

ICDS Programme and Services

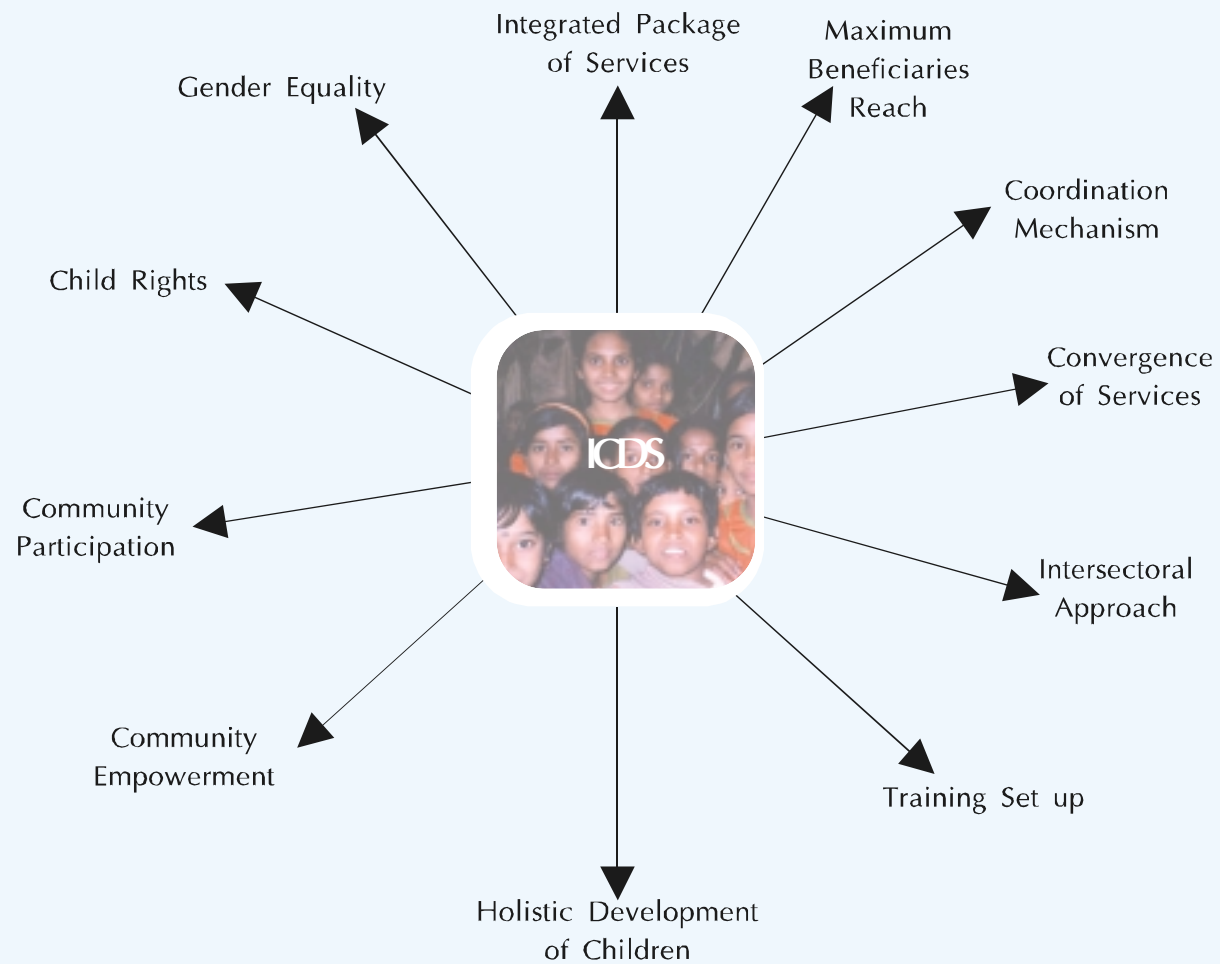


PART 1

ICDS Programme and Services

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Special Features of ICDS Programme



