



Mapping of Adolescents' Programmes in India

*Conducted by BSS Under
'Tayari', a demonstration model for planned transitions
from adolescence to adulthood",
a project in partnership of BSS and UNICEF Rajasthan*

Bal Sansar

BAL SANSAR SANSTHA (BSS)

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This Mapping document is a compilation of adolescent programme responses under key ministries, GOI and some Rajasthan specific programmes, to make adolescents aware of these and improving their access to these schemes, as well as utilization.

Table of Contents

Introduction : Situation of Adolescents and the need for mapping	03
A. MINISTRY : WOMEN AND CHILD DEVELOPMENT DEPARTMENT	
Programme 1: Rajiv Gandhi Scheme for Empowerment of Adolescent Girls –SABLA.....	08
Programme 2: Kishori Shakti Yojana	10
Programme 3: Balika Samridhi Yojana	12
Programme 4: Nutrition Programme for Adolescent Girls (NPAG).....	14
Programme 5: Integrated Child Protection Scheme (ICPS).....	16
Programme 6: Nutrition Education and Training CFNEUS	23
B. MINISTRY OF YOUTH AFFAIRS & SPORTS	
Programme 1: National Programme for Youth and for Adolescent.....	26
Programme 2: Nehru Yuva Kendra Sangathan.....	31
C. MINISTRY OF HEALTH & FAMILY WELFARE	
Programme 1: Adolescent Reproductive and Sexual Health Programme.....	33
Programme 2: Jahawar Bala Arogya Raksha.....	35
D. GOVERNMENT OF INDIA	
Programme 1: Kasturba Gandhi Balika Vidyalaya.....	36
E. MINISTRY OF HUMAN RESOURCE DEVELOPMENT	
Programme 1: Adolescence Education Programme.....	39
F. GOVERNMENT OF RAJASTHAN	
Programme 1: Train to Gain	42
G. RESPONSE BY PRIVATE VOLUNTARY ORGANIZATION	
Programme 1: "Taiyari, a demonstration model for planned transitions from adolescence to adulthood", by BSS.	45
Programme 2: Doosra Dashak.	46
Programme 3: Room to Read-Girls Education Programme.....	48
Programme 4: Link Worker Scheme (LWS) in the Tonk district of Rajasthan by IHAT.....	49
ANNEXURES	
Summary of All Scheme/Programmes.	51
References.	69

INTRODUCTION: SITUATION OF ADOLESCENTS AND THE NEED FOR MAPPING

Adolescents are defined as women and men in the age 10-19 years having specific characteristics, needs and aspirations. Education, employment, health, including sexual and reproductive health, are the key elements of adolescent empowerment and demand for drastic positive change in the set traditional social and cultural norms. According to the Census of India 2001, there are 225 million adolescents in the age group of 10-19 years, comprising nearly one-fifth of the total population of India (22%). Of the total adolescent population, 12% belong to 10-14 years age group and nearly 10% are in the 15-19 years age group.¹ There are an estimated 105 million (47%) adolescent girls in the age group 10-19 in India.²

Adolescence is one of life's fascinating and perhaps most complex stages, a time when young people take on new responsibilities and experiment with independence.

They search for identity, learn to apply values acquired in early childhood and develop skills that will help them become caring and responsible adults.

When adolescents are supported and encouraged by caring adults, they thrive in unimaginable ways, becoming resourceful and contributing members of families and communities.

Bursting with energy, curiosity and spirit that is not easily extinguished, young people have the potential to change negative societal patterns of behavior and break cycles of violence and discrimination that pass from one generation to the next.

With their creativity, energy and enthusiasm, young people can change the world in astonishing ways, making it a better place not only for themselves but for everyone.

(Source-Adolescence-The time that matters, UNICEF, NY-2002)

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According to the Census of India 2001, there are 225 million adolescents in the age group of 10-19 years, comprising nearly one-fifth of the total population of India (22%). Of the total adolescent population, 12% belong to 10-14 years age group and nearly 10% are in the 15-19 years age group.³ There are an estimated 105 million (47%) adolescent girls in the age group 10-19 in India.⁴

Education

According to NFHS-3, in Rajasthan school attendance drops to 69 percent for children age 11-14 years and is only 38 percent for children age 15-17 years. Only 57 percent of girls age 6-17 years attending school, compared with 77 percent of boys in the same age group. In every age group, the disparity is higher in rural areas than in urban areas. Among children age 6-10 years, the gender disparity in school attendance is only 4percentage points in urban areas and 17 percentage points in rural areas. At ages 11-

² <http://nipccd.nic.in/mch/fr/dom/er11.pdf>

³ http://fileaway.info/Read/_vp.cGxhbm5pbmdjb21taXNzaW9uLm5pYy5pbg--_vp.qj_aboutus.qj_committee.qj_wrkgrp.qj_wg_adolcnts.pdf.html

⁴ <http://nipccd.nic.in/mch/fr/dom/er11.pdf>

14 years and 15-17 years, there is a sizeable gender disparity in favour of boys in both urban and rural areas. For example, at age 15-17 years, school attendance is 51 percent for boys but only 23 percent for girls.

Health and nutrition

The median age at first marriage among women age 20-49 in Rajasthan is 15 years. Men get married four years later, at a median age of 19 years. Almost two-thirds (65%) of women age 20-24 years got married before the legal minimum age of 18 & 57 percent of men age 25-29 years got married before the legal minimum age of 21.

The NFHS overall findings reveal that adolescent mothers (less than 15 years and 15-19 years) are more vulnerable to risks related to pregnancy and childbearing. They are also more disadvantaged in terms of health services like antenatal and postnatal care, delivery and assistance during delivery. They suffer higher levels of postpartum complications and risk of having low birth babies along with higher levels of neonatal, postnatal, infant and child mortality.⁵ The mobility of adolescent girls/wives is severely restricted by their poor access to services, lack of mobility; low educational levels due to gender and social norms, and low self-confidence. Even, in case the instances of experiencing physical and /or sexual violence, young girls and women tend to maintain silence and avoid seeking help.

Statistics show that 50% of maternal deaths in adolescent girls aged 15-19 years are due to unsafe abortions.⁶ Only 26% of adolescent girls aged 15-19 years use the public health services.⁷ Compared to adolescent boys, adolescent girls in India have lower levels of nutrition,⁸ poorer access to adequate, healthy food and requisite healthcare, and greater financial dependence on the family.

In India, among adolescent girls aged 10-19 years 27% are severely anaemic and 49% are moderately anaemic.⁹ Unicef's State of the Adolescents report 2012, says nearly 50% of Indian adolescent girls (15-19 years) are underweight, with a body mass index of less than 18.5. The National Family Health Survey-III says almost 56% of adolescent girls (aged 15-19 years) suffer from some form of anaemia. Of these, 39% are mildly anaemic, while 15% and 2% suffer from moderate and severe anemia, respectively.

Vulnerability to HIV - AIDS

A significant chunk of the age group broadly defined as “young people” (aged 10-24 years) where HIV is concentrated in South Asia consists of a bio-psycho-socio-culturally and behaviorally *sensitive* group of individuals called **Adolescents** (aged 10-19 years). *Sensitive* because adolescents are or can be highly *prone* to dangers (like HIV infection). *Sensitive* also because they are wonderfully *receptive* to change-making and incredibly *insightful* change-makers (like peer educators in HIV). HIV programming must therefore be *for* them to address their first sensitivity, and *with* them to tap into their second.

Knowledge of HIV-AIDS has special importance since nearly two-fifths of new HIV infections in India are reported among people below 25 age (NACP-III). Around two-thirds of women and 88 percent of men are aware of AIDS; although knowledge of AIDS is higher among young person's age 15-24 years than older persons age 25-49 years, one in three young women and one in eight young men have not heard of AIDS at all.

⁵ http://mohfw.nic.in/NRHM/Documents/RSH_of_YP_in_India.pdf

⁶ <http://nipccd.nic.in/mch/fr/dom/erl1.pdf>

⁷ http://mohfw.nic.in/NRHM/Documents/RSH_of_YP_in_India.pdf

⁸ <http://www.nfhsindia.org/pdf/India.pdf>, <http://www.nfhsindia.org/pdf/Rajasthan.pdf>

⁹ http://www.rchiips.org/pdf/rch2/National_Nutrition_Report_RCH-II.pdf

Vulnerability is generally conceptualized as the likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks. In the context of most-at-risk adolescents (MARA), vulnerability refers to those factors that contribute to people engaging in risky behaviors.

Risk is generally conceptualized as the possibility of suffering harm, loss, or danger through exposure to factors (psychological, physical, environmental, social, etc) that lead to incurring harm, loss, or danger.

In the context of most-at-risk adolescents (MARA), risk is associated with the probability that the adolescent may get HIV infection through specific behaviors such as having unprotected (anal, vaginal) sex with an infected partner, or injecting drug with non-sterile injecting equipment. *In the HIV context, Risk* is the probability that the adolescent may get HIV infection through specifically harmful *behavior(s)*. When adolescents engage in harmful behavior(s), the probability of getting the HIV virus increases significantly for them. It means their *risk* of becoming HIV positive becomes higher than those who do not engage in those harmful *behaviors*¹⁰.

Social and Gender Norms

Gender and social norms limit girls' mobility, aspirations and participation in decision-making on matters that are crucial to their lives, livelihoods and overall development. Adolescent girls are regarded as "little women" who have to assume household, marital and child-bearing/rearing responsibilities while adolescent boys may not be similarly burdened. Some of these norms and stereotypes consider girls as "worthless" and do not value them either within the family or the community. These norms affect the girls too by reducing their self esteem and limit their aspirations and desires.

Due to **traditional cultural practices**, early marriage is the norm in Rajasthan resulting in to early sexual contact, teenage pregnancies burdening adolescent girls with the role of wives and mothers before their bodies are fully mature posing risks during pregnancy and child birth, and increasing the instances of maternal and infant morbidity and mortality. Cultural taboos on sex and sexuality prevent adolescents both boys and girls from seeking information or care for reproductive and sexual health. **Nutrition, healthcare and education** at the family, community and state levels are not tuned to service the needs of this burgeoning population of adolescents. Little or no education for adolescents has a negative influence on child mortality, economic growth and fertility rates. High **poverty** levels create economic pressures that force adolescents out of school and into marriage and/or the unskilled work force.

Currently, 27% of adolescent girls aged 15-19 years are married (almost 15% urban and 33% rural – NFHS-3).¹¹ There are over 10 million pregnant adolescents and adolescent mothers in India, with one in each six girls (17%) age 13-19 beginning childbearing. Nearly 20% of the 1.5 million girls married under the age of 15 are already mothers.¹²

Among young women age 15-19, 16 percent have already begun childbearing in Rajasthan, the same as the national average. Young women in rural areas (19%) are more than twice as likely to be mothers as young women in urban areas (8%). Overall, 2 percent of women age 15 are already either mothers or pregnant. By age 19, 36 percent of women have begun childbearing. There is a strong preference for sons in Rajasthan. Most men in Rajasthan reject the idea that contraception is women's business and a man should not have to worry about it (75%) and reject the idea that women using contraception may become promiscuous (68%). Two-thirds of men know that a condom, if used correctly, protects against pregnancy most of the time.

¹⁰ UNICEF HIV Program Guidance Note, *Prevention for and with Most at risk and Especially vulnerable adolescents in South Asia*

¹¹ http://mohfw.nic.in/NRHM/Documents/RSH_of_YP_in_India.pdf

¹² http://www.mohfw.nic.in/NRHM/Documents/ARSH/Implementation_guide_on_RCH%20II.pdf

Domestic Violence

More than 20% women aged 15-19 years have experienced physical violence since the age of 15 (NFHS-3). 5% of adolescent females in the age group of 15-19 years experienced sexual violence.¹³ Gender inequities and biological differences increase the vulnerability of adolescent girls to sexual violence, sexually transmitted infection (STI) and HIV/AIDS. Adolescent girls/women's physiological susceptibility to STI and HIV infection is estimated to be at least two and a half times higher than in men. This risk is compounded by cultural practices in the Indian context such as the prevalence of child/adolescent marriages and forced marriages.

More than half of adolescent (53% of women and 56% of men) agree that it is justified for a husband to beat his wife under specific circumstances. There is also close agreement in the responses of women and men by reason. Both young women and men are most likely to say that wife beating is justified if a woman shows disrespect for her in-laws (39% of women and 42% of men) and if she neglects the house or children (32-33%), and least likely to say that wife beating is justified if the wife refuses to have sex with her husband (12% women and 10% of men). About two-thirds of adolescent (64% of women and 68% of men) believe that a woman is justified in refusing to have sex with her husband for valid reasons. Notably, wife beating is less acceptable among never married adolescent than among ever-married adolescent.

The Unicef's "Global Report Card on Adolescents 2012" says that 57 per cent of adolescent boys in India think a husband is justified in beating his wife. Moreover, over half of the Indian adolescent girls -- around 53 per cent of them -- think that a husband is justified in beating his wife. According to the report, societal attitudes that convey acceptance or justification of domestic violence are making girls and women more vulnerable to abuse. The report explains that because of reporting bias, this might be an under estimation of the actual size of the problem in several countries¹⁴.

In all, 45 percent of women in Rajasthan have experienced physical or sexual violence, including 49 percent of ever-married women. Overall, 46 percent of ever married women have experienced physical or sexual violence from their current husband or if not currently married their most recent husband. Twenty-three percent report spousal emotional violence. For most women who have ever experienced spousal violence, the violence first occurred within the first two years of their marriage. Only one in every five of women who have ever experienced violence has sought help to end the violence. Sixty-nine percent of women have neither sought help nor told anyone about the violence. Abused women most often seek help from their own families. Very few women seek help from any institutional source such as the police or social service organizations.

Employment

The current employment status of adolescents aged 15-19 years (NFHS-3) shows that almost 27% of girls compared to 47% boys are employed. 79% women in rural areas are agricultural workers of whom almost 50% receive cash payment while 33% may not be paid at all.¹⁵ While early marriage, lack of education and skills limit young women's access to employment opportunities, when employed they are less likely to be paid.

In Rajasthan, More than half of currently married women age 15-49 (56%) were employed in the last year, compared with 99% of currently married men. Three-quarters of employed women work in

¹³ http://mohfw.nic.in/NRHM/Documents/RSH_of_YP_in_India.pdf

¹⁴ <http://indiatoday.intoday.in/story/indian-adolescents-support-wife-beating-unicef-report/1/186023.html>

¹⁵ http://mohfw.nic.in/NRHM/Documents/RSH_of_YP_in_India.pdf

agriculture, whereas two-thirds of employed men work in non-agricultural occupations. Almost one-third of employed women (30%) were paid only in cash, 18 percent were paid in cash and in kind, and one-quarter (26%) were paid only in kind.

Decision making

Married women were asked who makes decisions on their own health care, making large household purchases, making household purchases for daily household needs, and visiting their own family or relatives. More than 40 percent of currently married women participate in making each of these decisions. However, only 23 percent participate in making all four of these decisions. Women in nuclear households and women who are employed for cash are more likely to participate in these household decisions. Other groups of women who are more likely to participate in all four decisions are women in urban areas, those with 10 or more years of education, those who are 30-49 years old, and those in the highest wealth quintile. Only one-third of women have some money that they can decide how to use.

Thus, the *problem analysis* underscores the links between the structural drivers of gender inequality, traditional cultural practices, nutrition, health, education and poverty, and the resultant health risks and poor quality of life for adolescents in the state, particularly, adolescent girls. Hence, the planned interventions for the empowerment of adolescents and adolescent are critical to reduce their health risks and improve the overall quality of their lives. This project proposes some specific approaches and strategies to deploy at community level, during the critical 10 year phase of adolescents' lives (age 10 to 19), demonstrating a model of change for adolescents' programming. The situation analysis also directs us towards the need for developing partnership alliances and effective advocacy ensuring collective efforts for realising adolescents' rights.

A June 2004 ICHAP study of rural traditional sex work in Alwar, Jaipur and Tonk Districts shows that in Tonk District, for example, 92 per cent of the girls were initiated into sex work by the age of 16, broken down as follows: age 13 years or less, 13 per cent, age 14 years, 37 per cent, age 15 years, 27 percent, age 16 year, 15 percent. Ninety per cent of these girls are illiterate, they have on average 7 clients per day, and reported condom use in Tonk District was quite low, with zero per cent claiming condom use "every time" and at the time of the study, one-third had not used a condom with their last client.¹⁶

Young girls from some caste based traditional (Nat, Kanjar, Bediaya, Santhiya) sex work communities face early sexual debut/contact, frequent partner change and the lack of knowledge or power to negotiate safe sex within both marital and client relations makes them especially vulnerable to sexual violence, forced sex and consequently STI/HIV infection.¹⁷

Mortality rates are much higher for adolescent women compared to adolescent men in the state. The difference is especially glaring in the adolescent age group of 15-19 years reflecting the consequences of lower nutritional intake, early marriage and childbirth, low level of knowledge and information about reproductive health and insufficient access to health care among women of these age groups.

There is evidence to show that there is an increase in the number of schemes planned for young people, but access to them is still poor due to the prevailing inequitable gender and social norms. Hence, there is a need to make people aware of these schemes enhancing adolescents' reach to the available opportunities, provisions, information and skills.

There is a need for mapping of all government and non-government responses towards adolescent populations in the state and the 'Taiyari' project attempted to respond to this need as a first step towards evidence gathering. This mapping will provide an evidence base for effective programme design and coordination needs amongst all the agencies active in the adolescent programmes.

This mapping document is a compilation of adolescent programme responses under the key ministries of GOI and some Rajasthan specific programmes initiatives by the civil society. We expect that this report will facilitate the agencies and field functionaries in making adolescents aware of available schemes and improving their access to these schemes, as well as the state of utilization.

MINISTRY: WOMEN AND CHILD DEVELOPMENT DEPARTMENT

Programme 1: Rajiv Gandhi Scheme for Empowerment of Adolescent Girls -SABLA

INTRODUCTION

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.

