

ORIGINAL ARTICLE

Evaluation of Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) -- 'SABLA' in Indore District of Madhya Pradesh

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Abstract

Background: Recognizing the problems of adolescent girls central government of India launched Rajiv Gandhi Scheme for Empowerment of Adolescent Girls-SABLA in October 2010 for the empowerment of adolescent girls.

Aim & Objective: To evaluate for the bottlenecks in the implementation of Rajiv Gandhi Scheme for Empowerment of Adolescent Girls-SABLA (RGSEAG-SABLA) programme. **Material & Methods:** A Cross-sectional study done for a period of 12 months using Multi-stage random sampling method. 15 ICDS projects 40 AWCs were randomly selected. Semi structured open-ended questionnaires was used as a study tool to interview health care providers. Observation checklist used for assessment of functioning of scheme at Anganwadi centres. Appropriate statistical test was applied using Epidata software. **Results:** Most of the girls (90.5%) of district were taking supplementary nutrition provided by the anganwadis. Girls with BMI>18.5 was 45 % in urban area & 42.1% in rural area. Statistically significant difference (0.04) found between rural and urban AWCs with regards to availability of space. **Conclusion:** The SABLA scheme is based on concept of human resource development which will be helpful in promoting the women empowerment in India.

Keywords

Adolescent; Nutritional Status; Body Mass Index

Introduction

The Sabla initiative offers a potential platform to address current gaps in programming for adolescent girls.

Worldwide there are more than 1.2 billion adolescents.(1) In India about 21% (around 243 million) is adolescents, (2) nearly half of these population belongs to adolescent girls (AGs) of age

between 10-19 years (around 111 million).(3) School dropout rate amongst AGs in India is 63.5%.(4) According to NFHS-4;(5) 30% are married by 18 years of age. Adolescent pregnancy is common with 15% of global maternal death which occurs among AGs.(6)

Recognizing the problems of AGs Central Government launched two schemes Kishori Shakti Yojana (KSY) (7) in the year 2000 and Nutrition

Programme for Adolescent Girls (NPAG) (8) in 2002-03. The financial assistance and coverage under both schemes was limited and both the schemes catered to more or less similar target groups; they were therefore combined into a pilot scheme envisioned to be more comprehensive, called "Rajiv Gandhi Scheme for Empowerment of Adolescent Girls-Sabla" (RGSEAG-Sabla) (9) launched in October 2010.

Aims & Objectives

1. To Evaluate Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) -- 'Sabla' Scheme in Urban and Rural projects of ICDS blocks of Indore district of Madhya Pradesh.
2. To Study the implementation and functioning of Sabla Scheme.
3. To study the services provided under Nutrition and non-nutrition components.
4. To study the fund flow mechanism of the scheme.

Material & Methods

Study Type: This was a Cross-sectional study done for a period of 12 months. **Study Duration:** This study was conducted for the year 2017-2018 to evaluate the implementation and functioning of Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-Sabla in Indore district

Ethical Approval: Ethical approval is taken from Ethics and Scientific review committee, MGM Medical College & M.Y Hospital Indore. **Study Area:** All the ICDS projects of Indore district were enlisted.

Sample Size calculation: Multi-stage random sampling method was used. (15 projects were working) out of which 8 projects were randomly selected; 4 urban (from 8 urban projects) and 4 rural (from 7 rural) projects. Out of these selected projects 40 AWCs were randomly selected for assessment. **Consent:** Written consent is taken from study sample. **Inclusion/Exclusion Criteria:** All the study subjects giving consent were included and those not giving consent were excluded from the study.

Study Population: In all 1 District Programme officer, 8 Child Development Programme Officers, 8 Supervisors and 40 Anganwadi workers involved in the scheme were interviewed. **Data collection:** Semi structured open-ended questionnaires was used as a study tool to interview health care providers Observation checklist used for assessment of functioning of scheme at Anganwadi centres (AWCs). **Data Analysis:** Appropriate statistical test was applied

using Epidata open source software and for referencing Mendeley software was used.

