbreviations

AEP	Adolescence Education Programme
AFHC	Adolescent Friendly Health Clinics
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
AWCs	Anganwadi Centres
BCPM	Block Community Process Manager
BSY	Balika Samridhi Yojana
CHC	Community Health Centre
DAM	District Accounts Manager
DH	District Hospital
DPM	District Programme Managers
DPMU	District Programme Management Unit
ECP	Emergency Contraceptive Pill
FMR	Financial Monitoring Report
FY	Financial Year
GBV	Gender-based Violence
HPD	High-Priority Districts
ICDS	Integrated Child Development Services
ICTC	Integrated Counselling Testing Centre
IEC	Information, Education and Communication
IFA	Iron-Folic Acid
KSY	Kishor Shakti Yojana
MDM	Mid-Day Meal
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
NACP	National AIDS Control Programme
NHM	National Health Mission
NIPI	National Iron Plus Initiative
NPYAD	National Programme for Youth and Development
NYKS	NEHRU Yuva Kendra Sangathan
OCP	Oral Contraceptive Pill
PEs	Peer Educators
PHC	Primary Health Centre
PIP	Programme Implementation Plan
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive and Child Health Programme
RMNCH	Reproductive, Maternal, Newborn and Child Health + Adolescents
RTI/STI	Reproductive Tract Infections/ Sexually Transmitted Infections
SCs	Sub Centres

SPMU	State Programme Management Unit
SRH	Sexual and Reproductive Health
UP	Uttar Pradesh
VHSNC	Village Health Sanitation and Nutrition Committee
WCD	Women and Child Development
WIFS	Weekly Iron and Folic Acid Supplementation Programme

EXECUTIVE SUMMARY

The Rashtriya Kishore Swasthya Karyakram (RKSK) is an adolescent health Programme within the ambit of the National Health Mission (NHM). It was launched in January 2014 by expanding the previous Adolescent Reproductive and Sexual Health (ARSH) Strategy to include nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health, and substance misuse. It aimed to shift the focus from clinic-based services to promotion, prevention, and reaching adolescents in their own environment such as schools, families, and communities.

METHODOLOGY

The study focusses on RKSK in Sitapur district, Uttar Pradesh. The choice of district was partly driven by the fact that it has peer education implemented in 10 out of its 19 Blocks. The study uses a combination of quantitative and qualitative analysis. The quantitative trend analysis of expenditures under RKSK for Sitapur district was conducted from FY 2016-17 to the first three quarters of FY 2019-20 (ending on 31 December 2019). Regional equity, in terms of expenditure trends, among various Blocks of Sitapur district was assessed with the availability of data for three quarters of FY 2019-20. Qualitative reviews were conducted in the start of FY 2019-20 and in December 2019 through key informant interviews with State, District, and Block-level government officials.

KEY FINDINGS

RKSK Accounted for a Marginal and Declining Share in NHM Expenditures in the District, but the Trend May Be Recovering:

Expenditures on NHM in Sitapur increased from ₹5,467 lakh in FY 2016-17 to ₹8,054 lakh in FY 2018-19, an increase of 47 per cent. Yet, expenditures for RKSK decreased over the same three-year-period, from ₹142 lakh in FY 2016-17 to ₹78 lakh in FY 2018-19, a significant decrease of 45 per cent. Consequently, the share of RKSK out of total NHM expenditures also fell, from 3 per cent in FY 2016-17 to 1 per cent in FY 2018-19. In FY 2019-20, till September, ₹3,627 lakh had been spent under NHM, out of which ₹47 lakh had been spent on RKSK. Thus, RKSK expenditures were 1.3 per cent of the NHM expenditures in the District, till September 2019, which was more than the previous year's RKSK percentage share in NHM expenditures for the full fiscal year. Some of these contradictions can be attributed to changes in NHM budget codes over the years. However, interviews conducted during this study

suggest that low priority accorded to adolescent health was an important reason behind low expenditures and allocations.

Allocations, Expenditures, and Utilisation under RKSK:

There has been a decline in allocations for RKSK over the years. Allocations for RKSK in Sitapur district in FY 2019-20 decreased and almost halved as compared to the previous year, in nominal terms. For Sitapur district specifically, allocations stood at ₹88 lakh, with a decrease of ₹84 lakh from FY 2018-19. This was a decrease of 49 per cent in nominal terms.

Utilisation of RKSK Allocations Was Low but Showed an Increasing Trend:

Yearly expenditures on RKSK was low – less than half of allocated funds were spent in last two years. There has, however, been some improvement. Utilisation of allocated funds increased from 41 per cent in FY 2017-18, and 45 per cent in FY 2018-19, to 53 per cent in FY 2019-20, till September 2019. Part of this was driven by the decrease in quantum of allocations. Thus, in terms of total quantum of funds spent, in FY 2019-20 till June ₹47 lakh had been spent, compared to ₹78 lakh in the previous full fiscal year. Timing of expenditure as a proportion of allocations showed a significant increase in FY 2019-20. More than half the allocated funds (54 per cent) were already utilised during the first two quarters of FY 2019-20, while only 3 per cent of funds were utilised in the first halves of the preceding two years.

Change in Fund Release Structure at the State-level Has Facilitated More Timely Expenditures:

State-level interviews [RKSK Cell, State Programme Management Unit (SPMU)] suggest that fund releases have been made more flexible from FY 2018-19. There is a move to release almost one-fourth of the allocated amount at the start of each quarter as a lump-sum amount and not under specific budget heads. Districts are free to spend this amount as per their requirements, so long as they do not exceed the predetermined maximum limit for expenditures under a specific budget head. This seems to have had an effect on the expenditure pattern. In FY 2019-20, the first two quarters had shown almost fourteen-times increase over the first two quarters of the previous two years in terms of utilisation of allocated funds.

Block-level/Inter-Block Parity within Sitapur:

In FY 2018-19, there was relatively equal distribution of allocations across the 10 Blocks, at roughly 10 per cent,

consistent with the share of adolescent population in the Block using data from Census 2011. The distribution of allocation appeared to be changing in FY 2019-20, with Block-wise allocations varying from 8 per cent to 15 per cent. These differences were not reflective of the Block-wise share of adolescent populations. For instance, in FY 2019-20, Behta Block had 11 per cent share of the total adolescent population, and allocated 9 per cent of the total allocations. Meanwhile, Ailiya Block had 10 per cent share of the total adolescent population, and allocated 15 per cent of the total allocations.

Unlike allocations, share of expenditure across Blocks varied significantly in FY 2017-18 and FY 2018-19. One-third of the total Blocks and half of the total Blocks accounted for more than two-thirds of the expenditures incurred in FY 2017-18 and FY 2018-19, respectively. The pace of expenditure varied significantly in FY 2019-20 as Block-wise share of expenditures ranged from 1 per cent to 39 per cent of the total expenditures incurred till December 2019. Utilisation also appeared to be higher in the Blocks which previously showed lower shares of expenditures.

Component-Wise Allocations, Expenditures, and Utilisation under RKSK:

Procurement of Drugs and Supplies, and Equipment:

There were no allocations for 'Procurement of Drugs, Supplies and Equipment' for two consecutive years (FY 2018-19 and FY 2019-20). Yet, the highest expenditure under RKSK funds in Sitapur district went to this budget head during FY 2016-17 to FY 2018-19.

Printing: High allocations and the highest utilisation of allotted funds were seen under the budget head of 'Printing Activities'. Expenditure primarily pertained to registers for recording Weekly Iron-Folic Supplementation (WIFS) and National Iron Plus Initiative (NIPI) Programme activities during FY 2017-18 and FY 2018-19.

ASHA Incentives: Allocations for ASHA incentives were resumed in FY 2019-20, after a gap of a year; yet, the amount was less, even in nominal terms, than the allocations made two years back (in FY 2017-18). In FY 2019-20, ASHA incentive component showed an increase in utilisation, in terms of half-yearly utilisation, as compared to FY 2017-18 (when an allocation was last made).

Procurement of Sanitary Napkins (MHM): Neither were allocations made nor expenditures incurred on procurement of sanitary napkins/ Menstrual Health Scheme during FY 2016-17 to FY 2019-20.

BCC/IEC: Similarly, BCC/IEC strategy implementation budget head showed neither any allocation nor any expenditure during FY 2016-17 to FY 2018-19. There was no expenditure on components related to the

implementation of BCC/IEC strategy even in the first half of FY 2019-20.

Overall, the budget heads that showed low utilisation in FY 2018-19, pertained to Adolescent Friendly Clinic (AFC) Club meeting, training of two nodal teachers per school, mobility support for Adolescent Reproductive Sexual Health (ARSH)/ Integrated Counselling Testing Centre (ICTC) counsellors/ mobility support for RKSK coordinator and internet support, operating expenses for existing clinics, Adolescent Health (AH) Counsellors, District-level WIFS.

Deep-dive into Training: The training component under RKSK in Sitapur district had allocations of ₹83 lakh and ₹85 lakh in FY 2017-18 and FY 2018-19, respectively. In the same years ₹17 lakh and ₹32 lakh were spent, respectively, implying that utilisation fluctuated in the range of 20 per cent to 42 per cent.

Allocations decreased drastically in FY 2019-20 coming down to only ₹7 lakh, which was one-seventh of the previous year's allocations, in nominal terms. In terms of expenditures, ₹21 lakh was spent in the first half of FY 2019-20, which was more than two-thirds of the expenditure of the previous full fiscal year. In FY 2019-20 (till September 2019) utilisation rate was at 175 per cent, although a part of this increase was attributable to the lowered allocations for the year.

The rise in expenditures under the 'Training' component in FY 2019-20 had been driven by the sub-component 'Block-level PE Trainings' with utilisation amounting to almost two-and-a-half times the allocations. High utilisation was also observed under the sub-component 'Orientation on National Deworming Day', during the first half of FY 2019-20.

