Dear....

This has the reference of this Ministry's letter of even number dated 14.12.2010 forwarding the guidelines for implementation of the Sabla. As you are aware that Annex. 3, 6 and 7 of the guidelines were remaining to be sent.

2. The formats for Registers, Monthly Progress Report at all levels, Statement of Expenditure(SoE), Quarterly Physical and Financial reporting formats and Kishori Card to be used in Sabla have been finalized by the Ministry. The complete set of Implementation Guidelines including the Annexures is enclosed for information and further action by the States/UTs.

3. You are requested to implement the Scheme in accordance with the Guidelines as enclosed and ensure timely submission of the monitoring reports in prescribed formats to this Ministry. The guidelines are available on the website of the Ministry www.wcd.nic.in.

With warm regards,

Yours sincerely,

(Archana S. Awasthi)
RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (RGSEAG) - Sabla

IMPLEMENTATION GUIDELINES
FOR STATE GOVERNMENTS / UT ADMINISTRATIONS

DECEMBER, 2010

Towards a new dawn

Ministry of Women and Child Development
Government of India
New Delhi
CONTENTS

Para Glossary
1. Introduction
2. Purpose of the implementation guidelines
3. The Scheme: Objectives
4. Target Group
5. Modalities of the Scheme
6. Services under the Scheme
7. Convergence with other departments
8. Training and Modules
9. Selection of NGOs / CBOs
10. Selection of Districts
11. Steps/ Measures at State Governments / UTs
12. Flexibilities available to the State Governments / UTs
13. Monitoring Mechanism and Monitoring & Supervision Committees
15. Administrative and Financial Management Structure
16. Budgetary Provisions for various components under Sabla
17. Reporting and Monitoring Formats

Annexures

1. List of districts covered under Sabla
2. Training Kit
3. Prototype of Kishori Card
4. Guidelines issued for IFA by MoH&FW
5. Monitoring and Supervision Committees at all levels
7. (i) Format for Register
7.(ii to v) Format for Monthly Progress Report of AWW, Supervisor, CDPO, DPO
GLOSSARY

AG  Adolescent Girl
ANM  Auxiliary Nurse Midwife
ARSH  Adolescent Reproductive & Sexual Health
ASHA  Accredited Social Health Activist
AWW  Anganwadi Worker
AWH  Anganwadi Helper
AWC  Anganwadi Centre
AWTC  Anganwadi Training Centre
BMI  Body Mass Index
CBO  Community Based Organisation
CDPO  Community Development Programme Officer
DPO  District Project Officer
DMTT  District Mobile Training Team
FAQ  Frequently Asked Questions
FNB  Food and Nutrition Board
FNGO  Field Non-Government Organisation
Hb  Haemoglobin
ICDS  Integrated Child Development Services
KSY  Kishori Shakti Yojana
MCH  Maternal & Child Health
MLTC  Middle Level Training Centre
MNGO  Mother Non-Government Organisation
MoYAS  Ministry of Youth Affairs and Sports
NGO  Non-Government Organisation
NHE  Nutrition and Health Education
NIN  National Institute of Nutrition
NIPCCD  National Institute of Public Cooperation & Child Development
NPAG  Nutrition Programme for Adolescent Girls
PIP  Project Implementation Plan
PRI  Panchayati Raj Institutions
PSE  Pre-school Education
RCH  Reproductive and Child Health
RGSEAG  Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
SHG  Self Help Group
SNP  Supplementary Nutrition Programme
VO  Voluntary Organisation
VTP  Vocational Training Provider
1. INTRODUCTION

1.1 The term “adolescence” literally means “to emerge”, “to mature” or “achieve identity”. It is a significant phase of transition from childhood to adulthood, which is marked by physical changes accompanied by psychological changes. This is the time to make adolescents aware of and informed about various facets of life in order to promote a healthy way of living. Awareness of health, nutrition, lifestyle related behaviour and adolescent reproductive & sexual health (ARSH) needs to be positioned in this phase of life in order to improve the health of adolescent girls and facilitate an easier transition to womanhood. During this period, nutritional problems originating earlier in life as well as those occurring during the period itself can be addressed. Going beyond this, AGs need to be viewed not just in terms of their needs but even as individuals who would become productive members of society in future.

1.2 The Ministry of Women and Child Development, Government of India, in the year 2000, came up with a scheme called Kishori Shakti Yojana (KSY), which was implemented using the infrastructure of the Integrated Child Development Services Scheme (ICDS). The objective of this scheme was to improve the nutrition and health status of girls in the age-group of 11 to 18 years, 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 and family welfare and management. Thereafter, the 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 AGs. Under this programme, 6 kg of free food grain per beneficiary per month was given to undernourished AGs.

1.3 Though both these schemes have influenced the lives of AGs to an extent, but have not shown the desired impact. Moreover, the extent of financial assistance and coverage under them has been limited and they both had similar interventions and catered to more or less similar target groups. Therefore, a new comprehensive scheme, called Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or Sabla, merging the erstwhile KSY and NPAG schemes has been formulated to address the multi-dimensional problems of AGs. Sabla will be implemented initially in 200 districts selected across the country, using the platform of ICDS. In these districts, RGSEAG will replace KSY and NPAG. In rest of the districts, KSY would continue as before.
2. PURPOSE OF THE IMPLEMENTATION MANUAL

2.1 This Implementation Manual with Guidelines has been developed to support all persons who would be involved in implementing the Scheme, including the district, project and grassroot level functionaries. These are also intended to serve as an effective reference manual for officials at the National and State / Union Territory (UT) levels for policy guidance and monitoring. The Guidelines cover key components of the Scheme as well as modalities of implementation. It also lays down monitoring and reporting formats to be used at different levels. It could provide trainers insights into the scheme strategy and processes and help them better design training sessions.

2.2 The Manual would help State level policy makers to further decide on issues of flexibility and guide the district and project officers to implement the Scheme.
3 **OBJECTIVES OF THE SCHEME:**

The objectives of the scheme are to:
(i) enable self-development and empowerment of AGs;
(ii) improve their nutrition and health status;
(iii) spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH), and family and child care;
(iv) upgrade their home-based skills, life skills and vocational skills;
(v) mainstream out-of-school AGs into formal/non-formal education; and
(vi) inform and guide them about existing public services, such as PHC, CHC, Post Office, Bank, Police Station, etc.

4 **TARGET GROUP:**

4.1 The scheme aims at covering AGs in the age group of 11 to 18 years under all ICDS projects in selected 200 districts across India on pilot basis (list of districts is at Annex 1). Keeping in view the need of different ages and in order to give age-appropriate attention for certain components of ARSH and family matters, the target group may be subdivided into two categories, viz., 11-14 and 14-18 years. Interventions on health and personal hygiene, etc. would have to be planned accordingly.

4.2 The scheme focuses on all out-of-school AGs, who would assemble at the Anganwadi Centre (AWC) as per timetable and frequency to be decided by the State Governments /UTs concerned. The others, i.e., school-going girls, would meet at the AWC at least twice a month, and more frequently (once a week) during vacations/holidays. Here they will receive life skills education, nutrition and health education, awareness about socio-legal issues, etc. This will provide an opportunity for mixed group interaction between school-going and out-of-school girls, motivating the latter to also join school and help the school going to receive the life skills.

5 **MODALITIES OF THE SCHEME:**

5.1 **Formation of Kishori Samooh:**

5.1.1 ‘Kishori’ Samooh(KS) will be a group of average 15 to 25 AGs from the village/area of the AWC and will be formed at the AWC level from amongst the out of school girls. In case there are less than 15 AGs, Kishori Samooh can still be formed. Kishori Samooh will not be

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1 ‘Kishori’ means an adolescent girl.
2 ‘Samooh’ means a ‘group’.
formed if there are less than 7 AGs in the area of the AWC in which case, the benefits of the Scheme may be given to these AGs without nominating sakhi and saheli. The AGs will select three leaders of their choice for a year from within the KS. In this selection, they may be guided by the AWW and, wherever possible, a school-teacher from the village. Selection may be based on age, education level, maturity, willingness of the girl and her acceptability within the group. These girls will be called ‘Sakhi’ (one girl) and ‘Saheli’ (two girls), which in English mean ‘friend’. One of these girls will be Sakhi, i.e., peer-monitor. Each of the three selected girl will have a term of four months as Sakhi, on rotation basis, while the remaining two will function as Sahelis assisting Sakhi. Thus, each Kishori Samooh will be headed by Sakhi, assisted by two Sahelis. Sakhi and Sahelis will serve the group for a period of one year, after which a fresh selection would be made. Names of Sakhi and Sahelis may be displayed on the wall of AWC and, if possible, on the school wall.

5.1.2 The concept of Sakhi and Saheli is meant to serve several purposes: development of leadership abilities, team spirit, motivation to be the next Sakhi and Saheli, understanding democracy at a very fundamental level, and providing information and guidance to peers.

5.1.3 The identified girls, i.e., Sakhi and Sahelis, will be imparted training as per prescribed module at the project or sector level to serve as peer-monitors for KS. Sakhi and Sahelis are to participate in regular activities of AWC, like providing pre-school education and supplementary nutrition, growth monitoring, etc. They may also accompany the AWW for home visits, which will serve as training ground for future.

5.1.4 State Governments /UTs may decide to give a certificate to Sakhi and Sahelis upon completion of their term of work. This will motivate the AGs to take on a leadership role.

5.2 Training Kit:

A training kit will be provided in every AWC to assist AGs in understanding various health, nutrition, social and legal issues. Activities will be transacted in an interesting and interactive manner. The kit will have a number of games and activities so that the AGs enjoy while learning. Sakhi and Saheli will be trained to use the Kit for imparting peer education. The contents of the training kit are given in Annex 2. The cost of each kit is Rs. 1,000/-. A sample kit has been shared with State Governments /UTs. The kit material may be translated into local language for ease of understanding of the trainers and AGs. The kit may be adapted as per local needs. There will be provision for a new kit every year. However, States may decide to add different material to the kit every year as resource material.
5.3 Kishori Diwas:

5.3.1 Kishori Diwas will be a special health day, celebrated once in three months on a fixed day, as decided by the State Governments /UTs. On this day, the AWWs with the help of health functionaries, including Medical Officer, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA), will mobilize AGs and their families, especially mothers, to assemble at the AWC. For better coordination, the State Governments /UTs may choose to combine Kishori Diwas with the corresponding month’s Village Health and Nutrition Day (VHND)³. However, care should be taken that the overall aim of the Kishori Diwas is not lost and that it is not overshadowed by the VHND.

5.3.2 State Governments / UTs must ensure coordination and convergence with respective Health Departments so that Health personnel specially the Medical Officers are present on Kishori Diwas. On Kishori Diwas, AGs and their families will be able to interact freely with ICDS and health personnel to obtain basic services and information. The ICDS and health functionaries will be responsible for educating AGs and their families about the preventive and promotive aspects of nutrition and healthcare, for encouraging them to adopt healthy behaviour as well as seeking healthcare from proper healthcare facilities. Village Health and Sanitation Committees (VHSCs), comprising ASHA, AWW, ANM and PRI representatives, should be involved in organizing the event. Adequate publicity of Kishori Diwas should be ensured to maximise participation.

5.3.3 On Kishori Diwas, the following services are to be provided:
(a) General health check-up, including recording of height, weight, Body-Mass Index (BMI) for all AGs, by the Medical Officer / ANM
(b) Filling up of Kishori Cards for every AG, marking major milestones
(c) Referral to specialized healthcare facilities, as required specially for conditions like malnutrition (BMI < 18.5), menstrual problems, frequent headaches, prolonged acne, worm infestation, etc.
(d) Organising of special health camps
(e) Providing nutrition and health education
(f) Demonstration of preparing nutritious recipes (FNB may be involved for these)
(g) Holding counselling / behaviour change communication (BCC) sessions with AGs and their families for promoting good practices
(h) Imparting information, education and communication (IEC) to community, parents, siblings etc.
(i) Mobile Health Units (where existing) may be utilised.

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³ VHNDs are organized by the Health Department at the AWC.
5.4 Kishori Card:

5.4.1 A card for each AG to be called “Kishori Card”, will be maintained at the AWC. This will contain information regarding the weight, height, Body Mass Index (BMI)\(^4\), Iron Folic Acid (IFA) supplementation, referrals and services received under Sabla. The card will also contain important milestones in the girl’s life like joining school, leaving school, marriage, etc. which will be marked as and when they are achieved. AWW will help the girls in maintenance of Kishori Cards. Sakhi and Sahelis will assist the AGs in filling up the Kishori Cards, after which the AWW will countersign it.

5.4.2 A prototype of the ‘Kishori Card’ is given at Annex 3. All State Governments/UTs will follow this prototype for printing the cards, so that uniformity is ensured. However, they may translate and print the cards in local/regional language.

5.5 Timetable for Implementation:

5.5.1 Activities may be planned for AGs for two hours per day for three days in a week at the AWC, or at any other place where alternative arrangements may be made. AGs must be provided non-nutrition services for a minimum of 5-6 hours per week.

5.5.2 The timings and days would be decided by the State Government /UT concerned, keeping the following in view:

(a) The timings for providing services under ICDS Scheme, so that its implementation is not adversely impacted. Time coordination may be done between the ICDS and Sabla Scheme in such a manner that the timings for activities for AGs may not overlap with or impinge upon ICDS timings.