1.1 ICDS Programme & Objectives

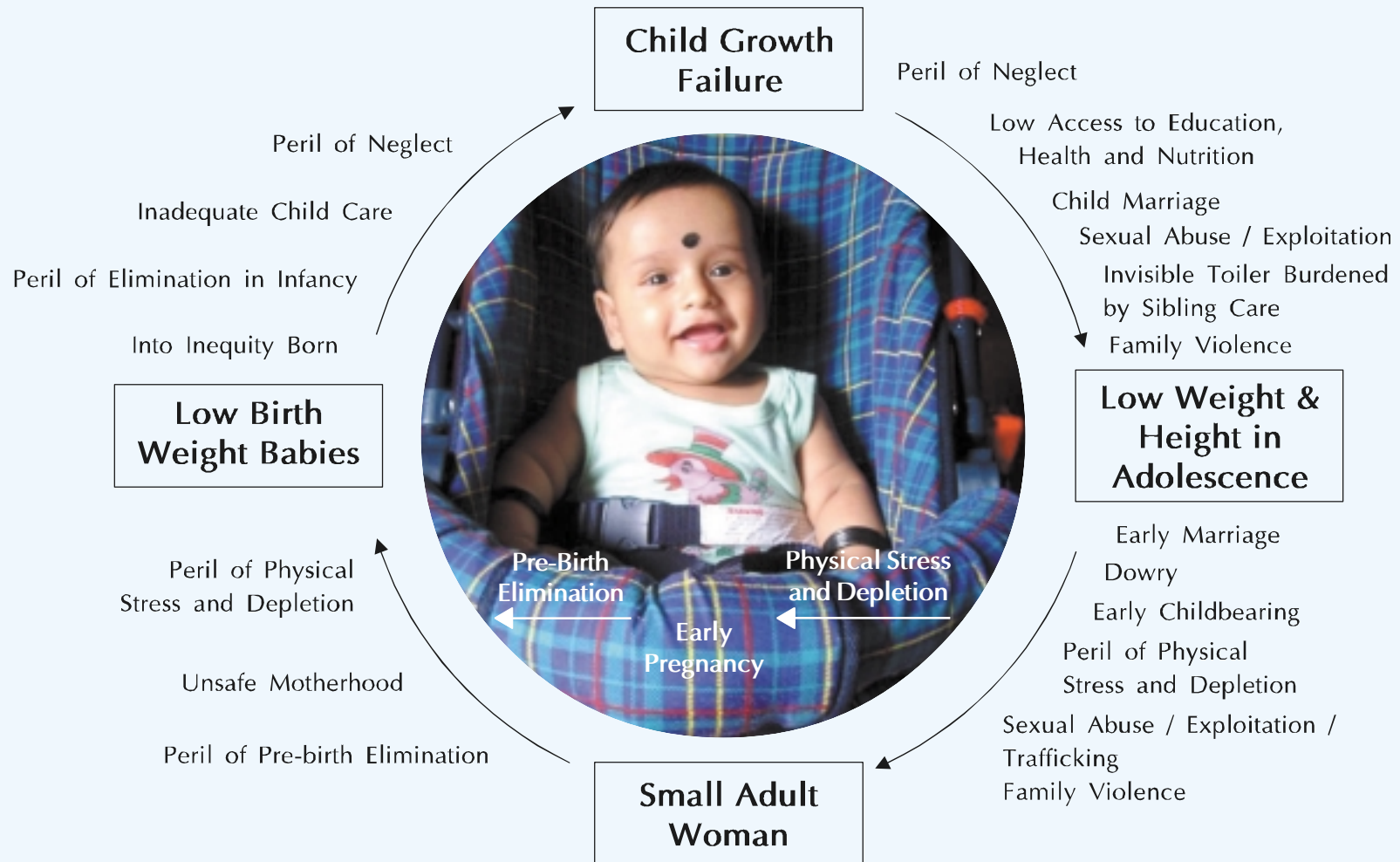
ICDS Programme

- ICDS is the country's most comprehensive & multi-dimensional programme. It is a centrally sponsored scheme of the Ministry of Women and Child Development.
- ICDS Programme was launched on 2 October, 1975 – the 106th birth anniversary of Mahatma Gandhi—the Father of the Nation.
- ICDS is the most unique programme for early childhood care and development encompassing integrated services for development of children below six years, expectant and nursing mothers and adolescent girls living in the most backward, rural, urban and tribal areas.
- ICDS has child centered approach based on the rationale that child care, cognitive and psycho - social development, and the child's health and nutritional wellbeing mutually reinforce each other.
- ICDS is a community based programme. For effective implementation of the programme, members of the community i.e. members of panchayati raj; mahila mandal & youth club; religious and local leaders; voluntary organisations and primary school bodies etc. should be actively involved.

ICDS is the symbol of India's commitment to her children

Objectives
● Lay foundation for the proper psychological, physical and social development of the child. ● Improve nutritional & health status of children below six years. ● Reduce incidence of mortality, morbidity, malnutrition and school dropouts. ● Achieve effective coordination of policy and implementation amongst various departments. ● Enhance the capabilities of the mother to look after the normal health and nutritional needs of child through proper nutrition & health education.

Intergenerational Cycle of Malnutrition



- ICDS intervenes across the life cycle as early as possible to fulfill the needs and rights of the **girl child**
- ICDS through its package of services creates an environment to reduce gender discrimination at all stages

ICDS is a major programme channel for addressing child rights related to survival, protection, participation and development

Right to Survival

Rights for survival include rights related to life, health, nutrition, water, sanitation, environment, adequate standard of living, right to a name from birth, right to acquire nationality, right to know and be cared by his or her parents.

Right to Protection

Rights for protection include rights related to protection of children from all forms of discrimination, exploitation, abuse, inhuman or degrading treatment and neglect, disability, right to special protection in situations of emergency and armed conflicts.