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. Within the Human Rights framework established and accepted by the global community, the rights particularly relevant to adolescents include gender equality, right to education and health (including reproductive and sexual health) and information and services appropriate to their age, capacities and circumstances. 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 multidimensional problems of AGs. **SABLA** is implementing initially in 200 districts selected across the country, using the platform of **ICDS** Scheme through Anganwadi Centers (AWCs). In these districts, RGSEAG will replace KSY and NPAG. In rest of the districts, KSY would continue as before.

OBJECTIVES

The objectives of the Scheme are to:-

- i. Enable the AGs for self-development and empowerment
- ii. Improve their nutrition and health status.
- iii. Promote awareness about health, hygiene, nutrition, Adolescent, Reproductive and Sexual Health (ARSH) and family and child care.
- iv. Upgrade their home-based skills, life skills and tie up with National Skill Development Program (NSDP) for vocational skills
- v. Mainstream out of school AGs into formal/non formal education
- vi. Provide information/guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.

TARGET GROUP

The Scheme would cover adolescent girls in the age group of 11-18 years under all ICDS projects in selected 200 districts in all the States/UTs in the country. In order to give appropriate attention, the target group would be subdivided into two categories, viz. 11-15 & 15-18 years and interventions planned accordingly. The Scheme focuses on all out-of-school adolescent girls who would assemble at the Anganwadi Centre as per the time table and frequency decided by the States/UTs. The others, i.e., the school going girls would meet at the AWC at least twice a month and more frequently during vacations/holidays.

BRIEF DESCRIPTION OF SERVICES

- i) **Nutrition:** Each AG will be given Supplementary nutrition (SN) containing 600 calories, 18-20 grams of protein and micronutrients¹, per day for 300 days in a year. The out of school AGs in the age group of 11-15 years attending AWCs and all girls in the age group of 15-18 years will be provided SN in the form of Take

Home Ration (THR). However, if hot cooked meal² is provided to them, strict quality standards have to be put in place.

- ii) **IFA Supplementation:** Under Reproductive & 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 & Family Welfare to provide 100 *adult* tablets of IFA to each beneficiary through supervised consumption.
- iii) **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 deworming tablets to the girls requiring this (as per State specific guidelines). Height, weight measurement of the AGs will be done on this day.
- iv) **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 Organisations (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.
- v) **Guidance on Family Welfare, ARSH, Child Care Practices and Home Management:** This will be provided at the AWC by the resource persons from NGOs/CBOs with the help of AWW, ASHA, ANM and ICDS Supervisor. The Supervisor will also be responsible for facilitating information on existing facilities in the areas of health and family welfare, legal rights, home management and child care practices. Age appropriate knowledge for the two age groups of 11-15 and 15-18 years with respect to reproductive cycle, HIV/AIDS, contraception, menstrual hygiene, marriage and pregnancy at right age, child care and child feeding practices, exclusive breast feeding, etc. will also be imparted . NGOs/CBOs and other Institutions would be identified for imparting modules on these issues.
- vi) **Life Skills Education and Accessing Public Services:** Life skills refer to the personal competence that enables a person to deal effectively with the demands and challenges of everyday life. 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 & entitlement, coping with stress and responding to peer pressure, functional literacy (wherever required) etc.
- vii) **Vocational Training:** Vocational training is a major contributor to the socioeconomic enhancement of any individual. Tie up shall be established with National Skill Development Programme (NSDP) of M/Labour & Employment for imparting vocational training to out of school girls above 16 years of age for orientation towards self employment after 18 years of age. It will focus on non-hazardous income generating skills, which may be area specific. Vocational Training is provided under various modules of NSDP by various Vocational Training Providers (VTPs).

MODALITIES FOR IMPLEMENTATION:

- i. **Kishori Samooh (KS):** A group of 15-25 AGs will be formed at the AWC. In case the number of AGs is more than 25, then additional samoohs may be formed accordingly. KS will be headed by three girls called Sakhi and Sahelis selected from the group. Sakhi will be the leader, assisted by two Sahelis. Identified girls, Sakhi & Saheli, will be imparted training as per the prescribed module at the project /sector level to serve as peer monitor/educator for others. Sakhi and Sahelis will serve the group for one year (each girl will have a term of four months as Sakhi on rotation basis).

ii. **Training Kit:** A training kit will be provided at every AWC to assist AGs to understand various healths, nutrition, social, legal issues by conducting activities in an interesting and interactive manner. The kit will have a number of games and activities so that the girls enjoy while learning. The identified girls Sakhi & Saheli will be trained to use the kit for imparting peer education.

iii. **Kishori Dias:** A special day, once in three months, will be celebrated as Kishori Dias when general health check up of all adolescent girls will be done by Medical Officer/ANM. On that day, the Medical Officer/ANM will provide. Supply of IFA tablets to each AWC will be ensured by the Child Development Project Officer (CDPOs)/Supervisors. Entries in health cards regarding consumption of IFA tablets will be made to ensure its consumption. Referrals would be made on this day, if required. Height and weight measurement of the girls will be done on this day. Kishori cards for every girl will be prepared and maintained, marking major milestones. Special activities/events may be planned on this day. The day can be utilized for imparting Information Education and Communication (IEC) to community/parents/siblings etc.

iv. **Health Cards:** Adolescent health cards for all AGs will be maintained at AWC. Information about the weight, height, Body Mass Index (BMI), IFA supplementation, referral services and immunization etc. will be recorded on the card. The card will be filled up by Sakhi and countersigned by the AWW. The card will also carry important milestones of AGs life and the same will be marked as & when achieved.

FUNCTIONAL RESPONSIBILITY

The Ministry of Women and Child Development will be responsible for budgetary control and administration of the scheme from the Centre. At the State level, the Secretary of the Department of Women & Child Development/ Social Welfare dealing with ICDS will be responsible for the overall direction and implementation of the scheme. The Director and other officers dealing with ICDS will also implement SABLA at State level. The scheme will be implemented through the AWC which will be the focal point for the delivery of the services. ICDS infrastructure will be used for its implementation. Where the infrastructure and facilities at the AWC are not adequate, the Scheme may be implemented using alternate arrangements like school building/ panchayat buildings/community buildings, etc. with space earmarked for the purpose. AWW will survey and register all AGs within the jurisdiction of that AWC and advise them to come to AWC. 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.

MINISTRY: WOMEN AND CHILD DEVELOPMENT DEPARTMENT

Programme 2: Kishori Shakti Yojana

INTRODUCTION

An intervention for adolescent girls (11-18 years) by **The Ministry of Women and Child Development**, Government of India using the infrastructure of Integrated Child Development Services (ICDS) launched Kishori Shakti Yojana (KSY) in 2000-01. Kishori Shakti Yojana being implemented through Anganwadi Centres in both rural and urban areas. The scheme aims at breaking the intergenerational life-cycle of nutritional and gender disadvantage and providing a supportive environment for self-development.

Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. It seeks to provide them with an opportunity to realize their full potential. This scheme is a redesign of the already existing Adolescent Girls (AG) Scheme being implemented as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme. The earlier adolescent girl's scheme has now been modified as various baseline surveys clearly reveal that the health, nutrition, education and social status of adolescent girls are at sub-optimal level. The AG Scheme in its

present form is being implemented through Anganwadi Centres in both rural and urban settings. Under the Scheme, the adolescent girls who are unmarried and belong to families below the poverty line and school drop-outs are selected and attached to her local Anganwadi Centres for six-monthly stints of learning and training activities.

OBJECTIVES

The objectives of the scheme are as follows:-

- i. To improve the nutritional and health status of girls in the age group of 11-18 years.
- ii. To provide the required literacy and innumeracy 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.
- iii. To train and equip the adolescent girls to improve/upgrade home-based and vocational skills.
- iv. To promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measure as to facilitate their marrying only after attaining the age of 18 years and if possible, even later,
- v. To gain a better understanding of their environment related social issues and the impact on their lives and
- vi. To encourage adolescent girls to initiate various activities to be productive and useful members of the society.

TARGET GROUP

The adolescent girl's scheme has been designed to include 2 sub-schemes viz. Scheme- I (Girl to Girl Approach) and Scheme-II (Balika Mandal). The Scheme-I has been designed for adolescent girls in the age group of 11-15 years belonging to families whose income level is below Rs. 6400/- per annum. The Scheme-II is intended to reach to all adolescent girls in the age group of 11-18 years irrespective of income levels of the family. It may, however, be mentioned that even under Scheme-II, younger girls in the age group of 11-15 years and belonging to poor families got a definite preference in the identification process. The AG Scheme has been sanctioned in 507 ICDS blocks throughout the country. All unmarried adolescent girls in the age group of 11-18 years and belonging to families whose income is below Rs.6400/- per annum in the rural areas will be eligible to receive additional services under the scheme.

GIRL TO GIRL APPROACH (FOR GIRLS IN THE AGE GROUP OF 11-15 YEARS)

In each selected Anganwadi area 2 girls in the age group of 11-15 years will be identified. These adolescent girls would be provided with a meal on the same scale of the pregnant women or nursing mother namely one that would provide 500 calories of energy and 20 gms. of protein. The 2 girls so identified are to receive in service training at the Anganwadi from the worker and supervisor over a period of six months to become fully equipped individuals, capable of managing the center on their own, so as to fully realize the objectives in all aspects, of the Anganwadi worker, including management of stores, the organization of the feeding programme, immunization schedules, weightment of children, home visits, pre-school activities etc.

BALIKA MANDAL (FOR GIRLS IN THE AGE GROUP 15-18 YEARS)

While it is essential to concentrate on the adolescent girls from the earliest stages i.e. from 11 years onward, the crucial age from the point of view of her transformation to adulthood starts from the time she nears 15 years. Thus scheme has more focus on social and mental development of girls mainly in the age group 15-18 years. Special emphasis would be laid to motivate and involve the uneducated groups belonging to this age group in non-formal education and improvement and up gradation of home based skills.

FOCAL POINT

The existing Anganwadi center is to be used for the activities of the Balika Mandal as well, if that center does not have adequate space, efforts would be made to enlarge the center, or to have separate accommodation with the community's contribution wherever practicable, or with assistance under the Development of Women and Child in Rural Areas, Jawahar Rojgar Yojna etc. Timings of Balika Mandal are other than those of Anganwadi and are decided as per convenience of the adolescent girls.

SERVICES

- i. Educational activities through non-formal & functioned literacy pattern.
- ii. Immunization
- iii. A general health check up every six months
- iv. Treatment for minor ailments
- v. De worming
- vi. Prophylaxis measures against anemia, goiter, and vitamin deficiencies etc.
- vii. Referral to PHC/District Hospital in the case of acute need
- viii. Convergence with Reproductive Child Health Scheme.

MINISTRY: WOMEN AND CHILD DEVELOPMENT DEPARTMENT

Programme 3: Balika Samridhi Yojana

INTRODUCTION

The Ministry of Women and Child Development has derived this scheme for girl children hailing from families of Below Poverty Line. With this scheme the government of India provides financial assistance to such families through a fixed-term deposit made in the favour of the girl child. A fixed amount in the form of scholarship will be deposited in the account for each class successfully completed by the child in school. The amount increases with the level of class in school. The account starts with the birth of the girl child with a post-birth grant of Rs. 500. It resumes when the child attains 6 years of age and starts going to school. The whole amount can be withdrawn by the girl after attaining the age of 18.

OBJECTIVES

- (A) To change negative family and community attitudes towards the girl child at birth and towards her mother.
- (B) To improve enrolment and retention of girl children in schools.
- (C) To raise the age at marriage of girls.
- (D) To assist the girl to undertake income generating activities.

COVERAGE

The Balika Samridhi Yojana will cover both rural and urban areas in all districts in India.

TARGET GROUP

The Balika Samridhhi Yojana will cover girl children in families below the poverty line (BPL) as defined by the Government of India, in rural and urban areas, who are born on or after 15 August, 1997.

- i. In rural areas the target group can be taken as the families which have been identified to be below the poverty
- ii. In urban areas, wherever household surveys have been conducted as per the instructions of Government of India and lists of BPL families are prepared,
- iii. Also, families which are in urban informal sector and working as rag-pickers, vegetable/fish and flower sellers, pavement dwellers etc. would also be eligible.
- iv. Applications may also be collected from families in non-slum areas.
- v. Applicant should be attending schools regularly after attaining 6 years of age
- vi. Applicant should compulsorily remain unmarried till 18 years of age
- vii. Number of applicants from a single family is limited to 2
- viii. Benefits under BSY will be restricted to two girl children in each household born on or after 15.8.1997 irrespective of the total number of children in the household.

SERVICES

This scheme is intended to increase the status of the girl child in India. It provides financial support to encourage girls to attend schools. Girls born after the 15th of August 1997 to families living below the poverty line are eligible for this scheme.

- The scheme will pay Rs.500 into a bank or post office account in the name of the girl.
- A maximum of two daughters in a family can benefit from this scheme.
- The scheme will pay annual scholarships into the girl's account, starting at Rs.300 (when the girl is in Class 1) and reaching Rs.1, 000 when the girl is in Class 10.
- The girl will receive the money when she is 18 years old, provided she is not yet married.

The scheme starts with a post-birth grant of Rs.500 in name of the child. It resumes again after the girl attaining 6 years of age and regularly attending school. The following amount is deposited every year for each year of schooling successfully completed.

Class	Annual Amount deposited
1 to 3	Rs. 300 for each class
4	Rs.500
5	Rs.600
6 and 7	Rs.700 for each class
8	Rs.800
9 th and 10 th	Rs.1000 for each class

COMPONENTS OF THE BALIKA SAMRIDDHI YOJANA

Deposit of the benefits admissible to the girl child under the BSY in an interest- bearing account.

1. In order to ensure that the maximum possible rate of interest is earned on the deposits of the benefits in the interest-bearing account, no pre-mature withdrawal shall be permitted from the account which will mature on the girl child attaining the age of eighteen years.

2. On the girl child attaining eighteen years of age and on production of a certificate from the Gram Panchayat/Municipality that she is unmarried on her eighteenth birthday, the implementing agency would authorize the bank or the post office authorities concerned to allow her to withdraw the matured amount standing in her name in the interest-bearing account.
3. In the event of the girl getting married before attaining the age of eighteen years, she shall forgo the benefit of the amounts of the annual scholarships and the interest accrued thereon and shall stand entitled only to the post-birth grant amount of Rs.500/- and the interest accrued thereon.

How to apply

The application procedure depends largely on Anganwadi workers, Auxiliary Nurses Midwives (ANMs), revenue village accountants, school teachers, panchayat or municipal staff in order to identify eligible beneficiaries and inform the same. They are also responsible for distributing application forms and collect them after being filled up by the applicants. Completed application forms along with proofs for birth and that of being from a BPL family and other certificates stating that girl is unmarried on her 18th birthday are to be submitted to the officers as stated above.

When to apply

The applications are generally invited in the month of April and beneficiaries are usually selected within May end.

E-mail: socd2.wcd@nic.in , Website: www.wcd.nic.in

MINISTRY: WOMEN AND CHILD DEVELOPMENT DEPARTMENT

Programme 4: Nutrition Programme for Adolescent Girls (NPAG)

INTRODUCTION

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 adolescent girls. Under the programme, 6 kg of free food grains per beneficiary per month are given to underweight adolescent girls. The above two schemes have influenced the lives of AGs to some extent, but have not shown the desired impact. Moreover, the above two schemes had limited financial assistance and coverage besides having similar interventions and catered to more or less the same target groups.

Pregnant and lactating women have been identified as vulnerable groups from the nutritional point of view and food supplements to them are being provided under the ICDS programme; however data from the ICDS reports suggest that less than one fourth of the women come to the Anganwadi and take the food supplements; majority do not come every day. Adolescent girls, who are undergoing rapid growth and development, are also a nutritionally vulnerable group but so far they have not got any benefit from ongoing ICDS programme. Prime Minister in his Independence Day address in 2001 stated that food grains will be provided to combat under nutrition in adolescent girls, pregnant and lactating women. The Tenth Plan has recommended a paradigm shift from untargeted food supplementation to universal screening of persons belonging to vulnerable groups, identification of undernourished individuals and focused

Intervention to improve their nutritional status. Taking these into account a Pilot Project was initiated in 2002, to operationalise the announcement of the Prime Minister. The project was named as Nutrition Programme for Adolescent Girls (NPAG) as the majority of the beneficiaries were adolescent girls.

OBJECTIVES

1. The programme aims to improve nutritional status, to create gender awareness and to provide supportive environment of self – development of adolescent girls.
2. Reduction of malnutrition.
3. Reduction elimination of micro-nutrient deficiencies related to iron, iodine, Vit A etc.
4. Reduction in chronic energy deficiency.

TARGET GROUP

Adolescent girls (11-19 years) (weight < 35 Kg).

SERVICES

- (i) 6 kg of free food-grains (wheat/rice/Maize based on habitual consumption pattern of the state) /per month per beneficiary.
- (ii) Nutrition and Health Education to the beneficiaries and their families.

TRAINING

The Anganwadi workers are already trained in weighing children. A short training course shall be given to ensure that they do follow appropriate quality control measures and accurately learn to weigh adolescent girls. As a part of the training programme, the Anganwadi workers, supervisors and the CDPO have to be trained to give appropriate nutrition education to the beneficiaries; it is expected that they in turn will impart the knowledge to community and families, bring about a change in the existing pattern of intra-familial distribution of food so that undernourished adolescent girls get their due share of the family food to meet their nutritional requirements. Improvement in food security of the family through the free food grain and improved intra-familial distribution of food as a result of nutrition education when coupled with health care can result in substantial improvement in the nutritional status of these undernourished individuals.

