

Adolescent Reproductive and Sexual Health (ARSH)

+ Defining or rather identifying who Adolescents are is the first step towards understanding what the ARSH Programme is about and what it envisages. Since Adolescents are not a homogeneous group, it serves justice to distinguish them in terms of age, sex, marital status, class, religion, and cultural context. There are three Adolescent groups, viz., Early Adolescents (10-13 yrs.), Mid Adolescents (14-16 yrs.), and Late Adolescents (17-19 yrs.).

+ ARSH (Adolescent Reproductive and Sexual Health) concentrates on the health of Adolescents (10-19 yrs.), since in India; adolescents represent 22% of the country's total population, in which Female Adolescents comprises 47% of Adolescent population and that 20% of total Adolescent Females are married by the age of 15 yrs. and are already Mothers.

+ 70% girls between 10-19 yrs. of age suffer from severe or moderate anemia. Mortality rate is higher in 15-19 yrs. age group than in 10-14 yrs. age group. Unmet need of contraception is much higher in this age group. Over 35% of all reported HIV infection occurs among 15-24 yrs. age group. This indicates that young people are highly vulnerable and majority of them are infected through unprotected sex.

+ Since varied factors involved (be it social, economic or others), are serious and the incidences and situations are vulnerable and imminent, and adolescents are volatile to peer-pressure, there arises a need to implicate and illuminate, and also to create an intervention amongst Adolescents upon the issues of health that is subjective to their disparate needs.

+ ARSH embodies a strategic and methodological logistic in influencing health seeking behavior of Adolescents, stressing more on knowledge and awareness generation. It imposes environment building activity trainings for Nodal Officers, AWWs, and Nodal teachers to create a supportive environment and widen the scope of spreading awareness and providing effective services to adolescents, ultimately monitoring service provision & utilization.

Adolescent Friendly Clinics and CHC's have been setup at the District Hospitals. Rynjah State Dispensary and One PHC also has a functional Adolescent Friendly Clinic. Ganesh Das Hospital acts as a model ARSH Clinic in the State. All adolescent boys and girls will be administered free an IFA Blue Tablet once a week in school. All adolescent out-of-school girls will be given weekly IFA Blue Tablet through the AWC's. Albendazole/de-worming tablet, will be given free of cost to all the Adolescent boys and girls biannually through the schools and AWC's. Nodal teachers from each school will be trained as well as the AWW.

ARSH Clinics in the State of Meghalaya

Name of District	DH				CHC				PHC			
	Cumulative Number of AFHCs Approved till 2012-13	No. of AFHCs operational as on 30 th September 2012	No. of AFHCs proposed (2013-2014)	Average Case Load per AFHC	Cumulative Number of AFHCs Approved till 2012-13	No. of AFHCs operational as on 30 th September 2012	No. of AFHCs proposed (2013-2014)	Average Case Load per AFHC	Cumulative Number of AFHCs Approved till 2012-13	No. of AFHCs operational as on May 2013	No. of AFHCs proposed (2013-2014)	Average Case Load per AFHC
E.K.H	2	2		30	6	6		31		1 at Rynjah State Dispensary	10	
J.H	1	1		2	5	5		2	1	1	4	
W.K.H	1	1		4	5	3		2			4	
Ri Bhoi	1	1		6	3	3		3			8	
S.G.H	1	1		2	1	1		0			7	
W.G.H	2	2		4	7	6		3			11	
E.G.H	1	1		6	2	2		2			5	
Total	9	9		54	29	28		43			49	