In terms of Block-wise expenditures on trainings, half of the 10 Blocks, namely Laharpur, Maholi, Parsendi, Gondlamau, and Behta, accounted for about 69 per cent of the total Block-level expenditures on trainings under RKSK in FY 2018-19. In FY 2019-20, till December 2019, the same Blocks with the exception of one, accounted for a significantly lower share of the total expenditures, reflecting a change in pattern. Instead, two previously low-spending Blocks accounted for a much higher share, namely Ailiya (accounting for 40 per cent) and Misrikh (19 per cent).

Deep-dive into Services 'Facility-based and Community-based':

District-level allocations for service-delivery components (Facility-based and Community-based) stood at ₹10 lakh in FY 2017-18 and ₹8 lakh in FY 2018-19. In FY 2017-18 and FY 2018-19, ₹7 lakh and ₹5 lakh were spent, with a utilisation of less than 70 per cent for both years.

Allocations for 'Facility and Community based' services increased significantly in FY 2019-20 at ₹24 lakh, almost tripling the allocations of the previous year, in nominal

terms. In FY 2019-20 (till September 2019) – ₹5 lakh had already been spent in the first half of the year, which was more than two-thirds of the expenditure of the previous full fiscal year. However, the utilisation rate in the first half of the year was low in FY 2019-20 (till September 2019) as only 22 per cent of allocations had been spent. Low utilisation prevailed in the first half of previous years as well with 2 per cent and 39 per cent of allocations spent in the first two quarters of FY 2017-18 and FY 2018-19, respectively. Utilisation rate in FY 2019-20 also appeared low due to the much larger amount of funds allocated for Facility and Community based services at the start of the year.

In terms of Block-wise expenditures on Facility and Community based services, significant year-wise variations could be observed. In FY 2018-19, half of the 10 Blocks accounted for about 79 per cent of the total Block-level expenditures on Facility and Community based services. The share of spending was highest in Gondlamau, Maholi, Khairabad, Behta, and Misrikh. However, a change in pattern was noted in FY 2019-20 (till December 2019) where the share of the same five Blocks accounted for only 18 per cent of the total expenditures on Facility and Community based services. In the same period, the highest share of expenditures was concentrated in Ailiya (which had the lowest spending in FY 2018-19), accounting for 46 per cent of expenditures of all Blocks, followed by Laharpur, Machhreta, and Hargaon.

RECOMMENDATIONS

Based on the qualitative (interviews with key informants) and quantitative (financial) data analysed during this study, following challenges and recommendations emerged in five main areas, the details of which are also given in the table that follows.

- 1. Finances:** Allocations remain low and there is a need to increase allocations for a number of activities including incentives for ASHAs and Peer Educators (PEs). There is also a need to increase the untied/maintenance fund for health centres.
- 2. Fund Flows:** Despite improvements in fund releases, ensuring last mile delivery to beneficiaries is of critical importance. Simultaneously, it is important to ensure efficient grievance redressal mechanisms.
- 3. Training and Holding:** To ensure participation, careful selection of training dates and innovative practices can be implemented. Additional training on handholding of PEs and Block Accounts Managers can assist in effective implementation.
- 4. Basic Commodities:** There is a need to ensure availability of basic commodities such as pregnancy test kits and sanitary pads. To overcome last mile delivery, these kits can be provided through regular outreach hours of ARSH Counsellors or through female PEs.
- 5. Human Resources:** There is a need to expedite the filling of vacancies, particularly at the BPMU level and also appointment of more gynaecologists to address health concerns of adolescents.

INTRODUCTION

The Rashtriya Kishore Swasthya Karyakram (RKSK) is an adolescent health Programme within the ambit of the National Health Mission (NHM). It was launched in January 2014, by expanding the previous Adolescent and Reproductive and Sexual Health (ARSH) from sexual and reproductive health to include nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. It aims to shift the focus from clinic-based

services to promotion, prevention, and outreach of adolescents in their own environment such as schools, families and communities.

This study focusses on the expenditures and fund flows of RKSK in Sitapur district of Uttar Pradesh (UP).

The interventions to achieve the RKSK objectives are described in Table 1¹ :-

Table 1: RKSK Interventions

Interventions		Description	
Community-based Interventions	Peer Education	Aims to identify and support 4 Peer Educators (PEs) per ASHA (earlier known as Accredited Social Health Activist) to work at the village level, with 10-19 years old school-going or non-school-going, married, and unmarried adolescents.	Implemented in half the Blocks of each of the 25 High Priority Districts (HPDs), including Sitapur
	Quarterly Adolescent Health Day (AHD)	AHDs are to be conducted at the village-level in Anganwadi Centres (AWCs) or other easily-accessible public spaces. ASHAs are meant to engage with parents and families of adolescents to increase general awareness about their unique needs.	
	Weekly Iron and Folic Acid Supplementation Programme (WIFS)	Coupled with the National Iron plus Initiative (NIPI), the aim is to provide Iron-Folic Acid tablets (IFA Blue) to all 10-19 years old adolescents, married or unmarried, school-going or non-school-going, through government schools, AWCs and ASHAs. Six-monthly deworming tablets are also to be provided to all adolescents.	
	Menstrual Hygiene Scheme (MHS)	The scheme aims to promote menstrual hygiene among adolescent girls in the age group of 10-19 years in rural areas. From 2014, it includes decentralised procurement of sanitary napkin packs for provision to rural adolescent girls at a subsidised rate of ₹6 for a pack of six napkins. The ASHA will continue to be responsible for distribution, receiving an incentive at ₹1 per pack sold, and a free pack of napkins every month for her own personal use. She will convene monthly meetings at the AWCs or other such platforms for adolescent girls.	Implemented in 2011 in 107 selected districts in 17 States wherein a pack of six sanitary napkins called “Freedays” was provided to rural adolescent girls for ₹6. From 2014 onwards, funds are provided to States/UTs under NHM.

¹ <http://upnrhm.gov.in/Home/Rksk>

Inteventions		Description		
Facility-based Interventions	Strengthening of Adolescent Friendly Health Clinics (AFHC)	Each AFHC is supposed to provide commodities, IEC and curative services at Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs) level; plus outreach and referral services.		The 25 HPDs are to have fully operational AFHCs in all the CHCs at the Block level, and the DH at District level.
		Commodities	Weekly IFA Supplementation and Albendazole, sanitary napkins, contraceptives, and medicines to be provided.	
		IEC and IPC including counselling	Counselling on nutrition, sexual and reproductive health (SRH), menstrual disorders, personal hygiene, menstrual hygiene, and use of sanitary napkins, use of contraceptives, sexual concerns, depression, sexual abuse, gender-based violence (GBV), substance misuse and promoting healthy behaviour to prevent non-communicable diseases. Communication materials include posters/ booklets/ pamphlets, wall-writing and visuals.	
		Curative services	Treatment of severe malnutrition, common Reproductive Tract Infections/ Sexually Transmitted Infections (RTI/STI) related problems, menstrual disorders, sexual concerns of males and female, non-communicable diseases and other common ailments, mental health service/management of depression, management of injuries related to accidents and violence, sexual abuse among girls, substance misuse.	
		Outreach and referral services	Counsellor at AFHCs should prepare a tour plan for visiting Schools, Colleges, Youth Clubs, Major Health events, Adolescent Health Day, etc. twice a week to sensitise the adolescents and other stakeholders.	
Convergence	Within Health & Family Welfare Department	Family Planning, Maternal Health (including Village Health and Nutrition Days), Rashtriya Bal Swasthya Karyakram (RBSK), National AIDS Control Programme (NACP), National Tobacco Control Programme, National Mental Health Programme, Non-Communicable Diseases, and Information, Education and Communication (IEC).		
	With Other Departments/ Schemes	Women and Child Development (WCD), Integrated Child Development Services (ICDS), Kishor Shakti Yojana (KSY), Balika Samridhi Yojana (BSY), SABLA (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls), Human Resource Development [Adolescence Education Programme (AEP), and Mid-Day Meal (MDM)], Youth Affairs and Sports [Adolescent Empowerment Scheme, National Service Scheme, NEHRU Yuva Kendra Sangathan (NYKS)], National Programme for Youth and Development (NPYAD).		
Social and Behaviour Change Communication		Focus on Inter Personal Communication.		
Adolescent Helpline		18001801900		

* See Table 2 below

Table 2: Package of AFHC Services to be Offered at Each Level of Facility as per the Guidelines for Implementation of RKSK (dated 05/03/2015)

Service Package (at DH= District Hospital, CHC= Community Health Centre, PHC= Primary Health Centre, SC= Sub Centre)		DH	CHC	PHC	SC	Outreach
Commodities to be kept in AFHC	IEC and IPC for Nutrition, SRH, Mental Health, GBV, NCD and Substance misuse	√	√	√	√	√
	IFA/Albendazole tablets	√	√	√	√	√
	Sanitary napkin	√	√	√	√	√
	Contraceptives (condoms, oral / Emergency Contraceptive Pills)	√	√	√	√	√
	Other medicines (e.g. Paracetamol, anti-spasmodic and first aid)	√	√	√	√	√
	Pregnancy testing kits	√	√	√	√	√
	BMI screening	√	√	√	√	√
	Hb testing	√	√	√	√	√
	RTI/STI management	√	√	√	√	√
Services to be provided in AFHC	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, sexual abuse, other mental health issues, health lifestyle, risky behaviour	√	√	√	√	√
	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	√	√			
Referral	√	√	√	√	√	

METHODOLOGY

The study focusses on RKSK in Sitapur district, Uttar Pradesh, which has a Peer Education component implemented in 10 out of its 19 Blocks. The study uses a combination of quantitative and qualitative analysis. The quantitative trend analysis of expenditures under RKSK for Sitapur district was conducted from FY 2016-17 to the first three quarters of FY 2019-20 (ending on 31 December 2019). Regional equity, in terms of expenditure trends, among various Blocks of Sitapur district was assessed with the availability of data for three-fourth of FY

2019-20. Qualitative reviews were conducted at the start of FY 2019-20 and in December 2019 through key informant interviews with State, District, and Block-level government officials.

