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महिला एवं बाल विकास मंत्रालय

GOVERNMENT OF INDIA

MINISTRY OF WOMEN & CHILD DEVELOPMENT

शास्त्री भवन, नई दिल्ली-110 001, दिनांक

Shastri Bhawan, New Delhi-110 001, Dated

Dated 28.3.2011

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)

To,
The Secretaries of WCD (All States/UTs)

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
14.	Service Delivery Framework – Roles and Responsibilities
15.	Administrative and Financial Management Structure
16..	Budgetary Provisions for various components under <i>Sabla</i>
17.	Reporting and Monitoring Formats

Annexures

1.	List of districts covered under <i>Sabla</i>
2.	Training Kit
3.	Prototype of Kishori Card
4.	Guidelines issued for IFA by MoH&FW
5.	Monitoring and Supervision Committees at all levels
6.(i-ii)	Format for Quarterly and Annual SoE/UC & Physical and Financial Report
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 grassroots 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 'Kishori¹ Samooh'²(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

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.

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) 16-18Years
 - 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

SERVICE	SERVICE PROVIDER
Nutrition Provision Rs.5 per day(600 calories and 18-20 gram of protein)	AWW /AWH/Peer Leader
IFA supplementation *	ANM/AWW/Health System
Health check-up and Referral services*.	ANM/ MO/AWW
Nutrition & Health Education *	AWW/ANM/ASHA/MNGO
Counseling/Guidance on family welfare, ARSH*, child care practices and home management	MNGO/ANM/NRHM setup/AWW
Life Skill Education and accessing public services (also includes efforts to mainstream into formal/non formal education	MNGO/Education setup/Youth Affairs/AWW/Supervisor
Vocational training (for girls aged 16 and above) using existing infrastructure of other Ministries /Departments: NSDP	Through NSDP of Ministry of Labor, Supervisor/CDPO: to coordinate

* 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 atleast 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 *Sabla* 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:

	Health Department	WCD Department
State level	Secretary / Mission Director	Secretary / Director
District level	CMO / Civil Surgeon	DPO
Project level	Medical Officer In - charge	CDPO
Sector level	ANM /ASHA	Supervisor
Village level	ASHA/ASHA	AWW

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 Abhiyaan
 - 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 Capacities 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.

- (vii) Monitor and supervise all activities including expenditure regarding implementation of the Scheme in the project.
- (viii) Submission of prescribed reports to the DPO in a time-bound manner.
- (ix) Ensure the trainings of sakhi saheli in the Project.
- (x) Ensure the availability of a suitable location for the AGs to meet with required support from Panchayat members.
- (xi) Ensuring smooth conducting of Kishori Diwas.
- (xii) 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.
- (xiii) Monitor and ensure uninterrupted nutrition provision.
- (xiv) 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.

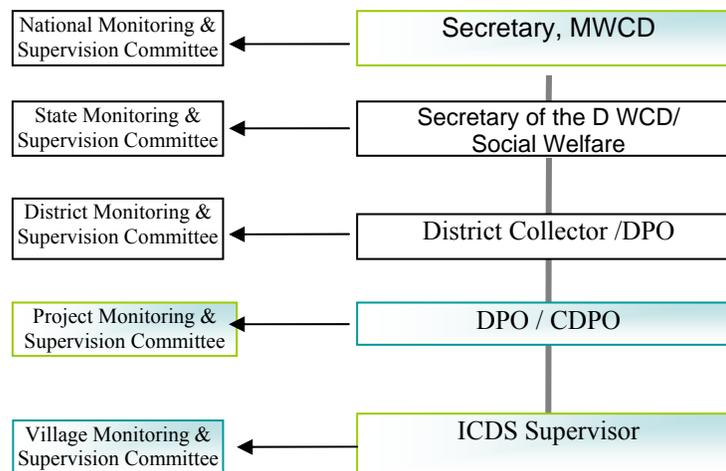
14.6 NGOs and CBOs:

- (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 *Sabla* 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 *Sabla* 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 *Sabla* 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 Gol 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:

Item	Unit cost per ICDS Project
1. Training Kit/AWC @ Rs. 1000/- per AWC	Rs. 150,000
2. Life skill Education including IEC	Rs. 50000
3. Training for Sakhi/Saheli	Rs. 40000
4. NHE component including IEC & Guidance on accessing public services	Rs. 30000
5. Vocational training	Rs. 30000
6. Misc. expenditure (Expenditure on celebrating Kishori Diwas etc.)	Rs. 30000
7. Others (printing of health cards/registers/ Utensils, etc.)	Rs. 30000
8. Cost of providing IFA (where IFA is not	

Supplied by Health)

Rs. 20000

Total

Rs. 3,80,000

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.

