

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

Ques-What is SABLA?

Ans-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.

Ques-What are the objectives of SABLA?

Ans-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.

Ques-Who are the beneficiaries of SABLA?

Ans-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. 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.

Ques-Does the scheme covers both school-going and out-of –school girls?

Ans-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.

Ques-What services are provided under SABLA?

Ans-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),

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

- Counseling / Guidance on family welfare, ARSH, child care practices

- Life Skill Education and accessing public services

* Health services are to be provided by establishing convergence with M/H&FW

* Other Services in coordination / convergence with related sectors/department

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

Ques-What type of Supplementary Nutrition is given to the beneficiaries under SBALA?

Ans-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.

Ques-What is the calorie content of Take Home Rations (THR) or Hot Cooked Meals?

Ans-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.

Ques-What is the eligibility criteria for receiving supplementary nutrition under SABLA?

Ans-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 schoolgoing.**

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.**

Ques-Are norms of supplementary nutrition for Adolescent Girls different from that of children below 6 years?

Ans-Yes, the requirement of nutrients and the norms for Supplementary Nutrition are different i.e. more for AGs than the children below 6 years of age.

Ques- How can this increase in calories be met?

Ans-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.**

Ques-Why IFA Supplementation for Adolescent Girls?

Ans-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).

Ques-How many IFA Tablets will be distributed in a week?

Ans- 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.

Ques-What additional information will be provided to Adolescent Girls related to IFA Supplementation by the ANM/AWW?

Ans- 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.

Ques- Discuss the component of Nutrition and Health Education (NHE) under SABLA?

Ans- 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.

Ques-What are the major activities in NHE component of SABLA?

Ans- 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.