(b) Availability of AWW/AWH and resource persons on these days

(c) Convenience of AGs for coming to the sessions

(d) Suitability of the location where the sessions are to be held, if other than AWC

5.5.3 For conducting sessions on different issues, a day-wise timetable must be drawn for AWCs by the CDPO in consultation with Supervisor and AWW. The venue, days and themes for sessions as fixed must be made known to the AGs so that they are made aware about it. The interventions may be divided into two groups of 11-14 and 15-18, with age-specific inputs. These sessions will be conducted by resource persons, who could be drawn from among NGOs, CBOs, SHGs, field trainers, local artisans, etc. The sessions would be facilitated by the CDPO and

\(^{4}\) BMI = Weight in kilograms, divided by square of height in metres. BMI below 18.5 is underweight and BMI between 18.5 and 23.5 is normal.
the Supervisor and aided by AWW/ASHA/ANM. Field units of Food and Nutrition Board (FNB) may also be involved. Sakhi and Saheli would assist in organization of groups for these sessions.

5.5.4 Mixed group interactions for school-going and out-of-school AGs would be held twice a month when schools are working, and more frequently during school vacations (once a week, i.e 4 times a month). Timings and days for these interactions may be decided by the State Governments /UTs concerned taking into consideration various factors relating to the availability of school-going AGs, like school timings, examinations, etc.

5.5.5 Stories, games, group discussions, etc. could be carried out as activities during the sessions. School teachers may be called to address AGs on these days to inspire and motivate out-of-school girls so that they willingly enrol in school. This, along with the activities and interactions with school-going AGs, would provide plentiful motivation to the out-of-school AGs to join mainstream education, like their peers. It would help school-going AGs understand about public services, life skills, etc.

5.6 Location:

ICDS infrastructure will be used for implementation of SABLA. AWC will be the focal point for delivery of services under the scheme. Where infrastructure and facilities like appropriate space, toilet, drinking water, etc at the AWC are not adequate, the scheme may be implemented using alternate arrangements like at the school building, panchayat building, community building, etc., with space earmarked for the purpose. In case of non-availability or non-suitability of the AWC, a mapping exercise to identify a suitable location for holding sessions for AGs may be carried out by the ICDS Supervisor. For this, the DPO / CDPO may take support from panchayat members. The infrastructure and facilities must include adequate space for conducting activities of the group, functional toilets, drinking water, etc.

6. SERVICES UNDER THE SCHEME:

There are two major components under the Scheme - Nutrition Component and Non Nutrition Component as under:

i) **Nutrition Component**: Take Home Ration or Hot Cooked Meal

   11-14 years: Out of school girls
   14 -18 years: both out of school and in school girls
ii) Non Nutrition Component

- **For Out of school Adolescent Girls: (2 – 3 times a week)**
  
  a) 11-18 years
  - IFA supplementation,
  - Health check-up and Referral services,
  - Nutrition & Health Education (NHE),
  - Counseling / Guidance on family welfare, ARSH, child care practices
  - Life Skill Education and accessing public services

  b) 16-18 Years
  - Vocational training under National Skill Development Program

- **For In school Adolescent Girls: (twice a month – average)**
  
  c) 11-18 years
  - Nutrition & Health Education (NHE),
  - Counseling / Guidance on family welfare, ARSH, child care practices
  - Life Skill Education and accessing public services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>SERVICE PROVIDER</th>
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<tbody>
<tr>
<td>Nutrition Provision Rs.5 per day(600 calories and 18-20 gram of protein)</td>
<td>AWW / AWH / Peer Leader</td>
</tr>
<tr>
<td>IFA supplementation *</td>
<td>ANM / AWW / Health System</td>
</tr>
<tr>
<td>Health check-up and Referral services*.</td>
<td>ANM / MO / AWW</td>
</tr>
<tr>
<td>Nutrition &amp; Health Education *</td>
<td>AWW / ANM / ASHA / MNGO</td>
</tr>
<tr>
<td>Counseling/Guidance on family welfare, ARSH*, child care practices and home management</td>
<td>MNGO / ANM / NRHM setup / AWW</td>
</tr>
<tr>
<td>Life Skill Education and accessing public services (also includes efforts to mainstream into formal/non formal education</td>
<td>MNGO / Education setup / Youth Affairs / AWW / Supervisor</td>
</tr>
<tr>
<td>Vocational training (for girls aged 16 and above) using existing infrastructure of other Ministries / Departments: NSDP</td>
<td>Through NSDP of Ministry of Labor, Supervisor / CDPO: to coordinate</td>
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* Health services are to be provided by establishing convergence with M/H&FW
  - Other Services in coordination / convergence with related sectors / department
MNGOs include resource persons

Modalities of providing these services under the scheme are given below:

6.1 Supplementary Nutrition:

6.1.1 Supplementary nutrition may be provided to AGs by either Take Home Rations (THR) or Hot Cooked Meals as feasible. In case hot cooked meals are provided, quality standards will have to be ensured. Each AG will be given at least 600 calories and 18-20 grams of protein and recommended daily intake of micronutrients per day, @ Rs 5 per day per beneficiary, for 300 days in a year. Eligibility for Supplementary Nutrition will be as under:

- **11-14 years: Only out-of-school AGs**
- **14-18 years: All girls, regardless of whether they are out-of-school or school-going.**

**Note:** The calorific norms for AGs are similar to the THR being provided to pregnant and lactating mothers under ICDS Scheme. Therefore, the same THR can also be provided to AGs covered under this scheme. **THR may be given to the AGs once in a week, fortnight or month as decided by the States/UTs.** The requirement of nutrients and the norms for Supplementary Nutrition are more for AGs than the children below 6 years of age. This can be met by increasing the quantity of food given to children under ICDS or by increasing the calorific and protein content by addition of energy-dense food, like oil, groundnut, soya, vegetables, eggs, roots and tuber, coconut, gram, milk and milk products, other locally available healthy supplements, etc. **Adolescent girls should be given such Supplementary Nutrition which is palatable and acceptable to them.**

6.1.2 Fund Sharing: Government of India will share the cost for nutrition to AGs up to the extent of 50 per cent of the financial norms or the actual expenditure incurred, whichever is less.

6.2 IFA Supplementation:

Prevalence rates for anaemia are high among AGs in India. Over 70% of girls in the age-group of 10 to 19 years suffer from severe or moderate anaemia (DLHS-RCH 2004). Evidence suggests that IFA supplementation helps in combating anaemia and enhancing adolescent growth. RCH-II scheme under the National Rural Health Mission (NRHM) has covered children (6-10 years) and adolescents (11-18 years) under the National Nutritional Anaemia Prophylaxis Programme (NNAPP).
6.2.1 Activities: State Government /UT concerned will establish convergence with Health Department to ensure adult tablets of IFA for each beneficiary of Sabla. Policy guidelines regarding IFA supplementation issued, *inter alia*, by the NRHM (*Annex 4*) will be adhered to.

Out-of-school AGs attending AWC may be **given two adult IFA tablets per week when they come to the AWC for other services.** The AGs should preferably consume the IFA tablets at the AWC itself. Sakhi and Sahelis may counsel AGs for this. Distribution and consumption has to be recorded on Kishori Cards. ANM/AWW will give information to AGs on food fortification, dietary diversification, advantages of supplementation by IFA tablets and its consumption with food for combating IFA deficiency.

6.2.2 Service Provider: Department of Health and Family Welfare under NRHM

- Supply of IFA Tablets : As part of School Health Programme or separately through the Annual State Project Implementation Plans for NRHM
- Convergence to be ensured with Health Department at the State/UT level.
- Supply of IFA tablets to each AWC will be ensured by CDPOs/Supervisors in coordination with the PHCs.
- The IFA tablets may be made available to AWCS through CDPOs and to Supervisors during the sectoral meetings.
- However, if Health Department for any reason is not able to provide the required quantity of IFA tablets, the Department of Women & Child Development of the State Government /UT concerned may purchase the required quantity of IFA adult tablets. Alternatively, the State Government / UT may further de-centralise this to the District / DM level.
- Procedure: The quarterly requirement of the number of tablets may be projected by the supervisor based on number of beneficiaries in the AWCS under her. These may be consolidated at the Project and District level for requirement to be placed to the State Health Department. The health Dept. will deliver upto PHC level from where the DPOs would source them down to CDPOs and so on. Efforts should be made to make IFA procurement and supply part of Project Implementation Plan (PIP) of NRHM.

Additionally, DPO will ensure that AWWs are properly informed of the IFA supplementation schedule and provided IEC material, including frequently asked questions (FAQs) regarding such supplementation, sourced through the Department of Health & Family Welfare.

6.2.3 Fund Flow: Provision of Rs. 20,000/- per project has been made for IFA procurement and supply in case the WCD Department has to procure it. But this will be done only if the DM or the District Health Officer certifies that IFA Tablets are not available under NRHM.

If the supply is regular from Health Department, allocation of Rs. 20,000/- per Project may be spent on other components of the scheme, under intimation to the Central Government.
6.3 Health Check-up and Referral Services:

6.3.1 Adolescents face numerous risks and problems relating to reproductive and sexual health, including sexually transmitted infections and HIV/AIDS, substance abuse, violence and injury, nutritional, psychological and behavioural problems relating to the rapid physical and emotional changes during the period of adolescence. Access to health services therefore needs to be ensured for AGs.

6.3.2 Activities:

(a) A general health check-up of all AGs at least once in every three months, on Kishori Diwas, will be organised. For this, the ICDS Supervisor, in close collaboration with the ANM and other health functionaries, will draw a schedule for the village/ward level.

(b) AWW, assisted by Sakhi and Saheli, will ensure recording of height, weight and BMI of AGs on Kishori Cards, in order to keep a close watch on the status of growth of AGs. Adult weighing scales provided to AWCs under ICDS would be used for weighing AGs. The weighing scales provided in the kit of the ASHA / ANM may also be used for weighing AGs.

(c) ANM / AWW / ASHA would ensure discussion and clarification of general queries of AGs on issues related to health and hygiene on a regular basis.

(d) The Medical Officer/ANM will provide de-worming tablets to AGs as per State / UT specific guidelines.

(e) In case of AGs having problems requiring specialized treatment, Medical Officers would refer the AGs, with a referral slip, to the District Hospital / PHC / CHC / Maternal & Child Health (MCH) Sub–Centre. All referrals would be followed up on / tracked on the day when the next Kishori Diwas or VHND is organised.

6.3.3 Service Provider: Health check-ups and referral services will be provided through the grassroots-level healthcare system, i.e., through ASHAs and ANMs. The Medical Officer at the PHC will be responsible for the health check-ups which will be ensured by the CDPO.

6.4 Nutrition and Health Education (NHE):

6.4.1 Adolescent girls require nutritious food, coupled with correct and relevant information on nutrition and health, as their bodies get geared up physically for motherhood. In order to address this requirement, the CDPO / Supervisor will ensure nutrition and health education (NHE) for all AGs attending AWCs. Sustained information on these issues will result in better health of AGs, leading to overall improvement in family health, and will also help in breaking
the vicious intergenerational cycle of malnutrition. Mothers of AGs may also be motivated for joining in the NHE sessions for improved impact.

6.4.2 Activities: Major activities under this component of the scheme may include:
(a) Promoting healthy cooking, eating habits, balanced diet and locally available nutritious food.
(b) Sensitising about nutrient deficiency disorders, prevention, nutritional requirements during pregnancy and lactation, etc.
(c) Promoting use of safe drinking water and sanitation.
(d) Educating on personal hygiene, onset of puberty and related changes.
(e) Informing about common ailments, home remedies, first aid, personal hygiene, exercise, etc.
(f) Educating on avoiding drugs and alcohol abuse, stress management, etc.

6.4.3 Service Provider:
- AWW along with health functionaries like ANM and ASHA,
- Resource persons / field-trainers, including those drawn from NGOs.
- Food and Nutrition Board’s (FNB)’s Community Food & Nutrition Extension Units and Mobile Food & Extension Units may be utilized for training, demonstration and education on nutrition
- Queries and concerns raised by AGs will be addressed by ICDS and health functionaries during Kishori Diwas as well as during the course of interaction of AGs with the AWC/PHC/CHC.
- State Government /UT may organize specialized short duration courses on nutrition and health education, in collaboration with the FNB, National Institute of Nutrition (NIN) and voluntary organisations.

6.5 Guidance on Family Welfare, ARSH, Child Care Practices and Home Management:
The Scheme provides for guidance to AGs and their families to promote better healthcare, family welfare and reproductive & sexual health, better childcare practices and improvement of home management skills. This will be done to ensure effective and sustainable behaviour change in AGs and their families with regard to these aspects.

6.5.1 Family Welfare
A comprehensive age appropriate module on family welfare issues, including family planning, reproductive cycle, benefits of marriage and childbirth at the right age, safe motherhood, immunization etc., will be utilized for this purpose.
6.5.2 Adolescent Reproductive and Sexual Health (ARSH)

Orientation and training modules for ARSH, being utilized under the RCH II scheme of NRHM, will be made available to Resource Persons for training on ARSH. Under NRHM dedicated ARSH services are offered on fixed days and at fixed timings at the PHC and CHC levels.

Resource persons from NGOs/CBOs will be engaged to carry out the orientation sessions with the help of AWW, ASHA, ANM and facilitated by the ICDS Supervisor.

During the sessions for ARSH and family welfare, AGs will be divided on the basis of their age. Age-appropriate knowledge will be imparted to AGs in two groups, aged 11 to 14 years and 14 to 18 years according to the relevance of issue to the age.

Issues covered for **11 to 14 age**: topics like growing up, puberty, good health and hygiene habits, etc.

Issues covered for **14 to 18 age**: topics like reproductive cycle, safe sex, HIV/AIDS, contraception, menstrual hygiene, marriage and pregnancy at the right age, etc.

The Counsellors who are trained under AIDS Control and available at every Integrated Counselling and Testing Centre may also be used for providing family welfare and ARSH education.

