

No.6-12/2010-RGSEAG
Government of India
Ministry of Women and Child Development

Shastri Bhawan, New Delhi
Dated 27.9.2010

To

Principle Secretaries/Secretaries/Administrators dealing with ICDS
(Women and Child Development Department) (all States/UTs)

Subject: Approval of Rajiv Gandhi Scheme for Empowerment of
Adolescent Girls (RGSEAG) – SABLA.

Sir/Madam

I am directed to inform that implementation of "Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) - SABLA" on a pilot basis has been approved by the Government initially in 200 districts. These districts have been selected from all States/UTs on the basis of a composite index based on indicators relevant to the condition of Adolescent Girls (AGs) across the country.

2. In the selected districts, SABLA would replace the existing Nutrition Programme for Adolescent Girls (NPAG) and Kishori Shakti Yojana (KSY). In the remaining districts, KSY where operational, would continue as before.

3. SABLA aims at empowering AGs of 11 to 18 years by improving their nutritional and health status, up gradation of home skills, life skills and vocational skills. The girls would be equipped with information on health and family welfare, hygiene and guidance on existing public services. The Scheme also aims to mainstream out of school girls into formal education or non-formal education.

4. The scheme would be implemented using the platform of Integrated Child Development Services Scheme. Anganwadi Centres (AWCs) will be the focal point for the delivery of the services. However, where infrastructure and other facilities are inadequate in Anganwadi Centres, alternative arrangements will have to be made in schools/ Panchayats Community building etc.

5. RGSEAG – 'SABLA' will be a centrally sponsored scheme, implemented through the State Governments/UTs with 100% financial assistance from the Central Government for all inputs, except nutrition component. For nutrition component, the expenditure would be shared on 50:50 basis by the Centre and State Government.

6. A copy of the Scheme along with the list of the districts selected for your State /UT is enclosed (**Annexure-I**) is enclosed. The guidelines for implementation of the Scheme are being finalized and would be sent shortly.

7. The Ministry of Women and Child Development is planning to formally launch the Scheme in Mid-November. Preparatory steps to be taken by the States/UTs for launch of the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)- SABLA have already been communicated vide Secretary, Ministry of Women and Child Development D.O. No.6-5/2009-RGSEAG dated 30th November, 2009. State Government/UT Administration would require to start a base line survey for identification of the AGs in the piloted districts to roll out the scheme. The instructions along with the format for conducting the base line survey will be sent separately.

Yours faithfully,

Vivek Joshi

(Vivek Joshi)

Joint Secretary to the Govt. of India

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Copy to: Directors dealing with ICDS (all States/UTs)

RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS(RGSEAG)--- ‘SABLA’ - The scheme

INTRODUCTION :

1 The term “Adolescence” literally means “to emerge” or “achieve identity”. Its origin is from a Latin word “*Adolescere*” meaning, “to grow, to mature”. It is a significant phase of transition from childhood to adulthood. A universally accepted definition of the concept of adolescence has not been established, but WHO has defined it in terms of age spanning between 10 to 19 years. In India, the legal age of marriage is 18 years for girls and 21 years for boys. There is a high correlation between the age at marriage, fertility management and family health with education. Having regard to this and other considerations, for the purpose of this scheme, the girls in the age group between 11 to 18 years will be considered in the category of adolescent girls.

2 In India, adolescents girls (11-18 years) constitute nearly 16.75 % (Registrar General and Census Commissioner, India, 2001) of the total female population of 49.6514 crores which is approx. 8.3 crores. The female literacy rates are only 53.87% and nearly 2.74 crore girls are undernourished (33% of 8.3 crores). About 56.2% women (age 15-49), are anaemic as reflected in NFHS-3 survey. Thus, they have considerable unmet needs in terms of education, health (mainly reproductive health) and nutrition. This is largely due to the lack of targeted health services for adolescents and widespread gender discrimination that prevail and limit their access to health services as well as the practice of early marriage and child-bearing that persists and puts adolescent girls and their children at increased risk of adverse outcomes. The Constitution of India enshrines the principle of gender equality to enable the State to adopt positive measures to prevent discrimination against girl children, adolescent girls and women.

3 Adolescence is a significant period for mental, emotional and psychological development. Adolescence represents a window of opportunity to prepare for healthy adult life. During this period, nutritional problems originating earlier in life can be partially corrected, in addition to addressing the current ones. It is also the period to shape and consolidate healthy eating and life style behaviors, thereby preventing the onset of nutrition related chronic diseases in womanhood and prevalence of malnutrition in future generation. Iron deficiency anaemia is the most widespread micronutrient deficiency affecting the vulnerable groups including adolescent girls which reduces the capacity to learn and work, resulting in lower productivity and limiting economic and social development. Anaemia during pregnancy leads to high maternal and neonatal mortality and low birth weight etc. Addressing the health needs of Adolescent Girls will not only lead to a healthier and more productive women force but will also help to break the intergenerational cycle of malnutrition.

4. Within the Human Rights framework established and accepted by the global community, the rights particularly relevant to adolescents include gender equality, right to education and health (including reproductive and sexual health) and information and services appropriate to their age, capacities and circumstances. Definite measures should be taken to ensure these rights and also make the girls aware of their duties and responsibilities. The Adolescent Girls (**AGs**) need to be

looked at not just in terms of their own needs as AGs but also as individuals who can be productive members of the society.