The beneficiaries under this scheme are:

Age Group	Body Weight
11 – 15 Years	Below 30 kg
15 – 19 Years	Below 35 kg

OPERATIONAL GUIDELINES

1. AWWs should weigh all adolescent girls (11-19 years) in the community four times in a year. They should identify adolescent girls with body weight less than 35 kg. Irrespective of financial status of the family to which they belong. List of the undernourished adolescent girls identified by the Anganwadi Worker will be placed before the Gram Sabah for approval. (However, since the scheme is being implemented on a pilot basis in the year 2005-06, and already three months have elapsed, the list of beneficiaries may be got ratified by the Gram Sabah's, after selection of the beneficiaries, in order to avoid any further delay).
2. The weightment should be done in the presence of a women Panchayat member.
3. AWWs should give the identified girls a signed note requesting the FPS shop to provide the family of the identified undernourished person 6 kg of food-grains (wheat/rice based on habitual consumption pattern of the state) totally free of cost. The Anganwadi workers will continue to sign the request every month for a period of three consecutive months to enable the family to collect 6 kg of food-grains totally free of cost from the FPS shops every month for three consecutive months.

4. The Supervisor/ women member of panchayat will randomly check about 5% of individuals who had been weighed for accuracy. Supervisor will ensure that accurate records of weights of girls are maintained at the Anganwadi, compiled and reported in the format prescribed. CDPO has to verify 1% of the cases randomly.

5. The Anganwadi workers and ICDS supervisors have to monitor and report every quarter the regularity of off-take of food-grains. If the families are not taking food-grains from FPS shops they should be persuaded to do so. In case there are any lacunae in the food-grains supply at FPS shop, the ICDS supervisors or CDPO should take up the matter at appropriate level and sort out the problem.

6. The AWWs should provide appropriate nutrition education to the beneficiaries and their families. The ANMs will provide necessary health education & health check-up to them and if any problem is detected, the beneficiaries with problem will be referred to the PHC doctor for advice and treatment.

7. At the end of three months, all these under nourished persons will be weighed again. Those who show improvement in nutritional status and hence cross the cut off point for weight or cross the eligible group (e.g. crossed 19 years) will no longer receive food-grains. Those persons who in spite of receiving food grains for three consecutive months have not shown improvement in nutritional status will be investigated by AWW/ANM and, if necessary, referred to the Medical Officer, PHC for investigation and treatment. They will, in the mean time, continue to receive free food grains for the next three months.

8. As a part of the routine weightment, all the other eligible persons (even those who were not covered in the earlier round) should also be weighed. Some of the persons who had earlier been above the cutoff point may now be below the cutoff point. They will be given food grains every month for the next three months.

MINISTRY: WOMEN AND CHILD DEVELOPMENT DEPARTMENT
Programme 5: Integrated Child Protection Scheme (ICPS)

INTRODUCTION

In order to reach out to all children, in particular to those in difficult circumstances, it is proposed to combine the existing child protection schemes under one comprehensive child protection programme and integrate intervention for protecting children. The target groups includes: child in need of care and protection as defined under J.J. Act 2000, child in conflict with law, vulnerable child including child from at risk families, migrant families, families in extreme poverty, children affected by HIV/AIDS, orphans, child drug abusers, child beggars, sexually exploited children, children of prisoners, street and working children, etc. The integrated Child Protection Scheme is based on the cardinal principles of “protection of child rights” and “best interests of the child”. It aims to create a protective environment for children by improving regulatory frameworks, strengthening structures and professional capacities at national, state and district levels so as to cover all child protection issues and provide child friendly services at all levels.

This scheme will target especially children in difficult circumstances:

1. Children in need of care & protection.
2. Children in conflict with the law (who are alleged to have committed an offence.)
3. Children in contact with law (who have come in contact with the law either as victim or as a witness or due to any other circumstance.)

Any other vulnerable child including, but not limited, to: Children of socially excluded groups like families living in extreme poverty, lower caste families, migrant families, families subjected to or affected by discrimination, minorities, Children of potentially vulnerable families and families at risk, child beggars, trafficked or sexually exploited children, children of prisoners, and street and working children, orphans, children infected and/or affected by HIV/AIDS, child drug abusers, children of substance abusers would also be covered under the scheme.

In order to reach out to all these children, the Ministry of Women and Child Development has proposed to combine its existing child protection schemes under one **centrally sponsored scheme** titled “**Integrated Child Protection Scheme (ICPS)**”.

Previously there were multiple vertical schemes for child protection scattered under different Ministries for example the Labour Ministry was responsible for child labour elimination programmes, Ministry of women and child development took care of Juvenile Justice, child trafficking and adoption related matters, Ministry of Health and Family welfare looked into the implementation of the Pre-natal Diagnostic techniques Act to check female feticide.

The proposed ICPS seeks to rationalize existing schemes and programmes. It will bring together these multiple vertical schemes under one comprehensive child protection programme and will integrate interventions for protecting children and preventing harm.

1. Purpose

The Integrated Child Protection Scheme is expected to significantly contribute to the realization of Government/State responsibility for creating a system that will efficiently and effectively protect children. It is based on cardinal principles of “protection of child rights” and “best interest of the child”. Hence, the ICPS objectives are: to contribute to the improvements in the well being of children in difficult circumstances, as well as to the reduction of vulnerabilities to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children. These will be achieved by: (i) improved access to and quality of child protection services; (ii) raised public awareness about the reality of child rights, situation and protection in India; (iii) clearly articulated responsibilities and enforced accountability for child protection (iv) established and functioning structures at all government levels for delivery of statutory and support services to children in difficult circumstances; (v) introduced and operational evidence based monitoring and evaluation.

2. Specific Objectives

2.1 To institutionalize essential services and strengthen structures:

- (i) Establish and strengthen a continuum of services for emergency outreach, institutional care, family and community based care, counseling and support services;
- (ii) Put in place and strengthen necessary structures and mechanisms for effective implementation of the scheme at the national, regional, state and district levels;
- (iii) Define and set standards of all services including operational manuals for the functioning of statutory bodies.

2.2 To enhance capacities at all levels:

- (i) Build capacities of all functionaries including, administrators and service providers, at all levels working under the ICPS;
- (ii) Sensitize and train members of allied systems including, local bodies, police, judiciary and other concerned departments of State Governments to undertake responsibilities under the ICPS.

2.3 To create database and knowledge base for child protection services:

- (i) Create mechanisms for a child protection data management system including MIS and child tracking system in the country for effective implementation and monitoring of child protection services;
- (ii) Undertake research and documentation.

2.4 To strengthen child protection at family and community level:

- (i) Build capacities of families and community to strengthen care, protection and response to children;
- (ii) Create and promote preventive measures to protect children from situations of vulnerability, risk and abuse.

2.5 To ensure appropriate inter-sectoral response at all levels:

- (i) Coordinate and network with all allied systems i.e. Government departments and Non- Government agencies providing services for children for effective implementation of the scheme.

2.6 To raise public awareness:

- (i) Educate public on child rights and protection;
- (ii) Raise public awareness at all levels on situation and vulnerabilities of children and families
- (iii) Inform the public on available child protection services, schemes and structures at all levels

3. Guiding Principles

3.1 Child protection, a primary responsibility of family, supported by community, government and civil society.

It is important that respective roles are articulated clearly and understood by all parties in the effort to protect children. Government, both Central and State, has an obligation to ensure a range and a continuum of services at all levels.

3.2 Loving and caring family, the best place for the child:

Children are best cared for in their own families and have a right to family care and parenting by both parents.

3.3 Privacy and Confidentiality:

Children's right to privacy and confidentiality should be protected through all the stages of service delivery.

3.4 Non-stigmatization and non-discrimination:

Each child irrespective of circumstances, as well as socio-economic, cultural, religious and ethnic background should be treated equally and in a dignified manner.

3.5 Prevention and reduction of vulnerabilities, central to child protection outcomes:

A major thrust of the ICPS will be to strengthen the family capabilities to care for and protect the child.

3.6 Institutionalization of children, the last resort:

There is a need to shift the focus of interventions from an over reliance on institutionalization of children and move towards more family and community-based alternatives for care. Institutionalization should be used as a measure of last resort after all other options have been explored.

3.7 Child centered planning and implementation:

Planning and implementation of child protection policies and service delivery should be child centered at all levels, so as to ensure that the best interest of the child is protected.

3.8 Technical excellence, code of conduct:

Services for children at all levels and by all providers should be provided by skilled and professional staff, including a cadre of social workers, psychologists, care givers, members of statutory bodies and lawyers, adhering to an ethical and professional code of conduct.

3.9 Flexible programming, responding to local individualized needs:

Customized service delivery approach is required to respond to local needs.

3.10 Good governance, accountability and responsibility: An efficient and effective child protection system requires transparent management and decision making, accountable and responsible individuals and institutions, performance reports at all service levels and all service providers made public, including for children themselves, through child-friendly reports.

4. Approaches

4.1 Prevention:

Through an outreach programme, the scheme would identify and support vulnerable families. Trained district level functionaries through effective networking and linkages with the Village and Block Level Child Protection Committees, ICDS functionaries, NGOs and local bodies would ensure convergence of services. Community capacities for protection and monitoring shall be strengthened and child protection concerns and safeguards shall be integrated in all sectors.

4.2 Promotion of Family-based Care:

The scheme would pursue a conscious shift to family-based care including sponsorship, kinship care, foster care and adoption. Periodic review of children in institutional care for restoration to families would also be undertaken.

4.3 Financing:

As a centrally sponsored scheme financial assistance from the Central Government will be disbursed to the State Government/ UT Administration. The Central Government shall provide a predetermined percentage of the budgeted cost. The State/UT shall in turn provide grant-in-aid to voluntary organizations under the different components of the Scheme.

4.4 Integrated service provision - range of services:

Through an interface with various sectors, including health, education, judiciary, police, and labour, among others, the scheme would strive to integrate service provisions into a range of services to cater to the multiple needs of children in difficult circumstances.

4.5 Continuum of services- a feasible care plan for each child:

The services under the scheme will be provided on the basis of an individual care plan, established through professional assessment. The care plan must be periodically reviewed and accordingly adjusted. Adequate services should be available as long as the child is in need of care, including follow up.

4.6 Community based service delivery:

The scheme would endeavour to bring services closer to vulnerable children and families for increased access. Child care services should be available at community level integrated into a range of services with strong linkages to the PRIs and local government bodies.

4.7 Decentralization and flexibility to focus on local needs:

The scheme shall decentralize planning and implementation of child protection services at the State and District level based on specific needs. The allocation of human resource shall be based on protection service requirement for quality child protection services.

4.8 Partnership Building and Community Empowerment:

A key strategy for programme development and implementation would be developing close working relationships, information sharing and strategy building between government structures, civil society organizations including corporate and communities.

4.9 Quality care, standards for care and protection:

All protection services—be it public or privately provided—should adhere to prescribed standards pertaining to physical infrastructure and human resource requirements, as well as protocols, methodological instructions and guidelines for services and operational manuals for functioning of statutory bodies.

4.10 Building Capacities:

In order to ensure professional child protection services at all levels, the scheme would undertake regular training and capacity building of all service providers and functionaries to equip and enhance their skills, sensitivities, knowledge on child rights and standards of care and protection.

4.11 Monitoring and Evaluation:

The scheme would set up a child protection data management system to formulate and implement effective intervention strategies and monitor their outcomes. Regular evaluation of the programmes and structures would be conducted and course correction would be undertaken.

5. Target Groups

The ICPS will focus its activities on children in need of care and protection and children in conflict and contact with the law:

a) Child in need of care & protection means a child who:

- (i) is found without any home or settled place or abode and without any ostensible means of subsistence;
- (ii) resides with a person (whether a guardian of the child or not) and such person has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out, or has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person;
- (iii) is a mentally or physically challenged or ill child or a child suffering from terminal diseases or incurable diseases, and/or having no one to support or look after him/her;
- (iv) has a parent or guardian and such parent or guardian is unfit or incapacitated to care for or supervise the child;
- (v) does not have a parent/parents and no one is willing to take care of him/her, or whose parents have abandoned him/her or who is a missing and/or runaway child and whose parents cannot be found after reasonable inquiry;
- (vi) is being or is likely to be grossly abused, tortured or exploited for the purpose of sexual abuse or illegal acts;
- (vii) is found vulnerable and is likely to be inducted into drug abuse or trafficking;

(viii) is being or is likely to be abused for unconscionable gains;

(ix) is victim of any armed conflict, civil commotion or natural calamity.

b) Child in conflict with law is one who is alleged to have committed an offence.

c) Child in contact with law is one who has come in contact with the law either as victim or as a witness or due to any other circumstance.

The ICPS will also provide preventive, statutory and care and rehabilitation services to any other vulnerable child including, but not limited, to: children of potentially vulnerable families and families at risk, children of socially excluded groups like migrant families, families living in extreme poverty, scheduled castes, scheduled tribes and other backward classes, families subjected to or affected by discrimination, minorities, children infected and/or affected by HIV/AIDS, orphans, child drug abusers, children of substance abusers, child beggars, trafficked or sexually exploited children, children of prisoners, and street and working children.

6. Government- Civil Society Partnership

In order to reach out to all children, in particular to those in difficult circumstances, the Ministry of Women and Child Development proposes to combine its existing child protection schemes under one centrally sponsored scheme titled “Integrated Child Protection Scheme (ICPS)”. The proposed ICPS brings together multiple vertical schemes under one comprehensive child protection programme and integrates interventions for protecting children and preventing harm.

It does not see child protection as the exclusive responsibility of the MWCD but stresses that other sectors have vital roles to play. The Ministry looks at child protection holistically and seeks to rationalize programs for creating a strong protective environment for children, diversify and institutionalize essential services for children, mobilize inter-sectoral response for strengthening child protection and set standards for care and services.

ICPS will function as a **Government – Civil Society Partnership scheme** under the overarching direction and responsibility of the Central and State Governments. The Government is aware that improving situation of millions of India’s children in difficult circumstances requires an integrated effort and strong partnership of many stakeholders. Government cannot achieve this task alone. Therefore, the ICPS will work closely with all stakeholders including government departments, the voluntary sector, community groups, academia and, most importantly, families and children to create protective environment for children in the country. Its holistic approach to child protection services and mechanisms is reflected in strong lateral linkages and complementary systems for vigilance, detection and response. The scheme visualizes a structure for providing services as well as monitoring and supervising the effective functioning of child protection system, involving

a) Government: Government of India (GOI) will have the primary responsibility for the development and funding of the scheme as well as ensuring flexibility by cutting down rigid structures and norms. The GOI will also create an integrated, live, web-based database on children including child tracking systems and a Management Information System. It will be the responsibility of the State Governments/UT Administrations to ensure effective implementation of the scheme by quick devolution and utilization of funds. State Governments/UT Administrations will attract the best professional talent and strengthen public -private partnership. The scheme proposes to hire the services of professionals on a contractual basis. The State Governments/UT Administrations will manage the database that includes child tracking system and MIS at the state and district levels.

Rationale for recruiting staff on contractual basis

A programme of this magnitude and nature requires multidisciplinary staff that is professional and committed to children and their rights. It has been consciously decided to have these personnel on a contractual basis for the following reasons:

- (i) Implementation of scheme would be more effective if staff is recruited on contractual basis - minimum of three years and extendible for a period of 5 years based on performance. They can be paid consolidated remuneration with built in increment provisions that is performance based;
- (ii) It will attract high quality professional talent, strengthen public-private partnerships and will not lead to any permanent liability on the government;
- (iii) Contractual employment, outsourcing and performance linked promotion will ensure that the establishment is trim, vibrant and responsive to the needs of the children;
- (iv) By doing away with rigid government structures, the programme will have flexibility and scope for innovation.

b) Civil society organizations & individuals:

(i) Voluntary sector:

To lobby for the protection of children of India and act as a watch-dog on the situation of children and implementation of public policies and programmes aimed at children; to provide vibrant, responsive and child friendly services for detection, counseling, care and rehabilitation for all children in need. Provide technical support for awareness raising, capacity development, innovations and monitoring. These may be financially supported by the State.

(ii) Research and training institutions:

To carry out research on the situation of children in India and capacity building of existing human resource as well as support creation of a cadre of professionals.

(iii) Media and advocacy groups:

To promote rights of the child and child protection issues with sensitivity and sustain a media discourse on protection issues.

(iv) Corporate sector:

To partner with government and civil society initiatives under the scheme; financially support child protection initiatives; and contribute to Government efforts to improve the situation of children of India by adhering to the laws pertaining to child protection.

c) Community groups and local leaders, volunteers, youth groups, families and children: To provide protective and conducive environment for children, to act as watchdog and monitor child protection services by inter-alia participating in the village and block level child protection committees.

MINISTRY: WOMEN AND CHILD DEVELOPMENT DEPARTMENT

Programme 6: NUTRITION EDUCATION AND TRAINING THROUGH COMMUNITY FOOD & NUTRITION EXTENSION UNITS (CFNEUS)

INTRODUCTION

The health of the people is the wealth of country. Among various factors affecting the health of the people, nutrition has been found to be the most important pre-requisite. Nutrition and health are complementary and also inseparable. These two factors very strongly control the quality of life especially in a developing Country like ours. The FNB launched a Mobile Food and Nutrition Extension Service as early as in 1964 with four Mobile Extension Units (MEUs) at Delhi, Bombay, Calcutta and Madras. The number of MEUs expanded to 34 by the 7th Five Year Plan. A network of 33 Community Canning and Preservation Centres (CCPCs) was also created during 60s and 70s to provide education and training in home scale preservation of fruits and vegetables as well as processing facilities to the community. The CCPCs were renamed as Food and Nutrition Extension Centres (FNECs) in early 80s to lay greater emphasis on improving the nutrition of the lower socio-economic strata. During 1992, the MEUs and FNECs were amalgamated and renamed as "Community Food and Nutrition Extension Units" (CFNEUs) to facilitate better collaboration with the State Governments.

OBJECTIVE

Nutrition Education of the people has been regarded since long as an important tool for nutrition promotion of the people. The basic objectives of the schemes are :-

- i. To create nutrition awareness among the people particularly the women and adolescent girls;
- ii. To impart skills and education for achieving adequate nutrition within their available means;
- iii To train housewives and adolescent girls in fruit & vegetable preservation;
- iv. To explain the importance of non-food factors like hygiene, sanitation, safe drinking water etc. for nutrition and health of the people;
- v. To equip the grassroots level workers of concerned sectors with basic messages on food, nutrition and health so as to enable them to communicate to the community during the Course of their duties.
- vi. To enlighten the people about the existing health, nutrition and welfare services for promoting their optimal utilisation.