This was conducted to understand current system-level challenges with respect to Programme design, fund flows, and capacities to utilise funds. Another round of Block and District-level key informant interviews was conducted in December 2019.

FINDINGS

1. NHM and RKSK:

- As per the NHM guidelines, States are to prepare bottom-up Programme Implementation Plans (PIPs) which are then sent to the Union government for approval. Suggestions made and final approvals decided are recorded in the form of Record of Proceedings (RoPs). Once approved by the Mission Director of NHM, the RoPs are sent to the respective States. In FY 2018-19, of the total ₹8,398 crore proposed for NHM in UP, 89 per cent or ₹7,516 crore was approved. In FY 2019-20, the approval ratio decreased further. Of the ₹9,315 crore proposed, only 67 per cent or ₹6,281 crore was approved for NHM in UP.
- In terms of overall change, expenditures on NHM in Sitapur increased from ₹5,467 lakh in FY 2016-17 to ₹8,054 lakh in FY 2018-19, an increase of 47 per cent. Yet, expenditures for RKSK decreased over the same three-year-period, from ₹142 lakh in FY 2016-17 to ₹78 lakh in FY 2018-19, a significant decrease by 45 per cent.
- Consequently, the share of RKSK out of total NHM expenditures also fell, from 3 per cent in FY 2016-17 to 1 per cent in FY 2018-19. In FY 2019-20, till September, ₹3,627 lakh had been spent under NHM, out of which ₹47 lakh had been spent on RKSK.

Thus, RKSK expenditures were 1.3 per cent of the NHM expenditures in the District till September 2019, which is more than the previous year's RKSK percentage share in NHM expenditures for the full fiscal year.

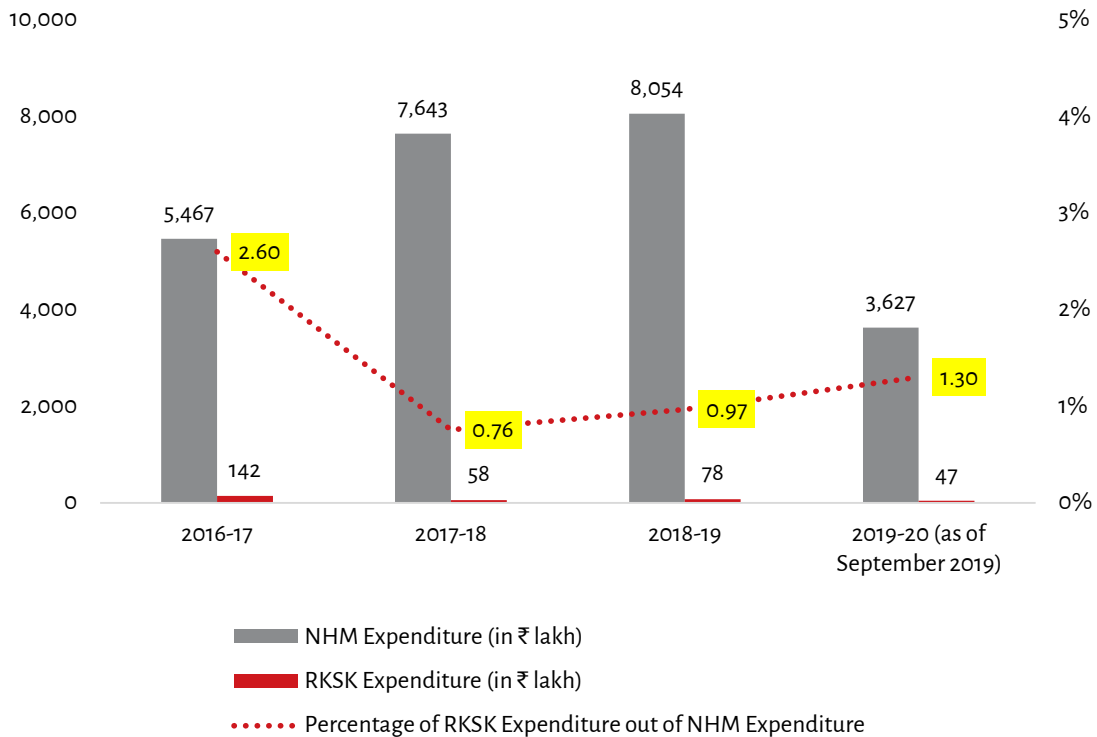
- Some of these contradictions can be attributed to changes in NHM budget codes over the years. However, interviews conducted during this study suggested that the low priority accorded to adolescent health was an important reason behind low expenditures and allocations.

2. District-level Trends in RKSK Funds in Sitapur District, and Inter-District Comparisons:

2.1 Allocations and Expenditures: RKSK: Inter-District Comparisons

- Among the 25 Districts of UP where the RKSK programme is being implemented, Sitapur had the second highest allocations in FY 2018-19 at ₹177 lakh. Allahabad had the highest allocations with ₹195 lakh, while Hardoi was a close third with ₹172 lakh.

Figure 1: RKSK's Share in NHM Expenditure: Sitapur District, UP



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh

- In FY 2019-20, ₹88 lakh was allocated under RKSK, in Sitapur district.
- The highest expenditures at the district-level was ₹104 lakh, in Allahabad. Sitapur ranked second among RKSK districts in terms of expenditures on the programme, with ₹78 lakh being spent in FY 2018-19.
- In FY 2019-20, till September, ₹47 lakh was already spent under RKSK in Sitapur district.

2.2 Utilisation: Inter-District Comparisons

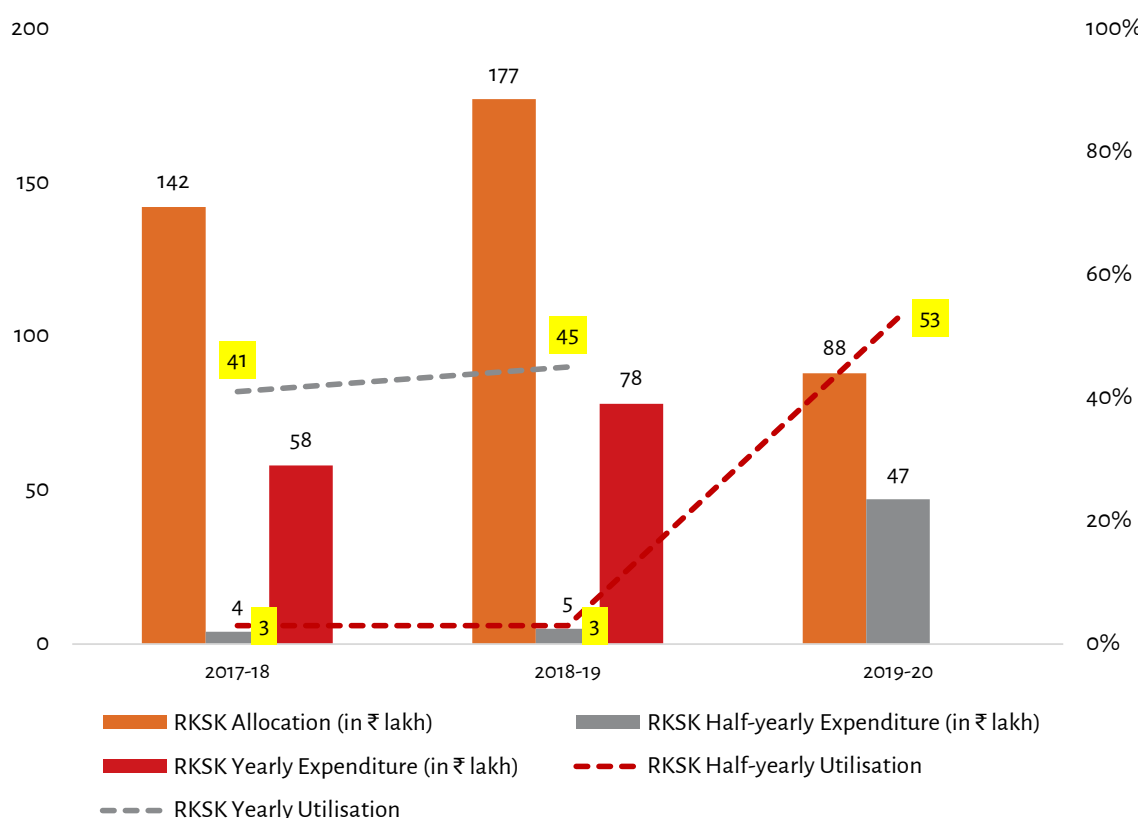
- 24 out of the 25 HPDs spent less than half of the allocated funds under RKSK in FY 2018-19. Allahabad was the only exception with 53 per cent of allocated funds being utilised.
- Sitapur had spent only 45 per cent of its total RKSK funds, ranking second among the 25 HPDs in terms of utilisation in FY 2018-19.
- In terms of quantum, allocations were ₹177 lakh, an increase of ₹30 lakh (or 21 per cent) from FY 2017-18.
- In FY 2019-20, allocations decreased significantly in Sitapur district to ₹88 lakh, a 49 per cent decrease from the previous year's allocations.
- Yearly expenditures on RKSK were low – less than half of allocated funds were spent in last two years. There has, however, been some improvement. Utilisation of allocated funds increased from 41 per cent in FY 2017-

18, and 45 per cent in FY 2018-19, to 53 per cent in FY 2019-20, till September 2019.

- Since data of the full fiscal year were unavailable at the time of preparing this report, a comparison of half yearly expenditures (i.e. from April to September) was taken for both FY 2018-19 and FY 2019-20.
- In terms of total quantum of funds spent, in FY 2019-20 (till June), ₹47 lakh had been spent, compared to ₹78 lakh in the previous full fiscal year.
- Timing of expenditure as a proportion of allocations showed a significant increase in FY 2019-20. More than half the allocated funds (54 per cent) were already utilised during the first two quarters of FY 2019-20, while only 3 per cent of funds were utilised in the first halves of the preceding two years.

