Agenda No. 3 Implementation Plan of Rajiv Gandhi Scheme for Empowerment of Adolescent Girls [RGSEAG] 
SABLA

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls [RGSEAG] – SABLA is proposed by the Ministry for Adolescent Girls of 11 – 18 Years, whereby the Nutrition Programme for Adolescent Girls (NPAG) and Kishori Shakti Yojana (KSY) would be merged with content enrichment. The scheme is proposed to be implemented using the platform of Integrated Child Development Services Scheme.

2. The scheme is currently under consideration by a Group of Ministers (GoM). However, SABLA has been announced by the Finance Minister and included in the Union Budget of 2010-11 under which Rs. 1000 crore has been allocated.

3. RGSEAG would be a Centrally Sponsored Scheme to be implemented through the State Governments/UTs with 100% financial assistance from the Central Government for all inputs, except supplementary nutrition for which Government of India and States would share on 50: 50 basis.

4. The scheme aims at empowering adolescent girls (AGs) of 11-18 years with focus on out-of-school girls by improvement in their nutritional and health status and upgrading various skills like home skills, life skills and vocational skills. The scheme also aims at equipping the girls on family welfare, health hygiene etc. and information and guidance on existing public services along with aiming to mainstream out of school girls into formal or non-formal education. For the nutrition provision, 11-14 years out of school AGs and all girls of 15-18 years would be covered since Mid day meals do not cover 15-18 years girls.
5. An integrated package of services would be provided to AGs:-

i. Nutrition provision (600 calories, 18-20 gms. of protein and micronutrients@ Rs. 5 per beneficiary per day for 300 days)

ii. IFA supplementation,

iii. Health check-up and Referral services,

iv. Nutrition & Health Education (NHE),

v. Counseling/Guidance on family welfare, ARSH, child care practices and home management,

vi. Life Skill Education and accessing public services,

vii. Vocational training for girls aged 16 and above under National Skill Development Program (NSDP)

6. Anganwadi Centre would be the focal point for the delivery of the services. The out of school adolescent girls (11-14 years) attending AWCs and all girls (15-18 years) would be provided Supplementary nutrition in the form of Hot Cooked Meal or Take Home Ration, as feasible. IFA supplementation (including supply of IFA tablets), Health check-up and Referral services, Nutrition & Health Education, Counseling/Guidance on family welfare, ARSH, child care practices etc. would be provided by establishing convergence with Ministry of Health and Family Welfare. AGs would be equipped with life skills, family skills, home management etc. Non-SNP component would be delivered by NGOs/ CBOs/VOs/resource persons at local level as selected by States. Rs. 3.8 lakh per project per annum would be provided under the scheme to States/UTs. Modalities of the scheme in brief are at Annex 1.
7. There have been concerns expressed in certain quarters about the capacity and adequacy of ICDS platform for hosting implementation of SABLA. Since SABLA would be using the AWCs and, thus, the AWC would be encumbered to handle 15-20 additional number of AGs (against 2-3 AGs under KSY presently) besides the children in the age group 0-6 years, it is vital that the infrastructure is sound in terms of adequate space, facilities like drinking water, toilets etc. The AWCs in different States/UTs are variously located in government buildings, schools, panchayat or other community buildings, rented spaces including AWW or AWH’s house and even in open spaces at some places. All of them may not have the requisite space and other attendant facilities. Since the platform would be expanded to include both ICDS and SABLA schemes, it is essential to see that existing inadequacies of ICDS infrastructure, do not impact on the effective and efficient implementation of SABLA.