Results

Average monthly services provided with respect to Nutrition: Most of the girls (90.5%) of district were taking supplementary nutrition in the form of Take-home ration (THR) provided by the anganwadis. THR supply was Khichdi mix and Soya barfi mix; which provided nutrition of 150gms and 600Kcals in each serving. Girls with BMI>18.5 was 45 % in urban area & 42.1% in rural area. Around 55-58% of registered girls of selected AWCs were undernourished due to inadequate nutrition.

Average monthly Non – nutrition services provided at various AWCs: Iron Folic Acid (IFA) supplementation was provided by 99% of AWCs, Health Check-ups and Referral services by 87.5% of AWCs, Nutrition and Health Education by 98% of AWCs, Exposure visits (assessing public services at police station, bank, post office etc.) by 78% of AWCs and Vocational Training for girls of 16-18 years by 75% of AWCs. 90.33% of girls completed their vocational training, out of which 60.5% appeared for exam and out of which 20% of girls were self-employed.

Average monthly counselling sessions conducted at various AWCs: 32.8% of nutrition & health education counselling sessions, 26.25% family welfare Counselling Sessions, 6.65% ARSH Counselling Session, 25.87% Child Care Counselling Session and 8.42% Life Skills Education Counselling Sessions were conducted on an average in a month in district.

Above table shows that there was a statistically significant difference (0.04) (Chi Square test) between rural and urban AWCs with regards to availability of space. Rural AWCs are more spacious than urban. (Criteria for adequacy: - 30sq meter Outdoor Space and 35sq. meter Indoor Space for thirty children)

Sabla Activities: Kishori Diwas celebration was on every 4th Tuesday at AWCs. In present study there was no significant difference between rural and urban centres as far as Sabla activities were concerned. With regards to holding of KishoriSamoo meetings (held once in a month) majority of AWCs organising these meetings are in 95.6% urban centres and 97.4% rural centres. Sakhi and Saheli means friend (act as peer-monitor) selected from Kishori Samoo. In rural area 85.4% and 84.7% of girls were trained as Sakhi and Saheli

respectively while in urban 14.5% Sakhi and 15.2% Saheli were trained.

Mainstreaming of school education: There was a significant difference (P value=0.032) at district level with regards to admission of adolescent girls to the mainstream of school education between rural and urban AWCs. In rural areas 84.9% belonging to 11-14 years and 82.9% of 14-18 years age group got admitted. There was a quite higher school drop-out in rural area.

Scheme related components: Almost adequately present in all the Anganwadi centers as observed in present study were: Human resources, Signage for Sabla, IEC material, Guidebook for AWWs/ Supervisors, Sabla Training module, Sabla kit, Take Home Ration, IFA tablets, Sanitary Pads, Reporting formats, Sabla Register, Kishori Cards.

Monitoring and Supervision: ICDS project has an in-built monitoring system since its inception through which regular reports and returns flow upwards from AWCs to block, district, state and finally in an integrated form to government of India. Monitoring and supervision of Sabla scheme are done on the basis of Monthly progress reports (MPR), Quarterly progress report (QPR) and Annual Progress report (APR). Monitoring and supervision by health care providers involved in our study was very well done as DPO monitor 140% of AWCs, CDPOs 250%, and Supervisors 157% which are very much above the stipulated target.

Fund Flow: This is a centrally sponsored scheme. The funds are distributed project wise. Yearly 1-2 lacs of fund are separately provided for Sabla scheme. The expenditure for nutrition (Sabla THR) and Sabla Kits is provided by district headquarters. The expenditure for the various non-nutrition components are either provided by project offices or NGOs. In both the urban and rural areas almost 99% funds were utilized.