Low utilisation of RKSK funds was observed across High Priority Districts in Uttar Pradesh, while Sitapur's utilisation seemed to be improving.

Figure 2: RSKK Half-yearly Utilisation, 2019-20



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

- State-level interviews [RSK Cell, State Programme Management Unit (SPMU)] suggest fund releases have been made more flexible from FY 2018-19. There is a move to release almost one-fourth of the allocated amount at the start of each quarter as a lump-sum amount and not under specific budget heads. Districts are free to spend this amount as per their requirements, so long as they do not exceed the predetermined maximum limit for expenditures under a specific budget head. This seems to have had an effect on the expenditure pattern with expenditures improving in the first two quarters of FY 2019-20. Although District and Block levels are yet to fully adjust to this system, the improvement in timing of expenditures from FY 2017-18 to FY 2018-19 was encouraging. In FY 2019-20, the first two quarters showed an increase of almost fourteen-times over the first two quarters of the previous two years in terms of utilisation of allocated funds.
- Majority of the expenditures under RSKK in Sitapur in the last three years took place in the last two quarters. As much as 68 per cent of the total expenditures in FY 2016-17 took place in the third and fourth quarters. This trend further deteriorated to 91 per cent and 93 per cent of the total expenditures taking

place in the third and fourth quarters for FY 2017-18 and FY 2018-19 respectively. However, there was some improvement in the timing of expenditures in the previous two years. While FY 2017-18 saw 85 per cent of the total expenditures incurred in the last quarter, this decreased to 41 per cent in FY 2018-19.

Expenditures: Component-wise: RSKK: District Sitapur

- Highest expenditure under RSKK funds in Sitapur went towards 'Procurement of Drugs and Supplies', 'Trainings' and 'Printing' components during FY 2016-17 to FY 2018-19 (Figure 4).

3. District-Level Trends in Component-wise RSKF Funds in Sitapur District

3.1 Component-wise Allocations

- Allocations for the training component decreased drastically in FY 2019-20, reducing to one-seventh of the previous year's allocations in nominal terms.
- Similarly, allocations for 'Printing' also decreased drastically in FY 2019-20, reducing to one-tenth of the previous year's allocations in nominal terms.
- On the other hand, allocations for Facility and Community based services increased significantly in FY 2019-20, almost tripling the allocations of the previous year, in nominal terms.
- For ASHA incentives, after a gap of one year, allocations were resumed in FY 2019-20. The amount, however, was lower even in nominal terms compared to the allocations made in FY 2017-18.
- The highest allocations in FY 2019-20 were for the honorarium: programme management component, followed by service delivery.
- There were no allocations for procurement of drugs and supplies, and equipment for two consecutive years, FY 2018-19 and FY 2019-20.

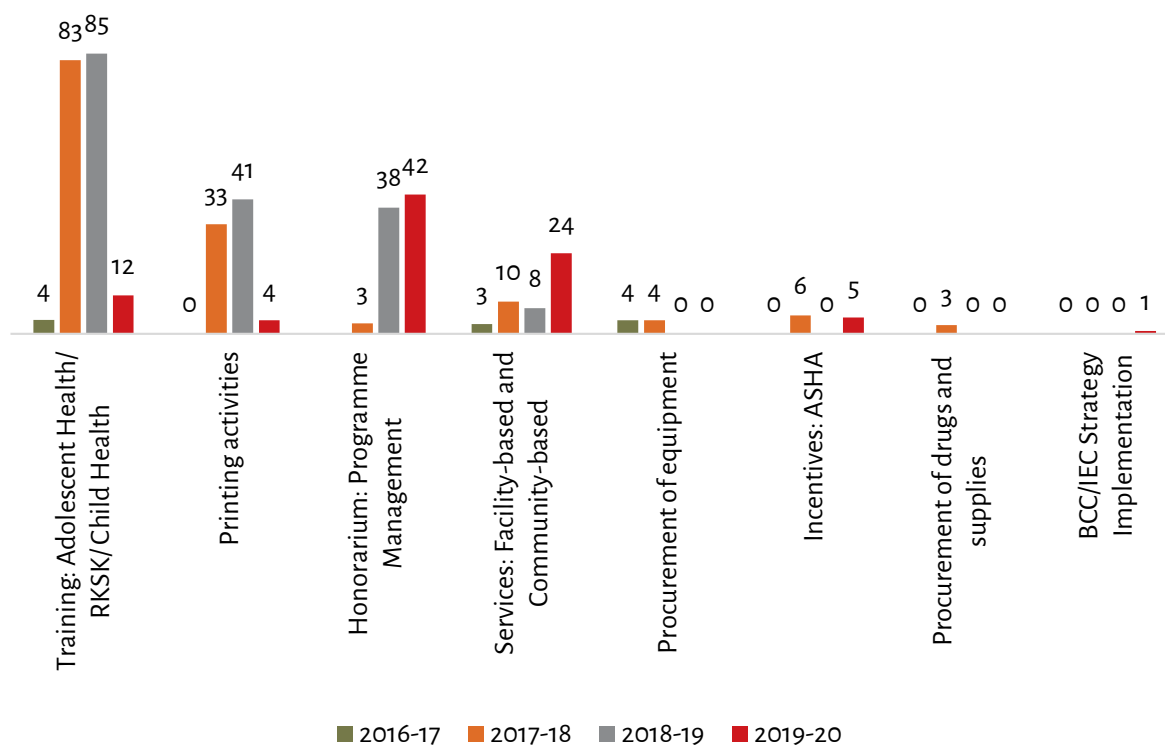
- No funds were allocated for the procurement of sanitary napkins and Menstrual Health scheme in the last four years.

3.2 Component-wise Expenditures

- Highest expenditure under RSKF funds in Sitapur went towards 'Procurement of Drugs and Supplies', 'Trainings' and 'Printing' components during FY 2016-17 to FY 2018-19 (Figure 4).
- Expenditure on 'Printing Activities' primarily pertained to registers for the recording of WIFS and NIPI Programme activities during FY 2016-17 to FY 2018-19.

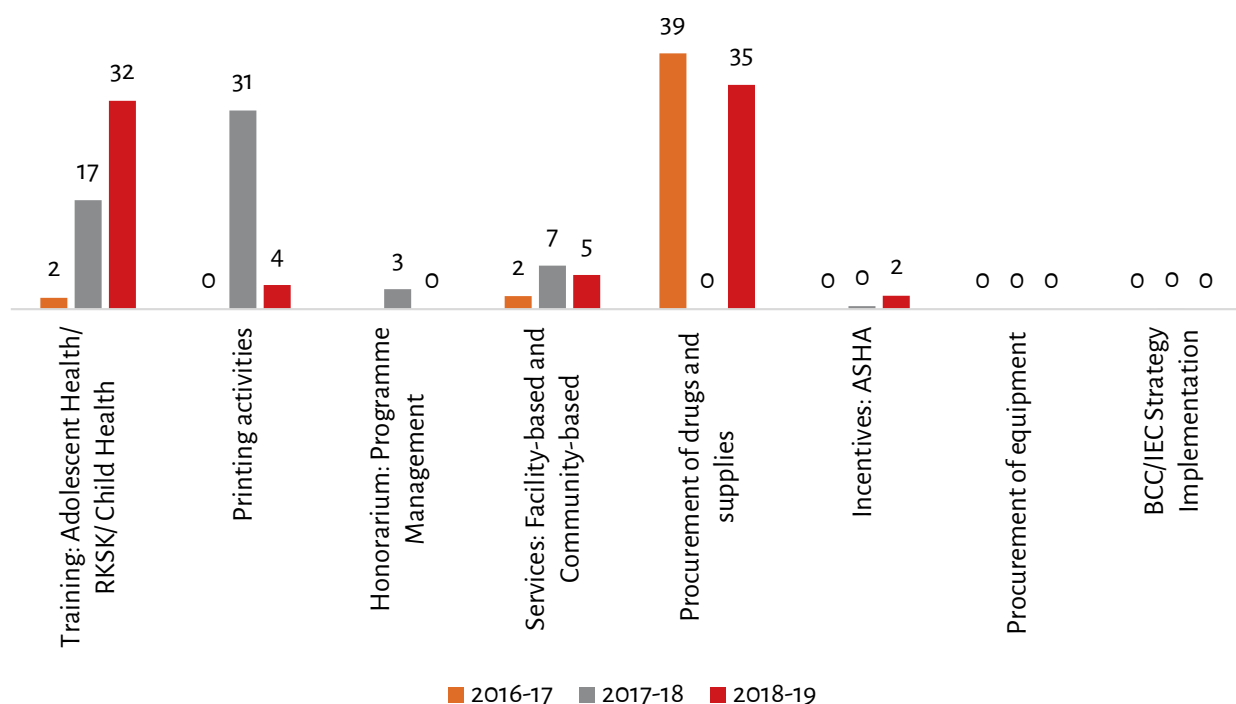
There were no allocations for procurement of drugs and supplies, and equipment for two consecutive years, FY 2018-19 and FY 2019-20.