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

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

25	Nagaland	3	Mon, Tuensang, Kohima
26	Orissa	9	Koraput, Gajapati, Mayurbhanj, Sundargarh, Kalahandi, Bhadrak, Puri, Cuttack, Bargarh
27	Pondicherry	1	Karaikal
28	Punjab	6	Patiala, Faridkot, Gurdaspur, Mansa, Jalandhar, Hoshiarpur
29	Rajasthan	10	Bhilwara, Jodhpur, Banswara, Udaipur, Jhalawar, Dungarpur, Bikaner, Jaipur, Barmer, Ganganagar
30	Sikkim	2	North , East
31	Tamil Nadu	9	Salem, Tiruvannamalai, Cuddalore, Ramanathapuram, Madurai, Tiruchirappalli, Coimbatore, Chennai, Kanyakumari
32	Tripura	2	West Tripura , Dhalai
33	Uttar Pradesh	22	Shrawasti , Bahraich, Maharajganj, Lalitpur, Agra, Sonbhadra, Sitapur, Mirzapur, Chandauli, Deoria, Chattrapati Shahuji Majaraj Nagar, Mahoba, Pilibhit, Rae Bareli, Banda, Farrukhabad, Bulandshahar, Saharanpur, Jalaun, Bijnor, Lucknow, Chitrakoot
34	Uttaranchal	4	Hardwar, Uttarkashi, Chamoli, Nainital
35	West Bengal	6	Maldah , Purulia, Nadia, Koch Bihar, Jalpaiguri, Kolkata
	TOTAL	200	

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.



KISHORI CARD

Section A & B - For both School going & Out of School Girls Age 11-18 years
Section C - Only Out of School Adolescent Girls
Section D - 11 – 14 years : **Only** Out of School Girls & 14 – 18 years: All Girls

This card is to be filled by the Kishori with help of Sakhi / Saheli.
 Section C will be filled by the Health worker.

Particulars of the Anganwadi Centre			
ID No. of AWC		Village	
Name of AWC		District	
A. Identification Particulars of Adolescent Girl (AG)			
Sl. No.* <small>(*Sl. No. of part B of SABLA Register)</small>	Aadhar No. if available		
First Name, Middle Name, Last Name			
Date of Birth	d d m m y y	Age (Completed years)	
Father's Name			
Mother's Name			
School Status	(Tick one) In school Out of School	Class : _____ Last class studied: _____	
Address			



D. Nutrition Type: (Tick one) Hot Cooked Meal (HCM) OR Take Home Ration (THR)

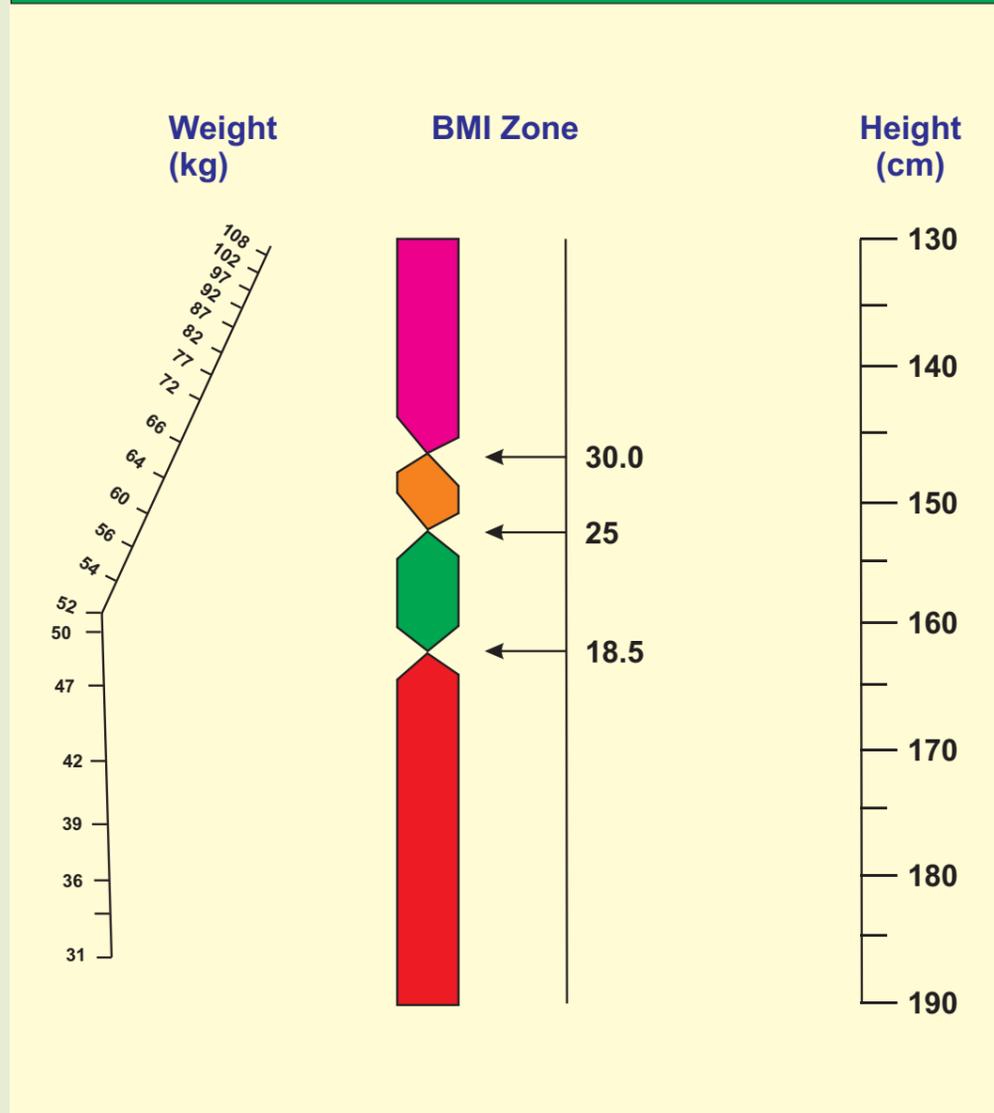
Months→ Days ↓	Year 2											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1												
2												
3												
4												
5												
6												
7												
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26												
27												
28												
29		-										
30		-										
31		-	-									
Total												