5. The Ministry of Women and Child Development, Government of India, in the year 2000 came up with scheme called “**Kishori Shakti Yojna**”(KSY) using the infrastructure of Integrated Child Development Services(ICDS). The objectives of the Scheme were to improve the nutritional and health status of girls in the age group of 11-18 years as well as to equip them to improve and upgrade their home-based and vocational skills; and to promote their overall development including awareness about their health, personal hygiene, nutrition, family welfare and management. The scheme provided for Rs.1.1 lakh per project per annum. 2-3 AGs per AWC are targeted under this scheme who are also provided supplementary nutrition by the state governments.

Thereafter, **Nutrition Programme for Adolescent Girls (NPAG)** was initiated as a pilot project in the year 2002-03 in 51 identified districts across the country to address the problem of under-nutrition among adolescent girls. Under the programme, 6 kg of free food grains per beneficiary per month are given to underweight adolescent girls.

The above two schemes have influenced the lives of AGs to some extent, but have not shown the desired impact. Moreover, the above two schemes had limited financial assistance and coverage besides having similar interventions and catered to more or less the same target groups. A need has therefore, emerged to formulate a new comprehensive scheme with richer content, merging the erstwhile two schemes that would address the multi-dimensional problems of AGs. This Scheme shall be called **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) --“SABLA”**. It would replace KSY and NPAG in the 200 selected districts. KSY would be continued (where operational) in remaining districts.

6. **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - SABLA** - would be implemented using the platform of ICDS Scheme through Anganwadi Centers (AWCs).

7. **OBJECTIVES**

The objectives of the Scheme are to-

- i. Enable the AGs for self-development and empowerment
- ii. Improve their nutrition and health status.
- iii. Promote awareness about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH) and family and child care.
- iv. Upgrade their home-based skills, life skills and tie up with National Skill Development Program (NSDP) for vocational skills
- v. Mainstream out of school AGs into formal/non formal education
- vi. Provide information/guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.

8. TARGET GROUP

The Scheme would cover adolescent girls in the age group of 11-18 years under all ICDS projects in selected 200 districts in all the States/UTs in the country. In order to give appropriate attention, the target group would be subdivided into two categories, viz. 11-15 & 15-18 years and interventions planned accordingly.

The Scheme focuses on all out-of-school adolescent girls who would assemble at the Anganwadi Centre 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 at least 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 between in-school and out-of-school girls, motivating the latter to join school.

9. SERVICES

An integrated package of services is to be provided to AGs that would be as follows-

- i. Nutrition provision
- ii. Iron and Folic Acid (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)

10. BRIEF DESCRIPTION OF SERVICES

i) **Nutrition:** Each AG will be given Supplementary nutrition (SN) containing 600 calories, 18-20 grams of protein and micronutrients¹, per day for 300 days in a year. The out of school AGs in the age group of 11-15 years attending AWCs and all girls in the age group of 15-18 years will be provided SN in the form of Take Home Ration (THR). However, if hot cooked meal² is provided to them, strict quality standards have to be put in place. The THR as provided to Pregnant & Lactating (P & L) mothers may be provided for AGs also, since the financial and calorific norms of SN for both is same.

Cost for Nutrition provision: The financial norms will be Rs. 5/- per beneficiary per day for 300 days. This would be inclusive of the cost of micronutrient fortification.

1. approx. 1/3 of recommended dietary allowance

2. The requirement of nutrients is higher in adolescents than in children. States may ensure that nutrition given to the AGs is as per the above specifications by either increasing the quantity given to the children for whom cost norm is Rs.4/- or increasing the calorie and protein content by addition of energy dense foods like oil, groundnut, vegetables, eggs, roots and tuber, coconut, chana, milk and its products, other locally available healthy supplements, etc.

Government of India will share the cost for nutrition to AGs up to the extent of 50% of the financial norms or the actual expenditure incurred whichever is less.

ii) **IFA Supplementation:** Under Reproductive & Child Health (RCH-2) of National Rural Health Mission (NRHM), school children (6-10 years) and adolescents (11-18 years) have been included in the National Nutrition Anaemia Control Programme (NNAPP). States will establish convergence with the programme being implemented by Ministry of Health & Family Welfare to provide 100 *adult* tablets of IFA to each beneficiary through supervised consumption. IFA tablets will be distributed to AGs on Kishori Diwas(explained later). The States/UTs can procure these supplements under SABLA if Health Department is unable to do so under their scheme, under intimation to Gol. Copy of the guidelines issued for IFA by M/H&FW is at **Appendix- A**.

AGs will be given information by ANM/AWW on food fortification, dietary diversification and advantages of supplementation by these tablets, for combating IFA deficiency.

iii) **Health check-up and Referral Services:** There will be general health check up of all AGs, at least once in three months on a special day called the Kishori Diwas. The Medical Officer/Auxiliary Nurse Midwife (ANM) will provide the de-worming tablets to the girls requiring this (as per State specific guidelines). Height, weight measurement of the AGs will be done on this day. Kishori cards for every girl will be prepared and maintained by marking major milestones. The weighing scales provided under ICDS will be used for weighing AG.

Details of the services to be provided may be seen at **Appendix-B**

iv) **Nutrition and Health Education (NHE):** Sustained information on nutrition & health issues will result in a better health status of the girls, leading to an overall improvement in the family health and also help in breaking the vicious intergenerational cycle of malnutrition. NHE will be given to all AGs in the AWC jointly by the ICDS and health functionaries and resource persons/ field trainers from NGOs/Community Based Organisations(CBOs). This will include encouraging healthy traditional practices and dispelling harmful myths, healthy cooking and eating habits, use of safe drinking water and sanitation, personal hygiene, including management of menarche, etc. The adolescent girls will be informed about balanced diet and recommended dietary intake, nutrient deficiency disorders and their prevention, identification of locally available nutritious food, nutrition during pregnancy and for infants. This would also include imparting information about common ailments, personal hygiene, exercise/ yoga and holistic health practices. NGOs/CBOs and other Institutions would be identified for imparting NHE.