6.5.3 Childcare Practices

The module will include issues related to healthy child-feeding practices, infant care, benefits of early initiation and exclusive breastfeeding, handling common ailments of children, etc. Using this module, resource persons from NGOs/CBOs with the help of AWW, ASHA and ANM will provide orientation to AGs in the age group of **14 to 18 years**.

6.5.4 Home Management

AGs benefitting from the scheme will eventually learn to manage their own homes in an improved manner when they grow up. To equip them with adequate knowledge and skills for effective home management, the module developed for training AGs will include **issues pertaining to home maintenance, budgeting, saving, running the household, gender sensitivity, schooling of children, etc.** AGs will be advised on these issues to orient them to become more productive members of society.
6.6 Life Skills Education and Accessing Public Services:

6.6.1 AGs need to acquire knowledge and develop attitudes and skills which will support them in and promote among them the adoption of healthy and positive behaviour to deal effectively with the demands and challenges of everyday life. **Issues to be covered in the training of life skills may include confidence-building, development of self-awareness and self-esteem, decision-making ability, capacity for critical thinking, better communication skills, awareness of rights and entitlements, coping with stress, responding to peer pressure, functional literacy (wherever required) etc.** States/UTs will link the life skills component of the *Sabra* Scheme with similar schemes/interventions of the Department of Youth Affairs and also explore the possibility of leveraging their scheme and financial resources for AGs.

6.6.2 One of the important components of the Scheme is to ensure that AGs have confidence and knowledge about existing public services and how to access them. **Awareness talks and visits** should be arranged in collaboration with PRI members and government offices including the Collectorate, NGOs, police personnel, bank officials, Postal Department officials, health functionaries, etc. AGs can either be taken for exposure visits to these places, or personnel from these institutions may address AGs at the AWC. These activities will be facilitated by the resource persons in coordination with supervisors and local government functionaries. The District administration may also provide location maps of basic services for ease of reach to the AGs. Information / guidance about entry / re-entry into formal schools and motivation to do the same would also be provided in coordination with the State Department concerned with Elementary Education. Issues on convergence with Department of Education have been given in part 7.2.

6.6.3 Such kind of knowledge will strengthen and empower AGs for their future lives as adults. The learning outcome would be to access and utilize such services when needed, as **opening and operating bank accounts and post office accounts, sending telegrams, filing an FIR, accessing health services and attending to health emergencies, learning about the panchayat system, voting and being a part of governance, making train reservations, learning the working of government offices, and being aware of various relevant schemes and programmes of the Government.**

6.7 Fund Flow:

**Funds available under the components of NHE component including IEC (Rs. 30,000/- per project) & Life Skills Education and Accessing Public Services (Rs. 50,000/- per project)** may be utilized for providing financial support to voluntary organizations in organizing modules including arranging exposure visits on the subject at the AWC level. **Resource persons**
available locally may also be utilized for providing this service. For this purpose, if two or more AWCs are closely located, they may be taken together to optimise resources.

6.8 Vocational Training (for girls aged 16 and above) through National Skill Development Programme (NSDP) of Ministry of Labour & Employment:

6.8.1 A large number of school drop outs do not have access to skill development for improving their employability. Ministry of Labour & Employment developed a new strategic framework for skill development for early school leavers and existing workers, especially in the un-organised sector in close consultation with industry, micro enterprises in the un-organised sector, State Governments, experts and academia. Till such time that the NSDP of the Ministry sets in, the institution of the Modular Employable Skills (MES) under Skill Development Initiative Scheme (SDIS) may be used.

6.8.2 The main objective of the MES under SDIS is to provide employable skills to school leavers, existing workers, ITI graduates, etc. Training under SDIS will be provided by various Vocational Training Providers (VTP) under Central Government, State Governments, Public and Private Sector and Industrial establishments. VTPs will provide counselling & vocational guidance, training facilities as per norms, post training support to trainees in getting employment, maintain data base on trainees trained and the outcome of the training. They will track the trainees for three years or till they get gainfully employed. The Scheme has a flexible delivery mechanism of trainings (part time, weekends, full time, onsite/ offsite) which will enable AGs to participate in them. **Effort should be made to get the off-site models to provide training at the block level if the AGs are not willing to go far from training.**

6.8.3 Selection of Training Trade : The trade for training should be selected based on following criteria:

(a) Requirement of particular trade in the area

(b) Training facilities available

(c) Local demand of products

(d) Inclination and aspirations of trainees

(e) Employability after training

6.8.4 States/UTs will establish convergence with skill development centers (SDCs) at village levels and leverage them to optimum use to tie up for vocational training component. The amount of Rs. 30,000/- per project per annum may be used for partly compensating the fee component charged under the training programmes. **The States may decide the number of**
girls and the suitable training modules for vocational training. Overall, an enabling environment should be created for informed and skilled AGs to seek appropriate livelihood options.

7. CONVERGENCE:

Coordination of efforts of different Ministries/Departments at all levels is an essential component for the success of the scheme. There should be convergence of services with various schemes/programmes of Health, Education, Youth Affairs, Labour & Employment and PRI. Convergent Micro-plans at the district, block and village level with the concerned departments may be made.

The responsibility to effect this convergence will be with the Monitoring and Supervision Committee at the State, District, Project and Village levels. The recommended composition of the Committees is given at Annex 5.

7.1 Convergence with the Health System:

Four of the seven services under the scheme will be provided in convergence with the schemes of the Departments of Health & Family Welfare and AIDS Control. These are:

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

Convergence is sought with the Reproductive & Child Health II (RCH-II) programme of the Department of Health & Family Welfare. Action to be taken in respect of each of these services has been discussed in the preceding section 3.4. In States/UTs where the menstrual hygiene programme is being implemented through the Water & Sanitation Department, the convergence with the respective programme may be sought.

Convergence with the health system across various levels would be as under:

<table>
<thead>
<tr>
<th>Level</th>
<th>Health Department</th>
<th>WCD Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>State level</td>
<td>Secretary / Mission Director</td>
<td>Secretary / Director</td>
</tr>
<tr>
<td>District level</td>
<td>CMO / Civil Surgeon</td>
<td>DPO</td>
</tr>
<tr>
<td>Project level</td>
<td>Medical Officer In - charge</td>
<td>CDPO</td>
</tr>
<tr>
<td>Sector level</td>
<td>ANM /ASHA</td>
<td>Supervisor</td>
</tr>
<tr>
<td>Village level</td>
<td>ASHA/ASHA</td>
<td>AWW</td>
</tr>
</tbody>
</table>
7.2 Convergence with the Education System:

Education holds the key to empowerment which is the overarching objective of the scheme. The feasibility of convergence is high on account of universal presence of the public education system at the village level due to Government initiatives like Sarva Shiksha Abhiyan and the recently enacted Right to Free and Compulsory Education Act.

The objective of the convergence with the education system is enabling, facilitating and motivating out-of-school adolescent girls to enroll for schools or for non-formal education.

The District Level Committee for Sabla would effect convergence and also monitor progress in terms of enrolment of out-of-school adolescent girls in regular schools and non-formal education centres. The AGs could either be drop outs or never gone to schools. The appropriateness of the class accordingly will be decided by the school functionaries.

7.2.1 The convergence would be effected with:

- Sarva Shiksha Abhiyan
- Kasturba Gandhi Balika Vidyalayas (over 3,800 set up so far, focusing on girls belonging to SC/ST/minority and poor communities)
- Adolescence Education Programme(where implemented). The peer educators under the AEP may also be a part of the Kishori Samoohs in Sabla
- Mahila Samakhya Programme (implemented in 105 districts in 10 states across the country, established Kishori Manches)
- Sakshar Bharat (launched as the recast national literacy initiative in 2009 with particular focus on females)

- **Responsibility:** The District, Project and Village level Committees of which the school functionaries would also be a member.

7.2.2 The school authorities may be invited to address the out of school AGs on days pre-decided, to motivate these AGs and to enrol them, if possible. The Right to Education Act envisages all 11-14 year old AGs to be in school and Sabla would be the ideal platform to encourage them to join school by explaining to them the benefits of education. The teachers may also attend the Kishori Diwas for this purpose.

7.2.3 Convergence with the Education System will be necessary in the places where the AWC is not found to have adequate facilities for AGs and it has been decided to implement Sabla in the school premises. The State Governments /UTs in coordination with education department would decide on the space earmarked in such a case and timings for AGs for the days on which non nutrition interventions would be provided to the AGs.
7.3 Convergence with Youth Affairs:

7.3.1 National Programme for Youth and Adolescent Development (NPYAD) and existing youth / teen clubs in 2 blocks each in 64 districts across the country under the Adolescent Health Development Project of Department of Youth Affairs and Sports may be involved in awareness generation for all the activities of the scheme where the districts are common. The DPO may institute this convergence and work out the plan to leverage this scheme for benefit of both the schemes. Similarly, the benefits provided by the Nehru Yuva Kendra Sangathan should be utilised and the AGs should be given exposure to these institutions.

7.3.2 Life skill education trainings given under the Department may be utilised for training of the Sakhi and Sahelis by utilising the funds earmarked for the same.

7.4 Convergence with Labour and Employment:

Modular Employable Skills (MES) under Skill Development Initiative Scheme (SDIS) may be used provide employable skills to AGs of 16 years and above. Details of this scheme are given in the vocational training section in para 6.8. Convergence with the NSDP is to be established.

7.5 Convergence with PRIs:

7.5.1 Panchayati Raj Institutions (PRIs) may be involved with promotive activities like participation of members of the target community in Kishori Diwas, community monitoring, and Information, Education & Communication (IEC) activities.

7.5.2 The PRI members would be a part of the Monitoring Committees at all levels.

7.5.3 The DPO and CDPO will establish coordination with PRI members in areas where the AWC is not found to have adequate facilities for the AGs. They would together decide the place – school, panchayat bhavan, community hall or any other where space and time could be provided for the AGs to gather for non nutrition interventions. For this purpose, supervisor with the PRI member of the village will decide whether the AWC is suitable or not.

8 TRAINING AND MODULES:

8.1 Capacies of ICDS functionaries (DPOs, CDPOs, Supervisors and AWWs) on the various scheme components will have to be built / strengthened. Besides ICDS functionaries, modules and material will also have to be developed for master trainers and training of trainers, as well
as for orienting Sakhi and Saheli. Orientation of sub-centre / village health functionaries (ANM and ASHA) will also be required. While category-specific modules will need to be developed, core module(s) which could serve as common input for meeting training / orientation needs of all / several categories could be developed, and such core module(s) could be used in joint training sessions. The training modules will be devised by NIPCCD and the training of functionaries will be a continuous exercise.

8.2 Any module, including modules developed by the Central Government (MWCD/MHFW) or the State Government /UT concerned may be used. State Governments / UTs may organize training modules jointly between the ICDS and Health Department personnel and may include various activities for training for the different components. In case a State/UT-level module or any module other than one developed by the Central Government is used, the same may be shared with the MWCD for information and to enable sharing with other States/UTs.

8.3 NGOs may be involved for training of peer monitors- sakhi and saheli. The funds earmarked for training of sakhi and saheli is to be used for this purpose. The selected NGOs also need to be oriented on the modules used for the non nutrition interventions as service providers.

8.4 At the grass-root level, the Supervisor will be responsible for coordinating and organising the trainings with help from the CDPO / DPO along with facilitating information on the existing facilities in these areas.

8.5 At Central Level: At the central level, NIPCCD will develop the training modules for the CDPOs, supervisors and AWWs and train the CDPOs. NIPCCD would organise the training of trainers of MLTCs and AWTCs who in turn would train the supervisors and AWWs.

8.6 At State Level: States will ensure that the supervisors and AWWs are provided training on Sabla by the trainers trained at NIPCCD/Regional Centers. Inclusion of Sabla training in job/refresher training of AWW/Supervisors would be a regular activity.
Training of Field NGOs would be conducted by trainers of AWTCs / MLTCs / MNGOs

8.7 At District Level: Vertically integrated training / orientation programme of CDPOs, Supervisors, AWW, Sakhi and Saheli will be conducted on a regular basis. Responsibility for organizing these, as per schedule decided by the State Level Committee on Sabla, will be that of the DPO concerned. Training of Sakhi and Saheli at the Project Level would be conducted by selected NGOs as per the schedule decided by the States.
9. SELECTION OF NGOS / CBOS:

State Governments /UTs will involve MNGOs, NGOs, CBOs and other institutions or resource persons for the following services: Nutrition and health education; Counselling/guidance on family welfare; Adolescent Reproductive & Sexual Health (ARSH); childcare practices, home management and Life skills education & accessing public services.

They will be identified for imparting education of the services mentioned above and for training of Sakhi/Saheli. These will be selected by the States / UTs in consultation with DMs, DPOs and CDPOs, based on the accessibility and availability of these organizations at the field level. There will be flexibility to ensure that local level decisions may be taken. It should be ensured that these organisations reach upto AWC level. MNGOs and other organizations already working on similar interventions with programmes of other Ministries/Departments like Health & Family Welfare, Education, AIDS Control, Youth Affairs, Panchayati Raj, etc. may be utilized for the scheme.

A Memorandum of Understanding will be signed with NGOs who would be engaged for this scheme. The MoU must contain the services to be provided and the outcomes to be achieved. The MoUs should be for a specified period of time and mid – term review of performance may be incorporated. Draft MoUs may be shared with the Ministry of WCD. In case there is shortage of availability of NGOs / CBOs in any State/UT, the State Government /UT may engage the services of Voluntary Organisations, SHGs, other qualified resource persons, etc. who are available.

10. SELECTION OF DISTRICTS:

The scheme will be rolled out on a pilot basis in 200 districts in all States / UTs across the country, to begin with.