Figure 3: Component-wise RSKF Allocations: Sitapur District, UP (in ₹lakh)



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

Figure 4: Component-wise RSKS Expenditures: Sitapur District, UP (in ₹ lakh)

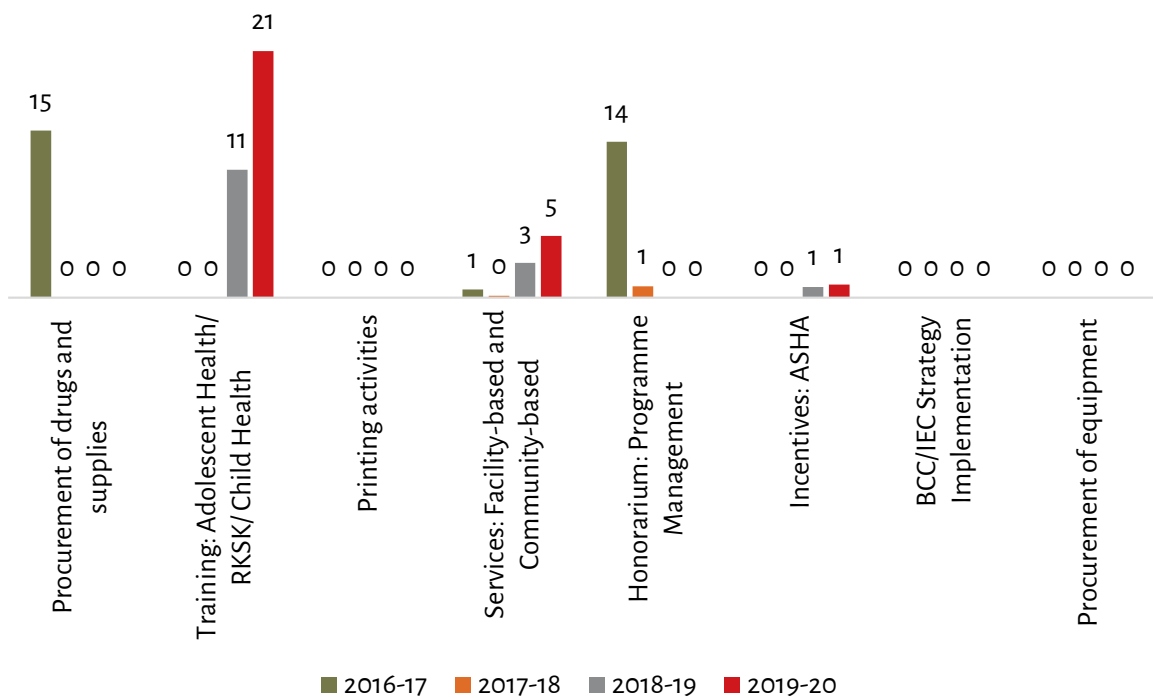


Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

- During the first half of FY 2019-20, 'Training: Adolescent Health/RKSK/Child Health' component had the highest half-yearly expenditures under RSKS funds in Sitapur (Figure 5).
- Overall half-yearly 'Training' expenditure was almost double in FY 2019-20 compared to the same time period in FY 2018-19.
- The rise in FY 2019-20 was driven by the training of PEs at the Block-level.
- No funds were spent on the procurement of sanitary napkins as part of the the Menstrual Health scheme in four years, including FY 2019-20.
- No expenditure was incurred on components related to the implementation of BCC/IEC strategy, even in the first half of FY 2019-20.
- ASHA incentives, on the other hand, showed significant increase in the first half of FY 2019-20, compared to the same period in FY 2018-19.

No funds were spent on the procurement of sanitary napkins as part of the Menstrual Health scheme in four years, including FY 2019-20.

Figure 5: Training and Services Led Expenditure in the First Half of 2019-20 (in ₹ lakh)



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

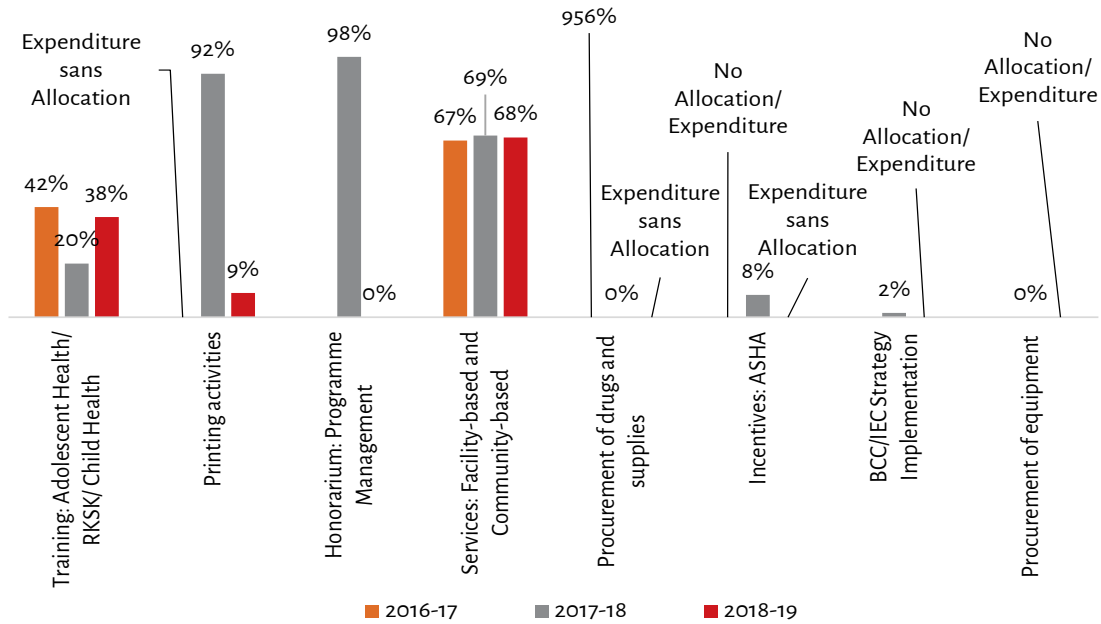
3.3 Component-wise Utilisation Proportions

- As seen in Figure 6, apart from salary components (under project management), printing activities had utilised their allotted funds the most, followed by the services at facility and community levels. Training component's expenditure performance fluctuated in the range of 20 per cent to 42 per cent, with 38 per cent of allotted funds being utilised for trainings (mainly Block-level trainings) in FY 2018-19. The Facility and Community based Services component performed consistently at almost 68 per cent throughout the three years.
- Overall, the budget heads that showed low utilisation in FY 2018-19 pertained to Adolescent Friendly Clinic (AFC) Club meetings, training of two nodal teachers per school, mobility support for Adolescent Reproductive and Sexual Health (ARSH)/ Integrated Counselling Testing Centre (ICTC) counsellors/mobility support for RSKS coordinators, and internet support, operating expenses for existing clinics, Adolescent Health (AH) Counsellors, District-level WIFS.

- While the budget for 'Incentive for mobilising adolescents and community for AHD' showed expenditures, no allocation was made for the same indicating that previous year's balance was used. BCC/IEC strategy implementation showed neither any allocation nor expenditure.

BCC/IEC strategy implementation showed neither any allocation nor expenditure.

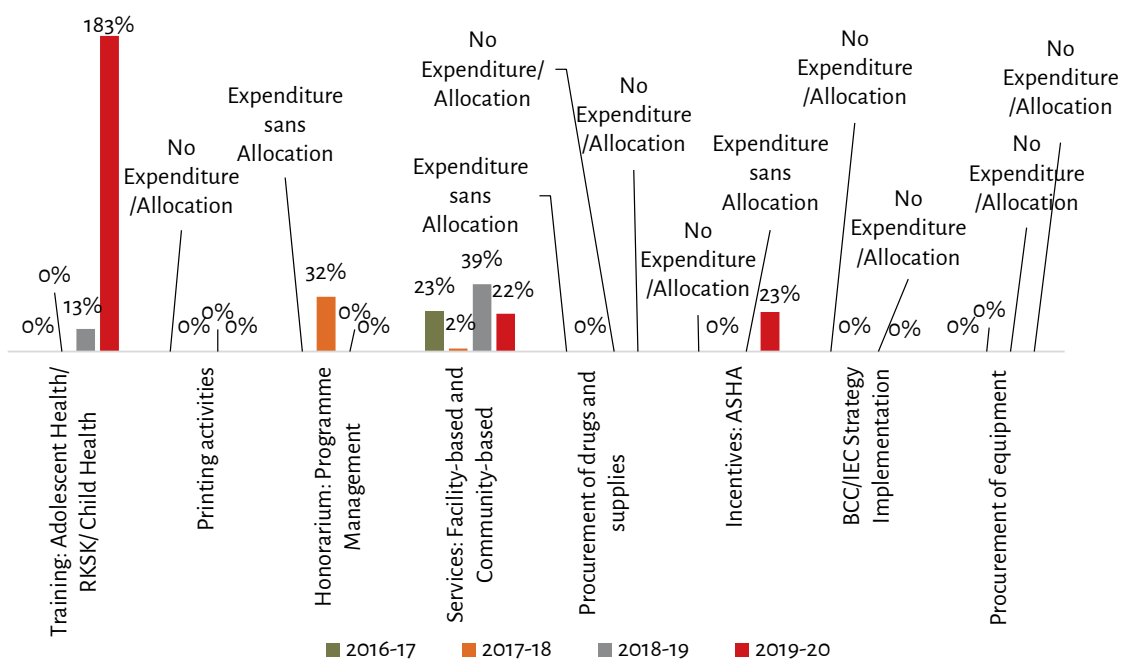
Figure 6: Component-wise RKSK Yearly Utilisation (Expenditure as % of Allocation): Sitapur District, UP



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

- In FY 2019-20, 'Incentives for ASHAs' component showed an increase in expenditure performance or half-yearly utilisation compared to FY 2017-18 when an allocation was last made (Figure 7).
- The training component's half-yearly utilisation had increased significantly in FY 2019-20 with more than double the funds allocated already utilised by September 2019 (halfway through the financial year).
- The 'Facility and Community Based Services' component for FY 2019-20 had decreased in terms of half-yearly utilisation compared to the first half of the previous year.