Some illustrative methods for imparting NHE are given in **Appendix C**

v) **Guidance on Family Welfare, ARSH, Child Care Practices and Home Management:** This will be provided at the AWC by the resource persons from NGOs/CBOs with the help of AWW, ASHA, ANM and ICDS Supervisor. The Supervisor will also be responsible for facilitating information on existing facilities in the areas of health and family welfare, legal rights, home management and child care practices. Age appropriate knowledge for the two age groups of 11-15 and 15-

18 years with respect to reproductive cycle, HIV/AIDS, contraception, menstrual hygiene, marriage and pregnancy at right age, child care and child feeding practices, exclusive breast feeding, etc. will also be imparted.

NGOs/CBOs and other Institutions would be identified for imparting modules on these issues.

Details are given at **Appendix- D**

vi) **Life Skills Education and Accessing Public Services:** Life skills refer to the personal competence that enables a person to deal effectively with the demands and challenges of everyday life. The AGs will acquire knowledge and develop attitudes and skills which support and promote the adoption of healthy and positive behavior in them. Its ultimate aim is to enable AGs in self development. Broad topics to be covered in the training for development of life skills may include confidence building, self awareness and self esteem, decision making, critical thinking, communication skills, rights & entitlement, coping with stress and responding to peer pressure, functional literacy (wherever required) etc. States/UTs will link the life skill component of RGSEAG stipulating convergence with similar schemes/interventions of Department of Youth Affairs and also explore the possibility of using their scheme and funds for AGs.

One of the important components of being confident is knowledge about the existing public services and how to access these. Awareness talks and visits will be arranged in collaboration with PRI members, NGOs/CBOs, police personnel, bank officials, post officials, health functionaries etc. Information/guidance about entry/re-entry into formal schools and motivation to do the same will also be provided in coordination with Education Department

NGOs/CBOs and other Institutions would be identified for imparting and conducting short modules on life skill education.

Details are given at **Appendix E.**

vii) **Vocational Training:** Vocational training is a major contributor to the socio-economic enhancement of any individual. Tie up shall be established with National Skill Development Programme (NSDP) of M/Labour & Employment for imparting vocational training to out of school girls above 16 years of age for orientation towards self employment after 18 years of age. It will focus on non-hazardous income generating skills, which may be area specific. Vocational Training is provided under various modules of NSDP by various Vocational Training Providers (VTPs). Details are at **Appendix F.**

The vocations and trades may be selected out of the available options by the State Governments /UTs taking into consideration the local trades, preferences, employability etc. The funds may be used for part payment of the fees required to be paid by the AGs under NSDP. Thus, the component of VT under the Scheme would provide facilitation with existing modules of NSDP. Overall, an enabling environment should be created for informed and skilled AGs to seek appropriate livelihood options.

11. **MODALITIES FOR IMPLEMENTATION:**

i. **Kishori Samooh (KS):** A group of 15-25 AGs will be formed at the AWC. In case the number of AGs is more than 25, then additional samoohs may be formed accordingly. KS will be headed by three girls called Sakhi and Sahelis selected from the group. Sakhi will be the leader, assisted by two Sahelis. Identified girls, Sakhi & Saheli, will be imparted training as per the prescribed module at the project /sector level to serve as peer monitor/educator for others. Sakhi and Sahelis will serve the group for one year (each girl will have a term of four months as Sakhi on rotation basis). The AGs may participate in day to day activities of AWC like Pre School Education, growth monitoring and SNP and facilitate the AWW in other activities. They may also accompany the AWW for home visits (2-3 girls at a time) which will serve as a training ground for future.

ii. **Training Kit:** A training kit will be provided at every AWC 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 will be trained to use the kit for imparting peer education.

iii. **Kishori Diwas:** A special day, once in three months, will be celebrated as Kishori Diwas when general health check up of all adolescent girls will be done by Medical Officer/ANM. On that day, the Medical Officer/ANM will provide IFA and deworming tablets to the girls requiring this³. Supply of IFA tablets to each AWC will be ensured by the Child Development Project Officer (CDPOs)/Supervisors. Entries in health cards regarding consumption of IFA tablets will be made to ensure its consumption. Referrals would be made on this day, if required. Height and weight measurement of the girls will be done on this day. Kishori cards for every girl will be prepared and maintained, marking major milestones. Special activities/events may be planned on this day. The day can be utilized for imparting Information Education and Communication (IEC) to community/parents/siblings etc.

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

v. **Personnel:** District Programme Officer (DPO) will be in-charge of the implementation of scheme at the district level. Child Development Project Officer (CDPO) 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/CBOs and health functionaries. ICDS Supervisors will be involved for guiding AWW/AWH on regular basis for conducting activities under the Scheme. Details of role & responsibility of CDPOs, Supervisor, AWW, AWH, Sakhi–Saheli are given in **Appendix-I**

vi. **Role of NGOs/CBOs:** State Governments/UTs may involve Panchayati Raj Institutions(PRIs), NGOs,CBOs,other institutions for the successful implementation

³ as per state specific guidelines

of the scheme. NGOs/CBOs and other Institutions will be identified for imparting Nutrition and Health Education, Life skill education, Guidance on Family Welfare, ARSH, Child Care Practices and Home Management, training of sakhi/saheli and training of trainers. These will be selected in consultation with Project Officers based on the accessibility and availability of these organizations at field level. The MNGOs and other organizations already working on similar interventions with Programmes of other departments like health, NACO, Youth Affairs, Rural Development, etc. may be utilized for RGSEAG. There will be flexibility to ensure that local level decisions may be taken.