8. With this in view, information was requested from States/UTs vide letter dated 11.5.2010 regarding adequacy of ICDS infrastructure such as building, facilities, cooking arrangements, and capacity of AWW to take on the task of handling 15-20 AGs in addition to children under ICDS using the same platform. 16 States/UTs- Gujarat, Haryana, Karnataka, Nagaland, Uttarakhand, Chattisgarh, Uttar Pradesh, Maharastra, Manipur, Tamil Nadu, West Bengal, Rajasthan, D & N Haveli, Delhi, Punjab and Andhra Pradesh have responded. Subsequently, a consultation was held with 13 States on 19.5.2010 to review these details. The States have endorsed that the scheme should be implemented soon and have supported the components of the scheme. During discussion, consensus emerged on the following:-

   i) RGSEAG should be implemented with appropriate infrastructure and facilities like drinking water and toilet as AWC would be first focal point for RGSEAG. Where infrastructure of ICDS is inadequate, alternative
arrangements like that in the school building or community/ panchayat building would be considered to begin with and until the inadequacies of ICDS have been addressed.

ii) SNP should preferably be provided in the form of Take Home Ration (THR) on the lines of SNP for P & L women under ICDS since the extent of Nutrition Supplement is similar i.e. 600 calories and 18–20 gms of protein with a cost norm of Rs.5/- per beneficiary per day. This would also obviate the need of AGs having to come to AWC daily in case hot cooked meal is provided. By doing so, the constraint of space and timing at the AWC and work load of the AWW would ease considerably.

iii) CBOs /NGOs involved with the NRHM under Ministry of Health & Family Welfare, programs of Ministry of Youth Affairs and Sports would be engaged to have better synergy with related programmes.

However, on the following, there were diverse views expressed and, thus, a consensus could not be reached:

i) the number of days on which the AGs would be required to come to AWCs. The recommendation varied from 1 day to 3 days for 2-3 hours each day.

ii) imparting of vocational training(VT) to girls under NSDP at the AWC or at the affiliated institutions. Some States were of the view that girls might not be willing to go out of villages for VT and the alternative of providing VT at the AWC through NSDP, be explored.

9. The States are in the process of operationalising the additional AWCs sanctioned in the third phase of expansion of ICDS, whereby AWC would become available in each and every habitation. In this process, the AWCs may
be relocated in some areas or new AWCs may be opening in the same or nearby area following the new population norms. The States would need to plan on the modalities of implementing SABLA by aligning with existing and/or the new AWCs which are being operationalised.

10. **Issues for discussion:-**

(i) State of preparedness of the States/UTs for implementation of SABLA as it is expected to be launched soon.

(ii) Linkage between implementation of SABLA with the ongoing universalisation of ICDS scheme and operationalisation of additional AWCs to cover each and every habitation. The States are committed to operationalise all AWCs in 3rd phase of expansion during 2010-11. A view would need to be taken by States/UTs on the modalities of implementing SABLA by aligning with existing and/or the new AWCs which are being operationalised.

(iii) Number of AWCs equipped with adequate space and infrastructure with facilities of toilet and drinking water where SABLA can be implemented with no difficulty.

(iv) Alternative model/arrangements in case of inadequacy of AWCs to handle the additional number of AGs under SABLA for example schools/community halls etc.

(v) Mode and manner of preferred Supplementary Nutrition for AGs (Hot cooked meal/THR), for out of school AGs of 11-18 years and all AGs 15-18 years.

(vi) The number of days for which AGs should come to the AWCs to fulfill the objectives of the scheme. The timings have to be so planned that it
ensures that the services to the children under ICDS are not affected. One of the option can be that the timings are staggered for SABLA so that the available space can be utilized without congestion. This would ensure that the AWW is able to cater to both groups - of ICDS and SABLA but in this option, it will be expected to see that AWW is not encumbered unduly beyond the time prescribed under ICDS.

(vii) Availability of NGO/CBO which will be in a position to handle non-SNP components (such as mother NGOs /field NGOs as in NRHM etc)

(viii) The preferred alternative for vocational training under NSDP- whether at the AWC or at the affiliated institution.

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Annex - I

**RGSEAG - SABLA** is proposed to be implemented using the platform of Integrated Child Development Services Scheme. Anganwadi Centre will be the focal point for the delivery of the services. SABLA is to be implemented on a universal scale in all operational AWCs. RGSEAG would be a centrally sponsored scheme, implemented through the State Governments/UTs with 100% financial assistance from the Central Government for all inputs, except nutrition provision for which Government of India would share 50%.

**SABLA** targets adolescent girls in the age group of 11-18 years under all ICDS projects in the country. In order to give focused attention, the target group would be subdivided into two categories, viz. 11-15 & 15-18 years and interventions would be planned accordingly.