Figure 7: Component-wise RKSK Half-yearly Utilisation (Expenditure as % of Allocation): Sitapur District, UP



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

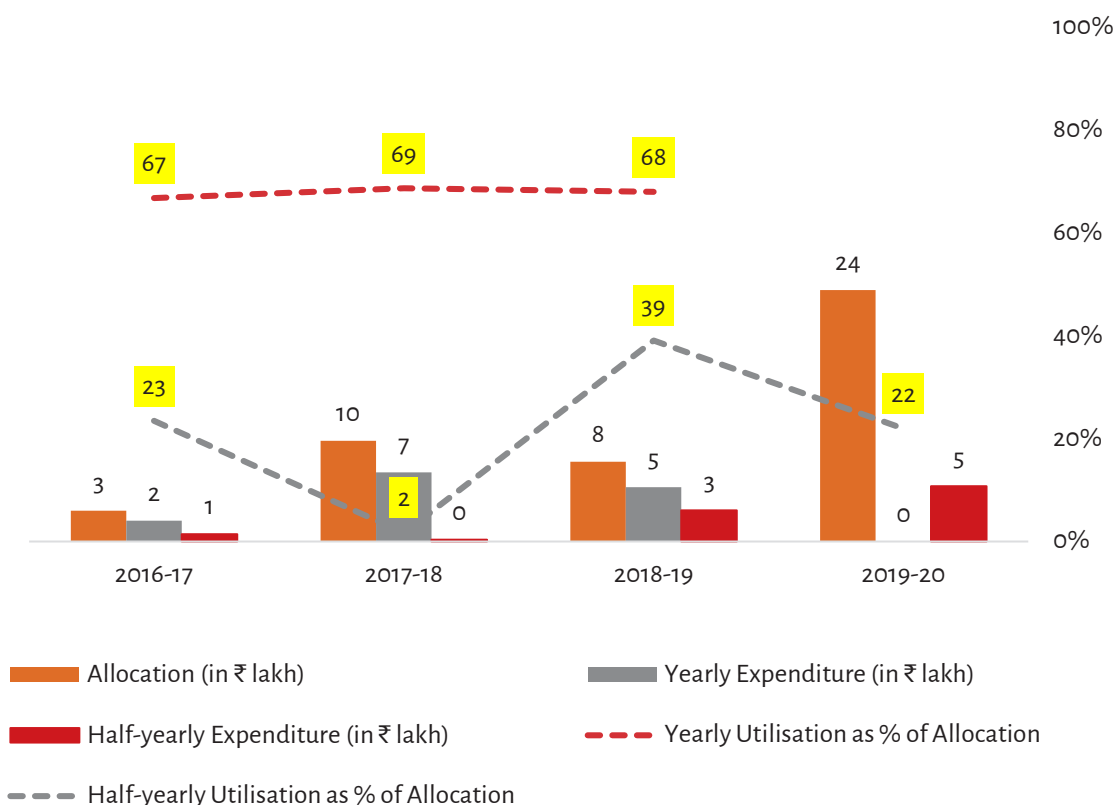
4. Deep Dive into Relevant Components of RKSK

4.1 Facility and Community based Services

- In FY 2017-18 and FY 2018-19, ₹10 lakh and ₹8 lakh were allocated, respectively.
- In FY 2019-20, ₹24 lakh was allocated, which is triple the allocations of the previous year.
- In FY 2017-18 and FY 2018-19, ₹7 lakh and ₹5 lakh were spent, respectively.
- In FY 2016-17, FY 2017-18 and FY 2018-19, less than 70 per cent of the allocated funds for Facility and Community based Services had been spent during the full fiscal year.
- Expenditure in FY 2019-20 (till September) was ₹5 lakh, and as a proportion of allocations, it was only 22 per cent.
- Low utilisation prevailed in the first half of previous years as well with 2 per cent and 39 per cent of allocations spent in the first two quarters of FY 2017-18 and FY 2018, respectively.
- Utilisation rate in FY 2019-20 also appeared to be low due to the much larger amount of funds allocated for Facility and Community based Services at the start of the year.

Allocations for Facility and Community based Services tripled in 2019-20, but utilisation pattern remains ambiguous.

Figure 8: Services: Facility-based and Community-based, RKSK: Sitapur District, UP



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

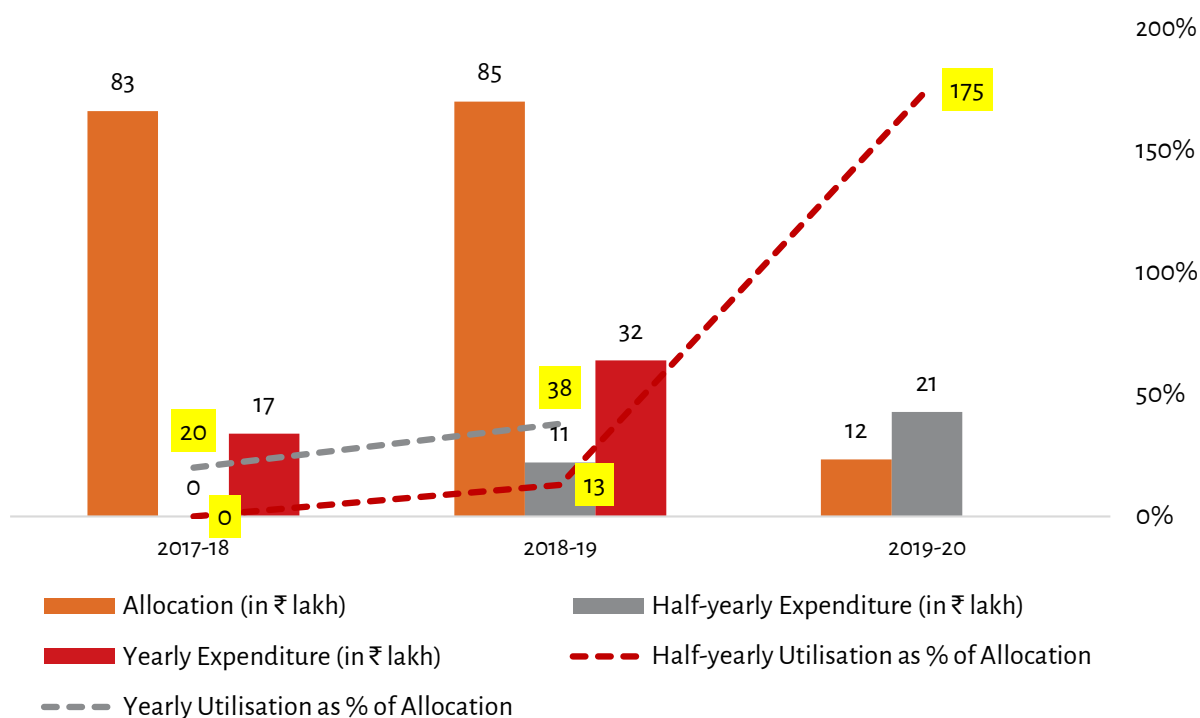
4.2 Trainings

- In FY 2017-18 and FY 2018-19, ₹83 lakh and ₹85 lakh were allocated.
- In FY 2019-20, only ₹7 lakh was allocated, which was one-seventh the allocations of the previous year.
- In FY 2017-18 and FY 2018-19, ₹17 lakh and ₹32 lakh were spent.
- In FY 2019-20, till September 2019, more than two-thirds of the expenditure of the previous full fiscal year, amounting to ₹21 lakh had already been spent. The training component here included RKSK/ Adolescent Health and Child Health trainings.
- Block-level trainings of Peer Educators formed the largest part of expenditures in FY 2019-20, closely followed by a sub-component of programme management/honorarium: 'Counsellors—RKSK'.
- Utilisation as a proportion of allocations was low in FY 2017-18 at 20 per cent, and in FY 2018-19 at 38 per cent.
- In 2019-20, till September, utilisation rate had increased by thirteen times, at 175 per cent, as compared to the previous year's half-yearly utilisation rate of 13 per cent. A part of this increase was attributable to the lowered allocations this year.

■ While the Block-level PE trainings was among the sub-components with higher utilisation, the sub-component leading this increase during the first half of 2019 - was 'Orientation on National Deworming Day'.

Block-level trainings of Peer Educators formed the largest part of expenditures in FY 2019-20 (till September).

Figure 9: Half-yearly Utilisation of Funds for Training Increased Thirteen-fold between FY 2018-19 - FY 2019-20



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

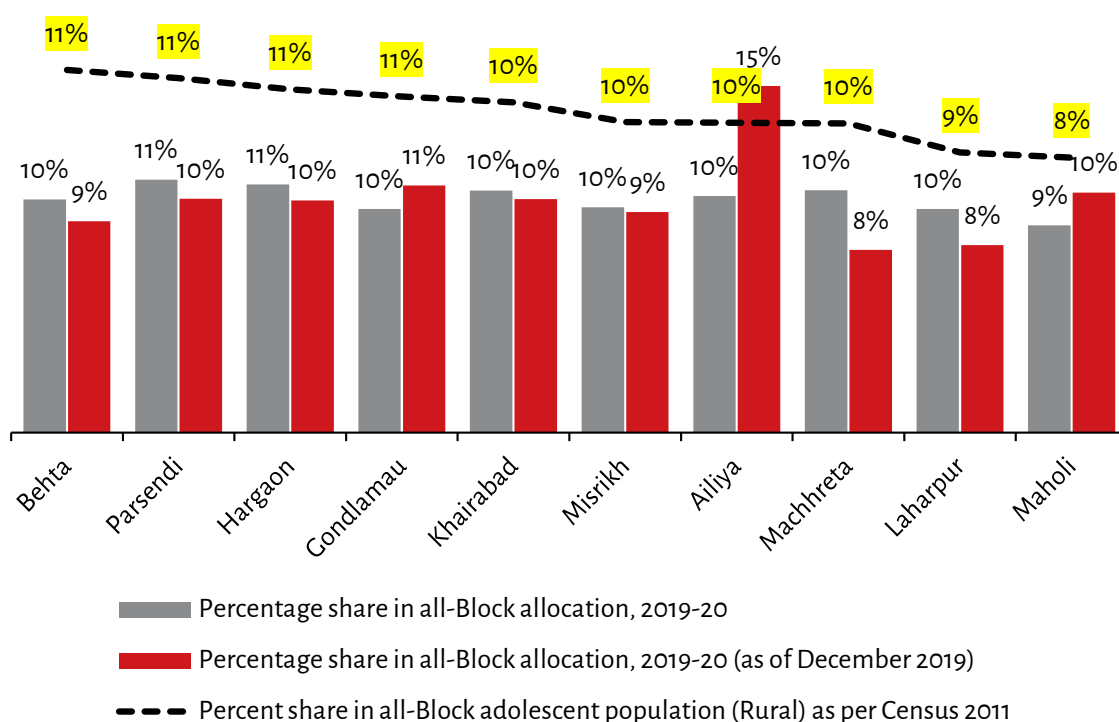
5. Block-level Findings: Inter-Block Parity within Sitapur District

5.1 Allocations under RKSK among Blocks of Sitapur District

- In FY 2018-19, allocations were relatively equally distributed among the 10 Blocks. The pattern of allocations was roughly consistent with the share of adolescent population in the Block using Census 2011 data.
- The distribution changed in FY 2019-20. Ailiya got the largest share, at 15 per cent of total allocations for the 10 Blocks. Five Blocks (Machhreta, Laharpur, Misrikh, Behta, and Maholi) were allocated 8 to 9 per cent and the remaining four Blocks got 10 per cent each.
- These differences were not reflective of the Block-wise share of adolescent populations. For instance, in FY 2019-20, while Behta Block, having 11 per cent share of the total adolescent population, was allocated 9 per cent of the total allocations; Ailiya Block, having 10 per cent share of the total adolescent population, was allocated 15 per cent of the total allocations.