EDUCATION OF BENEFICIARIES

CFNEUs organise live demonstrations supported by lecture-cum- discussions, film and slide shows and exhibitions on various aspects of food, nutrition and health in collaboration with the concerned Departments of the State Governments, Educational institutions and Voluntary organisations. The educational package includes:

- *Functional significance of malnutrition*
- *Some basic facts about food and nutrition and improving diet at low cost*
- *Nutritional needs of different age groups*
- *Nutrition of expectant and nursing mothers*
- *Promotion of breast-feeding*

- *Infant feeding*
- *Preparation of Instant Infant Foods and Supplementary Foods*
- *Nutrition of pre-schoolers, school children and adolescents*
- *Home management of diarrhoea*
- *Importance of Immunization*
- *Principles of hygiene and sanitation*
- *Conservation of nutrients during food preparation*
- *Home scale preservation of fruits and vegetables*
- *Existing nutrition, health and welfare services.*

TRAINING TO GRASSROOT LEVEL WORKERS

CFNEUs organise training of grassroots level workers belonging to concerned sectors viz, agriculture, health,, Women and Child Development, Education, Rural Development at village and block levels with a view to impart simple knowledge on food, nutrition on health so that the message of nutrition is conveyed to the community through various grassroot level workers during the course of their respective duties. A 5 day Integrated Nutrition Education Camp is organised with the help of block and district level agencies of the concerned sectors including the Ministry of Information and Broadcasting.

Training is imparted through practical demonstrations supported by lecture-cum-discussions, film and slide shows and exhibitions on various aspects of food, nutrition, health and food preservation.

Special efforts are made to organise educational training programme for tribal groups, SC/ST communities and minorities in minority concentration districts.

TRAINING TO TRAINERS

Similarly, training is imparted to the trainers of field workers like Supervisors, Teachers from Anganwadi Training Centre, Child Development Project Officers (CDPOs), Assistant Child Development Project Officers (ACDPOs), Health Education Instructors, Health Trainers, Adult Education Supervisors, personnel of Non-Governmental Organization by organizing 5 day Orientation Training Courses (OTCs).

EDUCATION AND TRAINING FRUIT AND VEGETABLE PRESERVATION

Fruits and vegetables provide maximum vitamins when consumed fresh. But they are highly perishable commodities and cannot be kept as such for long. Considering the perishable and seasonal nature of fruits and vegetables, and also to avoid the glut season, it is, important to preserve these in season when available in plenty so as to ensure their supply throughout the year and ensure good nutrition. Units organise two weeks' training courses in home-scale preservation of fruits and vegetables including food and nutrition, mainly for the housewives and adolescent girls at a nominal fee of Rs. 5/- per trainee. Training is imparted through practical demonstrations supported by lecture-cum-discussions, film and slide shows and exhibitions. Generally each batch consists of about 25 trainees. Preparation of the following products is taught during the training - Jam, Jellies and Marmalades - Preserves and Candies - Fruit syrups

- Ⓢ *Squashes*
- Ⓢ *Chutneys*
- Ⓢ *Pickles*
- Ⓢ *Ketchup and Sauces*

The trainees bring their raw material to the class and take back the products prepared by them during the training.

A certificate is also issued at the end of the training course.

The training courses are also organised for special groups like Tribal Women, SC/ST Communities, Minorities in minority concentration districts and Families of Industrial Establishments on request. Contact the Officer in charge of the Unit and get yourself enrolled for training.

PROCESSING FACILITIES FOR FRUITS AND VEGATABLES

Processing facilities are offered to the community at Food and Nutrition Extension Centres at nominal cost for domestic consumption. Raw materials, however, are brought to the Centre by the patrons themselves. Appointments can be fixed over telephone for availing of this inexpensive yet useful service.

OTHER ACTIVITIES

Besides the aforesaid regular activities, CFNEUs also perform a key and vital role in the yearly observation of following National & International celebrations, not merely to intensify the nutrition awareness activities, but also to project Govt. efforts towards the better nutrition of country people:- National Nutrition Week was instituted in 1982 with a view to create awareness among the people about various aspects of nutrition. Every year this Week is celebrated from 1-7th September, throughout the country by CFNEUs in collaboration with State Governments, NGO's & other concerned institutions. Electronic media like TV & AIR are used to propagate nutrition messages on a particular theme along with newspaper publicity and distribution of publicity material. During the Week celebration live demonstrations, field exhibitions, film/slide shows etc. are organised. FNB collaborated with the Ministry of Agriculture in organising World Food Day on 16th October every year.

MINISTRY OF YOUTH AFFAIRS & SPORTS

Programme 1: National Programme for Youth and for Adolescent

INTRODUCTION

The scheme titled National Programme for Youth Adolescent Development (NPYAD) has been formulated by merger of four 100% central sector grants-in-aid schemes of the Ministry of Youth Affairs & Sports during 10th Plan namely, Promotion of Youth Activities & Training, Promotion of National Integration, Promotion of Adventure and Development and Empowerment of Adolescents, with a view to reduce multiplicity of schemes with similar objectives, ensuring uniformity in funding pattern and implementation mechanism, avoiding delays in availability of funds to the field level and institutionalizing participation of State Governments in project formulation and its implementation. While there will be synergy and convergence in operational mechanism and programme delivery, there will be clear distinction with regards the financial parameters of each of the components under the scheme.

While some procedural changes were made in the schemes during the last year of 10th Five Year Plan in 2006-07, it was felt that the schemes need to be substantially restructured in order to make it more meaningful in terms of content, impact and outcomes. The schemes were reviewed in the context of 11th Five Year Plan by the Working Group constituted by the Planning Commission for formulation of the 11th Five Year Plan. The Working Group has recommended that the restructured scheme should be more focused in terms of emerging needs and requirements as also with reference to the capabilities of implementing organization, programme content and methodology of training. Following these and in the context of zero-based budgeting during 11th Five Year Plan all the four schemes have been merged into a single umbrella scheme.

OBJECTIVES

SHORT TERM OBJECTIVES

- i. Provide opportunity for holistic development of youth including adolescents for realisation of their fullest potential;
- ii. Develop leadership qualities and personality development of youth and to channelise their energy towards socio-economic development and growth of the nation;
- iii. Promote national integration, strengthen secular and eclectic outlook through creative expressions by youth;
- iv. Foster the spirit of adventure, risk taking, teamwork, the capacity of ready and vital response to challenging situations and of endurance among youth;
- v. Acknowledge adolescents as a distinct sub-group among youth and address their distinct needs and at the same time provide positive stimulation and congenial environment for their all-round development; and
- vi. To encourage research and publication and to promote technical resource support including development of information and database on issues concerning youth and adolescents.

LONG- TERM OBJECTIVES

- i. Engage and channelise the energy of youth in a positive manner for nation building;
- ii. Develop amongst youth a sense of pride in nationally accepted values like democracy, socialism, and secularism;
- iii. Promote activities and programmes, which foster social harmony and national unity among youth;
- iv. Promote spirit of national integration, unity in diversity, pride in Indianness among the youth of different parts of the country and to induce a sense of social harmony amongst the youth;
- v. To motivate the youth to act as focal point for dissemination of knowledge in the rural area and involve them in nation building process;
- vi. To stimulate action for development and empowerment of adolescents, particularly from the economically and socially neglected/backward sections of society;

vii. To build and develop an environment which recognizes the specific needs and promise of the adolescents in the country and provides for adolescent friendly services.

SCHEME BENEFICIARIES

The Youth and Adolescents for the purpose of the scheme would be as defined in the extant National Youth Policy. In other words, the expression 'youth' would cover persons belonging to the age group of 13 to 35 years and 'adolescent' would cover persons in the age group of 10-19 years under the scheme.

TARGET

The targeted beneficiaries of the programmes include members of the youth clubs affiliated to the Nehru Yuva Kendra Sangathan, National Service Scheme, State Government Youth Organisations, Bharat Scouts & Guides or student youth in Schools, Colleges and Universities. Adolescents and Youth from other established youth organisations or NGOs may be considered provided they are the registered members of such organisations. Preference may be given to the youth with special abilities and youth belonging to scheduled caste, scheduled tribes, minorities and weaker sections.

IMPLEMENTATION OF THE SCHEME:

Eligibility: - The following organizations are eligible for financial assistance under the scheme.

(a) All India Organisations (AIOs) i.e.,

- i. Nehru Yuva Kendra Sangathan (Head Quarter) for Nehru Yuva Kendra's;
- ii. National Service Scheme (Programme Adviser Cell) for NSS Units;
- iii. Bharat Scouts & Guides (Head Quarter) for their own Units;
- iv. Universities including deemed Universities;
- v. Association of Indian Universities and
- vi. Himalayan Mountaineering Institute, Indian Mountaineering Foundation, Jawahar Institute of Mountaineering and Winter Sports and other adventure institutes recognised by the Ministry.

(b) State Level Organisations (SLOs) i.e.,

- i. State Governments, State Departments/Directorates for Youth Affairs/Youth Welfare and other District Level Officers in States;
- ii. Panchayati Raj Institutions and Urban Local Bodies;
- iii. Educational Institutions including Polytechnics and
- iv. Non-government Organisations (NGOs) and Voluntary Agencies registered under the Societies Registration Act 1860 (or other appropriate state law), public trusts and non-profit making companies who have completed at least 3 years of registration on the date of application and has average annual programme expenditure of Rs. 5.00 lakhs or more during last 3 years.

NATIONAL YOUTH AWARD

OBJECTIVES

- a. To motivate young persons (aged between 13 – 35 years) a challenge to achieve excellence in the field of national or social service.
- b. To encourage young people to develop a sense of responsibility to their community and thus to improve their own personal potential as good citizens.
- c. To give recognition to the outstanding work done by young persons for national development and / or social service.
- d. To give recognition to the outstanding work done by voluntary organisations working with the youth for national development and / or social service.

DESCRIPTION OF THE AWARD

- a. The award shall be given for demonstrably excellent youth work in different fields of development activities and social service.
- b. The number of awards given each year would ordinarily not exceed 25. It may, however vary at the discretion of the sanctioning authority in deserving case.
- c. One youth award would be given to a voluntary organization engaged in involvement of youth in various programmes of national development.
- d. Award to individuals will comprise a medal, a scroll, and Rs.20,000/-. A Ceremonial dress will also be given to awardees.
- e. Award to voluntary youth organization will comprise a medal, a trophy, a scroll and Rs. 1, 00,000/- cash. Ceremonial dresses will also be given to two awardees from the organization.

ELIGIBILITY

For individuals:

- a. He / she should be between the ages of 13 – 35 years, i.e. He / she should have completed 13 years of age on the 1st of April of the financial year for which award is to be conferred and should be less than 35 years of age on the 31st of March of that financial year.
- b. He / she should have rendered service in the relevant field during the financial year for which award is to be given and should also be the one who is likely to continue to involve himself / herself in such activities for at least another two years after conferment of the award.
- c. The service rendered should be on a voluntary basis.
- d. The impact of the service rendered by him / her in person should be clearly identifiable, preferably quantitatively.
- e. He / she should not have been conferred such an award earlier. Such of the persons who are recommended for the award once and are not finally selected can, however, be recommended again.
- f. Persons employed with the Central / State Governments, PSUs/ Universities and colleges are not eligible for the award.
- g. Other consideration for guiding the selection of youth for the national award would include his / her reputation among the local community, his / her desire for improvement and genuine interest in the relevant field.

FOR VOLUNTARY ORGANIZATIONS

- a. Be registered under the Registration of Societies Act, 1860 (Act XXII of 1860) for the last three years or an corresponding State Act and have proper constitution or Articles of Association;
- b. Have a properly constituted managing body with its powers and duties clearly defined in its constitution;
- c. Be in a position to secure involvement on a voluntary basis, of knowledgeable persons for furtherance of its programmes,
- d. Not be run for the profit of any individual or a body of individuals,
- e. Not discriminate against any person or group of persons on the ground of sex, religion, caste or creed
- f. Have rendered service involving the Youth in a relevant field for at least three years and should also be one, which is likely to remain engaged in the relevant field for at least another two years after conferment of the award. Preference shall be given to those voluntary organisations, which are run by the youth and for the youth.
- g. Not have been conferred such an award earlier (such of the agencies as are recommended for the award once and are not finally selected, can, however, be recommended again)
- h. Have a good reputation among the local community, and i. The impact of the service rendered by it should be clearly identifiable, preferably quantitatively.

SUBMISSION OF PROPOSALS

- a. The formats of application for National Youth Awards are given on website.
- b. Universities / Colleges, local developmental departments, voluntary agencies, private bodies, public sector undertakings, Nehru Yuva Kendra, National Service Scheme, etc. will submit their recommendation to the respective District Magistrate / Collector by the 30th June every year.
- c. In addition to the recommendations received from the above organisations, the selection committee at different levels may, at their discretion, consider, on merits, individuals or youth organisations not recommended by anybody but considered suitable by the selection committee.
- d. Proposals to be considered should be accompanied by 3 passport size photographs of the candidates and also by adequate evidence in support of them.

Evaluation of Proposals

The fields of activities to be taken into consideration for the purpose of the National Youth Award would include social work in the rural areas and urban slums, promotion of national integration, adventure, cultural and recreational activities, non formal and adult education programmes, work for improvement of the conditions of persons belonging to the weaker sections of the society, SC / ST and tribal areas, work connected with popularization of nationally accepted values, scouting and guiding and any other work considered important keeping in view the local needs and priorities. The State Governments would identify priority areas and call upon their youth to concentrate their efforts in these fields.

Selection of Awardees:

District Level

The name recommended by the bodies as mentioned in paragraph 7.4 above will be considered by a District level committee headed by the District Collector. The other members of the committee would be representatives of an University, Nehru Yuva Kendra and a prominent voluntary agency working in the field of youth. No voluntary agencies would, however, be associated at the time of making recommendations of voluntary youth organisations to the State Government/Union Territory administration by the 31st July every year.

State Level

The recommendations made by the district level committees would be considered by a State level committee under the chairmanship of the Secretary of the Department dealing with youth affairs in the State. In case recommendations are not received by the State Government / Union Territory administration by the 31st July, from all the districts, the State level Selection Committee would proceed to make its recommendations taking into account only such of the recommendations as might have been received up-to the 31st July, or if none are received, to make recommendations suo-moto. The composition of the State level committee will be decided by the State Government. The State/UT level Selection Committee shall scrutinize the recommendations of the district committee and recommend to the Central Government a panel of not more than 5 (five) names of young persons selected by State / UT level Committee. Similarly, each State Government / UT administration will recommend not more than two voluntary agencies engaged in youth work. The recommendation of the State / UT selection committee shall normally be accepted by the State / UT Government. In case any variation is made, full justification for the same will have to be given. The State Government / Union Territory Administration will forward its recommendations to the Central Government by the 31st of August every year.

National Level

At the National Level, a Central Selection Committee will scrutinize recommendations of the State Governments / UT administrations and make the final selection of youth awards. The Central Selection Committee may, at its discretion, consider on merits, individuals or youth organisations not recommended by a State Government / UT, for the award.

MINISTRY OF YOUTH AFFAIRS & SPORTS GOVERNMENT OF INDIA

Programme 2: Nehru Yuva Kendra Sangathan

In the year 1987-88, Nehru Yuva Kendra Sangathan (NYKS) was set up as an autonomous organization under the Government of India, Ministry of Youth Affairs and Sports, to oversee working of these Kendras. NYKS is the largest grassroots level voluntary organization; one of its kind in the world. It channelizes the power of youth who are in the age group of 13-35 years on the principles of voluntarism, self-help and community participation.

Over the years, Nehru Yuva Kendra Sangathan has established a network of youth clubs in villages, where Nehru Yuva Kendras have been set up. NYKS has targeted to identify areas of harnessing youth power for development by forming Youth Clubs, which are village level voluntary action groups of youth at the grassroots level to involve them in nation building activities. The core strength of NYKS lies in its network of youth clubs. Youth Clubs are village based organizations working for community development and youth empowerment.

Youth Clubs are composed of youth members ranging between the age group of 15-35 years. The basic objective for creation of youth clubs is to render community support through developmental initiatives involving activities with particular focus on youth empowerment. The implementation of programmes and activities of youth clubs is based on local needs and requirements by mobilizing resources from various government departments and other agencies, which include both national, State level and multilateral institutions. The youth clubs and its member volunteers from the base of the NYKS's vast national rural network.

Objectives and Vision

Objectives of Nehru Yuva Kendra Sangathan (NYKS) are twofold:-

1. To involve the rural youth in nation building activities.
2. To develop such skills and values in them with which they become responsible and productive citizens of a modern, secular and technological nation.

Nehru Yuva Kendra Sangathan has been working in various fronts of youth development with a variety of youth programmes of the Ministry of Youth Affairs and certain special programmes in coordination and cooperation of other ministries. Main focus has been on developing values of good citizenship, thinking and behaving in secular ways, skill development and helping youth to adopt a productive and organized behavior.

Vision of the organization focuses on developing long term strategies for good citizenship and youth leadership at the grass root level. Youth Clubs are formed and encouraged to participate in sports, cultural and local development activities. Youth leadership is developed in the course of formation and sustenance of youth clubs. This leadership becomes highly useful in creating:-

1. Networks of volunteership.
2. Opportunities of participation in fundamental democratic practices of polity and development; and,
3. Instruments of empowerment of youth like skill-generation, awareness creation about health, life skills, and self employment.

Considering the fact that almost three-fourth of the Indian population is rural, the development of the nation as a whole depends on their progress and development. Besides, the demographic dividend that the country has enjoyed because of the larger segment of youth population, makes it almost mandatory for the largest youth organization like NYKS to take up more and more of such programmes as will promise empowerment of youth.

