

SABLA SCHEME: REACHING THE ADOLESCENT GIRLS



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Abstract : In Indian context, adolescent girls are vulnerable to physical and educational neglect. Malnutrition is more common in India with over 90% of young girls reported as anemic. Academically, adolescent girls (AGs) have a much higher rate of school dropout than boys. Such neglect becomes an impediment to the progress of young girls and women in society. The RGSEAG (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) introduced SABLA program in November, 2010 by the Govt of India under the ministry of women and child development department and works to combat these issues by focusing on educational, nutritional and health requirements.

Back ground of the theme: In the Indian context, adolescent girls are vulnerable to physical and educational neglect. Malnutrition is more common in India with over 90% of young girls reported as anemic. Academically, adolescent girls (AGs) have a much higher rate of school dropout than boys. Such neglect becomes an impediment to the progress of young girls and women in society. The RGSEAG (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) introduced SABLA program in November, 2010 by the Govt of India under the Ministry of Women and Child Development Department, works to combat these issues by focusing on educational, nutritional and health requirements.

Extent of the problem:

One in every three malnourished children in the world lives in India. Anemia affects 90% of adolescent girls in India. According to the Ministry of Human Resource Development gross enrollment sex ratio in primary schools is almost 1 but in secondary education it drops down to 0.79 80% of women are engaged in informal sectors, primarily agriculture.



Objectives:

The objectives of the scheme are to:

- (i) Enable self-development and empowerment of Adolescent Girls.
- (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 Adolescent Girls into formal/non formal - education.

(vi) Inform and guide them about existing public services, such as PHC, CHC, Post Office, Bank, Police Station, etc.

Beneficiaries of SABLA

The scheme aims at covering adolescent girls in the age group of 11 to 18 years under all ICDS Projects in selected 200 districts across India on pilot basis.

Program features

ICDS infrastructure would be used for the implementation of SABLA. Anganwadi Centers would be the focal points for delivery of services. The scheme is aimed at both in-school adolescent girls and out-of-school adolescent girls. Various services to be provided to the girls are mentioned as below.

Service	Details	Service Provider	Target Girls
Nutritional provision Rs. 5 per day	600 calories and 18-20 gm protein for 300 days a year in the form of hot cooked meal or take home ration	Anganwadi	11-14 (Out-of- school) 14-18 (Both)
Iron Folic Acid (IFA) Supplementation	2 IFA tablets per week to be administered to girls at Anganwadi centers	Anganwadi	11-18(Out-of-school)
Health check-up and referral services	General health check up every 3 months. Records of height, weight, and any specific medical problem to be recorded in Kishori Cards	Anganwadi Medical Officer	11-18(Out-of-school)
Nutritional and Health Education	Spreading awareness on nutritional deficiency, balanced diet, personal hygiene, first aid and home remedies in Anganwadi	Anganwadi Medical Officer / ASHA	11-18 (Both)
Counseling on Family welfare practices	Age appropriate awareness sessions on reproductive and sexual health, child care practices and home management to be carried out in Primary Health care centers	Anganwadi Medical Officer / NHRM Setup	11-18 (Both)
Life Skill education	Imparting skills focused on personality development, functional literacy and accessing public services in Anganwadi centers	Anganwadi/ NGO/ Youth Affairs/Education Setup	11-18 (Both)
Vocational Training using NSDP	Vocational Training provided for a maximum period of 3 years with desired level of flexibility in location to ensure maximum benefit	Through NSDP of Ministry of Labour	16-18 (Out-of-school)

Components of SABLA:

a) Nutrition: Each AG will be given Supplementary nutrition (SN) containing 600 calories, 18- 20 grams of protein and micro-nutrients, per day for 300 days in a year. The out of school AGs in the age group of 11-15 years attending Anganwadi Centers (AWCs) and all girls in the age group of 15-18 years will be provided

Supplementary nutrition in the form of Take Home Ration (THR). However, if hot cooked meal is provided to them, strict quality standards have to be put in place. The Take Home Ration as provided to Pregnant and Lactating (P & L) mothers may be provided for AGs also, since the financial and calorific norms of Supplementary nutrition for both is same.

b) IFA Supplementation: Under Reproductive and Child Health (RCH-2) of National Rural Health Mission (NRHM), school children (6-10 years) and adolescents (11-18 years) have been included in the National Nutrition Anemia Control Programme (NNAPP). States will establish convergence with the programme being implemented by Ministry of Health and Family Welfare to provide 100 adult tablets of IFA to each beneficiary through supervised consumption. IFA tablets will be distributed to AGs on Kishori Diwas.

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

d) Nutrition and Health Education (NHE): NHE will be given to all AGs in the AWC jointly by the ICDS and health functionaries and resource persons/field trainers from NGOs/Community Based Organizations (CBOs). This will include encouraging healthy traditional practices and dispelling harmful myths, healthy cooking and eating habits, use of safe drinking water and sanitation, personal hygiene, including management of menarche, etc. The adolescent girls will be informed about balanced diet and recommended dietary intake, nutrient deficiency disorders and their prevention, identification of locally available nutritious food, nutrition during pregnancy

and for infants. This would also include imparting information about common ailments, personal hygiene, exercise/ yoga and holistic health practices.

e) Life Skills Education and Accessing Public Services: Its ultimate aim is to enable AGs in self development. Broad topics to be covered in the training for development of life skills may include confidence building, self awareness and self esteem, decision making, critical thinking, communication skills, rights and entitlement, coping with stress and responding to peer pressure, functional literacy, etc.

So far, about 3.51 lakh adolescent girls have been provided with vital services aimed at improving their nutritional and health status and enabling their self-development.

Apart from that, adolescent girls (AG) scheme with some modification and content enrichment was also experimented in some areas. Under ICDS programme in 47 blocks of Tamil Nadu, modified AG Scheme was successfully implemented. Again in Rajasthan and Andhra Pradesh, State specific interventions for Adolescent Girls have been implemented.

There have also been persistent demands from the States on the urgent need to provide cover of ICDS to adolescent girls in all the ICDS Projects.

Conclusion:

Sabla aims to converge the pressing requirements of adolescent girls viz. nutritional needs and skill development. Hence this comprehensive scheme provides nutritional supplement and provides vocational training to out-of-school girls to create avenues of economic empowerment. It also aims to increase awareness on health, nutrition, life style, adolescent reproductive and sexual health to facilitate a smooth transition into womanhood.

References

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