A composite weighted index, using the following four criteria related to AGs, has been used for the selection of districts (weightage in bracket):

i. Drop-out rate of females from school (50%)
ii. Female literacy rate (20%)
iii. Girls married before the age of 18 years (20%)
iv. Female work participation (10%)

The districts are a combination of good performing, moderate and not so well performing districts in all States / UTs across the country, based on this index. This has been done to test
check the success of implementation in pilot districts before expanding the Scheme. The list of districts selected is at Annex 1.

11. STEPS / MEASURES AT THE STATE GOVERNMENT /UT LEVEL:

(i) States/UTs will be responsible for implementing the scheme through the ICDS set-up.
(ii) Conduct baseline survey for identification of beneficiaries
(iii) Provide for the State/UT share for Supplementary Nutrition for AGs.
(iv) Organize State, UT, District and Project level workshops to introduce the scheme to the personnel of ICDS, functionaries of other Ministries/Departments and the implementing partners.
(v) Increase awareness/generate publicity about the scheme by developing IEC material
(vi) Establish effective convergence mechanism with other Departments, like School Education & Literacy, Health & Family Welfare, Labour and Employment, Youth Affairs, and Panchayati Raj, at the State/UT/district/project/village level, for all components.
(vii) Select MNGOs/NGOs/CBOs for various non nutrition services, in consultation with DMs, DPOs and CDPOs.
(viii) Set up the Monitoring and Supervision Committees as specified in Annex 5.
(ix) Monitor the Scheme, analyse, interpret and take corrective action at appropriate levels to assess the effectiveness of the implementation.

12. FLEXIBILITY AVAILABLE TO STATE GOVERNMENTS /UTS:

(i) States / UTs may decide the venue for implementing the Scheme if the facilities at the AWCs are not adequate.
(ii) States / UTs may decide the frequency and timings for implementation of Sabla based on criteria given earlier at para 5.5.
(iii) States/UTs may decide the type of supplementary nutrition to be provided to the AGs. In case THR is provided, it could be in the same quantity as prescribed for pregnant and lactating mothers. If the State takes decision to provide Hot Cooked Meals, then quality standards have to be maintained.
(iv) The States / UTs may avail the benefit of Wheat based Nutrition Programme (WBNP) wherein wheat and rice are provided at BPL rates as in ICDS and earlier NPAG by Department of Food & Public Distribution. Requirement based on the number of beneficiaries and the recipe to be provided may be sent to the MWCD.

(v) Selection of MNGOs, NGOs, CBOs, Resource persons for non nutrition interventions.

(vi) The States / UTs may have inter-component / inter project flexibility in the Scheme for use of funds across different heads under information to the Centre. However, all services need to be provided to the AGs.

(vii) IFA tablets are to be obtained from the Health Department for distribution to the AGs. In case, it is not supplied by the Health Department, the purchase may be made out of the budget provided for the same under intimation to MWCD.

(viii) States / UTs may decide the trade and vocation for which vocational training would be provided under NSDP. The skill development modules may be selected based on the area specific needs and demands.

(ix) The modules for various services / trainings would be communicated by the Government of India. However, if States / UTs use their own or existing modules for these purposes, these modules may be shared with the Ministry.

13. MONITORING MECHANISM AND MONITORING & SUPERVISION COMMITTEES:

Monitoring and supervision plays a vital role in the success of any program. The monitoring and supervision set up under the ICDS at the national level, the State / UT level and the community level would be used for this programme as well. Monitoring Committees will be set up at all levels. Suggested composition of the Monitoring and Supervision Committees at National, State, District, Block and Village level are given at Annex 5. The Committees will meet as specified and take stock of the progress of the Scheme as also strengthen the coordination and convergence between concerned departments. The Committee will also consider the bottlenecks faced in the implementation and suggest modifications required for improving the implementation.
14. SERVICE DELIVERY FRAMEWORK – ROLES AND RESPONSIBILITIES

14.1 DPO:
(i) Provide overall guidance for implementation of the Scheme in the district.
(ii) Will be a part of the Committee at the District level and will be the channel between the implementers at the field level and the State.
(iii) Ensure the availability of a suitable location for the AGs to meet with required support from CDPO and Panchayat members.
(iv) Monitor and ensure uninterrupted nutrition provision
(v) Ensure convergence with other Department functionaries and programmes for AGs at the district level.
(vi) Identify NGOs/CBOs/resource persons/institutions at district level for imparting various trainings.
(vii) Ensure supply of IFA to Block levels.
(viii) Conduct vertical training programme of CDPOs, Supervisors, AWW –ASHA and Sakhi Saheli on regular basis as guided by NIPCCD.
(ix) Monitor and supervise all activities including expenditure regarding implementation of the Scheme at district level.
(x) Ensure the collation of the progress reports to be sent timely to the State level.

14.2 CDPO:
(i) Provide overall guidance to Supervisors and AWWs for implementation of the Scheme in the project area.
(ii) Chalk out plan to generate awareness among the community about Sabla
(iii) Plan convergence at field level with other Departments
(iv) Identify NGOs/CBOs/resource persons/institutions at block level for imparting various trainings.
(v) Identify along with Supervisors the locally viable vocational trades on which the AGs can be imparted training and ensuring the required convergence.
(vi) Ensure supply of IFA tablets to Supervisors.
Monitor and supervise all activities including expenditure regarding implementation of the Scheme in the project.

Submission of prescribed reports to the DPO in a time-bound manner.

Ensure the trainings of sakhi saheli in the Project.

Ensure the availability of a suitable location for the AGs to meet with required support from Panchayat members.

Ensuring smooth conducting of Kishori Diwas.

Facilitate in imparting non-formal education to AGs by establishing linkages with Sarva Shiksha Abhiyan and, Saaksharta Abhiyan, convergence with Primary Schools and Village Education Committees.

Monitor and ensure uninterrupted nutrition provision.

Plan out the activity time table for non nutrition interventions at AWC level and also deciding the pooling of resources if required like holding some sessions for two or more AWCs together, etc.

**14.3 ICDS Supervisor:**

(i) Conduct the baseline survey if the AWW is not qualified enough (8th pass), check and authenticate 20% of the entries in the survey to ensure that AGs are not left out.

(ii) The Supervisors along with AWWs will facilitate enrolment of AGs.

(iii) Assist the CDPO in identifying the NGOs/CBOs/resource persons working on AG issues in their field area.

(iv) Ensure convergence with the various line departments at the sector level.

(v) Ensure supply of IFA tablets to each AWC. If any hurdles are faced, support of the CDPO may be taken.

(vi) Facilitate training of Sakhi/Saheli and supervise the peer training activities conducted at village or sector level at regular intervals.

(vii) Oversee and plan the functioning of Kishori Diwas and activities

(viii) Draw out the timetable for the non nutrition components, AWC wise.

(ix) Random checking on 10% of AGs during visits to AWC

**14.4 Anganwadi Worker:**

(i) AWW will conduct survey and register all AGs within the jurisdiction of that AWC and encourage all AGs to avail services under Sabla
(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. Two to three 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. If supply of IFA and deworming tablets is made to the AWW, consumption of the same by the AGs must be ensured by her.

(vii) Assist the AGs in selecting the Sakhi and Saheli

(viii) AWH will assist the AWW in all above activities

14.5 Sakhi and Saheli:

(i) Sakhi would work as the head of the Kishori Samooh for four 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) Take on lead role in motivating AGs to join the Scheme supported by AWW.

(iv) Facilitate activities to be conducted at AWC on day to day basis and on Kishori Diwas.

(v) Motivate and assist all AGs to fill up and maintain their Kishori Health Cards.

(vi) Assist the AWW in maintaining the registers

(vii) Assist in distribution of THR.

(viii) May accompany AWW on home visits.

14.6 NGOs and CBOs:

(i) Imparting education on the services mentioned in Part 6

(ii) Impart training to Sakhi/Saheli

(iii) Follow the timetable of activities as drawn AWC wise
15. ADMINISTRATIVE AND FINANCIAL MANAGEMENT STRUCTURE:

15.1 *Sabella* is a centrally sponsored scheme, implemented through State Governments /UTs. The Ministry of Women and Child Development will be responsible for budgetary control and administration of the scheme from the Centre. At the State / UT level, the Secretary of the Department of Women and Child Development/ Social Welfare dealing with ICDS will be responsible for the overall direction and implementation of the Scheme alongwith the Director and other officers.

Along with the Monitoring and Supervision Committees the administrative structure would be as under:

15.2 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 responsible for their own sectors. AWW will survey and register all AGs within the jurisdiction of that AWC and facilitate in the implementation of the *Sabella* Scheme. The selected NGOs / CBOs would be instrumental in providing the services as indicated earlier.

15.3 The financial assistance to the State Governments /UTs will be given in four instalments for the SNP component and in two instalments for the non-SNP component by MWCD. Funds will be transferred to the consolidated account of the concerned State Governments /UTs. States may have a *Sabella* Account operated by the State ICDS Cell. The State ICDS Cell shall in turn provide grant-in-aid to the District ICDS Cell and the ICDS Projects implementing the scheme at the grassroots level.

15.4 At the ICDS Project level, the Child Development Project Officer (CDPO), who is the overall in-charge of the ICDS Project, will be responsible for the implementation of the Scheme and
accounting of the funds for Sabla. With the support of the Supervisors, the CDPO will ensure the implementation, supervision and monitoring of the scheme.

15.5 The first instalment will be released in the beginning of the year in April. The other three instalments will be released upon the receipt of the Statement of Expenditure (SoE) of one quarter earlier. For example, to release the instalment of second quarter, the SoE of the quarter ending March of earlier year would be required. For release of third instalment, the SoE of quarter ending June (1st Quarter) would be required and for release of fourth instalment, the SoE of quarter ending September (2nd Quarter) would be required.

15.6 SoEs are to be furnished to GoI as per formats given at Annex 6(i) alongwith the Physical and Financial report as under:

(i) Annual SoE, along with UC for previous year : 31st May
(ii) Quarter ending 30th June : by 15th July
(iii) Quarter ending 30th September : by 15th October
(iv) Quarter ending 31st December : by 15th January
(v) Quarter ending 31st March : by 15th April

Time schedule for submission of SoE may be strictly adhered to enable the Ministry to release the funds to States/UTs in time.

16. BUDGETARY PROVISIONS FOR THE VARIOUS COMPONENTS UNDER THE SCHEME:

16.1 Item wise unit cost of the Non – nutrition component per year / project:

<table>
<thead>
<tr>
<th>Item</th>
<th>Unit cost per ICDS Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training Kit/AWC @ Rs. 1000/- per AWC</td>
<td>Rs. 150,000</td>
</tr>
<tr>
<td>2. Life skill Education including IEC</td>
<td>Rs. 50000</td>
</tr>
<tr>
<td>3. Training for Sakhi/Saheli</td>
<td>Rs. 40000</td>
</tr>
<tr>
<td>4. NHE component including IEC &amp; Guidance on accessing public services</td>
<td>Rs. 30000</td>
</tr>
<tr>
<td>5. Vocational training</td>
<td>Rs. 30000</td>
</tr>
<tr>
<td>6. Misc. expenditure (Expense on celebrating Kishori Diwas etc.)</td>
<td>Rs. 30000</td>
</tr>
<tr>
<td>7. Others (printing of health cards/registers/Utensils, etc.)</td>
<td>Rs. 30000</td>
</tr>
<tr>
<td>8. Cost of providing IFA (where IFA is not</td>
<td></td>
</tr>
</tbody>
</table>
16.2 KSY will be continued (where operational) in remaining districts apart from these 200 districts. The funds from Sabla will be utilised for KSY also.

16.3 NGOs/CBOs/Resource persons etc partnering with States/UTs, for various non nutrition services under the scheme, would be compensated by the States/UTs out of the funds earmarked against those activities/services.

16.4 The funds allocated under the head of Miscellaneous expenditure and Others of Rs. 30000/ each may be used for expenditure on Kishori Cards, holding of Kishori Diwas, transportation for exposure visits, printing of registers, etc. and reported in the SoE along with the purpose for which used.

17. REPORTING AND MONITORING FORMATS:

17.1 One Register (to be opened every year) has to be maintained at the AWC by AWW with the assistance of Sakhi / Saheli. The format of the Register is at Annex 7(i). Supervisor will ensure that accurate records of AGs are maintained at the AWCs, compiled and reported in the format prescribed. A monthly Report is to be furnished by the AWW to Supervisor for her AWC. These will be consolidated by the Supervisor (for her sector) and sent to the CDPO. The CDPO will further sent the Project Report to the DPO. The DPO will consolidate reports from all projects and send it to the State Governments / UTs. The formats are prescribed at Annex 7(ii to v). These in turn will be sent to the Ministry by the SG/UT.

17.2 States / UTs may translate the reporting and monitoring forms in regional language if required. However, reports to the Government of India may be sent in Hindi or English only.

17.3 Various reporting and monitoring formats as well as the formats for progress reports for the scheme required for the various levels are at Annex 6 and 7 of these Guidelines.

These Guidelines for the implementation of the Scheme would be supplemented by the Government of India from time to time by issuing further Guidelines on various aspects of the Scheme if required.