Right to Participation

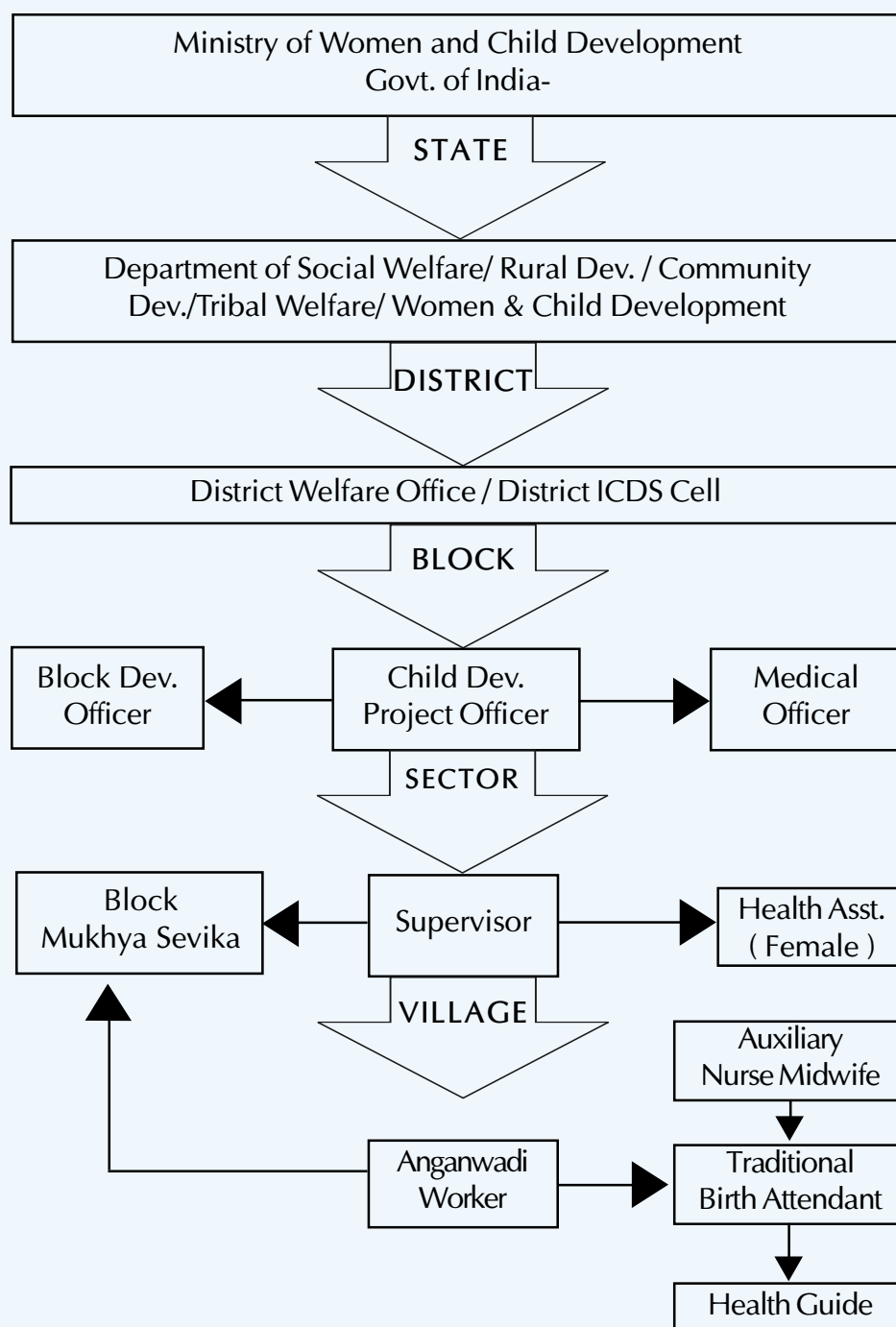
Rights for participation include rights related to respect for the views of the child, right to freedom of expression, thoughts, conscience and religion; freedom of association and peaceful harmony; access to appropriate information and awareness.

Right to Development

Rights for development include rights related to education, support for early childhood development and care, social security and right to leisure, recreation and cultural activities.

1.2 Administrative & Organisational Set up

- ICDS has well planned administrative and organizational set up.
- The Administrative Unit for the location of an ICDS Project is a Community Development Block in the rural areas, a Tribal Development Block in the tribal areas and a group of slums in urban areas.
- In the selection of the location of a Project, consideration is given to the areas inhabited predominantly by Scheduled Castes or Tribes especially Backward Tribes or nutritionally dependence areas or areas poor in reach of social services.



1.3 ICDS Coverage and Reach

Population Coverage in an ICDS Project			
Area	Population Covered / Project	Population Covered / AWC	No. of AWC / Project
Rural	1,00,000	1000	100
Urban	1,00,000	1000	100
Tribal	35,000	700	50

In hilly and desert areas an Anganwadi may be set up in every small village or hamlet having a population of 300 or more. Very small villages/hamlets (with a population less than 300) can be covered by the adjoining Anganwadis or mini AWC can be set up.

Approximate Population Coverage in an ICDS Project as per the Services								
	Target	Services	Rural / Urban Project (Population 100,000: Villages 100)			Rural / Urban Project (Population 35,000: Villages 550)		
			Total Population	Target Population	Percent Coverage	Total Population	Target Population	Percent Coverage
1	Children below 6 yrs.	- Supplementary Nutrition - Immunisation - Health Check-up - Non-formal Preschool Education	17,000 8,000	6,800 17,000 17,000 4,000	40 100 100 50	5,950 2,800	4,462 5,950 5,950 2,100	75 100 100 75
2	Expectant and Nursing Mothers	- Supplementary Nutrition - Health Check-up - Immunisation (Tetanus)	4,000 4,000 2,400	1,600 4,000 2,400	40 100 100	1,400 1,400 910	1,050 1,400 910	75 100 100
3	Mothers (15-45) yrs.	Nutrition & Health Education	20,000	20,000	100	7,000	5,250	75

ICDS Beneficiaries and Services

Beneficiary

Children Less than 3 years

Children between 3-6 Years

Expectant and Nursing Mothers

Other Women 15-45 Years

Adolescent Girls between 11-18 Years



Services

10

- i) Supplementary Nutrition
- ii) Growth Monitoring
- iii) Immunization
- iv) Health Check-up
- v) Referral Services

- i) Non-formal Preschool Education
- ii) Supplementary Nutrition
- iii) Growth Monitoring
- iv) Immunization
- v) Health Check-up
- vi) Referral Services

- i) Health Check-up
- ii) Tetanus Toxoid Immunization to pregnant women
- iii) Supplementary Nutrition
- iv) Nutrition & Health Education

- i) Nutrition & Health Education
- ii) IFA Supplementation & de-worming intervention
- iii) Non-formal education
- iv) Home-based skill training and vocational training
- v) Supplementary nutrition

1.4 ICDS Beneficiaries and Services

- **ICDS Beneficiaries**

- Children below six years
- Expectant and Nursing Mothers
- Adolescent girls
- Women in the age group 15-45 years

- **Services under ICDS**

- ICDS provides a package of integrated services in a comprehensive and cost effective manner to meet the multi - dimensional and interrelated needs of children.
- ICDS beneficiaries receive health, nutrition and early childhood care and education related services. In addition, there is coverage of other important supportive services like safe drinking water, environmental sanitation, women's development and education programmes.
- All services in ICDS are expected to converge at the same time on the same set of beneficiaries i.e. group of children and their family to create an appreciable impact.