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

- _____
- _____
- _____

Calculation of BMI

Match your weight against your height and join the two points together to identify BMI



Correlation between BMI Zone and Nutritional Status

- Red : Less than 18.5 : Malnourished
- Green : 18.5-25 : Normal
- Orange : 25-30 : Mildly Overweight
- Pink : 30 or more : Overweight

How to use the BMI chart:

- Put a dot on the weight of the AG.
- Put a dot on the height of the AG.
- Connect the two dots with a straight line.

The zone where the line cuts the BMI zone will indicate the BMI status of the AG.

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)**													
Topic ↓	Quarters →	Year 1											
		1 st (Apr-June)			2 nd (Jul-Sept)			3 rd (Oct – Dec.)			4 th (Jan-Mar.)		
		Write date											
Nutrition & Health Education sessions (minimum 2 in a quarter)													
Family Welfare, ARSH & child care practices sessions (minimum 3 in a quarter)													
Life Skill Education sessions (minimum 2 in a quarter)													
Exposure visit (attach details) -post offices, bank,/ police station, etc (minimum 2 to each of them in one year)													
Topic ↓	Quarters →	Year 2											
		1 st (Apr-June)			2 nd (Jul-Sept)			3 rd (Oct – Dec.)			4 th (Jan-Mar.)		
		Write date											
Nutrition & Health Education sessions (minimum 2 in a quarter)													
Family Welfare, ARSH & child care practices sessions (minimum 3 in a quarter)													
Life Skill Education sessions (minimum 2 in a quarter)													
Exposure visit (attach details) -post offices, bank/police station, etc. (minimum 2 to each of them in one year)													

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

MESSAGES



C. Health Services						
Quarters →	Topic ↓	Year 1				
		1 st (Apr-June)	2 nd (Jul-Sept)	3 rd (Oct – Dec.)	4 th (Jan-Mar.)	
		Write date				
Date of Health Check-up						
Height (in cms.)						
Weight (in Kgs.)						
BMI ***						
Status: N – Normal M – Malnourished						
No. of IFA Tablets	Provided					
	Consumed					
Referral Services received	(Write whichever is correct) Yes					
	No					
Quarters →	Topic ↓	Year 2				
		1 st (Apr-June)	2 nd (Jul-Sept)	3 rd (Oct – Dec.)	4 th (Jan-Mar.)	
		Write date				
Date of Health Check-up						
Height (in cms.)						
Weight (in Kgs.)						
BMI***						
Status N – Normal M - Malnourished						
No. of IFA Tablets	Provided					
	Consumed					
Referral Services received	(Write whichever is correct) Yes					
	No					