==========*****==========
Annex 1

DISTRICTS COVERED UNDER RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (RGSEAG) - Sabla

<table>
<thead>
<tr>
<th>STATE / UT NAME</th>
<th>No. of Distt.</th>
<th>DISTRICT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A &amp; N Islands</td>
<td>1</td>
<td>Andamans</td>
</tr>
<tr>
<td>2 Andhra Pradesh</td>
<td>7</td>
<td>Mahbubnagar, Adilabad, Anantapur, Visakhapatnam, Chittoor, West Godavari, Hyderabad</td>
</tr>
<tr>
<td>3 Arunachal Pradesh</td>
<td>4</td>
<td>Papum Pare, Lohit, West Kameng, West Siang.</td>
</tr>
<tr>
<td>4 Assam</td>
<td>8</td>
<td>Dhubri, Darang, Hailakandi, Kokrajhar, Karbi Anglong, Dibrugarh, Kamrup, Jorhat</td>
</tr>
<tr>
<td>5 Bihar</td>
<td>12</td>
<td>Katihar, Vaishali, Pashchim Champaran, Banka, Gaya, Saharsa, Kishanganj, Patna, Buxar, Sitamarhi, Munger, Aurangabad</td>
</tr>
<tr>
<td>6 Chandigarh</td>
<td>1</td>
<td>Chandigarh</td>
</tr>
<tr>
<td>7 Chhattisgarh</td>
<td>5</td>
<td>Surguja, Bastar, Raipur, Raigarh, Rajnandgaon</td>
</tr>
<tr>
<td>8 D &amp; N Haveli</td>
<td>1</td>
<td>Dadra &amp; Nagar Haveli</td>
</tr>
<tr>
<td>9 Daman &amp; Diu</td>
<td>2</td>
<td>Diu, Daman</td>
</tr>
<tr>
<td>10 Delhi</td>
<td>3</td>
<td>North West, North East, East</td>
</tr>
<tr>
<td>11 Goa</td>
<td>2</td>
<td>North Goa, South Goa</td>
</tr>
<tr>
<td>12 Gujarat</td>
<td>9</td>
<td>Banaskantha, Dohad, Kachchh, Panch Mahals, Narmada, Ahmadabad, Jamnagar, Junagadh, Navsari</td>
</tr>
<tr>
<td>13 Haryana</td>
<td>6</td>
<td>Kaithal, Hisar, Yamunanagar, Ambala, Rewari, Rohtak</td>
</tr>
<tr>
<td>14 Himachal Pradesh</td>
<td>4</td>
<td>Chamba, Kullu, Solan, Kangra</td>
</tr>
<tr>
<td>15 Jammu &amp; Kashmir</td>
<td>5</td>
<td>Anantnag, Kupwara, Kathua, Jammu, Leh(Ladakh)</td>
</tr>
<tr>
<td>16 Jharkhand</td>
<td>7</td>
<td>Giridih, Sahibganj, Garhwa, Hazaribagh, Gumla, Pashchimi Singhbhum, Ranchi</td>
</tr>
<tr>
<td>17 Karnataka</td>
<td>9</td>
<td>Gulbarga, Kolar, Bangalore, Bijapur, Bellary, Dharward, Chikmagalur, Uttara Kannada, Kodagu</td>
</tr>
<tr>
<td>18 Kerala</td>
<td>4</td>
<td>Malappuram, Palakkad, Kollam, Idukki</td>
</tr>
<tr>
<td>19 Lakshadweep</td>
<td>1</td>
<td>Lakshadweep</td>
</tr>
<tr>
<td>20 Madhya Pradesh</td>
<td>15</td>
<td>Sheopur, Raigarh, Sidhi, Neemuch, Jhabua, Tikamgarh, Rewa, Bhind, Damoh, Indore, Sagar, Jabalpur, Bhopal, Betul, Balaghat</td>
</tr>
<tr>
<td>21 Maharashtra</td>
<td>11</td>
<td>Beed, Nanded, Mumbai, Nashik, Gadchiroli, Buldana, Kolhapur, Satara, Amravati, Nagpur, Gondiya</td>
</tr>
<tr>
<td>22 Manipur</td>
<td>3</td>
<td>Chandel, Senapati, Imphal West</td>
</tr>
<tr>
<td>23 Meghalaya</td>
<td>3</td>
<td>West Garo Hills, South Garo Hills, East Ghali Hills</td>
</tr>
<tr>
<td>24 Mizoram</td>
<td>3</td>
<td>Lunglei, Saiha, Aizawl</td>
</tr>
<tr>
<td>No</td>
<td>State</td>
<td>Count</td>
</tr>
<tr>
<td>----</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>25</td>
<td>Nagaland</td>
<td>3</td>
</tr>
<tr>
<td>26</td>
<td>Orissa</td>
<td>9</td>
</tr>
<tr>
<td>27</td>
<td>Pondicherry</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>Punjab</td>
<td>6</td>
</tr>
<tr>
<td>29</td>
<td>Rajasthan</td>
<td>10</td>
</tr>
<tr>
<td>30</td>
<td>Sikkim</td>
<td>2</td>
</tr>
<tr>
<td>31</td>
<td>Tamil Nadu</td>
<td>9</td>
</tr>
<tr>
<td>32</td>
<td>Tripura</td>
<td>2</td>
</tr>
<tr>
<td>33</td>
<td>Uttar Pradesh</td>
<td>22</td>
</tr>
<tr>
<td>34</td>
<td>Uttarakhand</td>
<td>4</td>
</tr>
<tr>
<td>35</td>
<td>West Bengal</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>200</td>
</tr>
</tbody>
</table>
TRAINING KIT

A training kit will be provided at every Anganwadi Centre to assist AGs to understand various health, nutrition, social and legal issues by conducting activities in an interesting and interactive manner. The training kit will have a number of games and activities so that the girls enjoy while learning. The Sakhi and Saheli will be trained to use these kits for imparting peer education. Among other training and educational materials identified by the respective State Governments / UTs, each Kishori Training Kit will contain the following:

- **Flash cards with pictures and stories** on characteristics of adolescence including nutrition, health and hygiene, peer pressure, assertiveness, goal setting, problem solving, conflict resolution, leadership/role in society, interaction with opposite sex, teenage pregnancy, RTIs, STIs etc.

- **Quiz/activity games** on basic body process including change during adolescence, structure and functions of female reproductive system, menstruation etc.

- **Adolescence Activity Cards** presenting a situation for AGs to discuss. The stories raise issues around health, nutrition, peer-pressure, gender stereotyping, aggression, sense of purpose, sexuality and sexual health risks etc.

- **Adolescence Activity Chart (easy to wipe laminated charts)** for AGs to draw and write on as they participate in the orientation and training activities. These activity charts will have the picture of male and female body and their reproductive organs printed on them and AGs will be encouraged using them for depicting various body parts which will help them understand and explore male and female reproductive systems. These will be easy to wipe laminated charts that can be wiped clean and readied for the next session.

- A sample kit has been provided to every State / UT, which may be adapted / translated by the States / UTs as required.
D. Nutrition Type: (Tick one)
Hot Cooked Meal (HCM) OR Take Home Ration (THR)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Month</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jan</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>Feb</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>Mar</td>
<td>31</td>
</tr>
<tr>
<td>4</td>
<td>Apr</td>
<td>30</td>
</tr>
<tr>
<td>5</td>
<td>May</td>
<td>31</td>
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<tr>
<td>6</td>
<td>Jun</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td>Jul</td>
<td>31</td>
</tr>
<tr>
<td>8</td>
<td>Aug</td>
<td>31</td>
</tr>
<tr>
<td>9</td>
<td>Sep</td>
<td>30</td>
</tr>
<tr>
<td>10</td>
<td>Oct</td>
<td>31</td>
</tr>
<tr>
<td>11</td>
<td>Nov</td>
<td>30</td>
</tr>
<tr>
<td>12</td>
<td>Dec</td>
<td>31</td>
</tr>
</tbody>
</table>

IMPORTANT MILESTONES with Dates like joining school, dropping out, passing class, marriage, child birth, onset of puberty, etc.

1. ____________________________________________________________________
2. ____________________________________________________________________
3. ____________________________________________________________________

Reference: Dietary Guidelines for Indians, National Institute of Nutrition, Hyderabad, 1999, Pg. No. 45

Get your BMI assessed every quarter to know your nutritional status.
**B. Guidance / Counselling Sessions (No. of Sessions attended)**

<table>
<thead>
<tr>
<th>Quarters</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition &amp; Health Education sessions (minimum 2 in a quarter)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Welfare, ARSH &amp; child care practices sessions (minimum 3 in a quarter)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skill Education sessions (minimum 2 in a quarter)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure visit (attach details) - post offices, bank, police station, etc (minimum 2 to each of them in one year)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each Guidance/ Counselling session attended, put date in the relevant column against the relevant topic.

**C. Health Services**

<table>
<thead>
<tr>
<th>Quarters</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Health Check-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height (in cms.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (in Kgs.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>N – Normal</td>
<td>M – Malnourished</td>
</tr>
<tr>
<td>No. of IFA Tablets</td>
<td>Provided</td>
<td>Consumed</td>
</tr>
<tr>
<td>Referral Services received</td>
<td>(Write whichever is correct)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**D. Nutrition Type: (Tick one)**

| Hot Cooked Meal (HCM) OR Take Home Ration (THR) |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Months – Days | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |----------------------|----------------------|----------------------|----------------------|

**MESSAGES**

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

**Formula**

\[
\text{BMI} = \frac{\text{Weight (in kg)}}{\text{Height (in m)}^2}
\]

BMI below 18.5 is underweight and BMI between 18.5 & 23.5 is normal – see chart on leaf 6.

**IMPORTANT MILESTONES** with Dates like joining school, dropping out, passing class, marriage, child birth, onset of puberty, etc.

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
Annex 4

Most Immediate

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
10. Master File on IMNCI/Guard File

sd/-
(Dr.Sangeeta Saxena)
Assistant Commissioner (CH)
Tel 23061218
MONITORING AND SUPERVISION COMMITTEES

1. National Monitoring and Supervision Committee:

In order to ensure effective implementation and monitoring of the Sabla throughout the country, a National Monitoring and Supervision Committee will be set up under the chairpersonship of the Secretary, Ministry of Women & Child Development.

The members of this Committee will include representatives from Planning Commission, Ministry of Health & Family Welfare, Ministry of Rural Development, Ministry of Panchayati Raj, Ministry of Youth Affairs, Ministry of Labour, Ministry of Human Resource Development, two State Secretaries on rotation basis, National Institute of Public Cooperation and Child Development (NIPCCD) and National Institute of Health and Family Welfare (NIHFW). Experts may also be involved as special invitees from time to time.

The composition of the committee would be under:-

1. Secretary, Ministry of Women & Child Development. Chairperson
2. Secretary, Planning Commission Member
3. Secretary, Ministry of Health & Family Welfare Member
4. Secretary, Ministry of Labour Member
5. Secretary, Ministry of Youth Affairs Member
6. Secretary, Ministry of Human Resource Development Member
7. Secretary, Ministry of Rural Development Member
8. Secretary, Ministry of Panchayati Raj Member
9. Secretary from two State Secretaries on rotation basis Member
10. Director, NIPCCD Member
11. Director, NIHFW Member
12. Joint Secretary (ICDS), M/WCD Member
13. Joint Secretary, In-charge of the Programme Member Secretary

This Committee will meet quarterly or as and when required at the notice of the Chairperson.

2. State, District, Block and Village Level Committee:

In order to ensure effective implementation of the scheme at State / UT level and below, monitoring committees comprising of representatives from other concerned departments will be constituted. These committees will review, monitor and advise on matters relating to the implementation of the scheme and cause the convergence across the stakeholder departments.
At the State level, this Committee will be called State Monitoring and Supervision Committee. This committee will be under the chairpersonship of the Chief Secretary. The members of this Committee will include representatives from Planning Department, Finance, representative from Health & Family Welfare, Rural Development, Panchayati Raj, Youth Affairs, Labour, Education, 5 MPs and 5 MLAs of the area would also be involved in order to have broad spectrum of political representation.

The composition of the committee would be under:-

Chief Secretary                             Chairperson
Secretary, Planning Department             Member
Secretary, Finance Department               Member
Secretary, Health & Family Welfare department Member
Secretary, Rural Development                Member
Secretary, Panchayati Raj Institution      Member
Secretary, Department Youth Affairs        Member
Secretary, Department of Labour            Member
Secretary, Department of Education          Member
5 Member of Parliament and 5 MLAs of the area Member
Experts/NGOs/CBOs (2 from each category)    Member
Secretary, Women & Child Development      Member Secretary

* Member of Parliament and MLAs of the area would be involved in order to have broad spectrum of political representation.

This Committee will meet quarterly or as and when required on the notice of the Chairperson.

3. District level: At the district level, the District Magistrate/ Deputy Commissioner / District Collector of the concerned district will head such committee. Counterparts of all concerned Departments and representative of District level of Panchayat Samiti (if there is elected Panchayat system) would be the members of the Committee. DPO will be the Member Secretary.

The composition of the committee would be under:-

DM/DC                                         Chairperson
CEO, Zila Panchayat                           Member
Panchayat samiti representative               Member
Civil Surgeon                                 Member
Labour Superintendent                        Member
Experts/NGOs ( two)                           Member
District Education Officer                   Member
5 CDPOs (if less than 5 projects, then all CDPOs)  Member
DPO  Member Secretary

This Committee will meet quarterly or as and when required on the notice of the Chairperson.

4. Project level: At the Project level, the District Programme Officer will head the monitoring committee having representatives from the concerned other departments at block level. The CDPO will be the Member Secretary of the Committee.

The composition of the committee would be under:-

<table>
<thead>
<tr>
<th>Role</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPO</td>
<td>Chairperson</td>
</tr>
<tr>
<td>Block Development Officer</td>
<td>Member</td>
</tr>
<tr>
<td>Medical Officer In-Charge</td>
<td>Member</td>
</tr>
<tr>
<td>Block Education Officer</td>
<td>Member</td>
</tr>
<tr>
<td>Block Public Relations Officer</td>
<td>Member</td>
</tr>
<tr>
<td>J.E. (PHED)</td>
<td>Member</td>
</tr>
<tr>
<td>CDPO</td>
<td>Member Secretary</td>
</tr>
</tbody>
</table>

This Committee will meet monthly or as and when required on the notice of the Chairperson.