In FY 2018-19, there was relatively equal distribution of allocations across the 10 Blocks at roughly 10 per cent. However, distribution of allocations appeared to be changing in FY 2019-20 with Block-wise allocations varying from 8 per cent to 15 per cent.

Figure 10: Allocations: Regional Parity among Blocks Appeared to be Changing



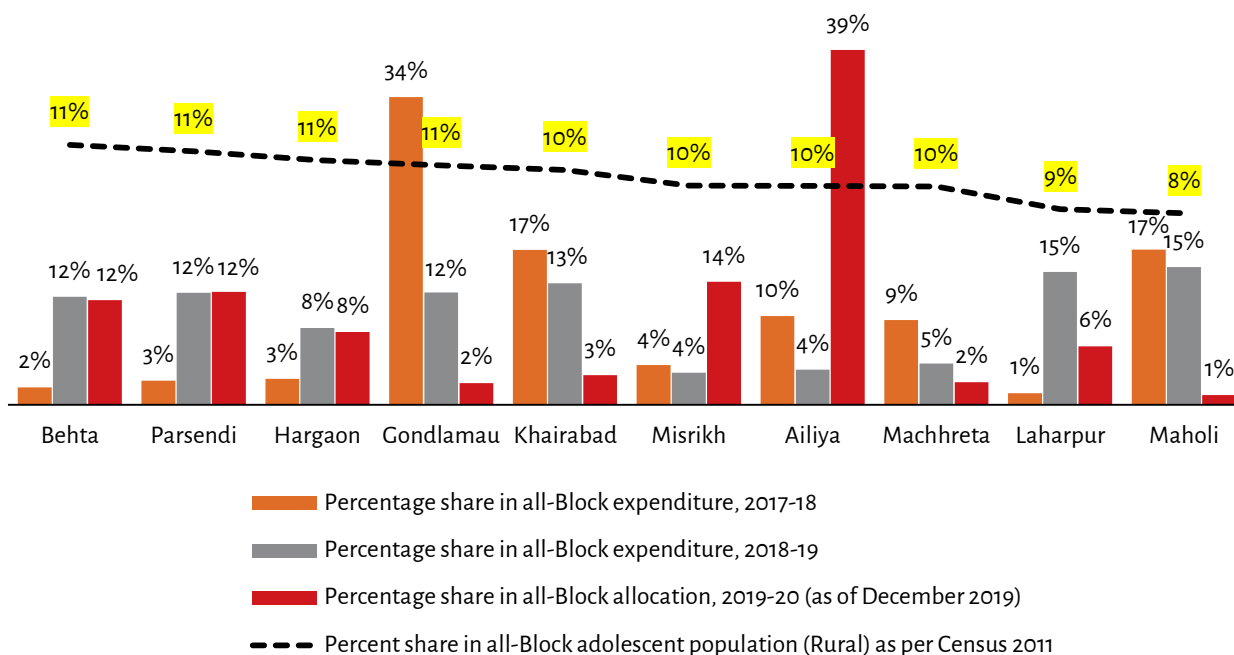
Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

5.2 Expenditures under RSK among Blocks of Sitapur District

- Unlike allocations, share of expenditure across Blocks varied significantly in FY 2017-18 and FY 2018-19, reflecting spending capacity differences across Blocks. In FY 2017-18, expenditures in three of the 10 Blocks accounted for 68 per cent of the total RSK expenditures incurred with the highest share of utilisation in Gondlamau, Maholi, and Khairabad.
- Similarly, in FY 2018-19, five Blocks (Laharpur, and Parsendi in addition to the previous three) accounted for about 68 per cent of the total expenditures in 10 Blocks.
- Since the fiscal year was not complete for FY 2019-20, analysis had been undertaken for the first nine months of the year, till December 2019.
- A look at the Block-wise shares of expenditures showed high variation ranging from 1 per cent to 39 per cent. Utilisation also appeared higher in the Blocks which previously showed lower shares of expenditures. Blocks (Ailiya, Misrikh, Parsendi, and Behta, which accounted for lower expenditure shares in previous years, accounted for around 76 per cent of the total expenditures incurred during first three quarters of FY 2019-20).

One-third of the total Blocks and half of the total Blocks accounted for more than two-thirds of the expenditures incurred in FY 2017-18 and FY 2018-19, respectively.

Figure 11: Expenditures: Regional Parity among Blocks Appeared to be Changing



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

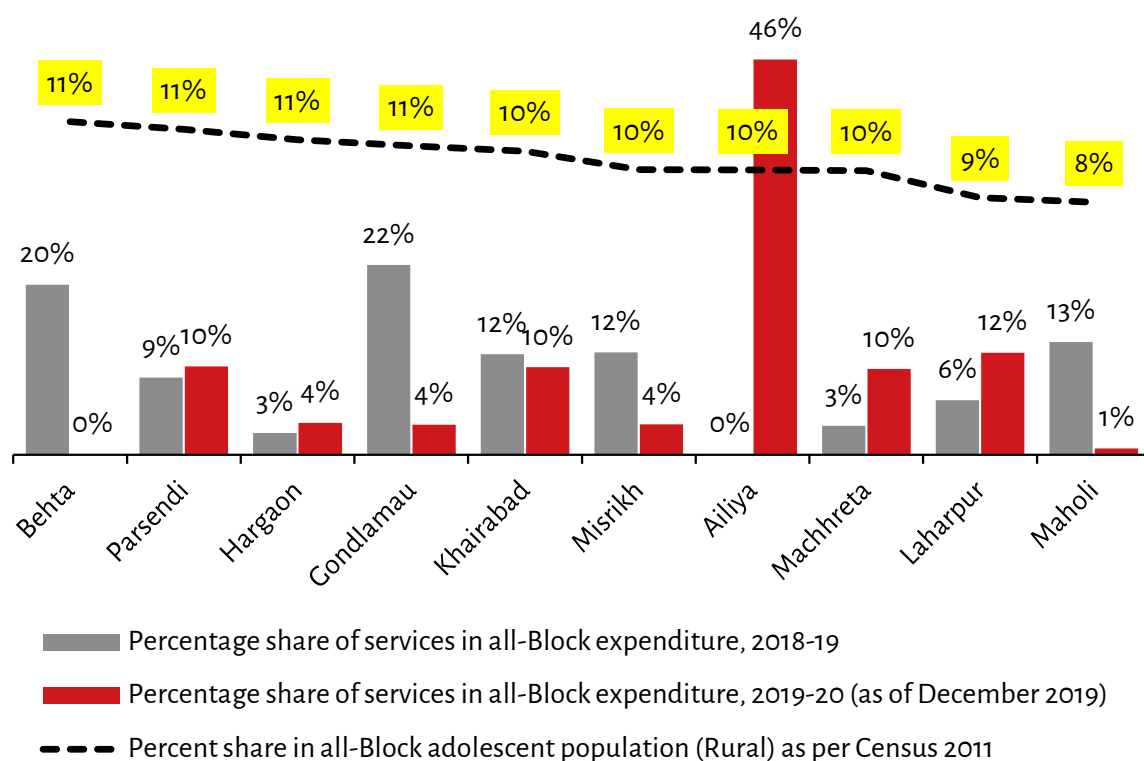
6. Block-level Deep Dive into Relevant Components of RKSK

6.1 Facility and Community based Services

- There were year-wise differences in the Block-wise spend on 'Facility and Community based Services'.
- In FY 2018-19, half of the 10 Blocks accounted for about 79 per cent of the total Block-level expenditures on 'Facility and Community based Services'. The share of spending was highest in Gondlammau (22 per cent), Maholi (13 per cent), Khairabad (12 per cent), Behta (20 per cent), and Misrikh (12 per cent).

- In contrast, four Blocks accounted for a low share of all Block-level expenditures on 'Facility and Community based Services', namely Laharpur (6 per cent), Machhreta (3 per cent), Hargaon (3 per cent), and Ailiya (0 per cent).
- However, a change in pattern was noted in FY 2019-20 (till December 2019). Here, the highest share of expenditures was concentrated in Ailiya (which had the lowest spending in FY 2018-19), accounting for 46 per cent of expenditures of all Blocks, followed by Laharpur (12 per cent), Machhreta (10 per cent), and Hargaon (4 per cent).