Discussion

The present study was conducted to evaluate the implementation and functioning of Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-Sabla scheme done in 4 randomly selected Urban ICDS and 4 randomly selected Rural ICDS project of Indore district.

On assessing the nutritional status Girls with BMI<18.5 was 55 % in urban area & 58% in rural area which was similar to study done by Patanwar *et al* (10) where the percentage of adolescent girls with

BMI<18.5 was 53.8% similarly study done by Hossain *et al* (11) where 41.33% of adolescent girls were underweight, which was in contrast to study done by Behera *et al* (12) where 26.6% of adolescent girls were underweight.

Around 55-58% of girls in present study were undernourished. Some reasons cited by AWWs for undernourishment of beneficiaries were lack of awareness of importance of supplementary nutrition, lack of taste in nutrition provided, some did not think that it was necessary, and some were concerned with their body image. Baliga *et al* (13) said that majority of girls were having dietary intake less than 50% of RDA. Renjini M R (14) said that the nutrition education was very much effective for the subjects to increase their nutritional awareness and to make necessary dietary modifications during adolescence.

Nutritional requirement are higher among adolescents than any other period of life. Inadequate diet intake at this age leads to stunted growth and delayed sexual maturation by J stang (15). There is a high prevalence of under nutrition among adolescent girls in this slum community. Health education and nutrition interventions are needed on priority basis said by K. Prashant and Chandan Shaw.(16) Study of Varun Gaiki *et al* (17) stated that taking into consideration, the prevalence of under nutrition window period for intervention is quite short. Though beginning has been made for improvement of adolescent girl's health, still much more needs to be done to address the issue of adolescent malnutrition at the national level.

In present study Nutrition and Health Education given by 98% of AWCs, informal education is mandatory at this age also results go with the study done by Rees *et al*. (18)

Regular health Check-ups (once in three months on Kishori Diwas) and Referral services to nearby health facilities provided by 87.5% of AWCs.

Exposure visits was provided by 78% of AWCs to assess public services at police station, bank, post office etc. The AGs acquired knowledge and develop attitudes and skills which support and promote the adoption of healthy and positive behaviour in them. Vocational Training for girls of 16-18 years was provided by 75% of AWCs which resulted in income generating skills leading to decent living, empowerment and self/wage employment. 99% of AWCs provided IFA Tablets which is much more than the study done by Julia Kom (18) where only 77% of

AWCs provided IFA supplement since the implementation of Sabla scheme.

In the present study details of counselling sessions conducted on an average in a month in the district were 32.8% nutrition & health education counselling sessions, 26.25% of family welfare, 6.65% of ARSH, 25.87% of Child Care and 8.42% of Life Skills Education Counselling Sessions. According to Ramakrishnan *et al* (19) the main objectives of the guidance and counselling programmes should be the maximum development of the individual. Counselling is an integral part of the total educational goal of leading an individual to a more authentic existence.

In this study with regards to KishoriDiwas celebration on every 4th Tuesday at AWCs there was no significant difference between rural and urban centres. 96.32% rural AWCs celebrated Mangal Diwas while 93.83% urban AWCs celebrated. According to Awasthy *et al* (20) as part of the new adolescent strategy nutrition education sessions should be held at the community level using Village health Nutrition days, KishoriDiwas, school setting & AWCs.

Comparatively more number of Sakhi and Saheli were trained in rural centres, 85.4% and 84.7% of girls were trained as Sakhi and Saheli respectively. All Sakhi and Saheli were well-aware of their duties and responsibilities.

The proportions of girls who are added to the mainstream of education were more in rural areas than urban as the school drop outs were more in rural areas. The reasons observed in the present study were pressure exerted by family members to work at home rather than attending the schools. However, in a study conducted by B Maithly *et al* (21) the main reason for dropping out was financial difficulties.