Out of school AGs would assemble at the Anganwadi Centre (AWC) as per the time table and frequency decided by the States/UTs. The others, i.e., the school going girls would meet at the AWC, once/twice a month and more frequently during vacations/holidays where they will receive life skill education, nutrition & health education, awareness about other socio-legal issues etc. This will give an opportunity for mixed group interaction.

**Modalities for implementation**

AWW would survey and register all adolescent girls within the jurisdiction of that AWC and advise them to come to AWC.

Rs. 3.8 lakh per project per annum would be provided by the Government of India to States/UTs that will include training kit at each AWC, Nutrition and health education, Life Skill Education, vocational training (tie up with NSDP),
IEC, flexi-funds for transportation, printing of registers, Health cards and referral slips.

**Nutrition**

Each adolescent girl will be given 600 calories and 18-20 grams of protein and micronutrients (which is approx. 1/3 of Recommended dietary allowance) per day @ Rs.5 per beneficiary per day for 300 days in a year. The out of school adolescent girls (11-14 years) attending AWCs and all girls (15-18 years) will be provided Supplementary nutrition since they are not covered under MDM.

**Non SNP Component**

i. **Kishori Samooh** (KS): A group of 20-30 AGs would be formed at the AWC. In case the number of AGs is more than 30, then additional samoohs would be formed accordingly. KS will be headed by Sakhī (leader selected by the group). Who will be assisted by two Sahelis (selected by the group). Trained sakhi & saheli would serve as peer educator for one year. The AGs may participate in day to day activities of AWC like PSE, growth monitoring and SNP and may accompany the AWW for home visits (2-3 at a time) which will serve as a training ground for future.

ii. **Training Kit**: A training kit would be provided at every Anganwadi Centre to assist AGs to understand various health, nutrition, social, legal issues by conducting activities in an interesting and interactive manner. The kit will have a number of games and activities so that the girls enjoy while learning. The identified girls Sakhi & Saheli would be trained to use the kit for imparting peer education.
iii. **Kishori Diwas:** A special day, once in three months, would be celebrated as Kishori Diwas when general health check up of all adolescent girls would be done by Medical Officer/ANM. IFA and de-worming tablets to the girls requiring this (as per State specific guidelines) would be provided. Supply of IFA tablets to each AWC will be ensured by the CDPOs/Supervisors. Entries in health cards regarding consumption of IFA tablets will be made to ensure its consumption. Referrals would be made, if required.

iv. **Health Cards:** Adolescent health cards are would be maintained at AWC. Information about the weight, height, BMI, IFA supplementation, deworming, referral services and immunization etc. would be recorded on the card by Sakhi (selected AGs) and countersigned by the AWW. The card would also carry important milestones of AGs life and the same will be marked as & when achieved.

Child Development Project Officer will be in-charge of the implementation of scheme at the project level. At the village level AWW will act as the facilitator of the scheme and would be assisted by AWH, Sakhi -Saheli and partnering NGOs/ Community Based Organization (CBOs). ICDS Supervisors would be involved for guiding AWW/AWH on regular basis for conducting activities under the scheme. The monitoring and supervision set up under the ICDS at the national level, the state level and the community level would be used for this programme as well. Monitoring committees at all levels will be set up.

**Convergence**

Emphasis on convergence of various schemes/ programmes viz. Health, Education, Youth Affairs, Labour (for vocational training), PRIs etc. is envisaged to achieve the desired impact. Four services - IFA supplementation (including supply of IFA tablets), Health check-up and Referral services, Nutrition & Health Education, Counseling/Guidance on family welfare, ARSH, child care practices
etc. will be provided by establishing convergence with Ministry of Health and Family Welfare. For entry/re-entry into formal schools and motivation to do the same, coordination with D/ School Education and Literacy is to be established. Life skill education and other interventions require convergence with Ministry/Department of Youth affairs and existing youth clubs. Ministry of Labour (Skill Development Mission) provides vocational Training for which an optimum convergence may be established. PRI may be involved for community monitoring and IEC activities.

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