NYKS is :

- ⦿ The largest non-political youth organization of its kind in the world;
- ⦿ It caters to the needs of more than 80 lakh non-student rural youth in the age group of 13-35 years;
- ⦿ 2.20 lakh voluntary village level youth organizations affiliated to NYKS;
- ⦿ It has 2551 Youth Development Centres (YDCs);
- ⦿ It has 139 Rural Information Technology Youth Development Centres (RITYDCs).
- ⦿ By it, 17000 trained volunteers are enrolled every year.
- ⦿ It has 501 offices all over the country at district headquarters.
- ⦿ It reaches out to each and every part of India through its wide network in villages.

MINISTRY OF HEALTH AND FAMILY WELFARE
Programme 1: Adolescent Reproductive and Sexual Health Programme

INTRODUCTION

Adolescents (10-19 years) in India represent almost one-third of the total country's population. A large number of them are out of school, get married early, work in vulnerable situations, are sexually active, and are exposed to peer pressure. These factors have serious social, economic and public health implications. Adolescents are not a homogenous group. Their situation varies by age, sex, marital status, class, region and cultural context. This calls for interventions that are flexible and responsive to their disparate needs. Some of the public health challenges for adolescents include pregnancy, excess risk of maternal and infant mortality, sexually transmitted infections and reproductive tract infections in adolescence, and the rapidly rising incidence of HIV in this age group. Thus it is important to influence the health-seeking behaviour of adolescents as their situation will be central in determining India's health, mortality and morbidity; and the population growth scenario.

The goals of the Government of India RCH-II programme are reduction in IMR, MMR and TFR. In order to achieve these goals, RCH-II has four technical strategies. One of these is Adolescent Health. Strategy for ARSH has been approved as part of the RCH-II National Programme Implementation Plan (PIP). This strategy focuses on reorganizing the existing public health system in order to meet the service needs of adolescents. Steps are to be taken to ensure improved service delivery for adolescents during routine sub-centre clinics and ensure service availability on fixed days and timings at the PHC and CHC levels. This is to be in tune with outreach activities. A core package of services includes preventive, promotive, curative and counselling services.

Further, addressing adolescents will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, prevention and management of obstetric complications including access to early and safe abortion services and reduction of unsafe sexual behaviour.

Since service provisions for adolescents are influenced by many factors, wherein for example, at the level of the health system, lack of adequate privacy and confidentiality and judgmental attitudes of service providers, who often lack counseling skills, are barriers that limit access to services, a package of training modules have been prepared by MoHFW for orienting programme manager and training health care providers on ARSH:

OBJECTIVE

The main objective of the ARSH programme was to mobilize rural youth for not only generating awareness among them regarding various adolescent issues but also providing easy access to a comprehensive health services to adolescent, especially in and out of school and also married adolescent

TARGET GROUP

10-19 Adolescent girls

ARSH STRATEGY

- Influencing **health seeking behavior** of Adolescent
- Stress more on **knowledge/awareness** generation
- **Environment building** activity by NGO/WCD/Youth/Education
- Create supportive environment.
- Improving **capacity** of service provider.
- **Monitoring** service provision & utilization.

SERVICE PACKAGE

ARSH consists of following services for adolescent girls.

Promotive Service

1. Condom Promotion
2. Focus Care during ANC period
3. Counseling and provision for emergency contraceptive pills.
4. Counseling and provision for reversible contraceptive pills.
5. Information and advice on SRH issues.
6. Sex ratio, PCPNDT act

Preventive Service

1. Services for TT Immunization
2. Services for prophylaxis against nutritional anemia.
3. Nutrition counseling
4. Safe Abortion
5. Management of post abortion complication

Curative

1. Treatment of RTI/STI
2. Treatment & counseling for Menstrual Disorder
3. Management of Sexual abuse among girl

Referral Services

1. Voluntary counseling and testing center
2. Prevention of parent to child transmission
3. Antiretroviral therapy

Outreach Services

1. Periodic health check up & community camp
2. Periodic health education

Package of service offered by adolescent clinics.

Level of Care	Service Providers	Target Group	Periodically	Available Service
PHC/CHC/ CI village hospital and District hospital	Female Health Assistant/ LHV	Unmarried and married male and female	Once a week at PHC/CHC/C H/DH	<ul style="list-style-type: none">• Counseling on menstrual hygiene, management of menstrual Irregularities.• Counseling on nutritional anemia• Tetanus toxoid for pregnant adolescent girls.• Contraceptive counseling programming.• Counseling and services for termination of unwanted pregnancy.• RTI/STI and HIV/AIDS preventing education and management.• Counseling on problems of sexual health.

MINISTRY OF HEALTH AND FAMILY WELFARE

Programme 2: Jahawar Bala Arogya Raksha

INTRODUCTION

The Government hereby orders the launch of School Health Programme across the state on 14 November 2010, under the name of Jawahar Bala Arogya Raksha. The operational name for Jawahar Bala Arogya Raksha (JBAR) will be the Child Health Improvement Programme (CHIP).

OBJECTIVES

- Health screening of all children studying in schools, followed by the issue of Student Health Record (SHR);
- Administration of DPT booster vaccination to all children in the age group of 5 to 7 years and TT booster to children in the age group of 10 to 15 years;
- Administration of deworming medicines and Vitamin-A and D to all children twice a year, and Iron and Folic Acid tablets for those with anemia;
- Treatment of all minor ailments, including malnutrition, scabies, lice infestation, etc.;
- Referral of children requiring secondary and tertiary care to the appropriate facility for Specialist review, appropriate investigations, treatment of the disease and follow-up;
- Integration of health education, life-skills and practical lessons in prevention of diseases and promotion of health; and
- Health check-up for teachers and other school functionaries and integration of nutrition education with health promotion.

The Jawahar Bala Arogya Raksha will cover about 85, 32,635 children studying in 46,823 government and government aided schools in the state. The screening of all students and referral of those with pre-existing diseases will be completed before the end of the current academic year, duly following a detailed schedule to be finalized at the Mandal and the District levels. Each school will be visited by a school health team lead by the PHC Medical Officer and a team of para-medical staff, including an Ophthalmic Officer, to screen each and every child in the school between 1 December 2010 and 10 March 2011 duly following the pre-fixed schedule.

Every child will be issued a Student Health Record (SHR) after detailed physical examination by the Doctor. The Student Health Record is a comprehensive document that will be valid for a five-year period and will incorporate details of all health events occurring in the life of the student. The SHR, which will be retained in the school under the custody of the teacher, will be given to the student / parent of the student, whenever the child requires referral to a hospital for further investigation and treatment. The student carrying the SHR will be given due priority for investigation and treatment in all APVVP and teaching hospitals. A separate counter and register will be established in all government hospitals for the school children. Apart from administration of Vitamin-A and D and de worming of children, minor ailments, if any, will be treated by the screening doctor.

GOVERNMENT OF INDIA
Programme 1: Kasturba Gandhi Balika Vidyalaya

INTRODUCTION

The Kasturba Gandhi Balika Vidyalaya (KGBV) scheme was launched by the Government of India in August, 2004 for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas. Initially it ran as a separate scheme, but was merged with the SSA programme with effect from 1st April, 2007. With the RTE Act, 2009 coming into force with effect from 1st April 2010, and the SSA Framework of Implementation being revised to correspond to the RTE Act, the KGBV component of SSA would also be implemented in the overall context of child rights and child entitlements and in harmony with the spirit and stipulations of the Act.

SCOPE/COVERAGE OF THE SCHEME

KGBVs can be opened in Educationally Backward Blocks (EBBs), previously defined on a composite criteria of blocks with a rural female literacy rate below the national average (46.13%: Census 2001) and gender gap in literacy higher than the national average (21.59%: Census 2001). Within these blocks, priority was given to areas with:

OBJECTIVE

Facilitate retention of girls

- Ensure greater participation of girls in education
- Develop and promote facilities to provide access to girls belonging to disadvantaged groups (Like SC and ST)
- Improve quality of education
- Stress upon the relevance and quality of girls' education for their empowerment

The Main objective of KGBV is to ensure access and quality education to girls from disadvantaged groups by setting up residential schools at upper primary level.

STRATEGIES

Initially, KGBVs shall be opened in rented or other available Government buildings. Once land has been identified, suitable buildings shall be constructed. The unit cost of new KGBVs hostel buildings has been revised since October 2010 to conform to the State PWD Schedule of Rates (SOR). The minimum area for KGBV hostel buildings shall be calculated based on basic amenities and requirements as indicated below:

For 50 children the carpet area of the building would be approximately 80 sq.ft/ child

For 100 children the carpet area of the building would be approximately 60 sq.ft/ child

Such residential schools will be set up only in those EBBs that do not have residential schools at upper primary level for girls under any other scheme of Ministry of Social Justice & Empowerment and Ministry of Tribal Affairs. This shall be ensured by the district level authority of SSA at the time of actual district level planning of KGBV initiatives by co-ordinating with the other Departments/Ministries.

The components of the scheme will be as follows:

(i) Setting up of residential schools where there are a minimum of 50 girls predominantly from the SC, ST and minority communities available to study in the school at the elementary level. The number can be more than 50 depending on the number of eligible girls. Three possible models for such school have been identified and revised financial norms for the same are:

Model I: Schools with hostels for 100 girls

Recurring cost: Rs 32.07 lakh

Recurring cost for intake of additional girls: To be worked out proportionately based on the number of intake of additional girls.

a. In case the enrollment exceeds 100 children, a head teacher as per RTE norms will be provided with unit cost of Rs 20000/- per month.

b. An additional teacher with a salary of Rs 15000/- per month will be provided when enrollment exceeds 105 children based on 1:35 ratio as per RTE Act.

c. An additional assistant cook with a salary of Rs 4500/- per month will be provided for every additional enrollment of 50 girls.

Non-recurring (Other than building, boundary wall, drinking water & sanitation and electric installation): Rs 7.25 lakh

Non-recurring (Other than building, boundary wall drinking water & sanitation and electric installation) for intake of additional girls: To be worked out proportionately based on the number of intake of additional girls.

Model II: Schools with hostels for 50 girls

Recurring Cost: Rs 23.95 lakh

Recurring cost for intake of additional girls: To be worked out proportionately based on the number of intake of additional girls.

Non-recurring (Other than building, boundary wall, drinking water & sanitation and electric installation): Rs 5.375 lakh

Non-recurring (Other than building, boundary wall, drinking water & sanitation and electric installation) for intake of additional girls: To be worked out proportionately based on the number of intake of additional girls.

Model III: Hostels in existing schools for 50 girls

Recurring Cost: Rs 17.95 lakh

Recurring cost for intake of additional girls: To be worked out proportionality based on the number of intake of additional girls.

Non-recurring (Other than building, boundary wall, drinking water & sanitation and electric installation): Rs 5.375 lakh

Non-recurring (Other than building, boundary wall, drinking water & sanitation and electric installation) for intake of additional girls: To be worked out proportionately based on the number of intake of additional girls.

Additional Salary @ Rs 3 lakh per annum for additional enrollment over and above 50 girls but up to 100 girls for providing part time teachers, Assistant cook etc.

Note: Replacement of bedding (Once in three years @ Rs 750/- per child)

The intake of girls could be increased from the existing level of 50 to 100 in blocks with a high number of out of school/dropout girls for which the recurring & non-recurring grants will be increased commensurate to additional enrollment of girls.

Item-wise details are given in Appendix A, B & C.

(ii) To provide necessary infrastructure for these schools

(iii) To prepare and procure necessary teaching learning material and aids for the schools

(iv) To put in place appropriate systems to provide necessary academic support and for evaluation and monitoring

- (v) To motivate and prepare the girls and their families to send them to residential school.
- (vi) At the primary level the emphasis will be on the slightly older girls who are out of school and were unable to complete primary schools (10+). However, in difficult areas (migratory populations, scattered habitations that do not qualify for primary/ upper primary schools) younger girls can also be targeted
- (vii) At the upper primary level, emphasis will be on girls, especially, adolescent girls who are unable to go to regular schools
- (viii) In view of the targeted nature of the scheme, 75% girls from SC, ST, OBC or minority communities would be accorded priority for enrolment in such residential schools and only thereafter, 25% girls from families below poverty line.
- (ix) Established NGOs and other non-profit making bodies will be involved in the running of the schools, wherever possible. These residential schools can also be adopted by the corporate groups.

IMPLEMENTATION, MONITORING AND EVALUATION

The SSA State Implementation Society will be the implementing agency of the KGBV at State level. Therefore, funds for this programme will be routed through the SSA society of the State. At the State level a 'Gender Coordinator' will be appointed who will look after the KGBV. In States where Mahila Samakhya (MS) programme is operational, the SSA society may give preference to the MS Society for implementing KGBV in the blocks of MS operations provided that the MS Society in the state is willing to undertake the implementation of the programme. In such States, the SSA society shall transfer the approved funds to MS Society for implementation of the programme. The monitoring and evaluation of the component will be done by the State SSA Society. In blocks where MS or in blocks where MS has not given its concurrence to implement KGBV the implementation of this component will be through the SSA. Training for teachers and staff at the residential schools will be coordinated by the District Institutes of Educational Training, Block Resource Centres and the Mahila Samakhya Resource Groups.

State Support Group

An Advisory State level coordination committee/SRG as approved under the NPEGEL scheme shall provide direction and support to the programme. This group will consist of nominees from relevant State Government Departments, Government of India, experts in the field of girls education, educationists etc. The selection of an appropriate model of the school and its location would be done by this Committee based on the recommendation of the district committee implementing the NPEGEL and the new proposed scheme district level implementing agency for KGBV

National Support Group

The National Resource Group (NRG) created under the Mahila Samakhya programme at the National level shall provide inputs on conceptual issues and concerns arising in the programme, and advice GOI on policy matters concerning the education of girls. This group will provide the interface with research and training institutions, women's movement, educationists and non-Governmental institutions and also bring in other experiences of educating girls. Since the NRG, consists of a small number of persons and meets only two to three times in a year, smaller sub committees of the NRG created for specific inputs, like gender training of teachers, development of gender based teaching learning material, development of audio visual programmes etc. will co-opt additional persons from relevant institutions or experts for the purpose.

METHODOLOGY

Based on the number of girls and the type of residential school to be provided, the selection of the model of the school to be selected would be done by a State Level Committee based on the recommendation of the District Committee for the purpose. The proposal shall be forwarded to the Cell at the National level who shall appraise them with the help of external agencies/consultants, where necessary. Finally, the Project Approval Board of SSA will approve these plans.

Ministry of Human Resource Development (MHRD)
Programme 1: Adolescence Education Programme

INTRODUCTION

Adolescence Education Programme (AEP) was launched by the Ministry of Human Resource Development (MHRD) in collaboration with National AIDS Control Organization (NACO), Government of India in 2005 as a follow up of the decisions taken in an Inter-Ministerial Meeting held in October 2004. The Meeting was held in the Office of Hon'ble Minister of Human Resource Development and also attended by Hon'ble Ministers of Health & Family Welfare, Labour, Rural Development, Social Justice and Empowerment and Information & Broadcasting.

The Department of School Education and Literacy, MHRD has positioned AEP as a Centrally Sponsored Scheme. It is being implemented as a key intervention for empowering adolescents to deal with risky situations, preventing new HIV infections, reducing vulnerability to the infection and substance dependence and influencing positive behavior development. It is designed as an early HIV preventive intervention by providing adolescents with information on *Process of Growing up during adolescence, HIV/AIDS and Substance abuse* as well as developing in them life skills as the most effective way to stem the spread of the infection as well as substance abuse.

Aims and Objectives of AEP

The Adolescence Education Programme (2005) aims to:

- (i) Reinforce/support development of behaviours that will empower adolescents to make healthy choices.
- (ii) Provide opportunities for the reinforcement of existing positive behavior and strengthening of life skills that enable young people to protect themselves from and to cope with risky situations they encounter in their lives.

The objectives are to ensure that:

- (i) All schools provide accurate age appropriate life skills based adolescence education in a sustained manner to young people (10-18 yrs) in schools;
- (ii) Every child is equipped with accurate information, knowledge and life skills to protect themselves from HIV and manage adolescent reproductive sexual health (ARSH) issues and concerns;
- (iii) All out-of-school adolescents are provided basic information and services on adolescent reproductive and sexual health, HIV prevention and prevention of substance abuse;
- (iv) Effective integration of adolescence education components in school curriculum as well as the teacher education courses takes place; and
- (v) Linkages to youth friendly services are established and resources for additional information are easily accessible.

Outputs

The following five outputs⁸ have been specified for AE:

- Organization of life skills based co-curricular activities in classes IX-XI;
- Integration of adolescence education in syllabi, textbooks and teaching learning processes of school education;
- Integration of adolescence education in the pre-service and in-service teacher education;
- Integration of adolescence education in programmes for out-of-school adolescents and young person's; and
- Incorporation of measures to prevent stigma and discrimination into education policy.

Scheme of Content

Adolescence Education Programme focuses on major contents related to the following three components:

Process of Growing up: This component covers contents on the process of growth and development during adolescence, such as physical growth and development including development of secondary sexual characteristics, psychological developments underscoring self identity, self concept, self esteem, sex drive and attraction towards

opposite sex, socio-cultural development including relationships of adolescents with parents, peer group and the opposite sex and gender roles and myths and misconceptions. Critical issues like menstruation and menstrual hygiene, masturbation and the genital hygiene, adolescent pregnancy, nutritional needs of adolescents in general and adolescent girls in particular, major sexually transmitted infections (STIs), reproductive tract infections (RTIs) and adolescent friendly health services (AFHS) are also included in this component.

HIV/AIDS: This component includes contents on causes and consequences of HIV/AIDS, preventive measures, anti-retroviral therapy (ART), individual and social responsibilities towards HIV/AIDS patients and the services available for prevention of spread of HIV and also for HIV infected persons.

Substance (Drug) Abuse: Under this component are covered the critical mental health concerns and the situations in which adolescents are driven to substance (drug) abuse, commonly abused substances (drugs), consequences of substance abuse, preventive measures, treatment, rehabilitation of drug addicts and individual and social responsibilities.