12. PATTERN AND FUNCTIONAL RESPONSIBILITY

RGSEAG will 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 will share upto the extent of 50% of the financial norms or the actual expenditure incurred, whichever is less.

The Ministry of Women and Child Development will be responsible for budgetary control and administration of the scheme from the Centre. At the State level, the Secretary of the Department of Women & Child Development/ Social Welfare dealing with ICDS will be responsible for the overall direction and implementation of the scheme. The Director and other officers dealing with ICDS will also implement SABLA at State level.

The scheme will be implemented through the AWC which will be the focal point for the delivery of the services. ICDS infrastructure will be used for its implementation. Where the infrastructure and facilities at the AWC are not adequate, the Scheme may be implemented using alternate arrangements like school building/ panchayat buildings/community buildings, etc. with space earmarked for the purpose.

AWW will survey and register all AGs within the jurisdiction of that AWC and advise them to come to AWC. The DPO will be responsible for implementing the Scheme at the field level within the district and the CDPO within the ICDS Project area along with Supervisors .

13. COST OF THE PROJECT

Rs. 3.8 lakh per project per annum will be provided by the Government of India to States/UTs which will include cost of 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. Actual expenditure in each project may differ from project to project depending upon population, topography and number of villages and the releases will be made depending upon actual expenditure. Details of unit cost per ICDS project is given in **Appendix- H.**

For the supplementary nutrition provision, Rs.5/- per beneficiary per day for 300 days will be provided. Government of India will share the cost for nutrition to AGs up to

the extent of 50% of the financial norms or the actual expenditure incurred whichever is less.

14. MONITORING, SUPERVISION & RECORDS, EVALUATION

- i) Monitoring and supervision: It plays a vital role in the success of any program. The monitoring and supervision mechanism set up under the ICDS Scheme at the National level, the State level and the Community level will be used for this Scheme as well. Monitoring committees at all levels will be set up.
- ii) Records to be maintained: Register (to be opened every year) will be maintained at the AWC by AWW with the assistance of Sakhi/ Saheli. Project wise, physical and financial progress report on quarterly/ annual basis in formats⁴ will be consolidated by the CDPO and sent to the State Government which in turn will be sent to the Ministry by the State Governments/UTs. Supervisor will ensure that accurate records of girls are maintained at the AWC, compiled and reported in the format prescribed.
- iii) Evaluation: The Scheme would be evaluated periodically to assess the impact of the Scheme and take corrective measures. Evaluations may also be carried out by the States/UTs periodically. Baseline survey and situational analysis will be made by the States/UTs for identification of beneficiaries so that the impact evaluation later may indicate the outcomes.

15. TRAINING

Capacity building of ICDS functionaries (CDPOs, Supervisors & AWWs) on Scheme components for all round development of AGs will be carried out. Separate training module for ToTs, ICDS functionaries and identified AGs (Sakhi & Saheli), will be developed. Orientation of health functionaries needs to be carried out. A core module on orientation /training needs to be developed and joint training of field level functionaries such as AWW, ANM, ASHA to be carried out by the States/UTs. NGOs may be involved for training of Sakhi-Sahelis. Relevant modules existing in the States/UTs may be adopted for AGs and also for the trainers. State specific modules may also be developed, if needed and shared with the GoI. Modules for training are being developed by the Government of India which may be used by the States/UTs.

16. CONVERGENCE

Emphasis will be made on convergence of services under various schemes/ programmes of Health, Education, Youth Affairs & Sports, Labour, PRI etc. so as to achieve the desired impact. Coordination of efforts of different line Ministries /Departments at all levels is an essential component for the success of the Scheme. In particular, 4 services out of the total 7 services proposed under the Scheme, i.e.

- i. IFA supplementation, including the supply of IFA tablets
- ii. Health check up and referral services
- iii. Nutrition & Health Education
- iv. Family welfare, ARSH

will be provided by establishing convergence with Ministry of Health and Family Welfare and Department of NACO. For entry/re-entry into formal schools and motivation to do the same,

⁴ to be prescribed by the Ministry

coordination with Department of School Education and Literacy under the Right to Free and Compulsory Education Act and Saaksharta Abhiyaan is to be established. Life skill education and other interventions require convergence with National Programme for Youth & Adolescent Development (NPYAD), existing youth clubs of Ministry of Youth Affairs & Sports. Ministry of Labour provides Vocational Training under NSDP for which an optimum convergence may be established. PRI may be involved for community monitoring and Information, Education and Communication(IEC) activities.

17. COMMUNITY INVOLVEMENT AND AWARENESS GENERATION

It will be one of the important components of the Scheme. Unless the myths, misconceptions and customs which go against the girl child are changed, it will be difficult to improve the nutritional, health, economic and social status of the girls. To achieve this, involvement of panchayats in improving the awareness level of the community would be desirable. Sensitization programs for the parents, adolescents (boys and girls), community may be taken up under IEC by involving NGOs/CBOs/ Civil Society Organizations/PRIs. This may also be taken up on Kishori Diwas in a focused and concerted way.