Figure 12: Services: Facility-based and Community-based: Block-wise Percentage Share in the All-Block Total Expenditure



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

6.2 Trainings

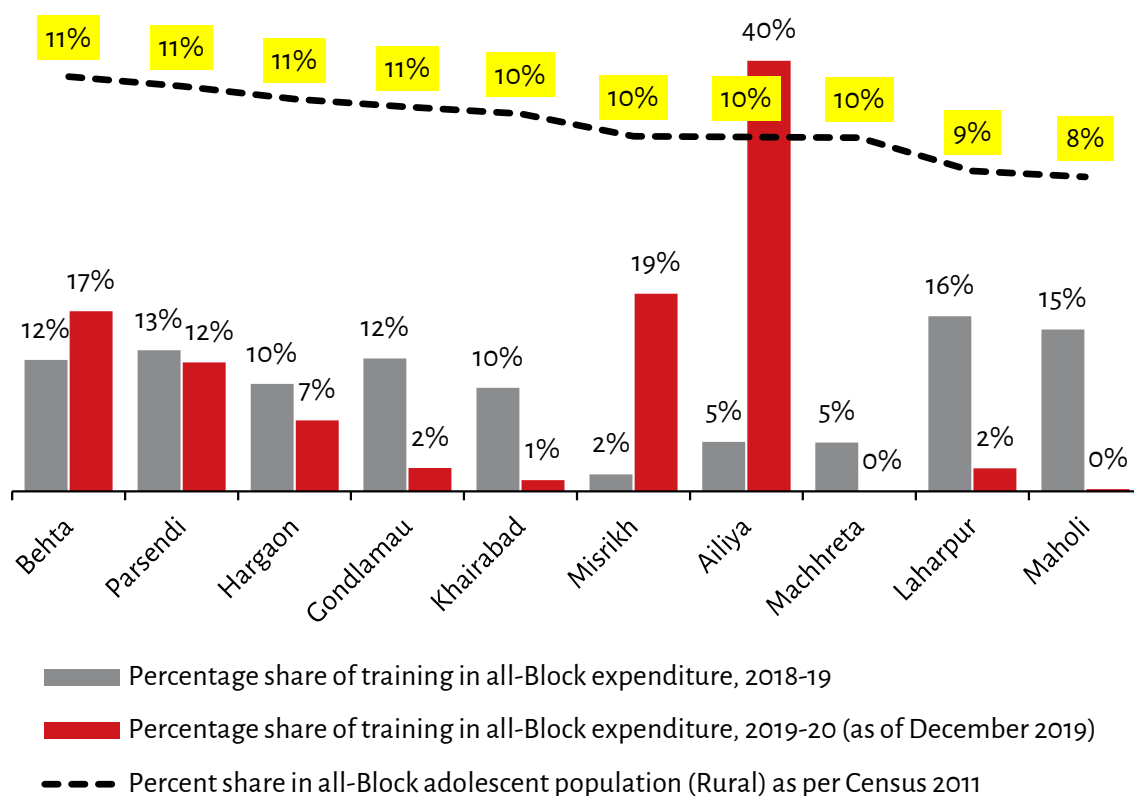
- As with 'Facility and Community-based Services', Block-wise shares of expenditures incurred on 'Adolescent Health/RKSK Trainings' reflected a changing pattern in the first three quarters of FY 2019-20.
- In FY 2018-19, Blocks which accounted for the highest share of total expenditures on training included Laharpur (accounting for 16 per cent), Maholi (15 per cent), Parsendi (13 per cent), Gondlammau (12 per cent), and Behta (12 per cent). Together they accounted for 69 per cent of the total Block-level

In FY 2018-19, half of the 10 Blocks accounted for about 69 per cent of the total Block-level expenditures on Adolescent Health/RKSK Training. This share reduced to 33 per cent in the first three quarters of FY 2019-20.

expenditures on 'Trainings on Adolescent Health/ RKSK'.

- In FY 2019-20, till December, these very Blocks, with the exception of one, accounted for a significantly lower share of the total expenditures.
- Instead, two previously low spending Blocks accounted for a much higher share, namely Ailiya (accounting for 40 per cent) and Misrikh (19 per cent).

Figure 13: Training: Block-wise Percentage Share in the All-block Total Expenditure



Source: FMRS received from DPMU under NHM, Sitapur district, Uttar Pradesh.

CHALLENGES AND RECOMMENDATIONS

Table 3: Challenges and Recommendations

	Challenges	Recommendations
Finances	As per national guidelines, the estimated budget for ASHA incentives at the district level is ₹16.8 lakh. Less than ₹2 lakh was spent in Sitapur in FY 2018-19, and around ₹1 lakh was spent in the first half of FY 2019-20. Moreover, conversations at Block Programme Management Unit (BPMU) level, mainly with Block Community Process Managers (BCPMs), and Block Programme Managers (BPMs), suggested that the incentive amount of mobilising participation in Adolescent Health Days (AHDs), which is ₹200 per AHD, and for selecting Peer Educators (PEs), which is ₹100 per PE, were insufficient to meaningfully engage with adolescents for achieving broader Programme objectives.	Increase incentives for ASHAs
	Peer Educators do not get any monetary incentive under this scheme, which affects their motivation in continuing the activities after their training. Instead, they receive ₹600 as incentives in kind. The in-kind-incentives were not considered enough, as without a continued monetary incentive, PEs may prefer looking for other opportunities/ support their family in work.	Increase incentives to PEs - monetary and non-monetary.
	Many PEs (especially girls) also face mobility issues, to reach Block and District level health facilities.	Providing bicycles to PEs could help in improving outreach.
	The norms of untied amounts of ₹10,000 per annum for each Sub Centre (SC), ₹35,000 per annum for each Primary Health Centre (PHC), and ₹5,00,000 per annum for each Community Health Centre (CHC) were set many years back.	Need to revisit quantum of funds currently given as untied/maintenance funds for Primary Health Centres and Sub Centres.
Fund Flows	Fund releases need to be further streamlined to ensure availability of funds from the beginning of the financial year. In FY 2017-18, funds were released in two tranches. The guidelines for the first tranche were issued on 11 September 2017, i.e. in the beginning of the third quarter, and on 7 February 2018, i.e. halfway through the final quarter of the financial year. In FY 2018-19, guidelines for the release of funds to District from the State were only issued on 5 September 2018, i.e. the beginning of third quarter of the financial year.	Funds need to be released to the district at the beginning of the financial year in order to improve the timing of expenditures as well as the overall fund utilisation. During FY 2019-20, the fund flow seemed to be improving, at least in Sitapur district which is a positive sign.
	Direct transfer of funds to beneficiary accounts is already being envisaged, but it would be important to set up an efficient grievance redressal mechanism in place, in case of non-receipt, as well as to first ensure proper electrical, hardware/ maintenance and internet support at PHC and Sub Centre levels.	Set up an efficient grievance redressal mechanism to address non-receipt of payments.

	Challenges	Recommendations
	<p>Bank accounts of various beneficiaries are blocked or deactivated by the banking system, for want of minimum balance in them or low funds or lack of transactions (in the Jan Dhan or no-frills/zero-balance accounts).</p> <p>Even the government payments that need to be credited to these accounts cannot pass through and hence the ultimate expenditures remain undisbursed at the last mile.</p> <p>For instance, difficulties were also faced by PEs in receiving transfer of training-related funds directly into bank accounts due to the lack of banking facilities, PEs not having own bank accounts or PAN numbers, differences in bank account names, multiple accounts related to one Aadhaar number, etc. It is thus important to ensure regular beneficiary account validation.</p>	Remove blockages in payment to beneficiaries.
	<p>Last mile connectivity of the banking network is critical. If Jan Dhan account activation is not expeditious/feasible, accounts within the postal system could also be considered for transferring the payments (especially as the minimum balance charges and other charges are not likely to wipe out the payments made in these postal accounts).</p>	
	<p>In FY 2019-20, the online portals Public Finance Management System- (PFMS), and Management Information System (MIS) seemed to be undergoing updating/changes towards the end of third quarter, causing significant delays in the payments during the last quarter.</p>	Address the teething gaps in PFMS/ MIS Portal updating.
Training and Handholding	<p>Dates of PE trainings need to be decided keeping the availability of the participants in mind, especially the examination dates in relevant/local educational institutions (which otherwise leads to low participation).</p> <p>In few trainings, the mothers of female-PEs were allowed to participate as well, facilitating the discussion on topics otherwise considered taboo (e.g. contraception). This practice can be looked into for its impact on the purpose and effectiveness of RKSK.</p>	Ensure careful selection of training dates and innovative participation practices.
	<p>Many a times, PEs request Health Education Officers or BCPMs or even ANMs for further guidance or support (for example to stop a child marriage from taking place; domestic violence or other gender-based violence; alcoholism or substance abuse). Handholding of PEs also needs to improve after the trainings.</p>	<p>Create and implement a standard operating procedure (SoP) for follow up after PE trainings, and for addressing handholding requests.</p> <p>Provide training to functionaries for efficient handholding of PEs.</p>
	<p>The fund releases are now done in a 'pooled' manner, without assigning a particular amount to a particular budget head. Although this is done to enable flexibility to incur expenditures under any budget head at a given time (within the maximum limit permissible under that head), it also warrants training of the officials on 'how to manage the new flexibility while maintaining proper booking of expenditures under the correct budget heads'.</p>	Impart training on budget heads to Block Accounts Managers (BAMs), on how the activities need to be budgeted, how to match expenditure heads across years, such that expenditures can be booked under correct budget heads.

	Challenges	Recommendations
Basic Commodities	Pregnancy Test Kits were often reported to be unavailable/ needed in the ASHA kits or in AFHCs.	Ensure availability of basic commodities such as Pregnancy Test Kits and Sanitary Pads. Provide sanitary napkins through regular outreach tours of ARSH Counsellors or through female PEs, and condoms through male PEs, so as to overcome the problems of last mile delivery.
	Provision of Menstrual Hygiene component and Sanitary Pad is hardly evident. No allocations or expenditures have been incurred on procuring sanitary napkins under RKSK, during last four years at the least (sanitary napkins may have come under other schemes/ for maternity wards, but not for distributing to adolescents at the facility/school/meeting of out-of-school adolescent females).	
	Earlier, stocks of sanitary pads were reported to have remained undistributed, as the 'funds for transporting them through the last mile' were not earmarked.	
Human Resources	Lack of adequate human resources came across most of the key informant interviews at District and Block levels (BPMs, BCPMs, et al).	Appoint more Gynaecologists to address health concerns of adolescents.
		Expedite the process of filling the vacancies at BPMU level and frontline worker level.

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