Integrated Package of Services under ICDS	
Nutrition ● Supplementary Nutrition ● Growth Monitoring ● Nutrition and Health Education Health ● Health Check up ● Immunization ● Identification and Treatment of Common Childhood Illnesses and Minor Ailments ● Referral Services	Supportive Services and Convergence ● Supportive Services, such as Safe Drinking Water, Environmental Sanitation, Women's Empowerment Programmes and Adult Literacy Early Childhood Care & Preschool Education ● Early Care and Stimulation of Children Under Three Years ● Preschool Education to Children in the 3-6 Years Age Group

1.5 The Anganwadi Centre

- An Anganwadi Centre - a courtyard play centre - located within the village or a slum is the focal point for delivery of all the services under ICDS programme in an integrated manner to children and women.
- An Anganwadi is a centre for convergence of services for children and women.
- An Anganwadi is a meeting ground, where women / mother's groups can come together/ with other frontline workers to share views and promote action for development of children and women.
- An Anganwadi is run by an Anganwadi Worker who is supported by a Helper in service delivery.



1.6 ICDS Team, their Role & Job Responsibilities



Child Development Project Officer (CDPO)

Supervisor (4-5)



Anganwadi Worker (AWWs) (100)



Anganwadi Helper (100)

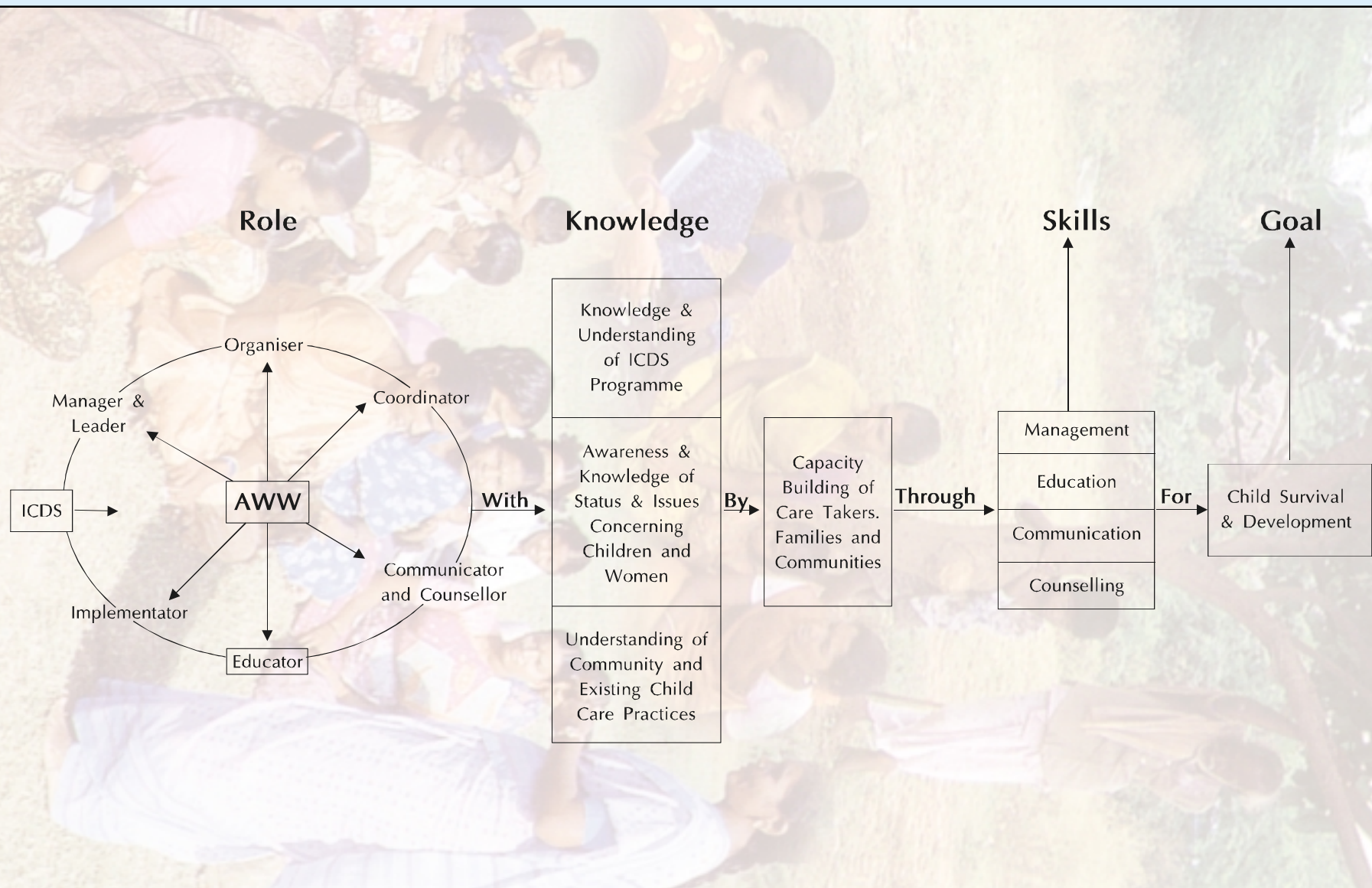


Health Functionaries in ICDS



- A CDPO is an overall incharge of an ICDS Project and is responsible for planning and implementation of the Project.
- A CDPO is supported by a team of 4-5 Supervisors who guide and supervise AWWs.
- In large ICDS Projects, where there are more than 150 AWCs in a Project, an Assistant Child Development Project Officer is also a part of the team.
- A Supervisor has the responsibility of supervising 20, 25 and 17 Anganwadi Workers in rural, urban and tribal projects respectively.
- A Supervisor guides an AWW in planning and organising delivery of ICDS services at AWC and also gives on the spot guidance and training as and when required.
- An Anganwadi Worker is a community-based frontline voluntary worker, selected from within the local community. The selection is made by a committee at the Project level.
- An AWW is mainly responsible for effective delivery of ICDS Services to children and women in the community.
- An AWW is an honorary worker who gets a monthly honorarium.
- At each AWC, a Helper is appointed to assist an AWW.
- Helper is an honorary worker and is paid monthly honoraum.
- Health Services in ICDS are given by a team of Health Functionaries comprising Medical Officer, Lady Health Officer, ANM and Female Health Worker from Primary Health Centre and Sub-Centre in the Project. At the community level **ASHA** will be the first port of call for any health related demands of deprived sections of the population, especially women and children.

Role knowledge & Skills of an AWW



1.6.1 Role & Job Responsibilities of an AWW

An AWW's multifarious role requires managerial, education, communication and Counselling Skills. The various job responsibilities of an AWW are:

A. Planning for Implementation of ICDS Programme

1. Village Mapping
2. Rapport Building with Community
3. Conducting Community Survey and Enlisting Beneficiaries
 - Children 0-6 years
 - Children 'At Risk'
 - Expectant and Nursing Mothers
 - Adolescent Girls
4. Birth and Death Registration

B. Service Delivery

1. Preparation and Distribution of Supplementary Nutrition
 - Children 6 months to 6 yrs.
 - Expectant and Nursing Mothers
 - Children and Mothers 'At Risk'
2. Growth Monitoring
Promote Breast feeding and counsel mothers on IYCF
3. Assisting Health Staff in Immunization and Health Check-up of Children and Mothers
4. Referral Services
5. Detection of Disability among Children
6. Providing Treatment for Minor Ailments and first aid.
7. Management of Neonatal and Childhood Illnesses
8. Health and Nutrition Education to Adolescent Girls, Women and Community
9. Organising Non-formal Preschool Education Activities

10. Depot holder of medicine kit contraceptives of ASHA and under ICDS
11. Counseling Woman on Birth Preparedness
12. Assist CDPOs/Supervisors in implementation of KSY and NPAG

C Information, Education and Communication

1. Communicating with counselling Parents, Families and Communities etc.
2. Organising Awareness Campaigns, Street Plays, etc.
3. Prepare Communication and Educational Material