18. ACTIONS TO BE TAKEN BY STATE GOVERNMENT

- i. State/UTs will be responsible for implementing the Scheme through the ICDS set-up.
- ii. Organize State/ District and Project level workshop to introduce the scheme to the personnel of ICDS and functionaries of line Ministries/Departments.
- iii. Conduct base line survey for identification of beneficiaries
- iv. Increase awareness/generate publicity about the scheme by developing IEC material.
- v. Establish effective convergence mechanism at state/district/project/village level for all components.
- vi. Selection of MNGOs/NGOs /CBOs for various services in consultations with CDPOs and DPOs.
- vii. Set up a systematic monitoring system for analysis, interpretation and corrective action at appropriate levels to assess the effectiveness of the Scheme.
- viii. Monitoring Committees to be set up at all levels.

No.Z.28020/50/2003-CH
Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)
(CH Section)

Nirman Bhavan, New Delhi
Dated the 23rd April, 2007

To

The Secretary, Department of Biotechnology, Ministry of Science & Technology, CGO
Complex, Lodi Road, New Delhi
The Secretary, Ministry of Women and Child Development, Shastri Bhavan, New Delhi
The Secretary, Department of Education, Ministry of Human Resource Development, Shastri
Bhavan, New Delhi
The Secretary; Department of Health & Family Welfare of all States/UTs
The Secretary, Department of Women and Child Development of all States/UTs
The Director of Family Welfare of all States/UTs
The DG, ICMR, Ansari Nagar, Ring Road, New Delhi
The Sr.Adviser(Health) Planning Commission, Yojana Bhavan, New Delhi
The Country Representative, UNICEF, Lodhi Estate, New Delhi
The Country Representative, WHO (India), Nirman Bhavan, New Delhi
The Country Representative, USAID, Chanakya Puri, New Delhi
The Country Representative, European Union, Chanakya Puri New Delhi

Subject: Review of the Policy regarding micronutrient – Iron, Folic Acid (IFA)

Sir/Madam,

With the approval of Secretary (Health & Family Welfare), the Policy regarding Iron
Folic Acid (IFA) Supplementation stands approved as per the following:-

1. The infants between 6-12 months should also be included in the programme as there is sufficient evidence that iron deficiency affects this age group also.
2. Children between 6 months to 60 months should be given 20 mg elemental iron and 100 microgram folic acid per day per child as this regime is considered safe and effective
3. National IMNCI guidelines for this supplementation to be followed.
4. For children (6-60 months), ferrous sulphate and folic acid should be provided in a liquid formulation containing 20 mg elemental iron and 100 mcg folic acid per ml of the liquid formulation. For safety reasons, the liquid formulation should be dispensed in bottles so designed that only one ml can be dispensed each time.
5. Dispersible tablets have an advantage over liquid formulation in programmatic conditions. These have been used effectively in other parts of the world and in large scale Indian studies. The logistics of introducing dispersible formulation of Iron and Folic Acid should be expedited under the programme.
6. The current programme recommendations for pregnant and lactating women should be continued.

7. School Children, 6-10 years old and adolescents 11-18 year olds, should also be included in the National Nutritional Anaemia Prophylaxis Programme (NNAPP),
8. Children 6-10 year old will be provided 30 mg elemental iron and 250 mcg folic acid per child per day for 100 days in a year.
9. Adolescents 11-18 years will be supplemented at the same doses and duration as adults. The adolescent girls will be given priority.
10. Multiple channels and strategies are required to address the problem of iron deficiency, anaemia. The newer product such as double fortified salts/sprinklers/ultra rice and other micronutrient candidates should be explored as and adjunct or alternative supplementation strategy.

It is requested that further needful and necessary action may be taken under information to this Ministry.

Yours faithfully,

sd/-
(Dr.Sangeeta Saxena)
Assistant Commissioner (CH)
Tel 23061218

Copy for information to:-

1. Adviser (Nutrition), DGHS, Nirman Bhavan, New Delhi
2. Director, Ministry of Health & Family Welfare, with the request to kindly furnish the above information in the website of the Ministry please
3. Director(IEC) with the request to take further necessary action
4. Director, NIPCCD
5. Secretary, NNF
6. President, IAP
7. President, IMA
8. Supply Division/Statistics Division/MCH Division, Ministry of Health & FW
9. Copy to File No.Z.28020/30/2005-CH/Z.28020/122/2005-VH
10. Master File on IMNCI/Guard File

sd/-
(Dr.Sangeeta Saxena)
Assistant Commissioner(CH)
Tel 23061218

Health Check-up and Referral Services

Primary Health Care Infrastructure including PHCs, CHCs will deliver the following health services:-

- I. Health check-up and Referrals
- II. Supply & Distribution of IFA tablets
- III. De-worming

The activities to be conducted may include the following:-

- There will be general health check up of all AGs, at least once in every three months on Kishori Diwas ,done by Health functionaries.
- IFA tablets to be obtained from the Health Department for distribution to AGs. In case, it is not supplied by the Health Department, the same can be purchased out of the budget of this Scheme after obtaining the approval from GOI.
- Recording of height and weight of AGs to be done with a view to keep close watch over their growth status and record BMI in the Health Card
- AGs with problems requiring specialized treatment will be referred to hospitals/PHCs/CHCs/ district hospitals. Medical officer would refer such cases with referral slip prescribed for the purpose.
- The Medical Officer may provide the de-worming tablets to the girls who require this, based on State specific guidelines.
- General queries of the AGs regarding health and nutrition may be answered

Nutrition and Health Education(NHE)

Nutrition and health determine the growth patterns and indicate the overall physical status of AGs. Adolescents need to be ensured proper nutritive food alongwith correct and relevant information on nutrition and health as this is a period of rapid growth when the body also gears up to be a future mother.