5. Village level: At the village level, a sub set with additional members of Sakhi and Youth members under the Village Health and Sanitation Committee which also has members of PRI or a separate Committee will be responsible for monitoring of the scheme. Panchayat member (preferably woman member) will head the monitoring committee. Anganwadi Worker will be convener of the Committee. This committee is formed at the level of the revenue village (more than one such villages may come under a single Gram Panchayat). The composition of the Committee will be as under:

<table>
<thead>
<tr>
<th>Role</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman Gram Panchayat member from the village</td>
<td>Chairperson</td>
</tr>
<tr>
<td>ASHA, ANM</td>
<td>Member</td>
</tr>
<tr>
<td>SHG leader</td>
<td>Member</td>
</tr>
<tr>
<td>Principal of Junior School</td>
<td>Member</td>
</tr>
<tr>
<td>Village representative of any community based organization working in the village</td>
<td>Member</td>
</tr>
<tr>
<td>Sakhi (user group representative)</td>
<td>Member</td>
</tr>
<tr>
<td>Anganwadi Worker</td>
<td>Member Convener</td>
</tr>
</tbody>
</table>

The committee will organize regular monthly meeting to discuss various issues in the village and document the minutes of the meeting.
RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (RGSEAG) – Sabla

QUARTERLY STATEMENT OF EXPENDITURE

Name of the State/UT __________                        Financial Year ________________
Quarter: (Tick one)         I (Apr-Jun)/      II (Jul-Sept)/       III (Oct-Dec)/        IV (Jan-Mar)

<table>
<thead>
<tr>
<th>PART A: QUARTERLY RGSEAG - Sabla BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Share</td>
</tr>
<tr>
<td>1. Nutrition Component</td>
</tr>
<tr>
<td>2. Non Nutrition Component</td>
</tr>
</tbody>
</table>

UTILIZATION CERTIFICATE

1. Nutrition Component:-
Certified that out of the total amount of `________________________ released for Nutrition under Sabla during 20_ _ - 20_ _ to the State/UT of ________________ by Government of India upto Quarter (I/ II/ III/ IV), a sum of ` __________ has been utilized upto Quarter (I/ II/ III/ IV) as per scheme norms for the purpose for which the amount was released.

Out of this, ` __________ was utilized in the current Quarter (I / II / III / IV ).

Total Expenditure during the Quarter (including State share) is ` __________.

2. Non-Nutrition Component:-
Certified that out of the total amount of `________________________ released for Non Nutrition component under Sabla during 20_ _ - 20_ _ to the State/UT of ________________ by Government of India upto Quarter (I/ II/ III/ IV), a sum of ` __________ has been utilized upto Quarter (I/ II/ III/ IV) as per scheme norms for the purpose for which the amount was released.

Out of this, ` __________ was utilized in the current Quarter (I / II / III / IV ).
PART B: PHYSICAL

1. Coverage for Sabla:
   (i) Number of Sabla Districts
   (ii) Number of Sabla Projects
   (iii) Number of Projects implementing Sabla
   (iv) Number of AWCs
   (v) Number of AWCs implementing Sabla
   (vi) Number of AWCs Reporting

2. Number of beneficiaries for Nutrition component
   (i) Coverage for Nutrition Component: (in numbers)

<table>
<thead>
<tr>
<th>Category</th>
<th>Take Home Ration</th>
<th>Hot Cooked Meal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 – 14 years Out of School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 – 18 years Out of School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 – 18 years School going</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (ii) Amount spent on Nutrition per beneficiary per day (including State share)

   `_________

   (iii) Average Nutrition days per month
   (iv) Nutritional Status*: Number of Girls with Nutritional Grades
       Normal (N):
       Malnourished (M):


*Formula: BMI (in kg/m²) = (Weight in kg) ÷ (Height in m x Height in m)
BMI <= 18.5 : Malnourished
BMI between 18.5 & 23.5 : Normal

3. Number of beneficiaries for Non-Nutrition Component
(i) IFA supplementation
   a) Average IFA Tablets distributed per AG
   b) No. of beneficiaries covered

(ii) Health check-up & Referrals

(iii) Counseling/Guidance on Nutrition & Health Education

(iv) Counseling/Guidance on family welfare, ARSH & child care practices

(v) Counseling/Guidance on Life Skill Education

(vi) Guidance on Accessing public services

(vii) Vocational Training (16 – 18 years)

4. (i) Kishori Samoohs operational

(ii) Sakhi / Sahelis trained

(iii) Sabla Kits provided
   • Rate ` ______ each Kit.

5. Monitoring and Supervision Committees: (upto current Quarter)

<table>
<thead>
<tr>
<th>Committees set up</th>
<th>Average no. of meetings held</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) State level</td>
<td></td>
</tr>
<tr>
<td>(ii) District level</td>
<td></td>
</tr>
<tr>
<td>(iii) Project level</td>
<td></td>
</tr>
<tr>
<td>(iv) Village level</td>
<td></td>
</tr>
</tbody>
</table>

PART C: FINANCIAL

(‘ In lakhs)

1 Funds released during previous financial year by GoI

2 Expenditure incurred in previous financial year
3. (a) Unutilized balance of previous financial year (1-2) ________
   OR
   (b) Excess expenditure in previous financial year (2-1) ________

4. Funds released upto previous Quarter in current year ________
   (> in lakhs)

5. Funds released during the current Quarter by GoI
   (vide Sanction order(s) No.___________ dated_______) ________

6. Cumulative release during the year (4 + 5) ________

7. **Net Central funds available** [6 + 3(a)] **OR** [6 –3(b)] as the case may be ________

8. **Component wise expenditure**

<table>
<thead>
<tr>
<th>Quarter (I/II/III/IV)</th>
<th>Cumulative upto Quarter I/II/III/IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Nutrition provision (Central share)</td>
<td>________</td>
</tr>
<tr>
<td>(ii) Sabla Kits to AWC</td>
<td>________</td>
</tr>
<tr>
<td>(iii) Life Skill Education including IEC</td>
<td>________</td>
</tr>
<tr>
<td>(iv) Nutrition Health Education including IEC &amp; guidance on accessing public services</td>
<td>________</td>
</tr>
<tr>
<td>(v) Training for Sakhi/Saheli</td>
<td>________</td>
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<tr>
<td>(vi) Vocational training</td>
<td>________</td>
</tr>
<tr>
<td>(vii) Miscellaneous (Expenditure on Kishori Diwas, etc.)</td>
<td>________</td>
</tr>
<tr>
<td>(viii) Others (Printing of Kishori cards/registers/Utensils, etc.)</td>
<td>________</td>
</tr>
<tr>
<td>(ix.) Cost of providing IFA</td>
<td>________</td>
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<tr>
<td>(where IFA is not supplied by Health)</td>
<td>________</td>
</tr>
</tbody>
</table>

   **Total expenditure 8 (i) to (ix)** ________

9. **Unutilized Funds** (7 – 8) ________
   Reasons_______________________________________________________________
   ________________________________________________________________

   **OR**

10. **Excess expenditure** (8- 7) ________
    Reasons______________________________________________________________
    ________________________________________________________________

46
RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (RGSEAG)– Sabla

ANNUAL STATEMENT OF EXPENDITURE

Name of the State/UT __________________    Financial Year ________________

<table>
<thead>
<tr>
<th>PART A: ANNUAL RGSEAG – Sabla BUDGET</th>
<th>Central Share</th>
<th>State Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nutrition</td>
<td><code>__________   </code>__________</td>
<td></td>
</tr>
<tr>
<td>2. Non Nutrition</td>
<td>`__________</td>
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</tbody>
</table>

UTILIZATION CERTIFICATE

1. Nutrition Component:

Certified that out of the total amount of `_________________________ released for Nutrition under Sabla during 20_ _ - 20_ _ to the State/UT of ________________ by Government of India, a sum of ` ____________ has been utilized as per scheme norms for the purpose for which the amount was released.

Total Expenditure during the year including States share of expenditure during the year is ` ____________.

2. Non-Nutrition Component:

Certified that out of the total amount of `_________________________ released for Non Nutrition component under Sabla during 20_ _ - 20_ _ to the State/UT of
by Government of India, a sum of ` has been utilized as per scheme norms for the purpose for which the amount was released.

Signature and seal of the Authorized Officer

PART B: PHYSICAL

1. Coverage for Sabla:
   (i) Number of Sabla Districts ________
   (ii) Number of Sabla Projects ________
   (iii) Number of projects implementing Sabla ________
   (iv) Number of AWCs ________
   (v) Number of AWCs implementing Sabla ________
   (vi) Number of reporting AWCs ________

2. Number of beneficiaries for Nutrition component
   (i) Rate per day per beneficiary (including State share) `
   (ii) Coverage for Nutrition Component: (in numbers)
   
<table>
<thead>
<tr>
<th>Category</th>
<th>Take Home Ration</th>
<th>Hot Cooked Meal</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>11 – 14 years Out of School</td>
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<tr>
<td>14 – 18 years Out of School</td>
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<tr>
<td>14 – 18 years School going</td>
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<td>Total</td>
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</table>

   (iii) Average Nutrition days per month ________
   (iv) Average Nutrition days during the year ________
   (v) Nutritional Status*: Number of Girls with Nutritional Grades
       Normal (N)    ________
       Malnourished (M) ________

   * Formula: BMI (in kg/m²) = (Weight in kg) ÷ (Height in m x Height in m)
   • BMI ≤ 18.5 : Malnourished
   • BMI between 18.5 & 23.5 : Normal
3. Number of beneficiaries for Non-Nutrition Component

(i) IFA supplementation
   a. Average IFA Tablets distributed per AG
   b. No. of beneficiaries covered

(ii) Health check-up & Referrals

(iii) Counseling/Guidance on Nutrition & Health Education

(iv) Counseling/Guidance on family welfare, ARSH & child care practices

(v) Counseling/Guidance on Life Skill Education

(vi) Guidance on Accessing public services

(vii) Vocational Training (16 – 18 years)

4. (i) Kishori Samoohs operational

(ii) Sakhi / Sahelis trained

(iii) Sabla Kits provided
   • Rate `________ each Kit.

4. Monitoring and Supervision Committees:

   Committees set up (number)       Average no. of meetings held
   (i) State level                   __________           __________
   (ii) District level               __________           __________
   (iii) Project level               __________           __________
   (vi) Village level                __________           __________

   PART C: FINANCIAL

(‘ In lakhs)
1. Funds released during previous financial year by GoI ________
2. Expenditure incurred in previous financial year ________
3. (a) Unutilized balance of previous financial year (1-2) ________
   OR
   (b) Excess expenditure in previous financial year (2-1) ________
4. Funds released upto previous Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Sanction order</th>
<th>Amount (' in lakhs')</th>
<th>Received by the State on (dd/mm/yy)</th>
<th>Transfer to the district on (dd/mm/yy)</th>
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<tbody>
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<td>I</td>
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</table>

   Total funds released

   Net Central funds available [4 + 3(a)] OR [4 –3(b)] as the case may be ________
6. Actual Expenditure during the year
   
   (i) Nutrition Component – Central Share

   Quarter I ________
   Quarter II ________
   Quarter III ________
   Quarter IV ________
   Total (a) ________

   (ii) Non Nutrition Component

   Quarter I ________
   Quarter II ________
   Quarter III ________
## Component wise expenditure during the year

### (i) Nutrition (6a)

### (ii) Sabla Kits

### (iii) Life Skill Education including IEC

### (iv) Nutrition Health Education including IEC guidance on accessing public services

### (v) Training for Sakhi/Saheli

### (vi) Vocational training

### (vii) Miscellaneous (Expenditure on Kishori Diwas, etc.)

### (viii) Others (printing of Kishori cards/registers/Utensils, etc.)

### (ix) Cost of providing IFA (where IFA is not supplied by Health)

### Grand Total expenditure 7 (i) to (ix)

### Unutilized funds (5 – 6)  

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<th>Reasons</th>
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### OR

### Excess expenditure (6 – 5)  

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<th>Reasons</th>
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## State Share for Nutrition

### (i) Available during

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<td>Quarter IV</td>
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(ii) Utilised

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<th>Quarter I</th>
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<th>Quarter IV</th>
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Total
RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS - Sabla

REGISTER

Department of Women and Child Development
[Name of State/UT]

Date of Opening of Register: AWC No.: 
Name of Village/Mohalla /Locality: Address of AWC: 
Name of Sector: 
Name of Project: Name of AWW: 
Name of District/City: Name of AWH: 

Towards a new dawn
Ministry of Women & Child Development
## PART A: RGSEAG - Sabla REGISTER
### BASELINE DATA

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of AG</th>
<th>Name of father/ guardian (First, Middle, Surname)</th>
<th>Name of the mother (First, Middle, Surname)</th>
<th>Category</th>
<th>Date of Birth of the AG (if available) dd/mm/yyyy</th>
<th>Age as on 01/01/2011</th>
<th>8 (a) Adolescent category 11 – 14 years</th>
<th>8 (b) Adolescent category 14 – 18 years</th>
<th>Education status (Completed Class)</th>
<th>Enrolled under Sabla Y / N</th>
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</table>

### LEGEND
- **AG**: Adolescent Girl
- **SG**: School going
- **OOS**: Out of School
PART B: RGSEAG - Sabla REGISTER

MONTH:_____

Table 1

<table>
<thead>
<tr>
<th>S. No.</th>
<th>First Name, Last Name</th>
<th>Age (in completed years)</th>
<th>Entry status (Tick one)</th>
<th>School Status (Tick one)</th>
<th>No. of Guidance/Counseling Sessions attended during the month (from individual record)</th>
<th>No. of days Nutrition was received by AG during the month (from individual record)</th>
<th>Attended Health Check-up Yes: Y No: N</th>
<th>Malnourished (as per Body Zone chart in Kishori card) Yes: Y No: N</th>
<th>No. of IFA Tablets</th>
<th>Provided</th>
<th>Consumed</th>
<th>Name of Trade Enrolled For ('N' if not enrolled)</th>
<th>No. of VT Sessions attended in the month ('N' if not applicable)</th>
<th>Reason for exit from scheme</th>
</tr>
</thead>
<tbody>
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<td>1. Completion of 18 years, 2. Out migration, 3. Death</td>
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Adolescent Girls: 11 – 14 years

| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| Total: | | | | | | | | | | | | | |

Adolescent Girls: 14 – 18 years

| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| Total: | | | | | | | | | | | | | |

Note:
- In school 11 – 14 years: Fill information till column 6 only.
- In school 14 – 18 years: Fill information till column 7 only.
- Out of school 11 – 18 years: Fill information till column 11 only.
- Out of school AG > 16 years: Fill columns 12 & 13 also.
- Column 14 will be filled for any AG exiting the Scheme.