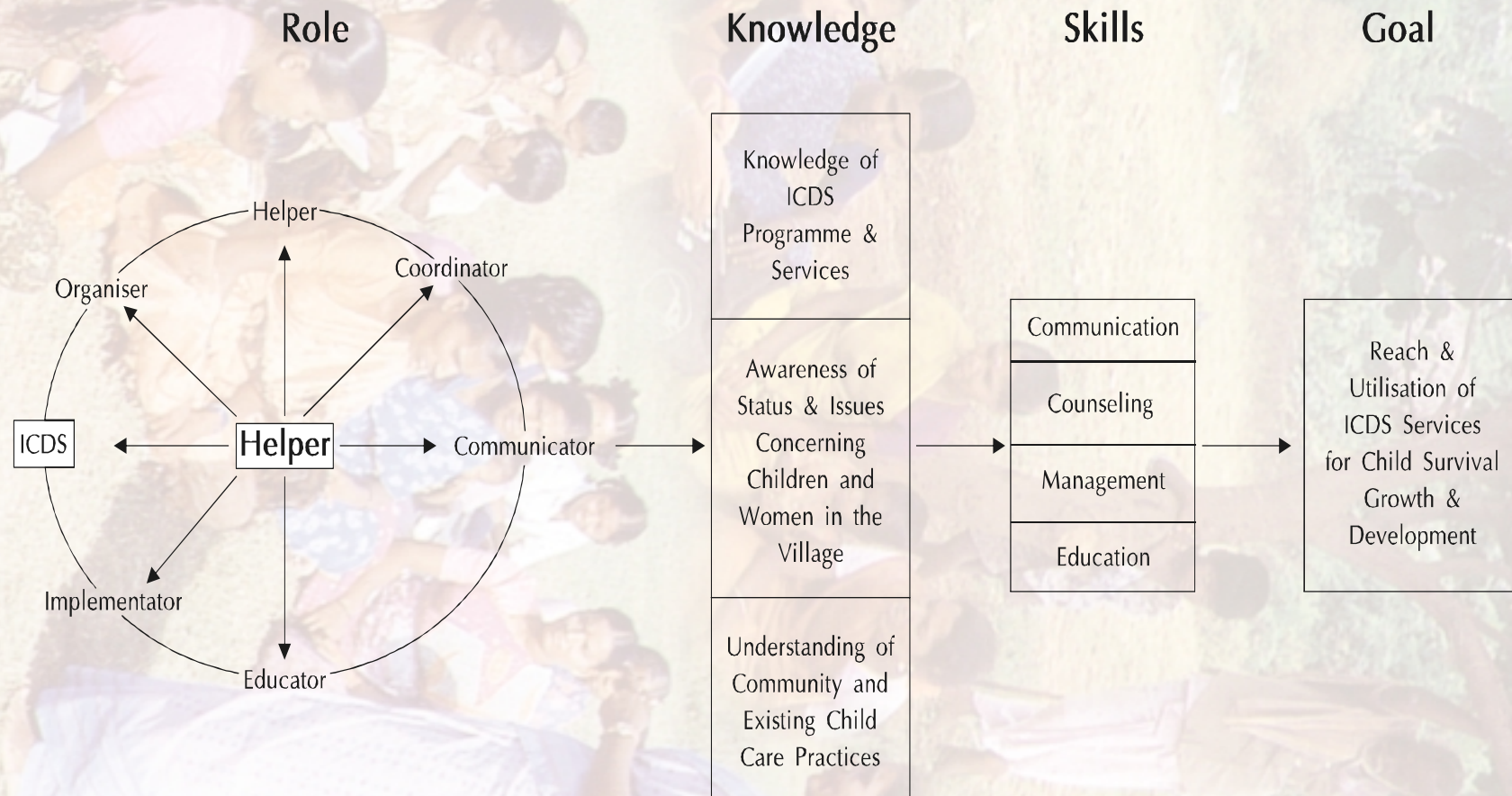
D. Community Contact

1. Mobilise Community & Elicit Community Participation
2. Maintain Liaison with Panchayat, Primary Schools, Mahila Mandals and Health Functionaries etc.

E. Management and Organisation

1. Management of Anganwadi Centre
2. Maintenance of Records, Registers and Visitor's Books
3. Preparation of monthly progress Reports

Role knowledge & Skills of a Helper



1.6.2 Role & Job Responsibilities of a Helper

- In an Anganwadi, a **Helper** assists an AWW for the following activities:



General Duties

1. Assisting Anganwadi Worker in conducting all the activities of the Anganwadi Centre, such as:
 - a. Counselling mothers and other caregivers of beneficiary children.
 - b. Pre-school education activities.
 - c. Health check-up, weighing of children, immunization of children / mothers.
 - d. Mothers / community meeting.
 - e. Maintenance of discipline among children.

Specific Duties

- (i) Cleaning premises of Anganwadi Centre and surrounding area.
- (ii) Fetching drinking water for daily use.
- (iii) Cooking and serving supplementary nutrition for beneficiaries.
- (iv) Inspection of cleanliness of children and assisting them in grooming themselves.
- (v) Preparation of preschool teaching aids under the guidance of an Anganwadi Worker.
- (vi) Collection and storage of items received for supplementary nutrition.
- (vii) Collecting and dropping small children.
- (viii) Contacting beneficiaries, parents and others in the community to attend meetings or for conveying messages.
- (ix) Opening and closing of an Anganwadi Centre under supervision of an Anganwadi Worker.
- (x) Performing all the duties of an Anganwadi Worker when she is sick, absent or away from duty or on leave.



1.6.3 Convergence of Services Among ANM, AWW and ASHA at Village Level

S. No.	ANM	AWW	ASHA
1.	To be invited to the meetings of the Village Health & Sanitation Committee	To be invited to the meetings of the Village Health & Sanitation Committee	To be invited to the meetings of the Village Health & Sanitation Committee
2.	To assist in preparation of Village Health Plan	To assist in preparation of Village Health Plan	To assist in preparation of Village Health Plan
3.	Organize Village Health Day at AWC (Immunization, Antenatal Check ups (ANC), Postnatal Check ups (PNC), Health Check ups etc.)	Assist in organizing Village Health Day. Register children and women for Immunization, ANC, PNC, Health Check ups etc.	Assist in organizing Village Health Day. Help AWW in registering children and women for Immunization, ANC, PNC, Health Check ups etc.