Guidance may be provided on issues related to

Health : Personal hygiene, sanitation, onset of puberty and related changes, exercise, yoga, first-aid, harmful myths and traditional practices, home remedies, common ailments, avoiding drugs and alcohol abuse, stress management ,etc.

Nutrition : Healthy cooking and eating habits, safe drinking water, balanced diet, locally available nutritious food, nutrition deficient disorders, their prevention, nutrition during pregnancy and infancy, IYCF, etc.

These can be done through various methods, some of which could be :

- Specially organized short courses,
- Organize NHE modules jointly by ICDS and Health Deptt such as Health Mela, Group discussions, Question and Answer Sessions, Quizzes etc at the AWC or PHC.
- Utilise the facilities of Mobile Food and Extension Units of FNB for training, demonstration and education for best use of the locally available nutritious food.
- Participation of AGs in day to day activity at AWC providing exposure to health, nutrition, child care related issues., etc.
- Addressing queries and concerns raised by AGs.

Guidance on Family Welfare, ARSH, Child Care Practices & Home Management

Age appropriate guidance in two groups of 11-15 and 15-18 may be provided on issues related to:

- i. **Family Welfare:** Family Planning, Reproductive cycle, benefits of marriage and children at right age, safe motherhood, immunization etc.
- ii. **ARSH:** Age specific modules for Adolescent and reproductive sexual health, onset of puberty, menstrual hygiene, planned parenthood, AIDs/HIV/STD, contraception etc. There are existing modules under RCH-2 and NACO with which convergence needs to be established.
- iii. **Child care practices :** Healthy child feeding practices, benefits of exclusive breast feeding, handling children, common ailments etc.
- iv. **Home management:** home maintenance, budgeting, saving, running household, gender sensitivity, importance of schooling of children, etc.

This will be done in coordination with the Ministry of Health & Family Welfare (as many issues are common with RCH-2 for the AGs) and Resource Persons from NGOs/CBOS. Some methods used may be as in Appendix C.

Life Skill Education

A. Life Skill Education of AGs would encompass -

- i. Problem solving
- ii. Critical thinking
- iii. Communication skills
- iv. Self awareness skills
- v. Coping with stress
- vi. Leadership

Some of the activities necessary for life skills formations are to provide practical information and knowledge on the following , through various modules :-

- i. Personal hygiene
- ii. Fitness
- iii. Yoga
- iv. Games and sports
- v. Effective communication
- vi. Decision making including career goals
- vii. Positive self-concept
- viii. Awareness of legal rights and laws like Domestic Violence Act, Immoral Traffic (Prevention) Act, Child Marriage (Prohibition) Act, Child Labour Act, RTI Act, Right to Education, etc.
- ix. Basic utility services
- x. Functional literacy (wherever required)
- xi. Right to vote and take part in democratic process

The expected outcomes of life skills interventions are:-

- i. Enhanced self esteem
- ii. Assertiveness
- iii. Communication skills
- iv. Ability to plan and set goals
- v. Acquisition of knowledge related to specific issues pertaining to health, nutrition, legal rights etc.
- vi. Ability to solve problems

To provide the Life Skill Education, convergence needs to be established with Department of Youth Affairs, Youth Clubs, etc.

B. Guidance on accessing public services

Information and knowledge on existing public facilities in the area and how to access them, may be given such as

- i) visit to health centers, banks, post offices etc
- ii) opening/operating an account in bank/post office
- iii) filing an FIR at the Police Station and accessing police services
- iv) providing information on accessing lost opportunities in education by coordinating with Education Department
- v) knowledge on PRI and how to be a part of it
- vi) government offices and their working
- vii) safe travelling using public conveyance, making reservations

Vocational Training

Vocational Training (VT) is a major contribution to the socio-economic enhancement of an individual and the society at large. It is well understood that social and economic returns from VT are high so long as this education and training is cost-effective and linked with job opportunities. It must focus on income generating skills leading to decent living and empowerment. AG above 16 years of age should be provided atleast one trade related skill so that she can consequently get self/wage employment or establish micro-enterprise with other partners.

The National Skill Development Programme (NSDP) of M/Labour & Employment is an initiative which aims at empowering all individuals through improved skills and knowledge to gain access to decent employment. Under the Programme, Skill Development Centres(SDCs) at village and block level will be promoted to provide skill development opportunity as well as to act as one-stop kiosks with information on the local labour market/employment, vocational learning opportunities and support schemes. Panchayats, municipalities and other local bodies will be involved in skill development and employment generation at the local level in collaboration with SHGs, cooperatives and NGOs.

Synergy with Ministry of Labour will be established to register AGs for short term, market oriented, demand-driven programmes providing a flexible delivery framework either on site or off site, suited to the characteristics and circumstances of the target group.

Selection of Training Trade

The trade for training should be selected based on following criteria :

- i) Requirement of particular trade in the area;
- ii) Training facilities available
- iii) Local demand of products;
- iv) Inclination and aspirations of trainees
- v) Employability after training

States/UTs will establish convergence with skill development centers at village levels and leverage them to optimum use to tie up for vocational training component and to utilize the funds of Rs.30,000/- per project per annum for partly compensating the fee component charged under the NSDP.

SUGGESTIVE TIME TABLE

Out of school girls

The Scheme focuses on out-of-school AGs (11-18 years) who would meet at the AWC or at the alternative arrangements made (as in para 12) on one or two days in a week.

Activities may be planned for them for two to three hours on these days (*timings and days to be decided by State Governments/UTs*).