*** **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 – see chart on leaf 6)

D. Nutrition Type: (Tick one) Hot Cooked Meal (HCM) OR Take Home Ration (THR)												
Months→ Days ↓	Year 1											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	1											
2												
3												
4												
5												
6												
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31		--		--		--		--		--		
Total												

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

1. _____

2. _____

3. _____

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
- 9.Copy to File No.Z.28020/30/2005-CH/Z.28020/122/2005-VH
10. Master File on IMNCI/Guard File

sd/-

(Dr.Sangeeta Saxena)
Assistant Commissioner (CH)
Tel 23061218

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:-

DPO	Chairperson
Block Development Officer	Member
Medical Officer In-Charge	Member
Block Education Officer	Member
Block Public Relations Officer	Member
J.E. (PHED)	Member
CDPO	Member Secretary

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:

Woman Gram Panchayat member from the village	Chairperson
ASHA, ANM	Member
SHG leader	Member
Principal of Junior School	Member
Village representative of any community based organization working in the village	Member
Sakhi (user group representative)	Member
Anganwadi Worker	Member Convener

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)

PART A: QUARTERLY RGSEAG - *Sabla* BUDGET

	Central Share	State Share
1. Nutrition Component	` _____	_____
2. Non Nutrition Component	` _____	

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).

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 AWCs Reporting _____

2. Number of beneficiaries for Nutrition component

(i) Coverage for Nutrition Component: (in numbers)

Category	Take Home Ration	Hot Cooked Meal	Total
11 – 14 years Out of School			
14 – 18 years Out of School			
14 – 18 years School going			
Total			

(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 _____
- No. of beneficiaries
- (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) _____

- Number
4. (i) Kishori Samoohs operational _____
- (ii) Sakhi / Sahelis trained _____
- (iii) *Sabla* Kits provided _____
- Rate ` _____ each Kit.

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

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

PART C: FINANCIAL

- (In lakhs)
- 1 Funds released during previous financial year by Gol _____
- 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 Gol
(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**

	Quarter (I/II/III/IV)	Cumulative upto Quarter I/II/III/IV
(i) Nutrition provision (Central share)	_____	_____
(ii) <i>Sabla</i> Kits to AWC	_____	_____
(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)	_____	_____
Total expenditure 8 (i) to (ix)	_____	_____

9 **Unutilized Funds (7 – 8)** _____
Reasons _____

OR

10 **Excess expenditure (8- 7)** _____
Reasons _____

11. State Share for Nutrition		Quarter (I/II/III/IV)	Cumulative Quarter I/II/III/IV	upto
i	Available	_____	_____	
ii	Utilized	_____	_____	

Annex 6 (ii)

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

ANNUAL STATEMENT OF EXPENDITURE

Name of the State/UT _____ Financial Year _____

PART A: ANNUAL RGSEAG – Sabla BUDGET

	Central Share	State Share
1. Nutrition	_____`	_____`
2. Non Nutrition	_____`	

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)

Category	Take Home Ration	Hot Cooked Meal	Total
11 – 14 years Out of School			
14 – 18 years Out of School			
14 – 18 years School going			
Total			

(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 | _____ |
| | No. of
beneficiaries |
| (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) | _____ |

Number

- | | |
|------------------------------------|-------|
| 4. (i) Kishori Samoohs operational | _____ |
| (ii) Sakhi / Sahelis trained | _____ |
| (iii) <i>Sabla</i> 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 Gol _____

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 _____

Quarter	Sanction order		Amount (<i>in lakhs</i>)	Received by the State on (dd/mm/yy)	Transfer to the district on (dd/mm/yy)
	No.	Date			
I					
II					
III					
IV					
Total funds released					

(*in lakhs*)

5 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 _____

Quarter IV

Total (b)

Grand Total (a + b)

7 **Component wise expenditure during the year** (in lakhs)

(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)

8 **Unutilized funds (5 – 6)** _____

Reasons _____

OR

9 **Excess expenditure (6 – 5)** _____

Reasons _____

10 **State Share for Nutrition**

(i) Available during

Quarter I _____

Quarter II _____

Quarter III _____

Quarter IV _____

Total _____

(ii) Utilised

Quarter I
Quarter II
Quarter III
Quarter IV

Total

Cover page

RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS - *Sabla*

REGISTER

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

Financial Year :

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

BASELINE SURVEY SHEETS : Part 1							Page No :			
Name of the AWC		AWC No.	Anganwadi address (Street / Tola / Mohalla/Block) :				Date of start of survey:			
Name of Block/Project			Name of Anganwadi Worker/ surveyor :				Date of end of survey:			
							Date of last update: (may be filled in pencil)			