Table 2:

Monthly Summary: Number of Adolescent Girls

<table>
<thead>
<tr>
<th>Total in the Anganwadi area (Total of listed in column 2 of Part A)</th>
<th>Enrolled from previous month (Total of AGs in column 4 a)</th>
<th>New Entries (Total of AGs in column 4 b)</th>
<th>AGs exited from Sabla (Total of AGs in column 14)</th>
<th>Total beneficiaries = Column 4 a + Column 4 b – Column 14</th>
</tr>
</thead>
</table>
PART C: INDIVIDUAL RECORD OF BENEFICIARIES

Section A & B: To be filled for both School going & Out of School Adolescent Girls Age 11-18 years
Section C: To be filled for all Out of School Adolescent Girls only
Section D: To be filled for all Out of School Adolescent Girls : 11 - 18 years & School going Adolescent Girls : 14-18 years

<table>
<thead>
<tr>
<th>A. Identification</th>
<th>Sl. No.</th>
<th>First Name, Middle Name, Last Name</th>
<th>Father’s Name</th>
<th>Mother’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Guidance / Counselling Sessions</td>
<td>Quarters</td>
<td>Nutrition &amp; Health Education sessions (minimum 2 in a quarter)</td>
<td>Family Welfare, ARSH &amp; child care practices sessions (minimum 3 in a quarter)</td>
<td>Life Skill Education sessions (minimum 2 in a quarter)</td>
</tr>
<tr>
<td>C. Health Services</td>
<td>Quarters</td>
<td>Date of Health Check up</td>
<td>Height (In cms.)</td>
<td>Weight (In kgs.)</td>
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<table>
<thead>
<tr>
<th>Status:</th>
<th>N – Normal ; M - Malnourished</th>
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<tbody>
<tr>
<td>Provided</td>
<td>Consumed</td>
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Reflected (Yes / No)

* (BMI below 18.5 is underweight and BMI between 18.5 & 23.5 is normal – see chart on last page of Kishori Card)
<table>
<thead>
<tr>
<th>Months Days</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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</tr>
</tbody>
</table>

[Total number of days SNP received by AGs]

IMPORTANT MILESTONES with Dates like joining school, dropping out, passing class, marriage, child birth, onset of puberty, etc.
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
INSTRUCTIONS FOR FILLING UP THE RGSEAG - Sabla REGISTER

A. What is the purpose of the RGSEAG - Sabla register: The RGSEAG - Sabla register is meant to identify and keep a record of all Adolescent Girl (AG) beneficiaries under the Scheme. Every financial year a new register is to be opened.

B. How is the register organized? There is a cover page and Parts ‘A’, ‘B’ and ‘C’ of the RGSEAG - Sabla register:

i. Part A includes the summary record of the Adolescent Girls (AGs) who have been mapped as part of the baseline survey conducted for the Scheme in the AWC area and whether they are enrolled under the Sabla Scheme.

ii. Part B is the monthly record of Sabla beneficiaries (ie. those enrolled under the Sabla Scheme) in the AWC area. This part has to be filled for every month as a separate sheet in the register.

iii. Part C is the individual record of each AG beneficiary availing the benefits of the RGSEAG - Sabla scheme in the AWC area.

C. How is the register to be used?

i. The Anganwadi worker will fill in the cover page and the leafs for the baseline data conducted before the commencement of the Scheme. Column 10 of Part A will be marked if the AG is an actual beneficiary of the Scheme.

ii. When an AG comes to the AWC to enroll herself under RGSEAG – Sabla, first the AWW will need to see if the name and details of the AG are a part of the baseline data ie. Part A of the register. If the AG is eligible, the AG becomes a beneficiary under the Scheme and her details will be added in Part B of the register. If she is a new entrant, her entry will be made in Part A, B and C of the register.

D. How to fill the register?

i. **Cover page:** There are 11 items which need to be filled on cover page.

   - Write the name of State/UT.
   - Write the Financial Year and then date of opening of the register in that financial year. For 2010-2011 the date of opening of register will be the date of start of RGSEAG - Sabla baseline survey in dd/mm/yy format. For eg. 16.11.10
   - Write the AWC number, the name of village/ mohalla / locality and the address of the AWC.
   - Write the name of the ICDS sector and project as well as the district / city under which the AWC falls.
   - Name of the AWW and AWH will be written here.
ii. **Part A** of RGSEAG – *Sabla* register: It is the summary record of all the AGs in the AWC area.
   - This will start with the baseline survey data in Part A.
   - In column 10 of this sheet, if the AGs are actually availing benefits under the *Sabla* Scheme, then a ‘Y’ has to be put against their name and if they are not availing benefits of the *Sabla* Scheme, ‘N’ has to be put against their name.
   - **The data in this sheet needs to be updated every 6 months for new entries and updation on school status.**
   - The date of last update also has been added in this sheet, which may be filled in pencil as this date will need to be changed often.

iii. **Part B** of the RGSEAG - *Sabla* register: It is the monthly record of beneficiaries to be filled in the month for which the entries are being recorded for the AGs.

   **Table 1:**
   - Details of AGs in the 11 – 14 years age group and 14 – 18 years age group will be listed under correct category.
   - For in school AGs 11 – 14 years, information till column 6 only will need to be filled since these girls may avail non-nutrition services a month.
   - For in school AGs 14 – 18 years, information till column 7 only will be filled as they are eligible for the nutrition component.
   - For out of school AGs 11 – 18 years, information till column 11 will be filled.
   - For out of school AGs above 16 years, information in columns 12 and 13 about Vocational Training will also be filled.
   - Column 14 will be filled in case of an AG going out of the Scheme. There are codes for the 3 reasons as to why this may happen. The correct code should be filled against the AGs name. The name will then not be carried over to the next month’s record.

   1. Completion of 18 years.
   2. Out migration
   3. Death

   - **Column 1 – 5 will be filled up at the beginning of the month.**

   ✓ **Column 1:** the serial number of the entry has to be put in this column.
✓ **Column 2:** the name for every AG who is a beneficiary of the *Sabla* Scheme has to be written. The name will be in the ‘First’, ‘Middle’ and ‘Last’ name format as she wants it to be written.

✓ **Column 3:** the age of the AG in completed years has to be filled, eg. if she is 12 years 4 months, 12 will be filled.

✓ **Column 4:** The column will indicate whether the AG has joined the Scheme in the current month (either because she has become 11 years or shifted to the AWC area or decides to avail the services) OR the entry is carried over from the last month. Relevant column 4 a or 4 b will be ticked.

✓ **Column 5:** The school status for the AG has to be filled. If the AG is in school, a tick has to be put against her name under that column and if she is out of school, then a tick has to be put likewise under that column against her name.

- **Columns 6 – 14 will be filled at the end of the month.** These are the summary of the details of benefits availed by all the AG beneficiaries, which are to be taken from the individual record of the AG beneficiaries ie. Part C of the *Sabla* register.

✓ **Column 6:** The number of Guidance / Counseling sessions attended during the month by the AG has to be filled in this column.

✓ **Column 7:** The number of days Nutrition was received by AG during the month has to be filled in this column.

✓ **Column 8:** In this column, whether the AG attended Health Check-up or not has to be filled. ‘Y’ is written if she has attended and ‘N’ for No, ie she has not attended.

✓ **Column 9:** The nutritional status of AG needs to be put in this column to see if she is malnourished as per Body Zone chart on the last page of the Kishori card. If she is malnourished, then a ‘M’ has to be put and ‘N’ is she is normal nutrition status.

✓ **Column 10:** The number of IFA tablets provided in the month to every AG will be put under this column.

✓ **Column 11:** The number of IFA Tablets consumed in the month by every AG will be put under this column. This will be self reported by the AGs or by the Sakhi / Saheli.

✓ **Column 12:** For an AG above 16 years of age, if she is receiving Vocational any Training (VT), the name of the trade has to be filled. If she is not receiving vocational training, then 'N' has to be written.
✓ **Column 13:** For an AG above 16 years of age receiving Vocational Training (VT), the number of sessions she has attended in the month has to be filled. If not, then 'N' has to be written as it is not applicable.

✓ **Column 14:** Reason for exit from scheme has to be put down in this column as relevant for any girl leaving the Scheme. The reasons are coded as under:

1. Completion of 18 years.
2. Out migration
3. Death

**Table 2:** This is the monthly summary to be filled at month end.

**Column 1:** The total number of AGs in the AWC area will need to be filled. This will be the total of AGs listed in Part A of the register.

**Column 2:** The number of AGs who have been enrolled from the previous month has to be filled. This will be the total ticks (✓) in Column 4(a).

**Column 3:** The number of AGs who are new entries in the month has to be filled. This will be the total ticks (✓) in Column 4(b).

**Column 4:** The number of AGs who have exited from the Sabla Scheme in the month has to be filled. This will come from Column 14.

**Column 5:** The total number of AGs who are beneficiaries of the Sabla Scheme for the month has to be filled. This calculation has to be done by adding column 2 and 3 and subtracting column 4 from this.

iv. **PART C: Individual Record Of Beneficiaries**

- This part will be filled only for AGs actually availing the services under Sabla. The sheet will be for the full year.

- **Section A & B:** is to be filled for both School going & Out of School Adolescent Girls Age 11-18 years

- **Section C:** is to be filled for all Out of School Adolescent Girls only

- **Section D:** is to be filled for all Out of School Adolescent Girls: 11 – 18 years & School going Adolescent Girls: 14-18 years since this is for the nutrition component.

➢ **Section A** are the Identification Particulars of the AG which includes the following fields:

- Serial number of the entry. This will be starting from 1 and will be continuously marked. If an AG leaves the Scheme, the number will not be re-allotted.
• Her first name, middle name and last name. One alphabet has to be filled in each block.

• Her father’s name

• Her mother’s name

• Her date of birth in dd/mm/yy format

• Her age in completed years (as in Column 3 of Part B)

• Her school status. If she is in school, then tick (✓) the same and put the class she is studying in. If the AG is out of school or a dropout, then tick (✓) against out of school, and the last class she has studied till. If she has never gone to school, then ‘0’ has to be written.

• The date of school entry or re-entry in dd/mm/yy format in case of an out of school AG.

• Month of dropping out of school in case of a school going AG.

• Address of the AGs residence

➤ **Section B** includes the record of the number ‘Guidance / Counselling Sessions’ attended by the AG in each quarter (the number has to be written under each quarter) which includes the following fields:

• Nutrition & Health Education sessions, for which a minimum of 2 sessions must be attended in every quarter. For the 2 sessions, date entry is made in the Kishori Card. For more than 2 sessions, a (✓) may be put under the relevant quarter for each additional session.

• Family Welfare, ARSH & child care practices sessions, for which a minimum of 3 sessions must be attended in every quarter. Above instruction may be seen.

• Life Skill Education sessions, for which a minimum of 2 sessions must be attended by each AG in every quarter. Above instructions may be seen.

• Exposure visit to post offices, bank, police station, etc., for which a minimum of 2 visits to each facility must be made by every AG in one year. The name of the places visited may also be mentioned.

➤ **Section C** includes the record of the ‘Health Services’ received by the AG in each quarter. There are the following fields:

• The date of health check up has to be mentioned under every quarter. Usually, this will be on the Kishori Diwas.
• The height of the AG in centimeters as taken on the day of the health check up has to be mentioned under every quarter. Usually, this will also be on the Kishori Diwas.

• The weight of the AG in kilograms as taken on the day of the health check up has to be mentioned under every quarter. Usually, this will also be on the Kishori Diwas.

• The Body Mass Index (BMI) of the AG, to be calculated in kilograms per metre square (kg / m\(^2\)). For this, the weight of the AG in kilograms has to be divided by her height in metre square.

• The nutrition status of the AG, wherein -
  o If BMI between 18 and 23.5 – normal status: ‘N’ is to be written.
  o If BMI less than 18.5 - malnourished status: ‘M’ is to be written.

• Number of IFA tablets has to be recorded for every quarter with details about number of IFA tablets provided to the AG and the number of IFA tablets consumed by her. Consumption will be self reported or by Sakhi / Saheli.

• The referral status has to be entered. If the AG has received referral, then ‘Yes’ has to be put for her in the relevant quarter and ‘No’ if she has not been referred for availing medical services at a health facility. The reason for referral can also be put here.