Sessions will be conducted on different issues ,for which a timetable may be drawn at Project level, for the AWCs, day wise. The interventions may be divided in two groups of 11-15 and 15-18 for some age specific inputs. These sessions will be conducted by the resource persons which could be from NGOs/CBOs/SHGs/field trainer/ local artisan, etc. The sessions would be facilitated by CDPO & Supervisor and aided by AWW/ ASHA/ANM; field units of FNB may also be involved. The peer leaders Sakhi and Saheli would assist in the organization of the group for these sessions.

The issues in the sessions may be on:

- i) Nutrition
- ii) General Health/ARSH
- iii) Rights and Entitlements, information about legal provisions
- iv) Life skills and Home skills
- v) Access to public services
- vi) Local artisan may be identified / engaged for training

Mixed Group Interaction: For both – school going and out-of-school AGs

These interactions would be held twice a month when school is on and more frequently in vacations

Mixed group activities like sessions on various issues as above, story sessions, games , group discussion etc could be carried out on these occasions. The training could be imparted by resource persons which could be from NGOs/CBOs/SHGs/field trainer/ local artisan, etc. The sessions would be facilitated by CDPO & Supervisor and aided by AWW/ ASHA/ANM; field units of FNB may also be involved. School teacher may address the girls on these days and enroll the out of school AGs in appropriate classes

These activities and interactions would provide ample opportunity and motivation to the out of school girls to join the mainstream education like their counterparts and help the school going girls to understand about public services, life skills etc.

Appendix- H

1. Unit cost/ICDS project

No.	Item	Unit cost per ICDS Project
1.	Training Kit/AWC @ Rs. 1000/- per AWC	Rs. 150,000
2.	Life skill Education including IEC	Rs. 50000
3.	Training for Sakhi/Saheli	Rs. 40000
4.	NHE component including IEC & Guidance on accessing public services	Rs. 30000
5.	Vocational training	Rs. 30000
6.	Misc. expenditure (Expenditure on celebrating Kishori Diwas etc.)	Rs. 30000
7.	Others (printing of health cards/registers/ Utensils etc.)	Rs. 30000
8.	Cost of providing IFA (where IFA is not Supplied by Health)	<u>Rs. 20000</u>
Total		<u>Rs. 3,80,000</u>

Estimated cost of implementing the scheme in 2300 projects

Head	Cost (in crores)	
	2010-11	2011-12
1 2300 projects @ Rs. 3.8 lakh per project per annum	51	87
2. GOI's share for nutrition (50%)	404	865
3. Survey, evaluation, workshops, etc.	5	15
Grand total:	460	967

- Requirement of funds for 2010-11 is for 7 months.
- NGOs/CBOs partnering with States/UTs, for various services under the scheme, would be compensated by the States/ UTs out of the funds earmarked against those activities/services as above.
- Estimates for SNP are @ Rs. 5 per beneficiary per day for 300 days. Total no. of beneficiaries for SNP @ Rs. 5 per beneficiary per day for 300 days in a year is taken at about 40% for the year 2010-11 and 50% for 2011-12 out of the total no. of estimated beneficiaries since it is a self selecting scheme.
- KSY to be continued (where operational) in remaining projects. Requirement of funds for KSY for 2010-11 is Rs. 55 crore and for 2011-12 is Rs. 42 crore.

Roles & Responsibilities of AWWs/AWHs, Supervisors, Child Development Project Officers & Sakhis and Sahelis

1. Anganwadi Workers/Helpers

- i. AWW will conduct survey and register all AGs within the jurisdiction of that AWC.
- ii. Oversee all the activities conducted on Kishori Diwas with the assistance of Sakhi and Saheli .
- iii. Maintain register and adolescent health cards at AWC with the assistance of Sakhi.
- iv. Facilitate organization and distribution of nutrition provision to the AGs. For this activity she can seek assistance of Sakhi and Saheli.
- v. Address issues related to AGs during home visits undertaken under ICDS. 2 to 3 AGs at a time may accompany AWW during home visits.
- vi. Assist the PHC staff in carrying health related activities for AGs such as providing IFA supplementation, deworming tablets, etc.
- vii. Encourage all AGs to avail services under SABLA.
- viii. Assist the AGs in selecting the Sakhi and Saheli
- ix. AWH will assist the AWW in all above activities

2. Supervisors

- i. The Supervisors along with AWWs will facilitate enrolment of AGs .
- ii. Facilitate in imparting non-formal education to adolescent girls by establishing linkages with Sarva Shiksha Abhiyan and, Saaksharta Abhiyan, convergence with Primary Schools and Village Education Committees.
- iii. Identify and arrange Instructors for Nutrition and Health Education, Life Skill Education and other interventions that is to be provided to AGs.
- iv. Facilitate training of Sahi/Saheli and supervise the peer training activities conducted at village or sector level at regular intervals .
- v. Oversee and plan the functioning of Kishori Diwas and activities

- vi. Draw out the timetable for the non nutrition components, AWC wise.
- vii. Random checking on 10 % of AGs during visits to AWC

3 **Child Development Project Officers (CDPOs)**

- i. The CDPO will chalk out plan to generate awareness among the community about SABLA
- ii. Plan convergence at field level with line Ministries/Departments
- iii. Identify NGOs/CBOs/resource persons/institutions at block level for imparting various training.
- iv. Identify along with Supervisors the locally viable vocational trades on which the AGs can be imparted training.
- v. Provide overall guidance to Supervisors and AWWs for implementation of the Scheme in the project area.
- vi. Monitor and supervise all activities including expenditure regarding implementation of the Scheme in the project.