4.	—	Mobilize beneficiaries (with the AWH/ASHA) for the Village Health Day through SHGs, Mothers Committee, beneficiaries of the ICDS Scheme.	Mobilize beneficiaries for the Village Health Day under the guidance of AWW.
5.	Attend to such referred cases on priority	Refer sick children, pregnant/lactating mothers to sub-centre, PHC/CHCs	Refer cases to sub-centre, PHC/CHC
6.	Impart Health & Hygiene Education to the beneficiaries of Kishori Shakti Yojana (KSY) / Nutrition Programme of Adolescent Girls (NPAG).	Assist CDPO/ICDS Supervisor in implementation of Kishori Shakti Yojana (KSY)/Nutrition Programme of Adolescent Girls (NPAG)	Assist AWW in her activities pertaining to KSY & NPAG.
7.	—	Depot Holder of Medicine Kit/Contraceptives of ASHA & under ICDS.	Receive ASHA Kits / Contraceptives from AWW.
8.	Administer such drugs as specified by the M/O HFW	Administer OTC drugs Distribution of ORS/IFA Tabs, DDK, OP & Condoms.	Administer OTC drugs Distribution of ORS/IFA Tabs, DDK, OP & Condoms.

S. No.	ANM	AWW	ASHA
9.	Implement IMNCI. Home visits once in two months during pregnancy. (Once in the first week of delivery)	Home Visits-Once a month during pregnancy, Once in the first week of delivery. Second visit in second or third week as per the need.	Implement IMNCI. Home visits at least once in a month during pregnancy. (Once in the first week of delivery).
10.	Maintain and Update Eligible Couple Register.	–	Help ANM to maintain and update Eligible Couple Register.
11.	–	Counsel women on birth preparedness	Counsel women on birth preparedness
12.	Guide/Counsel women on safe/institutional delivery.	Guide/Counsel women on safe/institutional delivery.	Assist ANM/AWW in this work.
13.	–	–	Assist /Escort women for institutional delivery.
14.	Guide TBA (Trained Birth Attendant)	–	Guide TBA (Trained Birth Attendant)
15.	–	–	Facilitate referral of difficult cases.
16.	Nutrition & Health Education	Nutrition & Health Education	Nutrition & Health Education
17.	Promote breastfeeding of Infant & Young Child Feeding Practices.	Promote breastfeeding of Infant & Young Child Feeding Practices.	Promote breastfeeding of Infant & complementary Feeding Practices.
18.	Share available information with the Village Registrar of Births & Deaths.	Share available information with the Village Registrar of Births & Deaths.	Ensure registration of all births and deaths of mothers with the Village Registrar of Births & Deaths.