1	2		3	4	5			6	7	8				9	10
S. No.	Name of AG		Name of the father/ guardian (First, Middle, Surname)	Name of the mother (First, Middle, Surname)	Category			Date of Birth of the AG (if available) dd/mm/yyyy	Age as on 01/01/2011	8 (a) Adolescent category 11 – 14 years	8 (b) Adolescent category 14 – 18 years	Education status (Completed Class)		Enrolled under Sabla Y / N	
	Name	Surname			SC	ST	Other s			SG	OOS	SG	OOS		
1															
2															
3															
4															
5															
6															

LEGEND

AG	Adolescent Girl
SG	School going
OOS	Out of School

PART B: RGSEAG - Sabla REGISTER

MONTH: _____

Table 1

S. No.	Identification Particulars of Adolescent Girl						No. of Guidance/Counseling Sessions attended during the month (from individual record)	No. of days Nutrition was received by AG during the month (from individual record)	Health Services provided during the month				Vocational Training (VT) for AGs above 16 years		Reason for exit from scheme 1. Completion of 18 years. 2. Out migration 3. Death
	First Name, Last Name	Age (in completed years)	Entry status (Tick one)		School Status (Tick one)				Attended Health Check-up Yes: Y No: N	Malnourished (as per Body Zone chart in Kishori card) Yes: Y No: N	No. of IFA Tablets		Name of Trade Enrolled For ('N' if not enrolled)	No. of VT Sessions attended in the month ('N' if not applicable)	
			From previous month	New entry	In school	Out of school					Provided	Consumed			
1	2	3	4 a	4 b	5	6	7	8	9	10	11	12	13	14	
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

Total in the Anganwadi area (Total of listed in column 2 of Part A) 1	Enrolled from previous month (Total of AGs in column 4 a) 2	New Entries (Total of AGs in column 4 b) 3	AGs exited from Sabla (Total of AGs in column 14) 4	Total beneficiaries = Column 4 a + Column 4 b – Column 14 5

D. Nutrition			Months →	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
			Days ↓														
(Tick one) Hot Cooked Meal (HCM)			1														
			2														
			3														
			4														
			5														
OR Take Home Ration (THR)			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 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 -
 - If BMI between 18 and 23.5 – normal status: ‘N’ is to be written.
 - 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, ie. 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.

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:_____

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:

Category	No. of Beneficiaries	
	Take Home Ration (THR)	Hot Cooked Meal (HCM)
(a) 11– 14 years: Out of School		
(b) 14 – 18 years: All		
•In-School		
•Out of School		

- (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:

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:

New Entrants		Exit	
Reason	No.	Reasons	No.
Dropped out of school		Entry / re-entry into school	
Turned 11 years		Completed 18 years	
Any other		Any other	

7) Kishori Samooh:

a) No. of Kishori Samooh formed (cumulative)	
b) No. of Sakhi / Sahelis trained in the month	
c) No. of AWCs where <i>Sabla</i> Kits available	
d) Non-nutrition services provided at:	Place
	AWC
	School
	Panchayat Bhawan
	Other

- 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:_____

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

Category	No. of Beneficiaries	
	Take Home Ration (THR)	Hot Cooked Meal (HCM)
a. 11– 14 years: Out of School		
b. 14 – 18 years: All		
(i) In-School		
(ii) Out of School		

- (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 2 Family Welfare, ARSH & Child Care Practices counseling	
e) Attended 3 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:

New Entrants		Exit	
Reason	Number	Reasons	Number
Dropped out of school		Entry / re-entry into school	
Turned 11 years		Completed 18 years	
Any other		Any other	

7. Kishori Samooh:

a) No. of of Kishori Samooh formed (cumulative)		
b) No. of Sakhi / Sahelis trained in the month		
c) No. of AWCs where <i>Sabla</i> Kits available		
d) Non-nutrition services provided at:	Place	No.
	AWC	
	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: _____

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

Category	No. of Beneficiaries		Rate per AG
	Take Home Ration (THR)	Hot Cooked Meal (HCM)	
a. 11– 14 years: Out of School			
b. 14 – 18 years: All			
(i) In-School			
(ii) Out of School			

- (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:

New Entrants		Exit	
Reason	Number	Reasons	Number
Dropped out of school		Entry / re-entry into school	
Turned 11 years		Completed 18 years	
Any other		Any other	

7) Kishori Samooh:

a) No. of Kishori Samooh formed (cumulative)	
b) No. of Sakhi / Sahelis trained in the month	

c) No. of AWCs where Sabla Kits available		
d) Non-nutrition services provided at:	Place	Number
	AWC	
	School	
	Panchayat Bhawan	
	Other	

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:_____