AWCs are the key areas from where the Sabla scheme operates, so they should be efficient enough to deliver their services. In the present study all the anganwadi centres were considered efficient with regards to the availability to materials pertaining to Sabla scheme but for poor space in Urban AWCs compared to Rural (P value =0.04). Rural AWCs were more spacious and well maintained than urban. Space in anganwadis should be adequate to conduct activities and to gather 20-30 girls at a time. According to study by Tripathy *et al* (22) inadequacies in equipments, workspace, training, and staffing were noted by 47%, 18.2%, 7.6%, 7.6%, respectively in anganwadi centres.

In present study majority (100%) of AWWs gave services to adolescent girls, 100 % AWCs had signage i.e. posters and IEC material related to services given at AWCs, which is more than in a study by Thakur *et al* (23) where 93% AWCs had adequate posters and charts.

In the study projects of scheme in both the urban and rural areas almost 99% funds provided were utilized. IFA tablets were provided by health department. Sabla kits were provided by district headquarters. Proper documentation of fund allocation was done. The present study concludes that SABLA scheme is an exemplary initiative of grass-root human resource generation which is in compliance with the study done by M. Ranga (24) which suggested that the Sabla scheme is based on modern concept of human resource development and will surely be helpful in promoting the women empowerment in India. The qualitative findings from the study elicit that there is a gradual and empowered perception among the Adolescent Girls through the Scheme.(25)

Conclusion

The Sabla scheme is based on modern concept of human resource development and will surely be helpful in promoting the women empowerment in India. Sabla initiative offers a timely opportunity and a potential platform for nationwide outreach to address current gaps in programming for adolescent girls. Although, Sabla scheme is effective only in parts of India, if implemented effectively across the country, it would create a healthy and empowered population of women in nation.

Recommendation

Multi centric studies to evaluate SABLA scheme needs to be launched to assess the overall effect pan India. More Counselling Sessions needed to be launched both for the adolescent girls and their parents. Importance of Vocational training needs to be incorporated in the SABLA scheme in a much more comprehensive manner. The availability of ample infrastructural space particularly in urban areas is the need of the hour for better functioning of the SABLA scheme.

Better utilization of informal social groups (Sakhis and Sahelis) is required which will improve the consumption of THR and IFA tablets by Adolescent Girls. Exposure visits need to be increased and more practical knowledge should be given in order to make adolescent girls aware of social, economic, knowledge-related, financial, and other key

domains. Awareness talks and visits should be increased in number.

Limitation of the study

The study was carry out in almost sufficient sample size, but in order to corroborate the findings on a larger picture, needs more sample size to be incorporated which unfortunately was not contemplated owing to time constraint. The study was conducted using semi-structured questionnaire which was formed according to scheme, there was no standard questionnaire used for assessment of the scheme

Relevance of the study

Majority of adolescents still do not have access to information and education on sexuality, reproduction and sexual and reproductive health and rights, nor do they have access to preventive and curative services. Providing adolescents with access to seek information education and services is to be addressed in future programmes.

Authors Contribution

RBB: data collection, review of literature; SSS: data analysis, drafting; SPK: Concept, Ethical clearance.

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Tables

TABLE 1 INFORMATION OF PROJECT AND STAFF UNDER ICDS BLOCKS OF INDORE DISTRICT FOR SABLA SCHEME

S. No	ICDS scheme for 2017-2018	Number *
	Number of ICDS projects	15
	Number of Sectors	72
	Number of Anganwadi centers	1582
	Number of CDPOs	15
	Number of Supervisors	65
	Number of Anganwadi workers	1567
	Number of Anganwadi helpers	1561

**Source of information ICDS District Headquarter Indore.*

TABLE 2 AVAILABILITY OF SPACE IN ANGANWADI CENTRES IN STUDY SAMPLE:

S. No.	Project type	Adequate	Inadequate	P- Value
1.	Urban (N=20)	13 (65%)	07 (35%)	0.04 (Significant)
2.	Rural (N=20)	19 (95%)	01 (5%)	