Target Group

The mandate of the Adolescence Education Programme is to cover all secondary and senior secondary schools, rural, urban and transitional across the country. It covers all students studying at the secondary and senior secondary level in i) government, local body and government-aided schools, ii) educational guarantee schemes (alternative innovative schemes, across the country iii) all out-of-school children and adolescents being catered to by the adult literacy programmes iv) students of open schooling/open university systems. It covers selected nodal teachers and peer educators of all the secondary and senior secondary schools, concerned educational administrators and other educational functionaries. The pre service pupil teachers and teacher educators also constitute its target group. Policy framers, senior functionaries involved in policy operationalisation, Opinion leaders, Media persons, community leaders and parents are covered through advocacy programmes.

Approach for Transaction

Adolescence education is a new curricular area which is still undergoing the process of validation. It is yet to be considered as an established uniformly accepted curricular area like the existing subjects taught in schools. Many a time it is equated with sex education and made controversial. The life skills development being its core makes it a still more uncommon area. It, therefore, requires special efforts to adopt the transaction strategies for life skills development into the existing education system. The strategies for the institutionalisation of adolescence education in the education system and methods of curriculum transaction, therefore, need to be carefully identified primarily because of the following characteristics of this area:

1. Since adolescence education focused primarily on life skills development has emerged as a curricular area in response to the pressing demands emanating from outside the education system, it is considered to be imposed on the education system and hence is often not put through the general curriculum planning and review process. It is often given, if at all it is done, a marginal space within the curriculum.
2. It deals with contents that are very sensitive in nature and there is an in-built resistance to these elements. Its content structure is still undergoing the process of validation.
3. This educational area focuses on problems confronted by adolescents who have been traditionally treated as a homogeneous group which they are not. The variations in their age-range and their socio-cultural settings indicate their heterogeneous nature. More often than not the elitist and urban bias creeps in the process of its conceptualization, and this creates another set of problems.

4. Adolescence education is primarily aimed at influencing the non-cognitive domain and developing life skills among the learners. This needs transactional strategies that create experiential learning situations in consonance with the immediate socio-cultural environment of the learners and are basically interactive.
5. Although there is an increasing realisation of the urgency for adolescence education and developing coping skills among adolescents, the age-old inhibitions and perceptible apprehensions in the adult world would require persistent efforts aimed at creating enabling environment for this educational intervention in schools. Moreover, orienting school curriculum towards responding to the need for life skill development has basic problem that derives from the difficulties of trying to introduce a curricular area into the existing system which is not so conducive to the popularly employed approaches. It will require a different pedagogy that frames the development of life skills as an educational process.

Major Activity Components:

The following major activities are being organized under the Adolescence Education Programme:

Advocacy

Advocacy programmes of varied duration are organized for the crucial target groups at different levels to enable them to appreciate the need for adolescence education and make them aware of different aspects of the programme and motivate them to support the implementation of AEP. The target groups are: policy makers, opinion leaders/legislators, religious/community leaders, educational administrators, media persons, and principals/heads of schools, curriculum framers, and teachers;

Training

Adolescence education being a new curricular area with certain uniqueness, there is a need to develop capabilities among those who are engaged in its transaction, and more particularly the teachers who are key actors in the successful transaction of this curricular area especially focused on life skills development. The following training activities are, therefore conducted under AEP:

- (i) Training of master trainers who in turn train the teachers, peer educators and other functionaries;
- (ii) Intensive training of teachers, peer educators and other functionaries for empowering them to transact this curricular area with ease, competence and need-based culture specific care; and also to hold regular consultations with parents and other critical target groups identified at different levels;
- (iii) Organization of life skills focused activities for students in and out of classrooms by teachers/peer educators; and
- (iv) Coordination and monitoring of various activities and the Programme.

Implementing Agencies

Almost all the institutions engaged in school education, teacher education, adult literacy programmes, innovative education schemes at national, state and district levels are involved in the implementation of this Programme.

Government of Rajasthan
Programme 1: Train to Gain

INTRODUCTION

Enterprises must carry on training their staff, even when times are tough. MSMEs whose people have the skills to offer high-quality products and services most efficiently will be best placed to weather the downturn and take advantage quickly. But we know that for small and medium-sized businesses it can still be hard to give staff the time and support they need to train at any time, and particularly when profit margins are getting squeezed. “Train to Gain” offers shared investment for employers of all sizes and from all sectors, to improve the skills of their employees as a route to improving their business performance. Train to Gain scheme is part of the Rajasthan Industrial and Investment Promotion Policy-2010 and designed to help MSMEs to invest in trainings to grow and succeed. Based on the feedback from different industries and Industrial Associations and with a view to accelerate the pace of industrial development in the State. The Government of Rajasthan is introducing following scheme:

Title:

The scheme shall be known as the “Train to Gain” (A Special Scheme for skill enhancement and fine tuning of the raw recruits (18 to 45 years old) of the Enterprises of the State.

Objectives of the Scheme

The scheme is aimed to achieve the following objectives:

1. To enhance the employability of our raw workforce and help employers to get skilled manpower suitable for their work, Government would support companies which provide on-the-job training (O.J.T.) at their premises to convert the raw recruits to skilled manpower.
2. □ Aims to meet the needs of employers of all sizes and from all sectors to improve the skills of their employees as a route to improving their business performance.
3. Aims to encourage all businesses and individuals to value and realize the benefits that learning and skills can bring.
4. Train to Gain scheme is a valuable resource for employers, unlocking employees’ potential and increasing company productivity.

Operative Period

This scheme come into operation with effect from 15th August, 2011 and shall remain in force up to 30th April 2016.

Applicability of the Scheme

This Scheme will be applicable in the whole of the State of Rajasthan for the enterprises (MSMEs) having registered under the Factories Act 1948/"Rajasthan Shops & Commercial Establishment Act 1958" and have the capacity/adequate infrastructure to accommodate the trainees in all sectors/ sub sectors.

Procedure for claiming Subsidy

1. The eligible employers would be provided subsidy up to 50% of the salary or stipend paid to such trainees limited to Rs. 2,000/- per trainee per month on successful completion of 3 to 12 months training. At first every eligible employer aspiring to get benefited under the scheme is expected to apply for registration attaching proof of registration Fee Rs.1000 in the annexed format in the concerned DIC.
2. The eligible employers shall not be allowed to engage more than 25% of its total staff on its roll (excluding labour supplied by contractor) for training.
3. Employer shall get the list of trainees approval from the concerned DIC.
4. After successful completion of training the employer shall submit the claim form with requisite documents i.e. copy of E.M.-II, Copy of registration under Factories Act 1948, or Rajasthan Shops & Commercial Establishment Act 1958, details of salary/stipend paid to trainees, copy of the appointment letter after completion of training.
4. The employer will also have to submit a monthly progress report (M.P.R.) and provide employment to at least 50% of the trainees.
5. The complete and duly verified claims shall be submitted to Member Secretary of the District Level Committee (DLC). Sanction and disbursement of the subsidy shall be made by the concerned DIC after approval from the District Level Committee (DLC).

Range of coverable skills / courses

A broad range of trainings will be covered – from basic level skills to higher level Skills such as:

1. National Vocational Qualifications
2. Apprenticeships
3. Leadership and Management
4. Basic skills
5. Sector-specific skills

Procedure for operation of the scheme

- a. District Level Committee shall be constituted to monitor the progress, resolve operational issues, identification of Employees and sanctioning the subsidy, compositions of the District Level Committee (DLC) will be as under :-

1. District Collector- Chairman
2. General Manager, D.I.C.- Member Secretary
3. District Employment Officer- Member
4. Superintendent I.T.I./ Principal, Govt. Engineering / Govt. Polytechnic College- Member
5. District Labour Welfare Officer/ Asstt. Labour Commissioner,/Dy. Labour Commissioner/ Representative of Factory & Boilers - Not below the rank of Asstt. Inspector - Member
6. Representative of District Level Industrial Associations or Chambers of Commerce and Industries- Member

- (b) The detailed procedure for sanctioning, disbursement and claiming of subsidy under this scheme will be issued separately by the Commissioner of Industries.

Eligibility of Trainees:

1. Age limit: Unskilled person between 18 to 45 years
2. Minimum educational qualification: 10th pass outs.

Note-Candidates who have already undergone this training shall not be eligible for this training again. Only fresh candidates shall be eligible.

Financial Assistance

The eligible Enterprises will be paid a cash subsidy of 50% of the stipend paid to the trainee with a ceiling @ Rs. 2000/- per trainee per month after successful completion of training. Employers getting benefited under the Scheme shall provide employment to at least 50% of the trainees.

Implementing Agency

The scheme will be implemented by the Office of the Commissioner Industries, Rajasthan, Jaipur, through the employers i.e. the individual enterprises. There shall be a separate cell in the Office of the Commissioner Industries, Rajasthan as well as in D.I.Cs. They will maintain a central register of the candidates who have been trained under the scheme.

Review and Evaluation

The Scheme shall be administered and implemented by the Government of Rajasthan in the Industries Department. The subsidy under this scheme shall be subject to the provisions of procedure, guidelines and clarifications as may be stipulated from time to time. Where any matter arises for the purpose of interpretation or in cases where any suggestions are made in regard to implementation of the scheme, such matters shall be referred to the Government of Rajasthan in the Industries Department whose decisions shall be final in all such matters.

RESPONSE BY THE PRIVATE VOLUNTARY ORGANISATIONS

Programme 1: “Taiyari, a demonstration model for planned transitions from adolescence to adulthood”

INTRODUCTION

Bal Sansar Sanstha (BSS), is a registered non-profit voluntary organization established in 1992 in Rajasthan, having its head quarters in Jaipur and field offices in Ajmer and Tonk district, implementing government projects in the field of community education & development, HIV-AIDS prevention and public health issues.

BSS Mission: “to empower vulnerable community groups enabling them to lead a life with dignity”.

BSS Experience: Having worked in education and health, community development projects, *Bal Sansar* is equipped with desired commitment, dedication, practical programmatic experience, and technical expertise. BSS has created strong networks at community level which allowed us to generate good understanding to work with the vulnerable rural communities, government systems, non-governmental and bilateral agencies active in the development sector, in the state and country.

Project title: “Taiyari, a demonstration model for planned transitions from adolescence to adulthood” in three districts of Rajasthan namely, Jaipur, Ajmer and Tonk.

Geographical and Target Group Coverage: It is proposed to work with 6000 adolescents in 3 selected blocks of three districts of Rajasthan, namely, Ajmer, Jaipur, Tonk. The project aims to cover 50 Gram Panchayats (50 PRIs) i.e. 16 GPs in Srinagar block of Ajmer; 18 GPs in Tonk block of Tonk district, and 16 GPs in Jhotwara block of Jaipur district.

Project Commencement: From 15th of May 2012.

Project Goal: To improve the quality of life of adolescents in three districts of Rajasthan by introducing strategies for planned transitions from adolescence to adulthood.

The evidences and learnings from this pilot will lead and contribute towards developing an adolescent programme for a larger impact and the duration. To achieve this goal, six *specific objectives* are set.

Objectives

- To develop and implement an evidence-based adolescent programme pilot in Tonk, Ajmer and Jaipur districts of Rajasthan.
- To form 3 district federations (comprising NGOs, CBOs, Faith based organisations, key Government departments, PRIs, POV, Academic institutions, Industries).
- To strengthen 50 Gram Panchayats (GPs) by orienting 500 PRIs promoting adolescents’ access to information, skills, services and rights
- To collectivise media, families and community leaders supporting the issues, values, rights and entitlements of adolescents
- To document learnings and disseminate for wider replication.
- To Orient and mobilise 1500 adolescents in 50 Taiyari Samoohs improving their self-worth, knowledge and skills addressing their issues, risks and vulnerabilities

Expected Outcomes

- Mapping & needs assessment reports of selected blocks of Tonk, Ajmer Jaipur districts of Rajasthan.
- Formation of Partners’ Federation in three districts (comprising NGOs, CBOs, Faith based organisations, key Government departments, PRIs, POV, Academic institutions, Industries).
- Visioning document and three district plans.

- Five hundred members of 50 VHSCs and Gram Panchayat members oriented on adolescents' issues and rights.
- Establishment of 50 VICs at the Gram Panchayats
- Form Fifty Taiyari Samoohs, comprising 1500 trained adolescent members
- Conduct 50 special events during the MCHN days in 50 GPs village to celebrate the girl child/adolescent girl and provide space in the community to discuss their issues.
- Facilitate access to various nutritional, hygiene and health care schemes of the government for adolescents such as Sabla, Kishori Shakti Yojana and ARSH
- Create awareness in the local governance bodies/committees like Gram Panchayat, VHSC, School Committees, Anganwadis, PHCs, CHCs on the need to establish and provide access to adolescent friendly services
- Sensitize media, families and community leaders in 50 GPs on the rights and entitlements of young people
- Development of advocacy kit (for media, CSOs, key govt. departments).
- Create forums (using the Gram Sabhas, VHSCs, AWCs in 50 GPs) for discussion and reflection among families on issues of retention in school, delayed marriage, enhancing adolescents' say in family decisions.
- Document project processes, best practices and success stories.
- Developing and managing Taiyari website. Establishing web-links to social networking sites.

Contact Information:

Bal Sansar Sanstha, Reg. Office: Swasti, B-88, Saraswati Marg, Bajaj Nagar, Jaipur-302 015. Rajasthan, India.
 E-mail: bsansarindia@yahoo.co.in Ph.: +91-141-2710996 Fax: +91-141-2710996;
 Website: www.balsansarindia.com

Programme 2: Doosra Dashak

INTRODUCTION

Doosra Dashak, meaning the second decade, is about education and development of individuals in the age group of 11-20 years and to make it a lever for larger social and economic development. The programme aims at leadership development among adolescents to enable them to play a role in the process of social transformation. Doosra Dashak was started in 2001, with Sir Dorabji Tata Trust as the major funding agency. It is being implemented in 9 blocks of 7 districts in Rajasthan. Doosra Dashak believes that individuals in this age group have boundless energy and if they can be provided with relevant education and skills, they can become a source of social change and economic advancement. Doosra Dashak currently works in 4 blocks of Rajasthan, since 2001.

Objectives

With reference to persons of 11-20 age groups, DD aims to channelize immense energy of these young boys and girls towards community development and nation building. DD programme works with the following objectives:

- To meet their basic learning needs and to relate learning to live, work and environment;
- To equip them for adolescence and family life through improvement in their understanding of issues in health/reproductive health and making them aware about HIV /AIDS;
- To create an awareness about the underlying causes of socio-economic and gender inequality;
- To cater livelihood related issues by enhancing vocational and life skills;
- To harness their energies for nation building through creation of cadres who may provide educated, informed and responsible leadership;
- To create a cadre of adolescents to work towards securing people's rights and to steadfastly pursue the constitutional postulates of national integration, democracy and secularism;

- To employ science and technology for improving the lives of the people.

Geographical Location

Jaipur, Rajasthan

- **Rationale:** The need for this project has arisen due to non-fulfillment of the goal of universal primary education and literacy as well as with importance of this age group. Persons in this age group go through physical and psychological changes which lead to a feeling of alienation. At this stage they also have a tendency for drug and alcohol addiction. These boys and girls are at the threshold of productive work, family life and citizenship. Persons in this age group also have boundless energy and if they can be provided relevant education and skills and imbued with idealism; they can become a source of social change and economic advancement.
- **Evaluation and Impact:** A process of inbuilt evaluation has been institutionalized at all key levels of management to improve quality and facilitate mid-course corrections. External evaluation has also been conducted by funding organizations. Successful implementation of this project is beginning to impact critical areas of India's national concern, including:
 - Educational levels, thereby preparing ground for social, cultural and economic advancement;
 - Health and nutrition, which would have inter-generational impact;
 - Girls' age at marriage, with obvious correlation for their retention in education, delaying child birth, and mortality and morbidity among the new-borns;
 - Creation of a new culture based on values of women's equality, human rights, democracy and secularism;
 - Improved delivery of public services such as schools, anganwadis, health sub-centres, drinking water, etc.
 - Better realization of basic human rights including right to information, education and livelihood opportunities.

Mission:

- Taking measures to enable the community to participate in the processes of education and empowerment of adolescents, and to develop organizations at the village level to facilitate in redefining caste, class, and gender relations at the local level;
- Providing holistic education, integrated with issues relevant to the lives of adolescents, and simultaneously giving them opportunities/spaces to translate their learning into action through linking learning with practice;
- Empowering adolescents so that they may develop a commitment to democratic values, as well as to gender, caste, class and religious equity, strive for human rights, and inculcate habits of healthy living.

Work Description

The main activities consist of community and people's mobilization, organization of multifaceted programs of basic education, life skills training and programs to improve the quality of life and environment. Residential camps ranging from 5 days to 4 months are conducted, where youths become aware of health, sanitation, gender inequality, caste, social status, human rights etc. The approach is participatory with emphasis on gender equity and excellence in all activities. The trained youths take up responsibilities for village sanitation, libraries, right to information campaigns, participation in panchayat and gram sabha meetings etc.

Contact Information: Mr. Anil Bordia, Chairperson, C-113 Shivaji Marg, Office: Vijay Path Tilak Nagar, Jaipur, 302004, Rajasthan. Phone: 0141-262 4820. <http://www.doosradashak.in>

Programme 3: ROOM TO READ-Girls Education Programme

Room to Read currently operates in ten countries in Asia and Africa. In each country, we adapt our five core programs to suit the individual needs of the population in question; ensuring that each dollar spent has the most possible impact on the children we serve.

Objectives

- Increase years of schooling for girls
- Increase girls' self-awareness, decision-making and problem-solving skills
- Increase girl-friendliness of school environments
- Increase family, peer and community awareness and support of girls' education
- Increase collaboration with government to support policies and programs to promote girls' education

Our strategy to achieve our objectives is to focus on literacy and girl's education in developing countries:

Literacy - our literacy programme focuses on improving children's reading skills at the primary school stage as well as promoting the habit of reading. Our current programmes are:

- i). Building libraries at primary schools
- ii). Developing appropriate, culturally relevant and gender-sensitive materials
- iii). Improving school infrastructure

Girl's education – this programme supports girls to complete secondary school and ensure they develop the relevant life skills to assist them in negotiating key life decisions.

Vision

We believe that world change starts with educated children. We envision a world in which all children can pursue a quality education that enables them to reach their full potential and contribute to their community and the world.