➤ **Section D**: includes the record of the ‘Nutrition’ received by the AG on a daily basis for every month in the year. Here first the mode of nutrition needs to be ticked, i.e. whether hot cooked meal is being provided or take home ration. After this, a tick (✓) has to be put under next to every date row in each month for which the nutrition has been provided. A total has to be done at the end of the table, which will give the number of days nutrition has been provided to the AG in the month. For eg. If THR is given fortnightly, then 12 (✓) can be put against those 2 weeks (leaving the Sundays).

➤ There is space for marking some important milestones in the life of the AGs. The events shown are indicative. Any significant / relevant milestone can be recorded here.

*******************
## Annex 7 (ii)

### Monthly Progress Report of RGSEAG - Sabla by AWW

1) Reporting Month and Year:  
2) Name of AWC and Code:  
3) Name of Sector, Project and District:  
4) Beneficiary Coverage:

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) 11–14 years: Out of School</td>
<td></td>
</tr>
<tr>
<td>(b) 14–18 years: All</td>
<td></td>
</tr>
<tr>
<td>•In-School</td>
<td></td>
</tr>
<tr>
<td>•Out of School</td>
<td></td>
</tr>
</tbody>
</table>

(iii) Total Nutrition Days in the month  
(iii) Nutritional Status*: Number of Girls with Nutritional Grades  
* Formula: BMI (in kg/m²) = Weight (in kg) ÷ (Height in m)²  
(BMI below 18.5 is underweight and BMI between 18.5 & 23.5 is normal)

<table>
<thead>
<tr>
<th>Subject</th>
<th>No. of girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Received IFA tablets</td>
<td></td>
</tr>
<tr>
<td>(b) Received Health check-up</td>
<td></td>
</tr>
<tr>
<td>(c) Attended 2 Nutrition &amp; Health Education Counseling</td>
<td></td>
</tr>
<tr>
<td>(d) Attended 3 Family Welfare, ARSH &amp; Child Care Practices counseling</td>
<td></td>
</tr>
<tr>
<td>(e) Attended 2 Life Skill Education counseling</td>
<td></td>
</tr>
<tr>
<td>(f) Exposure visit to at least 1 public service (attach details)</td>
<td></td>
</tr>
<tr>
<td>(g) Vocational Training received (16-18 years) (Attach details)</td>
<td></td>
</tr>
</tbody>
</table>

5) Total number of Guidance / Counseling Sessions conducted during the month:

<table>
<thead>
<tr>
<th>Subject</th>
<th>No. of Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Nutrition &amp; Health education</td>
<td></td>
</tr>
<tr>
<td>(b) Family Welfare</td>
<td></td>
</tr>
<tr>
<td>(c) ARSH</td>
<td></td>
</tr>
<tr>
<td>(d) Child care practices</td>
<td></td>
</tr>
<tr>
<td>(e) Life skill education</td>
<td></td>
</tr>
</tbody>
</table>

6) New entrants into and Exit from the Scheme:

<table>
<thead>
<tr>
<th>New Entrants</th>
<th>Reasons</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>No.</td>
<td>Entry / re-entry into school</td>
</tr>
<tr>
<td>Dropped out of school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turned 11 years</td>
<td></td>
<td>Completed 18 years</td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td>Any other</td>
</tr>
</tbody>
</table>

7) Kishori Samooh:

| (a) No. of Kishori Samooh | |
| (b) No. of members of Kishori Samooh | |
| (c) No. of Kishori Samooh meetings held | |
| (d) Sabla Kit available (Yes / No) | |

64
8) Kishori Diwas celebrated during the month  

Yes / No

9) Non – nutrition services provided at AWC / School / Panchayat Bhawan / Any other (mention) 


10) Meeting of Village Monitoring and Supervision Committee held during the month 

Yes / No

11) Were RGSEAG - Sabla issues discussed at Village Health and Sanitation Committee meeting: 


12) Three key problems you are facing with regard to Sabla Scheme  

i.  

ii.  

iii.  

Name of AWW:  

Signature of AWW:  

Date:  


Annex 7 (iii)

Monthly Progress Report of RGSEAG - Sabla by Supervisor

1) Reporting Month and Year: ___________/ ___________

2) a. Name of Sector, Project and District: ___________/ ___________/ ___________
   b. Number of AWCs in the Sector: ______

3) Number of AWCs for which MPR is being submitted: ______

4) Beneficiary Coverage:

4(A). Nutrition Component:

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Take Home Ration (THR)</td>
</tr>
<tr>
<td>(a) 11– 14 years: Out of School</td>
<td></td>
</tr>
<tr>
<td>(b) 14 – 18 years: All</td>
<td></td>
</tr>
<tr>
<td>• In-School</td>
<td></td>
</tr>
<tr>
<td>• Out of School</td>
<td></td>
</tr>
</tbody>
</table>

(i) Average Nutrition Days the month ______

(ii) Nutritional Status*: Number of Girls with Nutritional Grades
   Normal (N) ___________
   Malnourished (M) ________
   
   * Formula: BMI (in kg/m²) = Weight (in kg) ÷ (Height in m)²
   (BMI below 18.5 is underweight and BMI between 18.5 & 23.5 is normal)

4(B). Non-Nutrition Component:

<table>
<thead>
<tr>
<th>Subject</th>
<th>No. of girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Received IFA tablets</td>
<td></td>
</tr>
<tr>
<td>(b) Received Health check-up</td>
<td></td>
</tr>
<tr>
<td>(c) Attended 2 Nutrition &amp; Health Education Counseling</td>
<td></td>
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<tr>
<td>(d) Attended 3 Family Welfare, ARSH &amp; Child Care Practices counseling</td>
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</tr>
<tr>
<td>(e) Attended 2 Life Skill Education counseling</td>
<td></td>
</tr>
<tr>
<td>(f) Exposure visit to at least 1 public service (attach details)</td>
<td></td>
</tr>
<tr>
<td>(g) Vocational Training received (16-18 years) (Attach details)</td>
<td></td>
</tr>
</tbody>
</table>

5) Total number of Guidance / Counseling Sessions conducted during the month ______

6) New entrants and Exit into the Scheme:

<table>
<thead>
<tr>
<th>New Entrants</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>Reasons</td>
</tr>
<tr>
<td>Dropped out of school</td>
<td>Entry / re-entry into school</td>
</tr>
<tr>
<td>Turned 11 years</td>
<td>Completed 18 years</td>
</tr>
<tr>
<td>Any other</td>
<td>Any other</td>
</tr>
</tbody>
</table>

7) Kishori Samooh:

<table>
<thead>
<tr>
<th></th>
<th>Place</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) No. of Kishori Samooh formed (cumulative)</td>
<td>AWC</td>
<td></td>
</tr>
<tr>
<td>b) No. of Sakhi / Sahelis trained in the month</td>
<td>School</td>
<td></td>
</tr>
<tr>
<td>c) No. of AWCs where Sabla Kits available</td>
<td>Panchayat Bhawan</td>
<td></td>
</tr>
<tr>
<td>d) Non-nutrition services provided at:</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
8) Number of AWCs visited this month for RGSEAG - Sabla monitoring: _______

9) Number of AWCs where Kishori Diwas was celebrated this month: _______

10) Number of villages where meeting of Monitoring and Supervision Committee held during the month _______

11) Number of AWCs where RGSEAG - Sabla issues were discussed at Village Health and Sanitation Committee meeting: ___

12) Give three key problems with regard to RGSEAG - Sabla Scheme and action taken by you
   a) Problems: ______________________________________________________
      ____________________________________________________________
      ____________________________________________________________
   b) Action Taken: ________________________________________________
      ____________________________________________________________
      ____________________________________________________________

Name of Supervisor: ________________ Signature _________________ Date:_______
Annex 7 (iv)

Monthly Progress Report of RGSEAG - Sabla by CDPO

1. Reporting Month and Year: 
   ___________/_ _________

2. a. Name of Project and District: 
   ___________/__________

   b. No. of Sectors in the Project: 
   ___________

   c. No. of AWCs in the Project: 
   _______

3. No of AWCs for which the MPR is being submitted: 
   ____

4. Beneficiary Coverage:

4(A). Nutrition Component

<table>
<thead>
<tr>
<th>Category</th>
<th>Take Home Ration (THR)</th>
<th>Hot Cooked Meal (HCM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 11–14 years: Out of School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. 14–18 years: All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) In-School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Out of School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(i) Average Nutrition Days in the month ____________

(ii) Nutritional Status*: Number of Girls with Nutritional Grades

<table>
<thead>
<tr>
<th>Normal (N)</th>
<th>Malnourished (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Formula: BMI (in kg/m²) = Weight (in kg) ÷ (Height in m)²

(BMI below 18.5 is underweight and BMI between 18.5 & 23.5 is normal)

4(B). Non-Nutrition Component:

<table>
<thead>
<tr>
<th>Subject</th>
<th>No. of girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Received IFA tablets</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>g) Vocational Training received (16-18 years) (Attach details)</td>
<td></td>
</tr>
</tbody>
</table>

5. Total number of Guidance / Counseling Sessions conducted during the month ________

6. New entrants and Exit into the Scheme:

<table>
<thead>
<tr>
<th>New Entrants</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>Number</td>
</tr>
<tr>
<td>Dropped out of school</td>
<td>Entry / re-entry into school</td>
</tr>
<tr>
<td>Turned 11 years</td>
<td>Completed 18 years</td>
</tr>
<tr>
<td>Any other</td>
<td>Any other</td>
</tr>
</tbody>
</table>

7. Kishori Samooh:

   a) No. of of Kishori Samooh formed (cumulative) | Place |
   b) No. of Sakhi / Sahelis trained in the month | No.  |
   c) No. of AWCs where Sabla Kits available | AWC |
   d) Non-nutrition services provided at: | School |
                                      | Panchayat Bhawan |
                                      | Other |
8. Number of AWCs visited by CDPO this month for RGSEAG - Sabla monitoring:_______

9. Number of AWCs where Kishori Diwas was celebrated this month:_______

10. Number of villages where meeting of Monitoring and Supervision Committee held during the month ______

11. Number of AWCs where RGSEAG - Sabla issues were discussed at Village Health and Sanitation Committee meeting:____

12. Meeting of Monitoring & Supervision Committee held: Yes / No

13. Give three key problems with regard to RGSEAG - Sabla Scheme and action taken by you
   a) Problems:  ______________________________________________________
                  ______________________________________________________
                  ______________________________________________________
   b) Action Taken:  ______________________________________________________
                  ______________________________________________________
                  ______________________________________________________

Name of CDPO: ___________________ Signature ___________________ Date:________
Annex 7 (v)

Monthly Progress Report of RGSEAG - Sabla by District Programme Officer

1) Reporting Month and Year: ______________________/

2) Name of District: ______________________/

3) a. No. of Sectors/Projects in RGSEAG - Sabla District: __________/

   b. No. of AWCs in RGSEAG - Sabla District: __________

   c. No of AWCs for which the MPR is being submitted: _____

4) Beneficiary Coverage:

4(A). Nutrition Component

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of Beneficiaries</th>
<th>Rate per AG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Take Home Ration (THR)</td>
<td>Hot Cooked Meal (HCM)</td>
</tr>
<tr>
<td>a. 11–14 years: Out of School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. 14–18 years: All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) In-School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Out of School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(i) Average Nutrition Days in the month _____________

(ii) Nutritional Status*: Number of Girls with Nutritional Grades

   Normal (N) ______________
   Malnourished (M) ______________

* Formula: BMI (in kg/m²) = Weight (in kg) ÷ (Height in m)²
(BMI below 18.5 is underweight and BMI between 18.5 & 23.5 is normal)

4(B). Non-Nutrition Component:

Subject | No. of girls
---|---
a) Received IFA tablets
b) Received Health check-up
c) Attended 2 Nutrition & Health Education Counseling
d) Attended 3 Family Welfare, ARSH & Child Care Practices counseling
e) Attended 2 Life Skill Education counseling
f) Exposure visit to at least 1 public service (attach details)
g) Vocational Training received (16-18 years) (Attach details)

5) Total number of Guidance / Counseling Sessions conducted during the month _____

6) New entrants and Exit into the Scheme:

<table>
<thead>
<tr>
<th>New Entrants</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>Number</td>
</tr>
<tr>
<td>Dropped out of school</td>
<td></td>
</tr>
<tr>
<td>Turned 11 years</td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
</tr>
</tbody>
</table>

7) Kishori Samooh:

   a) No. of Kishori Samooh formed (cumulative)
   b) No. of Sakhi / Sahelis trained in the month
<table>
<thead>
<tr>
<th>Place</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWC</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
</tr>
<tr>
<td>Panchayat Bhawan</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

c) No. of AWCs where Sabla Kits available

d) Non-nutrition services provided at:

8) a. Number of AWCs visited by ICDS Supervisors this month for RGSEAG - *Sabla* monitoring:________

b. Number of AWCs visited by ICDS CDPOs this month for RGSEAG - *Sabla* monitoring:________

c. Number of AWCs visited by DPO this month for RGSEAG - *Sabla* monitoring:________

9) Number of AWCs where Kishori Diwas was celebrated this month:________

10) Number of villages where meeting of Monitoring and Supervision Committee held during the month ______

11) Number of AWCs where RGSEAG - *Sabla* issues were discussed at Village Health and Sanitation Committee meeting:___

12) District-level RGSEAG - *Sabla* Monitoring and Supervision Committee meeting held this month? Yes/No

13) Give three key problems with regard to Scheme and action taken by you

   a) Problems: ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________

   b) Action Taken: _______________________________________________________
      ____________________________________________________________
      ____________________________________________________________

Name of DPO: __________________ Signature __________________ Date:__________

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