4. **Sakhis and Sahelis**

- i) Sakhi would work as the head of the Kishori Samooh for 4 months. She will be assisted by two Sahelis in each AWC
- ii) They will work as peer educators for Kishori Samooh after receiving requisite training as per the prescribed module.
- iii) AWW will encourage Sakhis and Sahelis to take on lead role in motivating AGs to join the Scheme.
- iv) Sakhis and Sahelis will facilitate activities to be conducted at AWC on day to day basis and on Kishori Diwas.
- v) Sakhis and Sahelis would motivate all AGs to fill up and maintain their Kishori Health Cards at AWCs.
- vi) They would assist the AWW in maintaining the registers
- vii) They would assist in distribution of THR

List of districts covered under RGSEAG- SABLA

S. No.	STATE NAME	DISTRICT NAME
1	ANDAMAN & NICOBAR ISLANDS	Andamans
2	ANDHRA PRADESH	Mahbubnagar
3		Adilabad
4		Anantapur
5		Visakhapatnam
6		Chittoor
7		West Godavari
8		Hyderabad
9	ARUNACHAL PRADESH	Papum Pare
10		Lohit
11		West Kameng
12		West Siang
13	ASSAM	Dhubri
14		Darrang
15		Hailakandi
16		Kokrajhar
17		Karbi Anglong
18		Dibrugarh
19		Kamrup
20		Jorhat
21	BIHAR	Katihar
22		Vaishali
23		Pashchim Champaran
24		Banka
25		Gaya
26		Saharsa
27		Kishanganj
28		Patna
29		Buxar
30		Sitamarhi
31		Munger
32		Aurangabad

33	CHANDIGARH	Chandigarh
34	CHHATTISGARH	Surguja
35		Bastar
36		Raipur
37		Raigarh
38		Rajnandgaon
39	DADRA & NAGAR HAVELI	Dadra & Nagar Haveli
40	DAMAN & DIU	Diu
41	DAMAN & DIU	Daman
42	DELHI	North West
43		North East
44		East
45	GOA	North Goa
46		South Goa
47	GUJARAT	Banas Kantha
48		Dohad
49		Kachchh
50		Panch Mahals
51		Narmada
52		Ahmadabad
53		Jamnagar
54		Junagadh
55		Navsari
56	HARYANA	Kaithal
57		Hisar
58		Yamunanagar
59		Ambala
60		Rewari
61		Rohtak
62	HIMACHAL PRADESH	Chamba
63		Kullu
64		Solan
65		Kangra

66	JAMMU & KASHMIR	Anantnag
67		Kupwara
68		Kathua
69		Jammu
70		Leh (Ladakh)
71	JHARKHAND	Giridih
72		Sahibganj
73		Garhwa
74		Hazaribagh
75		Gumla
76		Pashchimi Singhbhum
77		Ranchi
78	KARNATAKA	Gulbarga
79		Kolar
80		Bangalore
81		Bijapur
82		Bellary
83		Dharwad
84		Chikmagalur
85		Uttara Kannada
86		Kodagu
87	KERALA	Malappuram
88		Palakkad
89		Kollam
90		Idukki
91	LAKSHADWEEP	Lakshadweep
92	MADHYA PRADESH	Sheopur
93		Rajgarh
94		Sidhi
95		Neemuch
96		Jhabua
97		Tikamgarh
98		Rewa
99		Bhind
100		Damoh

101		Indore
102		Sagar
103		Jabalpur
104		Bhopal
105		Betul
106		Balaghat
107	MAHARASHTRA	Bid
108		Nanded
109		Mumbai
110		Nashik
111		Gadchiroli
112		Buldana
113		Kolhapur
114		Satara
115		Amravati
116		Nagpur
117		Gondiya
118	MANIPUR	Chandel
119		Senapati
120		Imphal West
121	MEGHALAYA	West Garo Hills
122		South Garo Hills
123		East Khasi Hills
124	MIZORAM	Lunglei
125		Saiha
126		Aizawl
127	NAGALAND	Mon
128		Tuensang
129		Kohima
130	ORISSA	Koraput
131		Gajapati
132		Mayurbhanj
133		Sundargarh
134		Kalahandi
135		Bhadrak

136		Puri
137		Cuttack
138		Bargarh
139	PONDICHERRY	Karaikal
140	PUNJAB	Patiala
141		Faridkot
142		Gurdaspur
143		Mansa
144		Jalandhar
145		Hoshiarpur
146	RAJASTHAN	Bhilwara
147		Jodhpur
148		Banswara
149		Udaipur
150		Jhalawar
151		Dungarpur
152		Bikaner
153		Jaipur
154		Barmer
155		Ganganagar
156	SIKKIM	North
157		East
158	TAMIL NADU	Salem
159		Tiruvannamalai
160		Cuddalore
161		Ramanathapuram
162		Madurai
163		Tiruchirappalli
164		Coimbatore
165		Chennai
166		Kanniyakumari
167	TRIPURA	West Tripura
168		Dhalai
169	UTTAR PRADESH	Shrawasti

170		Bahraich
171		Mahrajganj
172		Lalitpur
173		Agra
174		Sonbhadra
175		Sitapur
176		Mirzapur
177		Chandauli
178		Deoria
179		Chattrapati Shahuji Maharaj Nagar
180		Mahoba
181		Pilibhit
182		Rae Bareli
183		Banda
184		Farrukhabad
185		Bulandshahar
186		Saharanpur
187		Jalaun
188		Bijnor
189		Lucknow
190		Chitrakoot
191	UTTARANCHAL	Hardwar
192		Uttarkashi
193		Chamoli
194		Nainital
195	WEST BENGAL	Maldah
196		Puruliya
197		Nadia
198		Koch Bihar
199		Jalpaiguri
200		Kolkata