Programs & Results

Room to Read India was established in 2003 as the fourth country of operations with an initial focus on establishing libraries. In India's crowded nonprofit sector, our initial research showed libraries to be the greatest initial contribution we could make.

In the years since launch, our operations in India have grown to include Book Publishing, Girls' Education and Reading & Writing Instruction. We work in rural and semi-urban communities and urban slums. We envision a world in which all children can pursue a quality education, reach their full potential and contribute to their community and the world.

To achieve this goal, we focus on two areas where we believe we can have the greatest impact: literacy and gender equality in education. We work in collaboration with communities and local governments across Asia and Africa to develop literacy skills and a habit of reading among primary school children, and support girls to complete secondary school with the life skills they'll need to succeed in school and beyond.

The country's vibrant NGO community allows us to leverage many NGO partnerships and amplify our impact in the areas where we work. Some such implementation partners include: Adoni Area Rural Development Initiative Program, Alaripur, Alwar Mewar Institute for Education And Development, Association of Social Health in India, Centre for Research and Development Concerns, Empowerment for Rehabilitation, Academic Health, Garhwal Vikas Kendra, Gramin Mahila Vikas Sansthan, Gramin Utthan Samiti, Himachal Pradesh Voluntary Health Association, Hope Project Charitable Trust, Jan Chetna Sansthan, Jan Sahas Social Development Society, Kumaon Agriculture and Greenery Advancement Society, Mahila Chetna Manch, Nari Shakti Jagran Samiti, Nav Srishti, Pragati Gramin Vikas Sanstha, Prayatn Sanstha, Prerana Service Society, Rajasthan Mahila Kalyan Mandal, Roman Catholic Diocesan Social Service

Society, Rural Development Society, SAKSHI, Samantar, Samarth Charitable Trust, Shree Jan Jeevan Kalyan Sanstha, Shri Bhuvneshwari Mahila Ashram, Society for Integrated Development of Himalayas, Society to Uplift Rural Economy, The Himalaya Trust, Tilonia Shodh Evam Vikas Sansthan, Urmul Marusthali Bunker Vikas Samiti and Vikalp.

We provide material support—such as school fees, clean uniforms or transportation, in addition to mentoring and life skills training to help girls succeed in the classroom and beyond. Educating girls is the most powerful and effective way to address global poverty. Room to Read supports girls so that they not only graduate, but also develop the skills they need to negotiate key life decisions.

Educating girls and women is widely acknowledged as the most powerful and effective way to address global poverty. Women who finish secondary school earn more money, have smaller, healthier families, and are more likely to educate their own children—breaking the cycle of illiteracy in one generation.

Room to Read partners with communities across the developing world to promote literacy and gender equality in education by establishing libraries, constructing classrooms, publishing local-language children’s books, training educators and supporting girls’ education. We believe all children deserve the opportunity to reach their full potential, and that investing in education now will pay dividends for generations to come.

Educating girls is the most powerful and effective way to address global poverty. Room to Read supports girls so that they not only graduate, but also develop the skills they need to negotiate key life decisions.

Finishing secondary school leads to smaller, healthier families, lower HIV infection rates, and higher wages. Educated women are more likely to educate their own children – ending the cycle of illiteracy in one generation.

More than 13,000 girls in nine countries will have access to improved educational opportunities and holistic support this year as part of Room to Read’s Girls’ Education program. Last year 95% of girls stayed in the program with a 97% advancement rate. We hope to reach 27,000 girls by 2014. Room to Read currently operates in ten countries in Asia and Africa. Our program focuses on girls’ transition into and out of secondary school.

Programme 4: *Link Worker Scheme (LWS) in the Tonk district of Rajasthan*
by India Health Action Trust (IHAT): August 2009, to July 2012

IHAT with funding support from UNICEF has initiated implementation of the LWS in Tonk with an Objective: “To reduce risk of new HIV Infections amongst Most At Risk Adolescents and Especially Vulnerable Adolescents and Adolescents (MARA-EVA)”, in the project area”.

Link Worker Scheme in Tonk is part of the national response to HIV-AIDS, addressing the rural risk and vulnerabilities. In three years duration, the project has reached out to 3.75 lac people (35% of the rural population of the district) directly or indirectly, spreading the awareness messages, and bridging the gap of HIV treatment and care services and community’s access.

Objectives:

To build a community centered model reaching out to HRGs and Vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction. **This entails:**

- ✓ Increasing the availability and use of condoms among HRGs and other vulnerable men and women.
- ✓ Establishing referral and follow-up linkages for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART.

- ✓ Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees, Self Help Groups (SHG) and Panchayati Raj Institutes (PRI).

Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees, Self Help Groups (SHG) and Panchayati Raj Institutes (PRI).

Key successes against the envisaged results include

- Project has been able to reach and educate directly to 67,000 men and women, and 24,000 most at risk and especially vulnerable youth.
- A culture of talking about and opening up on the issues of health, sex & sexuality and issues of growing up is initiated by the project and this will continue through the youth clubs formed and strengthened, VICs set up in all the GPs.
- Increased availability through 189 + 8 condom depts. and use of condoms among HRGs and other Vulnerable men and women
- Smooth referral and follow-up linkages established for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART. 87.89 % of the referred target population (6247 people) got tested for HIV and STI.
- Created an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees, Self Help Groups (SHG) and Panchayati Raj Institutes (PRI).
- LWS is owned by the PRIs, Medical and health functionaries, school management and students, youth clubs, SHGs and the CSOs in the district. These departments have shown the commitment to carry on with initiated activities as part of their departmental activities.

The project has been successful in reaching out to 100% mapped at risk (1180) and vulnerable to HIV rural populations (13213); women and men labours (4814) in 72 MGNREGA sessions; 20760 MARA-EVA (11042 in school and 9718 out of school adolescents are reached through structured BCC sessions); 40052 men & women from general populations through community sessions, 189 condom depots established and are easily accessible by “at risk” populations and over 182166 lakh free condoms distributed through condom depots and 217661 directly through the project staff. 2670 STI referrals out of which 88.01% (2350) accessed treatment and f-ups, 7107 ICTC referrals out of which 87.89% (6247) got HIV tests; 177 TB referrals and treatment; 31 PLHIV are linked with the District Positive Network and 18 linked with the ART center and CCC services. The project has created enabling environment for PLHIV and their families, reducing stigma and discrimination through 81 Red Ribbon Clubs having 869 members and 100 VIECs (Village level information & Education Centers), are placed in Gram Panchayat & Anganwadis Centre. 202 Adolescent Volunteers from the UNICEF partner NGOs in the district and 1007 village adolescent volunteers identified and oriented about the LWS and are providing support to the Link Workers for carrying out project activities in their respective villages. Nehru Adolescent Centers (NYK) were actively engaged in the project.

Annexure – 1 (Summary on Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - SABLA)

Contents		Particulars
S. No.	Name of the Ministry	Women and Child Development Department
1	Name of the Scheme/Programme	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - SABLA -
2	Introduction	This Scheme shall be called Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) --“SABLA”. The Scheme focuses on all out-of-school adolescent girls who would assemble at the Anganwadi Centre as per the time table and frequency decided by the States/UTs. The others, i.e., the school going girls would meet at the AWC at least twice a month and more frequently during vacations/holidays, where they will receive life skill education, nutrition & health education, awareness about other socio-legal issues etc.
3	Period of Scheme/Programme	Running from 2000
4	Objective(s)	(A)Enable the AGs for self-development and empowerment, (B) Improve their nutrition and health status. (C) Promote awareness about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH) and family and child care. (D) Upgrade their home-based skills, life skills and tie up with National Skill Development Program (NSDP) for vocational skills (E) Mainstream out of school AGs into formal/non formal education (F) Provide information/guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.
5	Target Group	Age group of 11-18 years
6	Provisions	This scheme is developed for Adolescents and the financial norms will be Rs. 5/- per beneficiary per day for 300 days. This would be inclusive of the cost of micronutrient fortification. Each AG will be given Supplementary nutrition (SN) containing 600 calories, 18-20 grams of protein and micronutrients ¹ , per day for 300 days in a year.
7	Area of Operation/Geography	Selected 200 districts in all the States/UTs in the country. (Rajasthan – Barmer, Bhilwara, Banswara, Bikaner, Dungarpur, Ganganagar, Jhalawar, Jhoddhpur, Jaipur and Udaipur)
8	Contact Information	From your nearest AWC (Contact person- AWW)

Annexure – 2 (Summary on Balika Samriddhi Yojana)

Contents		Particulars
S. No.	Name of the Ministry	Women and Child Development Department
1	Name of the Scheme/Programme	Balika Samriddhi Yojana
2	Introduction	The Ministry of Women and Child Development has derived this scheme for girl children hailing from families of Below Poverty Line. With this scheme the government of India provides financial assistance to such families through a fixed-term deposit made in the favour of the girl child. A fixed amount in the form of scholarship will be deposited in the account for each class successfully completed by the child in school. The amount increases with the level of class in school. The account starts with the birth of the girl child with a post-birth grant of Rs. 500. It resumes when the child attains 6 years of age and starts going to school. The whole amount can be withdrawn by the girl after attaining the age of 18.
3	Period of Scheme/Programme	Running from 1997
4	Objective(s)	A) To change negative family and community attitudes towards the girl child at birth and towards her mother. B) To improve enrolment and retention of girl children in schools. C) To raise the age at marriage of girls. D) To assist the girl to undertake income generating activities.
5	Target Group	Applicant should be attending schools regularly after attaining 6 years of age, from a Below Poverty Line family, compulsorily remain unmarried till 18 years of age and Number of applicants from a single family is limited to 2.
6	Provisions	The scheme will pay Rs.500 into a bank or post office account in the name of the girl. A maximum of two daughters in a family can benefit from this scheme. The scheme will pay annual scholarships into the girl's account, starting at Rs.300 (when the girl is in Class 1) and reaching Rs.1,000 when the girl is in Class 10. The girl will receive the money when she is 18 years old, provided she is not yet married.
7	Area of Operation/Geography	The Balika Samriddhi Yojana will cover both rural and urban areas in all districts in India.
8	Contact Information	Contact to Gram Panchayat

Annexure – 3 (Summary of Kishori Shakti Yojna)

Contents		Particulars
S. No.	Name of the Ministry	Women and Child Development Department
1	Name of the Scheme/Programme	Kishori Shakti Yojna (Adolescent Girls Scheme)
2	Introduction	The centrally sponsored Adolescent Girls scheme, renamed as Kishori Shakti Yojna is being implemented in 6118 blocks in the country , with the objective of improving the nutritional and health status of adolescent girls between 11-18 years of age, to train and equip them to improve home-based and vocational skills, to promote awareness of health hygiene, nutrition, home management, child care, and take all measures as to facilitate their marriage after attaining the age of 18 years and even later. This scheme is being implemented through Anganwadi Centres. The girls are also provided supplementary nutrition at Rs. 2.50 per girl, per day. The expenditure on supplementary nutrition is being borne by the State Government
3	Period of Scheme/Programme	From 2000-2001
4	Objective(s)	(A) To improve the nutritional and health status of girls in the age group of 11-18 years (B) To equip them to improve and upgrade their home-based and vocational skills.(C) To promote their overall development including awareness about their health, personal hygiene, nutrition, family welfare and management.
5	Target Group	Adolescent girls between 11-18 years of age
6	Provisions	The adolescent girl's scheme has been designed to include 2 sub-schemes viz. Scheme- I (Girl to Girl Approach) and Scheme-II (Balika Mandal). Adolescent girls would be provided with a meal on the same scale of the pregnant women or nursing mother namely one that would provide 500 calories of energy and 20 gms. of protein. The girls are also provided supplementary nutrition at Rs. 2.50 per girl, per day.
7	Area of Operation/Geography	Selected 6118 blocks in all the States/UTs in the country. (Rajasthan – all district except sabla implemented district.)
8	Contact Information	From your nearest AWC (Contact person- AWW)

Annexure – 4 (Summary on Nutrition Programme for Adolescent Girls (NPAG))

Contents		Particulars
S. No.	Name of the Ministry	Women and Child Development Department
1	Name of the Scheme/Programme	Nutrition Programme for Adolescent Girls (NPAG) (Centrally sponsored scheme)
2	Introduction	NPAG was launched in 2002-03 to address nutritional needs of adolescent girls, pregnant women and lactating mothers. The funds are provided by the central government to the state government in the form of 100% grants
3	Period of Scheme/Programme	From 2002-2003
4	Objective(s)	(A) The programme aims to improve nutritional status, to create gender awareness and to provide supportive environment of self – development of adolescent girls. (B) Reduction of malnutrition. (C) Reduction elimination of micro-nutrient deficiencies related to iron, iodine, Vit A etc. (D) Reduction in chronic energy deficiency
5	Target Group	<ul style="list-style-type: none"> • Adolescent girls (11-15 years) with body weight less than 30 kg • Adolescent girls (15-19 years) with body weight less than 35 kg
6	Provisions	Under the programme, 6 kg of free food grains per beneficiary per month are given to underweight adolescent girls.
7	Area of Operation/Geography	51 identified districts across the country to address the problem of under-nutrition among adolescent girls.
8	Contact Information	Contact to Anganwadi workers, Auxiliary Nurses Midwives (ANMs), revenue village accountants, school teachers, panchayat or municipal.

Annexure – 5 (Summary on Integrated Child Protection Scheme (ICPS))		
Contents		Particulars
S. No.	Name of the Ministry	Women and Child Development Department
1	Name of the Scheme/Programme	Integrated Child Protection Scheme (ICPS)
2	Introduction	The Integrated Child Protection Scheme is based on the cardinal principles of “protection of child rights” and “best interests of the child”. It aims to create a protective environment for children by improving regulatory frameworks, strengthening structures and professional capacities at national, state and district levels so as to cover all child protection issues and provide child friendly services at all levels.
3	Period of Scheme/Programme	From 2010
4	Objective(s)	To contribute to the improvements in the well being of children in difficult circumstances, as well as to the reduction of vulnerabilities to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children.
5	Target Group	<i>The target groups includes:</i> child in need of care and protection as defined under J.J. Act 2000, child in conflict with law, vulnerable child including child from at risk families, migrant families, families in extreme poverty, children affected by HIV/AIDS, orphans, child drug abusers, child beggars, sexually exploited children, children of prisoners, street and working children, etc.
6	Provisions/Services	A protective environment for children by improving regulatory frameworks, strengthening structures and professional capacities at national, state and district levels so as to cover all child protection issues and provide child friendly services at all levels through help of Trained district level functionaries through effective networking and linkages with the Village and Block Level Child Protection Committees, ICDS functionaries, NGOs and local bodies would ensure convergence of services
7	Area of Operation/Geography	All the state of India
8	Contact Information	From Social Welfare Department

Annexure – 6 (Summary on Nutrition Education and Training through Community food & Nutrition Extension Units (CFNEUS))

Contents		Particulars
S. No.	Name of the Ministry	Food & Nutrition board
1	Name of the Scheme/Programme	Nutrition Education and Training through Community food & Nutrition Extension Units (CFNEUS)
2	Introduction	The CCPCs were renamed as Food and Nutrition Extension Centres (FNECs) in early 80s to lay greater emphasis on improving the nutrition of the lower socio-economic strata. During 1992, the MEUs and FNECs were amalgamated and renamed as "Community Food and Nutrition Extension Units" (CFNEUs) to facilitate better collaboration with the State Governments.
3	Period of Scheme/Programme	From 1992
4	Objective(s)	To create nutrition awareness among the people particularly the women and adolescent girls;(B) To impart skills and education for achieving adequate nutrition within their available means; (C) To train housewives and adolescent girls in fruit & vegetable preservation; (D) To explain the importance of non-food factors like hygiene, sanitation, safe drinking water etc. for nutrition and health of the people.
5	Target Group	women and adolescent girls
6	Provisions	Units organise two weeks' training courses in home- scale preservation of fruits and vegetables including food and nutrition, mainly for the housewives and adolescent girls at a nominal fee of Rs. 5/- per trainee. Training is imparted through practical demonstrations supported by lecture-cum-discussions, film and slide shows and exhibitions. Generally each batch consists of about 25 trainees. Preparation of the following products is taught during the training - Jam, Jellies and Marmalades - Preserves and Candies - Fruit syrups
7	Area of Operation/Geography	Four Mobile Extension Units (MEUs) at Delhi, Bombay, Calcutta and Madras
8	Contact Information	From nearest CFNEU or office of the Regional Dy. Tech. Adviser of (F.N.B.) Food and Nutrition Board

Annexure – 7 (Summary on National Programme Youth and for Adolescent)		
Contents		Particulars
S .No.	Name of the Ministry	Ministry of Youth Affairs & Sports
1	Name of the Scheme/Programme	National Programme Youth and for Adolescent
2	Introduction	The scheme titled National Programme for Youth Adolescent Development (NPYAD) has been formulated by merger of four 100% central sector grants-in-aid schemes of the Ministry of Youth Affairs & Sports during 10 th Plan namely, Promotion of Youth Activities & Training, Promotion of National Integration, Promotion of Adventure and Development and Empowerment of Adolescents, with a view to reduce multiplicity of schemes with similar objectives, ensuring uniformity in funding pattern and implementation mechanism, avoiding delays in availability of funds to the field level and institutionalizing participation of State Governments in project formulation and its implementation
3	Period of Scheme/Programme	From 2005- 2006
4	Objective(s)	Short Term Objectives:- Provide opportunity for holistic development of youth including adolescents for realisation of their fullest potential and others are in detail report. Long Term Objectives: - Engage and channelise the energy of youth in a positive manner for nation building and others objectives are in detail report.
5	Target Group	Age group of 13 to 35 years and ‘adolescent’ would cover persons in the age group of 10-19 years under the scheme
6	Provisions	Award to individuals will comprise a medal, a scroll, and Rs.20, 000/-. A Ceremonial dress will also be given to awardees. Award to voluntary youth organization will comprise a medal, a trophy, a scroll and Rs. 1, 00,000/- cash. A Ceremonial dresses will also be given to two awardees from the organization
7	Area of Operation/Geography	All states In India
8	Contact Information	Through submitting a filled format respective District Magistrate / Collector by the 30 th June every year