* Please note that in addition to the above listed activities, ASHA will also play an active role in preventive and promotive activities of all health programmes in the village, including communicable and chronic diseases. She will be guided and monitored both by the ANM and the AWW. The Anganwadi Centre will form the base of her activities.

1.7 How to Start and Organise an Anganwadi Centre?

An AWW has the responsibility of starting and setting up an Anganwadi Centre (AWC).

A. Location

- Location of an Anganwadi is important for proper utilisation of ICDS services.
- An AWC should be located at a place which is easily accessible, away from congested or traffic areas, does not have ponds or rivers or other dangerous places nearby, and is near the locality of weaker sections of the society.



B. Building

- Local community should provide accommodation for running an AWC free of rent. In this way the community can be involved in ICDS programme right from the beginning.
- Most of the time, in rural and tribal ICDS projects, the community either provides a room / building for running an Anganwadi free of rent or get a room constructed for the same.
- If the local community is not able to arrange a rent free accommodation for Anganwadi, the AWW should contact the community leader for arranging the accommodation on rent.
- Anganwadi building can also be constructed by utilising the National Rural Employment Programme funds and a grant of Rs. 1500/- (commuted rent for 5 years) from ICDS Scheme or contribution in cash or kind from the community & other sources.
- An AWC can be in a pucca / semi – pucca building.

Points to Remember

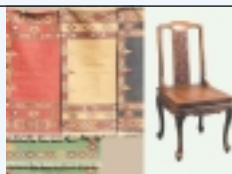
- Well ventilated room to accommodate 40 children for sitting as well as indoor activities.
- Space for storage of play equipment & material.
- Space for cooking and storage of kitchen equipment & food.
- Arrangement for safe drinking water supply and toilet facilities.
- Sufficient open space for outdoor activities.

C. Equipment

The basic equipment required in an AWC is sent by a CDPO. In case it is not received, an AWW should contact concerned Supervisor / CDPO.

Items for General Use

- a) Small mats or durries
- b) One closed shelf for storing equipment
- c) One or two wooden racks
- d) Low wooden chair and table for Anganwadi worker.
- e) Weighing Machine
- f) First aid box and medicines for common ailments
- g) One locally made mud vessel (with a tap and lid) for keeping drinking water
- h) A National Flag
- i) Files, registers and records
- j) Mother and Child Protection cards / growth chart register



Kitchen Equipment

- a) Tumblers, plates and spoons
- b) Two or three vessels with lids for cooking
- c) Stove with kerosene oil

Bathroom Equipment

- a) Two buckets or vessels for storing water
- b) Two mugs
- c) Two soap containers
- d) Four towels
- e) Disinfectant fluid
- f) Brooms, brushes and other cleaning material.

Indoor Play Equipment

- a) Wooden building blocks of different sizes
- b) Counting frames
- c) Paints, brushes and coloured chalk sticks
- d) One dholak (beating drum)
- e) Three scissors

D. Supplies and Material

Play Material

- AWW can prepare the following PSE material from locally available resources with the help of community members



Indoor Play Material

1. Puppets
2. Doll's House
3. Flash cards for story telling
4. Models of animals, fruits, vegetables etc. from card or mud.
5. Blocks from card board
6. Charts
7. Stuffed Dolls
8. Drums made out of waste tin boxes
9. Rattlers from soda water lids etc.
10. Colour, number and alphabets matching card from card board.

Outdoor Play Material

1. Simple swings from locally available ropes, cycle tyres etc.
2. Sand Pit
3. Small mud pots for growing plants.

Preschool Education (PSE) Kit

1. An AWC is given a PSE Kit by the State Govt.

Medicine Kit

1. An AWC is given a Medicine Kit by the State Govt.

1.7.1 Activities at Anganwadi Centre (AWC)

An AWW should plan and organise activities at AWC in such a manner that all the ICDS services are delivered covering all the beneficiaries in the village

- An Anganwadi is expected to run an AWC for 4 ½ hrs. The timings of AWC should be according to the convenience of the community.
- An AWW should open and close AWC on time.
- An AWW and the Helper should daily reach Anganwadi **before time** for the following activities:
 - a) Cleaning of the Anganwadi
 - b) Supply of drinking water.
 - c) Making arrangements for PSE activities.
 - d) Cooking supplementary food (If required) or keeping the food ready for distribution.

Daily Activities at AWC	Monthly / Quarterly / Periodical Activities at AWC
a) Inspection of children for cleanliness. b) Organising Supplementary Nutrition for children and expectant and nursing mothers. c) Washing hands of children before and after taking Supplementary Food. d) Organising Preschool Education activities. e) Treatment of common childhood illnesses & minor ailments. f) Referral Services as and when required g) Conducting Home Visits. h) Record Keeping.	a) Health check up of children and mothers b) Immunization (As per the schedule) c) Weighing children and Growth Monitoring (Once in a month) d) Distribution of Vitamin A and Iron Folic Acid tablets e) Organising mother's meeting f) Preparing Monthly Progress Report (MPR) g) Updating Family Survey Register

1.7.2 Expected Time for Daily Activities at AWC

An AWW should adhere to the time allotted for health, nutrition and education activities so that all the services are provided to the beneficiaries

Daily Tasks	Expected Time
Preschool Education	2 Hours (120 min.)
Preparation and Distribution of Supplementary Nutrition	1½ Hour (30 min.)
Treatment of Common Childhood Illnesses/ Ailments & Referral	1½ Hour (30 min.)
Filling up Records and Registers	1½ Hour (30 min.)
Making 2-3 home visits	1 Hour (60 min.)
TOTAL	4½ Hours (270 min.)