Annexure – 8 (Summary on Nehru Yuva Kendra Sangathan)

Contents		Particulars
S. No.	Name of the Ministry	Ministry of Youth Affairs & Sports Government of India
1	Name of the Scheme/Programme	Nehru Yuva Kendra Sangathan
2	Introduction	In the year 1987-88, Nehru Yuva Kendra Sangathan (NYKS) was set up as an autonomous organization under the Government of India, Ministry of Youth Affairs and Sports, to oversee working of these Kendras. NYKS is the largest grassroots level voluntary organization; one of its kind in the world. Youth Clubs are composed of youth members ranging between the age group of 15-35 years.
3	Period of Scheme/Programme	Running from 1987-88
4	Objective(s)	<ol style="list-style-type: none"> 1. To involve the rural youth in nation building activities. 2. To develop such skills and values in them with which they become responsible and productive citizens of a modern, secular and technological nation. 3. Main focus has been on developing values of good citizenship, thinking and behaving in secular ways, skill development and helping youth to adopt a productive and organized behavior.
5	Target Group	Age group of 15-35 years.
6	Provisions	<p>Providing rural youth avenues to take part in the process of nation building as well providing opportunities for the development of their personality and skills.</p> <p>Youth Clubs are composed of youth members ranging between the age group of 15-35 years. The basic objective for creation of youth clubs is to render community support through developmental initiatives involving activities with particular focus on youth empowerment. The implementation of programmes and activities of youth clubs is based on local needs and requirements by mobilizing resources from various government departments and other agencies, which include both national, State level and multilateral institutions. The youth clubs and its member volunteers form the base of the NYKS's vast national rural network.</p>
7	Area of Operation/Geography	All India
8	Contact Information	http://www.nyks.org/

Annexure – 9 (Summary on Adolescent Reproductive and Sexual Health Programme- ARSH)

Contents		Particulars
S. No.	Name of the Ministry	Ministry of Health and Family Welfare
1	Name of the Scheme/Programme	Adolescent Reproductive and Sexual Health Programme- ARSH
2	Introduction	The goals of the Government of India RCH-II programme are reduction in IMR, MMR and TFR. In order to achieve these goals, RCH-II has four technical strategies. One of these is Adolescent Health. Strategy for ARSH has been approved as part of the RCH-II National Programme Implementation Plan (PIP). This strategy focuses on reorganizing the existing public health system in order to meet the service needs of adolescents. Steps are to be taken to ensure improved service delivery for adolescents during routine sub-centre clinics and ensure service availability on fixed days and timings at the PHC and CHC.
3	Period of Scheme/Programme	From 2005- 2006
4	Objective(s)	The main objective of the ARSH programme was to mobilize rural youth for not only generating awareness among them regarding various adolescent issues but also providing easy access to a comprehensive health services to adolescent, especially in and out of school and also married adolescent.
5	Target Group	Adolescents (10-19 years)
6	Provisions	Promotive Service, Preventive Service, Curative, Referral Services, Outreach Services
7	Area of Operation/Geography	All States of India
8	Contact Information	From AWC, Sub Center , PHC, CHC and District Hospital

Annexure – 10 (Summary on Jawahar Bal Arogya Raksha)

Contents		Particulars
S. No.	Name of the Ministry	Government of Andhra Pradesh
1	Name of the Scheme/Programme	Jawahar Bal Arogya Raksha
2	Introduction	Considering that school age children form a high proportion of state's population, investment in their physical, mental and social wellbeing will not only enable them to realize their full potential but also facilitate their holistic contribution to the economic growth and thus enable the state to harness the demographic dividend. In this direction, the Government hereby orders for the launch of a major initiative to provide comprehensive package of Promotive, preventive, curative and referral health services to children studying in all primary, upper primary and secondary schools. The programme will also provide a comprehensive package of life-skills to children; decrease the prevalence of anemia and malnutrition, especially amongst adolescent girls; reduce drop-outs from the education stream due to acute and sub-acute illnesses; provide treatment for all chronic ailments to enable children to grow up as productive citizens.
3	Period of Scheme/Programme	Running from 2010
4	Objective(s)	(A)Health screening of all children studying in schools, followed by the issue of Student Health Record (SHR); (B) Administration of DPT booster vaccination to all children in the age group of 5 to 7 years and TT booster to children in the age group of 10 to 15 years; (C) Administration of deworming medicines and Vitamin-A and D to all children twice a year, and Iron and Folic Acid tablets for those with anemia; (D)Treatment of all minor ailments, including malnutrition, scabies, lice infestation, etc.;
5	Target Group	Age group of 5 to 7 years and TT booster to children in the age group of 10 to 15 years
6	Provisions/Services	Health screening, DPT booster, Vitamin-A and D to all children twice
7	Area of Operation/Geography	27 States/UTs
8	Contact Information	All Government Schools

Annexure – 11 (Summary on Kasturba Gandhi Balika Vidhalaya)

Contents		Particulars
S. No.	Name of the Ministry	Government of India
1	Name of the Scheme/Programme	Kasturba Gandhi Balika Vidhalaya
2	Introduction	The Kasturba Gandhi Balika Vidyalaya (KGBV) scheme was launched by the Government of India in August, 2004 for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas. Initially it ran as a separate scheme, but was merged with the SSA programme with effect from 1st April, 2007.
3	Period of Scheme/Programme	From 2004 but merged with SSA in 2007
4	Objective(s)	The objective of KGBV is to ensure access and quality education to girls from disadvantaged groups by setting up residential schools at upper primary level.
5	Target Group	Residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas
6	Provisions/Services	For 50 children the carpet area of the building would be approximately 80 sq.ft/ child For 100 children the carpet area of the building would be approximately 60 sq.ft/ child
7	Area of Operation/Geography	All Districts of Rajasthan
8	Contact Information	For proposal, contact to SSA State Implementation Society.

Annexure – 12 (Summary on Adolescence Education Programme)

Contents		Particulars
S. No.	Name of the Ministry	Ministry of Human Resource Development (MHRD)
1	Name of the Scheme/Programme	Adolescence Education Programme
2	Introduction	Adolescence Education Programme (AEP) was launched by the Ministry of Human Resource Development (MHRD) in collaboration with National AIDS Control Organization (NACO), Government of India in 2005. The Department of School Education and Literacy, MHRD has positioned AEP as a Centrally Sponsored Scheme. It is being implemented as a key intervention for empowering adolescents to deal with risky situations, preventing new HIV infections, reducing vulnerability to the infection and substance dependence and influencing positive behavior development.
3	Period of Scheme/Programme	Running from 2005
4	Objective(s)	(i) Reinforce/support development of behaviours that will empower adolescents to make healthy choices. (ii) Provide opportunities for the reinforcement of existing positive behavior and strengthening of life skills that enable young people to protect themselves from and to cope with risky situations they encounter in their lives.
5	Target Group	Age group of 10-18 years.
6	Provisions	It is being implemented as a key intervention for empowering adolescents to deal with risky situations, preventing new HIV infections, reducing vulnerability to the infection and substance dependence and influencing positive behavior development.
7	Area of Operation/Geography	All over India
8	Contact Information	District Education Office/District Institutes of Education and Training (DIETs)

Annexure – 13 (Summary on Train to Gain)

Contents		Particulars
S. No.	Name of the Ministry	Government of Rajasthan
1	Name of the Scheme/Programme	Train to Gain
2	Introduction	Train to Gain scheme is part of the Rajasthan Industrial and Investment Promotion Policy-2010 and designed to help MSMEs to invest in trainings to grow and succeed. Based on the feedback from different industries and Industrial Associations and with a view to accelerate the pace of industrial development in the State The Government of Rajasthan is introducing following scheme.
3	Period of Scheme/Programme	2011-2016
4	Objective(s)	<p>1 To enhance the employability of our raw workforce and help employers to get skilled</p> <p>2 man power suitable for their work, Government would support companies which provide on-the-job training (O.J.T.) at their premises to convert the raw recruits to skilled manpower.</p> <p>3 Aims to meet the needs of employers of all sizes and from all sectors to improve the skills of their employees as a route to improving their business performance.</p> <p>4 Aims to encourage all businesses and individuals to value and realize the benefits that learning and skills can bring.</p> <p>5 Train to Gain scheme is a valuable resource for employer</p>
5	Target Group	<p>Age limit : Unskilled person between 18 to 45 years</p> <p>2. Minimum educational qualification: 10th pass outs.</p>
6	Provisions	The eligible Enterprises will be paid a cash subsidy of 50% of the stipend paid to the trainee with a ceiling @ Rs. 2000/- per trainee per month after successful completion of training. Employers getting benefited under the Scheme shall provide employment to at least 50%of the trainees.
7	Area of Operation/Geography	This Scheme will be applicable in the whole of the State of Rajasthan
8	Contact Information	http://www.rajind.rajasthan.gov.in/TTG_Amended_28_2_2012.pdf

Annexure – 14

Contents		Particulars
S. No.	Name of the Ministry	Government of Rajasthan
1	Name of the Scheme/Programme	Mukhya Mantri Gramin Rojgar Yojana
2	Introduction	For the overall development of unemployed youth the state government launches this scheme “Mukhya Mantri Gramin Rojgar Yojana” under Rajasthan Skill and livelihoods development corporation, for developing employment resources in rural and urban areas.
3	Period of Scheme/Programme	2012-2013
4	Objective (s)	Rajasthan Skill and Livelihoods Development Corporation (RSLDC) is an initiative by the Government of Rajasthan to cater to the challenges of creating a large number of livelihood opportunities for the poor, increasing labour force and to increase the income levels of working poor in the state. Under the patronship of Honorable Chief Minister the mission is striving hard to design and implement the appropriate livelihoods strategies for the poor and the vulnerable.
5	Target Group	Aged from 18-35 Years
6	Provisions	In this Scheme the unemployed youths with Rs.100000 yearly family income will be benefited having age between 18 to 35 and minimum educational qualification will be 5 th Pass. In rural area youth may contact directly to Panchayat Samiti & in Urban areas youth may contact directly to Nagar Palika Office.
7	Area of Operation/Geography	All the Districts of Rajasthan
8	Contact Information	www.rajasthanlivelihoods.org

Annexure – 15 (Summary on Taiyari)

Contents		Particulars
S. No.	The Agency	Bal Sansar Sanstha (Voluntary Organization)
1	Name of the Scheme/ Programme	“Taiyari, a demonstration model for planned transitions from adolescence to adulthood”.
2	Introduction	Bal Sansar Sanstha (BSS) is a registered non-profit voluntary organization established in 1992 in Rajasthan, having its head quarters in Jaipur and field offices in Ajmer and Tonk district, implementing government projects in the field of community education & development, HIV-AIDS prevention and public health issues. BSS Mission: “to empower vulnerable community groups enabling them to lead a life with dignity”. Having worked in education and health, community development projects, <i>Bal Sansar Sanstha</i> is equipped with desired commitment, dedication, practical programmatic experience, and technical expertise. BSS has created strong networks at community level which allowed us to generate good understanding to work with the vulnerable rural communities, government systems, non-governmental and bilateral agencies active in the development sector, in the state and country.
3	Period of Scheme/Programme	Commenced from 15 th of May 2012.
4	Goal & Objective(s)	<ul style="list-style-type: none"> • To develop and implement an evidence-based adolescent programme pilot in Tonk, Ajmer and Jaipur districts of Rajasthan. • To form 3 district federations (comprising NGOs, CBOs, Faith based organisations, key Government departments, PRIs, POV, Academic institutions, Industries). • To strengthen 50 Gram Panchayats (GPs) by orienting 500 PRIs promoting adolescents’ access to information, skills, services and rights • To collectivise media, families and community leaders supporting the issues, values, rights and entitlements of adolescents • To document learnings and disseminate for wider replication. • To Orient and mobilise 1500 adolescents in 50 Taiyari Samoohs improving their self-worth, knowledge and skills addressing their issues, risks and vulnerabilities
5	Target Group	Age group of 10-19 years. The project aims to cover 500 PRIs, to work with 6000 adolescents in 50 Gram Panchayats of 3 selected blocks of three districts of Rajasthan, namely, Ajmer, Jaipur, Tonk.
6	Provisions	Forming Taiyari Samoohs of Adolescents boys and girls, organizing different types of trainings, activities, awareness, skill building programme for them.
7	Area of Operation/Geography	Three districts of Rajasthan namely Jaipur, Ajmer and Tonk. The project aims to cover 50 Gram Panchayats(GP) 16 GPs in Srinagar block of Ajmer; 18 GPs in Tonk block of Tonk district, and 16 GPs in Jhotwara block of Jaipur district.
8	Contact Information	Bal Sansar Sanstha, Reg. Office: Swasti, B-88, Saraswati Marg, Bajaj Nagar, Jaipur-302 015. Rajasthan, India. E-mail: bsansarindia@yahoo.co.in Ph.: +91-141-2710996 Fax: +91-141-2710996; Website: www.balsansarindia.com

Annexure – 16 (summary on Doosara Dashak)

Contents		Particulars
S. No.	The Agency	Private Voluntary Organization
1	Name of the Scheme/ Programme	Doosara Dashak
2	Introduction	Doosra Dashak, meaning the second decade, is about education and development of individuals and to make it a lever for larger social and economic development. The programme aims at leadership development among adolescents to enable them to play a role in the process of social transformation. Doosra Dashak was started in 2001, with Sir Dorabji Tata Trust as the major funding agency. It is being implemented in 9 blocks of 7 districts in Rajasthan. Doosra Dashak currently works in 4 blocks of Rajasthan, since 2001.
3	Period of Scheme/Programme	Running from 2001
4	Objective(s)	Doosara Dashak aims to channelize immense energy of young boys and girls towards community development and nation building.
5	Target Group	Age group of 11-20 years
6	Provisions	They forming the Groups of youth and women; organizing different types of training programme for them.
7	Area of Operation/Geography	Pisangan, Ajmer, Bap, Jodhpur, Kisanganj, Baran, Bali, Pali, Pindwara, Desuri, Sirohi, Bassi, Jaipur, Lakshmanganj, Alwar (Rajasthan)
8	Contact Information	http://www.doosradashak.in

Annexure – 17 Summary on Room to Read -Girls Education Programme

Contents		Particulars
S. No.	Name of the Agency	Room to Read (Private Voluntary Organization)
1	Name of the Scheme/Programme	Girls Education Programme
2	Introduction	Room to Read currently operates in ten countries in Asia and Africa. This Organization focus on two areas where we believe we can have the greatest impact: literacy and gender equality in education The Organization working in collaboration with communities and local governments across Asia and Africa to develop literacy skills and a habit of reading among primary school children, and support girls to complete secondary school with the life skills they'll need to succeed in school and beyond. Educating girls is the most powerful and effective way to address global poverty. In this scheme Room to Read supports girls so that they not only graduate, but also develop the skills they need to negotiate key life decisions.
3	Period of Scheme/Programme	Running from 2000, In India 2003
4	Objective(s)	<ul style="list-style-type: none"> • Increase years of schooling for girls • Increase girls' self-awareness, decision-making and problem-solving skills • Increase girl-friendliness of school environments • Increase family, peer and community awareness and support of girls' education • Increase collaboration with government to support policies and programs to promote girls' education
5	Target Group	Girls' transition into and out of secondary school
6	Provisions	The relief of poverty by the provision of educational programmes and facilities including books, schools, scholarships, training, capacity building and other goods, equipment and services calculated to relieve such needs, in cooperation with other Room to Read offices throughout the world.
7	Area of Operation/Geography	Asian & African countries, in India (Andhra Pradesh, Chhattisgarh, Delhi, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttarakhand)
8	Contact Information	http://www.roomtoread.org/page.aspx?pid=413

Annexure – 18 Summary of Link Worker Scheme in Tonk, Rajasthan implemented by IHAT

Contents		Particulars
S. No.	Name of the Agency	India Health Action Trust (IHAT)
1	Name of the Scheme/Programme	Link Worker Scheme (part of NACP, supported by UNICEF)
2	Introduction	IHAT with funding support from UNICEF has initiated implementation of the LWS in Tonk with an Objective: “To reduce risk of new HIV Infections amongst Most At Risk Adolescents and Especially Vulnerable Adolescents and Adolescents (MARAEVA)”, in the project area”.
3	Period of Scheme/Programme	From August 2009 to July 2012
4	Objective(s)	To build a community centered model reaching out to HRGs and Vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction. <u>This entails:</u> <ul style="list-style-type: none"> ✓ Increasing the availability and use of condoms among HRGs and other vulnerable men and women. ✓ Establishing referral and follow-up linkages for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART. ✓ Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees, Self Help Groups (SHG) and Panchayati Raj Institutes (PRI).
5	Target Group	Female Sex Workers & their clients, Men who have Sex with Men, Injecting Drug Users, Vulnerable Youth Population, particularly Most At Risk Adolescents and Especially Vulnerable Adolescents and Adolescents (MARAEVA).
6	Provisions	Outreach for awareness & education, referral & linkages to STIs, testing and treatment, ICTC / PPTCT services, HIV care and support services including ART.
7	Area of Operation/Geography	Tonk district of Rajasthan, India
8	Contact Information	www.ihat.in

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<p>Bal Sansar Sanstha Reg. Office: Jaipur Swasti, B-88, Saraswati Marg, Bajaj Nagar, Jaipur-302 015. Rajasthan, India. E-mail: bsansarindia@yahoo.co.in Ph.: +91-141-2710996 Fax: +91-141-2710996 Website: www.balsansarindia.com</p>	<p>Field Office: Ajmer Foyasagar Road, Village Hathikhera District Ajmer, Rajasthan E-mail: bsansarindia@yahoo.co.in Ph.: +91-145-2600415 Fax: +145-2600515</p>	<p>Field Office: Tonk 35, Astal Road, Chhawani Choraha Jaipur-Road, Tonk-304001, Rajasthan E-mail: bsansarindia@yahoo.co.in Tel: +91-01432-243554</p>
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