1.8 Training of ICDS Functionaries and Trainers

- NIPCCD is an apex Institute for planning, coordination and monitoring training of ICDS functionaries and trainers.



- NIPCCD has the responsibility of cutting edge training, training of CDPOs / ACDPOs, building - up capabilities of institutions engaged in training of ICDS functionaries; organising training of trainers; designing, revising, standardising and updating syllabi, preparation of training modules; and preparation, procurement and dissemination of training material.
- In the country, there is a net work of Institutes for training of ICDS functionaries & trainers comprising Middle Level Training Centres (MLTCs) and Anganwadi Workers Training Centres (AWTCs). In a few States, State Training Institutes (STIs) have been identified.
- All the ICDS functionaries i.e. Helpers, Anganwadi Workers, Supervisors and CDPOs are given initial job training, and then refresher training and innovative / skill training from time to time.
- UDISHA has redefined ICDS training. UDISHA in Sanskrit means the first rays of new dawn. It is the nation wide training component of the World Bank assisted Women and Child Development Project which is being implemented since 1999.

Training of ICDS Functionaries and Trainers			
Category	Total Duration	Working Days	Training Institute
ICDS Functionaries			
* JTC for CDPOs / ACDPOs	32	26	NIPCCD HeadQuarters(HQs), Regional Centres (RCs) & State Training Institutes (STIs)
* JTC for Supervisors	32	26	Middle Level Training Centres (MLTCs)
* JTC for AWWs	32	26	Anganwadi Workers Training Centres (AWTCs)
* Induction Training of CDPOs/ACDPOs	7	5	NIPCCD HQs, RCs and STIs
* Induction Training of Supervisors	7	5	MLTCs
* Induction Training of AWWs	8	6	AWTCs
* Orientation Training of Helpers	8	6	AWTCs
* Refresher Training of CDPOs/ACDPOs	7	5	NIPCCD HQs, RCs and STIs
* Refresher Training of Supervisors	7	5	MLTCs
** Refresher Training of AWWs	6	5	AWTCs
** Refresher Training of Helpers	5	4	AWTCs
Trainers of AWTCs and MLTCs			
* Orientation Training of Instructors of MLTCs / STIs	12	8	NIPCCD HQs & RCs
* Orientation Training of Instructors of AWTCs	11	8	MLTCs
* Refresher Course for Instructors of MLTCs and STIs	7	5	NIPCCD HQs & RCs
* Refresher Course for Instructors of AWTCs	7	5	MLTCs

* Inclusive of one day before and after the course and exclusive of holidays falling during the course except Sunday

** Inclusive of half a day each before and after the course.

1.9 Kishori Shakti Yojana

Kishori Shakti Yojana

- Under ICDS Programme, since 2000, Kishori Shakti Yojana (KSY) is being implemented to empower adolescent girls so as to enable them to grow and develop to take charges of their lives.
- KSY is redesign of the already existing Adolescent Girls Scheme being implemented since 1992 using ICDS infrastructure. The Scheme comprised two subschemes i.e. Girl to Girl Approach for Adolescent Girls in the age group 11-15 years and Balika Mandal to reach Adolescent Girls in the age group 11-18 years.
- Under Sub-Scheme I, at a time, 3 Adolescent Girls are attached to AWC for 6 months. They receive 3 days basic training from a Supervisor followed by one day session every month so as to become capable of managing the centre on their own. During this period, they assist AWW in delivery of services also.
- Under Sub-Scheme II (Balika Mandal), Twenty girls in the age-group of 11-18 years are identified from all eligible girls in the anganwadi centre. Only 10% of the total AWCs in an ICDS Project are selected to serve as “Balika Mandals”. All the 20 girls are enrolled for a period of 6 months in the Balika Mandal. Thus during the year, each Balika Mandal

caters to 40 Adolescent Girls in the age-group of 11-18 years. The Anganwadi Worker is the regular honorary instructor for the Balika Mandal and provides general education and literacy to adolescent girls. Instructors of AWTCs and MLTCs and training centres of Health and Family Welfare Department are enlisted for visiting Balika Mandals from time to time to provide continuing education. These girls participate in the activities of Balika Mandal and are provided with supplementary nutrition equivalent to the entitlement for a pregnant/lactating woman for 6 days in a week.

- KSY is being implemented through AWCs in rural and urban settings in all the 6118 of ICDS blocks.



The following Activities are conducted in KSY Schemes

* Adolescent Girls Scheme I
Girl to Girl Approach
(11-15 yr old girls)

1. Simple and Practical messages on
 - * Preventing health, hygiene, nutrition and education
 - * Working of the anganwadi center
 - * Family life education
2. Supplementary nutrition

Adolescent Girls Scheme-II
Balika Mandal
(11-18 yr old girls)

1. Learn about significance of
 - * Education and life skills
 - * Personal hygiene
 - * Environmental sanitation
 - * Nutrition and Home nursing
 - * First aid, communicable diseases, vaccine-preventable diseases
 - * Family life, child care and development Constitutional rights and their impact on the quality of life
2. Participate in creative activities and learn through the sharing of experiences and discussions of issues that affect their lives.
3. Skill development
4. Supplementary Nutrition

Objectives of KSY

- Improve the nutrition and health status of girls in the age group of 11-18 years.
- Provide the required literacy and numerate skills through the non- formal stream of education, to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities.
- Train and equip the adolescent girls to improve/upgrade home based and vocational skills.
- Promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measures so as to facilitate their marrying only after attaining the age of 18 years and if possible, even later
- Gain a better understanding of their environment related social issues and the impact on their lives; and
- Encourage adolescent girls to initiate various activities so as to become productive and useful members of the society.
- KSY has a number of programmatic options for States / UTs based on the area-specific needs and requirements. States can select the **programme interventions** that respond best to the local context.

